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# NJ HealthCAP

## Data Dictionary and Extract File Layout

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**Release 1.8**

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## Document Information

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## Document Control

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| 0.1     | June, 2017       | R Foster     | First Draft   |
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| 1.1     | September, 2017  | S Wang       | Edit  |
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| 1.7     | August 13, 2018  | L Barron     | Updated NPIs on transfer in/out tables  |
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# Contents

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|  |          |
|--|----------|
| <b>Introduction .....</b>  | <b>5</b> |
| <b>Data Elements .....</b>   | <b>6</b> |
| Accident State .....   | 6        |
| Acute Days.....  | 6        |
| Address Line 1 .....   | 7        |
| Address Line 2 .....   | 7        |
| Admission Hour .....   | 7        |
| Admission/Start of Care Date (Admission Date) .....                | 8        |
| Admitting Diagnosis Code .....                                     | 8        |
| Attending Physician National Provider Identifier (NPI) .....       | 9        |
| Attending Physician State License Number .....                     | 10       |
| Baby's Birthweight in Grams.....                                   | 10       |
| City.....  | 11       |
| Condition Codes .....  | 11       |
| Discharge Date .....   | 18       |
| Discharge Hour.....  | 19       |
| DRG Number (Hospital DRG).....                                     | 19       |
| Estimated Amount Due from All Payers .....                         | 19       |
| Estimated Amount Due from Patient .....                            | 20       |
| External Cause of Injury Code(s) (E-Codes).....                    | 20       |
| HCPCS Code.....  | 21       |
| HCPCS Modifier 1 .....   | 22       |
| HCPCS Modifier 2 .....   | 22       |
| HCPCS Modifier 3 .....   | 23       |
| HCPCS Modifier 4 .....   | 23       |
| Hospital Provider Number.....                                      | 24       |
| I/O (Inpatient/Outpatient) Indicator .....                         | 24       |
| Latitude .....   | 25       |
| Longitude .....  | 25       |
| Length of Stay (LOS).....  | 25       |
| Medical Record Number .....  | 26       |
| Mother's Medical Record Number .....                               | 26       |
| Non-Acute Days.....  | 27       |
| Occurrence Codes and Dates .....                                   | 27       |
| Occurrence Span Codes and Dates.....                               | 30       |
| Operating Physician National Provider Identifier (NPI) .....       | 32       |
| Operating Physician State License Number.....                      | 34       |
| Other Diagnosis Codes.....   | 34       |
| Other Operating Physician National Provider Identifier (NPI) ..... | 35       |
| Other Operating Physician State License Number.....                | 36       |
| Patient Control Number .....                                       | 37       |
| Patient Discharge Status (Discharge [Patient] Status Code) .....   | 38       |
| Patient Type Flag.....   | 40       |
| Patient's Age in Days.....   | 41       |
| Patient's Age in Years .....                                       | 41       |
| Patient's City.....  | 42       |
| Patient's Country .....  | 42       |
| Patient's Date of Birth .....                                      | 53       |
| Patient's Ethnicity Code.....                                      | 54       |
| Patient's Full Name.....   | 55       |
| Patient's Gender .....   | 55       |

|  |            |
|--|------------|
| Patient's Marital Status .....   | 56         |
| Patient's Occupation .....   | 57         |
| Patient's Primary Language Spoken .....  | 61         |
| Patient's Race .....   | 64         |
| Patient's Reason for Visit.....  | 66         |
| Patient's Relationship to Primary Insured.....                                     | 66         |
| Patient's Relationship to Secondary Insured.....                                   | 67         |
| Patient's Residence Code .....   | 68         |
| Patient's Social Security Number .....   | 96         |
| Patient's State .....  | 97         |
| Patient's Street Address .....   | 100        |
| Patient's Zip Code .....   | 101        |
| Payer Codes (Primary, Secondary, Tertiary).....                                    | 102        |
| Point of Origin Code (Admission Source Type).....                                  | 109        |
| Primary Insured's ID Number .....  | 110        |
| Principal Diagnosis Code.....  | 111        |
| Priority Type of Visit (Admission/Visit Type).....                                 | 111        |
| Procedure Codes .....  | 112        |
| Procedure Code Dates .....   | 113        |
| Readmission Code .....   | 114        |
| Record Number .....  | 114        |
| Referring Physician National Provider Identifier (NPI) .....                       | 114        |
| Referring Physician State License Number.....                                      | 115        |
| Rendering Physician National Provider Identifier (NPI).....                        | 116        |
| Rendering Physician State License Number .....                                     | 116        |
| Revenue Code .....   | 117        |
| Revenue Code Total Charges .....   | 118        |
| Revenue Code Days, Units, or Times (DUTS).....                                     | 118        |
| Statement Covers Period (From Date and Thru Date).....                             | 119        |
| State.....   | 120        |
| Total Charges for Claim.....   | 120        |
| Transfer Out Code (Transfer Destination Code) .....                                | 120        |
| Type of Bill .....   | 125        |
| Transfer in Code (UB Referral Source Code).....                                    | 126        |
| Value Codes and Amounts .....  | 130        |
| Zip Code/Zip Code4.....  | 136        |
| <b>NJ HealthCAP Data Extract File Layout.....</b>                                  | <b>136</b> |
| <b>NJ HealthCAP Data Dictionary and Data Extract File Layout Revision Log.....</b> | <b>144</b> |

## Introduction

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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](http://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](mailto:NJ_HealthCAP@pcgus.com).

## Data Elements

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### 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:

$$\text{ACU Days} = \text{Total Days} - (\text{SNF Days} + \text{ICF Days} + \text{RES Days})$$

**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 referring to the hour during which the patients 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:

| Code | Definition  |
|------|---|
| 01   | Military Service Related  |
| 02   | Condition is Employment Related   |
| 03   | Patient Covered by Insurance Not Reflected Here   |
| 04   | Information Only Bill   |
| 05   | Lien Has Been Filed   |
| 06   | ESRD Patient in First 18 Months of Entitlement Covered by Employer Group Health Insurance |
| 07   | Treatment of Non-Terminal Condition for Hospice Patient                                   |
| 08   | Beneficiary Would Not Provide Information Concerning Other Insurance Coverage             |
| 09   | Neither Patient nor Spouse is Employed  |
| 10   | Patient and/or Spouse is Employed but No EGHP Exists                                      |
| 11   | Disabled Beneficiary but No LGHP  |
| 17   | Patient is Homeless   |
| 18   | Maiden Name Retained  |
| 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   |

| Code | Definition   |
|------|--|
| 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)   |
| 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                                     |

| Code | Definition  |
|------|---|
| 50   | Product Replacement for Known Recall of a Product   |
| 51   | Attestation of Unrelated Outpatient Non diagnostic Services (effective for discharges on/after 4/1/2011)  |
| 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  |
| 66   | Provider Does Not Wish Cost Outlier Payment   |
| 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   |

| Code | Definition  |
|------|---|
| 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   |
| 82   | C-Sections/Inducts Performed at <39 Weeks Gestation Electively  |
| 83   | C-Sections/Inducts Performed at 39 Weeks Gestation or Greater   |
| 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  |
| 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  |

| Code | Definition   |
|------|--|
| 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                                  |
| 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                         |
| 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   |
| D1   | Changes to Charges   |
| D2   | Changes in Revenue Codes/HCPCS/HIPPS Rate Codes                      |
| D3   | Second or Subsequent Interim PPS Bill                                |



| Code | Definition  |
|------|---|
| 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  |
| G0   | Distinct Medical Visit  |
| H0   | Delayed Filing; Statement of Intent Submitted   |
| H2   | Discharged by Hospital Provider for Cause   |
| P1   | Do Not Resuscitate Order (DNR)  |
| P7   | Admitted Directly through facility's Emergency Department                             |
| 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)                       |

| Code | Definition  |
|------|---|
| W0   | United Mine Workers of America (UMWA) Demonstration Indicator |
| W2   | Duplicate of Original Bill                                    |
| W3   | Level I Appeal  |
| W4   | Level II Appeal   |
| W5   | Level III Appeal  |

- 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.

