



QUADRAMED™

NJDDCS DATA DICTIONARY



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Introduction

This Data Dictionary was created to be a user-friendly reference guide to the data elements used in the New Jersey Discharge Data Collection System (NJDDCS).

In this dictionary, users will find an alphabetical listing of all data elements, including:

Field Name

Definition – a brief description of the field

Requirements – an indication if the fields is required for Inpatients, Same day Surgeries, and/or Outpatients

Valid Codes – a description of the valid data for that particular data element. Code lists are included, if appropriate.

Edit requirements – a description of the edit(s) for the field, as well as the corresponding edit reference numbers. The edit reference numbers can also be found on our Edit Specifications document.

This document is available for download by authorized users at www.state-data.com. As edits and codes are changed, this document will be updated to contain the latest information.

Acute Days

The number of days of a hospital stay at the acute level of care

| | |
|--------------|-------------------------------|
| Required for | Inpatients & SDS |
| Valid Codes | Numbers between 0000 and 9999 |
| Edits: | |

1. Acute Days must be Numeric (edit ref I-1).
2. SDS require Acute Days = 1 (edit ref I-2).
3. A length of stay greater than 1 requires at least 1 acute day (edit ref I-3).
4. If Bill Type = 11X, and Statement From Date = Statement Thru Date, then Acute Days must equal 1 (edit ref I-110).

Admission Date

The date a patient is admitted into the hospital (Inpatients & SDS) or the initial date of service for the episode of care (Outpatients)

Required for Inpatients, SDS, & Outpatients
Valid Codes A valid date

Edits:

1. Admission Date must be a valid date and must be less than today's date (edit ref I-7, O-4).
2. The Admission year cannot be before 1996 (edit ref I-108).

Admission Hour

The time a patient is admitted into the hospital (Inpatients & SDS) or the time care begins for the episode of care (Outpatients)

Required for Inpatients, SDS, & Outpatients
Valid Codes 00-23 or 99

Edit:

1. Admission Hour must be less than 24 or 99 (edit ref I-8, O-5).

Admission Source Type

How a patient was referred to the hospital

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Non-Newborn Description | Newborn Description |
|------|---|---------------------------|
| 1 | Physician Referral | Normal Delivery |
| 2 | Outpatient or Clinic | Premature Delivery |
| 3 | HMO | Sick Baby |
| 4 | Transfer from Hospital "Different from Facility" | Extramural Birth |
| 5 | Transfer from SNF | N/A |
| 6 | Transfer from another Health Care Facility | N/A |
| 7 | Emergency Room | N/A |
| 8 | Court/Law Enforcement | N/A |
| 9 | Information Not Available | Information Not Available |
| A | Transfer from a Rural Primary Care Facility | N/A |
| D | Transfer From Inpatient Hospital in Same Facility Resulting in Separate Claim to Payer (Effective for inpatient | N/A |

| | | |
|--|-------------------------------|--|
| | discharges on/after 4/1/2006) | |
|--|-------------------------------|--|

Edits:

1. If Admission Type = 1, 2, 3, or 5, then Admission Source must be either 1, 2, 3, 4, 5, 6, 7, 8, 9, A, or D (edit ref I-9).
2. If Admission Type = 4, then Admission Source must be either 1, 2, 3, 4, 7, or 9 (edit ref I-10, O-7).
3. If Admission Type = 1, 2, 3, or 5, then Admission Source must be either 1, 2, 3, 4, 5, 6, 7, 8, 9, or A (edit ref O-6).

Admission/Visit Type

The circumstances behind why a patient is admitted into (Inpatients & SDS) or receiving care at the hospital for the episode of care (Outpatients)

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|---------------|
| 1 | Emergency |
| 2 | Urgent |
| 3 | Elective |
| 4 | Newborn |
| 5 | Trauma Center |

Edits:

1. Admission Type must be either 1, 2, 3, 4, or 5 (edit ref I-4, O-1).
2. If Admission Type = 4, then age in days must be less than 29 days (edit ref I-5, O-2).
3. If Admission Type = 1, 2, 3, or 5, then age in days must equal or be greater than 29 days (edit ref I-6, O-3)

Admitting Diagnosis Code

The patient's diagnosis code when service of care began

Required for Outpatients
Valid Codes 5-digit codes found in QEDIT Diagnosis Code Table

