

Louisiana Administrative Code

Title 48

PUBLIC HEALTH—GENERAL

Part V. Preventive Health Services

Subpart 53. State Center for Health Statistics

Chapter 151. State Health Care Data Clearinghouse

§15101. Purpose

A. Louisiana R.S. 40:1300.111 et seq. established a “state health care data clearinghouse” in the Office of Public Health with responsibility for the collection and dissemination of health care data. The legislative action was based upon a finding that as a consequence of rising health care costs, a shortage of health care professionals and health services in many areas of the state, and the concerns expressed by health care providers, consumers, third party payors, and others involved with planning for the provision of health care, there is a need to understand patterns and trends in the availability, use, and charges for these services and the underlying patterns of disease which result in these services. The statute requires that state agencies and licensed health care providers shall provide the information necessary to carry out the purpose of this law. In accordance with the statute, the collection of hospital discharge data is to be accomplished in collaboration with representatives from hospitals, health care providers, payors, data users and other state agencies. It is the purpose of these regulations to provide directions for the required collection, submittal, management and dissemination of health data and to provide for the confidentiality of the data.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1933 (October 1998).

§15103. Definitions

A. For the purposes of these regulations, the following words and phrases, when used herein, shall be construed as listed below.

Act—the Act 622 of the 1997 Regular Legislative Session, R.S. 40: 1300.111 et seq.

Aggregate Data Set—an array of counts of patient level records, or of totals of patient level record quantities (example: Total Charges), classified by data categories (example: “year of discharge”). Aggregate data sets may be used to present health data usefully, yet in a manner which can minimize potential for identification of confidential information, since they can be assured to have any necessary

minimum cell size. Aggregate data sets shall not include the following information:

- a. facility identifiers;
- b. patient or insured identifiers;
- c. physician or other health care service provider identifiers;
- d. payor identifiers;
- e. employer identifiers.

Confidential Information—that information defined as confidential in this rule including, but not limited to:

- a. employer identifiers, facility identifiers, patient or insured identifiers, payor identifiers, or physician or other service provider identifiers;
- b. information identified by the identifiers;
- c. combinations of data categories derived from part or all of the hospital discharge database information that would identify or tend to identify an employer, facility, patient or insured person, payor, or physician or other service provider; and
- d. information identified by combinations of these data categories.

Data Base—a structured repository of data, consisting of one or more related structured data tables.

Data Category—one of the typically (though not necessarily) non-unique data values of a data element, or to equivalent labels for these values. For example, the data categories of the data element years may be three in number: “98,” “99,” and “00,” and may be labeled “1998,” “1999,” and “2000,” whereas the data categories of the data element patient birth date may have thousands of possible values, some of which are probably uniquely associated with exactly one person.

Data Element—a logical field of a data record or a column of a data table, and includes both the named data elements in this rule, and any other data elements obtained or created by analytic or synthetic methods. Examples: discharge year, age group, sex, or disease group.

Data Record—the row of a data table, or the set of related rows from related tables in a database.

Data Set—a structured subset of data from a database.

Department—the Louisiana Department of Health and Hospitals.

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Employer Identifier—employer name, employer location/address excluding the first three digits of the ZIP code, or other information that identifies an employer.

Facility Identifier—provider name, provider telephone number, provider fax number, federal tax number or ein, federal tax sub ID, Medicare provider number, national provider identifier, mailing address excluding the first three digits of the ZIP code, or other information that identifies a facility.

Guide—the Hospital Discharge Data Submittal Guide included in §§15113-15129 of this rule.

Health Research—the study of patterns or trends in health or health care.

Hospital—any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, which is subject to licensure as a hospital by the Louisiana Department of Health and Hospitals.

Hospital Discharge Information—all billing, medical, and personal information describing a patient, the services received, and charges billed, associated with a single inpatient hospital stay, including all elements of the Uniform Billing form, UB-92.

Hospital Discharge (Data) Record—the structured document, in paper or electronic form, of all the UB 92 data for a single hospital stay, or the data content of that document. This often will include more than one data record.

Hospital Stay or Inpatient Hospital Stay—the period, activities, events, and conditions associated with a patient, from the time of admission to a hospital, to the time of discharge from that hospital. Facilities licensed as hospitals and having different provider numbers are, for the purpose of this definition, distinct hospitals having discrete hospital stays and hospital discharges.

Intermediary—a data processing agent of a hospital, who is contracted or employed by that hospital to relay their Hospital Discharge Records to OPH in compliance with these rules.

Office, also OPH—the Louisiana Office of Public Health;

Panel or Research Panel—the Hospital Discharge Data Research Panel as described in §15007 of this rule.

Patient or Insured Identifier—patient name, insured's name, patient address or insured's address (specifically including P.O. Box or street address, but not city, 5-digit ZIP Code, or state), patient control number, SSN, medical record number, health insurance claim identification number, or information that would identify or tend to identify an individual patient or insured person under whom the patient may be covered.

Patient Level Data—the non-aggregate, one logical record per discharge, form of data submitted by hospitals which includes part or all of the submitted data elements or recorded data derived from submitted data elements. This term refers to both the raw patient level data still in the form

in which it is submitted, and the cleaned patient level data which may have had error checking or edits applied or which may have been separated into the specifically named patient or insured identifier data elements and the remaining data elements. Patient level data may include all or part of the hospital discharge data record.

Payor Identifier—the payor name, payor identification, insured group name, insurance group number, or other information that identifies a payor.

Physician and Other Service Provider Identifier—attending physician name, attending physician number, operating physician name, operating physician number, other physician name, other physician number, or other information that identifies a physician or other service provider.

Publish—to make any hospital discharge information available in paper or electronic form to person(s) who are not:

- a. part of the research group authorized to use that information by the research panel as described in §15109; or
- b. OPH staff authorized to use that information.

Release—a conditional distribution of hospital discharge information for purposes authorized by this rule.

Secure Information—that information which is not subject to release by OPH or the research panel, and will not be released for any purpose. Secure information includes patient and insured identifiers.

Submit—(with respect to a submission date, and data, reports, surveys, statements or documents required to be submitted to the Louisiana Office of Public Health) to deliver, or to cause to be delivered, to the Office of Public Health, in the form and format specified, by the close of business on the prescribed date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 2419340 (October 1998).

