PUBLIC CONSULTING GROUP

NJ HealthCAP

Data Dictionary and Extract File Layout

Release 3.6

OCTOBER 2026



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1.0	August, 2017	D Johar	Initial Release
1.1	September, 2017	S Wang	Edit
1.2	September, 2017	S Wang	Updated Transfer In/Out Code List
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Version	Date Changed	Completed by	Description of Changes
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3.1	September 2023	R. Dwyer	Updated Payer and Value Code Tables.
3.2	March 2024	R. Dwyer	Corrected misspelling of Punjabi in Patient's Primary Language Spoken Table
3.3	April 2024	R. Dwyer	Updated Transfer In/ Out Tables (added Inspira Medical Center - Mannington), Value Code Table (added Value Codes 50 – 53), and Condition Code Table (added Condition Code 92)
3.4	April 2025	R. Dwyer	Updated Transfer in/Out Tables (added Inspira Imd Care Unit and Transfer Code "9999999998 - Other Unlisted NJ Hospital / Health Care Facility"); Updated Condition Code Table (added "W2 – This claim is a rebilling and no appeal is in process"; Updated Point of Origin Table (added "G – Transfer from a Designated Disaster Alternate Care Site); Updated format of various other tables.
3.5	June 2026	R. Dwyer	Add "Dependent" to Occupation Table; Update Transfer In /Out Table to: 1. rename "Hudson Regional Hospital" to "Secaucus University Hospital" 2. rename "Columbus Hospital LTACH" to "Silver Lake Hospital LTACH" 3. add "Inspira Behavioral Health Mannington"
3.6	October 2026	L. Muldoon	Added Patient Discharge Codes 41 (Expired in a Medical Facility) and 42 (Expired – Place Uknown)

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Introduction

This Data Dictionary and Data Extract File Layout is a user-friendly reference guide to the data elements used in New Jersey Health Claim Analysis and Processing (NJ HealthCAP) application. The following is a list of the data elements included with each entry:

- Field Name
- ASC X12N/00501X225 ANSI 837R (Health Care Institutional Claims for Data Reporting) Location
- Definition – A brief description of the field
- External Code Source
- Requirements – An indication if the field is required for Inpatients, Same Day Surgeries, Same Day Medicals, and/or Emergency Department Outpatients
- Valid Codes – A description of the valid data for that particular data element. Code lists are included, if appropriate.
- Edit requirements – A description of the edit(s) for the field
- Guidelines – General rules to follow for the use of a particular field
- State Added/Mandated Fields

This document is available for download by authorized users at njhealthcap.pcgus.com. As edits and codes are changed, this document will be updated to contain the latest information.

For questions regarding the information contained herein, please contact NJ HealthCAP Help Desk via email at NJ_HealthCAP@pcgus.com.

Data Elements

Accident State

Field # 35 in NJ HEALTHCAP Extract File Layout

For patient visits related to an auto accident, the two-character state abbreviation where the accident occurred.

- External Code Source: ISO 3166-2 Codes for the representation of names of countries and their subdivisions
- Required for: All patients
- 837 Location: 2300 Loop, REF02, Code Qualifier "LU"
- Valid Codes: Any valid two-digit alpha character abbreviation for American state, American possession, Canadian province, or other (refer to Patient State for full listing of valid codes)
- Edit:
    1. Accident State must be either blank or a valid state code

Acute Days

Field # 62 in NJ HEALTHCAP Extract File Layout

The numbers of days of a hospital stay at the acute level of care.

This code is not required to be reported by hospitals. Instead, it will be calculated for inpatients as follows:

ACU Days = Total Days – (SNF Days + ICF Days + RES Days)

Total Days are calculated as per length of stay (LOS) in hospital.

- Inpatient Claims, LOS calculation: Discharge Date – Admission Date
- Inpatient LOS Calculation for Interim Claims (if Patient Discharge Status = '30'): (Thru Date - Admission Date) + 1

Address Line 1

Field # 77 in NJ HEALTHCAP Extract File Layout

Postal Address line 1 refers to either Patient/Provider or Facility address entered in line 1.

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients using Smarty Street for address validation.

- Required for: All patients

Address Line 2

Field # 78 in NJ HEALTHCAP Extract File Layout

Postal Address line 2 refers to either Patient/Provider or Facility address entered in line 2.

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients using Smarty Street for address validation.

- Required for: All patients

Admission Hour

Field # 32 in NJ HEALTHCAP Extract File Layout

The code refers to the hour during which the patient was admitted for inpatients or outpatient care.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual
- Required for: All patients
- 837 Location: 2300 Loop, DTP03
- Valid Codes: 00-23 or 99
    - Edit: 1. Admission Hour must be 00-23 or 99

Admission/Start of Care Date (Admission Date)

Field # 9 in NJ HEALTHCAP Extract File Layout

The start date for this episode of care. For inpatient services, this is the date of admission. For all other services, the date the episode of care began.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All patients
- 837 Location: 2300 Loop, DTP03, Code Qualifier "435"
- Valid Codes: A valid date in CCYYMMDD
- Edits:
    1. Admission Date must be a valid date and must be less than today's date.
    2. The Admission Date cannot be before 2005.
    3. The Admit Date must be a valid date and must be from an open year (outpatient only)

Admitting Diagnosis Code

Field # 93 in NJ HEALTHCAP Extract File Layout

The ICD-10 diagnosis code describing the patient's diagnosis at the time of admission.

- External Code Source: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- Required for: Inpatients
- 837 Location: 2300 Loop, HI01-02, Code Qualifier "ABJ"
- Valid Codes: Valid ICD-10-CM codes as defined by CDC
- Edits:

    1. Admitting Diagnosis Code cannot be blank and must be a valid diagnosis code.
    2. If present on outpatients, the Admitting Diagnosis code must be valid.

Attending Physician National Provider Identifier (NPI)

Field # 48 in NJ HEALTHCAP Extract File Layout

The attending physician's National Provider Identifier number.

- External Code Source: Center's for Medicare and Medicaid Services National Provider Identifier
- Required for: All Patients
- 837 Location: 2310A Loop, NM109, Code Qualifier "XX"
- Valid Codes: A valid NPI number
- Edit:
    1. If present, the Attending Physician NPI must be 10 digits and a valid NPI number (using the Luhn algorithm).

Luhn Algorithm

Example NPI: 1234567893

Step 1: Validate NPI is ten digits long.

Step 2: Double the value of alternate digits, beginning with the first digit, not including the tenth digit.

NPI without check digit (first nine positions): 123456789

Double the value of alternate digits, beginning with the first digit: 2 6 10 14 18

Step 3: Add constant 24, plus the individual digits of products of doubling, plus unaffected (those not doubled in step 2) digits.

24 + 2 + 6 + 1 + 0 + 1 + 4 + 1 + 8 + 2 + 4 + 6 + 8 = 67

If the resulting number ends with a 0 (e.g., 40), then the tenth digit of the NPI should be 0. If the resulting number does not end in 0, proceed to step 4.

Step 4: Subtract from next higher number ending in zero.

70 – 67 = 3, Tenth digit should be 3

Attending Physician State License Number

Field # 47 in NJ HEALTHCAP Extract File Layout The attending physician's state license number

- External Code Source: New Jersey Division of Consumer Affairs, Board of Medical Examiners.
- Required for: All Patients
- 837 Location: 2310A Loop, REF02, Code Qualifier "0B"
- Valid Codes:
    - For New Jersey physicians, one of the following:
        - The first two characters must equal 'NJ' followed by seven or eight alphanumeric characters and no spaces
        - The first two characters must equal '22', 25', '26' or '35' followed by ten alphanumeric characters and no spaces
- For physicians outside New Jersey the first two characters must equal any valid two-digit alpha character abbreviation for American state, American possession, or Canadian province followed by alphanumeric character(s)
- Edits:

1. The Attending Physician State Code (which is the first two characters of the Attending Physician License Number) must be a valid state, '22', '25', '26' or '35'.

2. If the Attending Physician State Code equals 'NJ', then check to see that the number after the state code is seven or eight characters in length and does not contain a space. If the first two characters are '22', '25', '26', or '35', then check to verify that the number after the state code is ten characters in length and does not contain a space.

3. If the Attending Physician State Code is valid, and does not equal 'NJ', '22', '25', '26' or '35', then verify that the number after the state code is not blank.

Baby's Birthweight in Grams

Field # 57 in NJ HEALTHCAP Extract File Layout

A newborn's (patient age less than 29 days) birthweight in grams – this will be collected using Value Code 54.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: Inpatients
- 837 Location: Value Code
- Valid Codes: Numbers between 0100 and 9000
- Edits:

  1. If a Patient's Age is less than 29 days and the Priority Type of Visit Code is 4 (Newborn), then Value Code 54 must be present, and the value code amount must be between 0100 and 9000 grams.

  2. The Baby's Birthweight in Grams must be greater than or equal to 1000 if the Patient's Age is less than 29 days, the Priority Type of Visit Code is 4 (Newborn), the patient was discharged to home (discharge status 01) and the length of stay was less than four days.

  3. If a Patient's Age is less than 29 days and the Priority Type of Visit Code is not 4, Baby's Birthweight in Grams is not required.

City

Field # 79 in NJ HEALTHCAP Extract File Layout

Postal City refers to Patient/Provider or Facility town or municipality

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients using Smarty Street for address validation.

- Required for: All patients

Condition Codes

Field # 87 in NJ HEALTHCAP Extract File Layout

A code used to identify conditions or events relating to this bill that may affect processing.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.

- Required for: All Patients
- 837 Location: 2300 Loop, HI01-02 to HI12-02, Code Qualifier "BG"
- Valid Codes:

CONDITION CODES	
Code	**Description**
1	Military Service Related
2	Condition is Employment Related
3	Patient Covered by Insurance Not Reflected Here
4	Information Only Bill
5	Lien Has been Filed
6	ESRD Patient in First 18 Months of Entitlement Covered by Employer Group Health Insurance
7	Treatment of Non-Terminal Condition for Hospice Patient
8	Beneficiary Would Not Provide Information Concerning Other Insurance Coverage
9	Neither Patient Nor Spouse is Employed
10	Patient and/or Spouse is Employed but No EGHP Exists
11	Disabled Beneficiary but No LGHP
15	Clean claim delayed in CMS' processing system. (Payer Only Code)
16	Skilled Nursing Facility (SNF) transition exemption (Payer Only Code). An exemption from the post-hospital requirement applies for this SNF stay or the qualifying stay dates are more than 30 days prior to the admission date.
17	Patient is Homeless
18	Maiden Name Retained

CONDITION CODES	
Code	**Description**
19	Child Retains Mother's Maiden Name
20	Beneficiary Requested Billing
21	Billing of Denial Notice
22	Patient on Multiple Drug Regimen
23	Home Care Giver Available
24	Home IV Patient Also Receiving-HHA Services
25	Patient is Non-U.S. Resident
26	VA Eligible Patient Chooses to Receive Services in a Medicare Certified Facility
27	Patient Referred to a Sole Community Hospital for a Diagnostic Laboratory Test
28	Patient and/or Spouse's EGHP is Secondary to Medicare
29	Disabled Beneficiary and/or Family Member's LGHP is Secondary to Medicare
30	Qualifying Clinical Trials
31	Patient is Student (Full Time - Day)
32	Patient is Student (Cooperative/Work Study Program)
33	Patient is Student (Full Time - Night)

CONDITION CODES	
Code	**Description**
34	Patient is Student (Part Time)
36	General Care Patient in a Special Unit
37	Ward Accommodation at Patient Request
38	Semi-Private Room Not Available
39	Private Room Medically Necessary
40	Same Day Transfer
41	Partial Hospitalization
42	Continuing Care Not Related to Inpatient Admission
43	Continuing Care Not Provided Within Prescribed Post-discharge window
44	Inpatient Admission Changed to Outpatient
45	Ambiguous Gender Category
46	Non-Availability Statement on File
48	Psychiatric Residential Treatment Centers for Children and Adolescents (RTCs)
49	Product Replacement Within Product Lifecycle
50	Product Replacement for Known Recall of a Product

CONDITION CODES	
Code	**Description**
51	Attestation of Unrelated Outpatient Nondiagnostic Services (effective for discharges on/after 4/1/2011)
52	Hospice beneficiary moves out of service area, including patients admitted to a hospital that does not have contractual arrangements with the hospice
53	Initial placement of a medical device provided as part of a clinical trial or a free sample (effective for discharges on/after 01/01/2016)
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency (effective for discharges on/after 07/01/2016)
55	SNF Bed Not Available
56	Medical Appropriateness
57	SNF Readmission
58	Terminated Medicare Advantage Enrollee
59	Non-primary ESRD Facility
60	Day Outlier
61	Cost Outlier
62	PIP bill not reported by providers. Bill was paid under PIP and recorded by system.
63	Bypass CWF edit for incarcerated beneficiaries. Services rendered to a prisoner or a patient in State or local custody (meets requirements of 42 CFR 411.4(b) for payment). Contractor use only.
64	Other than clean claim.
65	Non-PPS bill not reported by providers. MAC records this from system for non-PPS hospital bills.

CONDITION CODES	
Code	**Description**
67	Beneficiary Elects Not to Use Life Time Reserve (LTR) Days
68	Beneficiary Elects to use Life Time Reserve (LTR) Days
69	IME/DGME/N&HA Payment Only
70	Self Administered Anemia Management Drug
71	Full Care Unit
72	Self Care Unit
73	Self Care Training
74	Home
75	Home - 100 Percent Reimbursed
76	Back-up in Facility Dialysis
77	Provider Accepts or is Obligated/Required due to a Contractual Arrangement or Law to Accept Payment by a Primary Payer as Payment in Full
78	New Coverage Not Implemented by HMO
79	CORF Services Provided Offsite
80	Home Dialysis - Nursing Facility
81	C-Sections/Inducts Performed at <39 Weeks Gestation For Med Necessity

CONDITION CODES	
Code	**Description**
82	C-Sections/Inducts Performed at <39 Weeks Gestation Electively
83	C-Sections/Inducts Performed at 39 Weeks Gestation or Greater
84	Dialysis for Acute Kidney Injury (AKI) on monthly basis
87	ESRD self care retraining
90	Service provided as part of an Expanded Access approval.
91	Service provided as part of an Emergency Use Authorization.
92	Intensive Outpatient Program
98	Data associated with diagnosis-related grouper (DRG) 468 has been validated.
A0	TRICARE External Partnership Program
A1	EPSDT/CHAP
A2	Physically Handicapped Children's program
A3	Special Federal Funding
A4	Family Planning
A5	Disability
A6	Vaccines/Medicare 100% Payment

CONDITION CODES	
Code	**Description**
A9	Second Opinion Surgery
AA	Abortion Performed Due to Rape
AB	Abortion Performed Due to Incest
AC	Abortion Performed due to Serious Fetal Genetic Defect, Deformity or Abnormality
AD	Abortion Performed due to a Life Endangering Physical Condition
AE	Abortion Performed due to Physical Health of Mother that is not Life Endangering
AF	Abortion Performed due to Emotional/psychological Health of the Mother
AG	Abortion Performed due to Social or Economic Reasons
AH	Elective Abortion
AI	Sterilization
AJ	Payer Responsible for Co-payment
AK	Air Ambulance Required
AL	Specialized Treatment/bed Unavailable - Alternate Facility transport
AM	Non-emergency Medically Necessary Stretcher Transport Required
AN	Preadmission Screening Not Required

CONDITION CODES	
Code	**Description**
B0	Medicare Coordinated Care Demonstration Claim
B1	Beneficiary is Ineligible for Demonstration Program
B2	Critical Access Hospital Ambulance Attestation
B3	Pregnancy Indicator
B4	Admission Unrelated to Discharge on Same Day
BP	Gulf oil spill of 2010
C1	Approved as Billed
C2	Automatic Approval as Billed Based on Focused Review
C3	Partial Approval
C4	Admission/Services denied
C5	Post Payment Review Applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates

CONDITION CODES	
Code	**Description**
D1	Changes to Charges
D2	Changes in Revenue Codes/HCPCS/HIPPS Rate Codes
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for Diagnosis and/or Procedure Codes
D5	Cancel to Correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster Related
E0	Change in Patient Status
EY	Lung reduction study demonstration claims, set demo code 30.
G0	Distinct Medical Visit
H0	Delayed Filing; Statement of Intent Submitted
H3	Reoccurrence of GI bleed.

CONDITION CODES	
Code	**Description**
H4	Reoccurrence of Pneumonia (CWF no longer tracks condition code H4 for dates of service on or after 01/01/2016).
H5	Reoccurrence of pericarditis.
M0	All-inclusive rate for outpatient services.
M1	Roster billed influenza virus vaccine or pneumococcal pneumonia vaccine (PPV).
M3	SNF 3 day stay bypass for NG/Pioneer ACD waiver.
MA	Gastroenteritis (GI) bleed (acute comorbid).
MB	Pneumonia (acute comorbid).
MC	Pericarditis (acute comorbid).
MD	Myelodysplastic syndrome (chronic comorbid).
ME	Hereditary hemolytic and sickle cell anemia (chronic comorbid).
MF	Monoclonal gammopathy (chronic comorbid).
MG	Grandfathered Tribal Federally Qualified Health Centers.
MZ	IOCE error code bypass.
P1	Do Not Resuscitate Order (DNR)
P7	Admitted Directly through facility's Emergency Department

CONDITION CODES	
Code	**Description**
R1	Mathematical or Computational Mistake (effective for discharges on/after 04/01/2015)
R2	Inaccurate Data Entry (effective for discharges on/after 04/01/2015)
R3	Misapplication of a Fee Scheduled (effective for discharges on/after 04/01/2015)
R4	Computer Errors (effective for discharges on/after 04/01/2015)
R5	Incorrectly Identified Duplicates (effective for discharges on/after 04/01/2015)
R6	Other Clerical/Minor Error or Omission (effective for discharges on/after 04/01/2015)
R7	Correction other than Clerical Error (effective for discharges on/after 04/01/2015)
R8	New and Material Evidence (effective for discharges on/after 04/01/2015)
R9	Faculty Evidence (effective for discharges on/after 04/01/2015)
W0	United Mine Workers of America (UMWA) Demonstration Indicator
W2	This claim is a rebilling and no appeal is in process

- Edits:
    1. A Condition Code field cannot be valued if the preceding Condition Code field is blank.
    2. Condition Code must be blank or must be valid code on Condition Code table.
- Guidelines:
    - If the patient has a DNR on file, Condition Code P1 must be reported.
    - If the patient's condition is related to their employment, Condition Code 02 must be reported.
    - With the exception of the two requirements stated above, hospitals should report any/all other Condition Codes as required for normal billing practices. All Condition Codes reported must be valid as per the National Uniform Billing Committee's UB04 Specifications Manual.

