



STATE OF NEW MEXICO  
Workers' Compensation  
Administration

ONE TEAM | ONE GOAL  
A Better New Mexico for Workers and Employers

Effective  
June  
2017

# INPATIENT DATA COLLECTION GUIDE

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**DATA REPORTING REQUIREMENTS:**

According to Rule 11.4.7.15 A, B of the New Mexico Workers' Compensation Laws and Regulations, all workers' compensation payers are required to report inpatient hospital services data from information collected on the UB-04 form (*Effective June 2007; revised May, 2017*):

- The schedule for reporting is determined by the date of payment of the services provided.
- All information requested as being mandatory must be provided to the WCA.
- Conditional field requirements are also outlined in these instructions:
- Information provided must be complete and accurate.
- Inpatient hospital services are those services provided to injured or ill workers under state workers' compensation coverage that have a service period of greater than 24 hours.
- The inpatient worker has been admitted to a general hospital or an acute hospital and is provided a room and meals.

**WHEN TO FILE:**

The insurer must report an inpatient hospital bill to the WCA within 10 to 90 days of payment of the bill. Reports must be submitted through the Inpatient Data Submission site from the insurer or its representative. The periodicity can be daily, weekly or monthly. In any event, the insurer must report the inpatient bill not later than the 92nd day from the date of payment.

**HOW TO FILE:**

There are two methods for submitting inpatient data; both methods need to have an account. The insurer or insurer's representative needs to request an account to submit inpatient data through the WCA online system. The two methods offered are either 1) entering data electronically or 2) uploading a text file.

To submit by electronic format to the WCA, a profile of the sender must be established. To do this, the sender of the information must contact the Economic Research & Policy Bureau at (505) 841-6044 and provide the following information using the Inpatient Data Provider Partner form (E9) (See Appendix):

1. Sender Name and Address
2. Sender Federal Employer Identification Number (FEIN*)
3. The list of insurers or companies the sender is sending for and their FEINs
4. Contact person
5. Phone number of contact person
6. The email address of contact person
7. Method of reporting: Enter data or upload text file(s)
8. Frequency of reporting

\* FEIN: also known as Federal Tax Identification Number

## **REPORT RECORD FORMATS**

The sender of the inpatient data should have a clear understanding of the information contained in the layout of the inpatient data record. Table B (in Appendix) shows the data element (Field-Name), location block, data type, New Mexico's data reporting requirements, length of the field, column beginning and ending positions, and format notes. The data element definitions are also explained in Table A.

The reporting organization must be aware that the record lengths remain constant for all records. Each data field within the record has a WCA technical requirement designation (i.e. M = Mandatory, C = Conditional, O = Optional). Data elements that are not available or have no values will have a blank entry in that field, except for the following technical requirements designated under the NM technical requirement column (see Table B in Appendix):

- M = Mandatory field. A data element having this designation must be included in every inpatient data submission. If a mandatory field element is not contained in the electronic transmission, a critical error will result and an Economic Research & Policy (Statistics) staff member will contact the sender.
- C = Conditional field. A non-null data element field containing information when a condition occurs. The conditional designation must be transmitted with every electronic record submission. This information is often time-sensitive and is not provided at every stage of the claim process. Once the information is known, it must be provided to the WCA at all of the reporting events.
- O = Optional field. A non-null data element having this designation may be transmitted.

## **TECHNICAL FILING REQUIREMENTS**

The following rules apply for submission of the inpatient billing information. A diagram in the Appendix shows the transaction flow for the billing information.

- Billing Type = 111: This bill establishes a new inpatient bill for the injured worker, and it is identified using the admission date provided on the bill and the worker's SSN. There must be one bill type of 111 for a general acute hospital inpatient bill per injured worker for a specific admission date. Duplicate bill type 111 or subsequent bill types of 121 and 851 will not be accepted for the specific SSN and admission date. The payment information must reflect the actual payment made to the health care provider (HCP) based on the bill.
- Billing Type = 115: This bill establishes additional charges based on the original billing information provided under bill (type = 111). There must be a billing type = 111 established in the database prior to the filing and acceptance of a billing type = 115. This billing type is used only for general acute hospitals for inpatient services. More than one billing type of 115 may be filed for the same SSN and admissions date. Note: This billing type might be used for additional revenue lines that were not available on the original bill (type = 111)

