



**West Virginia
Hospital Inpatient Data System**

***Data Element Specifications Guide
for 5010 Format, ICD-10***

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Version 1**

West Virginia Hospital Inpatient Data System

Data Element Specifications Guide for 837i 5010, ICD-10 Version

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Introduction

The West Virginia Hospital Inpatient Data System (WVHIDS) collects, processes, and analyzes inpatient discharge data that are collected by the West Virginia Health Care Authority (WVHCA). This Guide outlines specifications for the data elements that are required to be submitted to the WVHCA by all non-federal hospitals in the state. The table below defines the information that is contained in the data element tables presented in this Guide.

Refer to the *Data Collection Policies and Procedures* guide for hospital inpatient data reporting requirements. Additional technical documents are available to provide specific details regarding the data file layout and submission procedures. All data reporting and technical documentation can be accessed from the WVHCA website (<http://www.hca.wv.gov/fdhome/HosplnpatientData>) or from the Hospital Data Submission System (HDSS) (<https://hdss.s-3.net/Documentation>).

Data Element Specification Table Layout

Data Element Name

| | |
|------------------------------|--|
| Description | A description or definition of the data element. |
| 837i Guide | WVHCA/Social & Scientific Systems, Inc. 837i Companion Guide corresponding page number |
| UB-04 Element | Reference to the UB-04 Form Locator. |
| HDSS Field | Name of the data element as it appears in the West Virginia Hospital Data Submission System. |
| Format & Valid Codes | A description of the required format and accepted codes. |
| Edit Check Errors & Warnings | A list of the errors and/or warnings that may appear in the Hospital Data Submission System as a result of the edits checks performed on the data element. Warnings must be reviewed, and if possible, corrected prior to submission. Errors must be corrected before the data can be submitted. |
| Notes | Any special data submission or processing notes related to the data element. |

Alphabetical Index of Data Elements

This table presents an alphabetical list of the data elements, their abbreviated field name in the Hospital Data Submission System (HDSS), and the page number of the corresponding data element specifications table in this Guide.

| Data Element Name / Field Description | HDSS Field Name | Page Number |
|---|----------------------|-------------|
| Accommodation/Ancillary Charges | RMCHG, ANCHG | 16 |
| Accommodation/Ancillary Revenue Codes | RMRC, ANRC | 15 |
| Accommodation/Ancillary Units | RMU, ANU | 15 |
| Admission Date | ADMIT | 11 |
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| Bill Type Code | BTYPE | 9 |
| External Cause of Injury Code/s | ECODE1-ECODE12 | 19 |
| External Cause of Injury POA Code/s | EPOA1-EPOA12 | 19 |
| Federal Tax Number | FEIN | 8 |
| HCA Batch Date | BATDATE | 7 |
| HCA Batch Number | BATNO | 7 |
| Medicare Provider Number (CMS Certification Number) | PROV | 8 |
| Medical Record Number | MRN | 10 |
| NPI Attending Physician | NPI_ATT | 12 |
| NPI Billing Provider | NPI | 12 |
| NPI Operating Physician | NPI_OP | 13 |
| NPI Other Physician(s) | NPI_OTH1, NPI_OTH2 | 12 |
| NPI Rendering Physician | NPI_REND | 13 |
| Other Diagnosis Code(s) | DIAG2-DIAG24 | 17 |
| Other Procedure Code(s) | PROC2-PROC12 | 21 |
| Other Procedure Date(s) | PROC1DATE-PROC12DATE | 22 |
| Patient Address Line | N/A | 27 |
| Patient Birth Date | DOB | 24 |
| Patient City Name | N/A | 27 |
| Patient Control Number | PATNO | 9 |
| Patient First Name | N/A | 26 |
| Patient Last Name | N/A | 26 |
| Patient Gender Code | SEX | 24 |
| Patient Name Suffix | N/A | 26 |
| Patient Race and Ethnicity Code | RACE | 25 |
| Patient State | N/A | 27 |
| Patient Status Code | PSTAT | 12 |
| Patient Zip Code | ZIP | 25 |

| | | |
|--|---------------------------|----|
| Payer Code(s) | NPAYOR1, NPAYOR2, NPAYOR3 | 14 |
| Point of Origin for Admission Code (Admission Source Code) | SRCE | 10 |
| Present on Admission Code(s) | POA1-POA25 | 18 |
| Principal Diagnosis Code | DIAG1 | 17 |
| Principal Procedure Code | PROC1 | 20 |
| Principal Procedure Date | PROC1DATE | 21 |
| Social Security Number | N/A | 28 |
| Statement Coverage Dates | SDATE, EDATE | 11 |
| Total Claim Charges | TCHG | 14 |