Discharge Date

Field # 4 in NJ HEALTHCAP Extract File Layout

The date when a patient is discharged from the hospital

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: Inpatients
- 837 Location: 2300 Loop, DTP03, Code Qualifier "DT"
- Valid Codes: A valid date equal to or greater than admission date
- Edits:
    1. Admission Date must not be greater than the Discharge Date.
    2. Discharge Date must be a valid date and not greater than the state's cut-off date; this date will vary.
    3. Discharge date must be less than or equal to today's current date.

Discharge Hour

Field # 37 in NJ HEALTHCAP Extract File Layout

Code indicating the discharge hour of the patient from inpatient care.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: Inpatients
- 837 Location: 2300 Loop, DTP03, Code Qualifier "DT "
- Valid Codes: 00-23 or 99
- Edit:
    1. Discharge Hour must be 00-23 or 99 for final-billed patients (XXX1, XXX4, XXX7).

DRG Number (Hospital DRG)

Field # 65 in NJ HEALTHCAP Extract File Layout

Indication of how the patient has been grouped by the facility.

External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.

- Required for: Inpatients
- 837 Location: 2300 Loop, HI01-02, Code Qualifier "DR" (Diagnosis Related Group)

Estimated Amount Due from All Payers

Field # 60 in NJ HEALTHCAP Extract File Layout

Amount of money due the hospital from all insurance payers.

- External Code Source: ANSI 837 ASC X12N/005010X225 Data Reporting Guide
- Required for: All Patients
- 837 Location: 2300 Loop, AMT02, Code Qualifier "C5"
- Valid Codes: Any whole dollar amount less than or equal to $9,999,999 – cents are invalid
- Edits:
    1. If Primary Payer Code is 039, 522 or 810 then the Estimated Amount Due from Primary Payer must equal zeroes.
    2. If Primary Payer Code is not 039, 522 or 810, then the Estimated Amount Due from Primary Payer must be greater than zeroes.
    3. The Estimated Amount Due from Primary Payer cannot be greater than $9,999,999.

Estimated Amount Due from Patient

Field # 59 in NJ HEALTHCAP Extract File Layout

Amount of money due the hospital from patient

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, AMT02, Code Qualifier "F3"
- Valid Codes: Any whole dollar amount less than or equal to $9,999,999 – cents are invalid
- Edits:
    1. If the Payer Code is either 039, 522 or 810 then the Estimated Amount Due from Patient must be greater than zeroes.
    2. The Estimated Amount Due from Patient cannot be greater than 9,999,999.

External Cause of Injury Code(s) (E-Codes)

Field # 85 in NJ HEALTHCAP Extract File Layout for External cause of Injury Code

Field # 86 in NJ HEALTHCAP Extract File Layout for External cause of Injury Code Present on Admission (POA) Indicator

Code signifying a diagnosis of an injury, poisoning, or adverse effect

- External Code Source: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- Required for: All Patients
- 837 Location: 2300 Loop, HI01-02 to HI12-02, Code Qualifier "ABN"
- Valid Codes: External Cause of Injury Codes defined by the CDC
- Edits:
  1. If the External Cause of Injury Code is not blank, then it must be a valid External Cause of Injury Code.
  2. An External Cause of Injury Code may not be valued if the preceding External Cause of Injury Code is blank.
  3. The External Cause of Injury Code POA Indicator must be Y, N, U, W. It can either be 1 or Null if the Diagnosis Code is on the list of CDC exempt codes

HCPCS Code

Field # 104 in NJ HEALTHCAP Extract File Layout

The Healthcare Common Procedure Coding System applicable to ancillary service and outpatient bills

- External Code Sources: Health Care Finance Administration Common Procedural Coding System.
- Required for: Outpatients
- 837 Location: 2400 Loop, SV202-02, Code Qualifier "HC"
- Valid Codes: 5-digit alphanumeric characters
- Edits:
  1. HCPCS codes must be on the list of valid codes.
  2. HCPCS codes must be present on those revenue codes defined by CMS as requiring HCPCS codes.

HCPCS Modifier 1

Field # 105 in NJ HEALTHCAP Extract File Layout

Code describing additional information associated with HCPCS code

- External Code Sources: Health Care Finance Administration Common Procedural Coding System.
- Required for: Outpatients
- 837 Location: 2400 Loop, SV202-03, Code Qualifier "HC"
- Valid Codes: two-digit alphanumeric characters
- Edit:
    1. HCPCS Modifier 1 must either be blank or a valid code.

HCPCS Modifier 2

Field # 106 in NJ HEALTHCAP Extract File Layout

Code describing additional information associated with HCPCS code

- External Code Sources: Health Care Finance Administration Common Procedural Coding System.
- Required for: Outpatients
- 837 Location: 2400 Loop, SV202-04, Code Qualifier "HC"
- Valid Codes: two-digit alphanumeric characters
- Edits:
    1. HCPCS Modifier 2 must either be blank or valid code.
    2. HCPCS Modifier 2 may not be present if HCPCS Modifier 1 is not present.

HCPCS Modifier 3

Field # 107 in NJ HEALTHCAP Extract File Layout

Code describing additional information associated with HCPCS code

- External Code Sources: Health Care Finance Administration Common Procedural Coding System.
- Required for: Outpatients
- 837 Location: 2400 Loop, SV202-05, Code Qualifier "HC"
- Valid Codes: two-digit alphanumeric characters
- Edits:
    1. HCPCS Modifier 3 must either be blank or valid code.
    2. HCPCS Modifier 3 may not be present if HCPCS Modifier 2 is not present.

HCPCS Modifier 4

Field # 108 in NJ HEALTHCAP Extract File Layout

Code describing additional information associated with HCPCS code

- External Code Sources: Health Care Finance Administration Common Procedural Coding System.
- Required for: Outpatients
- 837 Location: 2400 Loop, SV202-06, Code Qualifier "HC"
- Valid Codes: two-digit alphanumeric characters
- Edits:
    1. HCPCS Modifier 4 must be either blank or valid code.
    2. HCPCS Modifier 4 may not be present if HCPCS Modifier 3 is not present.

Hospital Provider Number

Field # 1 in NJ HEALTHCAP Extract File Layout

State assigned provider number (PTAN + Facility Identifier)

- External Code Source: New Jersey Department of Health.
- Required for: All Claim Files
- 837 Location: 2010AA Loop, REF02, Code Qualifier "1J"
- Valid Codes: Valid state assigned provider number

I/O (Inpatient/Outpatient) Indicator

Field # 20 in NJ HEALTHCAP Extract File Layout

Code identifying patient as an inpatient or outpatient

- Required for: This field is not required, but may be reported by hospitals
- 837 Location: 2300 Loop, K301, position 46
- Valid Codes: I or O
- Edit:
    1. I/O Indicator can only be I or O.

Facilities may choose to provide an Inpatient/Outpatient indicator on their files, and NJEdits will verify it is present on each claims, and is either an "I" or an "O". If no indicator is provided, the NJ HealthCAP application will calculate and populate this field when the data is loaded based on the following methodology:

- Bill Type beginning with 013 = Outpatient
- Bill Type beginning with 011 or 012 = Inpatient

Latitude

Field # 83 in NJ HEALTHCAP Extract File Layout

Using degrees of latitude, the addresses are converted into geographic coordinates

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients with geo codes address verification.

- Required for: All Patients, Providers and Facilities

Longitude

Field # 84 in NJ HEALTHCAP Extract File Layout

Using degrees of longitude, the addresses are converted into geographic coordinates

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients with geo codes address verification.

- Required for: All Patients, Providers and Facilities

Length of Stay (LOS)

The number of days a patient spends in the hospital. This field is calculated.

- Required for: Inpatients
- Valid Codes: Numbers between 1 and 365
- Edits:
    1. Inpatients should have a Length of Stay less than 365 days.
    2. Outpatients may only have a Length of Stay of 0 or 1 days, with the following exceptions:
        a. ED Outpatients (with a revenue code of 045X) may have a LOS of up to two days.
        b. ED Observation patients (with a revenue code of 0762 or a HCPCS code of G0378) may have a LOS greater than one day.
- Inpatient LOS Calculation: Discharge Date - Admission Date
- Inpatient LOS Calculation for Interim Claims (if Patient Discharge Status = '30'): (Thru Date - Admission Date) + 1
- Outpatient LOS Calculation: Thru Date – From Date

Medical Record Number

Field # 7 in NJ HEALTHCAP Extract File Layout

A number assigned to a patient and used upon each admittance (Inpatients) or visit (Outpatients) to the same hospital

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, REF02, Code Qualifier "EA"
- Valid Codes: Any alphanumeric characters 4 to 24 characters in length
- Edit:
    1. Medical Record Number must be at least 4 but not more than 24 characters.

Mother's Medical Record Number

Field # 58 in NJ HEALTHCAP Extract File Layout

The medical record number of the mother of a newborn (patient age less than 29 days) – used only on newborn claims.

- Required for: Inpatients
- 837 Location: 2300 Loop, REF02, Code Qualifier "MRN"
- Valid Codes: Any alphanumeric characters 4 to 24 characters in length
- Edit:
    1. If the patient's Admission Date equals the patient's Birth Date, and the Point of Origin = 5 (Born in this facility), then the Mother's Medical Record Number cannot be blank. Mother's Medical Record Number must be at least 4 but not more than 24 characters.

Non-Acute Days

Field # 63 in NJ HEALTHCAP Extract File Layout

The numbers of days of a hospital stay at the non-acute level of care.

This code is not required to be reported by hospitals. Instead, it will be calculated for inpatients as follows:

Non-ACU Days = SNF Days + ICF Days + RES Days

SNF, ICF and RES Day are calculated from Occurrence Span Codes and Dates mentioned in below section.

SNF Code – 75 (SNF level of Care Dates)

ICF Code – M3 (ICF Level of Care Dates)

RES Code – M4 (Residential Level of Care)

Occurrence Codes and Dates

Occurrence Code - Code – Field # 111 in NJ HEALTHCAP Extract File Layout

Occurrence Code - Date – Field # 112 in NJ HEALTHCAP Extract File Layout

The code and associated date defining a significant event relating to this bill that may affect payer processing.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, HI01-02 to HI12-02, Code Qualifier "BH"
- Valid Codes:

Code	Definition
01	Accident/Medical Coverage
02	No Fault Insurance Involved - Including Auto Accident/Other
03	Accident/Tort Liability

Code	Definition
04	Accident/Employment Related
05	Accident/No Medical or Liability Coverage
06	Crime Victim
09	Start of Infertility Treatment Cycle
10	Last Menstrual Period
11	Onset of Symptoms/Illness
12	Date of Onset for a Chronically Dependent Individual
16	Date of Last Therapy
17	Date Outpatient Occupational Therapy Plan Established or Last Reviewed
18	Date of Retirement Patient/Beneficiary
19	Date of Retirement Spouse
20	Date Guarantee of Payment Began
21	Date UR Notice Received
22	Date Active Care Ended
24	Date Insurance Denied
25	Date Benefits Terminated by Primary Payer
26	Date SBF Bed Became Available
27	Date of Hospice Certification or Re-Certification
28	Date Comprehensive Outpatient Re-Habilitation Plan Established or Last Reviewed
29	Date Outpatient Physical Therapy Plan Established or Last Reviewed
30	Date Outpatient Speech Pathology Plan Established or Last Reviewed
31	Date Beneficiary Notified of Intent to Bill (Accommodations)
32	Date Beneficiary Notified of Intent to Bill (Procedures of Treatment)

Code	Definition
33	First Day of the Co-ordination Period for ESRD Beneficiaries Covered by EGHP
34	Date of Election of Extended Care Facilities
35	Date Treatment Started for Physical Therapy
36	Date of Inpatient Hospital Discharge for Covered Transplant Patients
37	Date of Inpatient Hospital Discharge for Non-Covered Transplant Patient
38	Date Treatment Started for Home IV Therapy
39	Date Discharged on a Continuous Course if IV Therapy
40	Scheduled Date of Admission
41	Date of First Pre-Admission Testing
42	Date of Discharge
43	Scheduled date of Canceled Surgery
44	Date Treatment Started Occupational Therapy
45	Date Treatment Started for Speech Therapy
46	Date Treatment Started for Cardiac Rehabilitation
47	Date Cost Outlier Status Begins
50	Assessment Date
51	Date of Last KT/V Reading (effective for discharges on/after 01/01/2015)
52	Medical Certification/Recert Date
54	Physician Follow-up Date
55	Date of Death (effective for discharges on/after 10/01/12)
A1	Birth Date - Insured A
A2	Effective Date - Insured A Policy
A3	Benefits Exhausted

Code	Definition
A4	Split Bill Date
B1	Birth Date - Insured B
B2	Effective Date - Insured B Policy
B3	Benefits Exhausted
C1	Birth Date - Insured C
C2	Effective Date - Insured C Policy
C3	Benefits Exhausted

- Edits:
    1. An Occurrence Code may not be present without an Occurrence Code Date.
    2. The Occurrence Code Date must be a valid date, less than the current date and, excluding codes A1, B1 and C1, must be equal to or greater than the patient's birth date.
    3. The Occurrence code must be blank or must be a valid Occurrence Code as defined by the NUBC.
    4. An Occurrence Code Date must not be present without an Occurrence Code.
    5. An Occurrence Code may not be valued if the preceding Occurrence Code is not valued.
- Guidelines:
    - If the patient's visit is the result of an accident, Occurrence Codes 01-05 must be reported as appropriate. For example, if the patient's accident occurred at work, Occurrence Code 04 should be reported with the date of the accident.
    - Apart from the requirement stated above, hospitals should report any/all other Occurrence Codes and Dates as required for normal billing practices. All Occurrence Codes reported must be valid as per the National Uniform Billing Committee's UB04 Specifications Manual, and all Occurrence Dates reported must be valid dates and appropriate for the Occurrence Code being reported.

Occurrence Span Codes and Dates

Occurrence Span Code – Field # 113 in NJ HEALTHCAP Extract File Layout

Occurrence Span Code - Date From – Field # 114 in NJ HEALTHCAP Extract File Layout

Occurrence Span Code – Date Thru – Field # 115 in NJ HEALTHCAP Extract File Layout

A code and the related dates that identify an event that relates to the payment of the claim.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, HI01-02 to HI12-02, Code Qualifier "BI"
- Valid Codes:

Code	Definition
70	Qualifying Stay Dates for SNF Use Only
71	Prior Stay Dates
72	First/Last Visit Dates
73	Benefit Eligibility Period
74	Non-covered Level of Care/Leave of Absence Dates
75	SNF Level of Care Dates
76	Patient Liability
77	Provider Liability Period
78	SNF Prior Stay Dates
79	Payer Code
80	Prior Same-SNF Stay Dates for Payment Ban Purposes
81	Antepartum Days
M0	QIO/UR Approved Stay Dates
M1	Provider Liability - No Utilization
M2	Inpatient Respite Dates

Code	Definition
M3	ICF Level of Care
M4	Residential Level of Care

- Edits:

  1. An Occurrence Span Code may not be present without Occurrence Span From and Thru Dates.

  2. For Occurrence Span Codes 70, 71, 72, 73 and 78, the Occurrence Span Code From Date must be a valid date and must be equal to or greater than the patient's birth date.

  3. The Occurrence Span Code must be blank or must be a valid Occurrence Span Code as defined by the NUBC.

  4. An Occurrence Span From or Thru Date must not be present without an Occurrence Span Code.

  5. An Occurrence Span Thru Date must be greater than the Occurrence Span From Date.

  6. An Occurrence Span Code may not be valued if the preceding Occurrence Span Code is not valued.

  7. For Occurrence Span Codes 74, 75, 76, 77, M0, M1, M2, M3 and M4, the Occurrence Span From Date must not be less than the Admission Date.

  8. For Occurrence Span Codes 74, 75, 76, 77, M0, M1, M2, M3 and M4, the Occurrence Span Thru Date must not be greater than the Statement Thru Date.

- Guidelines:

  - 1. If the patient's visit includes non-acute care days (ICF, SNF or Residential days), Occurrence Span Codes 75, M3, and/or M4 must be reported as appropriate for the patient. The Occurrence Span From and Through Dates should indicate the dates of the patient's stay at the non-acute level of care.

  - 2. Apart from the requirement stated above, hospitals should report any/all other Occurrence Span Codes and Dates as required for normal billing practices. All Occurrence Span Codes reported must be valid as per the National Uniform Billing Committee's UB04 Specifications Manual, and all Occurrence Span Dates reported must be valid dates and appropriate for the Occurrence Span Code being reported.

Operating Physician National Provider Identifier (NPI)

Field # 50 in NJ HEALTHCAP Extract File Layout

The National Provider Identifier of the individual with the primary responsibility for performing the surgical procedure(s). Required when a surgical procedure code is listed on the claim.

- External Code Source: Center's for Medicare and Medicaid Services National Provider Identifier
- Required for: All Patients
- 837 Location: 2310B Loop, NM109, Code Qualifier "XX"
- Valid Codes: A valid NPI number
- Edits:
    1. Patients with procedure codes must have an Operating Physician NPI number.
    2. The Operating Physician's NPI number must be either blank or a valid NPI number (using the Luhn algorithm).

Luhn Algorithm

Example NPI: 1234567893

Step 1: Validate NPI is 10 digits long.

Step 2: Double the value of alternate digits, beginning with the first digit, not including the 10th digit.

NPI without check digit (first nine positions): 123456789

Double the value of alternate digits, beginning with the first digit: 2 6 10 14 18

Step 3: Add constant 24, plus the individual digits of products of doubling, plus unaffected (those not doubled in step 2) digits.

24 + 2 + 6 + 1 + 0 + 1 + 4 + 1 + 8 + 2 + 4 + 6 + 8 = 67

If the resulting number ends with a 0 (e.g., 40), then the tenth digit of the NPI should be 0. If the resulting number does not end in 0, proceed to Step 4.

Step 4: Subtract from next higher number ending in zero.

70 – 67 = 3

Tenth digit should be 3.

Operating Physician State License Number

Field # 49 in NJ HEALTHCAP Extract File Layout

The state license number of the individual with the primary responsibility for performing the surgical procedure(s). Required when a surgical procedure code is listed on the claim.

- External Code Source: New Jersey Division of Consumer Affairs, Board of Medical Examiners.
- Required for: All Patients
- 837 Location: 2310B Loop, REF02, Code Qualifier "0B"
- Valid Codes:
    - For New Jersey physicians, one of the following:
        - The first two characters must equal 'NJ' followed by seven or eight alphanumeric characters and no spaces.
        - The first two characters must equal '22', '25', '26', or '35' followed by ten alphanumeric characters and no spaces.
    - For physicians outside New Jersey the first two characters must equal any valid two-digit alpha character abbreviation for American state, American possession, or Canadian province followed by alphanumeric character(s).
- Edits:

    1. The Operating Physician's State Code (which is the first two characters of the License Number) must be a valid state, '22', '25', '26', or '35'.

