



TABLE OF CONTENTS – TAB 2

INPATIENT DATA SET	2
TECHNICAL NOTES	2
DATA FIELD LAYOUT	3
MEDICARE PROVIDER NUMBER.....	6
ACCOUNT (REGISTER) NUMBER.....	7
MEDICAL RECORD NUMBER.....	8
DATE OF BIRTH	9
SEX.....	10
RACE.....	11
ZIP CODE OF RESIDENCE	12
DATE OF ADMISSION	13
DATE OF DISCHARGE.....	14
PRINCIPAL SOURCE OF PAYMENT	15
DISPOSITION OF PATIENT.....	16
DISPOSITION OF PATIENT—SPECIFIC FACILITY	17
TOTAL CHARGES	18
HOSPITAL BASED PHYSICIAN CHARGES	19
BIRTH WEIGHT	20
ATTENDING PHYSICIAN	21
PRINCIPAL DIAGNOSIS CODE.....	22
OTHER DIAGNOSES (1-19).....	23
E CODE.....	24
PRINCIPAL PROCEDURE	25
OTHER PROCEDURES (1-19)	26
PRINCIPAL SURGEON.....	27
OTHER SURGEONS (1-19)	28
PRINCIPAL PROCEDURE DATE	29
OTHER PROCEDURE DATES (1-19)	30
TYPE OF ADMISSION.....	31
POINT OF ORIGIN (SOURCE) OF ADMISSION.....	32
SOURCE OF ADMISSION—SPECIFIC FACILITY.....	33
MOTHER’S ACCOUNT (REGISTER) NUMBER	34
SOCIAL SECURITY NUMBER	35
PATIENT FIRST NAME.....	36
PATIENT LAST NAME	37
MAILING ADDRESS 1	38
MAILING ADDRESS 2.....	39
MAILING ADDRESS - CITY	40
MAILING ADDRESS - STATE.....	41
MAILING ADDRESS - ZIP CODE.....	42
PATIENT PHONE NUMBER.....	43
ADMITTING NURSING UNIT	44
DISCHARGE NURSING UNIT.....	45
OPT-OUT MAILING FLAG	46
PRESENT ON ADMISSION INDICATOR.....	47
PATIENT MIDDLE INITIAL.....	49
PATIENT NAME SUFFIX	50
RECORD TYPE	51



INPATIENT DATA SET

The Inpatient Data Set includes all inpatient discharges for the specified month period. Generally, data elements specified in the HHIC Inpatient Data Set follow UB-04 standard formats and values.

Technical Notes

Explanations on the new field values and new data elements added in 2008 are provided below:

New Field Values

- *Principal Source of Payment* includes a new value for Secure Horizons Secure Horizons Medicare Advantage and AlohaCare Advantage/Advantage Plus

New Data Elements:

- *Present on Admission Indicator* denotes if the diagnosis was present at the time of order to inpatient admission occurs.
- *Patient Middle Initial*
- *Patient Name Suffix*

These separate fields are added to provide a consistent method of reporting these elements.



Data Field Layout

DATA ELEMENT	DATA TYPE	DATA LENGTH	COLUMN
Medicare Provider Number	A	6	1 - 6
Account (Register) Number	A	15	7 - 21
Medical Record Number	A	15	22 - 36
Date of Birth	D	8	37 - 44
Sex	N	1	45 - 45
Race	A	2	46 - 47
Zip Code of Residence	N	5	48 - 52
Date of Admission	D	6	53 - 58
Date of Discharge	D	6	59 - 64
Principal Source of Payment	N	2	65 - 66
Disposition of Patient	N	2	67 - 68
Disposition of Patient - Specific Facility	A	6	69 - 74
Total Charges	N	8	75 - 82
Hospital Based Physician Charges	N	6	83 - 88
Birth Weight	N	4	89 - 92
Attending Physician	A	9	93 - 101
Principal Diagnosis Code	A	5	102 - 106
Other Diagnosis - 1	A	5	107 - 111
Other Diagnosis - 2	A	5	112 - 116
Other Diagnosis - 3	A	5	117 - 121
Other Diagnosis - 4	A	5	122 - 126
Other Diagnosis - 5	A	5	127 - 131
Other Diagnosis - 6	A	5	132 - 136
Other Diagnosis - 7	A	5	137 - 141
Other Diagnosis - 8	A	5	142 - 146
Other Diagnosis - 9	A	5	147 - 151
Other Diagnosis - 10	A	5	152 - 156
Other Diagnosis - 11	A	5	157 - 161
Other Diagnosis - 12	A	5	162 - 166
Other Diagnosis - 13	A	5	167 - 171
Other Diagnosis - 14	A	5	172 - 176
Other Diagnosis - 15	A	5	177 - 181
Other Diagnosis - 16	A	5	182 - 186
Other Diagnosis - 17	A	5	187 - 191
Other Diagnosis - 18	A	5	192 - 196
Other Diagnosis - 19	A	5	197 - 201
E-Code	A	5	202 - 206
Principal Procedure	A	4	207 - 210
Other Procedures - 1	A	4	211 - 214
Other Procedures - 2	A	4	215 - 218
Other Procedures - 3	A	4	219 - 222
Other Procedures - 4	A	4	223 - 226
Other Procedures - 5	A	4	227 - 230
Other Procedures - 6	A	4	231 - 234