I. Data Element Specifications – Submission/Processing Fields

HCA Batch Number

| | |
|------------------------------|---|
| Description | Unique identifier for each batch of claims submitted to the Health Care Authority |
| 837i Guide | Page 5 |
| UB-04 Element | N/A |
| HDSS Field | BATNO |
| Format & Valid Codes | No standard format required |
| Edit Check Errors & Warnings | |
| Notes | <ul style="list-style-type: none">• It is recommended that all records within a batch contain the same batch number, assigned and formatted per hospital specifications.• It is recommended that a unique batch number be applied to each submitted batch. Should data have to be accessed at a later date for review or editing, a unique number will help to identify the appropriate batch. |

HCA Batch Date

| | |
|------------------------------|--|
| Description | Date the batch was created for submission to the Health Care Authority |
| 837i Guide | Page 5 |
| UB-04 Element | N/A |
| HDSS Field | BATDATE |
| Format & Valid Codes | Date formatted as YYYYMMDD |
| Edit Check Errors & Warnings | |
| Notes | |

II. Data Element Specifications – Administrative Fields

Medicare Provider Number (CMS Certification Number)

| | |
|------------------------------|---|
| Description | Medicare provider identification number indicating the type of service |
| 837i Guide | Page 5 |
| UB-04 Element | N/A |
| HDSS Field | PROV |
| Format & Valid Codes | <p><u>Digits 1-2</u> All WV provider numbers begin with '51'</p> <p><u>Digit 3</u> 0 = Acute 1 = Critical Access Hospital (CAH) 2 = Long Term Acute Care Hospital (LTACH) 3 = Rehabilitation Hospital 4 = Psychiatric Hospital 5 = Skilled Nursing Facility (SNF) S = Psychiatric Unit T = Rehabilitation Unit U = Swing SNF Z = Swing SNF CAH</p> <p><u>Digits 4-6</u> Unique numeric ID for each service provider</p> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E35 = Missing Medicare provider ID (Record Error) • E36 = Invalid Medicare provider ID (Record Error) • E43 = Medicare provider ID does not match bill type (Record Error) |
| Notes | <ul style="list-style-type: none"> • All provider numbers for the facility must be registered in the HDSS prior to submission on a record. • All records that represent the same discharge (patient control number), must have the same provider number. |

Federal Tax Number

| | |
|------------------------------|--|
| Description | Number assigned to the billing provider by the federal government for tax reporting purposes |
| 837i Guide | Page 5 |
| UB-04 Element | FL 05 |
| HDSS Field | FEIN |
| Format & Valid Codes | No standard format required |
| Edit Check Errors & Warnings | |
| Notes | |

Bill Type Code

| | |
|------------------------------|--|
| Description | Code indicating the specific type of bill |
| 837i Guide | Page 5 |
| UB-04 Element | FL 04 |
| HDSS Field | BTYPE |
| Format & Valid Codes | <p><u>Digit 1</u> 1 = Hospital 2 = Skilled Nursing</p> <p><u>Digit 2</u> 1 = Inpatient (Including Medicare Part A) 2 = Inpatient – Medicare Part B only 8 = Swing Bed</p> <p><u>Digit 3</u> 1 = Admit through Discharge Claims 2 = Interim – First Claim 3 = Interim – Continuing Claim 4 = Interim – Last Claim 5 = Late Charges Only 7 = Replacement of Prior Claim 8 = Void/Cancel of Prior Claim</p> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E12 = Missing bill type (Record Error) • E13 = Invalid bill type (Record Error) |
| Notes | <ul style="list-style-type: none"> • In the 837 format, the bill type code is submitted in two fields, but is displayed as one field in the HDSS. |

