

HCFA RECORD SPECIFICATION

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| FILE NAME | SPEC NUMBER 1984 DATA THROUGH 1985 | DATE |
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| ORD NAME | OUTPATIENT SKELETON FILE |
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| FIELD | USAGE | | LOCATION | | REMARKS |
|-------------------------|-------|----|----------|----|---|
| | TP | SZ | | | |
| 1. CLAIM NUMBER | X(11) | | 01 | 11 | |
| 2. DATE OF BIRTH | 9(5) | | 12 | 16 | YYDDD |
| 3. SEX | X | | 17 | 17 | 0 = UNKNOWN 1 = MALE 2 = FEMALE |
| 4. RACE | X | | 18 | 18 | 0 = UNKNOWN 1 = WHITE 2 = BLACK 3 = OTHER |
| 5. STATE CODE | XX | | 19 | 20 | STATE OF RESIDENCE |
| 6. COUNTY CODE | XXX | | 21 | 23 | COUNTY OF RESIDENCE |
| 7. ZIP CODE | X(5) | | 24 | 28 | |
| 8. MS CODE | XX | | 29 | 30 | 10 = AGED WITHOUT CRD 11 = AGED WITH CRD 20 = DIB WITHOUT CRD 21 = DIB WITH CRD 31 = CRD ONLY |
| 9. PROVIDER NO, | X(6) | | 31 | 36 | |
| 10. TYPE OF SERVICE | X | | 37 | 37 | 0 = ALL OFF 1 = INPATIENT TYPE OF SERVICE (OUTPATIENT BILL ONLY) 2 = OUTPATIENT TYPE OF SERVICE (OUTPATIENT BILL ONLY) 3 = BOTH CONDITIONS PRESENT |
| 11. 1ST DIAGNOSTIC CODE | X(5) | | 38 | 42 | |
| 12. 2ND DIAGNOSTIC CODE | X(5) | | 43 | 47 | |
| 13. 3RD DIAGNOSTIC CODE | X(5) | | 48 | 52 | |
| 14. 4TH DIAGNOSTIC CODE | X(5) | | 53 | 57 | |
| 15. 5TH DIAGNOSTIC CODE | X(5) | | 58 | 62 | |

FIELDS 11 THRU 15 CONTAIN
THE FIRST 5 DIAGNOSTIC CODES
IN THE DIAGNOSTIC TRAILER
IF PRESENT

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| FIELD | USAGE | | LOCATION | | REMARKS |
|---------------------------------------|---------|----|----------|-----|---|
| | TP | SZ | | | |
| 16. 1ST SURGICAL CODE | X(4) | | 63 | 66 | FIELDS 16 THRU 18 CONTAIN THE 1ST 3 OCCURANCES OF THE SURGICAL CODES IN THE FINANCIAL DATA TRAILER IF PRESENT |
| 17. 2ND SURGICAL CODE | X(4) | | 67 | 70 | |
| 18. 3RD SURGICAL CODE | X(4) | | 71 | 74 | |
| 19. NUMBER OF VISITS | | | | | |
| A. CLINIC | 99 | | 75 | 76 | REVENUE CTR 51, 52 |
| B. EMERGENCY ROOM | 99 | | 77 | 78 | REVENUE CTR 45 |
| 20. COVERED CHARGES | | | | | |
| A. CLINIC | 9(7)V99 | | 79 | 87 | REVENUE CTR 51, 52 |
| B. EMERGENCY ROOM | 9(7)V99 | | 88 | 96 | REVENUE CTR 45 |
| C. LABORATORY | 9(7)V99 | | 97 | 105 | REVENUE CTR 30, 31 |
| D. RADIOLOGY | 9(7)V99 | | 106 | 114 | REVENUE CTR 32, 33, 34, 35, 40 |
| E. PHARMACY | 9(7)V99 | | 115 | 123 | REVENUE CTR 25, 26 |
| F. OPERATING ROOM | 9(7)V99 | | 124 | 132 | REVENUE CTR 71, 72 |
| G. AMBULANCE | 9(7)V99 | | 133 | 141 | REVENUE CTR 54 |
| H. PHYSICAL THERAPY | 9(7)V99 | | 142 | 150 | REVENUE CTR 42 |
| I. ESRD | 9(7)V99 | | 151 | 159 | REVENUE CTR 82, 83, 84, 85 |
| J. OTHER | 9(7)V99 | | 160 | 168 | REVENUE CTR CODES NOT LISTED IN A THRU I |
| 21. TOTAL COVERED CHGS | 9(7)V99 | | 169 | 177 | CHARGES FOR ALL SERVICES |
| 22. DATE OF LAST SERVICE | 9(5) | | 178 | 182 | YYDDD |
| 23. REIMBURSEMENT | 9(7)V99 | | 183 | 191 | |
| 24. SURGERY INDICATOR | X | | 192 | 192 | 1 = SURGERY 0 = NO SURGERY |
| 25. UNIBILL INDICATOR | X | | 193 | 193 | 1 = UNIBILL 0 = PATBILL |
| 26. NUMBER OF REVENUE CENTER CODES | XX | | 194 | 195 | RANGE FROM 1 TO 8 |
| 27. REVENUE CENTER INFO | | | 196 | 315 | OCCURS 8 TIMES |
| A. CODE | XXX | | | | |
| B. UNITS | 999 | | | | |
| C. CHARGES | 9(7)V99 | | | | |
| 28. FILLER | | | 316 | 318 | BLANK |
| 29. HIC # | X(11) | | 319 | 329 | HIC # FROM XREF |
| 30. FILLER | | | 330 | 331 | BLANK |