

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
KHDS HOSPITAL NUMBER	4	1	4	Alphanumeric	N/A	Blank	Assigned by KHDS	Verify that the hospital code is always equal to the number assigned by KHDS.	Required field
BATCH YEAR	4	5	8	Alphanumeric	N/A	Blank	Valid Year	Verify that the year is equal to the discharge year on the batch. CCYY	Required field
BATCH MONTH	2	9	10	Alphanumeric	Right	Blank	Valid Month	Verify that the month is equal to the discharge month on the batch. MM (01-12)	Required field
RECORD COUNTER	4	11	14	Alphanumeric	Right	Blank	0001-9999 – sequential	Sequential number starting at 0001 for each month and ending with a number equal to the total number of all patient's discharges for that month.	Required field
MEDICAL RECORD NUMBER	30	15	44	Alphanumeric	Right	Zero	Character validation – Alpha, numeric, '-' (hyphen)	Cannot be all zeros.	Required field
PATIENT ACCOUNT NUMBER	15	45	59	Alphanumeric	Right	Zero	Character validation – Alpha, numeric, '-' (hyphen)	Cannot be all zeros.	Required field if Position 153-154 = BL – Blue Cross of Kansas; recommended for other payors also.
PATIENT LAST NAME	35	60	94	Alphanumeric	Left	Blank	None	None	Required field if Position 153-154 = BL – Blue Cross of Kansas; recommended for other payors also.

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PATIENT FIRST NAME	25	95	119	Alphanumeric	Left	Blank	None	None	Required field if Position 153-154 = BL - Blue Cross of Kansas; recommended for other payors also.
ADMISSION CLASS	1	120	120	Alphanumeric	N/A	Blank	1 – Emergency 2 – Urgent 3 – Elective 4 – Newborn 5 – Obstetrics	Verify the field is 1, 2, 3, 4, or 5.	Required
ADMISSION DATE	8	121	128	Alphanumeric	N/A	Blank	Valid Date of Admission	Verify that the date is on or after the date of birth and on or less than the discharge date. CCYYMMDD	Required
DISCHARGE DATE	8	129	136	Alphanumeric	N/A	Blank	Valid Date of Discharge	Verify that the date is a valid calendar date equal to or greater than the admit date. CCYYMMDD	Required
BIRTHDATE	8	137	144	Alphanumeric	N/A	Blank	Valid Date of Birth	Verify the date is a valid calendar date. Date must not be greater than admit date. CCYYMMDD	Required
GENDER	1	145	145	Alphanumeric	N/A	Blank	M – Male F – Female U – Unknown	Verify code is M, F, or U	Required

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RACE	1	146	146	Alphanumeric	N/A	Blank	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	Verify code is within data range of validation field	Required
REFERRAL SOURCE	2	147	148	Alphanumeric	N/A	Blank	NB – Newborn OP - Outpatient Department at same hospital 11 - Physician’s Office 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	Verify code is within data range of validation field.	Required

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Referral Source (continued)							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		
TRANSFER REFERRAL ID	4	149	152	Alphanumeric	N/A	Blank	Any four characters A-Z, 0-9 facility ID	None	Recommended
PRIMARY PAYOR STATUS	2	153	154	Alphanumeric		Blank	09 - Self Pay 12 - Preferred Provider BL - Blue Cross and Blue Shield of Kansas 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	Verify code is within data range of validation table. If 'BL' then valid prefix (1237-1239) and insurance ID (1240-1251) are required. If Federal Blue Cross (ID starts with 'R') then no prefix required.	Required

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SECONDARY PAYOR STATUS	2	155	156	Alphanumeric	N/A	Blank	09 - Self Pay 12 - Preferred Provider BL - Blue Cross and Blue Shield of Kansas 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	Verify code is within data range in validation table	Required if applicable.
FILLER	1	157	157	N/A	Right	Blank	None		
TRANSFER DESTINATION	2	158	159	Alphanumeric	N/A	Blank	12 – Home 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	Verify code is within data range of validation field and position 1175-1176 (UB discharge status) is equal to a transfer.	Required if applicable.