Edit:

1. Admitting Diagnosis Code cannot be blank and must be a valid diagnosis code (edit ref O-93).

Attending Physician License Number

The attending physician's license number

| | |
|--------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients For New Jersey physicians – the first 2 characters must equal 'NJ' followed for 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', or '26' followed by 10 alphanumeric characters and no spaces For physicians outside New Jersey – the first 2 characters must equal any valid 2-digit alpha character abbreviation for American state, American possession, or Canadian province followed by alphanumeric character(s) |
|--------------------------|--|

Edits:

1. The Attending Physician State Code (which is the first two characters of the Attending Physician License Number) must be a valid state, '22', '25', or '26' (edit ref I-72, O-53).
2. If the Attending Physician State Code equals 'NJ', then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are '22', '25', or '26', then check to see the number after the state code is 10 characters in length and does not contain a space. (edit ref I-73, O-54).
3. If the Attending Physician State Code is valid, and does not equal 'NJ', '22', '25', or '26', then check to see that the number after the state code is not blank (edit ref I-74, O-55).

Attending Physician UPIN

The attending physician's unique personal identification number (Medicare)

| | |
|--------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients The Attending Physician UPIN prefix must be 1 alphanumeric character followed by a number between 00001 and 99998 OR the Attending Physician UPIN can = OTH000 |
|--------------------------|--|

Edits:

1. If either Payer Code 1, Payer Code 2, or Payer Code 3 equals '011', '015', or '017', then the Attending Physician UPIN must not be blank and the UPIN prefix must be either a character or number. The remaining UPIN value cannot be equal to either '00000' or '99999' and must be a number, or the UPIN can be OTH000 (edit ref I-76, O-57).

Baby's 5 Minute APGAR Score

A newborn's five minute APGAR score – required when the admission date equals the birth date, and the patient was not a transfer or an extramural birth

| | |
|--------------------------|--|
| Required for Valid Codes | Inpatients & SDS Numbers between 00 (Worst possible physical condition) and 10 (Best possible physical condition) |
|--------------------------|--|

Edit:

1. If Admission Date = Birth Date, then Transfer In Code must be blank, Admission Source must not equal 4, and APGAR Score must be 00-10 (edit ref I-12).

Bill Type

The type of bill

| | |
|--------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients 111, 112, 113, 114, 115, 116, 117, 118, 121, 122, 123, 124, 125, 126, 127, 128, 131, 132, 133, 134, 135, 136, 137, 138 |
|--------------------------|--|

Facility and patient type (first 2 digits):

11X – Inpatient

12X – Inpatient Medicare Part B, Denials

13X – SDS or Outpatient

Claim type/frequency (third digit):

XX1 – New claim

XX2 – Interim, first claim

XX3 – Interim, continuing claim

XX4 – Interim, last claim

XX5 – Late charge

XX6 – Adjustment of prior claim

XX7 – Replacement of prior claim

XX8 – Void of prior claim

Edits:

1. Bill Type must be either 111, 112, 113, 114, 115, 116, 117, 118, 121, 122, 123, 124, 125, 126, 127, 128, 131, 132, 133, 134, 135, 136, 137, or 138 (edit ref I-13).

2. If Bill Type does not equal either 131, 132, 133, 134, 135, 136, or 137, Total Days must equal Length of Stay [LOS] (edit ref I-14).
3. If Bill Type does not equal either 131, 132, 133, 134, 135, 136, or 137, and Total Days is greater than 1, then Length of Stay [LOS] cannot equal '0000' (edit ref I-15).
4. Bill Types 'XX2' and 'XX3' can only have Patient Status = 30 (edit ref I-112).
5. Bill Type must be either 131, 134, 135, 136, 137, or 138 (edit ref O-9).
6. If bill type equals 131, 132, 133, 134, 135, 136, or 137, LOS cannot be greater than 1 (edit ref I-115, O-94).