Patient Control Number

| | |
|------------------------------|--|
| Description | Unique identification number assigned to each discharge |
| 837i Guide | Page 6 |
| UB-04 Element | FL 03a |
| HDSS Field | PATNO |
| Format & Valid Codes | No standard format required |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E11 = Missing patient control number (Record Error) |
| Notes | <ul style="list-style-type: none"> • The patient control number must be unique to each discharge. • The patient control number must be identical for all records/bills (including interim bills) representing a single inpatient stay. |

Medical Record Number

| | |
|------------------------------|--|
| Description | Number assigned to the patient's medical/health record by the provider |
| 837i Guide | Page 5 |
| UB-04 Element | FL 03b |
| HDSS Field | MRN |
| Format & Valid Codes | No standard format required |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> E56 = Missing medical record number (Record Error) |
| Notes | <ul style="list-style-type: none"> The patient control number identifies a single episode of care; the medical record number identifies a patient across multiple episodes of care. |

Admission Type Code

| | |
|------------------------------|--|
| Description | Code indicating the priority (type) of admission |
| 837i Guide | Page 4 |
| UB-04 Element | FL 14 |
| HDSS Field | TYPEAD |
| Format & Valid Codes | Submit valid codes per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> E22 = Missing type of admission (Record Error) E23 = Invalid type of admission (Record Error) B5 = Admission type identical on all records in batch (Batch Warning) E167 = Newborn but date of birth year does not match the data collection year (Record Error) |
| Notes | <ul style="list-style-type: none"> For births occurring in the hospital, the admission type should be coded as '4.' This code requires the use of the newborn codes for source of admission. In accordance with WVHCA <i>Data Collection Policies and Procedures</i>, separate discharge records should be submitted for newborns and mothers. |

Point of Origin (Admission Source Code)

| | |
|------------------------------|---|
| Description | Code indicating the point of patient origin for the admission |
| 837i Guide | Page 7 |
| UB-04 Element | FL 15 |
| HDSS Field | SRCE |
| Format & Valid Codes | Submit valid codes per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> E24 = Missing point of origin/admission source (Record Error) E25 = Invalid point of origin/admission source (Record Error) B6 = Point of origin/admission source identical on all records in batch (Batch Warning) |
| Notes | <ul style="list-style-type: none"> In accordance with WVHCA <i>Data Collection Policies and Procedures</i>, separate discharge records should be submitted for newborns and mothers. If TYPEAD = 4 then SRCE must be 5 or 6. |

Admit from Emergency Room Condition Code

| | |
|------------------------------|---|
| Description | Code indicating the patient was admitted directly from this facility's Emergency Room/Dept. |
| 837i Guide | Page 4 |
| UB-04 Element | FL 18-28 |
| HDSS Field | CCODE |
| Format & Valid Codes | Submit a "P7" per NUBC Official UB-04 Data Specifications if the patient was admitted as an inpatient directly from the emergency room/department. |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • B161 = Questionable number of admissions from ER in batch (Batch Warning) • E162 = Invalid condition code (Record Error) • E163 = No Revenue Code of 045x (Record Error) • W164 = Missing P7 condition code (Record Warning) |
| Notes | |

Admission Date

| | |
|------------------------------|--|
| Description | Date of admission to hospital |
| 837i Guide | Page 4 |
| UB-04 Element | FL 12 |
| HDSS Field | ADMIT |
| Format & Valid Codes | Date formatted as specified in the <i>WVHCA 837i Companion Guide</i> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E20 = Missing admission date (Record Error) • E21 = Invalid admission date (Record Error) |
| Notes | <ul style="list-style-type: none"> • In the HDSS, admission date is formatted as MM/DD/YYYY. |

Statement Coverage Dates

| | |
|------------------------------|--|
| Description | Dates of the service period included on the bill |
| 837i Guide | Page 8 |
| UB-04 Element | FL 06 |
| HDSS Field | SDATE = Beginning date of service (From) EDATE = Ending date of service (Through) |
| Format & Valid Codes | Dates formatted as specified in the <i>WVHCA 837i Companion Guide</i> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E0 = Discharge date prior to current reporting year (Record Error) • E14 = Missing statement covers period (Record Error) • E15 = Invalid statement covers period (Record Error) • E41 = Discharge date later than today (Record Error) |
| Notes | <ul style="list-style-type: none"> • In the 837i format, the statement coverage dates are required to be submitted as one field, but are presented in the HDSS as two separate fields. |