HEALTH CARE DATA SETS
Technical Specifications, Version 6
Inpatient Data Set

DATA ELEMENT	DATA TYPE	DATA LENGTH	COLUMN
Other Procedures - 7	A	4	235 - 238
Other Procedures - 8	A	4	239 - 242
Other Procedures - 9	A	4	243 - 246
Other Procedures - 10	A	4	247 - 250
Other Procedures - 11	A	4	251 - 254
Other Procedures - 12	A	4	255 - 258
Other Procedures - 13	A	4	259 - 262
Other Procedures - 14	A	4	263 - 266
Other Procedures - 15	A	4	267 - 270
Other Procedures - 16	A	4	271 - 274
Other Procedures - 17	A	4	275 - 278
Other Procedures - 18	A	4	279 - 282
Other Procedures - 19	A	4	283 - 286
Principal Surgeon	A	9	287 - 295
Other Surgeon - 1	A	9	296 - 304
Other Surgeon - 2	A	9	305 - 313
Other Surgeon - 3	A	9	314 - 322
Other Surgeon - 4	A	9	323 - 331
Other Surgeon - 5	A	9	332 - 340
Other Surgeon - 6	A	9	341 - 349
Other Surgeon - 7	A	9	350 - 358
Other Surgeon - 8	A	9	359 - 367
Other Surgeon - 9	A	9	368 - 376
Other Surgeon - 10	A	9	377 - 385
Other Surgeon - 11	A	9	386 - 394
Other Surgeon - 12	A	9	395 - 403
Other Surgeon - 13	A	9	404 - 412
Other Surgeon - 14	A	9	413 - 421
Other Surgeon - 15	A	9	422 - 430
Other Surgeon - 16	A	9	431 - 439
Other Surgeon - 17	A	9	440 - 448
Other Surgeon - 18	A	9	449 - 457
Other Surgeon - 19	A	9	458 - 466
Principal Procedure Date	D	6	467 - 472
Other Procedure Date - 1	D	6	473 - 478
Other Procedure Date - 2	D	6	479 - 484
Other Procedure Date - 3	D	6	485 - 490
Other Procedure Date - 4	D	6	491 - 496
Other Procedure Date - 5	D	6	497 - 502
Other Procedure Date - 6	D	6	503 - 508
Other Procedure Date - 7	D	6	509 - 514
Other Procedure Date - 8	D	6	515 - 520
Other Procedure Date - 9	D	6	521 - 526
Other Procedure Date - 10	D	6	527 - 532
Other Procedure Date - 11	D	6	533 - 538
Other Procedure Date - 12	D	6	539 - 544
Other Procedure Date - 13	D	6	545 - 550
Other Procedure Date - 14	D	6	551 - 556



HEALTH CARE DATA SETS
Technical Specifications, Version 6
Inpatient Data Set

DATA ELEMENT	DATA TYPE	DATA LENGTH	COLUMN
Other Procedure Date - 15	D	6	557 - 562
Other Procedure Date - 16	D	6	563 - 568
Other Procedure Date - 17	D	6	569 - 574
Other Procedure Date - 18	D	6	575 - 580
Other Procedure Date - 19	D	6	581 - 586
Type of Admission	A	1	587 - 587
Source of Admission	A	1	588 - 588
Source of Admission – Specific Facility	A	6	589 - 594
Mother’s Account Number	A	15	595 - 609
Social Security Number	N	9	610 - 618
Patient First Name	A	30	619 - 648
Patient Last Name	A	30	649 - 678
Mailing Address 1	A	30	679 - 708
Mailing Address 2	A	30	709 - 738
Mailing Address - City	A	30	739 - 768
Mailing Address - State	A	2	769 - 770
Mailing Address - Zip Code	A	5	771 - 775
Patient Phone Number	N	10	776 - 785
Admitting Nursing Unit	A	20	786 - 805
Discharge Nursing Unit	A	20	806 - 825
Opt-Out Flag	N	1	826 - 826
POA Principal Diagnosis Code	A	1	827 - 827
POA Other Diagnosis - 1	A	1	828 - 828
POA Other Diagnosis - 2	A	1	829 - 829
POA Other Diagnosis - 3	A	1	830 - 830
POA Other Diagnosis - 4	A	1	831 - 831
POA Other Diagnosis - 5	A	1	832 - 832
POA Other Diagnosis - 6	A	1	833 - 833
POA Other Diagnosis - 7	A	1	834 - 834
POA Other Diagnosis - 8	A	1	835 - 835
POA Other Diagnosis - 9	A	1	836 - 836
POA Other Diagnosis - 10	A	1	837 - 837
POA Other Diagnosis - 11	A	1	838 - 838
POA Other Diagnosis - 12	A	1	839 - 839
POA Other Diagnosis - 13	A	1	840 - 840
POA Other Diagnosis - 14	A	1	841 - 841
POA Other Diagnosis - 15	A	1	842 - 842
POA Other Diagnosis - 16	A	1	843 - 843
POA Other Diagnosis - 17	A	1	844 - 844
POA Other Diagnosis - 18	A	1	845 - 845
POA Other Diagnosis - 19	A	1	846 - 846
POA E-Code	A	1	847 - 847
Patient Middle Initial	A	1	848 – 848
Patient Name Suffix	A	3	849 – 851
Record Type	A	1	852 – 852



Medicare Provider Number

<i>Data Element:</i>	Medicare Provider Number
<i>Length:</i>	6
<i>Position:</i>	1 - 6
<i>Data Type:</i>	Integer
<i>Definition:</i>	Hospital's Medicare provider number as assigned by CMS.
<i>Instructions:</i>	Right justify. Do not leave this field blank.
<i>Edits:</i>	(24) HOSPITAL CODE MUST BE MEDICARE PROVIDER NUMBER Provider number must be valid code in reference file.



Account (Register) Number

Data Element: Account (Register) Number

Length: 15

Position: 7 - 21

Data Type: Alpha-Numeric

Definition: The number assigned to the patient's visit by the hospital. The account number is typically used for charge and/or billing purposes.

Instructions: Left justify the account number.
Valid characters: A through Z, 0 through 9, . (period), and - (hyphen).
Leave unused right most positions blank. Do not zero fill them.
Do not leave this field blank.
For Hospitals with no account number, an unique number can be created by combining the medical record number and the discharge date.

Edits: DUPLICATE ACCOUNT
Multiple records have been submitted with the same Medicare provider number and account number.

ACCOUNT NUMBER MUST BE PRESENT
Account number must be non-blank.



Medical Record Number

Data Element: Medical Record Number

Length: 15

Position: 22 - 36

Data Type: Alpha-Numeric

Definition: The number assigned to the patient's medical/health record by the hospital. The medical record number is typically used to do an audit of the history of treatment.

Instructions: Left justify the medical record number.
Valid characters: A through Z, 0 through 9, . (period), and - (hyphen).
Leave unused right most positions blank. Do not zero fill them.
Do not leave this field blank.

Edits:

- (13) **DUPLICATE RECORD**
Multiple records have been submitted with the same Medicare provider number, medical record number, date of birth, and discharge date.
- (25) **MEDICAL RECORD NUMBER MUST BE PRESENT**
Medical record number must be non-blank.



Date of Birth

Data Element: Date of Birth

Length: 8

Position: 37 - 44

Data Type: Date

Definition: Month, day, and year (including century) of birth of the patient

Instructions: YYYYMMDD
If the month, day or year of birth is a single digit, use a preceding zero. There should be no blanks in this field.
If the date of birth is unknown, the month and day should be recorded as 0701 and the approximate year should be calculated based upon the patient's age.
Do not leave this field blank.