    2. If the Operating Physician's State Code equals 'NJ', then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are '22', '25', '26' or '35', then check to see the number after the state code is 10 characters in length and does not contain a space.

    3. If the Operating Physician's State Code is valid, and does not equal 'NJ', '22', '25', '26' or '35', then check to see that the position after the state code is not blank.

    4. Inpatients with procedure codes must have an Operating Physician's State License Number.

Other Diagnosis Codes

Other Diagnosis Code Field # 96 in NJ HEALTHCAP Extract File Layout

Other Diagnosis Code Present on Admission (POA) Indicator Field # 97 in NJ HEALTHCAP Extract File Layout

The ICD-10-CM diagnoses codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Exclude diagnoses that relate to an earlier episode which have no bearing on the current hospital stay. There can be up to 24 Other Diagnosis Codes.

- External Code Source: International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
- Required for: All patients
- 837 Location: 2300 Loop, HI01-02 to HI12-02, Code Qualifier "ABF"
- Valid Codes: Valid ICD-10-CM codes as defined by CDC
- Edits:
    1. Diagnosis Codes cannot be duplicated.
    2. If there is a diagnosis code in any diagnosis code field, then the codes in the preceding fields must not be blank.
    3. If an Other Diagnosis Code is present, the corresponding Present on Admission Indicator must be valued.

Other Operating Physician National Provider Identifier (NPI)

Field # 52 in NJ HEALTHCAP Extract File Layout

The National Provider Identifier of the individual performing a second surgical procedure or assisting the Operating Physician.

- External Code Source: Center's for Medicare and Medicaid Services National Provider Identifier
- Required for: All Patients
- 837 Location: 2310C Loop, NM109, Code Qualifier "XX"
- Valid Codes: A valid NPI number
- Edit:
    1. The Other Operating Physician's NPI number must be either blank or a valid NPI number (using the Luhn algorithm).

Luhn Algorithm

Example NPI: 1234567893

Step 1: Validate NPI is 10 digits long.

Step 2: Double the value of alternate digits, beginning with the first digit, not including the 10th digit.

NPI without check digit (first nine positions): 123456789

Double the value of alternate digits, beginning with the first digit: 2 6 10 14 18

Step 3: Add constant 24, plus the individual digits of products of doubling, plus unaffected (those not doubled in step 2) digits.

24 + 2 + 6 + 1 + 0 + 1 + 4 + 1 + 8 + 2 + 4 + 6 + 8 = 67

If the resulting number ends with a 0 (e.g., 40), then the 10th digit of the NPI should be 0. If the resulting number does not end in 0, proceed to step 4.

Step 4: Subtract from next higher number ending in zero.

70 – 67 = 3

Tenth digit should be 3

Other Operating Physician State License Number

Field # 51 in NJ HEALTHCAP Extract File Layout

The state license number of the individual performing a second surgical procedure or assisting the Operating Physician.

- External Code Source: New Jersey Division of Consumer Affairs, Board of Medical Examiners.
- Required for: All Patients
- 837 Location: 2310C Loop, REF02, Code Qualifier “0B”
- Valid Codes:
  - For New Jersey physicians, one of the following:
    - The first two characters must equal ‘NJ’ followed for seven or eight alphanumeric characters and no spaces
    - The first two characters must equal ‘22’, ‘25’, ‘26’, or ‘35’ followed by 10 alphanumeric characters and no spaces
  - For physicians outside New Jersey the first two characters must equal any valid two-digit alpha character abbreviation for American state, American possession, or Canadian province followed by alphanumeric character(s)

- Edits:

  1. The Other Operating Physician’s State License number must either be blank or the Other Operating Physician’s State Code (which is the first two characters of the License Number) must be a valid state, ‘22’, ‘25’, ‘26’, or ‘35’.

  2. If the Other Operating Physician’s State Code equals ‘NJ’, then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are ‘22’, ‘25’, ‘26’, or ‘35’, then check to see the number after the state code is 10 characters in length and does not contain a space.

  3. If the Other Operating Physician’s State Code is valid, and does not equal 'NJ', ‘22’, ‘25’, ‘26’, or ‘35’, then check to see that the position after the state code is not blank.

Patient Control Number

Field # 5 in NJ HEALTHCAP Extract File Layout

A unique number assigned to a patient by the facility, to facilitate posting of payment information and identification of the billed claim

- External Code Source: National Uniform Billing Committee’s UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, CLM01
- Valid Codes Any alphanumeric characters 4 to 20 characters in length
- Edit:
  1. The Patient Control Number cannot equal spaces and must be at least 4 but not more than 20 characters in length.
  2. The Patient Control Number cannot be changed on claims previously sent.

Note: Records maintained in the NJ HEALTHCAP Data Warehouse, as well as those transmitted to the NJDOH, are keyed upon a combination of the hospital's 7-digit provider number (31XXXXX) and the patient control number. If a patient is reported under multiple patient control numbers (for the same episode of care), there will be duplicate claims in both the data warehouse and the database at the NJDOH.

Patient Discharge Status (Discharge [Patient] Status Code)

Field # 16 in NJ HEALTHCAP Extract File Layout

A code indicating the disposition or discharge status of the patient at the end of the service period covered on this bill, as reported in the Statement Covers Period.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, CL103
- Valid Codes:

Code	Description
01	Discharged/Transferred to home/self-care (routine discharge)
02	Discharged/Transferred to short-term general hospital for inpatient care
03	Discharged/Transferred to skilled nursing facility (SNF)
04	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care
05	Discharged/Transferred to a designated Cancer Center or Children's Hospital
06	Discharged to home under care of organized home health service provider
07	Left against medical advice
09	Admitted as an inpatient to this hospital (outpatient only)
20	Expired (no autopsy – or did not recover, Christian Science Patient)
21	Discharged/Transferred to Court/Law Enforcement
30	Still a Patient
41	Expired in a Medical Facility
42	Expired - Place Unknown
43	Discharged/Transferred to a federal hospital

Code	Description
50	Hospice – Home
51	Hospice – Medical Facility
61	Discharged/transferred within this institution to hospital-based Medicare approved swing bed
62	Discharged/transferred to another rehab facility
63	Discharged/transferred to a long-term care hospital
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare.
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/Transferred to a Critical Access Hospital
69	Discharged/Transferred to a designated Disaster Alternative Care Site
70	Discharged/Transferred to another type of healthcare institution not elsewhere defined in this list
81	Discharged to home or self-care with a planned acute care hospital inpatient readmission
82	Discharged/Transferred to short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/Transferred to skilled nursing facility (SNF) with a planned acute care hospital inpatient readmission
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a planned acute care hospital inpatient readmission
85	Discharged/Transferred to a designated Cancer Center or Children's Hospital with a planned acute care hospital inpatient readmission
86	Discharged to home under care of organized home health service provider with a planned acute care hospital inpatient readmission
87	Discharged/Transferred to Court/Law Enforcement with a planned acute care hospital inpatient readmission

Code	Description
88	Discharged/Transferred to a federal hospital with a planned acute care hospital inpatient readmission
89	Discharged/Transferred within this institution to hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/Transferred to another rehab facility with a planned acute care hospital inpatient readmission
91	Discharged/Transferred to a long-term care hospital with a planned acute care hospital inpatient readmission
92	Discharged/Transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/Transferred to a Critical Access Hospital with a planned acute care hospital inpatient readmission
95	Discharged/Transferred to another type of healthcare institution not elsewhere defined in this list with a planned acute care hospital inpatient readmission

- Edits:

  1. Patient Discharge Status must be either 01, 02, 03, 04, 05, 06, 07, 20, 21, 30, 43, 50, 51, 61, 62, 63, 64, 65, 66, 69, 70, 81, 82, 83, 84, 85, 85, 87, 88, 89, 90, 91, 92, 93, 94 or 95.

  2. For outpatients, Patient Discharge Status may also be 09.

Patient Type Flag

Field # 64 in NJ HEALTHCAP Extract File Layout

Identifies the types of patients in the extract file.

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients as follows:

The following table lists and describes the Patient Type Flag Codes.

Code	Description
0	Inpatient
1	Same Day Surgery (SDS)
2	ER Outpatient
3	Other Outpatient

The following table lists the Patient Type Criteria.

Patient Type	Criteria
Inpatient	Bill Type = 011X or 012X
Same Day Surgery	Bill Type = 013X, and LOS = 0, and Discharge Status Code = 01 or 06, and Revenue Code = 036X
ER Outpatient	Bill Type = 013X and Revenue Code = 045X
Other Outpatient	Bill Type = 013X and not SDS or ER

Patient's Age in Days

Field # 26 in NJ HEALTHCAP Extract File Layout

The patient's age in days.

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients as follows:

Patient's Age in Days = Admission Date – Date of Birth (represented in days)

Patient's Age in Years

Field # 25 in NJ HEALTHCAP Extract File Layout

The patient's age in years.

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients as follows:

Patient's Age in Years = Admission Date – Date of Birth (represented in whole years)

Patient's City

Field # 11 in NJ HEALTHCAP Extract File Layout

The city where the patient resides.

External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.

- Required for: All Patients
- 837 Location:
    - 2010BA Loop, N401
    - 2010CA Loop, N401
- Valid Codes: Any valid city using up to 30 alpha characters
- Edit:
    1. The Patient's City cannot be blank.

Patient's Country

Field # 14 in NJ HEALTHCAP Extract File Layout

The country where the patient resides.

- External Code Source: ISO 3166-2 Codes for the representation of names of Countries and their subdivisions.
- Required for: All Patients
- 837 Location:

- 2010BA Loop, N404
- 2010CA Loop, N404

- Valid Codes:

Code	Country Name
AF	AFGHANISTAN
AL	ALBANIA
DZ	ALGERIA
AS	AMERICAN SAMOA
AD	ANDORRA
AO	ANGOLA
AI	ANGUILLA
AQ	ANTARCTICA
AG	ANTIGUA AND BARBUDA
AR	ARGENTINA
AM	ARMENIA
AW	ARUBA
AU	AUSTRALIA
AT	AUSTRIA
AZ	AZERBAIJAN
BS	BAHAMAS
BH	BAHRAIN
BD	BANGLADESH
BB	BARBADOS
BY	BELARUS
BE	BELGIUM

Code	Country Name
BZ	BELIZE
BJ	BENIN
BM	BERMUDA
BT	BHUTAN
BO	BOLIVIA
BQ	BONAIRE, SINT EUSTATIUS AND SABS
BA	BOSNIA AND HERZEGOVINA
BW	BOTSWANA
BV	BOUVET ISLAND
BR	BRAZIL
IO	BRITISH INDIAN OCEAN TERRITORY
BN	BRUNEI DARUSSALAM
BG	BULGARIA
BF	BURKINA FASO
BI	BURUNDI
KH	CAMBODIA
CM	CAMEROON
CA	CANADA
CV	CAPE VERDE
KY	CAYMAN ISLANDS
CF	CENTRAL AFRICAN REPUBLIC
TD	CHAD
CL	CHILE
CN	CHINA

Code	Country Name
CX	CHRISTMAS ISLAND
CC	COCOS (KEELING) ISLANDS
CO	COLOMBIA
KM	COMOROS
CG	CONGO
CD	CONGO, THE DEMOCRATIC REPUBLIC OF THE
CK	COOK ISLANDS
CR	COSTA RICA
CI	CÔTE D'IVOIRE
HR	CROATIA
CU	CUBA
CY	CYPRUS
CZ	CZECH REPUBLIC
DK	DENMARK
DJ	DJIBOUTI
DM	DOMINICA
DO	DOMINICAN REPUBLIC
EC	ECUADOR
EG	EGYPT
SV	EL SALVADOR
GQ	EQUATORIAL GUINEA
ER	ERITREA
EE	ESTONIA
ET	ETHIOPIA

Code	Country Name
FK	FALKLAND ISLANDS (MALVINAS)
FO	FAROE ISLANDS
FJ	FIJI
FI	FINLAND
FR	FRANCE
GF	FRENCH GUIANA
PF	FRENCH POLYNESIA
TF	FRENCH SOUTHERN TERRITORIES
GA	GABON
GM	GAMBIA
GE	GEORGIA
DE	GERMANY
GH	GHANA
GI	GIBRALTAR
GR	GREECE
GL	GREENLAND
GD	GRENADA
GP	GUADELOUPE
GU	GUAM
GT	GUATEMALA
GN	GUINEA
GW	GUINEA-BISSAU
GY	GUYANA
HT	HAITI

Code	Country Name
HM	HEARD ISLAND AND MCDONALD ISLANDS
VA	HOLY SEE (VATICAN CITY STATE)
HN	HONDURAS
HK	HONG KONG
HU	HUNGARY
IS	ICELAND
IN	INDIA
ID	INDONESIA
IR	IRAN, ISLAMIC REPUBLIC OF
IQ	IRAQ
IE	IRELAND
IL	ISRAEL
IT	ITALY
JM	JAMAICA
JP	JAPAN
JO	JORDAN
KZ	KAZAKHSTAN
KE	KENYA
KI	KIRIBATI
KP	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KR	KOREA, REPUBLIC OF
KW	KUWAIT
KG	KYRGYZSTAN
LA	LAO PEOPLE'S DEMOCRATIC REPUBLIC

Code	Country Name
LV	LATVIA
LB	LEBANON
LS	LESOTHO
LR	LIBERIA
LY	LIBYAN ARAB JAMAHIRIYA
LI	LIECHTENSTEIN
LT	LITHUANIA
LU	LUXEMBOURG
MO	MACAO
MK	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
MG	MADAGASCAR
MW	MALAWI
MY	MALAYSIA
MV	MALDIVES
ML	MALI
MT	MALTA
MH	MARSHALL ISLANDS
MQ	MARTINIQUE
MR	MAURITANIA
MU	MAURITIUS
YT	MAYOTTE
MX	MEXICO
FM	MICRONESIA, FEDERATED STATES OF
MD	MOLDOVA, REPUBLIC OF

Code	Country Name
MC	MONACO
MN	MONGOLIA
MS	MONTSERRAT
MA	MOROCCO
MZ	MOZAMBIQUE
MM	MYANMAR
NA	NAMIBIA
NR	NAURU
NP	NEPAL
NL	NETHERLANDS
AN	NETHERLANDS ANTILLES
NC	NEW CALEDONIA
NZ	NEW ZEALAND
NI	NICARAGUA
NE	NIGER
NG	NIGERIA
NU	NIUE
NF	NORFOLK ISLAND
MP	NORTHERN MARIANA ISLANDS
NO	NORWAY
OM	OMAN
PK	PAKISTAN
PW	PALAU
PS	PALESTINIAN TERRITORY, OCCUPIED

Code	Country Name
PA	PANAMA
PG	PAPUA NEW GUINEA
PY	PARAGUAY
PE	PERU
PH	PHILIPPINES
PN	PITCAIRN
PL	POLAND
PT	PORTUGAL
PR	PUERTO RICO
QA	QATAR
RE	RÉUNION
RO	ROMANIA
RU	RUSSIAN FEDERATION
RW	RWANDA
SH	SAINT HELENA
KN	SAINT KITTS AND NEVIS
LC	SAINT LUCIA
PM	SAINT PIERRE AND MIQUELON
VC	SAINT VINCENT AND THE GRENADINES
WS	SAMOA
SM	SAN MARINO
ST	SAO TOME AND PRINCIPE
SA	SAUDI ARABIA
SN	SENEGAL

Code	Country Name
CS	SERBIA AND MONTENEGRO
SC	SEYCHELLES
SL	SIERRA LEONE
SG	SINGAPORE
SK	SLOVAKIA
SI	SLOVENIA
SB	SOLOMON ISLANDS
SO	SOMALIA
ZA	SOUTH AFRICA
GS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
ES	SPAIN
LK	SRI LANKA
SD	SUDAN
SR	SURINAME
SJ	SVALBARD AND JAN MAYEN
SZ	SWAZILAND
SE	SWEDEN
CH	SWITZERLAND
SY	SYRIAN ARAB REPUBLIC
TW	TAIWAN, PROVINCE OF CHINA
TJ	TAJIKISTAN
TZ	TANZANIA, UNITED REPUBLIC OF
TH	THAILAND
TL	TIMOR-LESTE

Code	Country Name
TG	TOGO
TK	TOKELAU
TO	TONGA
TT	TRINIDAD AND TOBAGO
TN	TUNISIA
TR	TURKEY
TM	TURKMENISTAN
TC	TURKS AND CAICOS ISLANDS
TV	TUVALU
UG	UGANDA
UA	UKRAINE
AE	UNITED ARAB EMIRATES
GB	UNITED KINGDOM
US	UNITED STATES
UM	UNITED STATES MINOR OUTLYING ISLANDS
UY	URUGUAY
UZ	UZBEKISTAN
VU	VANUATU
VE	VENEZUELA
VN	VIET NAM
VG	VIRGIN ISLANDS, BRITISH
VI	VIRGIN ISLANDS, U.S.
WF	WALLIS AND FUTUNA
EH	WESTERN SAHARA

Code	Country Name
YE	YEMEN
ZM	ZAMBIA
ZW	ZIMBABWE
XX	UNKNOWN

- Edit:
    1. If the Patient's State is XX (foreign), the Patient's Country cannot be blank and must be a valid country code.

Patient's Date of Birth

Field # 24 in NJ HEALTHCAP Extract File Layout

The patient's date of birth

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location, one of the following:
    - 2010BA Loop DMG02, Code Qualifier "D8"
    - 2010CA Loop, DMG02, Code Qualifier "D8"
- Valid Codes: A valid date equal to or less than the Admission Date
- Edits:
    1. The century for the birth date year must start with either '18', '19', or '20'.
    2. The Patient's Birth Date must be a valid date.
    3. The Patient's Birth Date must be less than or equal to the Admission Date.
    4. The patient's age cannot be greater than 124 years.

Patient's Ethnicity Code

Field # 23 in NJ HEALTHCAP Extract File Layout

Code identifying patient's ethnicity

External Code Source: Office of Management and Budget (OMB) 15 Unique Identifier Ethnicity Codes.