Patient Status Code

| | |
|------------------------------|---|
| Description | Code indicating the status of the patient at the end of the service period covered on this bill |
| 837i Guide | Page 7 |
| UB-04 Element | FL 17 |
| HDSS Field | PSTAT |
| Format & Valid Codes | Submit valid codes per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• E26 = Missing patient discharge status (Record Error)• E27 = Invalid patient discharge status (Record Error)• B7 = Patient status identical on all records in batch (Batch Warning) |
| Notes | |

NPI Billing Provider

| | |
|------------------------------|---|
| Description | Unique national provider identification number assigned to the provider submitting the bill |
| 837i Guide | Page 5 |
| UB-04 Element | FL 56 |
| HDSS Field | NPI |
| Format & Valid Codes | 10 character National Provider Identifier |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• E54 = Missing NPI (Record Error) |
| Notes | |

NPI Attending Physician

| | |
|------------------------------|---|
| Description | Unique national provider identification number assigned to the attending provider |
| 837i Guide | Page 5 |
| UB-04 Element | FL 76 |
| HDSS Field | NPI_ATT |
| Format & Valid Codes | 10 character National Provider Identifier |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• E55 = Missing NPI attending physician (Record Error) |
| Notes | <ul style="list-style-type: none">• The attending provider is the individual who had overall responsibility for the patient's medical care and treatment reported in the claim. |

NPI Operating Physician

| | |
|------------------------------|---|
| Description | Unique national provider identification number assigned to the operating physician |
| 837i Guide | Page 6 |
| UB-04 Element | FL 77 |
| HDSS Field | NPI_OP |
| Format & Valid Codes | 10 character National Provider Identifier |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• W90 = Missing NPI operating physician (Record Warning) |
| Notes | <ul style="list-style-type: none">• The operating physician is the individual with the primary responsibility for performing the surgical procedure(s). |

NPI Other Physician(s)

| | |
|------------------------------|---|
| Description | Unique national provider identification number assigned to other physicians involved in care |
| 837i Guide | Page 6 |
| UB-04 Element | FL 78, FL 79 |
| HDSS Field | NPI_OTH1, NPI_OTH2 |
| Format & Valid Codes | 10 character National Provider Identifier |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• W72 = Missing NPI other physician 1 (Record Warning)• W73 = Missing NPI other physician 2 (Record Warning) |
| Notes | <ul style="list-style-type: none">• NPIs for two additional physicians can be submitted. |

NPI Rendering Provider

| | |
|------------------------------|--|
| Description | Unique national provider identification number assigned to the rendering provider. |
| 837i Guide | Page 6 |
| UB-04 Element | FL 78, FL 79 |
| HDSS Field | NPI_REND |
| Format & Valid Codes | 10 character National Provider Identifier |
| Edit Check Errors & Warnings | |
| Notes | Send if available. |

III. Data Element Specifications – Charge Fields

Payer Code(s)

| | |
|------------------------------|---|
| Description | Codes indicating the primary, secondary, and tertiary payers billed for the service |
| 837i Guide | Page 7 |
| UB-04 Element | FL 50 |
| HDSS Field | NPAYOR1, NPAYOR2, NPAYOR3 |
| Format & Valid Codes | Submit WVHCA payer codes as defined in the <i>WVHCA Payer Coding Specifications</i> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E33 = Missing primary payer (Record Error) • E34 = Invalid primary payer (Record Error) • E48 = Invalid second or third payer (Record Error) • B2 = Missing secondary payer on all records in batch (Batch Warning) • W165 = Questionable Medicare payer (Record Warning) |
| Notes | <ul style="list-style-type: none"> • Secondary and tertiary payer codes are required to be submitted when other payers are known to potentially be involved in paying the claim. • In the event of an W165 Warning, only change primary payer to Medicare if valid. |

Total Claim Charges

| | |
|------------------------------|---|
| Description | Total charges billed for the services included on the bill |
| 837i Guide | Page 8 |
| UB-04 Element | N/A |
| HDSS Field | See Notes below |
| Format & Valid Codes | Dollar amount - 15 character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25 |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E29 = Missing total charge (Record Error) • E30 = Invalid total charge (Record Error) • E40 = Multiple reported total charges (Record Error) • W67 = Questionable total charges (Record Warning) |
| Notes | <ul style="list-style-type: none"> • The charge amount submitted in this field will be presented in the HDSS as the Total Claim Charges (TCHG). |

