



**NJDDCS VERSION 2
DATA
DICTIONARY
And
DATA EXTRACT FILE
LAYOUT
Version 16.4**



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Introduction

This Data Dictionary was created to be a user-friendly reference guide to the data elements used in the New Jersey Discharge Data Collection System (NJDDCS).

In this dictionary, users will find an alphabetical listing of all data elements, including:

Field Name

ANSI 837 Location

Definition – A brief description of the field

External Code Source

Requirements – An indication if the field is required for Inpatients, Same day Surgeries, and/or 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 <https://state-data.nuancehealthcare.com/v2>. As edits and codes are changed, this document will be updated to contain the latest information.

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Accident State

(Field # 35 in NJDDCS V2 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 2-digit alpha character abbreviation for American state, American possession, Canadian province, or other (please 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 NJDDCS V2 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:

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

Admission Hour

(Field # 32 in NJDDCS V2 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 NJDDCS V2 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
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.

Admitting Diagnosis Code

(Field # 82 in NJDDCS V2 Extract File Layout)

The ICD-9/ICD-10 diagnosis code describing the patient's diagnosis at the time of admission.

External Code Source: International Classification of Diseases, 9th/10th Revision, Clinical Modification (ICD-9-CM/ICD-10-CM).

Required for:	Inpatients
837 Location:	2300 Loop, HI01-02, Code Qualifier BJ/ABJ
Valid Codes:	Valid ICD-9-CM/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.

APC Code

(Field # 92 in NJDDCS V2 Extract File Layout)

Indication of how outpatient has been classified.

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

Attending Physician National Provider Identifier (NPI)

(Field # 48 in NJDDCS V2 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 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 9 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.

$$70 - 67 = 3$$

10th digit should be 3

Attending Physician State License Number

(Field # 47 in NJDDCS V2 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 – the first 2 characters must equal 'NJ' followed by 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', '26' or '35' followed by 10 alphanumeric characters and no spaces

For physicians outside New Jersey – the first 2 characters must equal any valid 2-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 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 Attending Physician State Code is valid, and does not equal 'NJ', '22', '25', '26' or '35', then check to see that the number after the state code is not blank.

Baby's Birthweight in Grams

(Field # 57 in NJDDCS V2 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 4 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.

Condition Codes

(Field # 76 in NJDDCS V2 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
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

Code	Definition
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
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic 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
76	Back-up in Facility Dialysis

Code	Definition
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
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

Code	Definition
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
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	Facility Evidence (effective for discharges on/after 04/01/2015)
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. If the Condition Code is not blank, than it must be a valid condition code.
2. A Condition Code field cannot be valued if the preceding Condition Code field is not valued.

Guidelines:

1. If the patient has a DNR on file, Condition Code P1 must be reported.
2. If the patient's condition is related to their employment, Condition Code 02 must be reported.
3. 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 NJDDCS V2 Extract File Layout)

The date a patient is discharged from the hospital

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

Required for:	Inpatients
837 Location:	2300 Loop, DTP03, Code Qualifier DT
Valid Codes	A valid date equal to or greater than admission date
Edits:	

1. Admission Date must not be greater than the Discharge Date.
2. Discharge Date must be a valid date and not greater than the state's cut-off date - this date will vary.
3. The Discharge Date is required on discharged inpatients, on other claims it is not required but will be edited if present.

Discharge Hour

(Field # 37 in NJDDCS V2 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 1

(Field # 66 in NJDDCS V2 Extract File Layout)

Indication of how inpatient has been grouped using AP-DRG 24.

This code is not required to be reported by hospitals. Instead, it will be calculated for inpatients using the AP-DRG 24.

DRG 2

(Field # 70 in NJDDCS V2 Extract File Layout)

Indication of how inpatient has been grouped using MS-DRG in effect at the time of the patient's discharge.

This code is not required to be reported by hospitals. Instead, it will be calculated for inpatients using the MS-DRG.

DRG Number (Hospital DRG)

(Field # 65 in NJDDCS V2 Extract File Layout)

Indication of how 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
Valid Codes:	Not edited

Estimated Amount Due from Patient

(Field # 59 in NJDDCS V2 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 1 equals 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.

Estimated Amount Due from All Payers

(Field # 60 in NJDDCS V2 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 Payer Code 1 equals 031 or 039, then the Estimated Amount Due from Primary Payer must equal zeroes.
2. If Payer Code 1 does not equal 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.

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

(Field # 74 in NJDDCS V2 Extract File Layout)

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

External Code Source: International Classification of Diseases, 9th/10th Revision, Clinical Modification (ICD-9-CM/ICD-10-CM).

Required for:	All Patients
837 Location:	2300 Loop, HI01-02 to HI12-02, Code Qualifier BN/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 not valued.
3. If an External Cause of Injury Code is valued, the corresponding Present on Admission Indicator must also be valued.

Grouper Patient Type 1

(Field # 69 in NJDDCS V2 Extract File Layout)

Code indicating patient type for inpatients grouped under AP-DRG 24.

This code is not required to be reported by hospitals. Instead, it will be assigned.

Grouper Patient Type Return Codes:

Code	Description
1	Inlier
2	Low Outlier
3	High Outlier
4	Same Day Medical
7	Same Day Surgery

Grouper Return Code 1

(Field # 68 in NJDDCS V2 Extract File Layout)

Code indicating whether inpatient has grouped under AP-DRG 24.

This code is not required to be reported by hospitals. Instead, it will be assigned.

Grouper Return Codes:

Code	Description
0	Record Grouped
1	Diagnosis Code cannot be Principal Diagnosis Code
2	MDC Principal Diagnosis Code Conflict
3	Invalid Age and/or DOB
4	Invalid Gender
5	Invalid Discharge Status
6	Illogical Principal Diagnosis Code
7	Invalid Principal Diagnosis Code
A	Invalid Age at Admission
B	Invalid Age at Discharge
C	Birth Weight Conflict
D	Bad dates
E	Grouper not found

Grouper Return Code 2

(Field # 72 in NJDDCS V2 Extract File Layout)

Code indicating whether inpatient has grouped under MS-DRG.

This code is not required to be reported by hospitals. Instead, it will be assigned.

Grouper Return Codes:

Code	Description
0	Record Grouped
1	Diagnosis Code cannot be Principal Diagnosis Code
2	MDC Principal Diagnosis Code Conflict
3	Invalid Age and/or DOB
4	Invalid Gender
5	Invalid Discharge Status
6	Illogical Principal Diagnosis Code
7	Invalid Principal Diagnosis Code
A	Invalid Age at Admission
B	Invalid Age at Discharge
C	Birth Weight Conflict
D	Bad dates
E	Grouper not found

HCPCS Code

(Field # 93 in NJDDCS V2 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 in CCE Procedure Code Table.
2. HCPCS codes must be present on those revenue codes defined by CMS as requiring HCPCS codes.

HCPCS Modifier 1

(Field # 94 in NJDDCS V2 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:	2-digit alphanumeric characters
Edit:	

1. HCPCS Modifier 1 must either be blank or in CCE Modifier Table.

HCPCS Modifier 2

(Field # 95 in NJDDCS V2 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	2-digit alphanumeric characters
Edits:	

1. HCPCS Modifier 2 must either be blank or in CCE Modifier Table.
2. HCPCS Modifier 2 may not be present if HCPCS Modifier 1 is not present.

HCPCS Modifier 3

(Field # 96 in NJDDCS V2 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	2-digit alphanumeric characters
Edits:	

1. HCPCS Modifier 3 must either be blank or in CCE Modifier Table.
2. HCPCS Modifier 3 may not be present if HCPCS Modifier 2 is not present.

HCPCS Modifier 4

(Field # 97 in NJDDCS V2 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	2-digit alphanumeric characters
Edits:	

1. HCPCS Modifier 4 must either be blank or in CCE Modifier Table.
2. HCPCS Modifier 4 may not be present if HCPCS Modifier 3 is not present.

Hospital Provider Number

(Field # 1 in NJDDCS V2 Extract File Layout)

State assigned provider number

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
Edit:	

1. Claim files that do not contain a valid NJ Provider Number will error prior to loading data into CCE.

I/O (Inpatient/Outpatient) Indicator⁺
(Field # 20 in NJDDCS V2 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 CCE will verify it is present on each claims, and is either an “I” or an “O”. If no indicator is provided, the CCE system 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

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 2 days.
 - b. ED Observation patients (with a revenue code of 0762 or a HCPCS code of G0378) may have a LOS greater than 1 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

MDC 1

(Field # 67 in NJDDCS V2 Extract File Layout)

Indication of major diagnosis category of inpatient using AP-DRG 24.

This code is not required to be reported by hospitals. Instead, it will be calculated for inpatients using the AP-DRG 24.

MDC 2

(Field # 71 in NJDDCS V2 Extract File Layout)

Indication of major diagnosis category of inpatient using MS-DRG in effect at the time of the patient's discharge.

This code is not required to be reported by hospitals. Instead, it will be calculated for inpatients using the MS-DRG.

Medical Record Number

(Field # 7 in NJDDCS V2 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 greater than spaces and at least 4 but not more than 24 characters.

Mother's Medical Record Number

(Field # 58 in NJDDCS V2 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 = 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 if Admission Date equals patient's Birth Date, and the Point of Origin = 5 (Born in this facility)

Non-Acute Days

(Field # 63 in NJDDCS V2 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:

$$\text{Non-ACU Days} = \text{SNF Days} + \text{ICF Days} + \text{RES Days}$$

Occurrence Codes and Dates

(Occurrence Code - Code – Field # 100 in NJDDCS V2 Extract File Layout)

(Occurrence Code - Date – Field # 101 in NJDDCS V2 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
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 Dependant 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)

Code	Definition
32	Date Beneficiary Notified of Intent to Bill (Procedures of Treatment)
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
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:

1. 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.
2. With the exception of 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 # 102 in NJDDCS V2 Extract File Layout)

(Occurrence Span Code - Date From – Field # 103 in NJDDCS V2 Extract File Layout)

(Occurrence Span Code – Date Thru – Field # 104 in NJDDCS V2 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
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. With the exception of 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 NJDDCS V2 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 9 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.

$$70 - 67 = 3$$

10th digit should be 3

Operating Physician State License Number

(Field # 49 in NJDDCS V2 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 – the first 2 characters must equal 'NJ' followed for 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', '26', or '35' followed by 10 alphanumeric characters and no spaces For physicians outside New Jersey – the first 2 characters must equal any valid 2-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

(Field # 85 in NJDDCS V2 Extract File Layout)

The ICD-9-CM/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, 9th/10th Revision, Clinical Modification (ICD-9-CM/ICD-10-CM).

Required for:	All patients
837 Location:	2300 Loop, HI01-02 to HI12-02, Code Qualifier BF/ABF
Valid Codes:	Valid ICD-9-CM/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 NJDDCS V2 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 ZZ
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 9 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.

$$70 - 67 = 3$$

10th digit should be 3

Other Operating Physician State License Number

(Field # 51 in NJDDCS V2 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 – the first 2 characters must equal 'NJ' followed for 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', '26', or '35' followed by 10 alphanumeric characters and no spaces For physicians outside New Jersey – the first 2 characters must equal any valid 2-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 NJDDCS V2 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.

Please Note: Records maintained in the NJDDCS 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 NJDDCS V2 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
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

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

Edits:

1. Patient Discharge Status must be either 01, 02, 03, 04, 05, 06, 07, 20, 21, 30, 43, 50, 51, 61, 62, 63, 64, 65, 66, 69, 70, 81, 82, 83, 84, 85, 85, 87, 88, 89, 90, 91, 92, 93, 94 or 95.
2. For outpatients, Patient Discharge Status may also be 09.