## **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 031 or 039, then the Estimated Amount Due from Primary Payer must equal zeroes.
  2. If Primary Payer Code is not 031 or 039, 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 Payer Code is either 031 or 039, 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 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 either be 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 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 to 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 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 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 (31XXXXXX) 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 service for the 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   |
| 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, 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
- Edits:
  1. Patient's Gender must be either 'F', 'M', or 'U'.
  2. If a Revenue Codes equals either '0112', '0122', '0132', '0142', '0152', '0721', or '0722', 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                  |
| B    | Registered Domestic Partner |



| Code | Description         |
|------|---------------------|
| C    | Not Applicable      |
| D    | Divorced            |
| I    | Single              |
| K    | Unknown             |
| M    | Married/Civil Union |
| 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 alphanumeric characters up to 20 positions in length, and special characters “#” and “-”

| Suggested Occupation List |
|---------------------------|
| ACCOUNTANT                |

| <b>Suggested Occupation List</b> |
|----------------------------------|
| ADMIN ASSISTANT                  |
| AIDE                             |
| ASSEMBLER                        |
| ASSOCIATE                        |
| ATTORNEY                         |
| BARTENDER                        |
| BUS DRIVER                       |
| BUSINESS OWNER                   |
| CARPENTER                        |
| CASHIER                          |
| CLERICAL WORKER                  |
| CONSTRUCTION WORKER              |
| CONSULTANT                       |
| CONTRACTOR                       |
| COOK                             |
| CORRECTIONS OFFICER              |
| COUNSELOR                        |
| CUSTODIAN                        |
| DATA ENTRY                       |
| DIETARY AIDE                     |
| DISPATCHER                       |
| ELECTRICIAN                      |
| EMT                              |
| ENGINEER                         |

| <b>Suggested Occupation List</b> |
|----------------------------------|
| EXECUTIVE                        |
| FACTORY WORKER                   |
| FINANCIAL ANALYST                |
| FIREFIGHTER                      |
| FOOD SERVICE                     |
| HAIRDRESSER                      |
| HELPER                           |
| HOME HEALTH AIDE                 |
| HOUSEKEEPER                      |
| INSPECTOR                        |
| INSTALLER                        |
| LAB TECH                         |
| LABORER                          |
| LANDSCAPER                       |
| LOADER                           |
| MACHINE OPERATOR                 |
| MACHINIST                        |
| MAINTENANCE                      |
| MANAGER                          |
| MECHANIC                         |
| MEDICAL ASSISTANT                |
| MILITARY                         |
| NURSE                            |
| NURSING ASSISTANT                |

| <b>Suggested Occupation List</b> |
|----------------------------------|
| OPERATOR                         |
| PACKER                           |
| PAINTER                          |
| PHYSICIAN                        |
| PLUMBER                          |
| POLICE OFFICER                   |
| PROGRAMMER                       |
| REALTOR                          |
| RECEPTIONIST                     |
| SALESPERSON                      |
| SECRETARY                        |
| SECURITY                         |
| SELF EMPLOYED                    |
| SOCIAL WORKER                    |
| STOCKER                          |
| SUPERVISOR                       |
| TEACHER                          |
| TEACHER ASSISTANT                |
| TECHNICIAN                       |
| TELLER                           |
| THERAPIST                        |
| TRUCK DRIVER                     |
| WAIT STAFF                       |
| WAREHOUSE WORKER                 |

| Suggested Occupation List   |
|-----------------------------|
| WELDER                      |
| Patients with No Occupation |
| DECLINED TO PROVIDE         |
| DISABLED                    |
| HOMEMAKER                   |
| RETIRED                     |
| STUDENT                     |
| UNEMPLOYED                  |

- Edit:
  1. If patient's age is greater than 18, the Occupation Code cannot be blank.

## 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:

| Code | Language                           |
|------|------------------------------------|
| AFR  | Afrikaans                          |
| AFA  | Afro-Asiatic languages unspecified |
| ALB  | Albanian                           |
| ARA  | Arabic                             |
| ARM  | Armenian                           |

| <b>Code</b> | <b>Language</b>                     |
|-------------|-------------------------------------|
| BEL         | Belarusian                          |
| BEN         | Bengali                             |
| BOS         | Bosnian                             |
| BUL         | Bulgarian                           |
| BUR         | Burmese                             |
| CAU         | Caucasian languages unspecified     |
| CHI         | Chinese                             |
| SCR         | Croatian                            |
| CZE         | Czech                               |
| 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                          |
| ITA         | Italian                             |

| Code | Language                     |
|------|------------------------------|
| 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                      |
| 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                      |

| Code | Language        |
|------|-----------------|
| SWE  | Swedish         |
| SYR  | Syriac          |
| TGL  | Tagalog         |
| 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:

| 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   |
| 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  |

| Code  | Description        |
|-------|--------------------|
| 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 Insured

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:

| Code | Definition         |
|------|--------------------|
| 01   | Spouse             |
| 18   | Self               |
| 19   | Child              |
| 20   | Employee           |
| 21   | Unknown            |
| 39   | Organ Donor        |
| 40   | Cadaver Donor      |
| 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:

| Code | Definition         |
|------|--------------------|
| 01   | Spouse             |
| 18   | Self               |
| 19   | Child              |
| 20   | Employee           |
| 21   | Unknown            |
| 39   | Organ Donor        |
| 40   | Cadaver Donor      |
| 53   | Life Partner       |
| G8   | Other Relationship |

- Edit:
  1. If 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:

| <b>Code</b> | <b>Municipality</b>  | <b>County for NJ Municipalities</b> |
|-------------|----------------------|-------------------------------------|
| 0101        | Absecon City         | Atlantic                            |
| 0102        | Atlantic City        | Atlantic                            |
| 0103        | Brigantine City      | Atlantic                            |
| 0104        | Buena Boro           | Atlantic                            |
| 0105        | Buena Vista Township | Atlantic                            |
| 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                            |

| <b>Code</b> | <b>Municipality</b>   | <b>County for NJ Municipalities</b> |
|-------------|-----------------------|-------------------------------------|
| 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                              |
| 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                              |

| <b>Code</b> | <b>Municipality</b>    | <b>County for NJ Municipalities</b> |
|-------------|------------------------|-------------------------------------|
| 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                              |
| 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                              |

| <b>Code</b> | <b>Municipality</b>       | <b>County for NJ Municipalities</b> |
|-------------|---------------------------|-------------------------------------|
| 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                              |
| 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                          |



| <b>Code</b> | <b>Municipality</b>     | <b>County for NJ Municipalities</b> |
|-------------|-------------------------|-------------------------------------|
| 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                          |
| 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                          |

| <b>Code</b> | <b>Municipality</b>    | <b>County for NJ Municipalities</b> |
|-------------|------------------------|-------------------------------------|
| 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                          |
| 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                              |

| <b>Code</b> | <b>Municipality</b> | <b>County for NJ Municipalities</b> |
|-------------|---------------------|-------------------------------------|
| 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                              |
| 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                              |

| <b>Code</b> | <b>Municipality</b> | <b>County for NJ Municipalities</b> |
|-------------|---------------------|-------------------------------------|
| 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                            |
| 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                          |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                          |
| 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                               |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                               |
| 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                          |

| <b>Code</b> | <b>Municipality</b>    | <b>County for NJ Municipalities</b> |
|-------------|------------------------|-------------------------------------|
| 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                          |
| 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                           |

| <b>Code</b> | <b>Municipality</b>   | <b>County for NJ Municipalities</b> |
|-------------|-----------------------|-------------------------------------|
| 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                           |
| 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                              |



| <b>Code</b> | <b>Municipality</b>     | <b>County for NJ Municipalities</b> |
|-------------|-------------------------|-------------------------------------|
| 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                              |
| 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                           |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                           |
| 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                            |

| <b>Code</b> | <b>Municipality</b> | <b>County for NJ Municipalities</b> |
|-------------|---------------------|-------------------------------------|
| 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                            |
| 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                            |

| <b>Code</b> | <b>Municipality</b>           | <b>County for NJ Municipalities</b> |
|-------------|-------------------------------|-------------------------------------|
| 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                            |
| 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                              |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                              |
| 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                              |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                              |
| 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                               |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                               |
| 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        | Bloomingtondale 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                             |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                             |
| 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                               |



| <b>Code</b> | <b>Municipality</b>    | <b>County for NJ Municipalities</b> |
|-------------|------------------------|-------------------------------------|
| 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                            |
| 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                              |

| <b>Code</b> | <b>Municipality</b>      | <b>County for NJ Municipalities</b> |
|-------------|--------------------------|-------------------------------------|
| 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                              |
| 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                               |

