

Ambulatory Surgery Center Reporting Program Data Fields-2008

Required Fields	HCFA Location
First Individual Payer ID	1
Primary Insured's Unique Identifier	1a
Patient DOB	3
Patient Gender	3
Patient Zip Code	5
Primary Payer Name	11c
Principal Diagnosis	21 – 1
Date of Admission	21A 1
Statement Covers Period	24A 1-6
1 st CPT/HCPCS Service Line Item	24D 1
1 st CPT/HCPCS Service Line Date	24A 1
Principal Procedure Code	24D 1
Principal Procedure Date	24A 1
Charges (1 st Field)	24F 1
Other Provider Identifier (Tax ID #)	25
Patient ID #	26
Total Charges	28
Billing Provider Facility NPI	32a
Attending Physician NPI	17b or 32b
Operating Clinician NPI	17b or 32b
Race	N/A
Ethnicity	N/A
Outpatient Site ID #	N/A
ICD Diagnoses Code Version Qualifier	N/A
Page Number	N/A
Bill Type	N/A
Patient Discharge Status	N/A

Required When Available Fields	HCFA Location
Other CPT/HCPCS Service Line Items	24D 2-6
Other Procedure Codes	24D 2-6
Other CPT/HCPCS Service Dates	24A 2-6
Other Procedure Dates	24A 2-6
Other Charges	24F 2-6
1 st Insur Group #	11
2 nd Insur Group #	9a
Condition Employment Related	10a
Accident State	10b
Accident Employment Related: Occurrence Code	10c
Admission Hour (Pre-op)	N/A
Other Diagnosis	21 2-4
Discharge Hour	N/A
Units of Service	24G
Secondary Payer Name	9d

For more information, contact Office for Oregon Health Policy & Research staff:

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