Accommodation/Ancillary Revenue Codes

| | |
|------------------------------|---|
| Description | Codes identifying specific accommodation and ancillary services provided |
| 837i Guide | Page 4 |
| UB-04 Element | FL 42 |
| HDSS Field | RMRC1 – RMRC999 = Accommodation/Room Revenue Codes ANRC1 – ANRC999 = Ancillary Revenue Codes |
| Format & Valid Codes | Submit valid codes per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E28 = Missing revenue code (Record Error) • E44 = Invalid revenue code (Record Error) • B8 = No revenue code 174 for any NICU discharge in batch (Batch Warning) |
| Notes | <ul style="list-style-type: none"> • All revenue codes are listed in the HDSS on the Revenues tab. • Revenue codes 70-219 are labeled as accommodation/room services in the master database; Revenue codes less than 70 or greater than 219 are labeled as ancillary services in the master database. • A maximum of 999 accommodation charges (and corresponding revenue codes and units) and 999 ancillary charges (and corresponding revenue codes and units) can be submitted. |

Accommodation/Ancillary Units

| | |
|------------------------------|--|
| Description | Service quantity pertaining to the corresponding revenue code |
| 837i Guide | Page 4 |
| UB-04 Element | FL 46 |
| HDSS Field | RMU1 – RMU999 = Accommodation/Room Service Units ANU1 – ANU999 = Ancillary Service Units |
| Format & Valid Codes | Number of units |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E45 = Missing units of service (Record Error) • E46 = Invalid units of service (Record Error) |
| Notes | <ul style="list-style-type: none"> • A maximum of 999 accommodation charges (and corresponding revenue codes and units) and 999 ancillary charges (and corresponding revenue codes and units) can be submitted. |

Accommodation/Ancillary Charges

| | |
|------------------------------|--|
| Description | Total charges pertaining to the corresponding revenue code |
| 837i Guide | Page 4 |
| UB-04 Element | FL 47 |
| HDSS Field | RMCHG1 – RMCHG999 = Accommodation/Room Charges ANCHG1 – ANCHG999 = Ancillary Charges |
| Format & Valid Codes | Dollar amount - 15 character max (including decimal point). If the decimal point is not submitted, it will be interpreted that the charge is a whole dollar amount. For example, '30025' = \$30,025.00 '300.25' = \$300.25 |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E31 = Missing revenue charge (Record Error) • E32 = Invalid revenue charge (Record Error) • E158 = Excess ancillary charge filed count (Record Error) • E160 = Excess room charge field count (Record Error) |
| Notes | <ul style="list-style-type: none"> • A maximum of 20 accommodation charges (and corresponding revenue codes and units) and 99 ancillary charges (and corresponding revenue codes and units) can be submitted. • The sum of the revenue charges is displayed in the HDSS on the Revenues tab. |

Data Element Specifications – Clinical Fields

Principal Diagnosis Code

| | |
|------------------------------|---|
| Description | Code indicating the condition determined to be chiefly responsible for the admission |
| 837i Guide | Page 5 |
| UB-04 Element | FL 67 |
| HDSS Field | DIAG1 |
| Format & Valid Codes | ICD-10-CM Diagnosis Codes |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E37 = Missing principal diagnosis (Record Error) • E38 = Invalid principal diagnosis (Record Error) • E66 = Duplicate diagnosis code (Record Error) |
| Notes | |

Other Diagnosis Code(s)

| | |
|------------------------------|---|
| Description | Codes corresponding to additional/secondary conditions related to the admission |
| 837i Guide | Page 5 |
| UB-04 Element | FL 67A-Q |
| HDSS Field | DIAG2 – DIAG24 |
| Format & Valid Codes | ICD-10-CM Diagnosis Codes |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E49 = Invalid secondary diagnosis (Record Error) • B3 = Missing secondary diagnosis on >40% records in batch (Batch Warning) • E66 = Duplicate diagnosis code (Record Warning) |
| Notes | <ul style="list-style-type: none"> • Report additional conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. • Up to 24 secondary diagnosis codes can be submitted. |