Patient Type Flag

(Field # 64 in NJDDCS V2 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:

Patient Type Flag Codes:

- 0 – Inpatient
- 1 – Same Day Surgery (SDS)
- 2 – ER Outpatient
- 3 – Other Outpatient

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 = 45X

Other Outpatient - Bill Type = 013X and not SDS or ER

Patient's Age in Days

(Field # 26 in NJDDCS V2 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 NJDDCS V2 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 NJDDCS V2 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 or 2010CA Loop, N401
Valid Codes:	Any valid city using up to 30 alpha characters
Edit:	

1. The Patient's City can not be blank.

Patient's Country

(Field # 14 in NJDDCS V2 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 or
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
BZ	BELIZE
BJ	BENIN
BM	BERMUDA
BT	BHUTAN
BO	BOLIVIA
BQ	BONAIRE, SINT EUSTATIUS AND SABS
BA	BOSNIA AND HERZEGOVINA
BW	BOTSWANA

Code	Country Name
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
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
FK	FALKLAND ISLANDS (MALVINAS)
FO	FAROE ISLANDS
FJ	FIJI

Code	Country Name
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
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

Code	Country Name
KG	KYRGYZSTAN
LA	LAO PEOPLE'S DEMOCRATIC REPUBLIC
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
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

Code	Country Name
NF	NORFOLK ISLAND
MP	NORTHERN MARIANA ISLANDS
NO	NORWAY
OM	OMAN
PK	PAKISTAN
PW	PALAU
PS	PALESTINIAN TERRITORY, OCCUPIED
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
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

Code	Country Name
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
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
YE	YEMEN
ZM	ZAMBIA
ZW	ZIMBABWE

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 NJDDCS V2 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:	2010BA Loop, DMG02, Code Qualifier D8 or 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 NJDDCS V2 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: 2010BA Loop, DMG05-03, Code Qualifier RET or
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 NJDDCS V2 Extract File Layout)

(Patient's Last Name – Field # 28 in NJDDCS V2 Extract File Layout)

(Patient's Middle Initial – Field # 29 in NJDDCS V2 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:	2010BA Loop, NM103, 104 and 105, Code Qualifier IL or 2010CA Loop, NM103, 104 and 105, Code Qualifier QC
Valid Codes:	For First Name - any 10 alpha characters For Last Name – any 20 alpha characters For Middle Initial – any 1 alpha character

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 contain an alpha character or be blank.

Patient's Gender

(Field # 18 in NJDDCS V2 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 or 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 NJDDCS V2 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 or
2010CA Loop, DMG04
Valid Codes:

Code	Description
A	Common Law
B	Registered Domestic Partner
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 must equal either 'A', 'B', 'C', 'D', 'I', 'K', 'M', 'R', 'S', 'U', 'W', or 'X'.
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 NJDDCS V2 Extract File Layout)

The patient's occupation

Required for:	All Patients
837 Location:	2300 Loop, K302, positions 26-45
Valid Codes:	Any alphanumeric characters up to 20 positions in length, and special characters “#” and “-”
Edit:	

1. If patient's age is equal to or greater than 18, the Occupation Code cannot be blank.

Guidelines:

The New Jersey Department of Health (NJDOH) will be expanding its collection of the Patient's Occupation to include all inpatient, ambulatory surgery, and emergency department cases currently collected under the New Jersey Discharge Data Collection System (NJDDCS). The field will continue to remain as a 20-position free-text field.

In order to simplify the collection and reporting of this data element, Nuance and the NJDOH, with the assistance and guidance of several NJ hospitals, have come up with the following set of guidelines, as well as a suggested list of occupations. Hospitals may continue to report the Patient's Occupation the same way as currently (on all patients listed above), or may choose to implement the guidelines listed below. The purpose of these guidelines is to simplify and standardize the collection of this data, not to hinder or complicate it further.

1. It is not required to report the Patient's Occupation on patients under the age of 18.
2. Use general categories rather than specific job titles
Example: “Nurse” can be used for registered nurse, licensed practical nurse, ED nurse, staff nurse, etc.
3. Report just the occupation, and not the industry or employer.
Example: “Manager” rather than pharmacy manager, manager of production, manager at Wawa, etc.
4. Provide staff (and/or patients at time of registration) with a pick list of the most frequent occupations to eliminate data entry variations and spelling errors.
Example: Homemaker vs. home maker vs. home-maker

To assist you further, we have compiled a list of suggested occupation codes. This list was compiled from data currently collected on Emergency Department cases for this project, and represents those occupations reported with the highest frequency. The list will not cover all patients, but we feel is a good starting point on simplifying and standardizing the data being reported. You are under no obligation to use this list, but

please give due consideration as it may ease the process of collecting this data at your facility.

Suggested Occupation List
ACCOUNTANT
ADMIN ASSISTANT
AIDE
ASSEMBLER
ASSOCIATE
ATTORNEY
BARTENDER
BUS DRIVER
BUSINESS OWNER
CARPENTER
CASHIER
CLERICAL WORKER
CONSTRUCTION WORKER
CONSULTANT
CONTRACTOR
COOK
CORRECTIONS OFFICER
COUNSELOR
CUSTODIAN
CUSTOMER SERVICE REP
DATA ENTRY
DIETARY AIDE
DISPATCHER
DRIVER
ELECTRICIAN
EMT
ENGINEER
EXECUTIVE
FACTORY WORKER
FINANCIAL ANALYST
FIREFIGHTER
FOOD SERVICE
HAIRDRESSER
HELPER
HOME HEALTH AIDE
HOUSEKEEPER
INSPECTOR
INSTALLER
LAB TECH
LABORER
LANDSCAPER
LOADER
MACHINE OPERATOR

Suggested Occupation List
MACHINIST
MAINTENANCE
MANAGER
MECHANIC
MEDICAL ASSISTANT
MILITARY
NURSE
NURSING ASSISTANT
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
WELDER
Patients with no occupation
DECLINED TO PROVIDE
DISABLED
HOMEMAKER
RETIRED
STUDENT
UNEMPLOYED

Patient's Primary Language Spoken⁺
(Field # 30 in NJDDCS V2 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
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
JPN	Japanese
KAN	Kannada
KOR	Korean
KRO	Kru
LAO	Lao
LIT	Lithuanian
MAC	Macedonian
MAL	Malayalam

CODE	LANGUAGE
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
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 NJDDCS V2 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 or
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
21390	Declined to Answer

Edit:

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

Patient's Reason for Visit

(Patient's Reason for Visit 1 – Field # 79 in NJDDCS V2 Extract File Layout)

(Patient's Reason for Visit 2 – Field # 80 in NJDDCS V2 Extract File Layout)

(Patient's Reason for Visit 3 – Field # 81 in NJDDCS V2 Extract File Layout)

The ICD-9-CM/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, 9th/10th Revision, Clinical Modification (ICD-9-CM/ICD-10-CM).

Required for:	Outpatients
837 Location:	2300 Loop, HI101-2 to HI103-2, Code Qualifier PR/APR
Valid Codes:	Any valid ICD-9-CM/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-9-CM/ICD-10-CM diagnosis code.
2. If any Patient's Reason for Visit Code is present, it must be valid ICD-9-CM/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 NJDDCS V2 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: 2000B Loop, SBR02 or
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 NJDDCS V2 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 NJDDCS V2 Extract File Layout)

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

External Code Source: State of New Jersey Municipality Codes

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

Code	Municipality	County for NJ Municipalities
0101	ABSECON CITY	ATLANTIC
0102	ATLANTIC CITY	ATLANTIC
0103	BRIGANTINE CITY	ATLANTIC
0104	BUENA BORO	ATLANTIC
0105	BUENA VISTA TOWNSHIP	ATLANTIC
0106	CORBIN CITY	ATLANTIC
0107	EGG HARBOR CITY	ATLANTIC
0108	EGG HARBOR TOWNSHIP	ATLANTIC
0109	ESTELL MANOR CITY	ATLANTIC
0110	FOLSOM BORO	ATLANTIC
0111	GALLOWAY TOWNSHIP	ATLANTIC
0112	HAMILTON TOWNSHIP	ATLANTIC
0113	HAMMONTON TOWN	ATLANTIC
0114	LINWOOD CITY	ATLANTIC
0115	LONGPORT BORO	ATLANTIC
0116	MARGATE CITY	ATLANTIC
0117	MULLICA TOWNSHIP	ATLANTIC
0118	NORTHFIELD CITY	ATLANTIC
0119	PLEASANTVILLE CITY	ATLANTIC
0120	PORT REPUBLIC CITY	ATLANTIC
0121	SOMERS POINT CITY	ATLANTIC
0122	VENTNOR CITY	ATLANTIC
0123	WEYMOUTH TOWNSHIP	ATLANTIC
0201	ALLENDALE BORO	BERGEN
0202	ALPINE BORO	BERGEN
0203	BERGENFIELD BORO	BERGEN
0204	BOGOTA BORO	BERGEN
0205	CARLSTADT BORO	BERGEN
0206	CLIFFSIDE PARK BORO	BERGEN
0207	CLOSTER BORO	BERGEN
0208	CRESSKILL BORO	BERGEN

Code	Municipality	County for NJ Municipalities
0209	DEMAREST BORO	BERGEN
0210	DUMONT BORO	BERGEN
0211	ELMWOOD PARK BORO	BERGEN
0212	EAST RUTHERFORD BORO	BERGEN
0213	EDGEWATER BORO	BERGEN
0214	EMERSON BORO	BERGEN
0215	ENGLEWOOD CITY	BERGEN
0216	ENGLEWOOD CLIFFS BORO	BERGEN
0217	FAIR LAWN BORO	BERGEN
0218	FAIRVIEW BORO	BERGEN
0219	FORT LEE BORO	BERGEN
0220	FRANKLIN LAKES BORO	BERGEN
0221	GARFIELD CITY	BERGEN
0222	GLEN ROCK BORO	BERGEN
0223	HACKENSACK CITY	BERGEN
0224	HARRINGTON PARK BORO	BERGEN
0225	HASBROUCK HEIGHTS BORO	BERGEN
0226	HAWORTH BORO	BERGEN
0227	HILLSDALE BORO	BERGEN
0228	HOHOKUS BORO	BERGEN
0229	LEONIA BORO	BERGEN
0230	LITTLE FERRY BORO	BERGEN
0231	LODI BORO	BERGEN
0232	LYNDHURST TOWNSHIP	BERGEN
0233	MAHWAH TOWNSHIP	BERGEN
0234	MAYWOOD BORO	BERGEN
0235	MIDLAND PARK BORO	BERGEN
0236	MONTVALE BORO	BERGEN
0237	MOONACHIE BORO	BERGEN
0238	NEW MILFORD BORO	BERGEN
0239	NORTH ARLINGTON BORO	BERGEN
0240	NORTHVALE BORO	BERGEN
0241	NORWOOD BORO	BERGEN
0242	OAKLAND BORO	BERGEN
0243	OLD TAPPAN BORO	BERGEN
0244	ORADELL BORO	BERGEN
0245	PALISADES PARK BORO	BERGEN
0246	PARAMUS BORO	BERGEN
0247	PARK RIDGE BORO	BERGEN
0248	RAMSEY BORO	BERGEN
0249	RIDGEFIELD BORO	BERGEN
0250	RIDGEFIELD PARK TOWNSHIP	BERGEN
0251	RIDGEWOOD TOWNSHIP	BERGEN
0252	RIVER EDGE BORO	BERGEN

Code	Municipality	County for NJ Municipalities
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
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

Code	Municipality	County for NJ Municipalities
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
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

Code	Municipality	County for NJ Municipalities
0430	RUNNEMEDE BORO	CAMDEN
0431	SOMERDALE BORO	CAMDEN
0432	STRATFORD BORO	CAMDEN
0433	TAVISTOCK BORO	CAMDEN
0434	VOORHEES TOWNSHIP	CAMDEN
0435	WATERFORD TOWNSHIP	CAMDEN
0436	WINSLOW TOWNSHIP	CAMDEN
0437	WOOD LYNNE BORO	CAMDEN
0501	AVALON BORO	CAPE MAY
0502	CAPE MAY CITY	CAPE MAY
0503	CAPE MAY POINT BORO	CAPE MAY
0504	DENNIS TOWNSHIP	CAPE MAY
0505	LOWER TOWNSHIP	CAPE MAY
0506	MIDDLE TOWNSHIP	CAPE MAY
0507	NORTH WILDWOOD CITY	CAPE MAY
0508	OCEAN CITY	CAPE MAY
0509	SEA ISLE CITY	CAPE MAY
0510	STONE HARBOR BORO	CAPE MAY
0511	UPPER TOWNSHIP	CAPE MAY
0512	WEST CAPE MAY BORO	CAPE MAY
0513	WEST WILDWOOD BORO	CAPE MAY
0514	WILDWOOD CITY	CAPE MAY
0515	WILDWOOD CREST BORO	CAPE MAY
0516	WOODBINE BORO	CAPE MAY
0601	BRIDGETON CITY	CUMBERLAND
0602	COMMERCIAL TOWNSHIP	CUMBERLAND
0603	DEERFIELD TOWNSHIP	CUMBERLAND
0604	DOWNE TOWNSHIP	CUMBERLAND
0605	FAIRFIELD TOWNSHIP	CUMBERLAND
0606	GREENWICH TOWNSHIP	CUMBERLAND
0607	HOPEWELL TOWNSHIP	CUMBERLAND
0608	LAWRENCE TOWNSHIP	CUMBERLAND
0609	MAURICE RIVER TOWNSHIP	CUMBERLAND
0610	MILLVILLE CITY	CUMBERLAND
0611	SHILOH BORO	CUMBERLAND
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