- Billing Type = 117: This billing type is used to correct a previously submitted bill. The sender uses this billing type to replace the billing information previously submitted under bill (type =111) for a particular injured worker's SSN and specific admission date. Note: a previous bill must have been established for the worker and admission date prior to sending this billing type. This billing type is only used for general acute hospital inpatient services. Once this billing type has been sent, only subsequent billing type =117 will be processed for the same SSN and admission date. Note: This billing type replaces all of the billed charge information from the original and subsequent types. The billing type 117 becomes an update for the replaced bills.
- Billing Type = 121: This bill establishes a new inpatient bill for the injured worker for the admission date provided on the bill. This billing type is used for inpatient services that are special in nature and are not covered under the billing type of 111. Examples might be dialysis services (long-term), and Medicare 121 Part B inpatient claims. There must be one billing type of 121 for special services under general acute hospital inpatient bill per injured worker for a specific admission date. Duplicate billing type 121 or subsequent billing type of 111 and 851 will not be accepted for the specific SSN and admission date.
- Billing Type = 125: This bill establishes additional charges based on the original billing information provided under billing type 121. There must be a billing type = 121 established in the database prior to the filing and acceptance of a billing type = 125. This billing type is used only for general acute hospitals for inpatient (special) services. More than one billing type of 125 may be filed for the same SSN and admission date. Note: the billing type maybe used for additional revenue lines that were not available on the original bill (type = 121).
- Billing Type = 127: This billing type is used to correct a previously submitted bill. The sender uses this billing type to replace the billing information previously submitted under billing type 121 for a particular injured worker (SSN) and specific admission date. Note: a previous bill must have been established for the worker and admission date prior to sending this billing type. This billing type is only used for special services under general hospital inpatient services. Once this billing type has been sent, only subsequent billing type = 127 will be processed for the same SSN and admission date. Note: This billing type replaces all of the billed charge information from the original and subsequent types. Billing type 127 becomes an update for the replaced information.
- Billing Type = 851: This bill establishes a new inpatient bill for the injured worker for the admission date provided on the bill (For Critical Access Hospitals, CAH only). Under this billing type, a room charge must be indicated on the bill for it to be considered an inpatient bill. There must be one billing type of 851 for a Critical Access hospital inpatient bill per injured worker for a specific admission date. Duplicate billing type 851 or subsequent billing types 111 and 121 will not be accepted for the specific SSN and admission date.
- Billing Type = 855: This bill establishes additional charges based on the original billing information provided under billing type 851. Under this billing type, a room charge must be indicated on the bill for it to be considered an inpatient bill. There must be a billing type = 851 established in the database prior to the filing and acceptance of a billing type = 855. This billing type is used only for critical access hospitals (CAH) for inpatient services. More than one billing type of 855 may be filed for the same SSN and admission date. Note: the billing type may be used for additional revenue lines that were not available on the original bill (type = 851).

- Billing Type = 857: This billing type is used to correct a previously submitted bill. Under this billing type, a room charge must be indicated on the bill for it to be considered an inpatient bill. The sender uses this billing type to replace the billing information previously submitted under billing type 851 for a particular injured worker (SSN) and specific admission date. Note: a previous bill must have been established for the worker and admission date prior to sending this billing type. This billing type is only used for Critical Access Hospitals (CAH) for inpatient services. Once this billing type has been sent, only subsequent billing type = 857 will be processed for the same SSN and admission date. Note: This billing type replaces all of the billed charge information from the original and subsequent bills, and becomes an update of all such original and subsequent information.

**TABLE A—DATA DEFINITIONS**

The following table outlines the definitions of the data requested. The source of the data provided in the database is outlined under columns UB-04 [https://www.ibx.com/pdfs/providers/npi/ub04\\_form.pdf](https://www.ibx.com/pdfs/providers/npi/ub04_form.pdf), UB-92 [https://www.usrds.org/forms/07\\_UB92\\_CMS\\_1450\\_Uniform\\_Bill.pdf](https://www.usrds.org/forms/07_UB92_CMS_1450_Uniform_Bill.pdf) (Ctrl + Click to Follow Link) and Technical Requirements of Table A.