| <b>Code</b> | <b>Municipality</b>    | <b>County for NJ Municipalities</b> |
|-------------|------------------------|-------------------------------------|
| 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                               |
| 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                              |

| Code | Municipality          | County for NJ Municipalities |
|------|-----------------------|------------------------------|
| 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                       |
| 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 |

| Out of State Residence Codes | Location                 |
|------------------------------|--------------------------|
| 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     |
| 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         |

| Out of State Residence Codes | Location                   |
|------------------------------|----------------------------|
| 8300                         | PA – WAYNE COUNTY          |
| 8900                         | PA – ALL OTHER PA COUNTIES |
| 9000                         | Unassigned                 |
| 9100                         | Alabama                    |
| 9102                         | Arizona                    |
| 9103                         | Arkansas                   |
| 9104                         | California                 |
| 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                |

| Out of State Residence Codes | Location       |
|------------------------------|----------------|
| 9124                         | Missouri       |
| 9125                         | Montana        |
| 9126                         | Nebraska       |
| 9127                         | Nevada         |
| 9128                         | New Hampshire  |
| 9130                         | New Mexico     |
| 9132                         | North Carolina |
| 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         |

| Out of State Residence Codes | Location                                     |
|------------------------------|--|
| 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 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                         |

| <b>Code</b> | <b>State</b>                   |
|-------------|--------------------------------|
| 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                          |
| 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                       |

| <b>Code</b> | <b>State</b>              |
|-------------|---------------------------|
| 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             |
| 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               |

| Code | State                      |
|------|----------------------------|
| QB   | Quebec                     |
| RI   | Rhode Island               |
| SC   | South Carolina             |
| SD   | South Dakota               |
| SK   | Saskatchewan               |
| TN   | Tennessee                  |
| TT   | Trust Territories          |
| TX   | Texas                      |
| UT   | Utah                       |
| VA   | Virginia                   |
| 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:

| <b>Payer Number</b> | <b>Payer Description</b>                | <b>Payer Type</b> | <b>Payer Type Description</b> |
|---------------------|---|-------------------|-------------------------------|
| 007                 | Affordable Care Health Insurance        | 7                 | Other                         |
| 008                 | NJ Family Care                          | 7                 | Other                         |
| 009                 | Section 1011 Undocumented Aliens        | 1                 | Medicare                      |
| 010                 | Alabama B/C                             | 3                 | Blue Cross                    |
| 011                 | Title XVIII (Medicare) Part A           | 1                 | Medicare                      |
| 012                 | Title XIX (Medicaid)                    | 2                 | Medicaid                      |
| 013                 | Title V (Maternal & Child Health)       | 7                 | Other                         |
| 014                 | Champus                                 | 7                 | Other                         |
| 015                 | Title XVIII (Medicare) Part B           | 1                 | Medicare                      |
| 016                 | Department of Vocational Rehabilitation | 7                 | Other                         |

| Payer Number | Payer Description                      | Payer Type | Payer Type Description |
|--------------|--|------------|------------------------|
| 017          | Title XVIII (Medicare) Part B Phys.    | 1          | Medicare               |
| 018          | New Jersey State Health Benefits       | 7          | Other                  |
| 019          | Other Government                       | 7          | Other                  |
| 020          | Arkansas B/C                           | 3          | Blue Cross             |
| 022          | New Jersey Blue Cross - Fep            |            | Blue Cross             |
| 025          | Garden State Blue Cross                | 3          | Blue Cross             |
| 026          | New Jersey Blue Cross - Host           |            | Blue Cross             |
| 029          | Other Blue Cross                       | 3          | Blue Cross             |
| 030          | Arizona B/C                            | 3          | Blue Cross             |
| 031          | Direct Pay                             | 4          | Self-Pay               |
| 032          | Americaid Inc.                         | 5          | HMO                    |
| 033          | American Preferred Provider Plan, Inc. | 5          | HMO                    |
| 034          | United Health Care                     | 5          | HMO                    |
| 035          | MEDI-Group Inc. (HMO Blue)             | 5          | HMO                    |
| 036          | Principal HMO                          | 5          | HMO                    |
| 037          | Mission Health Plans                   | 5          | HMO                    |
| 039          | Other Source of Patient Pay            | 4          | Self-Pay               |
| 040          | California B/C All Other Groups        | 3          | Blue Cross             |
| 045          | HIP of NJ                              | 5          | HMO                    |
| 047          | HMO Blue (Medigroup Central)           | 5          | HMO                    |
| 048          | HMO Of PA-NJ (US Healthcare            | 5          | HMO                    |
| 050          | Colorado B/C                           | 3          | Blue Cross             |
| 056          | Cigna Healthcare of Northern NJ, Inc.  | 5          | HMO                    |

| Payer Number | Payer Description                       | Payer Type | Payer Type Description |
|--------------|---|------------|------------------------|
| 058          | Prucare of NJ                           | 5          | HMO                    |
| 059          | Other HMO                               | 5          | HMO                    |
| 060          | Connecticut B/C                         | 3          | Blue Cross             |
| 070          | Delaware B/C                            | 3          | Blue Cross             |
| 072          | Oxford Health Plan                      | 5          | HMO                    |
| 073          | Nyl Care Health Plans Of NJ, Inc.       | 5          | HMO                    |
| 074          | Cigna Health Care of NJ Inc. South      | 5          | HMO                    |
| 076          | Premier Preferred Care of NJ            | 7          | Other                  |
| 077          | QualMed                                 | 5          | HMO                    |
| 078          | Amerihealth HMO, Inc.                   | 5          | HMO                    |
| 080          | Washington DC B/C                       | 3          | Blue Cross             |
| 081          | Atlanticare Health Plan                 | 5          | HMO                    |
| 082          | Medicare Contracted Payers              | 1          | Medicare               |
| 083          | Medicaid Contracted Payers              | 2          | Medicaid               |
| 084          | First Option Health Plan                | 5          | HMO                    |
| 087          | Liberty Health Plan                     | 5          | HMO                    |
| 088          | Managed Health Care Systems of NJ, Inc. | 5          | HMO                    |
| 090          | Florida B/C                             | 3          | Blue Cross             |
| 091          | Union Insurance                         | 7          | Other                  |
| 092          | Personnel Health Program                | 7          | Other                  |
| 093          | Magnet (Magna Care)                     | 7          | Other                  |
| 094          | Physician Health Services of NJ, Inc.   | 5          | HMO                    |
| 095          | Indigent                                | 7          | Other                  |



| Payer Number | Payer Description                  | Payer Type | Payer Type Description |
|--------------|------------------------------------|------------|------------------------|
| 096          | Qualcare                           | 5          | HMO                    |
| 097          | University Health Plans, Inc.      | 5          | HMO                    |
| 098          | Hospital Responsibility            | 7          | Other                  |
| 099          | Other Miscellaneous                | 7          | Other                  |
| 101          | Georgia B/C All Other Groups       | 3          | Blue Cross             |
| 105          | Aetna                              | 6          | Commercial             |
| 106          | New Jersey Carpenters' Health Fund | 6          | Commercial             |
| 107          | AARP                               | 6          | Commercial             |
| 110          | Idaho B/C                          | 3          | Blue Cross             |
| 115          | Connecticut General                | 6          | Commercial             |
| 120          | Continental Assurance              | 6          | Commercial             |
| 121          | Illinois B/C                       | 3          | Blue Cross             |
| 125          | Equitable                          | 6          | Commercial             |
| 130          | Indiana B/C                        | 3          | Blue Cross             |
| 131          | Guardian Life                      | 6          | Commercial             |
| 135          | Intercontinental                   | 6          | Commercial             |
| 140          | Iowa B/C All Other Groups          | 3          | Blue Cross             |
| 142          | John Hancock                       | 6          | Commercial             |
| 145          | Massachusetts Mutual               | 6          | Commercial             |
| 150          | Kansas B/C                         | 3          | Blue Cross             |
| 151          | Metropolitan Life                  | 6          | Commercial             |
| 155          | Mutual of Omaha                    | 6          | Commercial             |
| 160          | Kentucky B/C                       | 3          | Blue Cross             |