§15105. Confidentiality

A. Act 622 of 1997 provides for the strictest confidentiality of data and severe penalties for violation of the Act. After editing and compilation of data submitted under this rule, the Office of Public Health shall separate all secure information from the rest of the file. Redundant methods shall be employed to assure physical security, media security, transmission security, logical security, secure authorized access, and backup of all secure or confidential information. The collection, editing, compilation, storage, analysis and dissemination of reports or data shall be done in a manner that protects publication of information that identifies or tends to identify an individual patient.

B. Patient level data and the individual forms, computer tapes, or other forms of data collected by and furnished for the State Health Care Data Clearinghouse shall not be

available for public inspection. In accordance with R.S. 40:1300.111D, any data that can be used to identify any individual patient shall not be subject to discovery in civil or criminal proceedings.

C. Data may be used as described in §§15107 and 15109 below.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1935 (October 1998).

§15107. Use of Hospital Discharge Records by OPH

A. Patient level data (raw or cleaned) may be released by OPH to the data provider that submitted that particular data.

B. The office may use patient level data in fulfilling its public health mission. The office will establish procedures for secure use of the data by OPH staff.

C. The office may release patient level data (excluding secure information) for use in health research, public education, administrative and health industry research in accordance with the provisions of §15109 of this rule (approval of the Hospital Discharge Data Research Panel). In consideration of the existing information industry in Louisiana, and to assure a measure of completeness and quality of this data during the initial years of the implementation, this data will not be released during the first 12 months following discharge. Starting with year 2000 discharges, the minimum delay observed will decrease by one month per year (a discharge 1/1/2000 may be released 12/1/2000), until 2010, when a minimum delay will no longer be observed.

D. Aggregate Information

1. The office may develop and publish aggregate data reports and aggregate data as resources permit that do not disclose confidential information as defined in §15103 of this rule. The aggregate data reports and aggregate data shall be public information and may be distributed electronically.

2. The office may also release aggregate data on request, as resources permit. Such data may be released when it does not disclose confidential information, as defined in §15103 of this rule. The data request should be made to the director of the Division of Health Information, DHH-OPH and must include:

- a. rationale for the study or data use;
- b. a summary of the research plan, including a definition of, and justification for the particular fields and records necessary for the research;
- c. signed agreement for use of data affirming that data will be used only for the purpose stated in the request, and that no attempts will be made to combine data provided for this request with other data provided from a previous request or another source, or attempt to identify confidential information;

d. affirmation that a copy of any publication resulting from the use of the records shall be provided to the director of the Division of Health Information;

e. a signed agreement to indemnify and hold the state, DHH, and OPH, its employees, and the original providers of the patient level data harmless from any liability arising out of the authorized or unauthorized use of the data.

E. OPH Reports Containing Identifiers

1. The office may apply to the Hospital Discharge Data Research Panel (§15109 of this rule) for approval for publication of health care data reports with employer, facility, payor and/or physician and/or other healthcare provider identifiers. The application shall state the purpose of the report and a justification for releasing it with identifiers. If the panel approves the request, a copy of the report(s) shall be provided to all panel members at least one full working day prior to release for publication.

2. The criteria for approval by the panel shall include, but are not limited to:

- a. the report content and design reflect that the proposal is in the best interest of the public health;
- b. the report reflects the use of accepted methods of data analysis;
- c. the investigators/researchers are deemed qualified based on their past research, employment and education;
- d. provisions to protect the confidentiality of the patient identifiers comply with §15109.B.2.

3. Panel action on office proposals to publish employer, facility, payor, physician or other healthcare provider specific reports shall be in accordance with §15109.B of this rule.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1935 (October 1998).

§15109. Use of Hospital Discharge Records in Research

A. Any person may apply to the office to conduct research for health surveillance, public education, administrative, or health industry purposes using patient level data. Non-aggregate data (patient level data) shall be disclosed only when the Hospital Discharge Data Research Panel has deemed that it would be impractical to perform the research with aggregate data. Only the fields and records necessary for the proposed study will be released.

1. Panel. Pursuant to R.S. 40:1300.112.B(1) and D., the Hospital Discharge Data Research Panel is established. It shall operate in accordance with the following guidelines.

a. Membership. The panel shall be composed of at least 15 members with varying background and expertise, to promote complete and adequate review of research activities commonly conducted using hospital discharge data.

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i. The panel membership shall reflect sufficient experience and expertise with hospital data and/or data analysis, sensitivity to cultural diversity and privacy issues, and the professional competence necessary to review research proposals in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice.

ii. The panel shall include the following representatives of the Office of Public Health:

(a). the state health officer or programmatic designee;

(b). the director of the Division of Health Information; and

(c). the State Registrar of Vital Records. The state health officer or his designee shall chair the panel.

iii. The state health officer shall appoint 12 additional panel members representing groups and organizations that have knowledge and expertise in fields related to research using health care data. Accordingly, the appointees will include a representative of health care consumers, a representative of payors, private hospital representation, and members of the following organizations:

(a). Louisiana Health Care Review Inc.;

(b). Louisiana Health Information Management Association;

(c). Louisiana Hospital Association;

(d). Louisiana State Medical Society;

(e). Louisiana State University;

(f). Metropolitan Hospital Council of New Orleans;

(g). Rural Hospital Coalition;

(h). Tulane University; and

(i). VHA Gulf States.

b. Panel Meetings. The state health officer or designee shall convene panel meetings. The panel will review research requests on a quarterly basis or as needed. Regular meeting dates shall be communicated to panel members in writing at least 21 calendar days prior to the meeting. If any emergency or ad-hoc meetings are required, meeting dates for these additional meetings shall be communicated to panel members, in writing, at least seven calendar days prior to the meeting.

c. Panel Quorum. A quorum shall require the presence of eight members. A majority of the members present must concur via a roll call vote for the panel to take action on the approval or disapproval of any research application.

d. Panel Records. Adequate documentation of the panel activities shall be maintained including the following:

i. copies of all research and special report proposals reviewed, including attachments;

ii. minutes of all panel meetings shall be in sufficient detail to show attendance at meetings, actions taken by the panel, the vote on the actions including the number of members voting for, against or abstaining, the basis for requiring changes in or disapproving research, and a written summary of controversial issues and their resolution;

iii. copies of all correspondence;

iv. the records required by these rules shall be retained for at least three years after completion of the research. These records shall be exempt from the Public Records Law.