Present on Admission (POA) Code(s)

| | |
|------------------------------|--|
| Description | Present on admission code corresponding to a diagnosis code |
| 837i Guide | Page 7 |
| UB-04 Element | FL 67, FL67 A-Q |
| HDSS Field | POA1 – POA25 |
| Format & Valid Codes | <p><i>*Refer to the 837i documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-10-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Diagnosis was present at the time of inpatient admission)</p> <p>N = No (Diagnosis was not present at the time of inpatient admission)</p> <p>U = No Information in the Record (Documentation insufficient to determine if condition was present at the time of inpatient admission)</p> <p>W = Clinically Undetermined (Provider unable to clinically determine whether condition was present at the time of inpatient admission)</p> <p>Blank/null = Exempt from present on admission reporting</p> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E155 = Invalid POA (Record Error) • E156 = Missing diagnosis when POA reported (Record Error) |
| Notes | <ul style="list-style-type: none"> • WVHCA requires POA reporting in accordance with ICD-10-CM and CMS official coding and reporting guidelines. CMS POA website: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNMattersArticles/downloads/MM7280.pdf • Per ICD-10-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Medicare Provider numbers with the first 3 digits of 511, 512, 513, 514, 515, 51S, 51T, 51U, or 51Z are exempt. Although it is not required, exempt hospitals are strongly encouraged to submit POA information to the WVHCA. • Hospitals exempt from POA reporting will submit a blank/null for all corresponding diagnosis fields that were submitted. A POA value of '1' is no longer allowed. • Non-exempt hospitals with exempt diagnosis codes must submit a blank/null for the corresponding diagnosis fields that were exempt. A '1' is no longer allowed. |

External Cause of Injury Code(s)

| | |
|------------------------------|---|
| Description | Code(s) pertaining to external cause of injuries, poisoning, or adverse effect |
| 837i Guide | Page 5 |
| UB-04 Element | FL 72a-c |
| HDSS Field | ECODE1-ECODE12 |
| Format & Valid Codes | ICD-10-CM Codes |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> W70 = Invalid external cause of injury code (Record Warning) W88 = Missing external cause of injury code when injury diagnosis reported (Record Warning) |
| Notes | <ul style="list-style-type: none"> Required when an injury, poisoning, or adverse effect is the cause for seeking medical treatment. |

External Cause of Injury POA Code(s)

| | |
|------------------------------|--|
| Description | Code indicating present on admission status of external cause of injuries, poisoning, or adverse effect |
| 837i Element | Page 5 |
| UB-04 Element | FL 72a-c |
| HDSS Field | EPOA1-EPOA12 |
| Format & Valid Codes | <p><i>*Refer to the 837i documentation for details regarding the format of the POA field.</i></p> <p><i>*Refer to ICD-10-CM Official Guidelines for additional code descriptions and instructions.</i></p> <p>Y = Yes (Diagnosis was present at the time of inpatient admission)</p> <p>N = No (Diagnosis was not present at the time of inpatient admission)</p> <p>U = No Information in the Record (Documentation insufficient to determine if condition was present at the time of inpatient admission)</p> <p>W = Clinically Undetermined (Provider unable to clinically determine whether condition was present at the time of inpatient admission)</p> <p>Blank/null = Exempt from present on admission reporting</p> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> E159 = Invalid external cause of injury POA (Record Error) |
| Notes | <ul style="list-style-type: none"> WVHCA requires POA reporting in accordance with ICD-10-CM and CMS official coding and reporting guidelines. CMS POA website: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNMattersArticles/downloads/MM7280.pdf Per ICD-10-CM and CMS guidelines, some hospitals and diagnosis codes are exempt from POA reporting. Medicare Provider numbers with the first 3 digits of 511, 512, 513, 514, 515, 51S, 51T, 51U, or 51Z are exempt. Although it is not required, exempt hospitals are strongly encouraged to submit POA information to the WVHCA. Hospitals exempt from POA reporting will submit a blank/null for all corresponding diagnosis fields that were submitted. A POA value of '1' is no longer allowed. Non-exempt hospitals with exempt diagnosis codes must submit a blank/null for the corresponding diagnosis fields that were exempt. A '1' is no longer allowed. |