| <b>Payer Number</b> | <b>Payer Description</b>           | <b>Payer Type</b> | <b>Payer Type Description</b> |
|---------------------|------------------------------------|-------------------|-------------------------------|
| 161                 | New York Life                      | 6                 | Commercial                    |
| 165                 | Provident Alliance                 | 6                 | Commercial                    |
| 170                 | Louisiana B/C                      | 3                 | Blue Cross                    |
| 171                 | Prudential                         | 6                 | Commercial                    |
| 175                 | Travelers                          | 6                 | Commercial                    |
| 180                 | Maine B/C                          | 3                 | Blue Cross                    |
| 181                 | Washington National Insurance      | 6                 | Commercial                    |
| 185                 | NJ Auto Dealers                    | 6                 | Commercial                    |
| 186                 | Allstate                           | 6                 | Commercial                    |
| 187                 | Mutual Life of N.Y.                | 6                 | Commercial                    |
| 188                 | National Assoc. of Letter Carriers | 6                 | Commercial                    |
| 189                 | Local Union Insurance              | 6                 | Commercial                    |
| 190                 | Maryland B/C                       | 3                 | Blue Cross                    |
| 191                 | Lincoln National                   | 6                 | Commercial                    |
| 192                 | New Jersey Turnpike Authority      | 6                 | Commercial                    |
| 193                 | Rasmussen                          | 6                 | Commercial                    |
| 194                 | Inter County Health Plan           | 6                 | Commercial                    |
| 195                 | American Postal Workers            | 6                 | Commercial                    |
| 196                 | Leader Administrators              | 6                 | Commercial                    |
| 197                 | Fred S. James (James Benefit)      | 6                 | Commercial                    |
| 198                 | Mail Handlers Benefit Plan         | 6                 | Commercial                    |
| 199                 | Other Commercial Insurance         | 6                 | Commercial                    |
| 200                 | Massachusetts B/C                  | 3                 | Blue Cross                    |

| <b>Payer Number</b> | <b>Payer Description</b>             | <b>Payer Type</b> | <b>Payer Type Description</b> |
|---------------------|--------------------------------------|-------------------|-------------------------------|
| 205                 | Aetna Work. Comp.                    | 7                 | Other                         |
| 210                 | Michigan B/C                         | 3                 | Blue Cross                    |
| 211                 | Insurance Company of No. America WC  | 7                 | Other                         |
| 215                 | Liberty Mutual WC                    | 7                 | Other                         |
| 220                 | Minnesota B/C                        | 3                 | Blue Cross                    |
| 221                 | Employers Mutual WC                  | 7                 | Other                         |
| 225                 | New Jersey Manufacturers Work. Comp. | 7                 | Other                         |
| 230                 | Mississippi B/C                      | 3                 | Blue Cross                    |
| 231                 | Travelers Work. Comp                 | 7                 | Other                         |
| 240                 | Missouri B/C Kansas City             | 3                 | Blue Cross                    |
| 241                 | Missouri B/C St. Louis               | 3                 | Blue Cross                    |
| 250                 | Montana B/C                          | 3                 | Blue Cross                    |
| 260                 | Nebraska B/C                         | 3                 | Blue Cross                    |
| 265                 | Nevada B/C                           | 3                 | Blue Cross                    |
| 270                 | New Hampshire B/C                    | 3                 | Blue Cross                    |
| 280                 | New Jersey B/C All Other Groups      | 3                 | Blue Cross                    |
| 281                 | NJ Non-Group Line of Business        | 3                 | Blue Cross                    |
| 290                 | New Mexico B/C                       | 3                 | Blue Cross                    |
| 299                 | Other Worker's Compensation          | 7                 | Other                         |
| 301                 | New York B/C Buffalo                 | 3                 | Blue Cross                    |
| 303                 | New York B/C NYC                     | 3                 | Blue Cross                    |
| 304                 | New York B/C Rochester               | 3                 | Blue Cross                    |
| 305                 | New York B/C Syracuse                | 3                 | Blue Cross                    |

| <b>Payer Number</b> | <b>Payer Description</b>          | <b>Payer Type</b> | <b>Payer Type Description</b> |
|---------------------|-----------------------------------|-------------------|-------------------------------|
| 306                 | New York B/C Utica                | 3                 | Blue Cross                    |
| 309                 | Allstate No Fault                 | 7                 | Other                         |
| 310                 | North Carolina B/C                | 3                 | Blue Cross                    |
| 311                 | New Jersey Manufacturers No Fault | 7                 | Other                         |
| 315                 | State Farm No Fault               | 7                 | Other                         |
| 320                 | North Dakota B/C                  | 3                 | Blue Cross                    |
| 332                 | Ohio B/C Cincinnati               | 3                 | Blue Cross                    |
| 333                 | Ohio B/C Cleveland                | 3                 | Blue Cross                    |
| 340                 | Oklahoma B/C                      | 3                 | Blue Cross                    |
| 350                 | Oregon B/C                        | 3                 | Blue Cross                    |
| 351                 | Portland Oregon B/C               | 3                 | Blue Cross                    |
| 361                 | Pennsylvania B/C Harrisburg       | 3                 | Blue Cross                    |
| 362                 | Pennsylvania B/C Philadelphia     | 3                 | Blue Cross                    |
| 363                 | Pennsylvania B/C Pittsburgh       | 3                 | Blue Cross                    |
| 364                 | Pennsylvania B/C Wilkes Barre     | 3                 | Blue Cross                    |
| 370                 | Rhode Island B/C                  | 3                 | Blue Cross                    |
| 380                 | South Carolina B/C                | 3                 | Blue Cross                    |
| 390                 | Tennessee B/C Chattanooga         | 3                 | Blue Cross                    |
| 392                 | Tennessee B/C Memphis             | 3                 | Blue Cross                    |
| 399                 | Other No Fault                    | 7                 | Other                         |
| 400                 | Texas B/C                         | 3                 | Blue Cross                    |
| 410                 | Utah Blue Cross                   | 3                 | Blue Cross                    |
| 415                 | Vermont B/C                       | 3                 | Blue Cross                    |

| Payer Number | Payer Description               | Payer Type | Payer Type Description |
|--------------|---------------------------------|------------|------------------------|
| 423          | Virginia B/C All Other Groups   | 3          | Blue Cross             |
| 430          | Alaska/Washington St B/C        | 3          | Blue Cross             |
| 443          | W Virginia B/C All Other Groups | 3          | Blue Cross             |
| 450          | Wisconsin B/C                   | 3          | Blue Cross             |
| 460          | Wyoming B/C                     | 3          | Blue Cross             |
| 470          | Puerto Rico B/C                 | 3          | Blue Cross             |
| 471          | Hawaii - All Other Groups       | 3          | Blue Cross             |
| 865          | Pa Blue Cross - Camp Hill       | 3          | Blue Cross             |

- 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:

| Code | Non-Newborn Description  | Newborn Description        |
|------|--|----------------------------|
| 1    | Non-Health Care Facility Point of Origin   | N/A                        |
| 2    | Clinic or Physician's Office   | N/A                        |
| 4    | Transfer from Hospital Different from this Facility  | N/A                        |
| 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  | N/A                        |
| 9    | Information Not Available  | N/A                        |
| D    | Transfer from Inpatient Hospital in Same Facility Resulting in Separate Claim to Payer     | N/A                        |
| E    | Transfer from Ambulatory Surgery Center  | N/A                        |
| F    | Transfer from Hospice and is under a Hospice Plan of Care or enrolled in a Hospice Program | N/A                        |

- 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 unless the primary payer code is self-pay (payer codes 031, 039 or 095).