- Edits:***
- (2) ADMIT DATE BEFORE DATE OF BIRTH
Admit date must be greater than or equal to date of birth.
 - (11) INVALID DATE OF BIRTH
Date of birth must be present, YYYYMMDD format, month between 1 and 12, day appropriate for month, DOB greater than 18900101.
 - (13) DUPLICATE RECORD
Multiple records have been submitted with the same Medicare provider number, medical record number, date of birth, and discharge date.
 - (26) IN-HOSPITAL NEWBORN - ADMIT DATE MUST EQUAL DATE OF BIRTH
If principal diagnosis begins V300 V310 V320 V330 V340 V350 V360 V370 V380 V390 (in-hospital newborn), date of birth must equal admit date.



Sex

Data Element:	Sex
Length:	1
Position:	45 - 45
Data Type:	Integer
Definition:	Sex of patient 1 = Male 2 = Female 3 = Other (Congenital anomaly when the sex cannot be determined) 4 = Unknown (Transsexual surgery or when the sex of the patient is unknown)
Instructions:	Do not leave this field blank.
Edits:	(9) INVALID SEX - MUST BE 1 - 4 Sex must be 1, 2, 3 or 4 (18) INVALID SEX FOR DIAGNOSIS If reference file indicates male only diagnosis, sex must be 1. If reference file indicates female only diagnosis, sex must be 2. (23) INVALID SEX FOR PROCEDURE If reference file indicates male only procedure, sex must be 1. If reference file indicates female only procedure, sex must be 2.



Race

<i>Data Element:</i>	Race
<i>Length:</i>	2
<i>Position:</i>	46 - 47
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The race or origin with which the patient most closely identifies.
<i>Instructions:</i>	Use this field to code race according to their internal coding schemes. If the race is unknown, enter 99. Do not leave this field blank.
<i>Edits:</i>	(10) INVALID RACE Race code must be in the list of valid codes provided by each hospital.



Zip Code of Residence

Data Element: Zip Code of Residence

Length: 5

Position: 48 - 52

Data Type: Integer

Definition: U.S. postal zip code for the address of the patient's current residence. Use country codes for non-US residents.
The quality of the information in this field is critical to the medical assessment activity.

Instructions: Right justify, filling any leading blanks with zeros.
Provide the five digit postal zip code for US residents.
For **out of country patients, enter 88888.**
If the zip code is **unknown, enter 99999.**
Do not leave this field blank.

Edits: (27) INVALID ZIP CODE
Zip code must be valid zip code, 88888 or 99999.



Date of Admission

Data Element: Date of Admission

Length: 6

Position: 53 - 58

Data Type: Date

Definition: Month, day and year of admission to hospital as an acute care patient. This field along with discharge date is used to calculate length of stay. The day of admission is counted but not the day of discharge when the length of stay is generated.

Instructions: YYMMDD
If the month, day or year of admission is a single digit, use a preceding zero. There should be no blanks in this field.
Do not leave this field blank.

- Edits:**
- (2) ADMIT DATE BEFORE DATE OF BIRTH
Admit date must be greater than or equal to date of birth.
 - (5) PATIENT DISCHARGED BEFORE ADMISSION
Admit date must be less than or equal to discharge date.
 - (21) PROCEDURE DATE IS NOT WITHIN STAY
If valid procedure date, admit date and discharge date, the procedure date must be greater than or equal to admit date and less than or equal to discharge date.
 - (26) IN-HOSPITAL NEWBORN - ADMIT DATE MUST EQUAL DATE OF BIRTH
If principal diagnosis begins V300 V310 V320 V330 V340 V350 V360 V370 V380 V390 (in-hospital newborn) date of birth must equal admit date.
 - (40) INVALID ADMISSION DATE
Admit date must be present, YYMMDD format, month between 1 and 12, day appropriate for month, date not in the future.
 - (118) LOS FOR DRG IS GREATER THAN EXPECTED, PLEASE CONFIRM
Lengths of stay greater than expected for the DRG must be confirmed.



Date of Discharge

<i>Data Element:</i>	Date of Discharge
<i>Length:</i>	6
<i>Position:</i>	59 - 64
<i>Data Type:</i>	Date
<i>Definition:</i>	Month, day and year the patient left the facility as an acute care patient. This field along with the admission date is used to calculate length of stay. The day of admission is counted but not the day of discharge when length of stay is calculated.
<i>Instructions:</i>	YYMMDD If the month, day or year of discharge is a single digit, use a preceding zero. There should be no blanks in this field. Do not leave this field blank.
<i>Edits:</i>	(4) INVALID DISCHARGE DATE Discharge date must be present, YYMMDD format, month between 1 and 12, day appropriate for month, date not in the future. (5) PATIENT DISCHARGED BEFORE ADMISSION Admit date must be less than or equal to discharge date. (13) DUPLICATE RECORD Multiple records have been submitted with the same Medicare provider number, medical record number, date of birth, and discharge date. (21) PROCEDURE DATE IS NOT WITHIN STAY If valid procedure date, admit date and discharge date, the procedure date must be greater than or equal to admit date and less than or equal to discharge date. (118) LOS FOR DRG IS GREATER THAN EXPECTED, PLEASE CONFIRM Lengths of stay greater than expected for the DRG must be confirmed. (119) LOS FOR DRG IS LESS THAN EXPECTED, PLEASE CONFIRM Lengths of stay less than expected for the DRG must be confirmed.



Principal Source of Payment

Data Element: Principal Source of Payment

Length: 2

Position: 65 - 66

Data Type: Integer

Definition: Expected principal source of payment for this hospital admission.

- 01 = Medicare
- 02 = Medicaid
- 04 = HMSA (any other HMSA plan)
- 05 = Kaiser
- 06 = Other Insurance
- 07 = Self Pay/Charity Care
- 08 = No Fault
- 09 = Workers' Compensation
- 11 = Unknown
- 12 = DOD (Department of Defense) (Tripler Use Only)
- 14 = HMSA Health Plan Hawaii
- 15 = AlohaCare
- 16 = Hawaii Management Alliance Association (HMAA)
- 17 = University Health Alliance (UHA)
- 18 = HMSA 65C+
- 19 = Kaiser Senior Advantage
- 20 = Veterans Administration (VA)
- 21 = TRICARE/CHAMPUS/Other Government
- 22 = HMSA QUEST
- 23 = Kaiser QUEST
- 24 = QUEST (any QUEST plan except AlohaCare, HMSA QUEST, Kaiser QUEST)
- 25 = Secure Horizons Medicare Advantage
- 26 = AlohaCare Advantage/Advantage Plus

Instructions: Enter leading zero for single digit codes.
Do not leave this field blank.