2. Research Using Patient Level Records

a. Application. A request for use of hospital discharge information, excluding secure information, in research shall be in writing and shall be addressed to the state health officer. The data request must include:

i. a complete experimental protocol, including health objectives, rationale for the study, design detail and scientific basis for selection of subjects;

ii. a summary of the protocol, including a definition of, and justification for, the particular fields and records necessary for the research;

iii. copy of the informed consent form and an outline of the consent process, if required by the panel (for proposed follow-back research or contact with employers, payors, facilities, physicians or other healthcare providers);

iv. provisions to fully protect the confidentiality of the data and the privacy of patients and insured persons related to the patient;

v. affirmation that data files provided by OPH to the applicant will not be re-released to other researchers or anyone else not connected to the specific study for which the data is released;

vi. résumés of all investigators identifying their specific qualifications to do the research proposed, listing educational degrees and societies, certifying boards and academic institutions which have recognized their competence by granting membership, diploma, or title, previous work in the subject area and employment;

vii. approval from an institutional review board for this study or approval from an educational department chairman where the applicant is employed by or associated with an institution which requires such approval;

viii. affirmation that a report of the findings resulting from the use of the records shall be provided to the state health officer;

ix. a signed agreement to indemnify and hold the office, its employees, panel members, and the original providers of the patient level data harmless from any liability arising out of the authorized or unauthorized use of the data.

b. Use of employer, facility, payor, physician or other healthcare provider identifiers. Researchers requesting any of these identifiers must additionally affirm that none of these identifiers or combinations of elements that identify or tend to identify any of these parties will be published or otherwise disclosed without the specific approval of the panel. If any physicians or other healthcare providers will be identified in a proposed publication, the panel must receive a copy of the study or report prior to submission for publication. Following receipt of this copy, the panel will require a two-week waiting period prior to final approval for publication.

c. Confidentiality of Data Used for Research. The researcher shall establish reasonable administrative, technical and physical safeguards to prevent unauthorized use or disclosure of the records. At the end of the project all confidential information will be destroyed.

d. Criteria for Approval of Research. The criteria for the approval of research shall include, but are not limited to:

- i. the study objective and design reflect that the proposal is in the best interest of the public health;
- ii. the selection of subjects is made on a scientific basis;
- iii. the investigators/researchers are deemed qualified based on their past research, employment and education or other appropriate credentials;
- iv. where appropriate, approval of an institutional review board has been obtained;
- v. provisions to protect the confidentiality of the data and subjects comply with §15109.B.2 of this rule;
- vi. the informed consent process and forms follow the guidelines required in these rules and will be appropriately documented as required.

e. Panel Review and Notification. The panel will review research requests on at least a quarterly basis. Following review, the panel shall notify requesters, in writing, of the decision to approve or disapprove the proposed study or modifications required to secure approval of the research activity. If the panel disapproves a request, it shall include in its written notification a statement of the reasons for its decision and give the investigator/researcher an opportunity to request reconsideration, in writing.

f. Requests for Reconsideration. Requests for reconsideration must be filed within 30 days of the date appearing on the notification. The panel shall schedule a hearing of the appeal to be held within 90 days of the date of receipt of the appeal. The principal investigator/ researcher has the right to appear to defend the proposal at a reconsideration hearing. If on reconsideration the research proposal is denied, the requester shall have a right to appeal the panel's decision in accordance with the procedure outlined below.

g. Appeal of Data Use Denial. Any person who submits a research, educational or administrative use proposal to the panel that is denied shall have a right to petition for judicial review of the panel's final action in accordance with the Administrative Procedure Act (R.S. 49:950 et seq.). This remedy shall be the exclusive means of appealing the action of the panel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1936 (October 1998).

§15111. Incorporation by Reference

A. The following documents are incorporated by reference. They are available for public review at the State Center for Health Statistics, Office of Public Health.

1. International Classification of Diseases, Clinical Modifications 9. Copies are available from the World Health Organization, P.O. Box 5284, Church Street Station, New York, New York 10249.

2. International Classification of Diseases, Clinical Modifications 10 (due for publication, December 1998). Copies will be available from the World Health Organization, P.O. Box 5284, Church Street Station, New York, New York 10249.

3. Louisiana Uniform Billing Training Manual, UB-92, including final addenda of July 21, 1993. Copies are available from the Louisiana Hospital Association, P.O. Box 80720, Baton Rouge, LA 70898-0026.

4. Uniform Hospital Billing Form 1992 (UB92/HCF A-1450). Copies are available from the Office of Public Affairs, Health Care Financing Administration Humphrey Building, Room 428-H, 200 Independence Avenue S.W., Washington, D.C. 20201.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1937 (October 1998).

§15113. Hospital Discharge Data Submittal Guide— General

A. Data Reporting Source. All facilities operated and licensed as a hospital in the state of Louisiana by the Louisiana Department of Health and Hospitals will report discharge data to the Office of Public Health (OPH) for each patient admitted as an inpatient. A failure to report may result in action by the licensing authority.

B. Reporting Responsibilities

1. The single billing discharge data record must be submitted for the reporting period within which the discharge occurs. If a claim will not be submitted to a provider or carrier for collection (e.g., charitable service), a hospital discharge data record must still be submitted to OPH, with the normal and customary charges, as if the claim was being submitted.

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2. **Multiple Discharges.** For a patient with multiple discharges, submit one discharge data record for each discharge.

3. **Multiple Billing Claims.** For a patient with multiple billing claims, the facility should submit all data related to a discharge in one of two ways:

a. consolidate the multiple billings into one discharge data record for submittal for the reporting period within which the discharge occurs; or

b. submit each interim billing claim for the reporting period in which the claim is generated.

4. A hospital may submit discharge data directly to OPH, or may designate an intermediary, such as a commercial data clearinghouse. Use of an intermediary does not relieve the hospital from its reporting responsibility. In order to facilitate communication and problem solving, each hospital should designate a contact person and a backup for the contact person. Provide the names, telephone numbers, and job titles of the persons assigned this responsibility to the Office of Public Health, Center for Health Statistics, on forms provided by OPH.