Auto Accident State Code

| | |
|------------------------------|---|
| Description | State abbreviation code where the auto accident occurred |
| 837i Guide | Page 5 |
| UB-04 Element | FL 29 |
| HDSS Field | ACCSTATE |
| Format & Valid Codes | Two-digit state abbreviation |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> W89 = Missing auto accident state (Record Warning) |
| Notes | <ul style="list-style-type: none"> Required when the services reported on the claim are related to an auto accident. |

Admitting Diagnosis Code

| | |
|------------------------------|---|
| Description | Code indicating the diagnosis at the time of admission |
| 837i Guide | Page 5 |
| UB-04 Element | FL 69 |
| HDSS Field | ADMITDX |
| Format & Valid Codes | ICD-10-CM Codes |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> E53 = Missing admitting diagnosis (Record Error) E157 = Invalid admitting diagnosis (Record Error) |
| Notes | |

Principal Procedure Code

| | |
|------------------------------|--|
| Description | Code identifying the inpatient principal procedure performed during the service period |
| 837i Guide | Page 7 |
| UB-04 Element | FL 74 |
| HDSS Field | PROC1 |
| Format & Valid Codes | ICD-10-PCS Procedure Codes |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> E39 = Invalid principal procedure (Record Error) W87 = Missing procedure code (Record Warning) E60 = Principal procedure reported but principal procedure date missing (Record Error) E61 = Principal procedure date with no corresponding principal procedure (Record Error) |
| Notes | <ul style="list-style-type: none"> Required when a procedure was performed. |

Principal Procedure Date

| | |
|------------------------------|---|
| Description | Date corresponding to the principal procedure code |
| 837i Guide | Page 8 |
| UB-04 Element | FL 74 |
| HDSS Field | PROC1DATE |
| Format & Valid Codes | Dates formatted as specified in the <i>WVHCA 837i Companion Guide</i> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E60 = Principal procedure reported but principal procedure date missing • E61 = Principal procedure date with no corresponding principal procedure |
| Notes | |

Other Procedure Code(s)

| | |
|------------------------------|---|
| Description | Codes identifying additional significant procedures performed during the service period |
| 837i Guide | Page 8 |
| UB-04 Element | FL 74a-e |
| HDSS Field | PROC2 – PROC12 |
| Format & Valid Codes | ICD-10-PCS Procedure Codes |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E51 = Invalid secondary procedure code (Record Error) • E63 = Other procedure reported but corresponding procedure date missing (Record Error) • E64 = Other procedure date with no corresponding other procedure (Record Error) |
| Notes | <ul style="list-style-type: none"> • Required when additional procedures were performed. • Report all (up to 12) additional procedures that were most important for the episode of care and specifically any therapeutic procedures closely related to the principal diagnosis. |

Other Procedure Dates

| | |
|------------------------------|--|
| Description | Dates corresponding to other procedure codes |
| 837i Guide | Page 8 |
| UB-04 Element | FL 74 a-e |
| HDSS Field | PROC2DATE – PROC12DATE |
| Format & Valid Codes | Dates formatted as specified in the <i>WVHCA 837i Companion Guide</i> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E63 = Other procedure reported but corresponding procedure date missing (Record Error) • E64 = Other procedure date with no corresponding other procedure (Record Error) • E65 = Other procedure date not in the data collection year (Record Error) |
| Notes | |

IV. Data Element Specifications – Patient Demographic Fields

Patient Gender Code

| | |
|------------------------------|---|
| Description | Sex of the patient as recorded at admission |
| 837i Guide | Page 6 |
| UB-04 Element | FL 11 |
| HDSS Field | SEX |
| Format & Valid Codes | M = Male F = Female U = Unknown |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• E18 = Missing patient sex (Record Error)• E19 = Invalid patient sex (Record Error) |
| Notes | |

Patient Birth Date

| | |
|------------------------------|---|
| Description | Date of birth of the patient |
| 837i Guide | Page 6 |
| UB-04 Element | FL 10 |
| HDSS Field | DOB |
| Format & Valid Codes | Date formatted as YYYYMMDD |
| Edit Check Errors & Warnings | <ul style="list-style-type: none">• E16 = Missing patient birth date (Record Error)• E17 = Invalid patient birth date (Record Error)• E167 = Newborn but date of birth year does not match the data collection year |
| Notes | |