Birthweight in Grams

A newborn's (patient age less than 29 days) birthweight in grams

| | |
|--------------|--------------------------------|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | Numbers between 0100 and 9000 |
| Edit: | |

1. If a Patient's Age is less than 29 days, then Birth Weight must be between 0100 and 9000 grams (edit ref I-16, O-91).

Days/Units/Time (DUTS)

A number count of accommodation days, units of service, number of times and/or number of visits per revenue code line item

| | |
|--------------|------------------------------------|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | Any number using the format '0000' |
| Edits: | |

1. If the Revenue Code is valid, then the Days/Units/Time (Revenue Service Units) must be Numeric (edit ref I-23, O-15).
2. If the Revenue Code prefix equals wither 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, or 21, then the Days/Units/time (Revenue Service Units) cannot be zeroes (edit ref I-24).
3. The total charge for a Revenue Code line item cannot be greater than 9,999,999 (edit ref I-25, O-16).
4. The sum of the total days for a routine Revenue Code line should equal the actual length of stay (edit ref I-26).
5. There must be at least one Revenue Code line on every claim (edit ref I-27, O-17).

Diagnosis Codes

Principal

The chief medical reason a patient has been admitted into (Inpatients & SDS) or receiving care (Outpatients) at the hospital for the episode of care

Secondary

Additional diagnoses at time of admission or occurring while admitted (Inpatients & SDS) or when receiving care (Outpatients) for the episode of care – there can be up to 8 secondary diagnosis codes

| | |
|---------------------------------------|--|
| Required for Valid Codes Edits: | Inpatients, SDS, & Outpatients 4- & 5-digit codes found in QEDIT Diagnosis Code Table |
|---------------------------------------|--|

1. Principal Diagnosis Codes cannot be duplicated as a Secondary Diagnosis Code and Secondary Diagnosis Codes cannot be duplicated on the same claim (edit ref I-18, O-11).
2. If a Patient's Age is greater than 28 days, then the diagnosis codes listed in the AP-DRG Version 14.0 Definitions Manual for DRG 469 in MDC 15 are invalid as the principal diagnosis code (edit ref I-105, O-72).
3. If there is a diagnosis code in any diagnosis code field, then the codes in the preceding fields must not be blank (edit ref I-106, O-73).

Discharge Hour

The time a patient's episode of care ends

| | |
|--------------------------------------|----------------------------|
| Required for Valid Codes Edit: | Outpatients 00-23 or 99 |
|--------------------------------------|----------------------------|

1. Discharge Hour must be less than 24 or 99 (edit ref O-81).

Discharge/Service Thru Date

The date a patient is discharged from the hospital (Inpatients & SDS) or service concludes (Outpatients) for the episode of care

| | |
|---------------------------------------|--|
| Required for Valid Codes Edits: | Inpatients, SDS, & Outpatients A valid date equal to or greater than admission date |
|---------------------------------------|--|

1. Admission Date must not be greater than the Discharge Date (edit ref I-20).
2. Service From Date must not be greater than the Service Thru Date (edit ref O-12).
3. Discharge Date must be a valid date and must be greater than the state's cut-off date - this date will vary (edit ref I-21).
4. The Service Thru Date must be a valid date and must be greater than the state's cut-off date - this date will vary (edit ref O-13).
5. Service Thru Date year cannot be before 2003 (edit ref O-75).

Discharge (Patient) Status Code

The patient's status upon discharge (Inpatients & SDS) or when service concludes (Outpatients) for the episode of care

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|---|
| 01 | Discharged/Transferred to home/self care (routine discharge) |
| 02 | Discharged/Transferred to short-term general hospital for inpatient care |
| 03 | Discharged/Transferred to skilled nursing facility (SNF) |
| 04 | Discharged/Transferred to an intermediate care facility (ICF) |
| 05 | Discharged/Transferred to another healthcare institution |
| 06 | Discharged to home under care of organized home health service provider |
| 07 | Left against medical advice |
| 08 | Discharged to home with IV therapy (discharges up to 9/30/2005) |
| 20 | Expired (no autopsy – or did not recover, Christian Science Patient) |
| 30 | Still a Patient |
| 43 | Discharged/Transferred to a federal hospital |
| 50 | Hospice – Home |
| 51 | Hospice – Medical Facility |
| 61 | Discharged/transferred within this institution to hospital-based Medicare approved swing bed |
| 62 | Discharged/transferred to another rehab facility |
| 63 | Discharged/transferred to a long term care hospital |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare. |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 66 | Crit Acc Hosp (discharges on/after 10/1/2005) |

Edit:

1. The patient's Discharge Status code must be either 01, 02, 03, 04, 05, 06, 07, 20, 30, 43, 50, 51, 61, 62, 63, 64, 65, or 66 (edit ref I-22, O-14).