Code	Municipality	County for NJ Municipalities
0707	FAIRFIELD BORO	ESSEX
0708	GLEN RIDGE TWP	ESSEX
0709	IRVINGTON TWP	ESSEX
0710	LIVINGSTON TOWNSHIP	ESSEX
0711	MAPLEWOOD TOWNSHIP	ESSEX
0712	MILLBURN TOWNSHIP	ESSEX
0713	MONTCLAIR TOWN	ESSEX
0714	NEWARK CITY	ESSEX
0715	NORTH CALDWELL BORO	ESSEX
0716	NUTLEY TWP	ESSEX
0717	CITY OF ORANGE TWP	ESSEX
0718	ROSELAND BORO	ESSEX
0719	SOUTH ORANGE VILLAGE TWP	ESSEX
0720	VERONA TWP	ESSEX
0721	WEST CALDWELL TWP	ESSEX
0722	WEST ORANGE TOWN	ESSEX
0801	CLAYTON BORO	GLOUCESTER
0802	DEPTFORD TOWNSHIP	GLOUCESTER
0803	EAST GREENWICH TOWNSHIP	GLOUCESTER
0804	ELK TOWNSHIP	GLOUCESTER
0805	FRANKLIN TOWNSHIP	GLOUCESTER
0806	GLASSBORO BORO	GLOUCESTER
0807	GREENWICH TOWNSHIP	GLOUCESTER
0808	HARRISON TOWNSHIP	GLOUCESTER
0809	LOGAN TOWNSHIP	GLOUCESTER
0810	MANTUA TOWNSHIP	GLOUCESTER
0811	MONROE TOWNSHIP	GLOUCESTER
0812	NATIONAL PARK BORO	GLOUCESTER
0813	NEWFIELD BORO	GLOUCESTER
0814	PAULSBORO BORO	GLOUCESTER
0815	PITMAN BORO	GLOUCESTER
0816	SOUTH HARRISON TOWNSHIP	GLOUCESTER
0817	SWEDESBORO BORO	GLOUCESTER
0818	WASHINGTON TOWNSHIP	GLOUCESTER
0819	WENONAH BORO	GLOUCESTER
0820	WEST DEPTFORD TOWNSHIP	GLOUCESTER
0821	WESTVILLE BORO	GLOUCESTER
0822	WOODBURY CITY	GLOUCESTER
0823	WOODBURY HEIGHTS BORO	GLOUCESTER
0824	WOOLWICH TOWNSHIP	GLOUCESTER
0901	BAYONNE CITY	HUDSON
0902	EAST NEWARK BORO	HUDSON
0903	GUTTENBERG TOWN	HUDSON
0904	HARRISON TOWN	HUDSON

Code	Municipality	County for NJ Municipalities
0905	HOBOKEN CITY	HUDSON
0906	JERSEY CITY	HUDSON
0907	KEARNY TOWN	HUDSON
0908	NORTH BERGEN TOWNSHIP	HUDSON
0909	SECAUCUS TOWN	HUDSON
0910	UNION CITY	HUDSON
0911	WEEHAWKEN TOWNSHIP	HUDSON
0912	WEST NEW YORK TOWNSHIP	HUDSON
1001	ALEXANDRIA TOWNSHIP	HUNTERDON
1002	BETHLEHEM TOWNSHIP	HUNTERDON
1003	BLOOMSBURY BORO	HUNTERDON
1004	CALIFON BORO	HUNTERDON
1005	CLINTON TOWN	HUNTERDON
1006	CLINTON TOWNSHIP	HUNTERDON
1007	DELAWARE TOWNSHIP	HUNTERDON
1008	EAST AMWELL TOWNSHIP	HUNTERDON
1009	FLEMINGTON BORO	HUNTERDON
1010	FRANKLIN TOWNSHIP	HUNTERDON
1011	FRENCHTOWN BORO	HUNTERDON
1012	GLEN GARDNER BORO	HUNTERDON
1013	HAMPTON BORO	HUNTERDON
1014	HIGH BRIDGE BORO	HUNTERDON
1015	HOLLAND TOWNSHIP	HUNTERDON
1016	KINGWOOD TOWNSHIP	HUNTERDON
1017	LAMBERTVILLE CITY	HUNTERDON
1018	LEBANON BORO	HUNTERDON
1019	LEBANON TOWNSHIP	HUNTERDON
1020	MILFORD BORO	HUNTERDON
1021	RARITAN TOWNSHIP	HUNTERDON
1022	READINGTON TOWNSHIP	HUNTERDON
1023	STOCKTON BORO	HUNTERDON
1024	TEWKSBURY TOWNSHIP	HUNTERDON
1025	UNION TOWNSHIP	HUNTERDON
1026	WEST AMWELL TOWNSHIP	HUNTERDON
1101	EAST WINDSOR TOWNSHIP	MERCER
1102	EWING TOWNSHIP	MERCER
1103	HAMILTON TOWNSHIP	MERCER
1104	HIGHTSTOWN BORO	MERCER
1105	HOPEWELL BORO	MERCER
1106	HOPEWELL TOWNSHIP	MERCER
1107	LAWRENCE TOWNSHIP	MERCER
1108	PENNINGTON BORO	MERCER
1109	PRINCETON BORO	MERCER
1110	PRINCETON TOWNSHIP	MERCER

Code	Municipality	County for NJ Municipalities
1111	TRENTON CITY	MERCER
1112	ROBBINSVILLE TWP	MERCER
1113	WEST WINDSOR TOWNSHIP	MERCER
1201	CARTERET BORO	MIDDLESEX
1202	CRANBURY TOWNSHIP	MIDDLESEX
1203	DUNELLEN BORO	MIDDLESEX
1204	EAST BRUNSWICK TOWNSHIP	MIDDLESEX
1205	EDISON TOWNSHIP	MIDDLESEX
1206	HELMETTA BORO	MIDDLESEX
1207	HIGHLAND PARK BORO	MIDDLESEX
1208	JAMESBURG BORO	MIDDLESEX
1209	OLD BRIDGE TOWNSHIP	MIDDLESEX
1210	METUCHEN BORO	MIDDLESEX
1211	MIDDLESEX BORO	MIDDLESEX
1212	MILLTOWN BORO	MIDDLESEX
1213	MONROE TOWNSHIP	MIDDLESEX
1214	NEW BRUNSWICK CITY	MIDDLESEX
1215	NORTH BRUNSWICK TOWNSHIP	MIDDLESEX
1216	PERTH AMBOY CITY	MIDDLESEX
1217	PISCATAWAY TOWNSHIP	MIDDLESEX
1218	PLAINSBORO TOWNSHIP	MIDDLESEX
1219	SAYREVILLE BORO	MIDDLESEX
1220	SOUTH AMBOY CITY	MIDDLESEX
1221	SOUTH BRUNSWICK TOWNSHIP	MIDDLESEX
1222	SOUTH PLAINFIELD BORO	MIDDLESEX
1223	SOUTH RIVER BORO	MIDDLESEX
1224	SPOTSWOOD BORO	MIDDLESEX
1225	WOODBRIIDGE TOWNSHIP	MIDDLESEX
1301	ALLENHURST BORO	MONMOUTH
1302	ALLENTOWN BORO	MONMOUTH
1303	ASBURY PARK CITY	MONMOUTH
1304	ATLANTIC HIGHLANDS BORO	MONMOUTH
1305	AVON BY THE SEA BORO	MONMOUTH
1306	BELMAR BORO	MONMOUTH
1307	BRADLEY BEACH BORO	MONMOUTH
1308	BRIELLE BORO	MONMOUTH
1309	COLTS NECK TOWNSHIP	MONMOUTH
1310	DEAL BORO	MONMOUTH
1311	EATONTOWN BORO	MONMOUTH
1312	ENGLISHTOWN BORO	MONMOUTH
1313	FAIR HAVEN BORO	MONMOUTH
1314	FARMINGDALE BORO	MONMOUTH

Code	Municipality	County for NJ Municipalities
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
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

Code	Municipality	County for NJ Municipalities
1405	CHATHAM TOWNSHIP	MORRIS
1406	CHESTER BORO	MORRIS
1407	CHESTER TOWNSHIP	MORRIS
1408	DENVILLE TOWNSHIP	MORRIS
1409	DOVER TOWN	MORRIS
1410	EAST HANOVER TOWNSHIP	MORRIS
1411	FLORHAM PARK BORO	MORRIS
1412	HANOVER TOWNSHIP	MORRIS
1413	HARDING TOWNSHIP	MORRIS
1414	JEFFERSON TOWNSHIP	MORRIS
1415	KINNELON BORO	MORRIS
1416	LINCOLN PARK BORO	MORRIS
1417	MADISON BORO	MORRIS
1418	MENDHAM BORO	MORRIS
1419	MENDHAM TOWNSHIP	MORRIS
1420	MINE HILL TOWNSHIP	MORRIS
1421	MONTVILLE TOWNSHIP	MORRIS
1422	MORRIS TOWNSHIP	MORRIS
1423	MORRIS PLAINS BORO	MORRIS
1424	MORRISTOWN TOWN	MORRIS
1425	MOUNTAIN LAKES BORO	MORRIS
1426	MOUNT ARLINGTON BORO	MORRIS
1427	MOUNT OLIVE TOWNSHIP	MORRIS
1428	NETCONG BORO	MORRIS
1429	PARSIPPANY TROY HILLS TO	MORRIS
1430	LONG HILL TWP	MORRIS
1431	PEQUANNOCK TOWNSHIP	MORRIS
1432	RANDOLPH TOWNSHIP	MORRIS
1433	RIVERDALE BORO	MORRIS
1434	ROCKAWAY BORO	MORRIS
1435	ROCKAWAY TOWNSHIP	MORRIS
1436	ROXBURY TOWNSHIP	MORRIS
1437	VICTORY GARDENS BORO	MORRIS
1438	WASHINGTON TOWNSHIP	MORRIS
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

Code	Municipality	County for NJ Municipalities
1510	ISLAND HEIGHTS BORO	OCEAN
1511	JACKSON TOWNSHIP	OCEAN
1512	LACEY TOWNSHIP	OCEAN
1513	LAKEHURST BORO	OCEAN
1514	LAKEWOOD TOWNSHIP	OCEAN
1515	LAVALLETTE BORO	OCEAN
1516	LITTLE EGG HARBOR TOWNSH	OCEAN
1517	LONG BEACH TOWNSHIP	OCEAN
1518	MANCHESTER TOWNSHIP	OCEAN
1519	MANTOLOKING BORO	OCEAN
1520	OCEAN TOWNSHIP	OCEAN
1521	OCEAN GATE BORO	OCEAN
1522	PINE BEACH BORO	OCEAN
1523	PLUMSTED TOWNSHIP	OCEAN
1524	POINT PLEASANT BORO	OCEAN
1525	POINT PLEASANT BEACH BOR	OCEAN
1526	SEASIDE HEIGHTS BORO	OCEAN
1527	SEASIDE PARK BORO	OCEAN
1528	SHIP BOTTOM BORO	OCEAN
1529	SOUTH TOMS RIVER BORO	OCEAN
1530	STAFFORD TOWNSHIP	OCEAN
1531	SURF CITY BORO	OCEAN
1532	TUCKERTON BORO	OCEAN
1533	BARNEGAT TOWNSHIP	OCEAN
1601	BLOOMINGDALE BORO	PASSAIC
1602	CLIFTON CITY	PASSAIC
1603	HALEDON BORO	PASSAIC
1604	HAWTHORNE BORO	PASSAIC
1605	LITTLE FALLS TOWNSHIP	PASSAIC
1606	NORTH HALEDON BORO	PASSAIC
1607	PASSAIC CITY	PASSAIC
1608	PATERSON CITY	PASSAIC
1609	POMPTON LAKES BORO	PASSAIC
1610	PROSPECT PARK BORO	PASSAIC
1611	RINGWOOD BORO	PASSAIC
1612	TOTOWA BORO	PASSAIC
1613	WANAQUE BORO	PASSAIC
1614	WAYNE TOWNSHIP	PASSAIC
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