Patient Race & Ethnicity Code

| | |
|------------------------------|---|
| Description | Race and ethnicity as reported by the patient |
| 837i Guide | Page 7 |
| UB-04 Element | N/A |
| HDSS Field | RACE |
| Format & Valid Codes | <p>Submit WVHCA valid codes as outlined below.</p> <p>1 = White and Non-Hispanic 2 = White and Hispanic/Latino 3 = White and Unknown Ethnicity 4 = Black and Non-Hispanic 5 = Black and Hispanic/Latino 6 = Black and Unknown Ethnicity 7 = Asian 8 = Native Hawaiian or Other Pacific Islander 9 = American Indian or Alaska Native M = Multiple Races and Non-Hispanic R = Multiple Races and Hispanic/Latino S = Multiple Races and Unknown Ethnicity T = Unknown Race and Hispanic/Latino Y = Other U = Unknown</p> |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • E150 = Missing Race/Ethnicity (Record Error) • E151 = Invalid Race/Ethnicity (Record Error) |
| Notes | <ul style="list-style-type: none"> • New race and ethnicity codes were required with the implementation of the WVHCA 837i 4010 file format.. They are continued with the 837i 5010 file format. |

Patient Zip Code

| | |
|------------------------------|---|
| Description | Zip code where the patient resides |
| 837i Guide | Page 7 |
| UB-04 Element | FL 09 subset |
| HDSS Field | ZIP |
| Format & Valid Codes | Five digit postal zip code |
| Edit Check Errors & Warnings | <ul style="list-style-type: none"> • W60 = Missing ZIP code (Record Warning) • W61= Invalid ZIP code (Record Warning) • B1 = Missing or invalid ZIP on >10% of records in batch (Batch Warning) |
| Notes | |

Patient First Name

| | |
|------------------------------|--|
| Description | First name of the patient |
| 837i Guide | Page 6 |
| UB-04 Element | FL 08 |
| HDSS Field | N/A |
| Format & Valid Codes | Submit per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | |
| Notes | This field will not be visible or editable on the HDSS, and it will not appear on any reports. |

Patient Last Name

| | |
|------------------------------|--|
| Description | Last name of the patient |
| 837i Guide | Page 6 |
| UB-04 Element | FL 08 |
| HDSS Field | N/A |
| Format & Valid Codes | Submit per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | |
| Notes | This field will not be visible or editable on the HDSS, and it will not appear on any reports. |

Patient Name Suffix

| | |
|------------------------------|--|
| Description | Patient name suffix |
| 837i Guide | Page 7 |
| UB-04 Element | FL 08 |
| HDSS Field | N/A |
| Format & Valid Codes | Submit per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | |
| Notes | This field will not be visible or editable on the HDSS, and it will not appear on any reports. |

Patient Address Line

| | |
|------------------------------|--|
| Description | Patient address line, street address or PO Box |
| 837i Guide | Page 6 |
| UB-04 Element | FL 09 |
| HDSS Field | N/A |
| Format & Valid Codes | Submit street address per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | |
| Notes | This field will not be visible or editable on the HDSS, and it will not appear on any reports. |

Patient City Name

| | |
|------------------------------|--|
| Description | Patient address line, city name |
| 837i Guide | Page 6 |
| UB-04 Element | FL 09 |
| HDSS Field | N/A |
| Format & Valid Codes | Submit city name per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | |
| Notes | This field will not be visible or editable on the HDSS, and it will not appear on any reports. |

Patient State

| | |
|------------------------------|--|
| Description | Patient address line, state abbreviation |
| 837i Guide | Page 7 |
| UB-04 Element | FL 09 |
| HDSS Field | N/A |
| Format & Valid Codes | Submit state per NUBC Official UB-04 Data Specifications |
| Edit Check Errors & Warnings | |
| Notes | This field will not be visible or editable on the HDSS, and it will not appear on any reports. |

Patient SSN

| | |
|------------------------------|--|
| Description | Patient social security number |
| 837i Guide | Page 7 |
| UB-04 Element | N/A |
| HDSS Field | N/A |
| Format & Valid Codes | Submit social security number with no spaces or dashes. |
| Edit Check Errors & Warnings | N/A |
| Notes | If unknown, put 999999999. This field will not be visible or editable on the HDSS, and it will not appear on any reports. |