- Required for: All Patients
- 837 Location, one of the following:
  - 2010BA Loop, DMG05-03, Code Qualifier "RET"
  - 2010CA Loop, DMG05-03, Code Qualifier "RET"

  The Ethnicity code should follow the second RET qualifier in the segment.
- Valid Codes:

Code	Description
21865	No, not Spanish/Hispanic/Latino
21485	Yes, Mexican, Mexican American, Chicano
21808	Yes, Puerto Rican
21824	Yes, Cuban
21550	Yes, Central or South American
21880	Yes, Other Spanish/Hispanic/Latino
21870	Unknown/Unavailable
21875	Declined to Answer

- Edit:
  1. Patient's Ethnicity Code must not be blank and must be a valid code on the Ethnicity table.

Patient's Full Name

Patient's First Name – Field # 27 in NJ HEALTHCAP Extract File Layout

Patient's Last Name – Field # 28 in NJ HEALTHCAP Extract File Layout

Patient's Middle Initial – Field # 29 in NJ HEALTHCAP Extract File Layout

The first name, last name and middle initial of the patient

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location, one of the following:
    - 2010BA Loop, NM103, 104 and 105, Code Qualifier "IL"
    - 2010CA Loop, NM103, 104 and 105, Code Qualifier "QC"
- Edits:
    1. The Patient First Name cannot be numeric or blank.
    2. The Patient Last Name cannot be numeric or blank.
    3. The Patient Middle Initial must either be an alpha character or be blank.

Patient's Gender

Field # 18 in NJ HEALTHCAP Extract File Layout

Code identifying the patient's gender at date of admission (Inpatient) or start of service (Outpatient)

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location:

    - 2010BA Loop, DMG03
    - 2010CA Loop, DMG03
- Valid Codes:
    - F = Female
    - M = Male
    - U = Undetermined
    - N= Neutral
- Edits:
    1. Patient's Gender must be either 'F', 'M', 'N', or 'U'.
    2. If a Revenue Codes equals either '0112', '0122', '0132', '0142', '0152', or '0721', then the Patient Gender must be 'F'.
    3. Patient's Gender Code 'U' is valid only for patients < 29 days old.

Patient's Marital Status

Field # 17 in NJ HEALTHCAP Extract File Layout

Code identifying patient's marital status

- External Code Source: ANSI 837 ASC X12N/005010X225 Data Reporting Guide.
- Required for: All Patients
- 837 Location:
    - 2010BA Loop, DMG04
    - 2010CA Loop, DMG04
- Valid Codes:

Code	Description
A	Common Law

Code	Description
B	Registered Domestic Partner
C	Not Applicable
D	Divorced
I	Single
K	Unknown
M	Married/Civil Union
P	Life Partner
R	Unreported
S	Separated
U	Unmarried
W	Widowed
X	Legally Separated

- Edit:
    1. Marital Status cannot be blank and must be on the list of valid marital status code.
    2. If Marital Status equals ‘S’, then the Patient’s Age must be greater than or equal to 18.

Patient’s Occupation

Field # 31 in NJ HEALTHCAP Extract File Layout

The patient’s occupation

- Required for: All Patients
- 837 Location: 2300 Loop, K301, positions 26-45
- Valid Codes: Any code on the table below, up to 20 characters in length.

OCCUPATION CODES	
Ref. No.	**Description**
1	Administrative
2	Architecture
3	Arts Occupations
4	Building and Grounds
5	Building Maintenance
6	Business Operations
7	Community Occupation
8	Computer Occupations
9	Construction
10	Declined to Provide
11	Dependent
12	Design Occupations
13	Disabled
14	Educational
15	Engineering

OCCUPATION CODES	
Ref. No.	**Description**
16	Entertainment
17	Extraction
18	Farming Occupations
19	Financial Operations
20	Fishing Occupations
21	Food Preparation
22	Food Serving
23	Forestry Occupations
24	Health Occupations
25	Health Practitioner
26	Healthcare Support
27	Installation
28	Legal Occupations
29	Library Occupations
30	Life Science

OCCUPATION CODES	
Ref. No.	**Description**
31	Management
32	Material Moving
33	Mathematical
34	Media Occupations
35	Military Specific
36	Office Occupations
37	Other Maintenance
38	Other Repair
39	Personal Care
40	Personal Service
41	Physical Science
42	Production
43	Protective Services
44	Retired
45	Sales

OCCUPATION CODES	
Ref. No.	**Description**
46	Sales Related
47	Self Employed
48	Social Science
49	Social Service
50	Sports Occupations
51	Student
52	Transportation
53	Unemployed
54	Employed- Other

- Edit:
    1. If a patient's age is greater than 18, the Occupation Code cannot be blank.
    2. Patient's occupation must be from the above referenced table.

Patient's Primary Language Spoken

Field # 30 in NJ HEALTHCAP Extract File Layout

Code identifying the primary language spoken by the patient. External Code Source: ISO 639-2 Codes

- Required for: All Patients
- 837 Location: 2300 Loop, K302, positions 47-49
- Valid Codes: See next page

PRIMARY LANGUAGE CODES	
Code	**Language**
AFR	Afrikaans
AFA	Afro-Asiatic languages unspecified
ALB	Albanian
ARA	Arabic
ARM	Armenian
BEL	Belarusian
BEN	Bengali
BOS	Bosnian
BUL	Bulgarian
BUR	Burmese
CAU	Caucasian languages unspecified
CHI	Chinese
SCR	Croatian
CZE	Czech

PRIMARY LANGUAGE CODES	
Code	**Language**
DUT	Dutch
ENG	English
EST	Estonian
FRE	French
CPF	French Creole
GER	German
GRE	Greek, Modern
GUJ	Gujarati
HEB	Hebrew
HIN	Hindi
HMN	Hmong-Mien
HUN	Hungarian
INE	Indo-European languages unspecified
IND	Indonesian

PRIMARY LANGUAGE CODES	
Code	**Language**
ITA	Italian
JPN	Japanese
KAN	Kannada
KOR	Korean
KRO	Kru
LAO	Lao
LIT	Lithuanian
MAC	Macedonian
MAL	Malayalam
MAR	Marathi
MKH	Mon-Khmer, Cambodian
NAV	Navajo
NOR	Norwegian
PAN	Panjabi

PRIMARY LANGUAGE CODES	
Code	**Language**
PER	Persian
POL	Polish
POR	Portuguese
CPP	Portuguese Creole
RUM	Romanian
RUS	Russian
SCC	Serbian
SLA	Slavic languages unspecified
SLO	Slovak
SPA	Spanish
SWA	Swahili
SWE	Swedish
SYR	Syriac
TGL	Tagalog

PRIMARY LANGUAGE CODES	
Code	**Language**
TAM	Tamil
TEL	Telugu
THA	Thai
TUR	Turkish
UKR	Ukrainian
URD	Urdu
VIE	Vietnamese
YID	Yiddish
YOR	Yoruba
OTH	Other languages

- Edit:

  1. The Patient's Primary Language Spoken must be a valid code on the list unless the Patient's Birth Date equals the Admission Date.

Patient's Race

Field # 21 in NJ HEALTHCAP Extract File Layout Code identifying patient's race.

- External Code Source: Office of Management and Budget (OMB) 15 Unique Identifier Ethnicity Codes.
- Required for: All Patients
- 837 Location:
    - 2010BA Loop, DMG05-03, Code Qualifier "RET"
    - 2010CA Loop, DMG05-03, Code Qualifier "RET".

  The Race Code should follow the first RET qualifier in the segment.
- Valid Codes:

RACE CODES	
Code	**Description**
21063	White
20545	Black or African American
10025	American Indian or Alaskan Native
20297	Asian Indian
20347	Chinese
20362	Filipino
20396	Japanese
20404	Korean

RACE CODES	
Code	**Description**
20479	Vietnamese
20289	Other Asian
20792	Native Hawaiian
20867	Guamanian or Chamorro
20800	Samoan
25007	Other Pacific Islander
21380	Multiracial: White and Black or African American
21381	Multiracial: White and American Indian or Alaskan Native
21382	Multiracial: White and Asian
21383	Multiracial: Black or African American and American Indian or Alaskan Native
21311	Other Race
21385	Unknown/Unavailable
21390	Declined to Answer

- Edit:
    1. Patient's Race must not be blank and must be valid code on race code table.

Patient's Reason for Visit

Patient's Reason for Visit 1 – Field # 90 in NJ HEALTHCAP Extract File Layout

Patient's Reason for Visit 2 – Field # 91 in NJ HEALTHCAP Extract File Layout

Patient's Reason for Visit 3 – Field # 92 in NJ HEALTHCAP Extract File Layout

The ICD-10-CM diagnosis code(s) describing the patient's reason for visit at the time of outpatient registration.

- External Code Source: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- Required for: Outpatients
- 837 Location: 2300 Loop, HI101-2 to HI103-2, Code Qualifier "APR"
- Valid Codes: Any valid ICD-10-CM diagnosis code
- Edits:

    1. If the bill type is 013X, the Patient's Reason for Visit 1 code must not be blank, and must be a valid ICD-10-CM diagnosis code.
    2. If any Patient's Reason for Visit Code is present, it must be valid ICD-10-CM diagnosis code.
    3. A Patient's Reason for Visit Code may not be valued if the preceding Patient's Reason for Visit code is not valued.

Patient's Relationship to Primary

Field # 39 in NJ HEALTHCAP Extract File Layout

Code indicating the relationship of the patient to the individual holding the primary insurance.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location, one of the following:
    - 2000B Loop, SBR02
    - 2000C Loop, PAT01

- Valid Codes: See next page

RELATIONSHIP TO PRIMARY & SECONDARY INSURED	
Code	**Description**
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Grandaughter
07	Nephew or Niece
10	Foster Child
15	Ward of the Court
17	Stepson or Stepdaughter
18	Self
19	Child
20	Employee
21	Unknown
22	Handicapped/Dependent
23	Sponsored Dependent
24	Dependent of Minor Dependent
29	Significant Other

RELATIONSHIP TO PRIMARY & SECONDARY INSURED	
Code	**Description**
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
53	Life Partner
G8	Other Relationship

- Edit:
    1. Patient's Relationship to Primary insured cannot be blank and must be valid relationship code.

Patient's Relationship to Secondary Insured

Field # 40 in NJ HEALTHCAP Extract File Layout

Code indicating the relationship of the patient to the individual holding the secondary insurance.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2320 Loop, SBR02
- Valid Codes: See Relationship to Primary Insured List
- Edit:

    1. If the Secondary Payer Code is not blank, Patient's Relationship to Secondary Insured cannot be blank and must be a valid relationship code.

Patient's Residence Code

Field # 15 in NJ HEALTHCAP Extract File Layout

Code indicating the county or municipality where patient's address is located

External Code Source: State of New Jersey Municipality Codes

- Required for: All Patients
- 837 Location: 2300 Loop, K301, positions 1-4
- Valid Codes:

Code	Municipality	County for NJ Municipalities
0101	Absecon City	Atlantic
0102	Atlantic City	Atlantic
0103	Brigantine City	Atlantic
0104	Buena Boro	Atlantic
0105	Buena Vista Township	Atlantic

CONTINUED ON NEXT PAGE

Code	Municipality	County for NJ Municipalities
0106	Corbin City	Atlantic
0107	Egg Harbor City	Atlantic
0108	Egg Harbor Township	Atlantic
0109	Estell Manor City	Atlantic
0110	Folsom Boro	Atlantic
0111	Galloway Township	Atlantic
0112	Hamilton Township	Atlantic
0113	Hammonton Town	Atlantic
0114	Linwood City	Atlantic
0115	Longport Boro	Atlantic
0116	Margate City	Atlantic
0117	Mullica Township	Atlantic
0118	Northfield City	Atlantic
0119	Pleasantville City	Atlantic
0120	Port Republic City	Atlantic
0121	Somers Point City	Atlantic
0122	Ventnor City	Atlantic
0123	Weymouth Township	Atlantic
0201	Allendale Boro	Bergen
0202	Alpine Boro	Bergen
0203	Bergenfield Boro	Bergen
0204	Bogota Boro	Bergen
0205	Carlstadt Boro	Bergen
0206	Cliffside Park Boro	Bergen

Code	Municipality	County for NJ Municipalities
0207	Closter Boro	Bergen
0208	Cresskill Boro	Bergen
0209	Demarest Boro	Bergen
0210	Dumont Boro	Bergen
0211	Elmwood Park Boro	Bergen
0212	East Rutherford Boro	Bergen
0213	Edgewater Boro	Bergen
0214	Emerson Boro	Bergen
0215	Englewood City	Bergen
0216	Englewood Cliffs Boro	Bergen
0217	Fair Lawn Boro	Bergen
0218	Fairview Boro	Bergen
0219	Fort Lee Boro	Bergen
0220	Franklin Lakes Boro	Bergen
0221	Garfield City	Bergen
0222	Glen Rock Boro	Bergen
0223	Hackensack City	Bergen
0224	Harrington Park Boro	Bergen
0225	Hasbrouck Heights Boro	Bergen
0226	Haworth Boro	Bergen
0227	Hillsdale Boro	Bergen
0228	Hohokus Boro	Bergen
0229	Leonia Boro	Bergen
0230	Little Ferry Boro	Bergen

Code	Municipality	County for NJ Municipalities
0231	Lodi Boro	Bergen
0232	Lyndhurst Township	Bergen
0233	Mahwah Township	Bergen
0234	Maywood Boro	Bergen
0235	Midland Park Boro	Bergen
0236	Montvale Boro	Bergen
0237	Moonachie Boro	Bergen
0238	New Milford Boro	Bergen
0239	North Arlington Boro	Bergen
0240	Northvale Boro	Bergen
0241	Norwood Boro	Bergen
0242	Oakland Boro	Bergen
0243	Old Tappan Boro	Bergen
0244	Oradell Boro	Bergen
0245	Palisades Park Boro	Bergen
0246	Paramus Boro	Bergen
0247	Park Ridge Boro	Bergen
0248	Ramsey Boro	Bergen
0249	Ridgefield Boro	Bergen
0250	Ridgefield Park Township	Bergen
0251	Ridgewood Township	Bergen
0252	River Edge Boro	Bergen
0253	River Vale Township	Bergen
0254	Rochelle Park Township	Bergen

Code	Municipality	County for NJ Municipalities
0255	Rockleigh Boro	Bergen
0256	Rutherford Boro	Bergen
0257	Saddle Brook Township	Bergen
0258	Saddle River Boro	Bergen
0259	South Hackensack Township	Bergen
0260	Teaneck Township	Bergen
0261	Tenafly Boro	Bergen
0262	Teterboro Boro	Bergen
0263	Upper Saddle River Boro	Bergen
0264	Waldwick Boro	Bergen
0265	Wallington Boro	Bergen
0266	Washington Township	Bergen
0267	Westwood Boro	Bergen
0268	Woodcliff Lake Boro	Bergen
0269	Wood Ridge Boro	Bergen
0270	Wyckoff Township	Bergen
0301	Bass River Township	Burlington
0302	Beverly City	Burlington
0303	Bordentown City	Burlington
0304	Bordentown Township	Burlington
0305	Burlington City	Burlington
0306	Burlington Township	Burlington
0307	Chesterfield Township	Burlington
0308	Cinnaminson Township	Burlington

Code	Municipality	County for NJ Municipalities
0309	Delanco Township	Burlington
0310	Delran Township	Burlington
0311	Eastampton Township	Burlington
0312	Edgewater Park Township	Burlington
0313	Evesham Township	Burlington
0314	Fieldsboro Boro	Burlington
0315	Florence Township	Burlington
0316	Hainesport Township	Burlington
0317	Lumberton Township	Burlington
0318	Mansfield Township	Burlington
0319	Maple Shade Township	Burlington
0320	Medford Township	Burlington
0321	Medford Lakes Boro	Burlington
0322	Moorestown Township	Burlington
0323	Mount Holly Township	Burlington
0324	Mount Laurel Township	Burlington
0325	New Hanover Township	Burlington
0326	North Hanover Township	Burlington
0327	Palmyra Boro	Burlington
0328	Pemberton Boro	Burlington
0329	Pemberton Township	Burlington
0330	Riverside Township	Burlington
0331	Riverton Boro	Burlington
0332	Shamong Township	Burlington

Code	Municipality	County for NJ Municipalities
0333	Southampton Township	Burlington
0334	Springfield Township	Burlington
0335	Tabernacle Township	Burlington
0336	Washington Township	Burlington
0337	Westampton Township	Burlington
0338	Willingboro Township	Burlington
0339	Woodland Township	Burlington
0340	Wrightstown Boro	Burlington
0401	Audubon Boro	Camden
0402	Audubon Park Boro	Camden
0403	Barrington Boro	Camden
0404	Bellmawr Boro	Camden
0405	Berlin Boro	Camden
0406	Berlin Township	Camden
0407	Brooklawn Boro	Camden
0408	Camden City	Camden
0409	Cherry Hill Township	Camden
0410	Chesilhurst Boro	Camden
0411	Clementon Boro	Camden
0412	Collingswood Boro	Camden
0413	Gibbsboro Boro	Camden
0414	Gloucester City	Camden
0415	Gloucester Township	Camden
0416	Haddon Township	Camden

Code	Municipality	County for NJ Municipalities
0417	Haddonfield Boro	Camden
0418	Haddon Heights Boro	Camden
0419	Hi Nella Boro	Camden
0420	Laurel Springs Boro	Camden
0421	Lawnside Boro	Camden
0422	Lindenwold Boro	Camden
0423	Magnolia Boro	Camden
0424	Merchantville Boro	Camden
0425	Mount Ephraim Boro	Camden
0426	Oaklyn Boro	Camden
0427	Pennsauken Township	Camden
0428	Pine Hill Boro	Camden
0429	Pine Valley Boro	Camden
0430	Runnemede Boro	Camden
0431	Somerdale Boro	Camden
0432	Stratford Boro	Camden
0433	Tavistock Boro	Camden
0434	Voorhees Township	Camden
0435	Waterford Township	Camden
0436	Winslow Township	Camden
0437	Wood Lynne Boro	Camden
0501	Avalon Boro	Cape May
0502	Cape May City	Cape May
0503	Cape May Point Boro	Cape May

Code	Municipality	County for NJ Municipalities
0504	Dennis Township	Cape May
0505	Lower Township	Cape May
0506	Middle Township	Cape May
0507	North Wildwood City	Cape May
0508	Ocean City	Cape May
0509	Sea Isle City	Cape May
0510	Stone Harbor Boro	Cape May
0511	Upper Township	Cape May
0512	West Cape May Boro	Cape May
0513	West Wildwood Boro	Cape May
0514	Wildwood City	Cape May
0515	Wildwood Crest Boro	Cape May
0516	Woodbine Boro	Cape May
0601	Bridgeton City	Cumberland
0602	Commercial Township	Cumberland
0603	Deerfield Township	Cumberland
0604	Downe Township	Cumberland
0605	Fairfield Township	Cumberland
0606	Greenwich Township	Cumberland
0607	Hopewell Township	Cumberland
0608	Lawrence Township	Cumberland
0609	Maurice River Township	Cumberland
0610	Millville City	Cumberland
0611	Shiloh Boro	Cumberland