Code	Municipality	County for NJ Municipalities
	TOW	
1705	MANNINGTON TOWNSHIP	SALEM
1706	OLDMANS TOWNSHIP	SALEM
1707	PENNS GROVE BORO	SALEM
1708	PENNSVILLE TOWNSHIP	SALEM
1709	PILESGROVE TOWNSHIP	SALEM
1710	PITTSGROVE TOWNSHIP	SALEM
1711	QUINTON TOWNSHIP	SALEM
1712	SALEM CITY	SALEM
1713	CARNEYS TOWNSHIP	SALEM
1714	UPPER PITTSGROVE TOWNSHI	SALEM
1715	WOODSTOWN BORO	SALEM
1801	BEDMINSTER TOWNSHIP	SOMERSET
1802	BERNARDS TOWNSHIP	SOMERSET
1803	BERNARDSVILLE BORO	SOMERSET
1804	BOUND BROOK BORO	SOMERSET
1805	BRANCBURG 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
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

Code	Municipality	County for NJ Municipalities
1912	HOPATCONG BORO	SUSSEX
1913	LAFAYETTE TOWNSHIP	SUSSEX
1914	MONTAGUE TOWNSHIP	SUSSEX
1915	NEWTON TOWN	SUSSEX
1916	OGDENSBURG BORO	SUSSEX
1917	SANDYSTON TOWNSHIP	SUSSEX
1918	SPARTA TOWNSHIP	SUSSEX
1919	STANHOPE BORO	SUSSEX
1920	STILLWATER TOWNSHIP	SUSSEX
1921	SUSSEX BORO	SUSSEX
1922	VERNON TOWNSHIP	SUSSEX
1923	WALPACK TOWNSHIP	SUSSEX
1924	WANTAGE TOWNSHIP	SUSSEX
2001	BERKELEY HEIGHTS TOWNSHI	UNION
2002	CLARK TOWNSHIP	UNION
2003	CRANFORD TOWNSHIP	UNION
2004	ELIZABETH CITY	UNION
2005	FANWOOD BORO	UNION
2006	GARWOOD BORO	UNION
2007	HILLSIDE TOWNSHIP	UNION
2008	KENILWORTH BORO	UNION
2009	LINDEN CITY	UNION
2010	MOUNTAINSIDE BORO	UNION
2011	NEW PROVIDENCE BORO	UNION
2012	PLAINFIELD CITY	UNION
2013	RAHWAY CITY	UNION
2014	ROSELLE BORO	UNION
2015	ROSELLE PARK BORO	UNION
2016	SCOTCH PLAINS TOWNSHIP	UNION
2017	SPRINGFIELD TOWNSHIP	UNION
2018	SUMMIT CITY	UNION
2019	UNION TOWNSHIP	UNION
2020	WESTFIELD TOWN	UNION
2021	WINFIELD TOWNSHIP	UNION
2101	ALLAMUCHY TOWNSHIP	WARREN
2102	ALPHA BORO	WARREN
2103	BELVIDERE TOWNSHIP	WARREN
2104	BLAIRSTOWN TOWNSHIP	WARREN
2105	FRANKLIN TOWNSHIP	WARREN
2106	FRELINGHUYSEN TOWNSHIP	WARREN
2107	GREENWICH TOWNSHIP	WARREN
2108	HACKETTSTOWN TOWN	WARREN
2109	HARDWICK TOWNSHIP	WARREN
2110	HARMONY TOWNSHIP	WARREN

Code	Municipality	County for NJ Municipalities
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		
3000	DELAWARE	
4000	MARYLAND	
5000	NEW YORK	
5100	NY – BRONX	
5200	NY – BROOKLYN	
5300	NY – MANHATTAN	
5400	NY – QUEENS	
5500	NY – STATEN ISLAND	
5600	NY – NASSAU COUNTY	
5700	NY – ORANGE COUNTY	
5800	NY – PUTNAM COUNTY	
5900	NY – ROCKLAND COUNTY	
6100	NY – SUFFOLK COUNTY	
6200	NY – SULLIVAN COUNTY	
6300	NY – WESTCHESTER CTY	
6800	NY – ALL OTHER A-K	
6900	NY – ALL OTHER L-Z	
7000	PENNSYLVANIA	
7100	PA – BERKS COUNTY	
7200	PA – BUCKS COUNTY	
7300	PA – CARBON COUNTY	
7400	PA – CHESTER COUNTY	
7500	PA – DELAWARE COUNTY	
7600	PA – LEHIGH COUNTY	
7700	PA – MONROE COUNTY	
7800	PA – MONTGOMERY COUNTY	
7900	PA – NORTHAMPTON COUNTY	
8100	PA – PHILADELPHIA COUNTY	
8200	PA – PIKE COUNTY	
8300	PA – WAYNE COUNTY	

Code	Municipality	County for NJ Municipalities
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	LOISIANA	
9118	MAINE	
9120	MASSACHUSETTS	
9121	MICHIGAN	
9122	MINNESOTA	
9123	MISSISSIPPI	
9124	MISSOURI	
9125	MONTANA	
9126	NEBRASKA	
9127	NEVADA	
9128	NEW HAMPSHIRE	
9130	NEW MEXICO	
9132	NORTH CAROLINA	
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	

Code	Municipality	County for NJ Municipalities
9148	WISCONSIN	
9149	WYOMING	
9150	ALASKA	
9151	HAWAII	
9152	PUERTO RICO	
9153	VIRGIN ISLANDS	
9299	CANADA	
9399	ALL OTHER COUNTRIES AND AMERICAN TERRITORIES	

Edit:

1. Residence Code cannot = '9999' and must be in CCE Residence Code Table.
2. If state is NJ, then Residence Code must be between 0101-2123.

Patient's Social Security Number

(Field # 38 in NJDDCS V2 Extract File Layout)

The patient's Social Security Number

Required for:	Optional field
837 Location:	2010BA Loop, REF02, Code Qualifier SY or 2010CA Loop, REF02, Code Qualifier SY
Valid Codes:	Nine digits
Edits:	

1. The Patient's Social Security Number is now an optional field. If provided, the NJDOH will use it to identify patients with multiple admissions.
2. If provided, the Patient's Social Security Number must be 9 digits.

Patient's State

(Field # 13 in NJDDCS V2 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: 2010BA Loop, N402 or
2010CA Loop, N402
Valid Codes: Any valid 2-digit alpha character abbreviation for
American state, American possession, Canadian province,
or other

Code	State
AA	APO MILITARY – AMERICAN POST OFFICE
AB	ALBERTA
AE	FPO MILITARY – FOREIGN POST OFFICE
AK	ALASKA
AL	ALABAMA
AP	ARMED FORCES PACIFIC
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
BC	BRITISH COLUMBIA
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
CZ	CANAL ZONE
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
FM	FEDERATED STATES OF MICRONESIA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY

Code	State
LA	LOUISIANA
LB	LABRADOR
MA	MASSACHUSETTS
MB	MANITOBA
MD	MARYLAND
ME	MAINE
MH	MARSHALL ISLANDS
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	NORTHERN MARIANA ISLANDS
MS	MISSISSIPPI
MT	MONTANA
NB	NEW BRUNSWICK
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NF	NEWFOUNDLAND
NL	NEWFOUNDLAND AND LABRADOR
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NS	NOVA SCOTIA
NT	NORTHWEST TERRITORY
NU	NUNAVUT
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
ON	ONTARIO
OR	OREGON
PA	PENNSYLVANIA
PE	PRINCE EDWARD ISLAND
PR	PUERTO RICO
QB	QUEBEC
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
SK	SASKATCHEWAN
TN	TENNESSEE
TT	TRUST TERRITORIES
TX	TEXAS
UT	UTAH
VA	VIRGINIA

Code	State
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
XX	IF OTHER THAN US OR CANADA
YK	YUKON

Edit:

1. The Patient State must equal a valid state code (as found in CCE State Table) for the United States, Canada, and XX for other.

Patient's Street Address

(Field # 10 in NJDDCS V2 Extract File Layout)

The address where patient resides

Required for:	All Patients
837 Location:	2010BA Loop, N301 or 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 NJDDCS V2 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 5 to 9 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 (as found in CCE Residence Code Table) 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 (-). Please Note: embedded dashes in the Patient's Zip Code will be removed during the Claim Load process.

Payer Codes (Primary, Secondary, Tertiary)

(Primary Payer Code – Field # 41 in NJDDCS V2 Extract File Layout)

(Secondary Payer Code – Field # 42 in NJDDCS V2 Extract File Layout)

(Tertiary Payer Code – Field # 42 in NJDDCS V2 Extract File Layout)

3-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 and Tertiary)

Valid Codes:

Payer Number	Payer Description	Payer Type	Payer Type Description
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
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	3	Blue Cross
025	Garden State Blue Cross	3	Blue Cross

Payer Number	Payer Description	Payer Type	Payer Type Description
026	New Jersey Blue Cross - Host	3	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
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

Payer Number	Payer Description	Payer Type	Payer Type Description
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
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

Payer Number	Payer Description	Payer Type	Payer Type Description
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
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

Payer Number	Payer Description	Payer Type	Payer Type Description
199	Other Commercial Insurance	6	Commercial
200	Massachusetts B/C	3	Blue Cross
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
306	New York B/C Utica	3	Blue Cross
309	Allstate No Fault	7	Other
310	North Carolina B/C	3	Blue Cross

Payer Number	Payer Description	Payer Type	Payer Type Description
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
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	3	Blue Cross

Payer Number	Payer Description	Payer Type	Payer Type Description
	Groups		
865	Pa Blue Cross - Camp Hill	3	Blue Cross

Edits:

1. Primary Payer Code must not be blank and must equal a payer code in CCE Payer Code Table.
2. Secondary Payer Code must be blank or must equal a payer code in CCE Payer Code Table.
3. Tertiary Payer Code must be blank or must equal a payer code in CCE Payer Code Table.
4. Tertiary Payer Code cannot be present without a Secondary Payer Code.

Guideline:

1. Starting 01/01/2011, payer code '008' will be used for the plans for all CHIP (New Jersey Children's Health Insurance Program) FamilyCare programs as follows:

AmeriGroup
Healthfirst NJ
Horizon Mercy
United Healthcare (previously AmeriChoice)
2. Starting 01/01/2014, payer code '007' will be used for the Affordable Care Health Insurance exchanges.

Point of Origin Code (Admission Source Type)

(Field # 34 in NJDDCS V2 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.

Present on Admission (POA) Indicator

(External Cause of Injury POA – Field # 75 in NJDDCS V2 Extract File Layout)

(Principal Diagnosis Code POA – Field # 84 in NJDDCS V2 Extract File Layout)

(Other Diagnosis Code POA – Field # 86 in NJDDCS V2 Extract File Layout)

Code indicating whether or not a diagnosis was present on admission.

External Code Source: International Classification of Diseases, 9th/10th Revision, Clinical Modification (ICD-9-CM/ICD-10-CM).

Required for	Inpatients
837 Location:	2300 Loop, HI01-12, BF/ABF Code Qualifier
Valid Codes	

Code	Description
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
1	Exempt from POA requirements

Edits:

1. The Diagnosis Code POA must be Y, N, U, W, or 1 (if Diagnosis Code is on the list of CDC exempt codes).
2. The External Cause of Injury Code POA must be Y, N, U, W, or 1 (if the External Cause of Injury Code is on the list of CDC exempt codes).

Primary Insured's ID Number

(Field # 44 in NJDDCS V2 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 1W
Valid Codes:	Up to 19 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 # 83 in NJDDCS V2 Extract File Layout)

The ICD-9-CM/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-9-CM/ICD-10-CM).

Required for	All patients
837 Location:	2300 Loop, HI01-02, BK/ABK Code Qualifier
Valid Codes	Valid ICD-9-CM/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 V66.7 (ICD-9) and Z51.5 (ICD-10) are invalid as a principal diagnosis code, effective with discharges on/after 1/1/2011.

Priority Type of Visit (Admission/Visit Type)

(Field # 33 in NJDDCS V2 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 # 87 in NJDDCS V2 Extract File Layout)

(Other Procedure Code - Code – Field # 89 in NJDDCS V2 Extract File Layout)

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

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

External Code Source: International Classification of Diseases, 9th/10th Revision, Clinical Modification (ICD-9-CM/ICD-10-PCS).

Required for	Inpatients
837 Location:	2300 Loop, HI01-2 (Principal), 2300 HI01 to HI12 (2nd-25th)
Valid Codes	Any valid ICD-9-CM/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 # 88 in NJDDCS V2 Extract File Layout)

(Other Procedure Code - Date – Field # 90 in NJDDCS V2 Extract File Layout)

Principal – The date the principal procedure was performed

2nd-25th – The dates the additional procedures were performed – there can be up to 24 additional procedure dates

Required for 837 Location:	Inpatients 2300 Loop, HI01-3, Code Qualifier BR/BBR (Principal) 2300 Loop HI01 to HI12, Code Qualifier BQ/BBQ (2nd- 25th)
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 NJDDCS V2 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', unless patient's birth date equals the admission date.