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Transfer Destination (continued)							61 – Comprehensive Inpatient Rehabilitation Facility 99 – Other Unlisted Facility		
TRANSFER DESTINATION ID	4	160	163	Alphanumeric	N/A	Blank	Any four characters. A-Z, 0-9 facility ID	None	Recommended
ADMISSION HOUR	2	164	165	Alphanumeric	Right	Blank	00-23	Verify value is within data range. Round minutes down to the hour. Default to 00 if unknown.	Required
DISCHARGE HOUR	2	166	167	Alphanumeric	Right	Blank	00-23	Verify value is within data range. Round minutes down to the hour. Default to 00 if unknown.	Required
ACCOMMODATION ON ADMISSION	1	168	168	Alphanumeric	N/A	Blank	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	Verify the code is within data range of validation field. If equal to 5 (special unit) then position 170 (special unit 1) and position 171-172 (special unit 1 days) needs populated with valid code.	Required
ACCOMMODATION ON DISCHARGE	1	169	169	Alphanumeric	N/A	Blank	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	Verify the code is within data range of validation field. If equal to 5 (special unit) then position 170 (special unit 1) and position 171-172 (special unit 1 days) needs populated with valid code.	Required

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Accommodation on Discharge (continued)							8 – Other 9 – Other		
SPECIAL UNIT 1	1	170	170	Alphanumeric	N/A	Blank	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	Verify that code is within data range of validation table and that either position 168 or 169 (accommodation on admission or discharge) is equal to 5. Default to blank in not applicable.	Required if applicable.
SPECIAL UNIT 1 DAYS	2	171	172	Alphanumeric	Right	Zero	Number of Days in Special Unit 1 – 00-99	Verify position 170 (special unit 1) is 0-9. Number of days of combined special unit days cannot exceed total length of stay (discharge date minus admit date).	Required if applicable.
SPECIAL UNIT 2	1	173	173	Alphanumeric	N/A	Blank	1 – ICU (Intensive Care Unit) 2 – CCU (Coronary Care Unit) 3 – Burn Unit 4 – Isolation 5 – Psychiatric Unit 6 – Short Procedure Unit 8 – Self Care Unit 8 – Other 9 – Other 0 – Other	Verify that code is within data range of validation table and that either position 168 or 169 (accommodation on admission or discharge) is equal to 5. Default to blank if not applicable.	Recommended

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SPECIAL UNIT 2 DAYS	2	174	175	Alphanumeric	Right	Zero	Number of Days in Special Unit 1 - 00-99	Verify position 173 is 0-9. Number of days of combined special unit days cannot exceed total length of stay (discharge date minus admit date).	Recommended
PRIMARY SERVICE	2	176	177	Alphanumeric	Right	Zero	Type Of Patient – See Attachment C	Verify age specific (pediatric) and sex specific service codes – See Attachment C.	Required
ATTENDING PHYSICIAN	6	178	183	Alphanumeric	Right	Zero	Any Six-Digit Number Previously Communicated To KHDS. All zeros is not an allowable physician number.	Valid Six-Digit Number else blank. All zeros is not an allowable physician number.	Required
OTHER PHYSICIAN	6	184	189	Alphanumeric	Right	Zero	Any Six-Digit Number Previously Communicated To KHDS – physician other than attending, surgeon or consulting. Assistant surgeon would be an example. All zeros is not an allowable physician number.	Valid Six-Digit Number else blank. All zeros is not an allowable physician number.	Recommended if applicable.
CONSULTING PHYSICIAN 1	6	190	195	Alphanumeric	Right	Zero	Any Six-Digit Number Previously Communicated To KHDS. All zeros is not an allowable physician number.	Valid Six-Digit Number – Position 196 (Number of Consults 1) must be 1-9. May not be same as attending or other physician. All zeros is not an allowable physician number.	Recommended