Code	Municipality	County for NJ Municipalities
0612	Stow Creek Township	Cumberland
0613	Upper Deerfield Township	Cumberland
0614	Vineland City	Cumberland
0701	Belleville Town	Essex
0702	Bloomfield Town	Essex
0703	Caldwell Boro	Essex
0704	Cedar Grove Township	Essex
0705	East Orange City	Essex
0706	Essex Fells Boro	Essex
0707	Fairfield Boro	Essex
0708	Glen Ridge Twp	Essex
0709	Irvington Twp	Essex
0710	Livingston Township	Essex
0711	Maplewood Township	Essex
0712	Millburn Township	Essex
0713	Montclair Town	Essex
0714	Newark City	Essex
0715	North Caldwell Boro	Essex
0716	Nutley Twp	Essex
0717	City Of Orange Twp	Essex
0718	Roseland Boro	Essex
0719	South Orange Village Twp	Essex
0720	Verona Twp	Essex
0721	West Caldwell Twp	Essex

Code	Municipality	County for NJ Municipalities
0722	West Orange Town	Essex
0801	Clayton Boro	Gloucester
0802	Deptford Township	Gloucester
0803	East Greenwich Township	Gloucester
0804	Elk Township	Gloucester
0805	Franklin Township	Gloucester
0806	Glassboro Boro	Gloucester
0807	Greenwich Township	Gloucester
0808	Harrison Township	Gloucester
0809	Logan Township	Gloucester
0810	Mantua Township	Gloucester
0811	Monroe Township	Gloucester
0812	National Park Boro	Gloucester
0813	Newfield Boro	Gloucester
0814	Paulsboro Boro	Gloucester
0815	Pitman Boro	Gloucester
0816	South Harrison Township	Gloucester
0817	Swedesboro Boro	Gloucester
0818	Washington Township	Gloucester
0819	Wenonah Boro	Gloucester
0820	West Deptford Township	Gloucester
0821	Westville Boro	Gloucester
0822	Woodbury City	Gloucester
0823	Woodbury Heights Boro	Gloucester

Code	Municipality	County for NJ Municipalities
0824	Woolwich Township	Gloucester
0901	Bayonne City	Hudson
0902	East Newark Boro	Hudson
0903	Guttenberg Town	Hudson
0904	Harrison Town	Hudson
0905	Hoboken City	Hudson
0906	Jersey City	Hudson
0907	Kearny Town	Hudson
0908	North Bergen Township	Hudson
0909	Secaucus Town	Hudson
0910	Union City	Hudson
0911	Weehawken Township	Hudson
0912	West New York Township	Hudson
1001	Alexandria Township	Hunterdon
1002	Bethlehem Township	Hunterdon
1003	Bloomsbury Boro	Hunterdon
1004	Califon Boro	Hunterdon
1005	Clinton Town	Hunterdon
1006	Clinton Township	Hunterdon
1007	Delaware Township	Hunterdon
1008	East Amwell Township	Hunterdon
1009	Flemington Boro	Hunterdon
1010	Franklin Township	Hunterdon
1011	Frenchtown Boro	Hunterdon

Code	Municipality	County for NJ Municipalities
1012	Glen Gardner Boro	Hunterdon
1013	Hampton Boro	Hunterdon
1014	High Bridge Boro	Hunterdon
1015	Holland Township	Hunterdon
1016	Kingwood Township	Hunterdon
1017	Lambertville City	Hunterdon
1018	Lebanon Boro	Hunterdon
1019	Lebanon Township	Hunterdon
1020	Milford Boro	Hunterdon
1021	Raritan Township	Hunterdon
1022	Readington Township	Hunterdon
1023	Stockton Boro	Hunterdon
1024	Tewksbury Township	Hunterdon
1025	Union Township	Hunterdon
1026	West Amwell Township	Hunterdon
1101	East Windsor Township	Mercer
1102	Ewing Township	Mercer
1103	Hamilton Township	Mercer
1104	Hightstown Boro	Mercer
1105	Hopewell Boro	Mercer
1106	Hopewell Township	Mercer
1107	Lawrence Township	Mercer
1108	Pennington Boro	Mercer
1109	Princeton Boro	Mercer

Code	Municipality	County for NJ Municipalities
1110	Princeton Township	Mercer
1111	Trenton City	Mercer
1112	Robbinsville Twp	Mercer
1113	West Windsor Township	Mercer
1201	Carteret Boro	Middlesex
1202	Cranbury Township	Middlesex
1203	Dunellen Boro	Middlesex
1204	East Brunswick Township	Middlesex
1205	Edison Township	Middlesex
1206	Helmetta Boro	Middlesex
1207	Highland Park Boro	Middlesex
1208	Jamesburg Boro	Middlesex
1209	Old Bridge Township	Middlesex
1210	Metuchen Boro	Middlesex
1211	Middlesex Boro	Middlesex
1212	Milltown Boro	Middlesex
1213	Monroe Township	Middlesex
1214	New Brunswick City	Middlesex
1215	North Brunswick Township	Middlesex
1216	Perth Amboy City	Middlesex
1217	Piscataway Township	Middlesex
1218	Plainsboro Township	Middlesex
1219	Sayreville Boro	Middlesex
1220	South Amboy City	Middlesex

Code	Municipality	County for NJ Municipalities
1221	South Brunswick Township	Middlesex
1222	South Plainfield Boro	Middlesex
1223	South River Boro	Middlesex
1224	Spotswood Boro	Middlesex
1225	Woodbridge Township	Middlesex
1301	Allenhurst Boro	Monmouth
1302	Allentown Boro	Monmouth
1303	Asbury Park City	Monmouth
1304	Atlantic Highlands Boro	Monmouth
1305	Avon By The Sea Boro	Monmouth
1306	Belmar Boro	Monmouth
1307	Bradley Beach Boro	Monmouth
1308	Brielle Boro	Monmouth
1309	Colts Neck Township	Monmouth
1310	Deal Boro	Monmouth
1311	Eatontown Boro	Monmouth
1312	Englishtown Boro	Monmouth
1313	Fair Haven Boro	Monmouth
1314	Farmingdale Boro	Monmouth
1315	Freehold Boro	Monmouth
1316	Freehold Township	Monmouth
1317	Highlands Boro	Monmouth
1318	Holmdel Township	Monmouth
1319	Howell Township	Monmouth

Code	Municipality	County for NJ Municipalities
1320	Interlaken Boro	Monmouth
1321	Keansburg Boro	Monmouth
1322	Keyport Boro	Monmouth
1323	Little Silver Boro	Monmouth
1324	Loch Arbour Village	Monmouth
1325	Long Branch City	Monmouth
1326	Manalapan Township	Monmouth
1327	Manasquan Boro	Monmouth
1328	Marlboro Township	Monmouth
1329	Matawan Boro	Monmouth
1330	Aberdeen Township	Monmouth
1331	Middletown Township	Monmouth
1332	Millstone Township	Monmouth
1333	Monmouth Beach Boro	Monmouth
1334	Neptune Township	Monmouth
1335	Neptune City Boro	Monmouth
1336	Tinton Falls Boro	Monmouth
1337	Ocean Township	Monmouth
1338	Oceanport Boro	Monmouth
1339	Hazlet Township	Monmouth
1340	Red Bank Boro	Monmouth
1341	Roosevelt Boro	Monmouth
1342	Rumson Boro	Monmouth
1343	Sea Bright Boro	Monmouth

Code	Municipality	County for NJ Municipalities
1344	Sea Girt Boro	Monmouth
1345	Shrewsbury Boro	Monmouth
1346	Shrewsbury Township	Monmouth
1347	Lake Como (South Belmar Boro)	Monmouth
1348	Spring Lake Boro	Monmouth
1349	Spring Lake Heights Boro	Monmouth
1350	Union Beach Boro	Monmouth
1351	Upper Freehold Township	Monmouth
1352	Wall Township	Monmouth
1353	West Long Branch Boro	Monmouth
1401	Boonton Town	Morris
1402	Boonton Township	Morris
1403	Butler Boro	Morris
1404	Chatham Boro	Morris
1405	Chatham Township	Morris
1406	Chester Boro	Morris
1407	Chester Township	Morris
1408	Denville Township	Morris
1409	Dover Town	Morris
1410	East Hanover Township	Morris
1411	Florham Park Boro	Morris
1412	Hanover Township	Morris
1413	Harding Township	Morris
1414	Jefferson Township	Morris

Code	Municipality	County for NJ Municipalities
1415	Kinnelon Boro	Morris
1416	Lincoln Park Boro	Morris
1417	Madison Boro	Morris
1418	Mendham Boro	Morris
1419	Mendham Township	Morris
1420	Mine Hill Township	Morris
1421	Montville Township	Morris
1422	Morris Township	Morris
1423	Morris Plains Boro	Morris
1424	Morristown Town	Morris
1425	Mountain Lakes Boro	Morris
1426	Mount Arlington Boro	Morris
1427	Mount Olive Township	Morris
1428	Netcong Boro	Morris
1429	Parsippany Troy Hills To	Morris
1430	Long Hill Twp	Morris
1431	Pequannock Township	Morris
1432	Randolph Township	Morris
1433	Riverdale Boro	Morris
1434	Rockaway Boro	Morris
1435	Rockaway Township	Morris
1436	Roxbury Township	Morris
1437	Victory Gardens Boro	Morris
1438	Washington Township	Morris

Code	Municipality	County for NJ Municipalities
1439	Wharton Boro	Morris
1501	Barnegat Light Boro	Ocean
1502	Bayhead Boro	Ocean
1503	Beach Haven Boro	Ocean
1504	Beachwood Boro	Ocean
1505	Berkeley Township	Ocean
1506	Brick Township	Ocean
1507	Toms River Township	Ocean
1508	Eagleswood Township	Ocean
1509	Harvey Cedars Boro	Ocean
1510	Island Heights Boro	Ocean
1511	Jackson Township	Ocean
1512	Lacey Township	Ocean
1513	Lakehurst Boro	Ocean
1514	Lakewood Township	Ocean
1515	Lavallette Boro	Ocean
1516	Little Egg Harbor Townsh	Ocean
1517	Long Beach Township	Ocean
1518	Manchester Township	Ocean
1519	Mantoloking Boro	Ocean
1520	Ocean Township	Ocean
1521	Ocean Gate Boro	Ocean
1522	Pine Beach Boro	Ocean
1523	Plumsted Township	Ocean

Code	Municipality	County for NJ Municipalities
1524	Point Pleasant Boro	Ocean
1525	Point Pleasant Beach Bor	Ocean
1526	Seaside Heights Boro	Ocean
1527	Seaside Park Boro	Ocean
1528	Ship Bottom Boro	Ocean
1529	South Toms River Boro	Ocean
1530	Stafford Township	Ocean
1531	Surf City Boro	Ocean
1532	Tuckerton Boro	Ocean
1533	Barnegat Township	Ocean
1601	Bloomingdale Boro	Passaic
1602	Clifton City	Passaic
1603	Haledon Boro	Passaic
1604	Hawthorne Boro	Passaic
1605	Little Falls Township	Passaic
1606	North Haledon Boro	Passaic
1607	Passaic City	Passaic
1608	Paterson City	Passaic
1609	Pompton Lakes Boro	Passaic
1610	Prospect Park Boro	Passaic
1611	Ringwood Boro	Passaic
1612	Totowa Boro	Passaic
1613	Wanaque Boro	Passaic
1614	Wayne Township	Passaic

Code	Municipality	County for NJ Municipalities
1615	West Milford Township	Passaic
1616	Woodland Park Boro	Passaic
1701	Alloway Township	Salem
1702	Elmer Boro	Salem
1703	Elsinboro Township	Salem
1704	Lower Alloways Creek	Salem
1705	Mannington Township	Salem
1706	Oldmans Township	Salem
1707	Penns Grove Boro	Salem
1708	Pennsville Township	Salem
1709	Pilesgrove Township	Salem
1710	Pittsgrove Township	Salem
1711	Quinton Township	Salem
1712	Salem City	Salem
1713	Carneys Township	Salem
1714	Upper Pittsgrove Townshi	Salem
1715	Woodstown Boro	Salem
1801	Bedminster Township	Somerset
1802	Bernards Township	Somerset
1803	Bernardsville Boro	Somerset
1804	Bound Brook Boro	Somerset
1805	Branchburg Township	Somerset
1806	Bridgewater Township	Somerset
1807	Far Hills Boro	Somerset

Code	Municipality	County for NJ Municipalities
1808	Franklin Township	Somerset
1809	Green Brook Township	Somerset
1810	Hillsborough Township	Somerset
1811	Manville Boro	Somerset
1812	Millstone Boro	Somerset
1813	Montgomery Township	Somerset
1814	North Plainfield Boro	Somerset
1815	Peapack Gladstone Boro	Somerset
1816	Raritan Boro	Somerset
1817	Rocky Hill Boro	Somerset
1818	Somerville Boro	Somerset
1819	South Bound Brook Boro	Somerset
1820	Warren Township	Somerset
1821	Watchung Boro	Somerset
1901	Andover Boro	Sussex
1902	Andover Township	Sussex
1903	Branchville Boro	Sussex
1904	Byram Township	Sussex
1905	Frankford Township	Sussex
1906	Franklin Boro	Sussex
1907	Fredon Township	Sussex
1908	Green Township	Sussex
1909	Hamburg Boro	Sussex
1910	Hampton Township	Sussex

Code	Municipality	County for NJ Municipalities
1911	Hardyston Township	Sussex
1912	Hopatcong Boro	Sussex
1913	Lafayette Township	Sussex
1914	Montague Township	Sussex
1915	Newton Town	Sussex
1916	Ogdensburg Boro	Sussex
1917	Sandyston Township	Sussex
1918	Sparta Township	Sussex
1919	Stanhope Boro	Sussex
1920	Stillwater Township	Sussex
1921	Sussex Boro	Sussex
1922	Vernon Township	Sussex
1923	Walpack Township	Sussex
1924	Wantage Township	Sussex
2001	Berkeley Heights Townshi	Union
2002	Clark Township	Union
2003	Cranford Township	Union
2004	Elizabeth City	Union
2005	Fanwood Boro	Union
2006	Garwood Boro	Union
2007	Hillside Township	Union
2008	Kenilworth Boro	Union
2009	Linden City	Union
2010	Mountainside Boro	Union

Code	Municipality	County for NJ Municipalities
2011	New Providence Boro	Union
2012	Plainfield City	Union
2013	Rahway City	Union
2014	Roselle Boro	Union
2015	Roselle Park Boro	Union
2016	Scotch Plains Township	Union
2017	Springfield Township	Union
2018	Summit City	Union
2019	Union Township	Union
2020	Westfield Town	Union
2021	Winfield Township	Union
2101	Allamuchy Township	Warren
2102	Alpha Boro	Warren
2103	Belvidere Township	Warren
2104	Blairstown Township	Warren
2105	Franklin Township	Warren
2106	Frelinghuysen Township	Warren
2107	Greenwich Township	Warren
2108	Hackettstown Town	Warren
2109	Hardwick Township	Warren
2110	Harmony Township	Warren
2111	Hope Township	Warren
2112	Independence Township	Warren
2113	Knowlton Township	Warren

Code	Municipality	County for NJ Municipalities
2114	Liberty Township	Warren
2115	Lopatcong Township	Warren
2116	Mansfield Township	Warren
2117	Oxford Township	Warren
2118	Pahaquarry Township	Warren
2119	Phillipsburg Town	Warren
2120	Pohatcong Township	Warren
2121	Washington Boro	Warren
2122	Washington Township	Warren
2123	White Township	Warren

Out of State Residence Codes	Location
3000	Delaware
4000	Maryland
5000	New York
5100	NY – BRONX
5200	NY – BROOKLYN
5300	NY – MANHATTAN
5400	NY – QUEENS
5500	NY – STATEN ISLAND
5600	NY – NASSAU COUNTY
5700	NY – ORANGE COUNTY
5800	NY – PUTNAM COUNTY
5900	NY – ROCKLAND COUNTY

Out of State Residence Codes	Location
6100	NY – SUFFOLK COUNTY
6200	NY – SULLIVAN COUNTY
6300	NY – WESTCHESTER CTY
6800	NY – ALL OTHER A-K
6900	NY – ALL OTHER L-Z
7000	PENNSYLVANIA
7100	PA – BERKS COUNTY
7200	PA – BUCKS COUNTY
7300	PA – CARBON COUNTY
7400	PA – CHESTER COUNTY
7500	PA – DELAWARE COUNTY
7600	PA – LEHIGH COUNTY
7700	PA – MONROE COUNTY
7800	PA – MONTGOMERY COUNTY
7900	PA – NORTHAMPTON COUNTY
8100	PA – PHILADELPHIA COUNTY
8200	PA – PIKE COUNTY
8300	PA – WAYNE COUNTY
8900	PA – ALL OTHER PA COUNTIES
9000	Unassigned
9100	Alabama
9102	Arizona
9103	Arkansas
9104	California

Out of State Residence Codes	Location
9105	Colorado
9106	Connecticut
9108	DC
9109	Florida
9110	Georgia
9111	Idaho
9112	Illinois
9113	Indiana
9114	Iowa
9115	Kansas
9116	Kentucky
9117	Louisiana
9118	Maine
9120	Massachusetts
9121	Michigan
9122	Minnesota
9123	Mississippi
9124	Missouri
9125	Montana
9126	Nebraska
9127	Nevada
9128	New Hampshire
9130	New Mexico
9132	North Carolina

Out of State Residence Codes	Location
9133	North Dakota
9134	Ohio
9135	Oklahoma
9136	Oregon
9138	Rhode Island
9139	South Carolina
9140	South Dakota
9141	Tennessee
9142	Texas
9143	Utah
9144	Vermont
9145	Virginia
9146	Washington
9147	West Virginia
9148	Wisconsin
9149	Wyoming
9150	Alaska
9151	Hawaii
9152	Puerto Rico
9153	Virgin Islands
9299	Canada
9399	All Other Countries and American Territories

- Edit:
    1. Residence Code cannot = ‘9999’ and must be in Residence Code Table.
    2. If the state is NJ, then Residence Code must be between 0101-2123.

Patient’s Social Security Number

Field # 38 in NJ HEALTHCAP Extract File Layout

The patient’s Social Security Number

- Required for: Optional field
- 837 Location, one of the following:
    - 2010BA Loop, REF02, Code Qualifier “SY”
    - 2010CA Loop, REF02, Code Qualifier “SY”
- Valid Codes: Nine digits
- Edits:
    1. Social Security Number either be blank or 9 digits.