**TABLE A**

Screen Name	Table Field	Definition	UB-92 Location	UB-04 Location	Technical Req.
Admin-Clm-No	Admin_Claim-No.	Claim Number assigned by insurer's claim administrator. Inpatient bill is not filed with the WCA until a claim number has been established and payment has been made.	Insurer Provided	Insurer Provided	M
Worker Last Name	Worker_last_name	The Last Name (location 08, b, UB-04, CMS 1450) of the injured worker; the worker's last name has been added to the record format.	12	08,b	M
SSN	SSN	Social Security Number of the injured worker. This identifier is used with the Admission date to identify a unique inpatient case.	60	60A,08A	M
Birth	Date_of_Birth	Date of birth of the injured worker.	14	10	M
Date of Admin	Date of Admission	Date of injured worker admitted into the hospital for services extending beyond 24 hours.	17	12	M
Type of Bill	Bill_Type	Bill type describing how the bill is generated from the hospital or payer. Valid codes for WCA are 111= Admission through Discharge Claim 115= Additional Charges of Claim 117 = Replacement of Claim Others: 121, 125, 127: For Special Services 851 = Admission through Discharge of CAH 855 =Additional Charges of Claims 857 = Replacement of Claim	04	04	M

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Screen Name	Table Field	Definition	UB-92 Location	UB-04 Location	Technical Req.
Type of Admin	Admission_type	Describes under what conditions the injured worker was admitted to inpatient status at the hospital. Valid codes: 1= Emergency, 2= Urgent, 3= Elective, 5 =Trauma Center, 9 = unavailable	19	14	M
Source of Admin	Admission_source	Defines where the admission of the injured worker originated. Valid codes: 1 = Physician Referral 2 = Clinic Referral 3 = HMO Referral 4 = Transfer from Hospital 5 = Transfer from Skilled Nursing Facility 6 = Transfer from another HCF 7 = Emergency Room 8 = Law Enforcement 9 = Information unavailable A = Transfer from a Critical Access Hospital	20	15	M
Date of Discharge	Discharge_dt	Date that the injured worker is discharged or inpatient services have ended at the hospital.	06	06	C
Discharge Status	Discharge_Status	Indicator describing the state or status of the injured worker at the time of the hospital discharge. Valid codes (01 –76) (see UB-04 Definitions, Medicare)	22	17	C
Medical Record Number	Medical Record No	Hospital 's Medical Record Number of Patient.	23	03,b	C
Insurer Name	Payer	Name of the insurer from UB-04.	50	50A	M
FEIN	Insurer_fein	Federal Tax-id number of insurer.	Insurer	Insurer	M
Employer FEIN	Employer_fein	Federal Tax-id number of employer.	Insurer	Insurer	M

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Screen Name	Table Field	Definition	UB-92 Location	UB-04 Location	Technical Req.
Sender	Sender_Name	Name of the Medical Review Co. or Sender of Medical Data to WCA.	Sender	Sender	M
Total Charges	Total Gross Charges	Total amount of billed charges of medical services designated by revenue code (001). When reporting use both dollars and cents in the format without the decimal point and zero fill before first digit (right justify).	47	47	M
Total Paid	Total Paid Amount	The amount paid by the payer for the inpatient services. When reporting use both dollars and cents in the format without the decimal point and zero fill before first digit (right justify).	Insurer	Insurer	M
Date Paid	Date_paid	The date the bill was paid by the payer.	Insurer	Insurer	M
PDC	Principal Diagnosis Code	The ICD-10-CM code indicating the principal or major diagnosis of the injured worker injuries or illness.	67	67	M
2nd-9th Diag.	2nd-9th diagnosis codes	Secondary and additional ICD-10-CM code describing the diagnosis of the injury or illness of the injured worker.	68-75	67A-67H	C
DRG	Diagnosis Related Group (DRG)	The group code describing the overall diagnosis of the injury or illness of the injured worker.	56	37	M
PPC	Principal Procedure Code	The ICD-10-CM code describing the procedures used to treat the injured worker.	80	74	M
Date	PPC Date	The date of the principal procedure used to treat the injured worker.	80	74	M