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NUMBER OF CONSULTS 1	1	196	196	Alphanumeric	N/A	Blank	1 – 9 - number of consultations performed by consulting physician 1	Verify position 190-195 (Consulting Physician 1) is populated with valid physician number.	Recommended
CONSULTING PHYSICIAN 2	6	197	202	Alphanumeric	Right	Zero	Any Six-Digit Number Previously Communicated To KHDS. All zeros is not an allowable physician number.	Valid Six-Digit Number – Position 203 (Number of Consults 2) must be 1-9. May not be same as attending or other physician. All zeros is not an allowable physician number.	Recommended
NUMBER OF CONSULTS 2	1	203	203	Alphanumeric	N/A	Blank	1 – 9 - number of consultations performed by consulting physician 2	Verify position 197-202 (Consulting Physician 2) is populated with valid physician number.	Recommended
CONSULTING PHYSICIAN 3	6	204	209	Alphanumeric	Right	Zero	Any Six-Digit Number Previously Communicated To KHDS. All zeros is not an allowable physician number.	Valid Six-Digit Number – Position 210 (Number of Consults 3) must be 1 – 9. May not be same as attending or other physician. All zeros is not an allowable physician number.	Recommended
NUMBER OF CONSULTS 3	1	210	210	Alphanumeric	N/A	Blank	1 – 9 - number of consultations performed by consulting physician 3	Verify position 204-209 (Consulting Physician 3) is populated with valid physician number.	Recommended
FILLER	9	211	233	Alphanumeric	Right	Blank	None	Previous position of Social Security number and existing filler.	Not required due to HIPAA regulations November 2004.
ADMITTING DIAGNOSIS	6	234	239	Alphanumeric	Left	Blank	00100 - 99999 or V0100 - V9999	Verify valid ICD-9-CM. diagnosis code.	Required. Decimals are implied.

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DIAGNOSIS 1 (Primary Diagnosis)	5	240	244	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 Upper case only	Verify valid ICD-9-CM diagnosis code. Also code Diagnosis 1 date (position 246-253).	Required. Decimals are implied.
DIAGNOSIS 1 POA	1	245	245	Alphanumeric	N/A	Blank	Value = Y, N, U, W or 1	Y = Yes = present at the time of inpatient admission. N = No = not present at the time of inpatient admission. U = Unknown = the documentation is insufficient to determine if the condition was present at the time of inpatient admission. W = Clinically Undetermined = the provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not. 1 = Unreported/Not used – Exempt from POA reporting – This code is the equivalent code of a blank on the UB- 04, however, it was determined that blanks were undesirable when submitting this data via the 4010A1.	Required
DIAGNOSIS 1 DATE	8	246	253	Alphanumeric	N/A	Blank	Valid Date of Diagnosis 1 (Primary Diagnosis)	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required for diagnosis 1 (position 240- 245). CCYYMMDD	Required
DIAGNOSIS 2	5	254	258	Alphanumeric	Left	Blank	00100 – 99999 or V0100 –V9999 or E80000 – E99999	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code	Required if applicable. Decimals are implied.

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							Upper Case only	associated diagnosis date.	
DIAGNOSIS 2 POA	1	259	259	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 2 DATE	8	260	267	Alphanumeric	N/A	Blank	Valid Date of Diagnosis 2	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 3	5	268	272	Alphanumeric	Left	Blank	00100 – 99999 or V0100 –V9999 or E80000 – E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 3 POA	1	273	273	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 3 DATE	8	274	281	Alphanumeric	N/A	Blank	Valid Date of Diagnosis 3	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 4	5	282	286	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 4 POA	1	287	287	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 4 DATE	8	288	295	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 4	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 5	5	296	300	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code	Required if applicable. Decimals are implied.