## 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   |
| 2 <sup>nd</sup> -25 <sup>th</sup> | 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- 25<sup>th</sup> 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.<br>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- 25<sup>th</sup> 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 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 send 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 send 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 Revenue Code Total Charges is valued, then Revenue Code must be valued.
  3. The Revenue Code must be found in 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

| Hospital  | Provider Number | NPI Number | Facility Number |
|---|-----------------|------------|-----------------|
| <b>AcuteCare Specialty Hospital of Kimball</b>        | 3120171         | 1659376317 | 23359           |
| <b>Atlanticare Regional Medical Center (Mainland)</b> | 3100641         | 1013919315 | 10101           |
| <b>Atlanticare Regional Medical Center (City)</b>     | 3100642         | 1013919315 | 10102           |
| <b>Bayonne Medical Center</b>                         | 3100250         | 1821101239 | 10901           |



| Hospital                                    | Provider Number | NPI Number | Facility Number |
|---|-----------------|------------|-----------------|
| Bayshore Community Hospital                 | 3101120         | 1760994412 | 11301           |
| Bergen Regional Medical Center              | 3100580         | 1689682999 | 10201           |
| Cape Regional Medical Center                | 3100110         | 1053382697 | 10501           |
| Capital Health System - Fuld Campus         | 3100920         | 1275583726 | 11102           |
| Capital Health System - Mercer Campus       | 3100440         | 1073516183 | 11104           |
| Care One at Raritan Bay Medical Center      | 3120180         | 1497754006 | 23098           |
| CareOne at HackensackUMC Pascack Valley     | 3120182         | 1497754006 | 24795           |
| CareOne at Trinitas Regional Medical Center | 3120181         | 1497754006 | 24426           |
| CentraState Healthcare System               | 3101110         | 1295718450 | 11302           |
| Chilton Hospital                            | 3100170         | 1811994809 | 11401           |
| Christ Hospital                             | 3100160         | 1871859306 | 10902           |
| Clara Maass Medical Center                  | 3100090         | 1902901333 | 10701           |
| Columbus Hospital LTACH                     | 3120240         | 1104144641 | 24009           |
| Community Medical Center                    | 3100410         | 1013010917 | 11501           |
| Cooper Health System                        | 3100140         | 1568442309 | 10402           |
| Deborah Heart & Lung Ctr.                   | 3100310         | 1467440743 | 20301           |
| East Orange General Hosp                    | 3100830         | 1013386143 | 10704           |
| Englewood Hospital & Med Ctr                | 3100450         | 1083612881 | 10202           |
| Hackensack UMC at Pascack Valley            | 3101300         | 1205176062 | 24745           |
| Hackensack University Med Ctr               | 3100010         | 1457456279 | 10204           |
| HackensackUMC Mountainside                  | 3100540         | 1982720249 | 10708           |
| Hackettstown Community Hospital             | 3101150         | 1518969419 | 12101           |
| Hoboken University Medical Center           | 3100400         | 1043475668 | 10908           |
| Holy Name Hospital                          | 3100080         | 1104859131 | 10205           |
| Hudson Regional Medical Center              | 3101189         | 1710491253 | 10906           |
| Hunterdon Medical Center                    | 3100050         | 1922095116 | 11001           |
| Inspira Health Center Bridgeton             | 3100322         | 1104870161 | 10601           |
| Inspira Medical Center Elmer                | 3100690         | 1255396024 | 11701           |
| Inspira Medical Center Vineland             | 3100324         | 1164487542 | 10603           |

| Hospital  | Provider Number | NPI Number | Facility Number |
|---|-----------------|------------|-----------------|
| Inspira Medical Center Woodbury, Inc.               | 3100810         | 1184601288 | 10801           |
| Jersey City Medical Center                          | 3100740         | 1689744856 | 10904           |
| Jersey Shore University Medical Center              | 3100730         | 1790297547 | 11303           |
| JFK Medical Center                                  | 3101080         | 1659387975 | 11201           |
| Kennedy Memorial Hospitals - Cherry Hill            | 3100862         | 1386746592 | 10401           |
| Kennedy Memorial Hospitals - Stratford              | 3100863         | 1386746592 | 10403           |
| Kennedy Memorial Hospitals - Washington Twsp.       | 3100861         | 1386746592 | 10802           |
| Kindred Hospital New Jersey-Morris County           | 3120200         | 1962580803 | 23144           |
| Kindred Hospital New Jersey-Rahway                  | 3120201         | 1609954551 | 23268           |
| Kindred Hospital New Jersey-Wayne                   | 3120202         | 1376621235 | 24048           |
| Lourdes Medical Center of Burlington County         | 3100610         | 1053316844 | 10303           |
| Lourdes Specialty Hospital of Southern New Jersey   | 3120220         | 1578543468 | 23471           |
| Memorial Hospital of Salem County, Inc.             | 3100910         | 1306817978 | 11702           |
| Monmouth Medical Center                             | 3100750         | 1609983790 | 11304           |
| Monmouth Medical Center Southern Campus             | 3100840         | 1225133473 | 11502           |
| Morristown Memorial Hospital                        | 3100150         | 1053384776 | 11403           |
| Mount Vernon Hospital                               | 3300860         | 1992131320 | 5903001H        |
| Newark Beth Israel Medical Center                   | 3100020         | 1215027966 | 10709           |
| Newton Memorial Hosp.                               | 3100280         | 1790789212 | 11902           |
| Ocean Medical Center                                | 3100522         | 1477065126 | 11505           |
| Our Lady of Lourdes Medical Ctr                     | 3100290         | 1235134024 | 10404           |
| Overlook Hospital                                   | 3100510         | 1740254143 | 12005           |
| Palisades Medical Center                            | 3100030         | 1730692344 | 10905           |
| Prime Healthcare Services – St. Mary’s Passaic, LLC | 3100060         | 1770901761 | 11606           |
| Raritan Bay Medical Center - Old Bridge             | 3100391         | 1790297455 | 11203           |
| Raritan Bay Medical Center - Perth Amboy            | 3100392         | 1790297455 | 11206           |
| Riverview Medical Center                            | 3100340         | 1710499462 | 11305           |
| Robert Wood Johnson University Hosp                 | 3100380         | 1346243375 | 11202           |
| Robert Wood Johnson University Hosp at Hamilton     | 3101100         | 1629069638 | 11101           |
| Robert Wood Johnson University Hosp at Rahway       | 3100240         | 1861486870 | 12006           |

| Hospital   | Provider Number | NPI Number | Facility Number |
|--|-----------------|------------|-----------------|
| Robert Wood Johnson University Hospital Somerset     | 3100480         | 1528197357 | 11802           |
| Select Specialty Hospital - Northeast NJ - Rochelle  | 3120190         | 1093713521 | 23048           |
| Shore Memorial Hospital                              | 3100470         | 1629070149 | 10103           |
| Southern Ocean Medical Center                        | 3101130         | 1831601590 | 11504           |
| St. Barnabas Medical Center                          | 3100760         | 1396857488 | 10710           |
| St. Clare's Hospital/Denville                        | 3100500         | 1598144362 | 11406           |
| St. Clare's Hospital/Dover                           | 3100502         | 1598144362 | 11402           |
| St. Clare's Hospital/Sussex                          | 3101200         | 1598144362 | 11903           |
| St. Francis Medical Center                           | 3100210         | 1255419651 | 11105           |
| St. Joseph's Regional Medical Center                 | 3100190         | 1669462420 | 11605           |
| St. Joseph's Wayne Hospital                          | 3100191         | 1669462420 | 11603           |
| St. Luke's Warren Hospital                           | 3100600         | 1760488266 | 12102           |
| St. Michael's Medical Center                         | 3100960         | 1699777458 | 10713           |
| St. Peter's University Hospital                      | 3100700         | 1114924834 | 11205           |
| Thomas Jefferson University Hospitals                | 3901740         | 1215916002 | 200801          |
| Trinitas Hospital                                    | 3100270         | 1770583999 | 12007           |
| University Hospital (UMDNJ)                          | 3101190         | 1215998323 | 10702           |
| University Medical Center of Princeton at Plainsboro | 3100100         | 1689714255 | 11103           |
| Valley Hospital                                      | 3100120         | 1013912633 | 10211           |
| Virtua - Memorial Hosp. of Burlington Cty            | 3100570         | 1134125016 | 10301           |
| Virtua - West Jersey Hospital - Berlin               | 3100222         | 1528064409 | 10407           |
| Virtua - West Jersey Hospital - Marlton              | 3100224         | 1528064409 | 10302           |
| Virtua - West Jersey Hospital - Voorhees             | 3100221         | 1528064409 | 10405           |
| Virtua - West Jersey Hospital-Camden                 | 3100223         | 1528064409 | 10406           |
| Bayonne Medical Center Psych                         | 31S0250         | 1568669380 | 10901           |
| Bergen Regional Medical Center Psych                 | 31S0580         | 1952456295 | 10201           |
| Capital Health System - Fuld Campus Psych            | 31S0920         | 1700836285 | 11102           |
| CentraState Healthcare System Psych                  | 31S1110         | 1982636270 | 11302           |
| Clara Maass Medical Center Psych                     | 31S0090         | 1114179025 | 10701           |
| East Orange General Hosp Psych                       | 31S0830         | 1659740785 | 10704           |

