

KHDS HOSPITAL NUMBER

As assigned by KHDS staff for your facility

RECORD COUNTER

Value is 0001 – 9999

MEDICAL RECORD NUMBER

Any combination of alpha and numeric values.

DISCHARGE DATE

Format CCYY/MM/DD

ADMISSION DATE

Format CCYY/MM/DD

ADMISSION CLASS

- 1 – Emergency
- 2 – Urgent
- 3 – Elective
- 4 – Newborn
- 5 – Obstetrics

REFERRAL SOURCE

- D - Transfer within hospital
- NB - Newborn
- OP - Outpt Dept at same hospital
- 09 – Prison correctional facility
- 11 - Physician's Office/Clinic
- 12 - Home Health
- 21 - Inpatient Hospital
- 22 - Other Outpatient Hospital
- 23 - Emergency Room Hospital
- 24 - Ambulatory Surgery Center
- 25 - Birthing Center
- 26 - Military Treatment Facility
- 31 - Skilled Nursing Facility
- 32 - Nursing Facility
- 33 - Custodial Care Facility
- 34 - Hospice
- 51 - Psychiatric Mental Health Facility
- 54 - Intermediate Care Facility for Mentally Retarded
- 61 - Comprehensive Inpatient Rehabilitation Facility
- 99 - Other Unlisted Facility

REFERRAL ID

Any four characters
A-Z, 0-9 facility ID (Optional)

PATIENT STATUS

Valid Discharge Patient Status Codes

- 01** = Discharge to home or self-care (routine discharge)
- 02** = Discharge/transferred to another short-term general hospital for inpatient care
- 03** = Discharge/transferred to Skilled Nursing Facility (SNF) with Medicare Certification in anticipation of skilled care
- 04** = Discharge/transferred to an intermediate care facility (ICF).
- 05** = Discharge/transferred to a Designated Cancer Center or Children's Hospital

PATIENT STATUS (CONTINUED)

- 06** = Discharge/transferred to home under care of organized home health service organization when patient is admitted to home health care within 3 days of a hosp inpatient discharge
- 07** = Left against medical advice or discontinued care.
- 20** = Expired.
- 43** = Discharged/transferred to federal health care facility (Veteran)
- 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 included rehab distinct part units of a hospital
- 63** = Discharged/transferred to a long term care hospital.
- 64** = Discharged/transferred/referred 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** = Transfer to Critical Access (CAH)
- 70** = Discharged/transferred to another type of health care institution not defined elsewhere in this code list

TRANSFER DEST

- 09 – Prison correctional facility
- 12 – Home Health
- 21 – Inpatient Hospital
- 26 – Military Treatment Facility
- 31 – Skilled Nursing Facility
- 32 – Nursing Facility
- 33 – Custodial Care Facility
- 34 – Hospice
- 35 – Adult Living Care Facility
- 51 – Psychiatric Mental Health Facility
- 54 – Intermediate Care Facility for Mentally Retarded
- 61 – Comprehensive Inpatient Rehabilitation Facility
- 99 – Other Unlisted Facility

TRANSFER DESTINATION ID

Any four characters.
A-Z, 0-9 facility ID

ADMISSION HOUR

Values 00-23

DISCHARGE HOUR

Values 00-23

PRIMARY PAY CODE

- 09 Self Pay
- 12 Preferred Provider
- BL Blue Cross and Blue Shield of Kansas

PRIMARY PAY CODE (CONTINUED)

- CH CHAMPUS
- CI Commercial Insurance
- FR Free
- GV Other Government Programs
- HM HMO
- HW HealthWave
- MA Medicare Part A
- MC Medicaid
- NK Non-Kansas Blue Cross And Blue Shield
- OT Other
- WC Workman's Compensation

SECONDARY PAY CODE

See Primary Pay Code

PRIMARY SERVICE

Values are as specified by hospital for type of patient See attachment C

ACCOMMODATION ON ADMISSION

- 1 – Private or single room
- 2 – Semi-private room
- 3 – Multiple occupancy room
- 4 – Nursery
- 5 – Special Unit
- 6 – Hall
- 7 – Birthing Room/Labor room
- 8 – Other
- 9 – Other