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							Upper Case only	associated diagnosis date.	
DIAGNOSIS 5 POA	1	301	301	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 5 DATE	8	302	309	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 5	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 6	5	310	314	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are applied.
DIAGNOSIS 6 POA	1	315	315	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 6 DATE	8	316	323	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 6	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 7	5	324	328	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 7 POA	1	329	329	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 7 DATE	8	330	337	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 7	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 8	5	338	342	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code	Required if applicable. Decimals are implied.

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							Upper Case only	associated diagnosis date.	
DIAGNOSIS 8 POA	1	343	343	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 8 DATE	8	344	351	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 8	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 9	5	352	356	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 9 POA	1	357	357	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 9 DATE	8	358	365	Alphanumeric	N/A	Blank	Valid Date of Diagnosis 9	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 10	5	366	370	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 10 POA	1	371	371	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 10 DATE	8	372	379	Alphanumeric	N/A	Blank	Valid Date of Diagnosis 10	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 11	5	380	384	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code	Required if applicable. Decimals are implied.

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							Upper Case only	associated diagnosis date.	
DIAGNOSIS 11 POA	1	385	385	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 11 DATE	8	386	393	Alphanumeric	N/A	Blank	Valid Date of Diagnosis 11	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 12	5	394	398	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 12 POA	1	399	399	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 12 DATE	8	400	407	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 12	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 13	5	408	412	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 13 POA	1	413	413	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 13 DATE	8	414	421	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 13	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 14	5	422	426	Alphanumeric	Left	Blank	00100 - 99999 or	Verify valid ICD-9-CM	Required if applicable.

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							V0100 -V9999 or E80000 - E99999 Upper Case only	diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Decimals are implied.
DIAGNOSIS 14 POA	1	427	427	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 14 DATE	8	428	435	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 14	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 15	5	436	440	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 15 POA	1	441	441	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 15 DATE	8	442	449	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 15	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 16	5	450	454	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 16 POA	1	455	455	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 16 DATE	8	456	463	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 16	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 17	5	464	468	Alphanumeric	Left	Blank	00100 - 99999 or	Verify valid ICD-9-CM	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
							V0100 -V9999 or E80000 - E99999 Upper Case only	diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Decimals are implied.
DIAGNOSIS 17 POA	1	469	469	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 17 DATE	8	470	477	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 17	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 18	5	478	482	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 18 POA	1	483	483	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 18 DATE	8	484	491	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 18	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 19	5	492	496	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.,
DIAGNOSIS 19 POA	1	497	497	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 19 DATE	8	498	505	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 19	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 20	5	506	510	Alphanumeric	Left	Blank	00100 - 99999 or	Verify valid ICD-9-CM	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
							V0100 - V9999 or E80000 - E99999 Upper Case only	diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Decimals are implied.
DIAGNOSIS 20 POA	1	511	511	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 20 DATE	8	512	519	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 20	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 21	5	520	524	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 21 POA	1	525	525	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 21 DATE	8	526	533	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 21	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 22	5	534	538	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 22 POA	1	539	539	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 22 DATE	8	540	547	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 22	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYYMMDD	Required if applicable.
DIAGNOSIS 23	5	548	552	Alphanumeric	Left	Blank	00100 - 99999 or	Verify valid ICD-9-CM	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
							V0100 -V9999 or E80000 - E99999 Upper Case only	diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Decimals are implied.
DIAGNOSIS 23 POA	1	553	553	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 23 DATE	8	554	561	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 23	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 24	5	562	566	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 24 POA	1	567	567	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 24 DATE	8	568	575	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 24	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.
DIAGNOSIS 25	5	576	580	Alphanumeric	Left	Blank	00100 - 99999 or V0100 -V9999 or E80000 - E99999 Upper Case only	Verify valid ICD-9-CM diagnosis code. Blank if not applicable. Also code associated diagnosis date.	Required if applicable. Decimals are implied.
DIAGNOSIS 25 POA	1	581	581	Alphanumeric	N/A	Blank	Value – Y, N, U, W or 1	See Diag 1 POA Edit Spec.	Required if applicable.
DIAGNOSIS 25 DATE	8	582	589	Alphanumeric	N/A	Blank	Valid Date Of Diagnosis 25	Valid calendar date equal or prior to discharge date and equal to or greater than birth date. Date required if applicable. CCYMMDD	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
NUMBER ADDITIONAL DIAGNOSIS CODES	1	590	590	Alphanumeric	N/A	Blank	1-9 - Number of Additional ICD Diagnosis Codes Above 25	Blank if less than 26 ICD-9-CM diagnosis codes.	Required if applicable.
PROCEDURE 1	7	591	597	Alphanumeric	Left	Blank	0101 – 9999 (Principal Procedure)	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 1 DATE	8	598	605	Alphanumeric	N/A	Blank	Date of ICD Procedure Code 1	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMD	Required if applicable.
PROCEDURE 1 SURGEON	6	606	611	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 1. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 2	7	612	618	Alphanumeric	Left	Blank	0101 – 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 2 DATE	8	619	626	Alphanumeric		Blank	Date of ICD Procedure Code 2	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMD	Required if applicable.
PROCEDURE 2 SURGEON	6	627	632	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 2. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 3	7	633	639	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 3 DATE	8	640	647	Alphanumeric		Blank	Date of ICD Procedure Code 3	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated	Required if applicable.