| Hospital   | Provider Number | NPI Number | Facility Number |
|--|-----------------|------------|-----------------|
| Englewood Hospital Psych                               | 31S0450         | 1124071980 | 10202           |
| Hackensack University Med Ctr Psych                    | 31S0010         | 1932200623 | 10204           |
| HackensackUMC Mountainside Psych                       | 31S0540         | 1841444718 | 10708           |
| Hoboken University Medical Center Psych                | 31S0400         | 1053576678 | 10908           |
| Holy Name Hospital- Psych                              | 31S0080         | 1609945963 | 10205           |
| Hunterdon Medical Center Psych                         | 31S0050         | 1932122744 | 11001           |
| Inspira Medical Center Bridgeton                       | 31S0320         | 1831143890 | 10603           |
| Inspira Medical Center Woodbury, Inc. Psych            | 31S0810         | 1629055694 | 10801           |
| Jersey City Medical Center Psych                       | 31S0740         | 1497825665 | 10904           |
| JFK Medical Center Rehab                               | 31T1080         | 1114932548 | 22293           |
| Lourdes Medical Center of Burlington County Psych      | 31S0610         | 1285630087 | 10303           |
| Monmouth Medical Center Psych                          | 31S0750         | 1497900781 | 11304           |
| Morristown Memorial Hospital Psych                     | 31S0150         | 1891731998 | 11403           |
| Morristown Memorial Hospital Rehab                     | 31T0150         | 1700822806 | 11404           |
| Newark Beth Israel Medical Center Psych                | 31S0020         | 1043457955 | 10709           |
| Newton Memorial Hosp. Psych                            | 31S0280         | 1790789212 | 11902           |
| Our Lady of Lourdes Medical Ctr Rehab                  | 31T0290         | 1255336731 | 10404           |
| Overlook Hospital Psych                                | 31S0510         | 1083650188 | 12005           |
| Riverview Medical Center Rehab                         | 31T0340         | 1356853907 | 11305           |
| Robert Wood Johnson University Hospital Somerset Psych | 31S0480         | 1922428796 | 11802           |
| St. Clare's Hospital/Denville- Bontoon Psych           | 31S0500         | 1902286172 | 11406           |
| St. Joseph's Wayne Hospital Rehab                      | 31T0191         | 1609847870 | 11603           |
| Trinitas Hospital Psych                                | 31S0270         | 1770583999 | 12007           |
| University Medical Center of Princeton Psych           | 31S0100         | 1518009588 | 11103           |
| University Medical Center of Princeton Rehab           | 31T0100         | 1902948821 | 11103           |
| Virtua - Memorial Hosp. of Burlington Cty Psych        | 31S0570         | 1174529846 | 10301           |
| Default Out of State Hospital                          | 9999999         | 9999999999 | 99999           |

- Edit:

1. If the Patient Status Code equals '02', then the Transfer Out Code must be a valid facility NPI number in the transfer NPI list

## 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.

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

| Hospital                                       | Provider Number | NPI Number | Facility Number |
|--|-----------------|------------|-----------------|
| AcuteCare Specialty Hospital of Kimball        | 3120171         | 1659376317 | 23359           |
| Atlanticare Regional Medical Center (Mainland) | 3100641         | 1013919315 | 10101           |
| Atlanticare Regional Medical Center (City)     | 3100642         | 1013919315 | 10102           |
| Bayonne Medical Center                         | 3100250         | 1821101239 | 10901           |
| Bayshore Community Hospital                    | 3101120         | 1760994412 | 11301           |
| Bergen Regional Medical Center                 | 3100580         | 1689682999 | 10201           |
| Cape Regional Medical Center                   | 3100110         | 1053382697 | 10501           |
| Capital Health System - Fuld Campus            | 3100920         | 1275583726 | 11102           |
| Capital Health System - Mercer Campus          | 3100440         | 1073516183 | 11104           |
| Care One at Raritan Bay Medical Center         | 3120180         | 1497754006 | 23098           |
| CareOne at HackensackUMC Pascack Valley        | 3120182         | 1497754006 | 24795           |
| CareOne at Trinitas Regional Medical Center    | 3120181         | 1497754006 | 24426           |
| CentraState Healthcare System                  | 3101110         | 1295718450 | 11302           |
| Chilton Hospital                               | 3100170         | 1811994809 | 11401           |
| Christ Hospital                                | 3100160         | 1871859306 | 10902           |

| Hospital                                      | Provider Number | NPI Number | Facility Number |
|---|-----------------|------------|-----------------|
| Clara Maass Medical Center                    | 3100090         | 1902901333 | 10701           |
| Columbus Hospital LTACH                       | 3120240         | 1104144641 | 24009           |
| Community Medical Center                      | 3100410         | 1013010917 | 11501           |
| Cooper Health System                          | 3100140         | 1568442309 | 10402           |
| Deborah Heart & Lung Ctr.                     | 3100310         | 1467440743 | 20301           |
| East Orange General Hosp                      | 3100830         | 1013386143 | 10704           |
| Englewood Hospital & Med Ctr                  | 3100450         | 1083612881 | 10202           |
| Hackensack UMC at Pascack Vallley             | 3101300         | 1205176062 | 24745           |
| Hackensack University Med Ctr                 | 3100010         | 1457456279 | 10204           |
| HackensackUMC Mountainside                    | 3100540         | 1982720249 | 10708           |
| Hackettstown Community Hospital               | 3101150         | 1518969419 | 12101           |
| Hoboken University Medical Center             | 3100400         | 1043475668 | 10908           |
| Holy Name Hospital                            | 3100080         | 1104859131 | 10205           |
| Hudson Regional Hospital                      | 3101189         | 1710491253 | 10906           |
| Hunterdon Medical Center                      | 3100050         | 1922095116 | 11001           |
| Inspira Health Center Bridgeton               | 3100322         | 1104870161 | 10601           |
| Inspira Medical Center Elmer                  | 3100690         | 1255396024 | 11701           |
| Inspira Medical Center Vineland               | 3100324         | 1164487542 | 10603           |
| Inspira Medical Center Woodbury, Inc.         | 3100810         | 1184601288 | 10801           |
| Jersey City Medical Center                    | 3100740         | 1689744856 | 10904           |
| Jersey Shore University Medical Center        | 3100730         | 1790297547 | 11303           |
| JFK Medical Center                            | 3101080         | 1659387975 | 11201           |
| Kennedy Memorial Hospitals - Cherry Hill      | 3100862         | 1386746592 | 10401           |
| Kennedy Memorial Hospitals - Stratford        | 3100863         | 1386746592 | 10403           |
| Kennedy Memorial Hospitals - Washington Twsp. | 3100861         | 1386746592 | 10802           |
| Kindred Hospital New Jersey-Morris County     | 3120200         | 1962580803 | 23144           |
| Kindred Hospital New Jersey-Rahway            | 3120201         | 1609954551 | 23268           |
| Kindred Hospital New Jersey-Wayne             | 3120202         | 1376621235 | 24048           |
| Lourdes Medical Center of Burlington County   | 3100610         | 1053316844 | 10303           |