Patient’s State

Field # 13 in NJ HEALTHCAP Extract File Layout

The state where the patient resides

- External Code Source: ISO 3166-2 Codes for the representation of names of Countries and their subdivisions.
- Required for: All Patients
- 837 Location, one of the following:
    - 2010BA Loop, N402
    - 2010CA Loop, N402

- Valid Codes: Any valid two-digit alpha character abbreviation for American state, American possession, Canadian province, or other

Code	State
AA	APO Military – American Post Office
AB	Alberta
AE	FPO Military – Foreign Post Office
AK	Alaska
AL	Alabama
AP	Armed Forces Pacific
AR	Arkansas
AS	American Samoa
AZ	Arizona
BC	British Columbia
CA	California
CO	Colorado
CT	Connecticut
CZ	Canal Zone
DC	District of Columbia
DE	Delaware
FL	Florida
FM	Federated States of Micronesia
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho

Code	State
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
LB	Labrador
MA	Massachusetts
MB	Manitoba
MD	Maryland
ME	Maine
MH	Marshall Islands
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Northern Mariana Islands
MS	Mississippi
MT	Montana
NB	New Brunswick
NC	North Carolina
ND	North Dakota
NE	Nebraska
NF	Newfoundland
NL	Newfoundland and Labrador
NH	New Hampshire

Code	State
NJ	New Jersey
NM	New Mexico
NS	Nova Scotia
NT	Northwest Territory
NU	Nunavut
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
ON	Ontario
OR	Oregon
PA	Pennsylvania
PE	Prince Edward Island
PR	Puerto Rico
QB	Quebec
RI	Rhode Island
SC	South Carolina
SD	South Dakota
SK	Saskatchewan
TN	Tennessee
TT	Trust Territories
TX	Texas
UT	Utah
VA	Virginia

Code	State
VI	Virgin Islands
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming
XX	If Other Than Us or Canada
YK	Yukon

- Edit:
    1. The Patient State must equal a valid state code for the United States, Canada, and XX for other.

Patient's Street Address

Field # 10 in NJ HEALTHCAP Extract File Layout

The address where patient resides

- Required for: All Patients
- 837 Location, one of the following:
    - 2010BA Loop, N301
    - 2010CA Loop, N301
- Valid Codes: Any valid address using up to 20 alphanumeric characters
- Edits:
    1. The Patient's Street Address must not be blank.
    2. The only special characters allowed in Patient's Street Address are "#", "/", "\", "-", "." "," " ' " and "&".

Patient's Zip Code

Field # 12 in NJ HEALTHCAP Extract File Layout

The zip code of patient's place of residence

- External Code Source: National ZIP Code and Post Office Directory, Publication 65, United States Postal Service
- Required for: All Patients
- 837 Location: 2010CA Loop, N403
- Valid Codes: Any valid ZIP code five5 to nine alphanumeric characters in length
- Edits:

  1. The Patient's Zip Code must be numeric and greater than zeroes if not a foreign address (Patient's State = XX) or Canadian address (Patient's State = AB, BC, LB, MB, NB, NF, NS, NT, ON, PE, QB, SK, YK).
  2. The first 2 digits of the Patient's Zip Code must be in the ranges for each state if not a foreign address.
  3. If the Residence Code is a valid NJ Residence Code, then the first two characters of the Patient Zip Code must be either '07' or '08'.
  4. The Patient's Zip Code cannot contain a dash (-).

Payer Codes (Primary, Secondary, Tertiary)

Primary Payer Code – Field # 41 in NJ HEALTHCAP Extract File Layout

Secondary Payer Code – Field # 42 in NJ HEALTHCAP Extract File Layout

Tertiary Payer Code – Field # 42 in NJ HEALTHCAP Extract File Layout

Three-digit numeric character representing insurance payers

- Required for: All Patients

- 837 Location:
    - 2010BB Loop, NM109, Code Qualifier “PI” (Primary)
    - 2330B Loop, NM109, Code Qualifier “PI” (Secondary/Tertiary)
- Valid Codes:

PAYOR CODES			
Code	**Description**	**Payer Type**	**Payer Type Description**
008	NJ Family Care	7	Other
039	Other Source of Patient Payment	4	Self-Pay
083	Refusal to pay/bad debt	7	Other
100	Medicare	1	Medicare
110	Medicare Managed Care	1	Medicare
111	Medicare HMO	1	Medicare
112	Medicare PPO	1	Medicare
113	Medicare POS	1	Medicare
119	Medicare Managed Care Other	1	Medicare
120	Medicare Non-Managed Care	1	Medicare
121	Medicare FFS	1	Medicare
122	Medicare Drug Benefit	1	Medicare
123	Medicare Medical Savings Account	1	Medicare
129	Medicare Non-Managed Care Other	1	Medicare
130	Medicare Hospice	1	Medicare
140	Dual Eligibility Medicare/Medicaid	1	Medicare
190	Medicare other	1	Medicare
191	Medicare Pharmacy Benefit Manager	1	Medicare
199	Other Commercial Insurance	6	Commercial
200	Medicaid	2	Medicaid
210	Medicaid Managed Care	2	Medicaid
211	Medicaid HMO	2	Medicaid

PAYOR CODES			
Code	Description	Payer Type	Payer Type Description
212	Medicaid PPO	2	Medicaid
213	Medicaid Primary Care Case Management	2	Medicaid
219	Medicaid Managed Care Other	2	Medicaid
220	Medicaid Non-Managed Care Plan	2	Medicaid
230	Medicaid/SCHIP	2	Medicaid
250	Medicaid- Out of State	2	Medicaid
260	Medicaid- Long Term Care	2	Medicaid
290	Medicaid Other	2	Medicaid
290	Medicaid Other	2	Medicaid
291	Medicaid Pharmacy Benefit Manager	2	Medicaid
299	Medicaid- Dental	2	Medicaid
300	Other Government (Federal, State, Local)	7	Other
310	Department of Defense	7	Other
311	Champus	7	Other
312	Military Treatment Facility	7	Other
313	Dental- Stand Alone	7	Other
320	Department of Veterans Affairs	7	Other
321	Veteran Care	7	Other
322	Non-Veteran Care	7	Other
330	Indian Health Service or Tribe	7	Other
331	Indian Health Service- Regular	7	Other
332	Indian Health Service- Contract	7	Other
333	Indian Health Service- Managed Care	7	Other
334	Indian Tribe- Sponsored Coverage	7	Other
340	HRSA Program	7	Other
341	HRSA Title V	7	Other
342	Migrant Health Program	7	Other
343	Ryan White Act	7	Other
349	Other HRSA Program	7	Other

PAYOR CODES			
Code	Description	Payer Type	Payer Type Description
361	State SCHIP Program	7	Other
362	Specific State Program	7	Other
369	State, not otherwise specified	7	Other
370	Local Government	7	Other
371	Local- Managed Care	7	Other
372	FFS/Indemnity	7	Other
379	Other Local, County	7	Other
380	Other Government (Federal, State, Local not specified)	7	Other
381	Federal, State, Local not specified managed care	7	Other
382	Federal, State, Local not specified FFS	7	Other
383	Federal, State, Local not specified- HMO	5	HMO
384	Federal, State, Local not specified- PPO	7	Other
385	Federal, State, Local not specified POS	7	Other
386	Federal, State, Local not specified- not specified managed care	7	Other
389	Federal, State, Local not specified Other	7	Other
390	Other Federal	7	Other
391	Federal Employee Health Plan	7	Other
400	Departments of Corrections	7	Other
410	Corrections Federal	7	Other
420	Corrections State	7	Other
430	Corrections Local	7	Other
440	Corrections Unknown Level	7	Other
500	Private Health Insurance	7	Other
510	Managed Care- Private	7	Other
511	Commercial Managed Care- HMO	5	HMO
512	Commercial Managed Care- PPO	6	Commercial
513	Commercial Managed Care- POS	6	Commercial
514	Exclusive Provider Organization	7	Other
515	Gatekeeper PPO	7	Other

PAYOR CODES			
Code	Description	Payer Type	Payer Type Description
516	Commercial Managed Care- Pharmacy Benefit Manager	6	Commercial
517	Commercial Managed Care- Dental	6	Commercial
519	Other Managed Care, non HMO	7	Other
520	Private Health Insurance- Indemnity	7	Other
521	Commercial Indemnity	6	Commercial
522	Self-Insured Administrative Services	4	Self-Pay
523	Medicare Supplemental Policy	1	Medicare
524	Imdenity Insurance- Dental	7	Other
529	Other commercial indemnity private	6	Commercial
530	Managed Care (Private) or private health insurance (indemnity) not otherwise specified	7	Other
540	Organized Delivery System	7	Other
550	Small Employer Purchasing Group	7	Other
560	Specialized Stand Alone Plan	7	Other
590	Other Private Insurance	3	Blue Cross
600	Blue Cross/Blue Shield	3	Blue Cross
610	Blue Cross Managed Care	3	Blue Cross
611	Blue Cross Managed Care- HMO	3	Blue Cross
612	Blue Cross Managed Care- PPO	3	Blue Cross
613	Blue Cross Managed Care- POS	3	Blue Cross
614	Blue Cross Managed Care- Dental	3	Blue Cross
619	Other Blue Cross Managed Care	3	Blue Cross
621	Blue Cross Indemnity	3	Blue Cross
622	Blue Cross Self-Insured	3	Blue Cross
623	Blue Cross Medicare Supplemental	3	Blue Cross
624	Blue Cross Indemnity- Dental	3	Blue Cross
710	HMO	5	HMO
720	PPO	7	Other
730	POS	7	Other
790	Other Managed Care	7	Other
800	No Payment from an organization/agency/program/private payer listed	7	Other

PAYOR CODES			
Code	Description	Payer Type	Payer Type Description
810	Self-Pay	4	Self-Pay
820	No Charge	7	Other
821	Charity Care	7	Other
822	Professional Courtesy	7	Other
823	Research/Clinical Trial	7	Other
910	Foreign/National	7	Other
920	Other (non-government)	7	Other
921	Other (government)	7	Other
930	Disability Insurance	7	Other
940	Long-Term Care Insurance	7	Other
950	Workers Compensation	7	Other
951	Workers Compensation HMO	5	HMO
953	Workers Compensation Fee-For-Service	7	Other
954	Workers Compensation, Other Managed Care	7	Other
959	Workers Compensation, Other unspecified	7	Other
960	Auto Insurance (includes no fault)	7	Other
970	Legal Liability	7	Other
980	Other specified but not otherwise classifiable	7	Other
990	No Typology Code available for payment source	7	Other
999	Unavailable/No Payer Specified/Blank	7	Other

- Edits:
    1. Primary Payer Code must not be blank and must be a valid code on the payer code table.
    2. Secondary Payer Code must be a valid code on the payer code table.
    3. Tertiary Payer Code must be a valid code on the payer code table.
    4. Tertiary Payer Code cannot be present without a Secondary Payer Code.

Point of Origin Code (Admission Source Type)

Field # 34 in NJ HEALTHCAP Extract File Layout

A code indicating the patient's point of origin for this admission or visit.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All patients
- 837 Location: 2300 Loop, CL102
- Valid Codes:

POINT OF ORIGIN CODES		
Code	**Non-Newborn Description**	**Newborn Description**
1	Non-Health Care Facility Point of Origin	-
2	Clinic or Physician's Office	-
4	Transfer from Hospital Different from this Facility	-
5	Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	Born inside this hospital
6	Transfer from another Health Care Facility	Born outside this hospital
8	Court/Law Enforcement	-
9	Information Not Available	-
D	Transfer From Inpatient Hospital in Same Facility Resulting in Separate Claim to Payer	-
E	Transfer from Ambulatory Surgery Center	-
F	Transfer from Hospice and is under a Hospice Plan of Care or enrolled in a Hospice Program	-
G	Transfer from a Designated Disaster Alternate Care Site	-

- Edits:
    1. If Priority Type of Visit = 1, 2, 3, 5 or 9, then Point of Origin must be either 1, 2, 4, 5, 6, 8, 9, D, E or F.
    2. If Priority Type of Visit = 4, then Point of Origin must be either 5 or 6.

Primary Insured's ID Number

Field # 44 in NJ HEALTHCAP Extract File Layout

The insured's identification number as assigned by the primary insurance payer. For Medicare, this is the HIC number.

- Required for: All Patients
- 837 Location: 2010BA Loop, NM109, Code Qualifier "MI"
- Valid Codes: alphanumeric characters
- Edit:
    1. Insured ID Number must not be blank

Principal Diagnosis Code

Field # 94 in NJ HEALTHCAP Extract File Layout for Principal Diagnosis Code.

Field # 95 in NJ HEALTHCAP Extract File Layout for Principal Diagnosis Code Present on Admission (POA) Indicator.

The ICD-10-CM codes describing the principal diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care).

- External Code Source: International Classification of Diseases, 9th/10th Revision, Clinical Modification (ICD-10-CM).
- Required for All patients
- 837 Location: 2300 Loop, HI01-02, Code Qualifier "ABK"
- Valid Codes Valid ICD-10-CM codes as defined by CDC
- Edits:
    1. Diagnosis Codes cannot be duplicated.
    2. If there is a diagnosis code in any diagnosis code field, then the codes in the preceding fields must not be blank.
    3. Diagnosis Codes Z51.5 (ICD-10) are invalid as a principal diagnosis code.
    4. The Diagnosis Code POA must be Y, N, U, W, or 1/Null (if Diagnosis Code is on the list of CDC exempt codes)
    5. The Principal Diagnosis code must not be blank or null

Priority Type of Visit (Admission/Visit Type)

Field # 33 in NJ HEALTHCAP Extract File Layout

A code indicating the priority of this admission/visit.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for All patients
- 837 Location: 2300 Loop, CL101
- Valid Codes

Code	Description
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma Center
9	Information Not Available

- Edits:
  1. Priority Type of Visit must be either 1, 2, 3, 4, 5, or 9.
  2. If Priority Type of Visit = 4, then age in days must be less than 29 days.
  3. If Priority Type of Visit = 1, 2, 3, 5, or 9, then patient's birth date must be less than admission date.

Procedure Codes

Principal Procedure Code – Field # 98 in NJ HEALTHCAP Extract File Layout

Other Procedure Code - Code – Field # 100 in NJ HEALTHCAP Extract File Layout

Principal	The chief procedure performed on a patient admitted into (Inpatients) or receiving care (Outpatients) at the hospital for the episode of care

2nd-25th	Additional procedures performed occurring while admitted (Inpatients) or when receiving care (Outpatients) for the episode of care – there can be up to 24 additional procedure codes

- External Code Source: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-PCS).
- Required for Inpatients
- 837 Location:
  - 2300 Loop, HI01-2 (Principal)
  - 2300 HI01 to HI12 (2nd- 25th Other Procedure Code)
- Valid Codes Any valid ICD-10-PCS procedure code
- Edits:
  1. If the Procedure Code Date is valued, then the Procedure Code must not be blank.
  2. If a Procedure Code is valued, then any Procedure Code in the preceding fields must not be blank.

Procedure Code Dates

Principal Procedure Date – Field # 99 in NJ HEALTHCAP Extract File Layout

(Other Procedure Code - Date – Field # 101 in NJ HEALTHCAP Extract File Layout

Principal	The date the principal procedure was performed
2nd-25th	The dates the additional procedures were performed. There can be up to 24 additional procedure dates

- Required for: Inpatients
- 837 Location:
    - 2300 Loop, HI01-3, Code Qualifier “BBR” (Principal)
    - 2300 Loop HI01 to HI12, Code Qualifier “BBQ” (2nd- 25th Other Procedure Code Date)
- Valid Codes: A valid date
- Edits:
    1. If the Procedure Code is valued, then the Procedure Code Date cannot be blank.
    2. The Procedure Code Date must be greater than or equal to the Admission and/or Statement From Date.
    3. The Procedure Code Date must be less than or equal to the Discharge Date.
    4. The Procedure Code Date must be a valid date.

Readmission Code

Field # 36 in NJ HEALTHCAP Extract File Layout

Code signifying that a patient has been admitted into an acute care facility for a second time within 7 days

- Required for: Inpatients
- 837 Location: 2300 Loop, K301, position 25
- Valid Codes
    - 0 = No
    - 1 = Yes
    - 9 = Unknown
- Edit:
    1. Readmission Code must be ‘0’, ‘1’ or ‘9’ if the patient’s birth date is less than admission date.

Record Number

Field # 6 in NJ HEALTHCAP Extract File Layout

Number assigned to each claim in data extract. Each claim can be assigned multiple record numbers if the claim contains more codes than can be outputted onto one line of the extract.

Referring Physician National Provider Identifier (NPI)

Field # 56 in NJ HEALTHCAP Extract File Layout

The National Provider Identifier number of the provider who sends the patient to another provider for services. Required on an outpatient when the referring provider is different from the attending physician.

- External Code Source: Center's for Medicare and Medicaid Services National Provider Identifier
- Required for: All Patients
- 837 Location: 2310F Loop, NM109, Code Qualifier "XX"
- Valid Codes: A valid NPI number
- Edits:
    1. If provided, the Referring Physician NPI must be 10 digits and must be a valid NPI number.
    2. The Referring Physician's NPI number is required if the Referring Physician's State License Number is not blank.

Referring Physician State License Number

Field # 55 in NJ HEALTHCAP Extract File Layout

The state license number of the provider who sends the patient to another provider for services. Required when the referring provider is different from the attending physician.

- External Code Source: New Jersey Division of Consumer Affairs, Board of Medical Examiners.
- Required for: All Patients
- 837 Location: 2310F Loop, REF02, Code Qualifier "0B"
- Valid Codes:

- New Jersey physicians, one of the following:
  - The first two characters must equal ‘NJ’ followed for seven or eight alphanumeric characters and no spaces
  - The first two characters must equal ‘22’, ‘25’, ‘26’, or ‘35’, followed by ten alphanumeric characters and no spaces.
- For physicians outside New Jersey the first two characters must equal any valid two-digit alpha character abbreviation for American state, American possession, or Canadian province followed by alphanumeric character(s).

- Edits:

  1. The Referring Physician’s State License number must either be blank or the Referring Physician’s State Code (which is the first two characters of the License Number) must be a valid state, ‘22’, ‘25’, ‘26’, or ‘35’.

  2. If the Referring Physician’s State Code equals ‘NJ’, then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are ‘22’, ‘25’, ‘26’, or ‘35’, then check to see the number after the state code is 10 characters in length and does not contain a space.

  3. If the Referring Physician’s State Code is valid, and does not equal 'NJ', ‘22’, ‘25’, ‘26’, or ‘35’, then check to see that the position after the state code is not blank.