Procedure 3 Date
(continued)

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								procedure and surgeon must also be completed. CCMMDDYY	
PROCEDURE 3 SURGEON	6	648	653	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 3. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 4	7	654	660	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 4 DATE	8	661	668	Alphanumeric		Blank	Date of ICD Procedure Code 4	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCMMYYDD	Required if applicable.
PROCEDURE 4 SURGEON	6	669	674	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 4. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								completed. All zeros is not an allowable physician number.	
PROCEDURE 5	7	675	681	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 5 DATE	8	682	689	Alphanumeric		Blank	Date of ICD Procedure Code 5	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 5 SURGEON	6	690	695	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 5. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 6	7	696	702	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 6 DATE	8	703	710	Alphanumeric		Blank	Date of ICD Procedure Code 6	Valid calendar date equal of prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 6 SURGEON	6	711	716	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 6. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 7	7	717	723	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated	Required if applicable. Decimals are implied.
PROCEDURE 7 DATE	8	724	731	Alphanumeric		Blank	Date of ICD Procedure Code 7	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	
PROCEDURE 7 SURGEON	6	732	737	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 7. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 8	7	738	744	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 8 DATE	8	745	752	Alphanumeric		Blank	Date of ICD Procedure Code 8	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
Procedure 8 Date (continued)									

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 8 SURGEON	6	753	758	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 8. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable
PROCEDURE 9	7	759	765	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 9 DATE	8	766	773	Alphanumeric		Blank	Date of ICD Procedure Code 9	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 9 SURGEON	6	774	779	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 9. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 10	7	780	786	Alphanumeric	Left	Blank	0101 - 9999	an allowable physician number.	Required if applicable. Decimals are implied.
PROCEDURE 10 DATE	8	787	794	Alphanumeric		Blank	Date of ICD Procedure Code 10	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 10 SURGEON	6	795	800	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 10. All zeros is not an allowable physician number.	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed. All zeros is not an allowable physician number.	Required if applicable.
PROCEDURE 11	7	801	807	Alphanumeric	Left	Blank	0101-9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 11 DATE	8	808	815	Alphanumeric		Blank	Date of ICD Procedure Code 11	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 11 SURGEON	6	816	821	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 11	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 12	7	822	828	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 12 DATE	8	829	836	Alphanumeric		Blank	Date of ICD Procedure Code 12	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated	Required if applicable.