Edits: INVALID PAY SOURCE - MUST BE 1 - 26
Pay source must be between 1 and 26

HHIC Note: Out-of-state Medicaid plans are also included in payer 02. (3/05)



Disposition of Patient

Data Element: Disposition of Patient

Length: 2

Position: 67 - 68

Data Type: Integer

Definition: Patient disposition or discharge status. Same as UB-04 (form locator 17) patient status field.

- 01 = Discharged to home or self care (routine discharge)
- 02 = Transferred/discharged to another short-term general hospital for inpatient care
- 03 = Discharged/transferred to a skilled nursing facility (SNF)
- 04 = Discharged/transferred to an intermediate care facility (ICF)
- 05 = Discharged/transferred to Designated Cancer Center of Children’s Hospital (4/1/08 discharges).
- 06 = Discharged/transferred to home under care of organized home health service Organization in anticipation of covered skilled care.
- 07 = Left against medical advice or discontinued care
- *09 = Admitted as an inpatient to this hospital
- 20 = Expired
- 30 = Still patient
- 40 = Expired at home (hospice only)
- 41 = Expired in medical facility; e.g. hospital, SNF, ICF, or free standing hospice (hospice only)
- 42 = Expired - place unknown (hospice only)
- 43 = Discharged/transferred to a Federal Hospital (10/1/03 discharges)
- 50 = Hospice – home
- 51 = Hospice – medical facility
- 61 = Discharged/transferred within this institution to a hospital-based Medicare approved swing bed.
- 62 = Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital.
- 63 = Discharged/transferred to a Medicare Certified Long Term Care Hospital (LTCH)
- 64 = Discharged/transferred to a nursing facility certified by Medicaid, but not certified by Medicare.
- 65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital (4/1/04 discharges).
- 66 = Discharged/transferred to a Critical Access Hospital (CAH) (1/1/06 discharges)
- 70 = Discharged/Transferred to Another Type of Health Care Institution Not Defined Elsewhere (4/1/08 discharges).

*In situations where a patient is admitted before midnight of the third day following the day of an outpatient diagnostic service or service related to the reason for the admission, the outpatient services are considered inpatient. Therefore, code 09 would apply only to services that began longer than 3 days earlier or were unrelated to the reason for admission, such as observation following outpatient surgery, which results in admission.

Instructions: Do not leave this field blank.

Edits: INVALID DISPOSITION - MUST BE 01-07, 09, 20, 30, 40-43, 50-51, 61-66, 70



Disposition of Patient—Specific Facility

Data Element: Disposition of Patient—Specific Facility

Length: 6

Position: 69 - 74

Data Type: Integer

Definition: Hospital's Medicare provider number as assigned by CMS for the facility that patient is transferred to by your facility. When discharge disposition (position 67 - 68) has a value of 02 (transfer to acute hospital), this data element must be filled in.

- 120006 Castle Medical Center
- 121307 Hale Ho'ola Hamakua
- 120010 Hawaii Medical Center-East
- 120027 Hawaii Medical Center-West
- 120005 Hilo Medical Center
- 124001 Kahi Mohala
- 121304 Kahuku Hospital
- 120011 Kaiser Permanente Medical Center
- 123300 Kapiolani Medical Center for Women and Children
- 121301 Ka'u Hospital
- 121300 Kauai Veterans Memorial Hospital
- 121302 Kohala Hospital
- 120019 Kona Community Hospital
- 120007 Kuakini Medical Center
- 121308 Kula Hospital
- 121305 Lanai Community Hospital
- 120002 Maui Memorial Medical Center
- 121303 Molokai General Hospital
- 120028 North Hawaii Community Hospital
- 120026 Kapiolani Medical Center at Pali Momi
- 120001 Queen's Medical Center
- 123025 Rehabilitation Hospital of the Pacific
- 121306 Samuel Mahelona Memorial Hospital
- 120022 Straub Clinic and Hospital
- 12001F Tripler Army Medical Center
- 120004 Wahiawa General Hospital
- 120014 Wilcox Memorial Hospital
- 999997 Other Acute Facility in U.S. (includes US Military facilities on foreign soil)
- 999998 Other Acute Facility outside of U.S.
- 999999 Unable to Provide Specific Facility

Instructions: Right justify.
Leave blank for patients not transferred to another facility.

Edits: HOSPITAL CODE MUST BE MEDICARE PROVIDER NUMBER
Provider number must be valid code in reference file.
FACILITY MUST BE SPECIFIED IF DISPOSITION IS "02".



Total Charges

Data Element: Total Charges

Length: 8

Position: 75 - 82

Data Type: Integer

Definition: Total charges for this stay, including room and board, pharmacy, laboratory, X-ray and hospital based physician charges.

Instructions: Enter total dollars charged and right justify. Zero fill any empty positions.
Truncate any cents.
If the amount is over \$99,999,999, enter all 9's.
Do not leave this field blank.

- Edits:***
- (29) TOTAL CHARGES MUST BE GREATER THAN ZERO
Total charges must be non-blank and greater than zero.
 - (64) HOSPITAL BASED PHYSICIAN CHARGES EXCEED TOTAL CHARGES
Hospital based physician charges must be less than total charges.
 - (120) AVERAGE DAILY CHARGE HIGH FOR DRG, PLEASE CONFIRM
Average daily charges greater than expected for the DRG must be confirmed.
 - (121) AVERAGE DAILY CHARGE LOW FOR DRG, PLEASE CONFIRM
Average daily charges less than expected for the DRG must be confirmed.



Hospital Based Physician Charges

<i>Data Element:</i>	Hospital Based Physician Charges
<i>Length:</i>	6
<i>Position:</i>	83 - 88
<i>Data Type:</i>	Integer
<i>Definition:</i>	Total hospital based physician charges.
<i>Instructions:</i>	Enter total hospital based physician <u>dollars</u> charged and right justify. Zero fill any empty positions. Truncate any cents. If the amount is over \$999,999, enter all 9's. Zero fill if not applicable. Do not leave this field blank.
<i>Edits:</i>	(63) INVALID HOSPITAL BASED PHYSICIAN CHARGES Hospital based physician charges must be numeric and not less than zero. (64) HOSPITAL BASED PHYSICIAN CHARGES EXCEED TOTAL CHARGES Hospital based physician charges must be less than total charges.