| Hospital  | Provider Number | NPI Number | Facility Number |
|---|-----------------|------------|-----------------|
| Lourdes Specialty Hospital of Southern New Jersey   | 3120220         | 1578543468 | 23471           |
| Memorial Hospital of Salem County, Inc.             | 3100910         | 1306817978 | 11702           |
| Monmouth Medical Center                             | 3100750         | 1609983790 | 11304           |
| Monmouth Medical Center Southern Campus             | 3100840         | 1225133473 | 11502           |
| Morristown Memorial Hospital                        | 3100150         | 1053384776 | 11403           |
| Mount Vernon Hospital                               | 3300860         | 1992131320 | 5903001H        |
| Newark Beth Israel Medical Center                   | 3100020         | 1215027966 | 10709           |
| Newton Memorial Hosp.                               | 3100280         | 1790789212 | 11902           |
| Ocean Medical Center                                | 3100522         | 1477065126 | 11505           |
| Our Lady of Lourdes Medical Ctr                     | 3100290         | 1235134024 | 10404           |
| Overlook Hospital                                   | 3100510         | 1740254143 | 12005           |
| Palisades Medical Center                            | 3100030         | 1730692344 | 10905           |
| Prime Healthcare Services – St. Mary’s Passaic, LLC | 3100060         | 1770901761 | 11606           |
| Raritan Bay Medical Center - Old Bridge             | 3100391         | 1790297455 | 11203           |
| Raritan Bay Medical Center - Perth Amboy            | 3100392         | 1790297455 | 11206           |
| Riverview Medical Center                            | 3100340         | 1710499462 | 11305           |
| Robert Wood Johnson University Hosp                 | 3100380         | 1346243375 | 11202           |
| Robert Wood Johnson University Hosp at Hamilton     | 3101100         | 1629069638 | 11101           |
| Robert Wood Johnson University Hosp at Rahway       | 3100240         | 1861486870 | 12006           |
| Robert Wood Johnson University Hospital Somerset    | 3100480         | 1528197357 | 11802           |
| Select Specialty Hospital - Northeast NJ - Rochelle | 3120190         | 1093713521 | 23048           |
| Shore Memorial Hospital                             | 3100470         | 1629070149 | 10103           |
| Southern Ocean Medical Center                       | 3101130         | 1831601590 | 11504           |
| St. Barnabas Medical Center                         | 3100760         | 1396857488 | 10710           |
| St. Clare's Hospital/Denville                       | 3100500         | 1598144362 | 11406           |
| St. Clare's Hospital/Dover                          | 3100502         | 1598144362 | 11402           |
| St. Clare's Hospital/Sussex                         | 3101200         | 1598144362 | 11903           |
| St. Francis Medical Center                          | 3100210         | 1255419651 | 11105           |
| St. Joseph's Regional Medical Center                | 3100190         | 1669462420 | 11605           |
| St. Joseph's Wayne Hospital                         | 3100191         | 1669462420 | 11603           |



| Hospital   | Provider Number | NPI Number | Facility Number |
|--|-----------------|------------|-----------------|
| St. Luke's Warren Hospital                           | 3100600         | 1760488266 | 12102           |
| St. Michael's Medical Center                         | 3100960         | 1699777458 | 10713           |
| St. Peter's University Hospital                      | 3100700         | 1114924834 | 11205           |
| Thomas Jefferson University Hospitals                | 3901740         | 1215916002 | 200801          |
| Trinitas Hospital                                    | 3100270         | 1770583999 | 12007           |
| University Hospital (UMDNJ)                          | 3101190         | 1215998323 | 10702           |
| University Medical Center of Princeton at Plainsboro | 3100100         | 1689714255 | 11103           |
| Valley Hospital                                      | 3100120         | 1013912633 | 10211           |
| Virtua - Memorial Hosp. of Burlington Cty            | 3100570         | 1134125016 | 10301           |
| Virtua - West Jersey Hospital - Berlin               | 3100222         | 1528064409 | 10407           |
| Virtua - West Jersey Hospital - Marlton              | 3100224         | 1528064409 | 10302           |
| Virtua - West Jersey Hospital - Voorhees             | 3100221         | 1528064409 | 10405           |
| Virtua - West Jersey Hospital-Camden                 | 3100223         | 1528064409 | 10406           |
| Bayonne Medical Center Psych                         | 31S0250         | 1568669380 | 10901           |
| Bergen Regional Medical Center Psych                 | 31S0580         | 1952456295 | 10201           |
| Capital Health System - Fuld Campus Psych            | 31S0920         | 1700836285 | 11102           |
| CentraState Healthcare System Psych                  | 31S1110         | 1982636270 | 11302           |
| Clara Maass Medical Center Psych                     | 31S0090         | 1114179025 | 10701           |
| East Orange General Hosp Psych                       | 31S0830         | 1659740785 | 10704           |
| Englewood Hospital Psych                             | 31S0450         | 1124071980 | 10202           |
| Hackensack University Med Ctr Psych                  | 31S0010         | 1932200623 | 10204           |
| HackensackUMC Mountainside Psych                     | 31S0540         | 1841444718 | 10708           |
| Hoboken University Medical Center Psych              | 31S0400         | 1053576678 | 10908           |
| Holy Name Hospital- Psych                            | 31S0080         | 1609945963 | 10205           |
| Hunterdon Medical Center Psych                       | 31S0050         | 1932122744 | 11001           |
| Inspira Medical Center Bridgeton                     | 31S0320         | 1831143890 | 10603           |
| Inspira Medical Center Woodbury, Inc. Psych          | 31S0810         | 1629055694 | 10801           |
| Jersey City Medical Center Psych                     | 31S0740         | 1497825665 | 10904           |
| JFK Medical Center Rehab                             | 31T1080         | 1114932548 | 22293           |
| Lourdes Medical Center of Burlington County Psych    | 31S0610         | 1285630087 | 10303           |

| Hospital   | Provider Number | NPI Number | Facility Number |
|--|-----------------|------------|-----------------|
| Monmouth Medical Center Psych                          | 31S0750         | 1497900781 | 11304           |
| Morristown Memorial Hospital Psych                     | 31S0150         | 1891731998 | 11403           |
| Morristown Memorial Hospital Rehab                     | 31T0150         | 1700822806 | 11404           |
| Newark Beth Israel Medical Center Psych                | 31S0020         | 1043457955 | 10709           |
| Newton Memorial Hosp. Psych                            | 31S0280         | 1790789212 | 11902           |
| Our Lady of Lourdes Medical Ctr Rehab                  | 31T0290         | 1255336731 | 10404           |
| Overlook Hospital Psych                                | 31S0510         | 1083650188 | 12005           |
| Riverview Medical Center Rehab                         | 31T0340         | 1356853907 | 11305           |
| Robert Wood Johnson University Hospital Somerset Psych | 31S0480         | 1922428796 | 11802           |
| St. Clare's Hospital/Denville- Bontoon Psych           | 31S0500         | 1902286172 | 11406           |
| St. Joseph's Wayne Hospital Rehab                      | 31T0191         | 1609847870 | 11603           |
| Trinitas Hospital Psych                                | 31S0270         | 1770583999 | 12007           |
| University Medical Center of Princeton Psych           | 31S0100         | 1518009588 | 11103           |
| University Medical Center of Princeton Rehab           | 31T0100         | 1902948821 | 11103           |
| Virtua - Memorial Hosp. of Burlington Cty Psych        | 31S0570         | 1174529846 | 10301           |
| Default Out of State Hospital                          | 9999999         | 9999999999 | 99999           |

- 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

## 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:

| Code | Definition  |
|------|---|
| 01   | Most Common Semi-private Rate   |
| 02   | Hospital has no Semi-private rooms  |
| 04   | Professional Component Charges Which are Combined Billed                              |
| 05   | Professional Component included in Charges and also Billed Separate to Carrier        |
| 06   | Blood Deductible  |
| 08   | Life Time Reserve Amount in the First Calendar Year                                   |
| 09   | Coinsurance Amount in the First Calendar Year   |
| 10   | Lifetime Reserve Amount in the Second Calendar Year                                   |
| 11   | Coinsurance Amount in the Second Calendar Year  |
| 12   | Working Aged Beneficiary/Spouse With Employer Group Health Plan                       |
| 13   | ESRD Beneficiary in a Medicare Coordination Period With an Employer Group Health Plan |
| 14   | No-Fault, Including Auto/Other  |
| 15   | Worker's Compensation   |
| 16   | PHS, or Other Federal Agency  |
| 21   | Catastrophic  |
| 22   | Surplus   |
| 23   | Recurring Monthly Income  |
| 24   | Medicaid Rate Code  |
| 25   | Offset to the Patient- Payment Amount - Prescription Drugs                            |
| 26   | Offset to the Patient- Payment Amount - Hearing and Ear Services                      |

| Code | Definition   |
|------|--|
| 27   | Offset to the Patient-Payment Amount - Vision and Eye Services   |
| 28   | Offset to the Patient-Payment Amount - Dental Services   |
| 29   | Offset to the Patient-Payment Amount - Chiropractic Services   |
| 30   | Preadmission Testing   |
| 31   | Patient Liability Amount   |
| 32   | Multiple Patient Ambulance Transportation  |
| 33   | Offset to the Patient-Payment Amount - Podiatric Services  |
| 34   | Offset to the Patient-Payment Amount - Other Medical Services  |
| 35   | Offset to the Patient-Payment Amount - Other Medical Services  |
| 37   | Units of Blood Furnished   |
| 38   | Blood Deductible Units   |
| 39   | Units of Blood Replaced  |
| 40   | New Coverage Not Implemented by HMO (for inpatient services only)  |
| 41   | Black Lung   |
| 42   | VA   |
| 43   | Disabled Beneficiary Under Age 65 with LGHP  |
| 44   | Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received |
| 45   | Accident Hour  |
| 46   | Number of Grace Days   |
| 47   | Any Liability Insurance  |
| 48   | Hemoglobin Reading   |
| 49   | Hematocrit Reading   |
| 50   | Physical Therapy Visit   |