C. **Confidentiality of Data.** Act 622 provides for the strictest confidentiality of data and severe penalties for the violation of the Act. Any information collected from hospitals that identifies a patient or person under whom the patient is insured cannot be released. In addition, physician, facility, payor or employer identifiers cannot be released without Research Panel approval. The Office of Public Health needs patient-specific information to complete analyses. The office will take every prudent action to ensure the confidentiality and security of the data submitted. Procedures include, but are not limited to, physical security and monitoring, separation of personal identifiers from the analytical file, access to the files by authorized personnel only, passwords and encryption. Not all measures taken are documented or mentioned in this guide to further protect the data. After receiving and editing the data, OPH will separate personal patient identifiers (i.e., name, street address or P.O. Box, and SSN or other patient number). The database edits system will assign a unique nonpersonal key in order to maintain patient level data (i.e., a patient with multiple discharges can be tracked within and among hospitals.)

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1937 (October 1998).

§15115. Guide—Hospital Discharge Data Submittal Schedule

A. Each licensed Louisiana hospital which collects Hospital Discharge Information, as set forth in this rule, shall submit Hospital Discharge Records to the Office of Public Health in a manner that complies with the provisions of the guidelines here included for all hospital discharges occurring on or after January 1, 1998. While all hospitals are responsible for submitting their data to the Office of Public

Health, some may contract with third-party intermediaries. All hospitals or their intermediaries will submit data to the Office of Public Health according to the reporting schedule listed below. See the section on use of intermediaries for further details.

1. **Submittal Schedule.** Discharge data records will be submitted to the Louisiana Office of Public Health as specified below.

a. **Reporting Period.** Hospitals (or their representatives) must generate and submit their data to OPH quarterly, excepting the first year (1998), in which data may be submitted semiannually. Monthly submittal via electronic transfer is also encouraged.

b. **Data Source.** The submittal file must be created from the current transaction file or an equivalently cumulatively updated claim file and the submittal must be received by OPH no later than the dates below. Earliest practical submission of complete data is requested.

NOTE: It is understood that data for a given claim may not be complete during the first three-month post-discharge.

2. Reporting Schedules by Year

Reporting Schedules by Year	
Person's Date of Discharge Is	Data Must be Received By
1998	
January 1 through June 30, 1998	December 31, 1998
July 1 through December 31, 1998	June 30, 1999
1999	
January 1 through March 31	September 15, 1999
April 1 through June 30	December 15, 1999
July 1 through September 30	March 15, 2000
October 1 through December 31	June 15, 2000
2000 and after	
January 1 through March 31	August 31 (same year)
April 1 through June 30	November 30 (same year)
July 1 through September 30	February 28 (following year)
October 1 through December 31	May 31 (following year)

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1938 (October 1998).

§15117. Guide—Use of Data Processing Intermediaries

A. Third-party intermediaries may be utilized by hospitals for the delivery of data to the Office of Public Health. Intermediaries must be registered with OPH on registration forms provided by the Office. Additions and deletions to the intermediary's list of hospitals represented must be submitted at least 10 days prior to the submittal schedule reporting due date.

B. Hospitals shall notify the Office by January 1 of each year if they plan to submit the required data to the Office through a third-party intermediary that is registered with the Office. Hospitals selecting this option are responsible for

ensuring that the submitted data conform to specifications contained in the Guide. These specifications include, but are not limited to, the format, timeliness, and quality criteria of completeness, validity and consistency outlined in the Guide. The third-party intermediary is responsible to the hospital for ensuring that the data are submitted to the Office in conformance with specifications contained in the Guide.

C. The following additional requirements and information apply to intermediaries delivering data to OPH:

1. Data may be delivered in any number of submittals (i.e., one per hospital, several hospitals combined, or all hospitals combined in one submittal), but the minimum unit of data submittal is all discharge records from one hospital per submittal time period.

2. Data may be submitted via any approved transfer media - declared at the time of registration.

3. Data may be submitted in any approved data format declared at the time of registration.

4. The intermediary must submit data for three or more hospitals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1938 (October 1998).

§15119. Guide—Extensions and Waivers

A. All hospitals will submit discharge data in a form consistent with the requirements unless an extension or waiver has been granted. Extensions may be granted when the hospital documents that unforeseen difficulties, such as technical problems, prevent compliance. Waivers may be granted when the hospital documents the need for data format changes before it can begin collecting and submitting specific data elements. Waivers will also be granted upon request for difficulties that prevent compliance for the time period January 1 to June 30, 1998. Requests for extensions or waivers should be in writing and be directed to: Director, Division of Health Information, Louisiana Office of Public Health, 325 Loyola Avenue, Suite 503, New Orleans, LA 70112. Phone: (504) 568-7708 fax: (504) 568-6594.

1. Extension of Time for Data Submittal

a. Any hospital which determines it temporarily will be unable to comply with a data submittal date or with data submittal time lines established in a previously submitted plan of correction may apply to the Office for an extension. An application for extension should be submitted at least 15 working days prior to the data submission deadline. The application for extension shall reference the relevant section number(s) and the relevant text of the rule or the documents incorporated by reference under §15111. The application for extension shall include specific reasons why the provider cannot comply with the rule in the required time frame, a specific plan sufficient to correct the problem, and the proposed data submission date.

b. The office shall act upon an application for extension of time within 10 working days of receiving the written request. Failure of the office to act on the application shall be deemed as a grant of the extension.

c. A denial of the application for extension shall be appealable to the assistant secretary of the Office of Public Health. The appeal shall be filed within seven days of receipt of the denial letter. The assistant secretary shall act on the request within seven days of its receipt and his/her action shall be final.