Record Number

(Field # 6 in NJDDCS V2 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 NJDDCS V2 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 DN
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 NJDDCS V2 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	For New Jersey physicians – the first 2 characters must equal 'NJ' followed for 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', '26', or '35', followed by 10 alphanumeric characters and no spaces For physicians outside New Jersey – the first 2 characters must equal any valid 2-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 NJDDCS V2 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, NM101, Code Qualifier 82
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 NJDDCS V2 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 – the first 2 characters must equal 'NJ' followed for 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', '26' or '35', followed by 10 alphanumeric characters and no spaces For physicians outside New Jersey – the first 2 characters must equal any valid 2-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 # 91 in NJDDCS V2 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
Valid Codes:

Code	Definition
0022	EXC
0023	HOME HEALTH PPS
0024	INPATIENT REHAB FACILITY PPS
0100	ALL INCL R&B/ANC
0101	ALL INCL R&B
0110	ROOM-BOARD/PVT
0111	MED-SUR-GY/PVT
0112	OB/PVT
0113	PEDS/PVT
0114	PSYCH/PVT
0115	HOSPICE/PVT
0116	DETOX/PVT
0117	ONCOLOGY/PVT
0118	REHAB/PVT
0119	OTHER/PVT
0120	ROOM-BOARD/SEMI
0121	MED-SUR-GY/2 BED
0122	OB/2 BED
0123	PEDS/2 BED
0124	PSTAY/2 BED
0125	HOSPICE/2 BED
0126	DETOX/2 BED
0127	ONCOLOGY/2 BED
0128	REHAB/2 BED
0129	OTHER/2 BED
0130	ROOM-BOARD/3&4 BED
0131	MED-SUR-GY/3 & 4 BED
0132	OB/3 & 4 BED
0133	PEDS/3 & 4 BED
0134	PSTAY/3 & 4 BED

Code	Definition
0135	HOSPICE/3 & 4 BED
0136	DETOX/3 & 4 BED
0137	ONCOLOGY/3 & 4 BED
0138	REHAB/3 & 4 BED
0139	OTHER/3 & 4 BED
0140	ROOM-BOARD/DLX PVT
0141	MED-SUR-GY/DLX
0142	OB/DLX
0143	PEDS/DLX
0144	PSTAY/DLX
0145	HOSPICE/DLX
0146	DETOX/DLX
0147	ONCOLOGY/DLX
0148	REHAB/DLX
0149	OTHER/DLX
0150	ROOM-BOARD/WARD
0151	MED-SUR-GY/WARD
0152	OB/WARD
0153	PED/WARD
0154	PSTAY/WARD
0155	HOSPICE/WARD
0156	DETOX/WARD
0157	ONCOLOGY/WARD
0158	REHAB/WARD
0159	OTHER/WARD
0160	R&B
0164	R&B/STERILE
0167	R&B/SELF
0169	R&B/OTHER
0170	NURSERY
0171	NURSERY/NEWBORN LEV I
0172	NURSERY/NEWBORN LEV II
0173	NURSERY/NEWBORN LEV III
0174	NURSERY/NEWBORN LEV IV
0179	NURSERY/OTHER
0180	LEAVE OF ABSENCE OR LOA
0182	LOA/PT CONV
0183	LOA/THERAPEUTIC
0184	LOA/ICF/MR
0185	LOA/NURS HOME
0189	LOA/OTHER
0190	SUBACUTE
0191	SUBACUTE/LEVEL I
0192	SUBACUTE/LEVEL II

Code	Definition
0193	SUBACUTE/LEVEL III
0194	SUBACUTE/LEVEL IV
0199	SUBACUTE/OTHER
0200	INTENSIVE CARE (ICU)
0201	ICU/SURGICAL
0202	ICU/MEDICAL
0203	ICU/PEDS
0204	ICU/PSTAY
0206	POST ICU
0207	ICU/BURN CARE
0208	ICU/TRAUMA
0209	ICU/OTHER
0210	CORONARY CARE (CCU)
0211	CCU/MYO INFARC
0212	CCU/PULMONARY
0213	CCU/TRANSPLANT
0214	POST CCU
0219	CCU/OTHER
0220	SPECIAL CHARGE
0221	ADMIT CHARGE
0222	TECH SUPPT CHG
0223	UR CHARGE
0224	LATE DISCH/MED NEC
0229	OTHER SPEC CHG.
0230	NURSING INCREM
0231	NUR INCR/NURSERY
0232	NUR INCR/OB
0233	NUR INCR/ICU
0234	NUR INCR/CCU
0235	NUR INCR/HOSPICE
0239	NUR INCR/OTHER
0240	ALL INCL ANCIL
0241	ALL INCL ANCIL
0242	ALL INCL ANCIL
0243	ALL INCL ANCIL
0249	ALL INCL ANCIL/OTHER
0250	PHARMACY
0251	DRUGS/GENERIC
0252	DRUGS/NONGENERIC
0253	DRUGS/TAKEHOME
0254	DRUGS/OTHER DIAG SVC
0255	DRUGS/RAD
0256	DRUGS/EXPERIMT
0257	DRUGS/NONPSRPT

Code	Definition
0258	IV SOLUTIONS
0259	DRUGS/OTHER
0260	IV THERAPY
0261	IV THER/INFSN PUMP
0262	IV THERAPY/PHARM SVCS
0263	IV THERAPY/DRUG SUPPLY DELIV
0264	IV THERAPY/SUPPLIES
0269	IV THERAPY/OTHER
0270	MED-SUR SUPPLIES
0271	CENTRAL SUPPLIES/NON STERILE
0272	STERILE SUPPLY
0273	TAKEHOME SUPPLY
0274	PROSTHETIC DEV
0275	PACE MAKER
0276	INTRAOCULAR LENS
0277	02/TAKEHOME
0278	SUPPLY/IMPLANTS
0279	SUPPLY/OTHER
0280	ONCOLOGY
0289	ONCOLOGY/OTHER
0290	DME
0291	DME-RENTAL
0292	DME-NEW
0293	DME-USED
0294	DME-SUPPLIES/DRUGS
0299	DME-OTHER
0300	LAB
0301	CHEMISTRY TESTS
0302	IMMUNOLOGY TESTS
0303	RENAL-HOME
0304	NON-RTNE DIALYSIS
0305	HEMATOLOGY TESTS
0306	BACT & MICRO TESTS
0307	UROLOGY TESTS
0309	OTHER LAB TESTS
0310	PATHOLOGY LAB
0311	CYTOLOGY TESTS
0312	HYSTOLOGY TESTS
0314	BIOPSY TESTS
0319	PATH LAB OTHER
0320	DX X-RAY
0321	DX X-RAY/ANGIO
0322	DX X-RAY/ARTHO
0323	DX X-RAY/ARTER

Code	Definition
0324	DX X-RAY/CHEST
0329	DX X-RAY/OTHER
0330	RADIOLOGY THERAPY
0331	RAD-CHEMO-INJECT
0332	RAD-CHEMO-ORAL
0333	RAD-RADIATION
0335	RAD-CHEMO-IV
0339	RADIOLOGY OTHER
0340	NUCLEAR MEDICINE
0341	NUC MED/DX
0342	NUC MED/RX
0343	NUC MED/DX RADIOPHARM
0344	NUC MED/RX RADIOPHARM
0349	NUC MED/OTHER
0350	CT SCAN
0351	CT SCAN/HEAD
0352	CT SCAN/BODY
0359	CT SCAN/OTHER
0360	OR SERVICES
0361	OR/MINOR
0362	OR/ORGAN TRANS
0367	OR/KIDNEY TRANS
0369	OR/OTHER
0370	ANESTHESIA
0371	ANESTH/RADIOLOGY
0372	ANESTH/INCIDENT RAD
0374	ANESTH/ACUPUNC
0379	ANESTH/OTHER
0380	BLOOD
0381	BLOOD/PKD RED
0382	BLOOD/WHOLE
0383	BLOOD/PLASMA
0384	BLOOD/PLATELETS
0385	BLOOD/LEUCOCYTES
0386	BLOOD/COMPONENTS
0387	BLOOD/DERIVATIVES
0389	BLOOD/OTHER
0390	BLOOD/STOR-PROC
0391	BLOOD/ADMIN
0392	BLOOD/STORAGE
0399	BLOOD/ADMIN/STOR/OTHER
0400	IMAGE SERVICE
0401	DIAG MAMMOGRAPHY
0402	ULTRASOUND

Code	Definition
0403	SCRN MAMMOGRAPHY
0404	PET SCAN
0409	OTHER IMAG SVS
0410	RESPIRATORY SVC
0412	INHALATION SVC
0413	HYPERBARIC 02
0419	OTHER RESPIR SVS
0420	PHYSICAL THERP
0421	PHYS THERP/VISIT
0422	PHYS THERP/HOUR
0423	PHYS THERP/GROUP
0424	PHYS THERP/EVAL
0429	OTHER PHYS THERP
0430	OCCUPATION THER
0431	OCCUP THERP/VISIT
0432	OCCUP THERP/HOUR
0433	OCCUP THERP/GROUP
0434	OCCUP THERP/EVAL
0439	OTHER OCCUP THER
0440	SPEECH PATHOL
0441	SPEECH PATH/VISIT
0442	SPEECH PATH/HOUR
0443	SPEECH PATH/GROUP
0444	SPEECH PATH/EVAL
0449	OTHER SPEECH PAT
0450	EMERG ROOM
0451	ER/EMATALA
0452	ER/BEYOND EMATALA
0456	ER/URGENT
0459	OTHER EMER ROOM
0460	PULMONARY FUNC
0469	OTHER PULMON FUNC
0470	AUDIOLOGY
0471	AUDIOLOGY/DX
0472	AUDIOLOGY/RX
0479	OTHER AUDIOL
0480	CARDIOLOGY
0481	CARDIAC CATH LAB
0482	STRESS TEST
0483	ECHOCARDIOLOGY
0489	OTHER CARDIOL
0490	AMBUL SURG
0499	OTHER AMBL SURG
0500	OUTPATIENT SVS

Code	Definition
0509	OTHER – O/P SERVICES
0510	CLINIC
0511	CHRONIC PAIN CL
0512	DENTAL CLINIC
0513	PSYCHIATRIC CLINIC
0514	OB-GYN CLINIC
0515	PEDIATRIC CLINIC
0516	URGENT CARE CLINIC
0517	FAMILY PRACTICE CLINIC
0519	OTHER CLINIC
0520	FREESTAND CLINIC
0521	FS-RURAL/CLINIC
0522	FS-RURAL/HOME
0523	FS-FAMILY PRACTICE
0524	FS-STD FAMILY CLINIC
0525	RHC/FQHC/SNF/NONCOVERED
0526	FR-STD URGENT CLINIC
0527	RHC/FQHC/HOME/VIS NURSE
0528	RHC/FQHC/OTHER SITE
0529	OTHER FS-CLINIC
0530	OSTEOPATH SVS
0531	OSTEOPTH RX
0539	OTHER OSTEOPATH
0540	AMBULANCE
0541	AMBUL/SUPPLY
0542	AMBUL/MED TRANS
0543	AMBUL/HEARTMOBL
0544	AMBUL/OXY
0545	AIR AMBULANCE
0546	AMBUL/NEONAT
0547	AMBUL/PHARMACY
0548	AMBUL/TELE TRANS EKG
0549	OTHER AMBULANCE
0550	SKILLED NURSING
0551	SKILLED NURS/VISIT
0552	SKILLED NURS/HOUR
0559	SKILLED NURS/OTHER
0560	MED SOCIAL SVS
0561	MED SOC SERVS/VISIT
0562	MED SOC SERV/HOUR
0569	MED SOC SERV/OTHER
0570	HH AIDE
0571	HH AIDE-VISIT
0572	HH AIDE-HOUR