  4. The Referring Physician’s State License Number is required if the Referring Physician’s NPI number is not blank.

Rendering Physician National Provider Identifier (NPI)

Field # 54 in NJ HEALTHCAP Extract File Layout

The National Provider Identifier number of the health care professional who delivers or completes a particular medical service or non-surgical procedure.

- External Code Source: Center’s for Medicare and Medicaid Services National Provider Identifier
- Required for: All Patients
- 837 Location: 2310D Loop, NM109, Code Qualifier “XX”
- Valid Codes: A valid NPI number
- Edits:
  1. If the Rendering Physician’s NPI is not blank, it must be 10 digits and must be a valid NPI number.
  2. The Rendering Physician’s NPI number is required if the Rendering Physician’s State License Number is not blank.

Rendering Physician State License Number

Field # 53 in NJ HEALTHCAP Extract File Layout

The state license number of the health care professional who delivers or completes a particular medical service or non-surgical procedure.

- External Code Source: New Jersey Division of Consumer Affairs, Board of Medical Examiners.
- Required for: All Patients
- 837 Location: 2310D Loop, REF02, Code Qualifier “0B”
- Valid Codes:
    - For New Jersey physicians, one of the following:
        - The first two characters must equal ‘NJ’ followed for seven or eight alphanumeric characters and no spaces
        - The first two characters must equal ‘22’, ‘25’, ‘26’ or ‘35’, followed by ten alphanumeric characters and no spaces
    - For physicians outside New Jersey – the first 2 characters must equal any valid two-digit alpha character abbreviation for American state, American possession, or Canadian province followed by alphanumeric character(s)

Edits:

1. The Rendering Physician’s State License number must either be blank or the Rendering Physician’s State Code (which is the first two characters of the License Number) must be a valid state, ‘22’, ‘25’, ‘26’, or ‘35’.

2. If the Rendering Physician’s State Code equals ‘NJ’, then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are ‘22’, ‘25’, ‘26’, or ‘35’, then check to see the number after the state code is 10 characters in length and does not contain a space.

3. If the Rendering Physician’s State Code is valid, and does not equal 'NJ', ‘22’, ‘25’, ‘26’, or ‘35’ then check to see that the position after the state code is not blank.

4. The Rendering Physician’s State License Number is required if the Rendering Physician’s NPI number is not blank.

Revenue Code

Field # 102 in NJ HEALTHCAP Extract File Layout

Code describing the kind of service patient received and is being charged for.

External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.

- Required for: All Patients
- 837 Location: 2400 Loop, SV201
- Edits:
    1. If the Revenue Code Services Units is valued, then the Revenue Code must be valued.
    2. If the Revenue Code Total Charges is valued, then the Revenue Code must be valued.
    3. The Revenue Code must be found in the Revenue Code Table.
    4. If a Revenue Code equals either '0111', '0121', '0131', '0141', '0151', '0201', '0202', or '0231', then the Patient's Age must be greater than or equal to 19 years.
    5. If a Revenue Code equals either '0113', '0123', '0133', '0143', '0153', or '0203', then the Patient's Age must be less than or equal to 18 years.
    6. If a Revenue Code equals '017X', then the Patient's Age must be less than 1 year.
    7. Trauma Revenue Codes (068X) may only be used when Priority Type of Visit equals 5.
    8. There must be at least one Revenue Code Line on every record.

Revenue Code Total Charges

Field # 110 in NJ HEALTHCAP Extract File Layout

Total charges incurred for each revenue code line item. This may not be the same as charges billed to the payer.

- Required for: All Patients
- 837 Location: 2400 Loop, SV203
- Valid Codes: Any dollar amount less than or equal to $9,999,999

- Edit:
    1. If the Revenue Code is valid then the Revenue Code Total Charges must be greater than zeroes.
    2. Total Charge for a Revenue Code Line Item cannot be greater than 9,999,999.

Revenue Code Days, Units, or Times (DUTS)

Field # 109 in NJ HEALTHCAP Extract File Layout

A number count of accommodation days, units of service, number of times and/or number of visits per revenue code line item.

- Required for: All Patients
- 837 Location: 2400 Loop, SV205
- Valid Codes: Any number using the format '0000'
- Edits:
    1. If the Revenue Code is valid, then the Days/Units/Time (Revenue Service Units) must be Numeric and not negative
    2. If the Revenue Code prefix equals either 010, 011, 012, 013, 014, 015, 016, 017, 018, 020, or 021, then the Days/Units/time (Revenue Service Units) cannot be zeroes.
    3. The sum of the total days for a routine Revenue Code line should equal the actual length of stay.

Statement Covers Period (From Date and Thru Date)

Statement From Date – Field # 8 in NJ HEALTHCAP Extract File Layout

Statement Thru Date – Field # 3 in NJ HEALTHCAP Extract File Layout

Dates indicating the beginning and ending services dates for this episode of care.

- Required for: All Patients
- 837 Location: 2300 Loop, DTP03
- Valid Codes: Valid dates in CCYYMMDD format

- Edits:
    1. The Statement From date must be a valid date and must be equal to or prior to the Statement Thru date.
    2. The Statement Thru date must be a valid date
    3. Statement From and Thru Date must not be blank or null.

State

Field # 80 in NJ HEALTHCAP Extract File Layout

The state where the patient resides

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients using smarty street for address verification

- Required for: All patients

Total Charges for Claim

Field # 61 in NJ HEALTHCAP Extract File Layout

Total of all revenue code charges on claim.

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients.

Transfer Out Code (Transfer Destination Code)

Field # 46 in NJ HEALTHCAP Extract File Layout

Code identifying the acute care facility patient is being transferred/referred to

- Required for: All Patients
- 837 Location: 2300 Loop, K301, positions 15-24
- Valid Codes: Valid facility NPI number

- Edits:
    1. Transfer Out Code must be a valid facility NPI number in the transfer NPI list when the Patient Discharge Status Code is equal to “2” (Discharged / transferred to a short-term general hospital for inpatient care).
    2. Transfer Out Code cannot be the same as Transfer In Code when Point of Origin Code is equal to “4” (Transfer from Hospital Different from this Facility), the Priority of Visit Code is not equal to “4” (Newborn), and the Patient Discharge Status Code is equal to “2” (Discharged/transferred to a short-term general hospital for inpatient care). Out-of-state hospitals are excluded from this rule.

CODE LIST BEGINS ON THE FOLLOWING PAGE

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
Acute Care Splty Hosp Kimball	3120171	1659376317	23359	Long Term Care Hospital
Atlanticare Regnl Med Ctr (City)	3100642	1013919315	10102	General Acute Care Hospital
Atlanticare Regnl Med Ctr Mainland	3100641	1013919315	10101	General Acute Care Hospital
Bayonne Medical Center	3100250	1821101239	10901	General Acute Care Hospital
Bayonne Medical Center Psych	31S0250	1568669380	10901	Psychiatric Unit
Bayshore Community Hospital	3101120	1760994412	11301	General Acute Care Hospital
Bergen New Bridge Med Ctr	3100580	1689682999	10201	General Acute Care Hospital
Bergen Regional Med Ctr Psych	31S0580	1952456295	10201	Psychiatric Unit
Cape Regional Medical Center	3100110	1053382697	10501	General Acute Care Hospital
Capital Health Syst Fuld Campus	3100920	1275583726	11102	General Acute Care Hospital
Capital Health Syst Fuld Psych	31S0920	1700836285	11102	Psychiatric Unit
Capital Health Syst Mercer	3100440	1073516183	11104	General Acute Care Hospital
CareOne Hackensack UMC Pascack	3120182	1497754006	24795	Long Term Care Hospital
CareOne Raritan Bay Med Ctr	3120180	1497754006	23098	Long Term Care Hospital
CareOne St Peters Univy Hosp	3120183	1497754006	23098-1	Long Term Care Hospital
CareOne Trinitas Regnl Med Ctr	3120181	1497754006	24426	Long Term Care Hospital
CareWell Health Med Ctr	3100830	1013386143	10704	General Acute Care Hospital

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
CareWell Health Med Ctr Psych	31S0830	1659740785	10704	Psychiatric Unit
CentraState Healthcare Syst	3101110	1295718450	11302	General Acute Care Hospital
CentraState Healthcare Syst Psych	31S1110	1982636270	11302	Psychiatric Unit
Chilton Hospital	3100170	1811994809	11401	General Acute Care Hospital
Christ Hospital	3100160	1871859306	10902	General Acute Care Hospital
Clara Maass Medical Center	3100090	1902901333	10701	General Acute Care Hospital
Clara Maass Medical Center Psych	31S0090	1114179025	10701	Psychiatric Unit
Community Medical Center	3100410	1013010917	11501	General Acute Care Hospital
Cooper Health System	3100140	1568442309	10402	General Acute Care Hospital
Cooperman Barnabas Med Ctr	3100760	1396857488	10710	General Acute Care Hospital
Deborah Heart & Lung Ctr	3100310	1467440743	20301	General Acute Care Hospital
Englewood Hosp & Med Ctr	3100450	1083612881	10202	General Acute Care Hospital
Englewood Hospital Psych	31S0450	1124071980	10202	Psychiatric Unit
Hackensack Meridian Pascack Valley Med Center	3101300	1205176062	24745	General Acute Care Hospital
Hackensack UMC Mtside	3100540	1982720249	10708	General Acute Care Hospital
Hackensack UMC Mtside Psych	31S0540	1841444718	10708	Psychiatric Unit
Hackensack UMC Psych	31S0010	1932200623	10204	Psychiatric Unit

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
Hackensack University Med Cte	3100010	1457456279	10204	General Acute Care Hospital
Hackettstown Comty Hosp	3101150	1518969419	12101	General Acute Care Hospital
Hoboken Univ Med Ctr	3100400	1043475668	10908	General Acute Care Hospital
Hoboken Univ Med Ctr Psych	31S0400	1053576678	10908	Psychiatric Unit
Holy Name Hospital	3100080	1104859131	10205	General Acute Care Hospital
Holy Name Hospital Psych	31S0080	1609945963	10205	Psychiatric Unit
Hunterdon Medical Center	3100050	1922095116	11001	General Acute Care Hospital
Hunterdon Medical Center Psych	31S0050	1932122744	11001	Psychiatric Unit
Inspira Bridgeton Imd Care Unit	3100320	1104870161	10601	Intermediate Care Facility, Mental Illness
Inspira Health Ctr Bridgeton ICFMI	3100322	1164487542	10601	General Acute Care Hospital
Inspira Med Ctr Elmer Gen Acute Hosp	3100690	1255396024	11701	General Acute Care Hospital
Inspira Med Ctr Mannington Gen Acute Hosp	3100692	1437832201	71702	General Acute Care Hospital
Inspira Behavioral Health Mannington	31S069A	1578320065	71702	Psychiatric Unit
Inspira Med Ctr Salem	3100910	1700351947	11702	General Acute Care Hospital
Inspira Med Ctr Vineland Gen Acute Hosp	3100324	1164487542	10603	General Acute Care Hospital
Inspira Med Ctr Woodbury Gen Acute Hosp	3100810	1184601288	10801	General Acute Care Hospital
Inspira Med Ctr Woodbury Psych Hosp/Unit	31S0810	1629055694	10801	Psychiatric Hospital

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
Inspira Medical Center Bridgeton Psych	31S0320	1831143890	10603	Psychiatric Unit
Inspira Mullica Hill Gen Acute Hosp	3100691	1366097032	10803	General Acute Care Hospital
Jersey City Medical Center	3100740	1689744856	10904	General Acute Care Hospital
Jersey City Medical Center Psych	31S0740	1497825665	10904	Psychiatric Unit
Jersey Shore Univ Med Ctr	3100730	1790297547	11303	General Acute Care Hospital
Jersey Shore Univ Med Ctr Psych	31S0730	1053894022	22140	Psychiatric Unit
JFK Medical Center Rehab	31T1080	1114932548	22293	Rehabilitation Hospital
JFK University Medical Center	3101080	1659387975	11201	General Acute Care Hospital
Kennedy Meml Hosp Cherry Hill	3100862	1386746592	10401	General Acute Care Hospital
Kennedy Meml Hosp Stratford	3100863	1386746592	10403	General Acute Care Hospital
Kennedy Meml Hosp Washington Twsp.	3100861	1386746592	10802	General Acute Care Hospital
Kindred Hosp New Jersey Morris County	3120200	1962580803	23144	Long Term Care Hospital
Kindred Hosp New Jersey Rahway	3120201	1609954551	23268	Long Term Care Hospital
Kindred Hosp New Jersey Wayne	3120202	1376621235	24048	Long Term Care Hospital
Monmouth Med Ctr	3100750	1609983790	11304	General Acute Care Hospital
Monmouth Med Ctr Psych	31S0750	1497900781	11304	Psychiatric Unit
Monmouth Med Ctr South Campus	3100840	1225133473	11502	General Acute Care Hospital

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
Morristown Meml Hosp	3100150	1053384776	11403	General Acute Care Hospital
Morristown Meml Hosp Psych	31S0150	1891731998	11403	Psychiatric Unit
Morristown Meml Hosp Rehab	31T0150	1700822806	11404	Rehabilitation Unit
Newark Beth Israel Med Ctr	3100020	1215027966	10709	General Acute Care Hospital
Newark Beth Israel Med Ctr Psych	31S0020	1043457955	10709	Psychiatric Unit
Newton Memorial Hosp	3100280	1790789212	11902	General Acute Care Hospital
Newton Memorial Hosp Psych	31S0280	1174035604	11902	Psychiatric Unit
Ocean University Medical Center	3100522	1477065126	11505	General Acute Care Hospital
Old Bridge Medical Center	3100392	1356828172	11206	General Acute Care Hospital
Overlook Hospital	3100510	1740254143	12005	General Acute Care Hospital
Overlook Hospital Psych	31S0510	1083650188	12005	Psychiatric Unit
Palisades Medical Center	3100030	1730692344	10905	General Acute Care Hospital
Penn Medicine Princeton Hlth	3100100	1689714255	11103	General Acute Care Hospital
Penn Medicine Princeton Hlth Psych	31S0100	1518009588	11103	Psychiatric Unit
Penn Medicine Princeton Hlth Rehab	31T0100	1902948821	11103	Rehabilitation Unit
Prime Healthcare Svcs St. Mary's Passaic, LLC	3100060	1770901761	11606	General Acute Care Hospital
Raritan Bay Medical Center	3100391	1790297455	11203	General Acute Care Hospital

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
Rbrt Wood Johnsn Univ Hosp	3100380	1346243375	11202	General Acute Care Hospital
Rbrt Wood Johnsn Univ Hosp Hamilton	3101100	1629069638	11101	General Acute Care Hospital
Rbrt Wood Johnsn Univ Hosp Rahway	3100240	1861486870	12006	General Acute Care Hospital
Rbrt Wood Johnsn Univ Hosp Somerset	3100480	1003236878	11802	General Acute Care Hospital
RbrtWoodJohnson UnivHosp SomPs	31S0480	1922428796	11802	Psychiatric Unit
Riverview Medical Center	3100340	1710499462	11305	General Acute Care Hospital
Riverview Medical Center Rehab	31T0340	1356853907	11305	Rehabilitation Unit
Secaucus University Hospital	3101189	1710491253	10906	General Acute Care Hospital
Select Splty Hosp (SSH) - Willingboro	3120220	1578543468	23471	Long Term Care Hospital
Select Splty Hosp (SSH) - Atlantic City	3120230	1568762961	23471	Long Term Care Hospital
Select Splty Hosp (SSH) - NE NJ Rochelle	3120190	1093713521	23048	Long Term Care Hospital
Shore Memorial Hospital	3100470	1629070149	10103	General Acute Care Hospital
Shore Rehab Institute	31T0520	1316599541	1195	Rehabilitation Unit
Silver Lake Hospital LTACH	3120240	1104144641	24009	Long Term Care Hospital
Southern Ocean Medical Center	3101130	1831601590	11504	General Acute Care Hospital
St Claire's Hosp Denville	3100500	1598144362	11406	General Acute Care Hospital
St Claire's Hosp Dover	3100502	1598144362	11402	General Acute Care Hospital

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
St Clare's Hosp Denville Bontn Psych	31S0500	1902286172	11406	Psychiatric Unit
St Francis Medical Center	3100210	1255419651	11105	General Acute Care Hospital
St Joseph's Regnl Med Ctr	3100190	1669462420	11605	General Acute Care Hospital
St Joseph's Wayne Hosp	3100191	1669462420	11603	General Acute Care Hospital
St Joseph's Wayne Hosp Rehab	31T0191	1609847870	11603	Rehabilitation Unit
St Luke's Warren Hospital	3100600	1760488266	12102	General Acute Care Hospital
St Michael's Medical Center	3100960	1568825545	10713	General Acute Care Hospital
St Peter's University Hospital	3100700	1114924834	11205	General Acute Care Hospital
Trinitas Rgnl Med Ctr	3100270	1770583999	12007	General Acute Care Hospital
Trinitas Rgnl Med Ctr Psych	31S0270	1770583999	12007	General Acute Care Hospital
University Hospital	3101190	1215998323	10702	General Acute Care Hospital
Valley Hospital	3100120	1013912633	10211	General Acute Care Hospital
Virtua Meml Hosp Burlington Cty	3100570	1134125016	10301	General Acute Care Hospital
Virtua Meml Hosp BurlingtnCty Psych	31S0570	1174529846	10301	Psychiatric Unit
Virtua Our Lady of Lourdes Hosp	3100290	1235134024	10404	General Acute Care Hospital
Virtua Our Lady of Lourdes HospRehab	31T0290	1255336731	10404	Rehabilitation Unit
Virtua West Jersey Hosp Berlin	3100222	1528064409	10407	General Acute Care Hospital

PROVIDER TRANSFER IN AND OUT CODES				
Provider Name	**Provider Number**	**NPI Number**	**Facility Number**	**Description**
Virtua West Jersey Hosp Camden	3100223	1528064409	10406	General Acute Care Hospital
Virtua West Jersey Hosp Marlton	3100224	1528064409	10302	General Acute Care Hospital
Virtua West Jersey Hosp Voorhees	3100221	1528064409	10405	General Acute Care Hospital
Virtua Willingboro Hospital	3100610	1053316844	10303	General Acute Care Hospital
Virtua Willingboro Hospital Psych	31S0610	1285630087	10303	Psychiatric Unit
ADDITIONAL CODES TO MANAGE TRANSFERS				
Out of State Hospital - Delaware	-	9999999991	-	
Out of State Hospital - Maryland	-	9999999992	-	
Out of State Hospital - New York	-	9999999993	-	
Out of State Hospital - Pennsylvania	-	9999999994	-	
Out of State Hospital - Unknown at Discharge	-	9999999995	-	
Unlisted NJ Hospital - Health Care Facility	-	9999999998	-	
Out of State Hospital - Other State / Country	-	9999999999	-	

Type of Bill

Field # 19 in NJ HEALTHCAP Extract File Layout The type of bill

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All patients
- 837 Location: 2300 Loop, CLM05-1 and CLM05-3
- Valid Codes: 0111, 0112, 0113, 0114, 0115, 0117, 0118, 0121, 0122, 0123, 0124, 0125, 0127, 0128, 0131, 0135, 0137, 0138
  - Facility and patient type (Second and third digits)
    - 011X – Inpatient
    - 012X – Inpatient Medicare Part B, Denials
    - 013X – SDS or Outpatient
  - Claim type/frequency (Fourth digit)
    - XXX1 – New claim
    - XXX2 – Interim, first claim
    - XXX3 – Interim, continuing claim
    - XXX4 – Interim, last claim
    - XXX5 – Late charge
    - XXX7 – Replacement of prior claim
    - XXX8 – Void of prior claim
- Edits:
  1. Bill Type must be either 0111, 0112, 0113, 0114, 0115, 0117, 0118, 0121, 0122, 0123, 0124, 0125, 0127, 0128, 0131, 0137 or 0138.
  2. Bill types 011X and 012X must have an I/O indicator of 'I' and 013X must have an I/O indicator of 'O'.
  3. If Bill Type does not equal either 0131, 0135, or 0137, Total Days must equal Length of Stay [LOS].
  4. Inpatient Bill Types '0112', '0113', '0122' and '0123' can only have Patient Status = 30.
  5. If bill type equals 0131, 0135, or 0137, LOS cannot be greater than 1.