2. Waivers of Data Requirements

a. Any hospital which determines it will be unable to comply with any of the provisions of this rule or with the provisions of a previously submitted plan of correction, for submission of particular data elements of the required format, quality or completeness for specific discharge periods, may apply to the office for a waiver. A data element-based waiver may be granted for the submission of specific data elements for specific durations and does not, in this case, relieve the hospital of the obligation to submit other required data elements in a timely manner. A general waiver may also be granted for compliance with the required data format. An Application for Waiver should be submitted at least 30 working days prior to the data submission deadline on a form provided by the office. In every case, the Application for Waiver shall reference the relevant section number(s) and the relevant text of the rule or the documents incorporated by reference under §15111. The Application for Waiver shall include specific reasons why the hospital cannot comply with the rule, a specific plan sufficient to correct the problem(s), and the earliest date(s) when the hospital will be compliant. Waivers will be granted upon determination of a satisfactory application during the first year, and as necessary thereafter.

b. The office shall act upon an Application for Waiver within 20 days of receiving the written request. Failure of the office to act on the application shall be deemed as a grant of the waiver.

c. A denial of the Application for Waiver shall be appealable to the assistant secretary of the Office of Public Health. The appeal shall be filed within seven days of receipt of the denial letter. The assistant secretary shall act on the request within seven days of its receipt and his/her action shall be final.

d. Failure of the hospital to submit an acceptable plan or to follow an accepted plan shall be considered continued and substantial noncompliance with this rule unless determined otherwise by the assistant secretary of the Office of Public Health.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1939 (October 1998).

§15121. Guide—Data Errors and Certification

A. Hospitals will review the discharge data records prior to submittal for accuracy and completeness. Correction of invalid records and validation of aggregate tabulation are the responsibility of the hospital. All hospitals will certify the data submitted for each reporting period in the manner specified and will annually review summary reports before statistical analyses are published by the Center for Health Statistics, Louisiana Office of Public Health.

1. Error Correction

a. The hospital is responsible for submitting accurate and complete data in one of the specified formats. The state may identify errors for hospital review, comment, and correction when applicable. The records with errors will be identified in a simplified format providing record identification and an indication or explanation of the error. The error report will be sent by certified mail or e-mail to the attention of the individual designated to receive the correspondence at the hospital.

b. In the event 5 percent or more of the records per hospital in a submittal period are in error, the submittal for that hospital will be rejected. A record is in error when one or more Required Data Elements are missing or in error (excepting those elements for which a waiver has been granted). Notification of the rejection will accompany the error report and will be sent by certified mail to the attention of the individual designated to receive the correspondence at the hospital.

c. After the submittal has been corrected, the submittal is to be resubmitted, in its entirety and original format, within one month of receipt, to the Center for Health Statistics, Louisiana Office of Public Health. This correction cycle may repeat.

2. Certification and Review

a. Following receipt of a data submittal and completion of any needed error correction, the Center for Health Statistics will send the hospital-designated contact a Discharge Data Summary Report containing the total number of records received for the reporting period, by discharge disposition, and by payor class for each hospital.

b. The hospital-designated responsible contact will validate, in writing, the accuracy of the Discharge Data Summary Report and verify that the data sent were complete for that reporting period. Regardless of any waiver granted, the hospital will provide an estimate of the number of any unreported discharges for the reporting period. The signed validation will be returned to the Center for Health Statistics, Louisiana Office of Public Health within 10 working days.

3. Noncompliance

a. Upon written notification of noncompliance by the office, the chief executive officer shall have 10 working days following receipt of the written notification of noncompliance to provide the office with a written plan for correcting the deficiency. The plan of correction shall include specific reasons why the hospital cannot comply

with the rule in the required time frame, a specific plan sufficient to correct the problem, and the proposed data submission date.

b. Failure of the hospital to submit an acceptable plan or to follow an accepted plan shall be considered continued and substantial noncompliance with this rule unless determined otherwise by the assistant secretary of the Office of Public Health.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1939 (October 1998).

§15123. Guide—Data Submittal Specifications

A. Currently, data may be submitted by modem (the preferred method), PC diskette, CD-ROM, magnetic tape (reel), or electronic media to be determined by OPH. Additional media or modes of transfer will be announced by OPH as they become available. Data submittals not in compliance with transfer media or format specifications will be rejected unless approval is obtained prior to the scheduled due date from the Center for Health Statistics. Media labeling and data submittal specification updates will be posted on the OPH Web page.

1. Transfer. Data submittal standards shall encourage the use of electronic transfer of database files (structure to be provided by OPH) or structured ASCII files via telecommunications. Editing of data prior to submittal is encouraged and assistance from OPH will be provided.

2. Address for Data Submittal: Center for Health Statistics, Louisiana Office of Public Health, 325 Loyola Avenue, Suite 503, New Orleans, La 70112; or: LAHIDD@dhhmail.dhh.state.la.us.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1940 (October 1998).

§15125. Guide—Data Elements

A. Listed below are required and conditionally required data elements. Submission of any other data elements is optional; hospitals do not need to suppress or strip other elements appearing in their claims files. All elements submitted will be treated confidentially.

1. Required Data Elements. If a hospital is currently or temporarily unable to provide any of the data elements listed here, the hospital must apply for a waiver or extension, as detailed in §15119 of this rule.

Data Element	Form Locator	1300 Record Number	1450	
			Record Type	Record Number
Patient Control Number- assigned by Provider	3	1	20	3
Type of Bill	4	2	40	4
Federal Tax ID (Facility EIN)-	5	3165	10	45

Data Element	Form Locator	1300 Record Number	1450	
			Record Type	Record Number
with Sub ID Number if applicable				
Statement Covers Period From	6	4	20	19
Statement Covers Period Thru	6	5	20	20
Patient Name	12	(none)	20	4-6
Patient Address	13	6(zip only)	20	12-16
Patient Date of Birth	14	7	20	8
Patient Sex	15	8	20	7
Admission Date	17	9	20	17
Type of Admission	19	11	20	10
Source of Admission	20	12	20	11
Patient Status at time of discharge	22	13	20	21
Medical/Health Record Number	23	14	20	25
Revenue Codes- Include all listed- Must be valid UB92 codes	42	Odd Number's 15-59	6050	4, 13, 14, 4, 11, 12, 13
Units of Service- Include all listed	46	Odd Number's 97-141	60	8, 13, 14
Total Charges- Include all listed	47	Even Number's 16-60	6050	97
Payor Classification- Include all listed- HCFA Payor ID number preferred	50	156, 157, 158	30	5
Principal Diagnosis Code	67	69	70	4
Other Diagnosis codes- Include	68-75	70-77	70	5-12
Admitting Diagnosis Code	76	78	70	25
External cause of injury code (E- Must contain data if possible)	77	79	70	26
Principal Procedure Code and Date	80	80-81	70	13-14
Other Procedure Codes and Include all listed	81	82-91	70	15-24
Attending Physician ID- State	82	92	80	5
Operating Physician Number- State License Number- Required if present	83	93	80	6
Other Physician ID- State Required if present	84	94	80	7-8
Patient Social Security Number	60Only if insured	161	22	5a
Patient Race	none	155	22	7a
*Number of Claims	N/A	N/A	95	6
*Record Type	N/A	N/A	all	1
*Sequence Number	N/A	N/A	21-70, 72, 80-81	2

a. Elements marked with an asterisk are required for submittals of the electronic 1450 only; they are included because they are essential to the 1450.