Do Not Resuscitate Code

Indication of whether or not a patient had an DNR order, required for patients who expired

| | |
|--------------------------|--|
| Required for Valid Codes | Inpatients & SDS Y or N – required only if a patient has a Discharge Status Code = 20 |
|--------------------------|--|

Edit:

1. If patient's Discharge Status = 20, then DNR code must equal either Y or N (edit ref I-19).

DRG Number (Hospital DRG)

Indication of how patient has been grouped

This field is not required for NJDDCS project – all claims are grouped by QuadraMed into the NJDHSS-specified groupers (AP 8 and 21).

Employer Location

The address (at a minimum, town and state) for the primary insured's employer

| | |
|--------------------------|---|
| Required for Valid Codes | Outpatients Up to 30 alphanumeric characters and/or spaces |
|--------------------------|---|

Edit:

1. If the Employment Status Code equals '1', '2', '4', or '6', Employer Location cannot be blank and cannot contain special characters (edit ref O-83).

Employer Name

The primary insured's employer name

| | |
|--------------|-------------|
| Required for | Outpatients |
|--------------|-------------|

Valid Codes Up to 20 alphanumeric characters, special characters, and/or spaces

Edit:

1. If the Employment Status Code equals '1', '2', '4', or '6', Employer Name cannot be blank (edit ref O-82).

Employment Information Data 1

Code identifying relationship between patient and primary insured (policy holder)

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|--------------------------|
| P | Patient Employment Info |
| S | Spouse's Employment Info |
| F | Father's Employment Info |
| M | Mother's Employment Info |
| O | Other |

Edit:

1. The Employment Information Data 1 code must equal either P, S, F, M, or O (edit ref I-30, O-18).

Employment Information Data 2

Code identifying relationship between patient and secondary insured (policy holder)

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|--------------------------|
| P | Patient Employment Info |
| S | Spouse's Employment Info |
| F | Father's Employment Info |
| M | Mother's Employment Info |
| O | Other |

Edits:

1. If Payer Code 2 is blank, then Employment Information Data 2 must be blank (edit ref I-31, O-19).
2. If Payer Code 2 is not blank, the Employment Information Data 2 must equal either P, S, F, M, or O (edit ref I-32, O-20).

Employment Status Code 1

Code identifying employment status of primary insured (policy holder)

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|-------------------------|
| 1 | Employed Full Time |
| 2 | Employed Part Time |
| 3 | Not Employed |
| 4 | Self Employed |
| 5 | Retired |
| 6 | On Active Military Duty |
| 9 | Unknown |

Edit:

1. Employer Status Code 1 must equal either 1, 2, 3, 4, 5, 6, or 9 (edit ref I-33, O-21).

Employment Status Code 2

Code identifying employment status of secondary insured (policy holder)

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|-------------------------|
| 1 | Employed Full Time |
| 2 | Employed Part Time |
| 3 | Not Employed |
| 4 | Self Employed |
| 5 | Retired |
| 6 | On Active Military Duty |
| 9 | Unknown |

Edits:

1. If Payer Code 2 is blank, then the Employer Status Code 2 must be blank (edit ref I-34, O-22).
2. If Payer Code 2 is not blank, then the Employer Status Code 2 must equal either 1, 2, 3, 4, 5, 6, or 9 (edit ref I-35, O-23).

Estimated Amount Due from Patient

Amount of money due the hospital from patient

| | |
|-----------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients Any whole dollar amount less than or equal to \$9,999,999 – cents are invalid |
|-----------------------------|--|

Edits:

1. If Payer Code 1 equals either 031 or 039, then the Estimated Amount Due from Patients must be greater than zeroes (edit ref I-36, O-24).
2. The Estimated Amount Due from Patient cannot be greater than 9,999,999 (edit ref I-37, O-25).