ACCOMMODATION ON DISCHARGE

See Accommodation on Admission

SPECIAL UNIT 1

- 1 – ICU (Intensive Care Unit
- 2 – CCU (Coronary Care Unit
- 3 – Burn Unit
- 4 – Isolation
- 5 – Psychiatric Unit
- 6 – Short Procedure Unit
- 7 – Self Care Unit
- 8 – Other
- 9 – Other
- 0 – Other

SPECIAL UNIT 1 DAYS

Number of Days in Special Unit 1

SPECIAL UNIT 2

See Special Unit 1

SPECIAL UNIT 2 DAYS

Number of Days in Special Unit 2

TOTAL CHARGE

Charge in Dollars – no cents; round to nearest whole dollar.

DATE OF BIRTH

Value CCYY/MM/DD

BL (BCBSKS) PREFIX

(As shown on ID card)

INSURED ID NUMBER

(As shown on ID card)

ZIP CODE

Valid 5-Digit Zip Code;
9 digits accepted.

SEX

- M – Male
- F – Female
- U – Unknown

RACE

- A - Asian or Pacific Islander
- B - Black
- C - Caucasian
- D - Subcontinent Asian American
- E - Other Race of Ethnicity
- F - Asian Pacific American
- G - Native American
- H - Hispanic
- I - American Indian or Alaskan Native
- J - Native Hawaiian
- N - Black (non-Hispanic)
- O - White (non-Hispanic)
- P - Pacific Islander
- Z - Mutually Defined
- 7 - Not Provided
- 8 - Not Applicable

PATIENT ACCOUNT NUMBER

(As assigned by hospital)

PATIENT FIRST NAME**PATIENT LAST NAME****ATTENDING PHYSICIAN**

Any Six-Digit Number Previously Communicated To KHDS

OTHER PHYSICIAN

Any Six-Digit Number Previously communicated to KHDS. Physician other than attending, surgeon or consulting. Assistant surgeon would be an example.

CONSULTING PHYSICIAN 1

Any Six-Digit Number Previously Communicated To KHDS

NUMBER OF CONSULTS 1

1 – 9 - number of consultations performed by consulting physician 1

CONSULTING PHYSICIAN 2

Any Six-Digit Number Previously Communicated To KHDS

NUMBER OF CONSULTS 2

1 – 9 - number of consultations performed by consulting physician 2

CONSULTING PHYSICIAN 3

Any Six-Digit Number Previously Communicated To KHDS

NUMBER OF CONSULTS 3

1 – 9 - number of consultations performed by consulting physician 3

DIAGNOSIS CODES

00100 - 99999 or
V0100 - V9999 or
E80000 - E99999
Upper Case only

DIAGNOSIS DATES

Valid Date of Diagnosis
MM/DD/YY

PRESENT ON ADMISSION (POA)

- 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 is present on admission
- W - Clinically undetermined - Provider is unable to clinically determine whether condition as present on admission or not.
- 1 or Blank – for 837 4010A1 Version Unreported/Not used – (Exempt from POA reporting.)

ADMITTING DIAGNOSIS CODE

00100 - 99999 or
V0100 - V9999
Upper case only

NUMBER ADDITIONAL DIAGNOSIS CODES

1-9 - Number of Additional ICD Diag Codes Above 25

PROCEDURES

0101 – 9999

PROCEDURE DATES

Date of ICD Procedure Code
MM/DD/YY

PROCEDURE SURGEON

Number of Surgeon Performing ICD Procedure Code

NUMBER OF ADDITIONAL PROCEDURES

1-9 - Number of Additional ICD Procedure Codes Above 25

S&I FIELDS – See Attachment D for more information.

HEMOGLOBIN LOW SI 37

Lowest Hemoglobin Level During Hospitalization

HEMOGLOBIN DROP SI 38

Drop From Highest To Lowest Hemoglobin During Hospitalization (Include Pre-op Lab)

USER DEFINED

Hospital Specific Data Field Length
50 bytes