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Screen Name	Table Field	Definition	UB-92 Location	UB-04 Location	Technical Req.
2nd – 6th Proc.	2nd-6th Procedure Codes	Secondary and additional ICD-10-CM codes to describe procedures used to treat the injured worker.	81 A-E	74 A-E	C
REV-CD(X)	Revenue Code (XX)	The description of the medical services provided under inpatient status (code is 4 digits). Note: the first revenue code is mandatory.	42	42	C
REV-CD Rate	Revenue Code (XX) Rate	The cost per services based on Revenue Code. (This is the Accommodation Rate for revenue codes 100 through 219).	44	44	C
REV-CD Amt.	RC-XX Total Charges	The amount of the medical services provided under the specific revenue code. First revenue code's total charges are mandatory. Numerical format without decimal point and zero fill before first digit (right justified).	47	47	C
HOSP ID	Hospital_FEIN	The Federal Identification number of the Hospital (9-digit Field).	5	5	M
Dt-Occurrence	Date of Occurrence	The date of the occurrence for the injury or illness of the patient.	32	31a	M
Occurrence_cd	Occurrence Code	The initial occurrence code relates to the reason for the inpatient stay related to an event. In Workers' compensation, codes may be any of the following values {01-06, 11} for Billing type 111. Note: Inpatient codes are used for Medicare.	32b	31b	M
National Provider Indicator	NPI	Number assigned to Hospital Facility by Medicare. This number will replace the hospital FEIN in the future.		56	M
External Cause of injury code	ECI_CD	External Injury code used by the Department of Health to capture injury information.	77	72a	C

**ELECTRONIC LAYOUT**

**Table B** (in Appendix) record layout should be used when data is submitted in electronic form (entering data electronically or uploading a text file). The UB-04 form locators are printed in the table below as a guide to reporting the required data. A Header and Trailer record (see Table C, Appendix) is used for each submission. Each file should be separated by insurer billed data information. Note the order of the billing type is critical to the success of the acceptance of the transmission. All billing types = 111, 121, 851 should be processed first.

**Media:** 1) Entering data electronically or 2) Uploading a text file.

**File Format:** ASCII TEXT: With header record first, then data records followed by the trailer record.

**Record Length: 901. Note: Header and Trailer record are not included in record length.**

**Other Instructions:** Submit data as a fixed column input text file where each row represents the data from one discharge. All data fields should be left justified. Leave unused spaces blank - do not fill.

**Table B also offers a guide to reporting the required data. Data required by the insurer is also outlined.**

**Other Instructions: Each row following the first row will represent the data for one hospital billing type for a particular SSN and admission date. Leave unused cells blank - do not fill.**

## APPENDIX

TABLE B—INPATIENT RECORD FORMAT

Field Name	UB-04 Loc.	Type	NM Req.	Length	Begin	End	Notes
Admissions_dt	12	Date	M	8	1	8	mmddccyy
Discharge_dt	6	Date	C	8	9	16	mmddccyy
Principal Diagnosis Code (PDC)	67	A-N	M	7	17	23	No periods
2 <sup>nd</sup> Diagnosis code	67a	A-N	C	7	24	30	No Periods
3 <sup>rd</sup> Diagnosis code	67b	A-N	C	7	31	37	No Periods
4 <sup>th</sup> Diagnosis code	67c	A-N	C	7	38	44	No Periods
5 <sup>th</sup> Diagnosis code	67d	A-N	C	7	45	51	No Periods
6 <sup>th</sup> Diagnosis code	67e	A-N	C	7	52	58	No Periods
7 <sup>th</sup> Diagnosis code	67f	A-N	C	7	59	65	No Periods
8 <sup>th</sup> Diagnosis code	67g	A-N	C	7	66	72	No Periods
9 <sup>th</sup> Diagnosis code	67h	A-N	C	7	73	79	No Periods
Diagnosis Related Group (DRG) code	37	A-N	M	3	80	82	3-digit code
Revenue Code 1 (RC-1)	42	A-N	M	4	83	86	
RC-1 HCPCS Rate	44	A-N	C	10	87	96	
RC-1 Total Charge	47	Num.	M	10	97	106	Format: 9999999999
Revenue Code 2 (RC-2)	42	A-N	C	4	107	110	
RC-2 HCPCS Rate	44	A-N	C	10	111	120	
RC-2 Total Charge	47	Num.	C	10	121	130	Format: 9999999999
Revenue Code 3 (RC-3)	42	A-N	C	4	131	134	
RC-3 HCPCS Rate	44	A-N	C	10	135	144	
RC-3 Total Charge	47	Num.	C	10	145	154	Format: 9999999999
Revenue Code 4 (RC-4)	42	A-N	C	4	155	158	
RC-4 HCPCS Rate	44	A-N	C	10	159	168	
RC-4 Total Charges	47	Num.	C	10	169	178	Format: 9999999999
Revenue Code 5 (RC-5)	42	A-N	C	4	179	182	
RC-5 HCPCS Rate	44	A-N	C	10	183	192	
RC-5 Total Charges	47	Num.	C	10	193	202	Format: 9999999999
Revenue Code 6 (RC-6)	42	A-N	C	4	203	206	
RC-6 HCPCS Rate	44	A-N	C	10	207	216	
RC-6 Total Charges	47	Num.	C	10	217	226	Format: 9999999999
Revenue Code 7 (RC-7)	42	A-N	C	4	227	230	
RC-7 HCPCS Rate	44	A-N	C	10	231	240	
RC-7 Total Charges	47	Num.	C	10	241	250	Format: 9999999999
Revenue Code 8 (RC-8)	42	A-N	C	4	251	254	
RC-8 HCPCS Rate	44	A-N	C	10	255	264	
RC-8 Total Charges	47	Num.	C	10	265	274	Format: 9999999999