Transfer In Code (UB Referral Source Code)

Field # 45 in NJ HEALTHCAP Extract File Layout

Code identifying the acute care facility from which the patient was transferred/referred. Please refer to Transfer Out Code (Transfer Destination Code) section for list of providers.

- Required for: All Patients
- 837 Location: 2300 Loop, K301, positions 5 to 14
- Valid Codes: Valid facility NPI number
- Edit:

1. If the Admission Source Code equals '4' and the Admission Type equals '1', '2', '3','5' or '9', then the Transfer In code must be a valid NPI Number in the transfer NPI list.

2. Transfer Out Code cannot be the same as Transfer In Code when Point of Origin Code is equal to "4" (Transfer from Hospital Different from this Facility), the Priority of Visit Code is not equal to "4" (Newborn), and the Patient Discharge Status Code is equal to "2" (Discharged/transferred to a short-term general hospital for inpatient care). Out-of-state hospitals are excluded from this edit.

Value Codes and Amounts

Value Code – Code – Field # 88 in NJ HEALTHCAP Extract File Layout

Value Code – Amount – Field # 89 in NJ HEALTHCAP Extract File Layout

A code indicating a valued amount related to this bill that may affect processing.

- External Code Source: National Uniform Billing Committee's UB04 Specifications Manual.
- Required for: All Patients
- 837 Location: 2300 Loop, HI02-05 to HI12-05
- Valid Codes (see next pages):

VALUE CODES	
Code	**Definition**
01	Most common Semi-Private Rate
02	Hospital has no semi-private rooms
04	Inpatient Professional Component Charges Which Are Combined Billed
05	Professional component included in charges and billed separately to carrier
06	Blood Deductible
08	Medicare Lifetime Reserve Amount in the First Calendar Year in Billing Period
09	Medicare Coinsurance Amount in the First Calendar Year in Billing Period
10	Medicare Lifetime Reserve Amount in the Second Calendar Year in Billing Period
11	Medicare Coinsurance Amount in the Second Calendar Year in Billing Period
12	Working Aged Beneficiary Spouse With an EGHP (Payer Code A)
13	ESRD Beneficiary in Medicare Coordination Period
14	No-fault, including Auto/other liability insurance
15	Worker's compensation
16	PHS or other federal agency
23	Recurring Monthly Income
24	Medicaid Rate Code
25	Offset to Patient -Payment Amount - Prescription Drugs
26	Offset to Patient-Payment Amount- Hearing & Eye Services
27	Offset to Patient-Payment Amount - Dental Services
28	Offset to Patient-Payment Amount - Chiropractic Services
31	Patient liability amount for non-covered services
32	Multiple Patient Ambulance transport
37	Pints of Blood Furnished
38	Blood Deductible Pints
39	Pints of Blood Replaced
40	New Coverage Not Implemented by HMO (for inpatient services only)
41	Black Lung
42	Veterans Affairs (VA)
43	Disabled beneficiary under 65 with LGHP
44	Amount provider agreed to accept from primary payer when amount is less than charges but higher than payment received

VALUE CODES	
Code	**Definition**
45	Accident hour
46	Number of grace days following QIO/UR determination
47	Any liability insurance (Payer Code L)
48	Latest Hemoglobin reading taken during this billing cycle
49	Hematocrit reading taken prior to the last administration of EPO during the billing cycle
50	Number of Physical Therapy Visits
51	Number of Occupational Therapy Visits
52	Number of Speech Therapy Visits
53	Number of Cardiac Rehab Visits
54	Newborn birth weight in grams
55	Eligibility Threshold for Charity Care
56	Skilled Nurse--Home visit hours (HHA only)
57	Home Health Aide--Home visit hours (HHA only)
58	Arterial Blood Gas (PO2/PA2)
59	Oxygen Saturation(02 Sat/Oximetry)
60	HHA Branch MSA
61	Location Where Service is Furnished (HHA and Hospice)
66	Medicare spend down amount
67	Peritoneal Dialysis
68	Number of units of EPO administered and or supplied during the billing period
69	State Charity Care Percent
70	Interest Amount
71	Funding of ESRD Networks
72	Flat Rate Surgery Charge
76	Provider's interim rate (set internally)
77	Medicare new technology add-on payment
80	Covered Days
81	Non-Covered Days
82	Coinsurance Days

VALUE CODES	
Code	**Definition**
83	Lifetime Reserve Days
A0	Special Zip Code Reporting
A1	Deductible Payer A
A2	Coinsurance Payer A
A3	Estimated Responsibility Payer A
A4	Covered Self-Administrable Drugs-Emergency
A5	Covered Self-Administrable Drugs-Not Self- Administrable in Form and Situation Furnished to Patient
A6	Covered-Self-Administrable Drugs-Diagnostic Study and Other
A7	Co-payment Payer A
A8	Patient Weight
A9	Patient Height
AA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer A
AB	Other Assessments or Allowances (e.g., Medical Education) Payer A
B1	Deductible Payer B
B2	Coinsurance Payer B
B3	Estimated Responsibility Payer B
B7	Co-payment Payer B
BA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer B
BB	Other Assessments or Allowances (e.g., Medical Education) Payer B
C1	Deductible Payer C
C2	Coinsurance Payer C
C3	Estimated Responsibility Payer C
C7	Co-payment Payer C
CA	Regulatory Surcharges, Assessments, Allowances or Health Care Related Taxes Payer C
CB	Other Assessments or Allowances (e.g., Medical Education Payer C
D3	Estimated Responsibility Patient
D4	Clinical Trial Number
D5	Result of last Kt/V

VALUE CODES	
Code	**Definition**
E1	Deductible Payer D
E2	Coinsurance Payer D
E3	Estimated Responsibility Payer D
E7	Co-payment Payer D
EA	Regulatory Surcharges, Assessments, Allowances or HealthCare Related Taxes Payer D
EB	Other Assessments or Allowances (e.g., Medical Education) Payer D
F1	Deductible Payer E
F2	Coinsurance Payer E
F3	Estimated Responsibility Payer E
F7	Co-payment Payer E
FA	Regulatory Surcharges, Assessments, Allowances or HealthCare Related Taxes Payer E
FB	Other Assessments or Allowances (e.g., Medical Education) Payer E
FC	Patient Prior Payments
G1	Deductible Payer F
G2	Coinsurance Payer F
G3	Estimated Responsibility Payer F
G7	Co-payment Payer F
G8	Facility where inpatient hospice service is delivered
GA	Regulatory Surcharges, Assessments, Allowances or HealthCare Related Taxes Payer F
GB	Other Assessments or Allowances (e.g., Medical Education) Payer F
Y1	Part A Demonstration Payment
Y2	Part B Demonstration Payment
Y3	Part B Coinsurance (Demonstration Claims)
Y4	Conventional Provider Payment Amount for Non-Demonstration Claims

- Edits:
    1. A Value Code cannot be present without a Value Code Amount.
    2. A Value Code Amount cannot be present without a Value Code.
    3. A Value Code field cannot be valued if the preceding Value Code field is blank.
    4. The Value Code Amount must be a whole number if the Value Code equals 32, 37, 38, 39, 46, 50, 51, 52, 53, 56, 57, 60, 61, 67, 68, 80, 81, 82, 83, or A0.

5. If the Value Code is 02, the Value Code Amount must be 0.00.
6. If the Value Code is 45, the Value Code Amount must be 00-23 or 99.
7. A Value Code must be a valid code and present on the Valur Code Table.

Guidelines:

- If the patient is an inpatient newborn, Value Code 54 must be reported and the Value Code Amount must be between 0100 and 9000.

  54 – Actual birth weight or weight at time of admission for an extramural birth. Required on all claims with Type of Admission of 4, and on other claims as required by state law.

- Apart from the requirement stated above, hospitals should report any/all other Value Codes and Amounts as required for normal billing practices. All Value Codes reported must be valid as per the National Uniform Billing Committee's UB04 Specifications Manual, and all Value Code Amounts reported must be valid and appropriate for the Value Code being reported.

Zip Code/Zip Code4

Field # 81 in NJ HEALTHCAP Extract File Layout for Zipcode

Field # 82 in NJHEALTHCAP Extract File Layout for Zipcode4

The zip code of patient/provider/facility place of residence

This code is not required to be reported by hospitals. Instead, it will be calculated for all patients using smarty street for address verification.

- Required for: All patients

NJ HealthCAP Data Extract File Layout

The following NJ HEALTHCAP data extract file layout will be used for both inpatient and outpatient (SDS, SDM, ER Outpatient, and Other Outpatient) extracts. The inpatient and outpatient data extract will be in the same file layout. The data extract file uses a character-delimited text extract file layout. The character delimiter is an asterisk (*).

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
0	Date Sent to DOH	X[1]	Y	Y	Date	+
1	Hospital Provider Number	X[1]	Y	Y	Varchar	
2	BLANK	X[1]	N/A	N/A		
3	Statement Thru Date	X[1]	Y	Y	Date	
4	Discharge Date	X[1]	Y	N	Date	+
5	Patient Control Number	X[1]	Y	Y	Varchar	
6	Record Number[4]	X[2]	Y	Y	Varchar	
7	Medical Record Number		Y	Y	Varchar	
8	Statement From Date		Y	Y	Date	
9	Admission/Start of Care Date (Admission Date)		Y	Y	Date	
10	Patient’s Street Address		Y	Y	Varchar	
11	Patient’s City		Y	Y	Varchar	
12	Patient’s Zip Code		Y	Y	Varchar	
13	Patient’s State		Y	Y	Varchar	
14	Patient Country		Y	Y	Varchar	
15	Patient's Residence Code		Y	Y	Varchar	+
16	Patient Discharge Status		Y	Y	Varchar	
17	Patient's Marital Status		Y	Y	Varchar	
18	Patient's Gender		Y	Y	Varchar	
19	Type of Bill[4]		Y	Y	Varchar	
20	I/O (Inpatient/Outpatient) Indicator		Y	Y	Varchar	+
21	Patient's Race		Y	Y	Varchar	

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
22	BLANK		N/A	N/A		
23	Patient's Ethnicity Code		Y	Y	Varchar	
24	Patient's Date of Birth		Y	Y	Date	
25	Patient’s Age in Years		Y	Y	Numeric	
26	Patient's Age in Days		Y	Y	Numeric	
27	Patient's First Name		Y	Y	Varchar	
28	Patient's Last Name		Y	Y	Varchar	
29	Patient's Middle Initial		Y	Y	Varchar	
30	Patient's Primary Language Spoken		Y	Y	Varchar	+
31	Patient's Occupation		Y	Y	Varchar	+
32	Admission Hour		Y	Y	Varchar	
33	Priority Type of Visit (Admission/Visit Type)		Y	Y	Varchar	
34	Point of Origin Code (Admission Source Type)		Y	Y	Varchar	
35	Accident State		Y	Y	Varchar	
36	Readmission Code		Y	Y	Varchar	+
37	Discharge Hour		Y	Y	Varchar	
38	Patient's Social Security Number		Y	Y	Varchar	
39	Patient's Relationship to Primary Insured		Y	Y	Varchar	
40	Patient's Relationship to Secondary Insured		Y	Y	Varchar	
41	Primary Payer Code		Y	Y	Varchar	
42	Secondary Payer Code		Y	Y	Varchar	
43	Tertiary Payer Code		Y	Y	Varchar	

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
44	Primary Insured's ID Number		Y	Y	Varchar	
45	Transfer In Code (UB Referral Source Code)		Y	Y	Varchar	+
46	Transfer Out Code (Transfer Destination Code)		Y	Y	Varchar	+
47	Attending Physician State License Number		Y	Y	Varchar	
48	Attending Physician National Provider Identifier (NPI)		Y	Y	Varchar	
49	Operating Physician State License		Y	Y	Varchar	
50	Operating Physician National Provider Identifier (NPI)		Y	Y	Varchar	
51	Other Operating Physician State License		Y	Y	Varchar	
52	Other Operating Physician National Provider Identifier (NPI)		Y	Y	Varchar	
53	Rendering Physician State License		Y	Y	Varchar	
54	Rendering Physician National Provider Identifier (NPI))		Y	Y	Varchar	
55	Referring Physician State License		Y	Y	Varchar	
56	Referring Physician National Provider Identifier (NPI)		Y	Y	Varchar	
57	Baby’s Birthweight in Grams		Y	N	Numeric	
58	Mother's Medical Record Number		Y	N	Varchar	
59	Estimated Amount Due from Patient		Y	Y	Numeric	
60	Estimated Amount Due from All Payers		Y	Y	Numeric	
61	Total Charges for Claim		Y	Y	Numeric	

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
62	Acute Days[4]		Y	N	Numeric	
63	Non-Acute Days[4]		Y	N	Numeric	
64	Patient Type Flag		Y	Y	Varchar	
65	DRG Number (Hospital DRG)		Y	N	Varchar	
Grouper Section						
66	N/A		N/A	N/A		
67	N/A		N/A	N/A		
68	N/A		N/A	N/A		
69	N/A		N/A	N/A		
70	N/A		N/A	N/A		
71	N/A		N/A	N/A		
72	N/A		N/A	N/A		
73	N/A		N/A	N/A		
74	N/A		N/A	N/A		
75	N/A		N/A	N/A		
End of Grouper Section						
76	BLANK		N/A	N/A		
Geocodes Section						
77	Address Line 1				Varchar	
78	Address Line 2				Varchar	
79	City				Varchar	
80	State				Varchar	
81	Zip code				Varchar	

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
82	Zip Code4				Varchar	
83	Latitude				Varchar	
84	Longitude				Varchar	
End of Geocodes Section						
External Cause of Injury Code (E-Code) Section - repeats six times (maximum number of codes = 12)						
85	External Cause of Injury Code	X[3]	Y	Y	Varchar	
86	External Cause of Injury Code Present on Admission (POA) Indicator	X[3]	Y	Y	Varchar	
End of External Cause of Injury Code Section						
Condition Code Section - repeats six times (maximum number of codes = 24)						
87	Condition Code	X[3]	Y	Y	Varchar	
End of Condition Code Section						
Value Code Section - repeats 6 times (maximum number of codes = 12)						
88	Value Code – Code	X[3]	Y	Y	Varchar	
89	Value Code – Amount	X[3]	Y	Y	Numeric	
End of Value Code Section						
90	Patient's Reason For Visit 1		N	Y	Varchar	
91	Patient's Reason For Visit 2		N	Y	Varchar	
92	Patient's Reason For Visit 3		N	Y	Varchar	
93	Admitting Diagnosis Code		Y	N	Varchar	
94	Principal Diagnosis Code		Y	Y	Varchar	
95	Principal Diagnosis Code Present on Admission (POA) Indicator		Y	Y	Varchar	
Diagnosis Code Section - repeats 12 times (maximum number of codes = 24)						

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
96	Other Diagnosis Code	X[3]	Y	Y	Varchar	
97	Other Diagnosis Code Present on Admission (POA) Indicator	X[3]	Y	Y	Varchar	
End of Diagnosis Code Section						
98	Principal Procedure Code		Y	N	Varchar	
99	Principal Procedure Date		Y	N	Date	
Other Procedure Code Section - repeats 12 times (maximum number of codes = 24)						
100	Other Procedure Code – Code	X[3]	Y	N	Varchar	
101	Other Procedure Code – Date	X[3]	Y	N	Date	
End of Other Procedure Code Section						
Revenue Code Section - repeats 20 times (maximum number of codes = 999)						
102	Revenue Code	X[3]	Y	Y	Varchar	
103	N/A		N/A	N/A		
104	HCPCS Code	X[3]	N	Y	Varchar	
105	HCPCS Modifier 1	X[3]	N	Y	Varchar	
106	HCPCS Modifier 2	X[3]	N	Y	Varchar	
107	HCPCS Modifier 3	X[3]	N	Y	Varchar	
108	HCPCS Modifier 4	X[3]	N	Y	Varchar	
109	Revenue Code Units, Days, or Times (DUTS)	X[3]	Y	Y	Numeric	
110	Revenue Code Total Charges	X[3]	Y	Y	Numeric	
End of Revenue Code Section						
Occurrence Code Section - repeats six times (maximum number of codes = 24)						
111	Occurrence Code – Code	X[3]	Y	Y	Varchar	

Field Number	Description	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
112	Occurrence Code – Date	X[3]	Y	Y	Date	
End of Occurrence Code Section						
Occurrence Span Code Section - repeats six times (maximum number of codes = 24)						
113	Occurrence Span Code	X[3]	Y	Y	Varchar	
114	Occurrence Span Code - Date From	X[3]	Y	Y	Date	
115	Occurrence Span Code - Date Thru	X[3]	Y	Y	Date	
End of Occurrence Span Code Section						
116	End of Record Indicator[5]		Y	Y		

[1] This item will appear on every line

[2] This item will increment with multiple lines of data

[3] This item may have multiple lines of data

[4] This item will be Zero- filled

Each record is terminated with a line feed character

NJ HealthCAP Data Dictionary and Data Extract File Layout Revision Log

Version	Revision
1.5	Removed “Maximum Field Length” field