Estimated Amount Due from Primary Payer

Amount of money due the hospital from primary insurance payer

| | |
|-----------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients Any whole dollar amount less than or equal to \$9,999,999 – cents are invalid |
|-----------------------------|--|

Edits:

1. If Payer Code 1 equals 031 or 039, then the Estimated Amount Due from Primary Payer must equal zeroes (edit ref I-38, O-26).
2. If Payer Code 1 does not equal 031 or 039, then the Estimated Amount Due from Primary Payer must be greater than zeroes (edit ref I-39, O-27).
3. The Estimated Amount Due from Primary Payer cannot be greater than 9,999,999 (edit ref I-40, O-28).

Estimated Amount Due from Secondary Payer

Amount of money due the hospital from secondary insurance payer

| | |
|-----------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients Any whole dollar amount less than or equal to \$9,999,999 – cents are invalid |
|-----------------------------|--|

Edits:

1. The Estimated Amount Due from Secondary Payer cannot be greater than 9,999,999 (edit ref I-41, O-29).
2. If the Estimated Amount Due from Secondary Payer is greater than zeroes, then Payer Code 2 must be populated (edit ref I-42, O-30).
3. If Payer Code 2 equals 031 or 039, then the Estimated Amount Due from Secondary Payer must equal zeroes (edit ref I-43, O-31).

Estimated Amount Due from Tertiary Payer

Amount of money due the hospital from tertiary insurance payer

Required for Inpatients, SDS, & Outpatients
Valid Codes Any whole dollar amount less than or equal to \$9,999,999 – cents are invalid

Edits:

1. The Estimated Amount Due from Tertiary Payer cannot be greater than 9,999,999 (edit ref I-46, O-32).
2. If the Estimated Amount Due from Tertiary Payer is greater than zeroes, then Payer Code 3 must be populated (edit ref I-47, O-33).
3. If Payer Code 3 equals 031 or 039, then the Estimated Amount Due from Tertiary Payer must equal zeroes (edit ref I-48, O-34).

Ethnicity Code

Code identifying patient's ethnicity

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|---------------------------|
| 0 | Non-Hispanic |
| 1 | Mexican |
| 2 | Puerto Rican |
| 3 | Cuban |
| 4 | Central or South American |
| 5 | Other Hispanic |
| 9 | Unknown/Not Classifiable |

Edit:

1. Ethnicity Code must equal 0, 1, 2, 3, 4, 5, or 9 (edit ref I-50, O-35).

External Cause of Injury Code (E-Code)

Code signifying a diagnosis of an injury, poisoning, or adverse effect

| | |
|--------------|---|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | Diagnosis codes between E8000 and E9991 |
| Edit: | |

1. If the E-Code is not blank, then it must be a valid E-Code (edit ref I-28, O-90).

Gender

Code identifying the patient's gender at date of admission (Inpatient/SDS) or start of service (Outpatient)

| | |
|--------------|-----------------------------------|
| Required for | Inpatients, SDS, Outpatients |
| Valid Codes | F = Female, M = Male, U = Unknown |
| Edits: | |

1. Gender must be either 'F', 'M', or 'U' (edit ref I-97, O-68).
2. If a Revenue Codes equals either '0112', '0122', '0132', '0142', '0152', '0721', or '0722', then the Patient Gender must be 'F' (edit ref I-98, O-69).
3. Sex code 'U' valid only for patients < 29 days old (edit ref I-117, O-96)

HCPCS Code

Code describing procedure/treatment associated with revenue code

| | |
|--------------|---------------------------------|
| Required for | Outpatients |
| Valid Codes | 5-digit alphanumeric characters |
| Edit: | |

1. HCPCS codes must be in QEDIT Procedure Code Table (edit ref O-78).

HCPCS Modifier 1

Code describing additional information associated with HCPCS code

| | |
|--------------|---------------------------------|
| Required for | Outpatients |
| Valid Codes | 2-digit alphanumeric characters |

Edit:

1. HCPCS Modifier 1 must either be blank or in QEDIT Modifier Table (edit ref O-79).

HCPCS Modifier 2

Code describing additional information associated with HCPCS code

| | |
|--------------------------------------|--|
| Required for Valid Codes Edit: | Outpatients 2-digit alphanumeric characters |
|--------------------------------------|--|

1. HCPCS Modifier 2 must either be blank or in QEDIT Modifier Table (edit ref O-80).

Hospital Provider Number

State assigned provider number

| | |
|--------------|--------------------------------|
| Required for | Inpatients, SDS, & Outpatients |
|--------------|--------------------------------|

Hospital Provider Number is already hard coded into QEDIT.