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Field Name	UB-04 Loc.	Type	NM Req.	Length	Begin	End	Notes
Revenue Code 9 (RC-9)	42	A-N	C	4	275	278	
RC-9 HCPCS Rate	44	A-N	C	10	279	288	
RC-9 Total Charges	47	Num.	C	10	289	298	Format: 9999999999
Revenue Code 10 (RC-10)	42	A-N	C	4	299	302	
RC-10 HCPCS Rate	44	A-N	C	10	303	312	
RC-10 Total Charges	47	Num.	C	10	313	322	Format: 9999999999
Revenue Code 11 (RC-11)	42	A-N	C	4	323	326	
RC-11 HCPCS Rate	44	A-N	C	10	327	336	
RC-11 Total Charges	47	Num.	C	10	337	346	Format: 9999999999
Revenue Code 12 (RC-12)	42	A-N	C	4	347	350	
RC-12 HCPCS Rate	44	A-N	C	10	351	360	
RC-12 Total Charges	47	Num.	C	10	361	370	Format: 9999999999
Revenue Code 13 (RC-13)	42	A-N	C	4	371	374	
RC-13 HCPCS Rate	44	A-N	C	10	375	384	
RC-13 Total Charges	47	Num.	C	10	385	394	Format: 9999999999
Revenue Code 14 (RC-14)	42	A-N	C	4	395	398	
RC-14 HCPCS Rate	44	A-N	C	10	399	408	
RC-14 Total Charges	47	Num.	C	10	409	418	Format: 9999999999
Revenue Code 15 (RC-15)	42	A-N	C	4	419	422	
RC-15 HCPCS Rate	44	A-N	C	10	423	432	
RC-15 Total Charges	47	Num.	C	10	433	442	Format: 9999999999
Revenue Code 16 (RC-16)	42	A-N	C	4	443	446	
RC-16 HCPCS Rate	44	A-N	C	10	447	456	
RC-16 Total Charges	47	Num.	C	10	457	466	Format: 9999999999
Revenue Code 17 (RC-17)	42	A-N	C	4	467	470	
RC-17 HCPCS Rate	44	A-N	C	10	471	480	
RC-17 Total Charges	47	Num.	C	10	481	490	Format: 9999999999
Revenue Code 18 (RC-18)	42	A-N	C	4	491	494	
RC-18 HCPCS Rate	44	A-N	C	10	495	504	
RC-18 Total Charges	47	Num.	C	10	505	514	Format: 9999999999
Revenue Code 19 (RC-19)	42	A-N	C	4	515	518	
RC-19 HCPCS Rate	44	A-N	C	10	519	528	
RC-19 Total Charges	47	Num.	C	10	529	538	Format: 9999999999
Revenue Code 20 (RC-20)	42	A-N	C	4	539	542	
RC-20 HCPCS Rate	44	A-N	C	10	543	552	
RC-20 Total Charges	47	Num.	C	10	553	562	Format: 9999999999
Revenue Code 21 (RC-21)	42	A-N	C	4	563	566	
RC-21 HCPCS Rate	44	A-N	C	10	567	576	
RC-21 Total Charges	47	Num.	C	10	577	586	Format: 9999999999
Revenue Code 22 (RC-22)	42	A-N	C	4	587	590	
RC-22 HCPCS Rate	44	A-N	C	10	591	600	