b. The definitions of most data elements referred to in this rule can be found in the Louisiana UB-92 Users Manual referenced in §15109 of this rule. Hospitals using data sources other than uniform billing should evaluate their definitions for agreement with the definitions specified in this Guide and the Louisiana UB-92 Users Manual. The exceptions to referenced definitions are listed below.

i. Patient's Race—this alphanumeric one-character element contains race category information based on self-identification, which is to be obtained from the patient, a relative, or a friend. The hospital should not categorize the patient based on observation or personnel judgment. The patient may choose not to provide the information. If the patient chooses not to answer, the hospital should enter the code for unknown. If the hospital fails to request the information, the field should be space filled. Code as follows: 1 = Native American or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. 2 = Asian or Pacific Islander: A person having origins in any of the peoples of the Far East, South East Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa. 3 = African American/Black: A person having origins in any of the black racial groups of Africa. 4 = Caucasian/White: A person having origins in any of the Caucasian peoples of Europe, North Africa, or the Middle East. 5 = Other: Any possible options not covered in the above categories. 6 = Unknown: A person who chooses not to answer the question. Blank Space: The hospital made no effort to obtain the information.

ii. Patient Social Security Number—numeric, 10-character entry containing the Social Security Number of the patient receiving care. This field is to be right justified with zeroes to the left to complete the field. The format of SSN is 0123456789 without hyphens. If the patient is a newborn, use the mother's SSN. If a patient does not have a social security number fill with zeroes. The field is edited for a valid entry.

2. Additional Data Elements Required if Available. These elements are required if the facility systematically collects the data in the ordinary course of operations as part of the facility's standard operating procedures and that data is readily available for inclusion in the claim file.

Data Element	Form Locator	1300 Record Number	1450	
			Record Type	Record Number
Provider Name	1	(none)	10	12
Provider Address- Must include zip code and city	1	(none)	10	13-16
Marital Status	16	(none)	20	9
Admission Hour	18	10	20	18
Discharge Hour	21	166	20	22
Provider Number	51	62,144,149	30	24
Insured's Name	58	(none)	30	12-14
Patient's Relationship to the Insured	59	63, 145, 150	30	18
(Insured's) Certificate/SSN/Health Insurance Claim/Identification Number	60	64, 146, 151	30	7
Insured Group Name	61	(none)	30	11
Insurance Group Number	62	65, 147, 152	30	10
Treatment Authorization Code	63	(none)	40	5-7
Employment Status Code	64	66	30	19
Employer Name or EIN	65	67	3121	94

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Date Element	Form Locator	1300 Record Number	1450	
			Record Type	Record Number
Employer Location	66	68(zip only)	3121	10-135-8

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1300.112(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 24:1940 (October 1998).

§15127. Guide—Record Formats

A. The accepted data record formats are the UB-92 1450 version 4.1 format and the UB-92 1300 flat file format. The definition specified for each data element is in general agreement with the definition in the UB-92 Users Manual. Hospitals using data sources other than uniform billing should evaluate definitions for agreement with the definitions specified in this Guide and the UB-92 Users Manual. See §§15125 and 15127.B.3 to identify possible differences between standard referenced formats and requirements under this rule.

1. UB-92 1450 Version 4.1 Record Specification. The UB-92 1450 claim record is made up of a series of 192-character physical records, as listed in the Louisiana UB-92 Training Manual. Record Types not specified in the required data elements list are requested but are not required for submittal.

2. UB-92 1300 Record Specification. The UB-92 1300 flat file contains one record per discharge, except in the case of multi-page claims. However, the standard 1300 format does not contain some fields that are found on the 1450 format. The 1300 record format is included in §15127.A.2.c below.

a. Use of Multi-Page Claims. All data except revenue code and charge fields should be duplicated on successive records. All available revenue and charge fields should be completely filled before using additional records. The last entry must be the Total Charge (001) Revenue Code and the Charge Amount must be the total of all previous entries. Any remaining revenue and charge fields must be blank or zero filled. No zero or space filled fields should precede the 001 entry.

b. Exceptions to 1300 Format. Inclusion of the 1300 format as an accepted data format required the addition of data elements not found in the version currently used in Louisiana. The following fields indicate the locations for the additional data elements.

Number	Field Name	Form Locator
10	Admission Hour	FL18
14	Medical Record Number	FL23
78	Admitting Diagnosis	FL76
93	Operating Physician Number	FL83
153	Infant Birth Weight	(none)
154	Infant APGAR Score	(none)
155	Patient Race	(none)

c. 1300 Discharge Record. The record layouts that follow will provide the following information.

- i. Record Number—Sequentially assigned record number (This is not the Form Locator).
- ii. Field Name—the name of the data element (field).
- iii. Picture—this is the COBOL picture. Pic X is initialized to blanks and Pic 9 is initialized to zeroes. All money and date fields are Pic 9.
- iv. Justification—indicates how the data field is justified (left or right).
- v. Start Position—leftmost position in the record.
- vi. End Position—rightmost position in the record.
- vii. Form Locator—this is the number found on the UB-92 paper form associated with the given field.