Birth Weight

Data Element: Birth Weight

Length: 4

Position: 89 - 92

Data Type: Integer

Definition: Birth weight in grams for admissions less than 30 days in age

Instructions: Enter the birth weight in grams. Right justify the weight and zero fill the left most positions. If this is a neonatal admission, report the weight at birth, not the weight at the time of admission.
If the birth weight is completely unknown, enter 9999.
If the patient is more than 30 days in age, this field is not applicable - zero fill it.
The appropriate DRG may not be assigned if the birth weight is omitted.

- Edits:***
- (65) BIRTH WEIGHT IN GRAMS MUST BE 455 - 9505
If age = 0 and the patient is less than 31 days old, the weight must be between 455 and 9505 grams.
 - (66) BIRTH WEIGHT DOES NOT AGREE WITH DIAGNOSIS (DX#)
If birth weight is greater than zero and diagnosis is 764-765.1 then the birth weight must fall within the range identified by the fifth digit of the diagnosis.

1 = < 500 grams	6 = 1500 - 1749 grams
2 = 500 - 749 grams	7 = 1750 - 1999 grams
3 = 750 - 999 grams	8 = 2000 - 2499 grams
4 = 1000 - 1249 grams	9 = 2500+ grams
5 = 1250 - 1499 grams	



Attending Physician

<i>Data Element:</i>	Attending Physician
<i>Length:</i>	9
<i>Position:</i>	93 - 101
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The number of the licensed physician who would normally be expected to certify and re-certify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.
<i>Instructions:</i>	Enter the appropriate hospital defined code. Left justify the code. Do not leave blank.
<i>Edits:</i>	(50) ATTENDING PHYSICIAN IS REQUIRED Attending physician must be non-blank.



Principal Diagnosis Code

Data Element: Principal Diagnosis Code

Length: 5

Position: 102 - 106

Data Type: Alpha-Numeric

Definition: The ICD-9-CM code describing the condition established after study to be chiefly responsible for causing the admission of the patient to the hospital for care.

Instructions: E codes for externally caused injuries are not allowed as principal diagnoses and are intended for use in addition to the principal diagnosis. Manifestation and morphology codes are not allowed as a principal diagnosis. Enter the appropriate ICD-9-CM code. Left justify the code and if any positions are unused, leave them blank. Do not code the decimal point. It is implied. Do not leave this field blank.

- Edits:**
- (14) INVALID PRINCIPAL DIAGNOSIS
Must be valid principal diagnosis code in reference file.
 - (18) INVALID SEX FOR DIAGNOSIS
If reference file indicates male only diagnosis, sex must be 1.
If reference file indicates female only diagnosis, sex must be 2.
 - (16) PREGNANCY RELATED DIAGNOSIS NOT COMPATIBLE WITH AGE
If diagnosis is pregnancy related (630 - 676.99), age must be between 10 and 54.
 - (26) IN-HOSPITAL NEW BORN - ADMIT DATE MUST EQUAL DATE OF BIRTH
If principal diagnosis begins V300 V310 V320 V330 V340 V350 V360 V370 V380 V390 (in-hospital newborn), date of birth must equal admit date.
 - (66) BIRTH WEIGHT DOES NOT AGREE WITH DIAGNOSIS (DX#)
If birth weight is greater than zero and diagnosis is 764-765.1 then the birth weight must fall within the range identified by the fifth digit of the diagnosis.

1 = < 500 grams	6 = 1500 - 1749 grams
2 = 500 - 749 grams	7 = 1750 - 1999 grams
3 = 750 - 999 grams	8 = 2000 - 2499 grams
4 = 1000 - 1249 grams	9 = 2500+ grams
5 = 1250 - 1499 grams	



Other Diagnoses (1-19)

- Data Element:** Other Diagnoses (1-19)
- Length:** 5 each (19 occurrences)
- Position:** 107 – 201
- Data Type:** Alpha-Numeric
- Definition:** ICD-9-CM diagnosis code(s) corresponding to additional conditions that co-exist at the time of admission or develop subsequently which affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on this hospital stay are to be excluded.
- Instructions:** Enter the appropriate ICD-9-CM code(s).
Left justify the code(s) and if any positions are unused, leave them blank.
Do not code the decimal point. It is implied.
The first diagnosis reflecting the external cause of injury (E-code) should be reported in positions 176-180 of the record, not in this series of diagnosis codes. Any additional E-codes should be reported here.
If there are other diagnoses, do not leave this field(s) blank.
Do not leave a blank field between two diagnosis codes.
Do not zero fill. Leave unused fields blank.
- Edits:**
- (17) INVALID SECONDARY DIAGNOSIS
Diagnosis (1-9) must be valid code in reference file.
 - (18) INVALID SEX FOR DIAGNOSIS
If reference file indicates male only diagnosis, sex must be 1.
If reference file indicates female only diagnosis, sex must be 2.
 - (16) PREGNANCY RELATED DIAGNOSIS NOT COMPATIBLE WITH AGE
If diagnosis is pregnancy related (630 - 676.99), age must be between 10 and 54.
 - (66) BIRTH WEIGHT DOES NOT AGREE WITH DIAGNOSIS (DX#)
If birth weight is greater than zero and diagnosis is 764-765.1 then the weight must fall within the range identified by the fifth digit of the diagnosis.