Code	Definition
0579	HH AIDE-OTHER
0580	HH-OTH VIS
0581	HH-OTH VIS/VISIT
0582	HH-OTH VIS/HOUR
0583	HH-OTH VIS/ASSESS
0589	HH-OTH VIS/OTHER
0590	HH-SVCS/UNIT
0600	OXYGEN (HOME HEALTH)
0601	O2/STATE EQUIP/SUPPLY OR CONT.
0602	O2/STATE EQUIP/SUPP UND 1 LPM
0603	O2/STATE EQUIP/SUPP OVER 4 LPM
0604	O2/PORTABLE ADD-ON
0609	O2/OTHER
0610	MRT
0611	MRI/BRAIN
0612	MRI/SPINE
0614	MRI/OTHER
0615	MRA/HEAD & NECK
0616	MRA/LOWER EXTRM
0618	MRA/OTHER
0619	MRT/OTHER
0621	MED SURG SUPP/RADIOLOGY
0622	MED SURG SUPP/OTH DX SVS
0623	MED SURG SUPP/SURG DRESSINGS
0624	MED SURG SUPP
0631	DRUG/SINGLE
0632	DRUG/MULTIPLE
0633	DRUG/RESTRICT
0634	DRUG/EPO<10,000 UNITS
0635	DRUG/EPO>=10,000 UNITS
0636	DRUG/DETAIL CODE
0637	DRUG/SELF ADMIN
0640	HOME IV THERAPY SERVICES
0641	NON-ROUT NURSING, CENTRAL LINE
0642	IV SITE CARE, CENTRAL LINE
0643	IV START/CHANGE, PERIPH LINE
0644	NON-ROUT NURSING, PERIPH LINE
0645	TRAIN PAT/CAREGIV, CENTRAL LIN
0646	TRAIN DISABL PAT, CENTRAL LINE
0647	TRAIN PAT/CAREGIV, PERIPH LINE
0648	TRAIN DISABL PAT, PERIPH LINE
0649	OTHER IV THERAPY SVS
0650	HOSPICE
0651	HOSPICE/RTN HOME

Code	Definition
0652	HOSPICE/CTNS HOME
0655	HOSPICE/IP RESPITE
0656	HOSPICE/IP NON-RESPITE
0657	HOSPICE/PHYSICIAN
0658	HOSPICE R&B NURSING FACILITY
0659	HOSPICE/OTHER
0660	RESPITE CARE
0661	RESPITE/NURSING
0662	RESPITE/AIDE/HMEMKR/COMP
0663	RESPITE/DAILY
0669	RESPITE/OTHER
0670	OP SPEC RES
0671	OP SPEC RES/HOSP OWNED
0672	OP SPEC RES/CONTRACTED
0679	OP SPEC RES/OTHER
0681	TRAUMA LEVEL I
0682	TRAUMA LEVEL II
0683	TRAUMA LEVEL III
0684	TRAUMA LEVEL IV
0689	TRAUMA OTHER
0690	PREHOSPICE (effective for discharges beginning 1/1/2014)
0691	PREHOSPICE/VISIT (effective for discharges beginning 1/1/2014)
0692	PREHOSPICE/HOUR (effective for discharges beginning 1/1/2014)
0693	PREHOSPICE/EVAL (effective for discharges beginning 1/1/2014)
0694	PREHOSPICE/CONS&ED (effective for discharges beginning 1/1/2014)
0695	PREHOSPICE/IP (effective for discharges beginning 1/1/2014)
0696	PREHOSPICE/PHYSICIAN (effective for discharges beginning 1/1/2014)
0699	PREHOSPICE/OTHER (effective for discharges beginning 1/1/2014)
0700	CAST ROOM
0710	RECOVERY ROOM
0720	DELIVER/LABOR
0721	LABOR
0722	DELIVERY ROOM
0723	CIRCUMCISION
0724	BIRTHING CENTER
0729	OTHER/DELIV-LABOR

Code	Definition
0730	EKG/ECG
0731	HOLTER MONT
0732	TELEMETRY
0739	OTHER EKG-ECG
0740	EEG
0750	GASTR-INTS SVS
0760	TREATMENT OR OBSV ROOM
0761	TREATMENT ROOM
0762	OBSERVATION ROOM
0769	OTHER TREATMENT/OBSV RM
0770	PREVENTIVE CARE SVS
0771	VACCINE ADMINISTRATIO
0780	TELEMEDICINE
0790	ESWT
0800	RENAL DIALYSIS
0801	DIAL/INPT
0802	DIALY/INPT/PER
0803	DIALY/INPT/CAPD
0804	DIALY/INPT/CCPD
0809	DIALY/INPT/OTHER
0810	ORGAN ACQUISIT
0811	LIVING DONOR
0812	CADAVER DONOR
0813	UNKNOWN DONOR
0814	UNSUCCESSFUL SEARCH
0819	OTHER DONOR
0820	HEMO/OP OR HOME
0821	HEMO/COMPOSITE
0822	HEMO/HOME/SUPPL
0823	HEMO/HOME/EQUIP
0824	HEMO/HOME/100%
0825	HEMO/HOME/SUPSERV
0829	HEMO/HOME/OTHER
0830	PERITONEAL/OP OR HOME
0831	PERTNL/COMPOSITE
0832	PERTNL/HOME/SUPPL
0833	PERTNL/HOME/EQUIP
0834	PERTNL/HOME/100%
0835	PERTNL/HOME/SUPSERV
0839	PERTNL/HOME/OTHER
0840	CAPD/OP OR HOME
0841	CAPD/COMPOSITE
0842	CAPD/HOME/SUPPL
0843	CAPD/HOME/EQUIP

Code	Definition
0844	CAPD/HOME/100%
0845	CAPD/HOME/SUPSERV
0849	CAPD/HOME/OTHER
0850	CCPD/OP OR HOME
0851	CCPD/COMPOSITE
0852	CCPD/HOME/SUPPL
0853	CCPD/HOME/EQUIP
0854	CCPD/HOME/100%
0855	CCPD/HOME/SUPSERV
0859	CCPD/HOME/OTHER
0880	DIALY/MISC
0881	DIALY/ULTRAFILT
0882	DIALY/HOME DIALY AID VISIT
0889	DIALY/MISC/OTHER
0900	BH/TREATMENTS
0901	BH/ELECTRO SHOCK
0902	BH/MILIEU THERAPY
0903	BH/PLAY THERAPY
0904	BH/ACTIVITY THERAPY
0905	BH/INTENS OP/PSYCH
0906	BH/INTENS OP/CHEM DEP
0907	BH/COMMUNITY
0910	PSTAY SERVICES
0911	BH/REHAB
0912	BH/PARTIAL HOSP
0913	BH/PARTIAL INTENSIV
0914	BH/INDIV RX
0915	BH/GROUP RX
0916	BH/FAMILY RX
0917	BH/BIOFEED
0918	BH/TESTING
0919	BH/OTHER
0920	OTHER DX SVS
0921	PERI VASCUL LAB
0922	EMG
0923	PAP SMEAR
0924	ALLERGY TEST
0925	PREG TEST
0929	ADDITONAL DX SVS
0931	HALF DAY
0932	FULL DAY
0940	OTHER RX SVS
0941	RECREATION RX
0942	EDUC/TRAINING

Code	Definition
0943	CARDIAC REHAB
0944	DRUG REHAB
0945	ALCOHOL REHAB
0946	COMPLEX MED EQUIP-ROUTINE
0947	COMPLEX MED EQUIP-ANCILLARY
0948	PULMONARY REHAB
0949	ADDITIONAL RX SVS
0951	ATHLETIC TRAINING
0952	KINESIOTHERAPY
0960	PRO FEE
0961	PRO FEE/PSTAY
0962	PRO FEE/EYE
0963	PRO FEE/ANES MD
0964	PRO FEE/ANES RN
0969	OTHER PRO FEE
0971	PRO FEE/LAB
0972	PRO FEE/RAD/DX
0973	PRO FEE/RAD/RX
0974	PRO FEE/NUC MED
0975	PRO FEE/OR
0976	PRO FEE/RESPIR
0977	PRO FEE/PHYSI
0978	PRO FEE/OCUPA
0979	PRO FEE/SPEECH
0981	PRO FEE/ER
0982	PRO FEE/OUTPT
0983	PRO FEE/CLINIC
0984	PRO FEE/SOC SVC
0985	PRO FEE/EKG
0986	PRO FEE/EEG
0987	PRO FEE/HOS VIS
0988	PRO FEE/CONSULT
0989	FEE/PVT NURSE
0990	PT CONVENIENCE
0991	CAFETERIA
0992	LINEN
0993	TELEPHONE
0994	TV/RADIO
0995	NONPT ROOM RENT
0996	LATE DISHCHARGE
0997	ADMIT KITS
0998	BARBER/BEAUTY
0999	PT CONVENCE/OTH
1000	BH R&B

Code	Definition
1001	BH R&B RES/PSYCH
1002	BH R&B RES-CHEM
1003	BH R&B SUP LIVING
1004	BH R&B HALFWAY HOUSE
1005	BH R&B GROUP HOME
2100	ALT THERAPY
2101	ACUPUNCTURE
2102	ACUPRESSURE
2103	MASSAGE
2104	REFLEXOLOGY
2105	BIOFEEDBACK
2106	HYPNOSIS
2109	OTHER ALT THERAPY
3101	ADULT MED/SPC HR
3102	ADULT SOC HR
3103	ADULT MED/SOC DAY
3104	ADULT SOC DAY
3105	ADULT FOSTER DAY
3109	OTHER ADULT

Edits:

1. If the Revenue Code DUTs are 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 CCE 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 # 99 in NJDDCS V2 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 # 98 in NJDDCS V2 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.
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 NJDDCS V2 Extract File Layout)

(Statement Thru Date – Field # 3 in NJDDCS V2 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
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.

Total Charges for Claim

(Field # 61 in NJDDCS V2 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 NJDDCS V2 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
AcuteCare Specialty Hospital of Kimball	3120171	1659376317	23359
AcuteCare Specialty Hospital of Monmouth	3120172	1528063435	23142
AtlantiCare Regional Medical Center - Atlantic City Campus	3100642	1013919315	10102
AtlantiCare Regional Medical Center - Mainland Campus	3100641	1013919315	10101
Bayonne Community Hospital	3100250	1821101239	10901
Bayshore Community Hospital	3101120	1831197508	11301
Bergen Regional Medical Center	3100580	1689682999	10201
Cape Regional Medical Center	3100110	1053382697	10501
Capital Health Regional Medical Center	3100920	1275583726	11102
Capital Health System - Mercer Campus	3100440	1073516183	11104
Care One at HackensackUMC Pascack Valley	3120182	1497754006	24795
Care One at Raritan Bay Medical Center	3120180	1497754006	23098
Care One at Trinitas Regional Medical Center	3120181	1497754006	24426
CentraState Medical Center	3101110	1295718450	11302
Chilton Hospital	3100170	1811994809	11401
Christ Hospital	3100160	1598745648	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 Center	3100310	1467440743	20301
East Orange General Hospital	3100830	1619924362	10704
Englewood Hospital	3100450	1083612881	10202
Hackensack University Medical Center	3100010	1457456279	10204
HackensackUMC Mountainside	3100540	1982720249	10708
HackensackUMC at Pascack Valley	3101300	1205176062	24745
Hackettstown Community Hospital	3101150	1518969419	12101
Hoboken University Medical Center	3100400	1326125147	10908
Holy Name Hospital	3100080	1104859131	10205
Hunterdon Medical Center	3100050	1922095116	11001

Inspira Health Center Bridgeton	3100322	1164487542	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	1346247368	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	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
Meadowlands Hospital Medical Center	3101189	1154648848	10906
Memorial Hospital of Salem County	3100910	1306817978	11702
Monmouth Medical Center	3100750	1609983790	11304
Monmouth Medical Southern Campus	3100840	1225133473	11502
Morristown Memorial Hospital	3100150	1053384776	11403
Newark Beth Israel Medical Center	3100020	1215027966	10709
Newton Memorial Hospital	3100280	1790789212	11902
Ocean Medical Center	3100522	1962409987	11505
Our Lady of Lourdes Medical Center	3100290	1235134024	10404
Overlook Hospital	3100510	1740254143	12005
Palisades Medical Center	3100030	1093736001	10905
Prime Healthcare Services – St. Mary's Passaic, LLC	3100060	1770901761 (from 8/15/14)	11606
Raritan Bay Medical Center - Old Bridge	3100392	1770569832	11206
Raritan Bay Medical Center - Perth Amboy	3100391	1770569832	11203
Riverview Medical Center	3100340	1336147834	11305
Robert Wood Johnson University Hospital	3100380	1346243375	11202
Robert Wood Johnson University Hospital at Hamilton	3101100	1629069638	11101
Robert Wood Johnson University Hospital at Rahway	3100240	1861486870	12006
Robert Wood Johnson University Hospital Somerset	3100480	1528197357	11802
Saint Peter's University Hospital	3100700	1114924834	11205
Select Specialty Hospital - Northeast NJ	3120190	1093713521	23048
Shore Memorial Hospital	3100470	1629070149	10103
Southern Ocean Medical Center	3101130	1841510849	11504