Record Number	Field Name	Picture	Justification	Start	End	Form Locator
1.	Patient Control Number	X(20)	L	1	20	FL03
2.	Type of Bill	9(3)	R	21	23	FL04
3.	Federal Tax Number (EIN)	X(10)	L	24	33	FL05
4.	Statement Covers Period: FROM MMDDYYYY	9(8)	R	34	41	FL06
5.	Statement Covers Period: TO MMDDYYYY	9(8)	R	42	49	FL06
6.	Patient Address Zip Code	X(9)	L	50	58	FL13
7.	Patient Date of Birth MMDDYYYY	9(8)	R	59	66	FL14
8.	Patient Sex	X(1)	L	67	67	FL15
9.	Admission Date	9(8)	R	68	75	FL17
10.	Admission Hour	9(2)	R	76	77	FL18
11.	Type of Admission	X(1)	L	78	78	FL19
12.	Source of Admission	X(1)	L	79	79	FL20
13.	Patient Status	9(2)	R	80	81	FL22
14.	Medical Record Number	X(17)	L	82	98	FL23
15.	Revenue Code Line 1	9(4)	R	99	102	FL42
16.	Total Charges by Revenue 1	S9(8)V99	R	103	112	FL47
17.	Revenue Code Line 2	9(4)	R	113	116	FL42
18.	Total Charges by Revenue 2	S9(8)V99	R	117	126	FL47
19.	Revenue Code Line 3	9(4)	R	127	130	FL42
20.	Total Charges by Revenue 3	S9(8)V99	R	131	140	FL47
21.	Revenue Code Line 4	9(4)	R	141	144	FL42
22.	Total Charges by Revenue 4	S9(8)V99	R	145	154	FL47
23.	Revenue Code Line 5	9(4)	R	155	158	FL42
24.	Total Charges by	S9(8)V99	R	159	168	FL47

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Record Number	Field Name	Picture	Justification	Start	End	Form Locator
	Revenue 5					
25.	Revenue Code Line 6	9(4)	R	169	172	FL42
26.	Total Charges by Revenue 6	S9(8)V99	R	173	182	FL47
27.	Revenue Code Line 7	9(4)	R	183	186	FL42
28.	Total Charges by Revenue 7	S9(8)V99	R	187	196	FL47
29.	Revenue Code Line 8	9(4)	R	197	200	FL42
30.	Total Charges by Revenue 8	S9(8)V99	R	201	210	FL47
31.	Revenue Code Line 9	9(4)	R	211	214	FL42
32.	Total Charges by Revenue 9	S9(8)V99	R	215	224	FL47
33.	Revenue Code Line 10	9(4)	R	225	228	FL42
34.	Total Charges by Revenue 10	S9(8)V99	R	229	238	FL47
35.	Revenue Code Line 11	9(4)	R	239	242	FL42
36.	Total Charges by Revenue 11	S9(8)V99	R	243	252	FL47
37.	Revenue Code Line 12	9(4)	R	253	256	FL42
38.	Total Charges by Revenue 12	S9(8)V99	R	257	266	FL47
39.	Revenue Code Line 13	9(4)	R	267	270	FL42
40.	Total Charges by Revenue 13	S9(8)V99	R	271	280	FL47
41.	Revenue Code Line 14	9(4)	R	281	284	FL42
42.	Total Charges by Revenue 14	S9(8)V99	R	285	294	FL47
43.	Revenue Code Line 15	9(4)	R	295	298	FL42
44.	Total Charges by Revenue 15	S9(8)V99	R	299	308	FL47
45.	45 Revenue Code Line 16	9(4)	R	309	312	FL42
46.	Total Charges by Revenue 16	S9(8)V99	R	313	322	FL47
47.	Revenue Code Line 17	9(4)	R	323	326	FL42
48.	Total Charges by Revenue 17	S9(8)V99	R	327	336	FL47
49.	Revenue Code Line 18	9(4)	R	337	340	FL42
50.	Total Charges by Revenue 18	S9(8)V99	R	341	350	FL47
51.	Revenue Code Line 19	9(4)	R	351	354	FL42
52.	Total Charges by Revenue 19	S9(8)V99	R	355	364	FL47
53.	Revenue Code Line 20	9(4)	R	365	368	FL42
54.	Total Charges by Revenue 20	S9(8)V99	R	369	378	FL47
55.	Revenue Code Line 21	9(4)	R	379	382	FL42
56.	Total Charges by Revenue 21	S9(8)V99	R	383	392	FL47
57.	Revenue Code Line 22	9(4)	R	393	396	FL42
58.	Total Charges by	S9(8)V99	R	397	406	FL47

Record Number	Field Name	Picture	Justification	Start	End	Form Locator
	Revenue 22					
59.	Revenue Code Line 23	9(4)	R	407	410	FL42
60.	Total Charges by Revenue 23	S9(8)V99	R	411	420	FL47
61.	Filler	X(25)		421	445	
62.	First Provider Number (Payor)	X(13)	L	446	458	FL51A
63.	Patient's Relationship to Insured	X(2)	L	459	460	FL59A
64.	Certificate/SocSec Number/Health Insurance Claim/ Identification Number	X(19)	L	461	479	FL60A
65.	Insurance Group Number	X(20)	L	480	499	FL62A
66.	Employment Status Code	X(1)	L	500	500	FL64
67.	Employer Name	X(24)	L	501	524	FL65
68.	Employer Zip Code	X(9)	L	525	533	FL66
(For Diagnosis and Procedure Codes (69-90)-omit decimal)						
69.	Principal Diagnosis Code	X(6)	L	534	539	FL67
70.	Other Diagnosis Code 1	X(6)	L	540	545	FL68
71.	Other Diagnosis Code 2	X(6)	L	546	551	FL69
72.	Other Diagnosis Code 3	X(6)	L	552	557	FL70
73.	Other Diagnosis Code 4	X(6)	L	558	563	FL71
74.	Other Diagnosis Code 5	X(6)	L	564	569	FL72
75.	Other Diagnosis Code 6	X(6)	L	570	575	FL73
76.	Other Diagnosis Code 7	X(6)	L	576	581	FL74
77.	Other Diagnosis Code 8	X(6)	L	582	587	FL75
78.	Admitting Diagnosis	X(6)	L	588	593	FL76
79.	External Cause of Injury (E-Code)	X(6)	L	594	599	FL77
80.	Principal Procedure Code	X(7)	L	600	606	FL80
81.	Principal Procedure Date MMDDYY	9(6)	R	607	612	FL80
82.	Other Procedure 1 : Code	X(7)	L	613	619	FL81
83.	Other Procedure 1 : Date MMDDYY	9(6)	R	620	625	FL81
84.	Other Procedure 2 : Code	X(7)	L	626	632	FL81
85.	Other Procedure 2 : Date MMDDYYYY	9(6)	R	633	638	FL81
86.	Other Procedure 3 : Code	X(7)	L	639	645	FL81
87.	Other Procedure 3 : Date MMDDYY	9(6)	R	646	651	FL81
88.	Other Procedure 4 : Code	X(7)	L	652	658	FL81
89.	Other Procedure 4 : DateMMDDYY	9(6)	R	659	664	FL81
90.	Other Procedure 5 : Code	X(7)	L	665	671	FL81