1 =	< 500 grams	6 =	1500 - 1749 grams
2 =	500 - 749 grams	7 =	1750 - 1999 grams
3 =	750 - 999 grams	8 =	2000 - 2499 grams
4 =	1000 - 1249 grams	9 =	2500+ grams
5 =	1250 - 1499 grams		



E Code

<i>Data Element:</i>	E-Code
<i>Length:</i>	5
<i>Position:</i>	202 - 206
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The ICD-9-CM diagnosis code for the external cause of an injury, poisoning, or adverse effect.
<i>Instructions:</i>	<p>Enter the appropriate ICD-9-CM E-code. Left justify the code and, if any positions are unused, leave them blank. Do not code the decimal point. It is implied. The E-code that appears in this field should not be included among the other diagnoses reported in positions 107 -201 of this record. Only the first E-code for a record should be reported here. If the record has additional E-codes, they should be reported in positions 107-201. If there is no E-code associated with this hospitalization, leave this field blank. Do not zero fill.</p> <p>The priorities for recording an E-code are the same as those for UB-04 forms:</p> <ol style="list-style-type: none"> 1) Principal diagnosis of an injury or poisoning 2) Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis. 3) Other diagnosis with an external cause.
<i>Edits:</i>	<p>(67) INVALID E-CODE E-code must be a valid code in reference file.</p>



Principal Procedure

Data Element: Principal Procedure

Length: 4

Position: 207 - 210

Data Type: Alpha-Numeric

Definition: The principal procedure is the one performed for definitive treatment, rather than the one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. The principal procedure is most closely related to the principal diagnosis.

Instructions: Enter the appropriate ICD-9-CM code for the principal procedure.
Left justify the code and, if any positions are unused, leave them blank.
Do not code the decimal point. It is implied.
Do not leave this field blank if a principal procedure has been performed.
Do not zero fill. Leave this field blank if no procedure was performed.

Edits:

- (20) **PROCEDURE REQUIRES PROCEDURE DATE**
If principal procedure is present, corresponding principal procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.
- (22) **INVALID PROCEDURE CODE**
Procedure code must be valid code in reference file.
- (23) **INVALID SEX FOR PROCEDURE**
If reference file indicates male only procedure, sex must be 1.
If reference file indicates female only procedure, sex must be 2.
- (52) **PRINCIPAL PROCEDURE REQUIRES PRIMARY SURGEON CODE (SURG1)**
If principal procedure is present, primary surgeon must be present.



Other Procedures (1-19)

Data Element: Other Procedures (1-19)

Length: 4 each (19 occurrences)

Position: 211 - 286

Data Type: Alpha-Numeric

Definition: The ICD-9-CM codes identifying all significant procedures other than the principal procedure. Report all procedures including any therapeutic procedures. Include procedures which carry an operative or anesthetic risk and/or require highly trained personnel as well as special procedures which require technologically advanced facilities and/or equipment.

Instructions: Enter the appropriate ICD-9-CM code for the procedure(s).
Left justify the code(s) and, if any positions are unused, leave them blank.
Do not code the decimal point. It is implied.
Do not leave this field blank if a procedure(s) has been performed.
Do not leave a blank field between two procedure fields.
Do not zero fill unused fields. Leave them blank.

- Edits:**
- (20) **PROCEDURE REQUIRES PROCEDURE DATE**
If procedure is present, corresponding procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.
 - (22) **INVALID PROCEDURE CODE**
Procedure code must be valid code in reference file.
 - (23) **INVALID SEX FOR PROCEDURE**
If reference file indicates male only procedure, sex must be 1.
If reference file indicates female only procedure, sex must be 2.
 - (54) **PROCEDURE REQUIRES SECONDARY SURGEON CODE (SURGx)**
If procedure #x is present, surgeon #x must be non-blank, non-zero.



Principal Surgeon

<i>Data Element:</i>	Principal Surgeon
<i>Length:</i>	9
<i>Position:</i>	287 - 295
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	Physician who performed the principal procedure.
<i>Instructions:</i>	Enter the appropriate hospital defined code. Left justify the code leaving unused right most positions blank. If a surgical procedure was performed, do not leave this field blank. Do not zero fill. Leave blank if not applicable.
<i>Edits:</i>	(52) PRINCIPAL PROCEDURE REQUIRES PRINCIPAL SURGEON CODE (SURG1) If principal procedure is present, principal surgeon must be non-blank, non-zero.



Other Surgeons (1-19)

<i>Data Element:</i>	Other Surgeons (1-9)
<i>Length:</i>	9 each (19 occurrences)
<i>Position:</i>	296 - 466
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	Physician(s) who performed the corresponding procedure(s).
<i>Instructions:</i>	Enter the appropriate hospital defined code(s). Left justify the code(s), leaving unused right most positions blank. If a surgical procedure was performed, do not leave this field blank. Do not zero fill. Leave blank if not applicable.
<i>Edits:</i>	(54) SECONDARY PROCEDURE REQUIRES SECONDARY SURGEON <i>CODE (SURGx)</i> If procedure #x is present, surgeon #x must be non-blank, non-zero.



Principal Procedure Date

Data Element: Principal Procedure Date

Length: 6

Position: 467 - 472

Data Type: Date

Definition: Month, day and year when the principal procedure was performed.

Instructions: YYMMDD

If the month, day or year of the procedure date is a single digit, use a preceding zero. There should be no imbedded blanks.

If a surgical procedure was performed, do not leave this field blank.

Do not zero fill. Leave blank if not applicable.

Edits:

(20) PROCEDURE REQUIRES PROCEDURE DATE

If procedure is present, corresponding procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.

(21) PROCEDURE DATE IS NOT WITHIN STAY

If valid procedure date, admit date and discharge date, the procedure date must be greater than or equal to the admit date and less than or equal to the discharge date.



Other Procedure Dates (1-19)

- Data Element:*** Other Procedure Dates (1-19)
- Length:*** 6 each (19 occurrences)
- Position:*** 473 – 586
- Data Type:*** Date
- Definition:*** The date on which the corresponding procedure occurred.
- Instructions:*** YYMMDD
If the month, day or year of the procedure is a single digit, use a preceding zero. There should be no imbedded blanks.
If a surgical procedure was performed, do not leave this field blank.
Do not zero fill. Leave blank if not applicable.
- Edits:***
- (20) **PROCEDURE REQUIRES PROCEDURE DATE**
If procedure is present, corresponding procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.
 - (21) **PROCEDURE DATE IS NOT WITHIN STAY**
If valid procedure date, admit date, and discharge date, the procedure date must be greater than or equal to the admit date and less than or equal to the discharge date.



Type of Admission

Data Element: Type of Admission

Length: 1

Position: 587 - 587

Data Type: Alphanumeric

Definition: A code indicating the priority of this admission.

- 1 = Emergency The patient requires medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
- 2 = Urgent The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation.
- 3 = Elective The patient's condition permits adequate time to schedule the availability of a suitable accommodation.
- 4 = Newborn Use of this code necessitates the use of special Source of Admission codes - see page 32 .
- 5 = Trauma Center Visits to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.
- 6-8 Reserved for national assignment
- 9 = Information not available

Instructions: Same as the UB-04 (form locator 14) Type of Admission field.
Do not leave this field blank.