| <b>Code</b> | <b>Definition</b>   |
|-------------|---|
| 51          | Occupational Therapy Visit                                      |
| 52          | Speech Therapy Visit  |
| 53          | 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 (O2 Sat/Oximetry)                             |
| 60          | HHA Branch MSA  |
| 61          | Place of Residence Where Service is Furnished (HHA and Hospice) |
| 66          | Medicaid Spend down Amount                                      |
| 67          | Peritoneal Dialysis   |
| 68          | EPO-Drug  |
| 69          | State Charity Care Percent                                      |
| 80          | Covered Days  |
| 81          | Non-Covered Days  |
| 82          | Co-insurance Days   |
| 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                    |

| Code | Definition   |
|------|--|
| 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 Healthcare 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 Healthcare 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   | Patient Estimated Responsibility   |
| D4   | Clinical Trial Number Assigned by NLM/NIH  |
| FC   | Patient Paid Amount  |
| FD   | Credit from Manufacturer for Replaced Medical Device   |

| Code | Definition   |
|------|--|
| G8   | Facility where Inpatient Hospice Service is Delivered              |
| Y1   | Part A Demonstration Payment                                       |
| Y2   | Part B Demonstration Payment                                       |
| Y3   | Part B Coinsurance   |
| Y4   | Conventional Provider Payment Amount for Non- Demonstration Claims |
| Y5   | Part B Deductible (effective for discharges on/after 4/1/13)       |

- 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.
- 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

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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 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 <sup>1</sup>            | Y            | Y            | Date           | +                          |
| 1            | Hospital Provider Number   | X <sup>1</sup>            | Y            | Y            | Varchar        |                            |
| 2            | BLANK                      | X <sup>1</sup>            | N/A          | N/A          |                |                            |
| 3            | Statement Thru Date        | X <sup>1</sup>            | Y            | Y            | Date           |                            |
| 4            | Discharge Date             | X <sup>1</sup>            | Y            | N            | Date           | +                          |
| 5            | Patient Control Number     | X <sup>1</sup>            | Y            | Y            | Varchar        |                            |
| 6            | Record Number <sup>4</sup> | X <sup>2</sup>            | Y            | Y            | Varchar        |                            |
| 7            | Medical Record Number      |                           | Y            | Y            | Varchar        |                            |



| Field Number | Description                                   | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|--------------|---|---------------------------|--------------|--------------|----------------|----------------------------|
| 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 <sup>4</sup>                     |                           | Y            | Y            | Varchar        |                            |
| 20           | I/O (Inpatient/Outpatient) Indicator          |                           | Y            | Y            | Varchar        | +                          |
| 21           | Patient's Race                                |                           | Y            | Y            | Varchar        |                            |
| 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        |                            |

| Field Number | Description  | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|--------------|--|---------------------------|--------------|--------------|----------------|----------------------------|
| 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        |                            |
| 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        |                            |

| Field Number     | Description  | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|------------------|--|---------------------------|--------------|--------------|----------------|----------------------------|
| 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        |                            |
| 62               | Acute Days <sup>4</sup>                                      |                           | Y            | N            | Numeric        |                            |
| 63               | Non-Acute Days <sup>4</sup>                                  |                           | Y            | N            | Numeric        |                            |
| 64               | Patient Type Flag  |                           | Y            | Y            | Varchar        |                            |
| 65               | DRG Number (Hospital DRG)                                    |                           | Y            | N            | Varchar        |                            |
| Groupers Section |  |                           |              |              |                |                            |
| 66               | N/A  |                           | N/A          | N/A          |                |                            |
| 67               | N/A  |                           | N/A          | N/A          |                |                            |
| 68               | N/A  |                           | N/A          | N/A          |                |                            |

| Field Number  | Description  | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|---|--|---------------------------|--------------|--------------|----------------|----------------------------|
| 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        |                            |
| 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 <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| 86  | External Cause of Injury Code Present on Admission (POA) Indicator | X <sup>3</sup>            | Y            | Y            | Varchar        |                            |

| Field Number   | Description   | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|--|---|---------------------------|--------------|--------------|----------------|----------------------------|
| End of External Cause of Injury Code Section                                   |   |                           |              |              |                |                            |
| Condition Code Section - repeats six times (maximum number of codes = 24)      |   |                           |              |              |                |                            |
| 87   | Condition Code  | X <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| End of Condition Code Section  |   |                           |              |              |                |                            |
| Value Code Section - repeats 6 times (maximum number of codes = 12)            |   |                           |              |              |                |                            |
| 88   | Value Code – Code   | X <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| 89   | Value Code – Amount   | X <sup>3</sup>            | 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)       |   |                           |              |              |                |                            |
| 96   | Other Diagnosis Code  | X <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| 97   | Other Diagnosis Code Present on Admission (POA) Indicator     | X <sup>3</sup>            | 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 <sup>3</sup>            | Y            | N            | Varchar        |                            |

| Field Number  | Description                               | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|---|---|---------------------------|--------------|--------------|----------------|----------------------------|
| 101   | Other Procedure Code – Date               | X <sup>3</sup>            | Y            | N            | Date           |                            |
| End of Other Procedure Code Section   |   |                           |              |              |                |                            |
| Revenue Code Section - repeats 20 times (maximum number of codes = 999)         |   |                           |              |              |                |                            |
| 102   | Revenue Code                              | X <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| 103   | N/A                                       |                           | N/A          | N/A          |                |                            |
| 104   | HCPCS Code                                | X <sup>3</sup>            | N            | Y            | Varchar        |                            |
| 105   | HCPCS Modifier 1                          | X <sup>3</sup>            | N            | Y            | Varchar        |                            |
| 106   | HCPCS Modifier 2                          | X <sup>3</sup>            | N            | Y            | Varchar        |                            |
| 107   | HCPCS Modifier 3                          | X <sup>3</sup>            | N            | Y            | Varchar        |                            |
| 108   | HCPCS Modifier 4                          | X <sup>3</sup>            | N            | Y            | Varchar        |                            |
| 109   | Revenue Code Units, Days, or Times (DUTS) | X <sup>3</sup>            | Y            | Y            | Numeric        |                            |
| 110   | Revenue Code Total Charges                | X <sup>3</sup>            | Y            | Y            | Numeric        |                            |
| End of Revenue Code Section   |   |                           |              |              |                |                            |
| Occurrence Code Section - repeats six times (maximum number of codes = 24)      |   |                           |              |              |                |                            |
| 111   | Occurrence Code – Code                    | X <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| 112   | Occurrence Code – Date                    | X <sup>3</sup>            | 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 <sup>3</sup>            | Y            | Y            | Varchar        |                            |
| 114   | Occurrence Span Code - Date From          | X <sup>3</sup>            | Y            | Y            | Date           |                            |
| 115   | Occurrence Span Code - Date Thru          | X <sup>3</sup>            | Y            | Y            | Date           |                            |
| End of Occurrence Span Code Section   |   |                           |              |              |                |                            |

| Field Number   | Description                          | Repeats with Cont. Record | Required I/P | Required O/P | Load Data Type | State Added/Mandated Field |
|--|--------------------------------------|---------------------------|--------------|--------------|----------------|----------------------------|
| 116  | End of Record Indicator <sup>5</sup> |                           | Y            | Y            |                |                            |
| <sup>1</sup> This item will appear on every line<br><sup>2</sup> This item will increment with multiple lines of data<br><sup>3</sup> This item may have multiple lines of data<br><sup>4</sup> This item will be Zero- filled<br>Each record is terminated with a line feed character |                                      |                           |              |              |                |                            |

# NJ HealthCAP Data Dictionary and Data Extract File Layout Revision Log

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| Version | Revision                             |
|---------|--------------------------------------|
| 1.5     | Removed "Maximum Field Length" field |
|         |                                      |