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Field Name	UB-04 Loc.	Type	NM Req.	Length	Begin	End	Notes
RC-22 Total Charges	47	Num.	C	10	601	610	Format: 9999999999
Revenue Code 23 (RC-23)	42	A-N	C	4	611	614	
RC-23 HCPCS Rate	44	A-N	C	10	615	624	
RC-23 Total Charges	47	Num.	C	10	625	634	Format: 9999999999
TOTAL GROSS CHARGES	47	Num.	M	10	635	644	Format: 9999999999
Total Paid Amount	Insurer	Num.	M	10	645	654	Format: 9999999999
Principal Procedure Code (PPC)	74	A-N	M	7	655	661	No Periods
PPC Date	74	Date	M	8	662	669	Format MMDDCCYY
2 <sup>nd</sup> Procedure Code	74, a	A-N	C	7	670	676	No Periods
3 <sup>rd</sup> Procedure Code	74, b	A-N	C	7	677	683	No Periods
4 <sup>th</sup> Procedure Code	74, c	A-N	C	7	684	690	No Periods
5 <sup>th</sup> Procedure Code	74, d	A-N	C	7	691	697	No Periods
6 <sup>th</sup> Procedure Code	74, e	A-N	C	7	698	704	No Periods
Clm-Admin Claim Number	Insurer	A-N	M	25	705	729	Claim Number of E1, E6
Birth_dt, Injured Worker	10	Date	M	8	730	737	Format: MMDDCCYY
SSN, Injured Worker	60a, 08	A-N	M	9	738	746	Format 999999999
Employer_id (FEIN)	Insurer	A-N	M	9	747	755	Format: 999999999
Insurer_FEIN	Insurer	A-N	M	9	756	764	Format: 999999999
Payer	50a	A-N	M	30	765	794	
Bill-type	4	A-N	M	3	795	797	Valid Code =111,115,117 121,125,127 851,855,857
Discharge Status	17	A-N	C	2	798	799	Codes: 01,02,04,05,07,08, 20,43,50,51,62,63,65,
Admission_type	14	A-N	M	1	800	800	Codes: 1,2,3,4,5,9
Admission_Source	15	A-N	M	1	801	801	Codes: 1-9, A
Date_paid	Insurer	Date	M	8		809	Format: MMDDCCYY
Medical Record No	03,b	A-N	C	20	810	829	
Hospital_FEIN	5	A_N	M	9	830	838	Format: 999999999
Date of Occurrence	31,a	Date	M	8	839	846	Format: MMDDCCYY
Occurrence_cd	31,a	A-N	M	2	847	848	See notes in Table A
Hospital-NPI	56	A-N	M	15	849	863	
ECl_cd (External Injury Code)	72,a	A-N	C	8	864	871	
Worker's_Last Name	08,b	A-N	M	30	872	901	Electronic Layout (paper)

**TABLE C—HEADER & TRAILER RECORDS****HEADER RECORD**

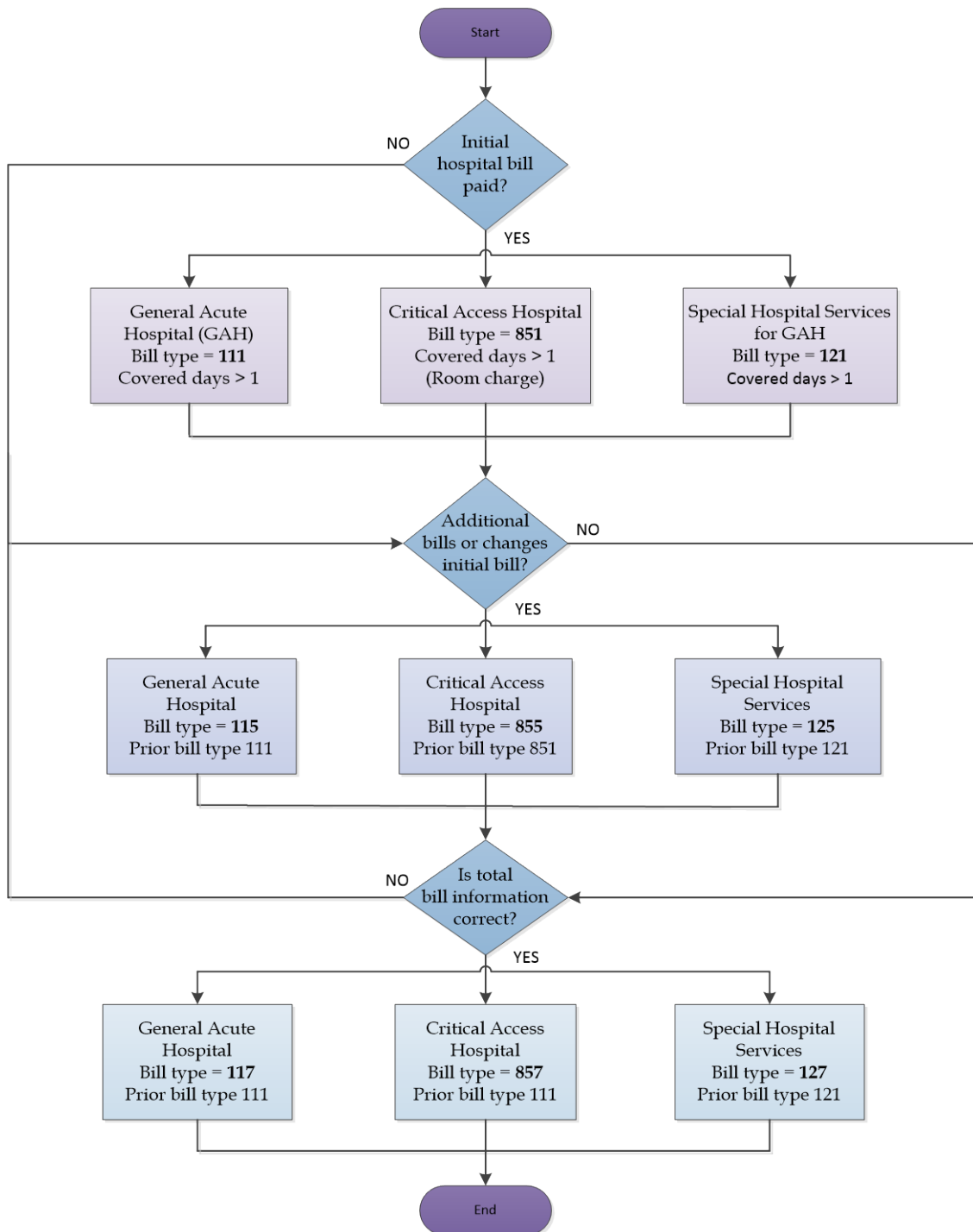
Field Name	Values	Req.	Length	Format	Column Position	
					Begin	End
Header ID	HIP	M	3	Text	1	3
Sender Name		M	25	Text	4	28
Sender FEIN	999999999	M	9	Text	29	37
Date Transmission	mmddccyy	M	8	Date	38	45
Test File Indicator	P, T	M	1	Text	46	46

**P = Production, T= Test: For test files data is discarded after test.**

**TRAILER RECORD**

Field Name	Values	Req.	Length	Format	Column Position	
					Begin	End
Trailer ID	TRP	M	3	Text	1	3
Detail Record Count	999	M	5	Num	4	6

**DIAGRAM FOR INPATIENT DATA PROCESS**



### INPATIENT DATA PROVIDER PARTNER FORM (E9)

Form available at <https://workerscomp.nm.gov/sites/default/files/documents/forms/E9.pdf>

#### Inpatient Medical Data Provider Partner Profile (E-9)

ATTN: STATISTICS  
PO BOX 27198  
ALBUQUERQUE, NM 87125-7198

Email Address: Richard.Adu-Asamoah@state.nm.us  
Phone Number: (505) 841-6044

PLEASE PRINT IN BLACK INK OR TYPE

PARTNER TYPE:				
<input type="checkbox"/> TPA	<input type="checkbox"/> Carrier	<input type="checkbox"/> Medical Bill Review Company		
<input type="checkbox"/> Employer	<input type="checkbox"/> Sender Administrator	<input type="checkbox"/> Other _____		
<b>DATA PROVIDER PARTNER: (SENDER)</b>				
Name:		FEIN:		
Mail/Address:				
City:		State:		
Postal Code:		Phone:		
Contact Person:		Fax #:		
Email Address:				
FILE GENERATION:				
Inpatient Data Submission System <input type="checkbox"/>		Sender <input type="checkbox"/>		
FREQUENCY OF REPORTING:				
Daily <input type="checkbox"/>		Weekly <input type="checkbox"/>		Monthly <input type="checkbox"/>
DAY OF WEEK:				
Mon. <input type="checkbox"/>	Tue. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thur. <input type="checkbox"/>	
<b>ORGANIZATIONS REPORTING UNDER SENDER ADMINISTRATOR:</b>				
Insurer Name                      FEIN                      Type                      Postal Code                      Phone Number				
Agreement Person		Title		Signature

PRINT



**TABLE D—DETAIL ACKNOWLEDGMENT**

Segment Type	Group	Data Name	Values	Tech Reqmt.	Length	Format	Begin	End
One record at beginning of file	HEADER	Transaction Set-Id	HIP	M	3	A/N	1	3
		Sender FEIN		M	9	A/N	5	13
		Process date		M	8	Date	16	23
		Transaction date		M	8	Date	26	33
		Test indicator	T, P	M	1	A/N	36	36
		Acknowledgement ID	AK1	M	3	A/N	39	41
Variable based on number of records submitted	Acknowledgement	Ack-trans-set-Id	INP	M	3	A/N	1	3
		Record-Sequence		M	9	Numeric	5	13
		Process Time		M	6	Time	16	21
		Insurer_FEIN		M	9	A/N	24	32
		Clm-Admin Claim Number		M	25	A/N	35	59
	Ack- transaction Cd	TA, TR	M	2	A/N	62	63	
Variable	Error	Number of errors Element number		M C	2 4	Numeric A/N	66 70	67 ***
One Record	TRAILER	Trailer-id	TRP	M	3	A/N	1	3
		Detail Record Count		M	8	Numeric	4	12

\*\*\*Size: End depends on the number of errors found

**TABLE E—ERROR MATRIX**

<b>Error Code</b>	<b>Description</b>
1	Missing admissions date
2	Admissions date is greater than discharge date
3	Missing principal diagnosis code (PDC)
4	Missing diagnosis related group code (DRG)
5	Missing revenue code 1 (RC-1)
6	Missing RC-1 total charge
7	Missing total gross charges
8	Missing total paid amount
9	Missing mandatory field Principal Procedure Code (PPC)
10	Admissions date is greater than Principal Procedure Code (PPC) date
11	Missing Principal Procedure Code (PPC) date
12	Missing Claim Admin Number
13	Birthdate of injured worker is greater than Admissions date
14	Missing birth date of injured worker
15	Missing SSN of injured worker
16	Missing employer ID (FEIN)
17	Invalid Insurer FEIN, does not exist in inp_payer
18	Missing Insurer FEIN
19	Missing bill type
20	Bill number 111 already exists
21	Bill number 121 already exists
22	Bill number 851 already exists
23	There is no record with bill type 111 and record with bill 117 exists, trying to insert record bill 115
24	There is no record with bill type 111, trying to insert record bill 117
25	There is no record with bill type 121 and record with bill 127 exists, trying to insert record bill 125
26	There is no record with bill type 121 and trying to insert record with bill 127
27	There is no record with bill type = 851 and record with bill type 857 exists, trying to insert record bill 855
28	There is no record with bill type 851 and trying to insert record with bill 857
29	Invalid discharge status
30	The occurrence code is empty when the bill type is either 111, 121, or 851
31	Invalid occurrence code

Error Code	Description
32	Invalid admissions type code
33	Missing admissions type code
34	Invalid admission source code
35	Missing admission source code
36	Principal Procedure Code (PPC) date is greater than date paid
37	Missing date paid
38	Missing hospital FEIN
39	Date of occurrence is greater than Admissions date
40	Birthdate of injured worker is greater than Date occurrence
41	Missing date of occurrence
42	Missing hospital National Provider Identifier (NPI)
43	A monetary field contains at least one period
44	Missing worker name
45	Date of occurrence is greater than Discharge date
46	The sender FEIN does not exist
47	The number of records does not match the trail in the text file

### WHO TO CONTACT

**For inpatient data reporting policy questions, contact**

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**For technical questions regarding the web submission system or registration, contact**

Email: [wca.helpdesk@state.nm.us](mailto:wca.helpdesk@state.nm.us)