Edits: INVALID CODE - MUST BE 1, 2, 3, 4, 5 or 9
Type of Admission must be 1, 2, 3, 4, 5 or 9



Point of Origin (Source) of Admission

Data Element: Point of Origin (Source) of Admission

Length: 1

Position: 588 - 588

Data Type: Alphanumeric

Definition: A code indicating the source of this admission.

For Emergency, Elective or Other Type of Admission

- 1 = Non-Health Care Facility Point of Origin
- 2 = Clinic
- 4 = Transfer from a hospital (Different Facility)
- 5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- 6 = Transfer from another health care facility
- 7 = Emergency room
- 8 = Court/Law Enforcement
- 9 = Information Not Available
- B = Transfer from Another Home Health Agency
- C = Readmission to Same Home Health Agency
- D = Transfer from Hospital Inpatient in the Same Facility resulting in a separate claim to the payer.
- E = Transfer from Ambulatory Surgery Center
- F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program
- G - Z Reserved for national assignment

For Newborn

- 1 - 4 Reserved for national assignment
- 5 = Born Inside this Hospital
- 6 = Born Outside this Hospital
- 7-9 Reserved for national assignment

Instructions: Same as the UB-04 (form locator 15) Source of Admission field.
Do not leave this field blank

Edits: INVALID CODE - MUST BE 1, 2, 4-9 or B-F
Source of Admission must be 1, 2, 4-9 or B-F

IF AGE = 0 INVALID CODE - MUST BE 5, 6
Source of Admission must be 5 or 6



Source of Admission—Specific Facility

Data Element: Source of Admission—Specific Facility

Length: 6

Position: 589 - 594

Data Type: Integer

Definition: Hospital's Medicare provider number as assigned by CMS for the facility that transferred the patient to your facility. When source of admission (position 588) has a value of 4 (transfer from a hospital), this data element must be filled in.

120006	Castle Medical Center
121307	Hale Ho'ola Hamakua
120010	Hawaii Medical Center-East
120027	Hawaii Medical Center-West
120005	Hilo Medical Center
124001	Kahi Mohala
121304	Kahuku Hospital
120011	Kaiser Permanente Medical Center
123300	Kapiolani Medical Center for Women and Children
121301	Ka'u Hospital
121300	Kauai Veterans Memorial Hospital
121302	Kohala Hospital
120019	Kona Community Hospital
120007	Kuakini Medical Center
121308	Kula Hospital
121305	Lanai Community Hospital
120002	Maui Memorial Medical Center
121303	Molokai General Hospital
120028	North Hawaii Community Hospital
120026	Kapiolani Medical Center at Pali Momi
120001	Queen's Medical Center
123025	Rehabilitation Hospital of the Pacific
121306	Samuel Mahelona Memorial Hospital
120022	Straub Clinic and Hospital
12001F	Tripler Army Medical Center
120004	Wahiawa General Hospital
120014	Wilcox Memorial Hospital
999997	Other Acute Facility in U.S. (includes US Military facilities on foreign soil)
999998	Other Acute Facility outside of U.S.
999999	Unable to Provide Specific Facility

Instructions: Right justify.
Leave blank for patients not received in transfer from another facility.

Edits: HOSPITAL CODE MUST BE MEDICARE PROVIDER NUMBER
Provider number must be valid code in reference file.
FACILITY MUST BE SPECIFIED IF ADMIT SOURCE IS "4".



Mother's Account (Register) Number

Data Element: Mother's Account (Register) Number

Length: 15

Position: 595 - 609

Data Type: Alpha-Numeric

Definition: The number assigned to a newborn patient's **MOTHER's** visit by the hospital. The mother's account number will allow HHIC to correctly match each newborn record with the mother's record.

Instructions: Left justify the account number.
Valid characters: A through Z, 0 through 9 and - (hyphen).
Leave unused right most positions blank. Do not zero fill them.
Leave blank for all non-newborn records.

Edits: MOTHER'S ACCOUNT NUMBER MUST BE PRESENT FOR ALL NEWBORN RECORDS
Mother's account number must be non-blank for **ALL Newborn** Records

(30) MOM DISCHARGE RECORD NOT FOUND

(31) SPECIFIED MOM ACCOUNT NUMBER LINKS TO A NON-DELIVERY DISCHARGE

(33) MULTIPLE MOM DISCHARGES FOUND FOR THIS NEWBORN DISCHARGE

(35) MOM ACCOUNT NUMBER MUST NOT BE SPECIFIED FOR A NON-NEWBORN DISCHARGE

(34) NEWBORN ACCT NUMBER AND MOM ACCT NUMBER ARE THE SAME

(36) MOM DISCHARGE DOES NOT HAVE A RELATED NEWBORN DISCHARGE

(32) NEWBORN RESIDENTIAL ZIP CODE DOES NOT MATCH MOMS



Social Security Number

<i>Data Element:</i>	Social Security Number
<i>Length:</i>	9
<i>Position:</i>	610 - 618
<i>Data Type:</i>	Numeric
<i>Definition:</i>	The number assigned by the Social Security Administration.
<i>Instructions:</i>	Valid characters: 0 through 9, no hyphens or spaces. If SSN is unknown leave blank.
<i>Edits:</i>	None



Patient First Name

<i>Data Element:</i>	Patient First Name
<i>Length:</i>	30
<i>Position:</i>	619 - 648
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The patient's first name.
<i>Instructions:</i>	Exclude middle names and middle initials Uppercase only Numbers are only accepted on newborn records and only when in the last position. For example: Baby Boy 2, Baby Girl 1, BB1, BG1
<i>Edits:</i>	PATIENT FIRST NAME MUST BE PRESENT Patient First Name must be non-blank.



Patient Last Name

<i>Data Element:</i>	Patient Last Name
<i>Length:</i>	30
<i>Position:</i>	649 - 678
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The patient's last name.
<i>Instructions:</i>	Uppercase Only
<i>Edits:</i>	PATIENT LAST NAME MUST BE PRESENT Patient Last Name must be non-blank.