Procedure 12 Date
(continued)

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								procedure and surgeon must also be completed. CCYYMMDD	
PROCEDURE 12 SURGEON	6	837	842	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 12	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 13	7	843	849	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 13 DATE	8	850	857	Alphanumeric		Blank	Date of ICD Procedure Code 13	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 13 SURGEON	6	858	863	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 13	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 14	7	864	870	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 14 DATE	8	871	878	Alphanumeric		Blank	Date of ICD Procedure Code 14	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 14 SURGEON	6	879	884	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 14	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 15	7	885	891	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 15 DATE	8	892	899	Alphanumeric		Blank	Date of ICD Procedure Code 15	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	
PROCEDURE 15 SURGEON	6	900	905	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 15	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 16	7	906	912	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 16 DATE	8	913	920	Alphanumeric		Blank	Date of ICD Procedure Code 16	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
Procedure 16 Date (continued)									

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 16 SURGEON	6	921	926	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 16	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 17	7	927	933	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 17 DATE	8	934	941	Alphanumeric			Date of ICD Procedure Code 17	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 17 SURGEON	6	942	947	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 17	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 18	7	948	954	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 18 DATE	8	955	962	Alphanumeric		Blank	Date of ICD Procedure Code 18	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
Procedure 18 Date (continued)									
PROCEDURE 18 SURGEON	6	963	968	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 18	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 19	7	969	975	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 19 DATE	8	976	983	Alphanumeric		Blank	Date of ICD Procedure Code 19	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 19 SURGEON	6	984	989	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 19	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 20	7	990	996	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 20 DATE	8	997	1004	Alphanumeric		Blank	Date of ICD Procedure Code 20	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated	Required if applicable.

Procedure 20 Date
(continued)

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								procedure and surgeon must also be completed. CCYYMMDD	
PROCEDURE 20 SURGEON	6	1005	1010	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 20	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 21	7	1011	1017	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 21 DATE	8	1018	1025	Alphanumeric		Blank	Date of ICD Procedure Code 21	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 21 SURGEON	6	1026	1031	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 21	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.

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KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 22	7	1032	1038	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 22 DATE	8	1039	1046	Alphanumeric		Blank	Date of ICD Procedure Code 22	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 22 SURGEON	6	1047	1052	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 22	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 23	7	1053	1059	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated Procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 23 DATE	8	1060	1067	Alphanumeric		Blank	Date of ICD Procedure Code 23	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	Required if applicable.
PROCEDURE 23 SURGEON	6	1068	1073	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 23	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 24	7	1074	1080	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedure code. Blank if not applicable. Associated procedure date and surgeon must also be populated.	Required if applicable. Decimals are implied.
PROCEDURE 24 DATE	8	1081	1088	Alphanumeric		Blank	Date of ICD Procedure Code 24	Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral source) = OP (outpatient department) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated	Required if applicable.

Procedure 24 Date
(continued)

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
PROCEDURE 24 SURGEON	6	1089	1094	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 24	procedure and surgeon must also be completed. CCYYMMDD Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
PROCEDURE 25	7	1095	1101	Alphanumeric	Left	Blank	0101 - 9999	Verify valid ICD-9-CM procedu Thank you for submitting your abstract timely.	Required if applicable. Decimals are implied.
PROCEDURE 25 DATE	8	1102	1109	Alphanumeric		Blank	Date of ICD Procedure Code 25	As we approach the holiday season and everyone seems to have a little more to do, just wanted to send a friendly reminder regarding abstracts. September Abstracts are due by November 14 th and the October Abstracts will be due on December 15 th . Timely reports will ensure final claim payment and enables us to submit our reporting timely. re code. Blank if not applicable. Associated procedure date and surgeon must also be populated. Valid calendar date equal or prior to discharge date. Procedure date can be 1 day prior to admit date if positions 147-148 (referral	Required if applicable.

DATA SPECIFICATIONS
KHDS ABSTRACT

<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
								source) = OP (outpatient de Thank you for submitting your abstract timely.	
								As we approach the holiday season and everyone seems to have a little more to do, just wanted to send a friendly reminder regarding abstracts. September Abstracts are due by November 14 th and the October Abstracts will be due on December 15 th . Timely reports will ensure final claim payment and enables us to submit our reporting timely. partment) or 3 days prior to admit if positions 147-148 = OP and positions 153-154 (primary payor status) = MA (Medicare). Associated procedure and surgeon must also be completed. CCYYMMDD	
PROCEDURE 25 SURGEON	6	1110	1115	Alphanumeric	Right	Zero	Number of Surgeon Performing ICD Procedure Code 25	Verify valid surgeon number previously communicated to KHDS. Associated procedure code and procedure date must also be completed.	Required if applicable.
NUMBER OF ADDITIONAL PROCEDURES	1	1116	1116	Alphanumeric		Blank	1-9 - Number of Additional ICD Procedure Code Above 25	Blank if less than 26 ICD procedures.	Required if applicable.
ZIP CODE	9	1117	1125	Alphanumeric	Left	Blank	Valid 5-Digit Zip Code;	5 digit or 9 digit Zip Code	Required. Don't send

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
TOTAL CHARGE	7	1126	1132	Alphanumeric	Right	Zero	Charge in Dollars – no cents; round to nearest whole dollar.	0 – 9999999 – If greater than 9999999 default to 9999999	hyphen. Recommended
SI 1	1	1133	1133	Alphanumeric		Blank	Severity and Intensity Data Element 1	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 2	1	1134	1134	Alphanumeric		Blank	Severity and Intensity Data Element 2	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 3	1	1135	1135	Alphanumeric		Blank	Severity and Intensity Data Element 3	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 4	1	1136	1136	Alphanumeric		Blank	Severity and Intensity Data Element 4	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 5	1	1137	1137	Alphanumeric		Blank	Severity and Intensity Data Element 5	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross of Kansas).