I/O (Inpatient/Outpatient) Indicator

Code identifying patient as an inpatient or outpatient

| | |
|--------------|--------------------------------|
| Required for | Inpatients, SDS, & Outpatients |
|--------------|--------------------------------|

Facilities may choose to provide an Inpatient/Outpatient indicator on their files, and QEDIT will verify it is present on each claims, and is either an “I” or an “O”. If no indicator is provided, the QEDIT system will calculate and populate this field when the data is loaded based on the following methodology:

Outpatient Determination Methodology

1. Admitted and discharged on the same day OR admitted and discharged the next day (this will cover patients who are in the Emergency Room past midnight, but are not admitted as an Inpatient).
AND

2. Bill Type beginning with 13X.
AND
3. Emergency Room charges (revenue codes 45X).
AND
4. No Operating Room or Ambulatory Surgery charges (revenue codes 36X, 37X, 49X, 71X)

Valid Codes “I” or “O”
Edit:

1. I/O Indicator can only be “I” or “O” (edit ref I-116, O-95).

Injury Condition Code

Code used when a diagnosis code indicates an injury, identifying location of incident

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|--|
| Z0 | Home – injury occurring <u>INSIDE</u> the patient’s or other’s private home. |
| Z1 | Private Environment – Injury occurring <u>OUTSIDE</u> the patient’s or other’s private home, i.e. apartment, boarding house, farm, non-institutional place of residence, driveway, garage, patio, garden, sidewalk, yard, swimming pool. |
| Z2 | Home – Not otherwise specified. |
| Z3 | Occupational – Motor Vehicle Injury. |
| Z4 | Occupational – Non-motor Vehicle Injury includes farms, mines and quarries. |
| Z5 | Public Environment - Motor Vehicle Injury non-occupational. This includes all public roads. |
| Z6 | Public Environment - Non-motor Vehicle; Non-occupational Airport, bank, restaurant, casino, church, theater, store, school, building) including adjacent surroundings), hospital (visitor), post office, hospital in-patient. |
| Z7 | Public Place for Recreation and Sports – sports stadiums, golf course, resorts, parks, public swimming pools. |
| Z9 | Not Specific \ Unknown |

Edit:

1. If the Injury Condition Code is not blank, then it must equal either Z0, Z1, Z2, Z3, Z4, Z5, Z6, Z7, or Z9 (edit ref I-52, O-89).

Insured ID Number

The insured's identification number as assigned by the primary insurance payer. For Medicare, this is the HIC number.

Required for Inpatients, SDS, & Outpatients
Valid Codes Up to 19 alphanumeric characters
Edit:

1. Insured ID Number must be greater than spaces (edit ref I-53, O-36).

Intermediate Care Facility (ICF) Days

The number of days of a hospital stay at the intermediate level of care

Required for Inpatients & SDS
Valid Codes Numbers between 0000 and 9999
Edit:

1. ICF days must be numeric (edit ref I-54).

Length of Stay (LOS)

The number of days a patient spends in the hospital

Required for Inpatients
Valid Codes Numbers between 1 and 365
Edit:

1. Length of Stay cannot be greater than 365 days (edit I-102).

Marital Status

Code identifying patient's marital status

Required for Inpatients, SDS, Outpatients
Valid Codes

| Code | Description |
|------|--------------|
| S | Single |
| M | Married |
| X | Separated |
| D | Divorced |
| P | Life Partner |
| W | Widowed |

| | |
|---|---------|
| U | Unknown |
|---|---------|

Edit:

1. Marital status must equal either 'S', 'M', 'X', 'D', 'W', 'U', or 'P' (edit ref I-55, O-37).

Medical Record Number

A number assigned to a patient and used upon each admittance (Inpatients & SDS) or visit (Outpatients) to the same hospital

| | |
|--------------|--|
| Required for | Inpatients, SDS, Outpatients |
| Valid Codes | Any alphanumeric characters 4 to 9 (12 for outpatients) characters in length |

Edit:

1. Medical Record Number must be greater than spaces and at least 4 characters (edit ref I-56, O-38).

Mother's Medical Record Number

The medical record number of the mother of a newborn (patient age less than 29 days) – used only on newborn claims.

| | |
|--------------|--|
| Required for | Inpatients, & SDS |
| Valid Codes | Any alphanumeric characters 4 to 12 characters in length |

Edit:

1. If the patient's Admission Date = the patient's Birth Date, the Transfer In Code is blank, and the Admission Source code does not equal '4', then the Mother's Medical Record Number cannot be blank (edit ref I-57).