Mailing Address 1

<i>Data Element:</i>	Mailing Address 1
<i>Length:</i>	30
<i>Position:</i>	679 - 708
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	Patient's mailing address. First line.
<i>Instructions:</i>	Select the patient's mailing address and NOT the guarantor address.
<i>Edits:</i>	None



Mailing Address 2

<i>Data Element:</i>	Mailing Address 2
<i>Length:</i>	30
<i>Position:</i>	709 - 738
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	Second line for apartment complex names or other long mailing addresses.
<i>Instructions:</i>	Leave blank if not needed. Mailing Address 2 will be printed as a separate line below Mailing Address 1.
<i>Edits:</i>	None



Mailing Address - City

<i>Data Element:</i>	Mailing Address - City
<i>Length:</i>	30
<i>Position:</i>	739 - 768
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	City associated with patient's mailing address.
<i>Instructions:</i>	
<i>Edits:</i>	None



Mailing Address - State

<i>Data Element:</i>	Mailing Address - State
<i>Length:</i>	2
<i>Position:</i>	769 - 770
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	State associated with patient's mailing address.
<i>Instructions:</i>	None
<i>Edits:</i>	None



Mailing Address - Zip Code

<i>Data Element:</i>	Mailing Address - Zip Code
<i>Length:</i>	5
<i>Position:</i>	771 - 775
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	Zip Code associated with patient's mailing address.
<i>Instructions:</i>	Standard US Postal Zip Code. Use leading zero as appropriate.
<i>Edits:</i>	(27) ZIP CODE MUST BE NON-ZERO Zip code must be valid zip code, 88888 or 99999.
	(47) INVALID HAWAIIAN ZIP CODE Zip code between 96700 - 96850 must be valid Hawaiian zip code in reference file.



Patient Phone Number

Data Element: Patient Phone Number

Length: 10

Position: 776 - 785

Data Type: Numeric

Definition: Patient telephone number.

Instructions: Enter patient phone number including area code and phone number with no punctuation (e.g. 2125551212).
Leave blank if unknown.

Edits: None



Admitting Nursing Unit

<i>Data Element:</i>	Admitting Nursing Unit
<i>Length:</i>	20
<i>Position:</i>	786 - 805
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The name of nursing unit to which the patient was admitted.
<i>Instructions:</i>	Left justify the nursing unit. Valid characters: A through Z, 0 through 9 and - (hyphen). Leave unused right most positions blank. Do not zero fill them. Leave blank if unknown or not available.
<i>Edits:</i>	None



Discharge Nursing Unit

<i>Data Element:</i>	Discharge Nursing Unit
<i>Length:</i>	20
<i>Position:</i>	806 - 825
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The name of nursing unit from which the patient was discharged.
<i>Instructions:</i>	Left justify the nursing unit. Valid characters: A through Z, 0 through 9 and - (hyphen). Leave unused right most positions blank. Do not zero fill them. Leave blank if unknown or not available.
<i>Edits:</i>	None



Opt-Out Mailing Flag

Data Element: Opt-Out Mailing Flag

Length: 1

Position: 826 - 826

Data Type: Numeric

Definition: **For surveying purposes such as patient satisfaction only.** A code used to designate patients who have requested not to receive any mailings such as satisfaction surveys, from their treating hospitals.

Instructions: Valid character is a 1 (patient requests no mailings), otherwise it should be blank.

Edits: None



Present on Admission (POA) Indicators (1-21)

Data Element:

Present on Admission (POA) Indicators (1-21)

- POA Principal Diagnosis Code (1)
- POA Other Diagnosis - 1 (2)
- POA Other Diagnosis - 2 (3)
- POA Other Diagnosis - 3 (4)
- POA Other Diagnosis - 4 (5)
- POA Other Diagnosis - 5 (6)
- POA Other Diagnosis - 6 (7)
- POA Other Diagnosis - 7 (8)
- POA Other Diagnosis - 8 (9)
- POA Other Diagnosis - 9 (10)
- POA Other Diagnosis - 10 (11)
- POA Other Diagnosis - 11 (12)
- POA Other Diagnosis - 12 (13)
- POA Other Diagnosis - 13 (14)
- POA Other Diagnosis - 14 (15)
- POA Other Diagnosis - 15 (16)
- POA Other Diagnosis - 16 (17)
- POA Other Diagnosis - 17 (18)
- POA Other Diagnosis - 18 (19)
- POA Other Diagnosis - 19 (20)
- POA E Code (21)

Length:

1 (for each diagnosis and E-code – 21 occurrences total)

Position:

827 – 847 (1 byte each for each diagnosis and E-code.)

Data Type:

Alpha-Numeric

Definition:

- Y = Yes (present at the time of inpatient admission)
- N = No (not present at the time of inpatient admission)
- U = Unknown (documentation is insufficient to determine if condition was present on admission)
- W = Clinically Undetermined (provider is unable to determine whether condition was present on admission)
- 1 = Unreported/Not used – Exempt from POA reporting

Instructions:

If corresponding diagnosis code or E code is present, do not leave this field blank.
Each POA Indicator must have a corresponding diagnosis or E-code.
For exempt ICD-9 code, POA must be 1.

Edits:

- POA INDICATOR MUST BE PRESENT
- POA Indicator must be present if corresponding diagnosis code is present.

- INVALID POA INDICATOR ON NON-EXEMPT ICD-9 CODE
- POA must be Y, N, U, or W.

- INVALID POA INDICATOR ON EXEMPT ICD-9 CODE
- POA must be 1.



Hawaii Health
Information Corporation

HEALTH CARE DATA SETS
Technical Specifications, Version 6

Inpatient Data Set

Created: September 26, 2007
Revised: May 28, 2008



Patient Middle Initial

<i>Data Element:</i>	Patient Middle Initial
<i>Length:</i>	1
<i>Position:</i>	848 - 848
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The patient's middle initial.
<i>Instructions:</i>	Include only the first middle initial. Uppercase only.



Patient Name Suffix

<i>Data Element:</i>	Patient Name Suffix
<i>Length:</i>	3
<i>Position:</i>	849 - 851
<i>Data Type:</i>	Alpha-Numeric
<i>Definition:</i>	The patient's name suffix, e.g. JR, SR, III, IV.
<i>Instructions:</i>	Uppercase only



Record Type

Data Element: Record Type

Length: 1

Position: 852 - 852

Data Type: Alpha-Numeric

Definition: 1 = Inpatient

Instructions: All inpatient records must contain the number 1 in the last position of the record. This will force all records to be the same length whether procedures were performed or not.

Edits: None