St Clare's Hospital - Dover	3100502	1225241375	11402
St. Barnabas Medical Center	3100760	1396857488	10710
St. Clare's Hospital - Denville	3100500	1699778001	11406
St. Clare's Hospital - Sussex	3101200	1255334678	11903
St. Francis Medical Center	3100210	1255419651	11105
St. James Hospital	3100180	1841292604	10711
St. Joseph's Hospital and Medical Center	3100190	1881786044	11605
St. Joseph's Wayne Hospital	3100191	1598760829	11603
St. Luke's Warren Hospital	3100600	1760488266	12102
St. Mary's Hospital Passaic	3100060	1699748996 (thru 8/14/14)	11606
St. Michael's Medical Center	3100960	1699777458	10713
Trinitas Hospital	3100270	1770583999	12007
University Hospital (UMDNJ)	3101190	1215998323	10702
University Medical Center at Princeton	3100100	1689714255	11103
Valley Hospital	3100120	1013912633	10211
Virtua - Memorial Hosp of Burlington Cty	3100570	1134125016	10301
Virtua - West Jersey Hospital System - Berlin	3100222	1528064409	10407
Virtua - West Jersey Hospital System - Camden	3100223	1528064409	10406
Virtua - West Jersey Hospital System - Marlton	3100224	1528064409	10302
Virtua - West Jersey Hospital System - Voorhees	3100221	1528064409	10405

Edit:

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

Type of Bill

(Field # 19 in NJDDCS V2 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 NJDDCS V2 Extract File Layout)

Code identifying the acute care facility patient was transferred/referred from

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
AcuteCare Specialty Hospital of Monmouth	3120172	1528063435	23142
AtlantiCare Regional Medical Center - Atlantic City Campus	3100642	1013919315	10102
AtlantiCare Regional Medical Center - Mainland Campus	3100641	1013919315	10101
Bayonne Community Hospital	3100250	1821101239	10901
Bayshore Community Hospital	3101120	1831197508	11301
Bergen Regional Medical Center	3100580	1689682999	10201
Cape Regional Medical Center	3100110	1053382697	10501
Capital Health Regional Medical Center	3100920	1275583726	11102
Capital Health System - Mercer Campus	3100440	1073516183	11104
Care One at HackensackUMC Pascack Valley	3120182	1497754006	24795
Care One at Raritan Bay Medical Center	3120180	1497754006	23098
Care One at Trinitas Regional Medical Center	3120181	1497754006	24426
CentraState Medical Center	3101110	1295718450	11302
Chilton Hospital	3100170	1811994809	11401
Christ Hospital	3100160	1598745648	10902
Clara Maass Medical Center	3100090	1902901333	10701
Community Medical Center	3100410	1013010917	11501
Columbus Hospital LTACH	3120240	1104144641	24009
Cooper Health System	3100140	1568442309	10402
Deborah Heart & Lung Center	3100310	1467440743	20301
East Orange General Hospital	3100830	1619924362	10704
Englewood Hospital	3100450	1083612881	10202
Hackensack University Medical Center	3100010	1457456279	10204
HackensackUMC Mountainside	3100540	1982720249	10708
HackensackUMC at Pascack Valley	3101300	1205176062	24745
Hackettstown Community Hospital	3101150	1518969419	12101
Hoboken University Medical Center	3100400	1326125147	10908
Holy Name Hospital	3100080	1104859131	10205

Hunterdon Medical Center	3100050	1922095116	11001
Inspira Health Center Bridgeton	3100322	1164487542	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	1346247368	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	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
Meadowlands Hospital Medical Center	3101189	1154648848	10906
Memorial Hospital of Salem County	3100910	1306817978	11702
Monmouth Medical Center	3100750	1609983790	11304
Monmouth Medical Southern Campus	3100840	1225133473	11502
Morristown Memorial Hospital	3100150	1053384776	11403
Newark Beth Israel Medical Center	3100020	1215027966	10709
Newton Memorial Hospital	3100280	1790789212	11902
Ocean Medical Center	3100522	1962409987	11505
Our Lady of Lourdes Medical Center	3100290	1235134024	10404
Overlook Hospital	3100510	1740254143	12005
Palisades Medical Center	3100030	1093736001	10905
Prime Healthcare Services – St. Mary's Passaic, LLC	3100060	1770901761 (from 8/15/14)	11606
Raritan Bay Medical Center - Old Bridge	3100392	1770569832	11206
Raritan Bay Medical Center - Perth Amboy	3100391	1770569832	11203
Riverview Medical Center	3100340	1336147834	11305
Robert Wood Johnson University Hospital	3100380	1346243375	11202
Robert Wood Johnson University Hospital at Hamilton	3101100	1629069638	11101
Robert Wood Johnson University Hospital at Rahway	3100240	1861486870	12006
Robert Wood Johnson University Hospital Somerset	3100480	1528197357	11802
Saint Peter's University Hospital	3100700	1114924834	11205
Select Specialty Hospital - Northeast NJ	3120190	1093713521	23048
Shore Memorial Hospital	3100470	1629070149	10103

Southern Ocean Medical Center	3101130	1841510849	11504
St Clare's Hospital - Dover	3100502	1225241375	11402
St. Barnabas Medical Center	3100760	1396857488	10710
St. Clare's Hospital - Denville	3100500	1699778001	11406
St. Clare's Hospital - Sussex	3101200	1255334678	11903
St. Francis Medical Center	3100210	1255419651	11105
St. James Hospital	3100180	1841292604	10711
St. Joseph's Hospital and Medical Center	3100190	1881786044	11605
St. Joseph's Wayne Hospital	3100191	1598760829	11603
St. Luke's Warren Hospital	3100600	1760488266	12102
St. Mary's Hospital Passaic	3100060	1699748996 (thru 8/14/14)	11606
St. Michael's Medical Center	3100960	1699777458	10713
Trinitas Hospital	3100270	1770583999	12007
University Hospital (UMDNJ)	3101190	1215998323	10702
University Medical Center at Princeton	3100100	1689714255	11103
Valley Hospital	3100120	1013912633	10211
Virtua - Memorial Hosp of Burlington Cty	3100570	1134125016	10301
Virtua - West Jersey Hospital System - Berlin	3100222	1528064409	10407
Virtua - West Jersey Hospital System - Camden	3100223	1528064409	10406
Virtua - West Jersey Hospital System - Marlton	3100224	1528064409	10302
Virtua - West Jersey Hospital System - Voorhees	3100221	1528064409	10405

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.

Value Codes and Amounts

(Value Code – Code – Field # 77 in NJDDCS V2 Extract File Layout)

(Value Code – Amount – Field # 78 in NJDDCS V2 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
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

Code	Definition
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
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

Code	Definition
A2	Coinsurance Payer A
A3	Estimated Responsibility Payer A
A4	Covered Self-Administrable Drugs - Emergency
A5	Covered Self-Administrable Drugs - Not Self - Administrable in Form and Situation Furnished to Patient
A6	Covered Self-Administrable Drugs - Diagnostic Study and Other
A7	Co-payment Payer A
A8	Patient Weight
A9	Patient Height
AA	Regulatory Surcharges, Assessments, Allowances or 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
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:

1. 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.
2. With the exception of 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.

NJDDCS Version 2 Data Dictionary Revision Log

Version	Revision
2.44 – 10/6/09	Updated edit for Patient's Zip Code; Added new Patient Discharge Status Code 21 and new description for Patient Discharge Status Code 04.
10.1 – 1/18/10	Updated edit for Patient's Marital Status; Added Length of Stay (LOS) Calculation; Updated digit description for Type of Bill facility type, patient type, claim type/frequency
10.3 – 6/29/10	Added Luhn Algorithm description for Attending Physician NPI, Operating Physician NPI and Other Operating Physician NPI; Added Condition Code P7 (effective for discharges on/after 7/1/10); Removed Hospital National Provider Identifier; Added edit for Patient Control Number; Updated edit for Point of Origin Code, changed description for Point of Origin Code 2 and marked Point of Origin Code 7 effective for discharges 1/1/10 - 6/30/10 only
10.4 – 10/20/10	Added State Mandated Fields indicator (+); Added Field Numbers from NJDDCS V2 Data Extract Layout for each field name; Removed Revised Dictionary Names section; Added following field names and descriptions to document: APC Code, DRG 1, DRG 2, Grouper Patient Type 1, Grouper Return Code 1, Grouper Return Code 2, MDC 1, MDC 2, Non-Acute Days, Patient Type Flag, Patient's Age in Days, Patient's Age in Years, Record Number, Total Charges for Claim; Updated Acute Days description; Updated Guidelines # 2, #5, #6 for Occurrence Span Codes and Dates; Added Residence Code '9900'; Updated Edit #1 for Statement Covers Period; Updated Edit #1 for Transfer In Code; Added edits for Value Codes and Amounts
11.1 – 12/13/10	Added Payer Code 008 and guideline for Payer Codes; Added Occurrence Codes 52 and 54 (effective for discharges on/after 01/01/2011); Added new NPI Number for Meadowlands Hospital Medical Center for Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code)
11.2 – 3/14/11	Added Condition Code 51; Updated guideline for Payer Codes; Under Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code) - Removed closed hospitals (Columbus, Greenville, Pascack Valley, PBI Regional, Muhlenberg, Union William B. Kessler), Updated hospital names for Capital Health Regional Medical Center (was Capital Health System – Fuld Campus) and Chilton Hospital (was Chilton Memorial Hospital), Updated hospital name and added new NPI Number for Southern Ocean Medical Center (was Southern Ocean County Hospital)
11.3 – 6/22/11	Added 'County for NJ Municipalities' column for NJ Residence Codes; Updated descriptions to the following Patient's Residence Codes – 0708, 0709, 0716, 0717, 0719, 0720, 0721, 1112, 1347, 1430, 1507, 1616 and 2103; Removed Patient's Residence Code 0446 (Washington Township/Burlington); Removed blank (Exempt from POA requirements) as a valid code for Present on Admission (POA) Indicator and updated edits #1 & #2 for Present on Admission (POA) Indicator; Updated edit # 3 for External Cause of Injury Codes (related to exempt POA change); Updated edit #4 for Other Diagnosis Codes (related to exempt POA change)
11.4 – 9/26/11	Under Transfer Out Code (Transfer Destination Code) and UB Referral Source

	Code (Transfer In Code) – Updated provider numbers for Meadowlands Hospital Medical Center (from 3101180 to 3101189) and St. Joseph’s Wayne Hospital (from 3101160 to 3100191), Removed closed hospital (Barnert); Removed Point of Origin Code 7 from list (effective for discharges 1/1/10 – 6/30/10 only)
12.1 – 12/16/11	Updated Valid Codes for Patient’s Occupation; Added new edit for Principal Diagnosis Code – Diagnosis Code V66.7 is invalid as a Principal Diagnosis Code
12.1 – 1/24/12	Under Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code) - Corrected Morristown Memorial Hospital provider number
12.2 – 3/31/12	Updated Description for Patient’s Gender code ‘U’ from Unknown to Undetermined
12.3 – 6/30/12	Added Occurrence Span Code ‘81’; Updated edit #7 for Occurrence Span Codes and Dates; Changed edit #1 for Patient’s State to edit #2 for Patient’s Residence Code; Updated edit #1 for Point of Origin Code; Updated edit #2 for Procedure Code Dates; Changed edit #5 Revenue Code Days, Units, or Times (DUTS) to edit #8 for Revenue Code; Changed edit #3 for Revenue Code Days, Units, or Times (DUTS) to edit #2 for Revenue Code Total Charges; Updated edit #2 for Statement Covers Period (From Date and Thru Date); ‘ Removed edit #4 from Type of Bill; Updated edit #1 for UB Referral Source Code (Transfer In Code); Added edit #5 for Value Codes and Amounts
12.4 – 10/01/12	Added Occurrence Code ‘55’; Added new hospital (Columbus Hospital LTACH) to Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code); Added new NJDOH logo
13.1 – 1/01/13	Added Nuance logo
13.2 – 04/01/13	Added Occurrence Code ‘50’; Added Value Code ‘Y5’
13.2 – 05/01/13	Added Nuance support contact information (page 5)
13.3 – 07/01/13	Updated system URL address
13.4 – 10/01/13	Added 16 new Patient Discharge Status Codes; Added 3 new Condition Codes; Added new hospital (Care One at Trinitas Regional Medical Center)
14.1 – 01/01/14	Added Payer Code ‘007’ and guideline; Added 8 new Revenue Codes (effective for discharges beginning 1/1/2014)
14.2 – 04/01/14	Added 2 new hospitals (Care One at HackensackUMC Pascack Valley and HackensackUMC at Pascack Valley)
14.4 – 10/01/14	Updated edits #1 and #2 for Baby’s Birthweight in Grams; Added edit #3 for Baby’s Birthweight in Grams; Added edit #3 for Length of Stay (LOS); In Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code), updated Mountainside Hospital’s name to HackensackUMC Mountainside, added St. Mary’s Passaic new name (Prime Healthcare Services – St. Mary’s Passaic, LLC) and added from/thru dates for use of NPI for St. Mary’s Passaic/ Prime Healthcare Services – St. Mary’s Passaic, LLC; updated Kimball Medical Center’s name to Monmouth Medical Southern Campus
15.1 – 01/01/15	In Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code), updated names - South Jersey Hospital Bridgeton to Inspira Health Center Bridgeton, South Jersey Hospital Elmer to Inspira Medical Center Elmer, South Jersey Regional Medical Center to Inspira Medical Center Vineland, Underwood Memorial Hospital to Inspira Medical Center Woodbury, Inc. and

	Warren Hospital to St. Luke's Warren Hospital.
15.2 – 04/01/15	Added outpatient LOS calculation and updated inpatient and outpatient edit detail for Length of Stay; Added 9 new Condition Codes (effective for discharges beginning 4/1/2015); Added Occurrence Code '51' (effective for discharges beginning 1/1/2015); In Transfer Out Code (Transfer Destination Code) and UB Referral Source Code (Transfer In Code), updated names – Somerset Medical Center to Robert Wood Johnson University Hospital Somerset.
15.3 – 07/01/15	Added 'ICD-10' to diagnosis and procedure code definitions; Updated Principal Diagnosis Code edit #4 (Added invalid ICD-10 code for Principal Diagnosis Code).
15.4 – 10/01/15	Added edit #5 for Value Codes and Amounts.
16.3 – 07/01/16	Added Condition Codes 53 & 54.