Occupation

The patient's occupation

| | |
|--------------|--|
| Required for | Outpatients |
| Valid Codes | Up to 20 alphanumeric characters and/or spaces |

Edit:

1. Occupation cannot be blank and cannot contain special characters (edit ref O-84).

Outpatient

1. Admitted and discharged on the same day OR admitted and discharged the next day (this will cover patients who are in the Emergency Room past midnight, but are not admitted as an Inpatient).
AND
2. Bill type beginning with 13X.
AND
3. Emergency Room charges (revenue codes 45X).
AND
4. No Operating Room or Ambulatory Surgery charges (revenue codes 36X, 37X, 49X, 71X)

Patient's Birth Date

The patient's date of birth

| | |
|--------------|--|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | A valid date equal to or less than the Admission Date (Inpatients & SDS) or the Service From Date (Outpatients) |

Edits:

1. The century for the birth date year must start with either '18', '19', or '20' (edit ref I-58, O-39).
2. The Patient's Birth Date must be a valid date (edit ref I-59, O-40).
3. The Patient's Birth Date must be equal to or less than the Admission Date (edit ref I-60).
4. The Patient's Birth Date must be equal to or less than the Service From Date (edit ref O-41).
5. The patient's age cannot be greater than 124 years (edit ref I-61, O-42).

Patient City

The city where the patient resides

| | |
|--------------|--|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | Any valid city using up to 15 alpha characters |

There are no edits on the Patient City field.

Patient Control Number

A unique number assigned to a patient by the facility, to facilitate posting of payment information and identification of the billed claim

| | |
|--------------|--|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | Any alphanumeric characters 4 to 12 characters in length |
| Edit: | |

1. The Patient Control Number cannot equal spaces and must be at least 4 characters in length (edit ref I-62, O-43).

Please Note: Records maintained in the NJDDCS Data Warehouse, as well as those transmitted to the NJDHSS, are keyed upon a combination of the hospital's 7-digit provider number (31XXXXX) and the patient control number. If a patient is reported under multiple patient control numbers (for the same episode of care), there will be duplicate claims in both the data warehouse and the database at the NJDHSS.

Patient Full Name

The first name, last name, and middle initial of the patient

| | |
|--------------|---|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | For First Name - any 10 alpha characters For Last Name – any 20 alpha characters For Middle Initial – any 1 alpha character |
| Edits: | |

1. The Patient First Name cannot be numeric or blank (edit ref I-63, O-44).
2. The Patient Last Name cannot be numeric or blank (edit ref I-64, O-45).
3. The Patient Middle Initial must either be contain an alpha character or be blank (edit ref I-65, O-46).

Patient State

The state where the patient resides

| | |
|--------------|---|
| Required for | Inpatients, SDS, & Outpatients |
| Valid Codes | Any valid 2-digit alpha character abbreviation for American state, American possession, Canadian province, or other |
| Edits: | |

1. If the Patient State is NJ, then the Residence Code must be between 0101-2123 (edit ref I- 109, O-76).

2. The Patient State must equal a valid state code (as found in QEDIT State Table) for the United States, Canada, and XX for other (edit ref I-111, O-77).

Patient Street Address

The address where patient resides

Required for Inpatients, SDS, & Outpatients
 Valid Codes Any valid address using up to 20 alphanumeric characters

There are no edits on the Patient Street Address field.

Patient Zip Code

The zip code of patient’s place of residence

Required for Inpatients, SDS, & Outpatients
 Valid Codes Any valid zip code 5 to 9 alphanumeric characters in length
 Edits:

1. The Patient Zip Code must be numeric and greater than zeroes (edit ref I-66, O- 47).
2. If the Residence Code is a valid NJ Residence Code (as found in QEDIT Residence Code Table) then the first two characters of the Patient Zip Code must be either ‘07’ or ‘08’ (edit ref I-67, O-48).