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
SI 6	1	1138	1138	Alphanumeric		Blank	Severity and Intensity Data Element 6	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 7	1	1139	1139	Alphanumeric		Blank	Severity and Intensity Data Element 7	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 8	1	1140	1140	Alphanumeric		Blank	Severity and Intensity Data Element 8	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 9	1	1141	1141	Alphanumeric		Blank	Severity and Intensity Data Element 9	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 10	1	1142	1142	Alphanumeric		Blank	Severity and Intensity Data Element 10	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 11	1	1143	1143	Alphanumeric		Blank	Severity and Intensity Data Element 11	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
SI 12	1	1144	1144	Alphanumeric		Blank	Severity and Intensity Data Element 12	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 13	1	1145	1145	Alphanumeric		Blank	Severity and Intensity Data Element 13	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 14	1	1146	1146	Alphanumeric		Blank	Severity and Intensity Data Element 14	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 15	1	1147	1147	Alphanumeric		Blank	Severity and Intensity Data Element 15	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 16	1	1148	1148	Alphanumeric		Blank	Severity and Intensity Data Element 16	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 17	1	1149	1149	Alphanumeric		Blank	Severity and Intensity Data Element 17	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
SI 18	1	1150	1150	Alphanumeric		Blank	Severity and Intensity Data Element 18	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 19	1	1151	1151	Alphanumeric		Blank	Severity and Intensity Data Element 19	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 20	1	1152	1152	Alphanumeric		Blank	Severity and Intensity Data Element 20	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 21	1	1153	1153	Alphanumeric		Blank	Severity and Intensity Data Element 21	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 22	1	1154	1154	Alphanumeric		Blank	Severity and Intensity Data Element 22	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 23	1	1155	1155	Alphanumeric		Blank	Severity and Intensity Data Element 23	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
SI 24	1	1156	1156	Alphanumeric		Blank	Severity and Intensity Data Element 24	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross of Kansas).
SI 25	1	1157	1157	Alphanumeric		Blank	Severity and Intensity Data Element 25	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 26	1	1158	1158	Alphanumeric		Blank	Severity and Intensity Data Element 26	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 27	1	1159	1159	Alphanumeric		Blank	Severity and Intensity Data Element 27	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 28	1	1160	1160	Alphanumeric		Blank	Severity and Intensity Data Element 28	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 29	1	1161	1161	Alphanumeric		Blank	Severity and Intensity Data Element 29	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
SI 30	1	1162	1162	Alphanumeric		Blank	Severity and Intensity Data Element 30	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 31	1	1163	1163	Alphanumeric		Blank	Severity and Intensity Data Element 31	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 32	1	1164	1164	Alphanumeric		Blank	Severity and Intensity Data Element 32	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 33	1	1165	1165	Alphanumeric		Blank	Severity and Intensity Data Element 33	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 34	1	1166	1166	Alphanumeric		Blank	Severity and Intensity Data Element 34	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
SI 35	1	1167	1167	Alphanumeric		Blank	Severity and Intensity Data Element 35	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
SI 36	1	1168	1168	Alphanumeric		Blank	Severity and Intensity Data Element 36	See S&I attachment for more information.	Required if applicable. DRG and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas).
HEMOGLOBIN LOW SI 37	3	1169	1171	Numeric	Right	Zero	Lowest Hemoglobin Level During Hospitalization	000 – 200	Required if DRG 354, 355, 357, 358, 359, 370, 371 and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas). Decimals are implied to indicate tenths.
HEMOGLOBIN DROP SI 38	2	1172	1173	Numeric	Right	Zero	Drop From Highest To Lowest Hemoglobin During Hospitalization (Include Pre-op Lab)	00 through 99	Required if DRG 354, 355, 357, 358, 359, 370, 371 and Position 153-154 (payment status) is BL (Blue Cross and Blue Shield of Kansas). Decimals are implied to indicate tenths.
BATCH NUMBER	1	1174	1174	Alphanumeric		Blank	Number of Batch For The Month – Usually 1	1 or 2	Required
UB92 DISCHARGE STATUS	2	1175	1176	Alphanumeric	Right	Blank	Valid UB92 Patient Status Code	None at this time.	Required
USER DEFINED	50	1177	1226	Alphanumeric	Left	Blank	Hospital Specific Data	None at this time.	
FILLER	10	1227	1236	Alphanumeric	Right	Blank	None	Previous position for Blue Cross Blue Shield provider number.	Not required / accepted as of 10/01/2006 due to NPI.
BLUE CROSS ID PREFIX	3	1237	1239	Alphanumeric		Blank	Valid Blue Cross Alpha Prefix (Example XSA)	Valid Blue Cross Alpha Prefix (Example XSA)	Required on Blue Cross and Blue Shield of Kansas patients only.

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<u>FIELD NAME</u>	<u>FIELD LENGTH</u>	<u>BEGINNING POSITION</u>	<u>ENDING POSITION</u>	<u>DATA TYPE</u>	<u>JUSTIFY</u>	<u>FILL</u>	<u>VALIDATION</u>	<u>EDIT SPECIFICATIONS</u>	<u>COMMENTS</u>
INSURANCE ID or Blue Cross numeric portion of ID	12	1240	1251	Alphanumeric	Left	Blank	Insured ID number of patient OR Valid Blue Cross of Kansas ID Number (numeric portion – no prefix) Federal Blue Cross patients do not have a prefix. Their number begins with an ‘R’ and is followed by eight numeric characters, i.e. ‘R12345678’. The entire Federal number should go in positions 1240-1251.	Valid Blue Cross of Kansas ID Number	Required on Blue Cross and Blue Shield of Kansas patients only. Recommended for other payors.
FILLER	49	1252	1299	Alphanumeric	Right	Blank	None	Blank – potential HIPAA expansion fields.	
CARRIAGE RETURN	1	1300	1300	CARRIAGE RETURN			CARRIAGE RETURN		