NJDDCS Version 2 Data Extract File Layout

The following NJDDCS Version 2 data extract file layout will be used for both inpatient and outpatient (SDS, ER, and Other Outpatient) extracts. While inpatient and outpatient extracts will use the same file layout, they will be run as two separate files. The data extract file uses a character-delimited extract file layout. The character delimiter will be an asterisk (*).

Field Number	Maximum Field Length	Description ⁵	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
1	7	Hospital Provider Number	X ¹	Y	Y	Varchar	
2	10	BLANK	X ¹	N/A	N/A		
3	6	Statement Thru Date	X ¹	Y	Y	Date	
4	6	Discharge Date	X ¹	Y	Y	Date	+
5	20	Patient Control Number	X ¹	Y	Y	Varchar	
6	2	Record Number ⁴	X ²	Y	Y	Varchar	
7	24	Medical Record Number		Y	Y	Varchar	
8	6	Statement From Date		Y	Y	Date	
9	6	Admission/Start of Care Date (Admission Date)		Y	Y	Date	
10	25	Patient's Street Address		Y	Y	Varchar	
11	15	Patient's City		Y	Y	Varchar	
12	9	Patient's Zip Code		Y	Y	Varchar	
13	2	Patient's State		Y	Y	Varchar	
14	3	Patient Country		Y	Y	Varchar	
15	4	Patient's Residence Code		Y	Y	Varchar	+
16	2	Patient Discharge Status		Y	Y	Varchar	
17	1	Patient's Marital Status		Y	Y	Varchar	
18	1	Patient's Gender		Y	Y	Varchar	
19	4	Type of Bill ⁴		Y	Y	Varchar	

Field Number	Maximum Field Length	Description ⁵	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
20	1	I/O (Inpatient/Outpatient) Indicator		Y	Y	Varchar	+
21	5	Patient's Race 1		Y	Y	Varchar	
22	5	BLANK		N/A	N/A		
23	5	Patient's Ethnicity Code		Y	Y	Varchar	
24	8	Patient's Date of Birth		Y	Y	Date	
25	3	Patient's Age in Years		Y	Y	Numeric	
26	5	Patient's Age in Days		Y	Y	Numeric	
27	10	Patient's First Name		Y	Y	Varchar	
28	20	Patient's Last Name		Y	Y	Varchar	
29	1	Patient's Middle Initial		Y	Y	Varchar	
30	3	Patient's Primary Language Spoken		Y	Y	Varchar	+
31	20	Patient's Occupation		Y	Y	Varchar	+
32	2	Admission Hour		Y	Y	Varchar	
33	1	Priority Type of Visit (Admission/Visit Type)		Y	Y	Varchar	
34	1	Point of Origin Code (Admission Source Type)		Y	Y	Varchar	
35	2	Accident State		Y	Y	Varchar	
36	1	Readmission Code		Y	Y	Varchar	+
37	2	Discharge Hour		Y	Y	Varchar	
38	9	Patient's Social Security Number		Y	Y	Varchar	
39	2	Patient's Relationship to Primary Insured		Y	Y	Varchar	
40	2	Patient's Relationship to Secondary Insured		Y	Y	Varchar	
41	10	Primary Payer Code		Y	Y	Varchar	
42	10	Secondary Payer Code		Y	Y	Varchar	
43	10	Tertiary Payer Code		Y	Y	Varchar	
44	19	Primary Insured's ID Number		Y	Y	Varchar	
45	10	UB Referral Source Code (Transfer In Code)		Y	Y	Varchar	+
46	10	Transfer Out Code (Transfer Destination Code)		Y	Y	Varchar	+

Field Number	Maximum Field Length	Description ⁵	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
47	12	Attending Physician State License Number		Y	Y	Varchar	
48	10	Attending Physician National Provider Identifier (NPI)		Y	Y	Varchar	
49	12	Operating/Other Physician State License 1 (Operating Physician)		Y	Y	Varchar	
50	10	Operating/Other Physician National Provider Identifier (NPI) 1 (Operating Physician)		Y	Y	Varchar	
51	12	Operating/Other Physician State License 2 (Other Operating Physician)		Y	Y	Varchar	
52	10	Operating/Other Physician National Provider Identifier (NPI) 2 (Other Operating Physician)		Y	Y	Varchar	
53	12	Operating/Other Physician State License 3 (Rendering Physician)		Y	Y	Varchar	
54	10	Operating/Other Physician National Provider Identifier (NPI) 3 (Rendering Physician)		Y	Y	Varchar	
55	12	Operating/Other Physician State License 4 (Referring Physician)		Y	Y	Varchar	
56	10	Operating/Other Physician National Provider Identifier (NPI) 4 (Referring Physician)		Y	Y	Varchar	
57	4	Baby's Birthweight in Grams		Y	N	Numeric	
58	24	Mother's Medical Record Number		Y	N	Varchar	
59	8	Estimated Amount Due from Patient		Y	Y	Numeric	
60	8	Estimated Amount Due from All Payers		Y	Y	Numeric	
61	8	Total Charges for Claim		Y	Y	Numeric	
62	4	Acute Days ⁴		Y	N	Numeric	
63	4	Non-Acute Days ⁴		Y	N	Numeric	
64	1	Patient Type Flag		Y	Y	Varchar	
65	3	DRG Number (Hospital DRG)		Y	N	Varchar	
66	3	DRG 1 (AP DRG 24)		Y	N	Varchar	
67	2	MDC 1 (AP DRG 24)		Y	N	Varchar	
68	1	Grouper Return Code 1 (AP DRG 24)		Y	N	Varchar	

Field Number	Maximum Field Length	Description ⁵	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
69	1	Grouper Patient Type 1 (AP DRG 24)		Y	N	Varchar	
70	3	DRG 2 (MS DRG) ⁶		Y	N	Varchar	
71	2	MDC 2 (MS DRG) ⁶		Y	N	Varchar	
72	1	Grouper Return Code 2 (MS DRG) ⁶		Y	N	Varchar	
73	1	BLANK ⁷		N/A	N/A		
External Cause of Injury Code (E-Code) Section - repeats 6 times (maximum number of codes = 12)							
74	7	External Cause of Injury Code	X ³	Y	Y	Varchar	
75	1	External Cause of Injury Code Present on Admission (POA) Indicator	X ³	Y	Y	Varchar	
End of External Cause of Injury Code Section							
Condition Code Section - repeats 6 times (maximum number of codes = 24)							
76	2	Condition Code	X ³	Y	Y	Varchar	
End of Condition Code Section							
Value Code Section - repeats 6 times (maximum number of codes = 12)							
77	2	Value Code – Code	X ³	Y	Y	Varchar	
78	9	Value Code – Amount	X ³	Y	Y	Numeric	
End of Value Code Section							
79	7	Patient's Reason For Visit 1		Y	Y	Varchar	
80	7	Patient's Reason For Visit 2		Y	Y	Varchar	
81	7	Patient's Reason For Visit 3		Y	Y	Varchar	
82	7	Admitting Diagnosis Code		Y	N	Varchar	
83	7	Principal Diagnosis Code		Y	Y	Varchar	
84	1	Principal Diagnosis Code Present on Admission (POA) Indicator		Y	Y	Varchar	
Diagnosis Code Section - repeats 12 times (maximum number of codes = 24)							
85	7	Other Diagnosis Code	X ³	Y	Y	Varchar	
86	1	Other Diagnosis Code Present on Admission (POA) Indicator	X ³	Y	Y	Varchar	
End of Diagnosis Code Section							

Field Number	Maximum Field Length	Description ⁵	Repeats with Cont. Record	Required I/P	Required O/P	Load Data Type	State Added/Mandated Field
87	7	Principal Procedure Code		Y	N	Varchar	
88	6	Principal Procedure Date		Y	N	Date	
Other Procedure Code Section - repeats 12 times (maximum number of codes = 24)							
89	7	Other Procedure Code – Code	X ³	Y	N	Varchar	
90	6	Other Procedure Code – Date	X ³	Y	N	Date	
End of Other Procedure Code Section							
Revenue Code Section - repeats 20 times (maximum number of codes = 999)							
91	4	Revenue Code	X ³	Y	Y	Varchar	
92	5	APC Code	X ³	N	Y	Varchar	
93	5	HCPCS Code	X ³	Y	Y	Varchar	
94	2	HCPCS Modifier 1	X ³	Y	Y	Varchar	
95	2	HCPCS Modifier 2	X ³	Y	Y	Varchar	
96	2	HCPCS Modifier 3	X ³	Y	Y	Varchar	
97	2	HCPCS Modifier 4	X ³	Y	Y	Varchar	
98	6	Revenue Code Units, Days, or Times (DUTS)	X ³	Y	Y	Numeric	
99	8	Revenue Code Total Charges	X ³	Y	Y	Numeric	
End of Revenue Code Section							
Occurrence Code Section - repeats 6 times (maximum number of codes = 24)							
100	2	Occurrence Code – Code	X ³	Y	Y	Varchar	
101	6	Occurrence Code – Date	X ³	Y	Y	Date	
End of Occurrence Code Section							
Occurrence Span Code Section - repeats 6 times (maximum number of codes = 24)							
102	2	Occurrence Span Code	X ³	Y	Y	Varchar	
103	6	Occurrence Span Code - Date From	X ³	Y	Y	Date	
104	6	Occurrence Span Code - Date Thru	X ³	Y	Y	Date	
End of Occurrence Span Code Section							
105	1	End of Record Indicator ⁸		Y	Y		

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- ¹ This item will appear on every line.
² This item will increment with multiple records.
³ This item may have multiple lines of data.
⁴ This item will be zero-filled (the length of this item will always be its corresponding Maximum Field Length).
⁵ Please refer to the NJDDCS Version 2 Data Dictionary for field description definitions and code lists.
⁶ MS DRG Medicare grouper is based on the discharge date of the patient.
⁷ There is no Grouper Patient Type available for MS DRG, so field will be left blank.
⁸ Each record is terminated with a line feed character.

The Patient Type Flag (Field Number 64 on the list above) will identify the types of patients in the extract file. The following are the Patient Type Flag Codes and the criteria for each patient type:

Patient Type Flag Codes:

- 0 – Inpatient
- 1 – Same Day Surgery (SDS)
- 2 – ER Outpatient
- 3 – Other Outpatient

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 = 45X

Other Outpatient - Bill Type = 013X and not SDS or ER

NJDDCS Version 2 Data Extract File Layout Revision Log

Version	Revision
8/3/10	Changed DRG 2, MDC 2 and Grouper Return Code 2 (Field Numbers 70-72) from AP 8.1 to MS DRG; Changed Field Number 73 from Grouper Patient Type 2 (AP 8.1) to BLANK; Added Footnote for Grouper Patient Type 2; Changed Field Number 2 from National Provider Identifier (NPI) Number to BLANK; Changed Field Number 22 from Patient's Race 2 to BLANK; For Field Numbers 2, 22 and 73, changed 'Required I/P' and 'Required O/P' from Y to N/A and removed 'Load Data Type'; Added Footnote for MS DRG
10/21/10	Added 'State Added/Mandated Field' column