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Record Number	Field Name	Picture	Justification	Start	End	Form Locator
91.	Other Procedure 5 : Date MMDDYY	9(6)	R	672	677	FL81
92.	Attending Physician Number	X(22)	L	678	699	FL82
93.	Other Physician Number	X(22)	L	700	721	FL83
94.	Other Physician Number	X(22)	L	722	743	FL84
95.	Filler	X(2)	L	744	745	
96.	Century Flag Patient's DOB=Birth Year 19001=Birth Year<1900	9(1)	R	746	746	
(Dates of Service-even numbers from 97-142; MMDDYY)						
97.	Units of Service Line 1	9(7)	R	747	753	FL46
98.	Date of Service Line 1	9(6)	R	754	759	FL45
99.	Units of Service Line 2	9(7)	R	760	766	FL46
100.	Date of Service Line 2	9(6)	R	767	772	FL45
101.	Units of Service Line 3	9(7)	R	773	779	FL46
102.	Date of Service Line 3	9(6)	R	780	785	FL45
103.	Units of Service Line 4	9(7)	R	786	792	FL46
104.	Date of Service Line 4	9(6)	R	793	798	FL45
105.	Units of Service Line 5	9(7)	R	799	805	FL46
106.	Date of Service Line 5	9(6)	R	806	811	FL45
107.	Units of Service Line 6	9(7)	R	812	818	FL46
108.	Date of Service Line 6	9(6)	R	819	824	FL45
109.	Units of Service Line 7	9(7)	R	825	831	FL46
110.	Date of Service Line 7	9(6)	R	832	837	FL45
111.	Units of Service Line 8	9(7)	R	838	844	FL46
112.	Date of Service Line 8	9(6)	R	845	850	FL45
113.	Units of Service Line 9	9(7)	R	851	857	FL46
114.	Date of Service Line 9	9(6)	R	858	863	FL45
115.	Units of Service Line 10	9(7)	R	864	870	FL46
116.	Date of Service Line 10	9(6)	R	871	876	FL45
117.	Units of Service Line 11	9(7)	R	877	883	FL46
118.	Date of Service Line 11	9(6)	R	884	889	FL45
119.	Units of Service Line 12	9(7)	R	890	896	FL46
120.	Date of Service Line 12	9(6)	R	897	902	FL45
121.	Units of Service Line 13	9(7)	R	903	909	FL46
122.	Date of Service Line 13	9(6)	R	910	915	FL45
123.	Units of Service Line 14	9(7)	R	916	922	FL46

Record Number	Field Name	Picture	Justification	Start	End	Form Locator
124.	Date of Service Line 14	9(6)	R	923	928	FL45
125.	Units of Service Line 15	9(7)	R	929	935	FL46
126.	Date of Service Line 15	9(6)	R	936	941	FL45
127.	Units of Service Line 16	9(7)	R	942	948	FL46
128.	Date of Service Line 16	9(6)	R	949	954	FL45
129.	Units of Service Line 17	9(7)	R	955	961	FL46
130.	Date of Service Line 17	9(6)	R	962	967	FL45
131.	Units of Service Line 18	9(7)	R	968	974	FL46
132.	Date of Service Line 18	9(6)	R	975	980	FL45
133.	Units of Service Line 19	9(7)	R	981	987	FL46
134.	Date of Service Line 19	9(6)	R	988	993	FL45
135.	Units of Service Line 20	9(7)	R	994	1000	FL46
136.	Date of Service Line 20	9(6)	R	1001	1006	FL45
137.	Units of Service Line 21	9(7)	R	1007	1013	FL46
138.	Date of Service Line 21	9(6)	R	1014	1019	FL45
139.	Units of Service Line 22	9(7)	R	1020	1026	FL46
140.	Date of Service Line 22	9(6)	R	1027	1032	FL45
141.	Units of Service Line 23	9(7)	R	1033	1039	FL46
142.	Date of Service Line 23	9(6)	R	1040	1045	FL45
143.	Filler	X(25)	L	1046	1070	
144.	Second Provider umber (Payor)	X(13)	L	1071	1083	FL51B
145.	Patient's Relationship to Insured	X(2)	L	1084	1085	FL59B
146.	Certificate/SocSec Number/ Health Insurance Claim/ Identification Number	X(19)	L	1086	1104	FL60B
147.	Insurance Group Number	X(20)	L	1105	1124	FL62B
148.	Filler	X(25)	L	1125	1149	
149.	Third Provider Number (Payor)	X(13)	L	1150	1162	FL51C
150.	Patient's Relationship to Insured	X(2)	L	1163	1164	FL59C
151.	Certificate/SocSec Number/ Health Insurance Claim/ Identification	X(19)	L	1165	1183	FL60C
152.	Insurance Group Number	X(20)	L	1184	1203	FL62C
153.	Infant Birth Weight (in grams)	9(4)	R	1204	1207	
154.	Infant APGAR Score	9(4)	R	1208	1211	
155.	Patient Race	9(1)	R	1212	1212	
156.	Primary Payor	X(2)	L	1213	1214	FL50A

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Record Number	Field Name	Picture	Justification	Start	End	Form Locator
	Code					
157.	Second Payor Code	X(2)	L	1215	1216	FL50B
158.	Third Payor Code	X(2)	L	1217	1218	FL50C
159.	Medicaid Provider Number	X(12)	L	1219	1230	FL51
160.	Medicare Provider Number	X(12)	L	1231	1242	FL51
161.	Patient Social Security Number	X(9)	L	1243	1251	FL60
162.	Primary Payor Carrier ID Code	X(4)	L	1252	1255	
163.	Second Payor Carrier ID Code	X(4)	L	1256	1259	
164.	Third Payor Carrier ID Code	X(4)	L	1260	1263	
165.	Federal Tax Sub ID.	X(4)	L	1264	1267	
166.	Filler	X(2)	L	1268	1269	
167.	Filler	X(31)	L	1270	1300	

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