Payer Codes (Primary, Secondary, Tertiary)

3-digit numeric character representing insurance payers

Required for Inpatients, SDS, & Outpatients
 Valid Codes

| Payer Number | Payer Description | Payer Type | Payer Type Description |
|---------------------|-------------------------------------|-------------------|-------------------------------|
| 009 | Section 1011 Undocumented Aliens | 1 | Medicare |
| 010 | Alabama B/C | 3 | Blue Cross |
| 011 | Title XVIII (Medicare) Part A | 1 | Medicare |

| | | | |
|-----|---|---|------------|
| 012 | Title XIX (Medicaid) | 2 | Medicaid |
| 013 | Title V (Maternal & Child Health) | 7 | Other |
| 014 | Champus | 7 | Other |
| 015 | Title XVIII (Medicare) Part B | 1 | Medicare |
| 016 | Department of Vocational Rehabilitation | 7 | Other |
| 017 | Title XVIII (Medicare) Part B Phys. | 1 | Medicare |
| 018 | New Jersey State Health Benefits | 7 | Other |
| 019 | Other Government | 7 | Other |
| 020 | Arkansas B/C | 3 | Blue Cross |
| 022 | New Jersey Blue Cross - Fep | 3 | Blue Cross |
| 025 | Garden State Blue Cross | 3 | Blue Cross |
| 026 | New Jersey Blue Cross - Host | 3 | Blue Cross |
| 029 | Other Blue Cross | 3 | Blue Cross |
| 030 | Arizona B/C | 3 | Blue Cross |
| 031 | Direct Pay | 4 | Self-Pay |
| 032 | Americaid Inc. | 5 | HMO |
| 033 | American Preferred Provider Plan, Inc. | 5 | HMO |
| 034 | United Health Care | 5 | HMO |
| 035 | MEDI-Group Inc. (HMO Blue) | 5 | HMO |
| 036 | Principal HMO | 5 | HMO |
| 037 | Mission Health Plans | 5 | HMO |
| 039 | Other Source of Patient Pay | 4 | Self-Pay |
| 040 | California B/C All Other Groups | 3 | Blue Cross |
| 045 | HIP of NJ | 5 | HMO |
| 047 | HMO Blue (Medigroup Central) | 5 | HMO |

| | | | |
|-----|---|---|------------|
| 048 | HMO Of PA-NJ (US Healthcare) | 5 | HMO |
| 050 | Colorado B/C | 3 | Blue Cross |
| 056 | Cigna Healthcare Of Northern NJ, Inc. | 5 | HMO |
| 058 | Prucare of NJ | 5 | HMO |
| 059 | Other HMO | 5 | HMO |
| 060 | Connecticut B/C | 3 | Blue Cross |
| 070 | Delaware B/C | 3 | Blue Cross |
| 072 | Oxford Health Plan | 5 | HMO |
| 073 | Nyl Care Health Plans Of NJ, Inc. | 5 | HMO |
| 074 | Cigna Health Care of NJ Inc. South | 5 | HMO |
| 076 | Premier Preferred Care of NJ | 7 | Other |
| 077 | QualMed | 5 | HMO |
| 078 | Amerihealth HMO, Inc. | 5 | HMO |
| 080 | Washington DC B/C | 3 | Blue Cross |
| 081 | Atlanticare Health Plan | 5 | HMO |
| 082 | Medicare HMO | 5 | HMO |
| 083 | Medicaid HMO | 5 | HMO |
| 084 | First Option Health Plan | 5 | HMO |
| 087 | Liberty Health Plan | 5 | HMO |
| 088 | Managed Health Care Systems of NJ, Inc. | 5 | HMO |
| 090 | Florida B/C | 3 | Blue Cross |
| 091 | Union Insurance | 7 | Other |
| 092 | Personnel Health Program | 7 | Other |
| 093 | Magnet (Magna Care) | 7 | Other |
| 094 | Physician Health Services of NJ, Inc. | 5 | HMO |
| 095 | Indigent | 7 | Other |
| 096 | Qualcare | 5 | HMO |
| 097 | University Health Plans, Inc. | 5 | HMO |
| 098 | Hospital Responsibility | 7 | Other |

| | | | |
|-----|------------------------------------|---|------------|
| 099 | Other Miscellaneous | 7 | Other |
| 101 | Georgia B/C All Other Groups | 3 | Blue Cross |
| 105 | Aetna | 6 | