



NJDDCS VERSION 2

COMPARISON OF DATA FIELDS: NJDDCS VERSION 1 VERSUS NJDDCS VERSION 2

Field Name				NJDDCS Version 1 (Currently Collected)				NJDDCS Version 2 (New Data Set)				Present in ANSI 5010	Notes
	New Field	Changed Field	Removed Field	ANSI 5010	Field Length	Required I/P	Required O/P	Field Length	Required I/P	Required O/P	Freq (if >1)		
Accident State Field	X			2300 REF02				2	Y	Y		Y	New code indicating state where accident occurred, ANSI 5010 requires only if auto accident, but has qualifier for employment, auto, and other
Acute Days			X		4	Y	N	N/A	N	N		N	Will calculate as total days - SNF days - ICF days - RES days
Admission Hour				2300 DTP03	2	Y	Y	2	Y	Y		Y	
Admission/Start of Care Date				2300 DTP03	6	Y	Y	8	Y	Y		Y	
Admitting Diagnosis Code				2300 HI01-2	6	N	Y	7	Y	N		Y	Increase field to 7 positions
Attending Physician UPIN			X		6	Y	Y	N/A	N	N		N	CMS is replacing the UPIN with the NPI
Attending Physician's NPI				2310A NM109				10	Y	Y		Y	
Attending Physician's Service Code			X		2	Y	Y	N/A	N	N		N	Non-standard
Attending Physician's State License Number				2310A REF02	12	Y	Y	12	Y	Y		Y	
Baby's 5 Minute APGAR Score			X		2	Y	N	N/A	N	N		N	Non-standard
Baby's Birth Weight In Grams		X		2300 HI01-12	4	Y	N	4	Y	N		Y	Use Value Code to identify baby's birth weight
Condition Codes	X			2300 HI01-HI12				2	Y	Y	24	Y	
Discharge Date	X			2300 DTP03				8	Y	N		Y	
Discharge Hour		X		2300 DTP03	2	N	Y	2	Y	N		Y	Required for inpatients only
Do Not Resuscitate Code		X		2300 HI01-HI12	1	Y	N	N/A	N	N		N	Use condition code to identify patients with a DNR
DRG (Hospital)		X		2300 HI01-2				3	Y	N		Y	Required for inpatients
Employer Address (Primary Insured)			X		30	N	Y	N/A	N	N		N	Non-standard field - currently collected on ED data only
Employer Name (Primary Insured)			X		20	N	Y	N/A	N	N		N	Non-standard field - currently collected on ED data only
Employment Info Data 1 (Patient's Relationship to Primary Insured)		X		2000B SBR02	1	Y	Y	2	Y	Y		Y	Change to standard NUBC code list for Patient's Relationship to Insured
Employment Info Data 2 (Patient's Relationship to Secondary Insured)		X		2320 SBR02	1	Y	Y	2	Y	Y		Y	Change to standard NUBC code list for Patient's Relationship to Insured
Employment Status Code 1 (Primary Insured)			X		1	Y	Y	N/A	N	N		N	Non-standard
Employment Status Code 2 (Secondary Insured)			X		1	Y	Y	N/A	N	N		N	Non-standard

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Employment: Occupation (Patient)		X		2300 K3	20	N	Y	20	Y	Y		N	Will use K3 segment to capture; change from free text to standard code list
Estimated Amount Due - Patient Line				2300 AMT02	11	Y	Y	11	Y	Y		Y	
Estimated Amount Due from Primary Payer (Payer Estimated Amount Due)		X		2300 AMT02	11	Y	Y	11	Y	Y		Y	Field is a total of the estimated amount due from all payers combined
Estimated Amount Due from Secondary Payer			X		11	Y	Y	N/A	N	N		N	No longer a distinct field - see notes on Estimated Amount Due from Primary Payer
Estimated Amount Due from Tertiary Payer			X		11	Y	Y	N/A	N	N		N	No longer a distinct field - see notes on Estimated Amount Due from Primary Payer
External Cause of Injury Code		X		2300 HI01-12	6	Y	Y	7	Y	Y	12	Y	Increase field to 7 positions.
External Cause of Injury Code POA	X			2300 HI01-12				1	Y	N	12	Y	
Hospital National Provider Identifier (NPI)	X			2010AA REF02				10	Y	Y		Y	
Hospital Provider Number	X			2010AA NM109				7	Y	Y		Y	Required for verification during QEDIT loading
Injury Condition Code		X		2300 HI01-HI12	2	Y	Y	N/A	N	N		N	Non-standard field, replace with occurrence codes
Intermediate Care Facility Days		X			4	Y	N	N/A	N	N		N	Occurrence span code M3 provides dates at ICF level, this will be calculated in a non-acute composite number
I/O Indicator		X		2300 K3	1	N	N	1	N	N		N	Will use K3 segment to capture; Facility's may provide if they so wish. If not, I/O indicator will be calculated as follows: bill types 011X, 012X = I, bill types 013X = O
Medical Record Number		X		2300 REF02	9	Y	Y	24	Y	Y		Y	Increase field to 24 positions
Mother's Medical Record Number		X		2300 REF02	9	Y	N	24	Y	N		Y	Increase field to 24 positions
Occurrence Code	X			2300 HI01-HI12				2	Y	Y	24	Y	
Occurrence Code Date	X			2300 HI01-HI12				8	Y	Y	24	Y	
Occurrence Span Codes	X			2300 HI01-HI12				2	Y	Y	24	Y	
Occurrence Span From Date	X			2300 HI01-HI12				8	Y	Y	24	Y	
Occurrence Span Through Date	X			2300 HI01-HI12				8	Y	Y	24	Y	
Operating/Other Physician UPIN			X		6	Y	Y	N/A	N	N		N	CMS is replacing the UPIN with the NPI
Operating/Other Physician's NPI	X			2310(B, C, D) NM109				10	Y	Y	4	Y	Allows for one operating, one other operating, one rendering, and one referring physician

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					Field Length	Required I/P	Required O/P	Field Length	Required I/P	Required O/P	Freq (if >1)		
Operating/Other Physician's State License Number				2310(B,C,D) NM109	6	Y	N	12	Y	Y	4	Y	
Other Diagnosis Code		X		2300 HI01-HI12	6	Y	Y	7	Y	Y	24	Y	See notes for Principal diagnosis code
Other Diagnosis Code POA	X			2300 HI01-HI12				1	Y	N	24	Y	
Other Procedure Code - Code		X		2300 HI01-HI12	5	Y	N	7	Y	N	24	Y	See notes for Principal procedure code
Other Procedure Code - Date		X		2300 HI01-HI12	6	Y	N	8	Y	N	24	Y	
Patient Control Number		X		2300 CLM01	12	Y	Y	20	Y	Y		Y	Field length has increased to 20 positions
Patient Discharge Status				2300 CL103	2	Y	Y	2	Y	Y		Y	
Patient's Address (City)		X		2010CA N401				30	Y	Y		Y	Will be a distinct field
Patient's Address (Country)	X			2010CA N404				3	Y	Y		Y	Will be a distinct field
Patient's Address (State)		X		2010CA N402				2	Y	Y		Y	Will be a distinct field
Patient's Address (Street)		X		2010CA N301	50	Y	Y	55	Y	Y		Y	Will be a distinct field
Patient's Address (Zip/Postal)		X		2010CA N403				15	Y	Y		Y	Will be a distinct field
Patient's Date of Birth				2010CA DMG02	8	Y	Y	8	Y	Y		Y	
Patient's Ethnicity Code		X		2010CA DMG05-3	1	Y	Y	5	Y	Y		Y	Use OMB15 code list (unique identifier, not header code)
Patient's Full Name		X		2010CA NM103-105	30	Y	Y	30	Y	Y		Y	Name consists of distinct units for last, first, and middle initial
Patient's Gender				2010CA DMG03	1	Y	Y	1	Y	Y		Y	
Patient's Marital Status				2010CA DMG04	1	Y	Y	1	Y	Y		Y	
Patient's Primary Language Spoken	X			2300 K3				3	Y	Y		N	Will use K3 segment to capture
Patient's Race		X		2010CA DMG05-3	1	Y	Y	5	Y	Y		Y	Use OMB15 code list (unique identifier, not header code)
Patient's Reason for Visit Code	X			2300 HI01-03				7	N	Y	3	Y	
Patient's Residence Code		X		2300 K3	4	Y	Y	4	Y	Y		N	Will use K3 segment to capture
Patient's Social Security Number	X			2010CA REF02				9	Y	Y		Y	

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Point of Origin Code (Admission Source)				2300 CL102	1	Y	Y	1	Y	Y		Y	
Primary Insured's ID Number				2010BA NM109	19	Y	Y	19	Y	Y		Y	
Primary Payer Code		X		2010BB NM109	3	Y	Y	10	Y	Y		Y	Increased field length in anticipation of national standard
Principal Diagnosis Code		X		2300 HI01-2	6	Y	Y	7	Y	Y		Y	Increase field to 7 positions, collect a total of 25 Dx codes (1 principal and 24 secondary)
Principal Diagnosis Code POA	X			2300 HI01-9				1	Y	N		Y	
Principal Procedure Code		X		2300 HI01-2	5	Y	N	7	Y	N		Y	Increase field to 7 positions. ANSI 5010 allows for collection of up to 25 total procedure codes and dates
Principal Procedure Date		X		2300 HI01-3	6	Y	N	8	Y	N		Y	
Priority Type of Visit (Admission Type)		X		2300 CL101	1	Y	Y	1	Y	Y		Y	Field name changed
Readmission Code		X		2300 K3	1	Y	N	1	Y	N		N	Will use K3 segment to capture
Referring Physician NPI	X			2310F NM109				10	Y	Y		Y	
Referring Physician State License Number	X			2310F REF02				12	Y	Y		Y	
Rendering Physician NPI	X			2310D NM101				10	Y	Y		Y	
Rendering Physician State License Number	X			2310D REF02				12	Y	Y		Y	
Residential Days		X			4	Y	N	N/A	N	N		N	Occurrence span code M4 provides dates at RES level, this will be calculated in a non-acute composite number
Revenue Code Section - Days, Units, or Times				2400 SV205	7	Y	Y	7	Y	Y	up to 999	Y	
Revenue Code Section - HCPCS / CPT Code		X		2400 SV202-2	5	N	Y	5	N	Y	up to 999	Y	
Revenue Code Section - HCPCS Modifier #1				2400 SV202-3	2	N	Y	2	N	Y	up to 999	Y	
Revenue Code Section - HCPCS Modifier #2				2400 SV202-4	2	N	Y	2	N	Y	up to 999	Y	
Revenue Code Section - HCPCS Modifier #3	X			2400 SV202-5				2	N	Y	up to 999	Y	
Revenue Code Section - HCPCS Modifier #4	X			2400 SV202-6				2	N	Y	up to 999	Y	
Revenue Code Section - Revenue Code		X		2400 SV201	4	Y	Y	4	Y	Y	up to 999	Y	Increase field to 4 positions
Revenue Code Section - Total Charges				2400 SV203	11	Y	Y	11	Y	Y	up to 999	Y	
Secondary Payer Code		X		2330B	3	Y	Y	10	Y	Y		Y	Increased field length in anticipation of national standard

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				NM109									
Skilled Nursing Facility Days		X			4	Y	N	N/A	N	N		N	Occurrence span code 75 provides dates at SNF level, this will be calculated in a non-acute composite number
Statement Covers Period - From Date				2300 DTP03	6	Y	Y	8	Y	Y		Y	
Statement Covers period - Thru Date				2300 DTP03	6	Y	Y	8	Y	Y		Y	
Tertiary Payer Code				2330B NM109	3	Y	Y	10	Y	Y		Y	Increased field length in anticipation of national standard
Transfer Out Code		X		2300 K3	5	Y	Y	10	Y	Y		N	Will use K3 segment to capture; code changed to NPI
Type of Bill		X		2300 CLM05 1-3	3	Y	Y	4	Y	Y		Y	Field length has increased to 4 positions, with a leading zero in front of the current bill type.
UB Referral Source Code		X		2300 K3	5	Y	Y	10	Y	Y		N	Will use K3 segment to capture; code changed to NPI
Value Codes and Amounts	X			2300 HI01- HI12				11 (2 code/9 value)	Y	Y	12	Y	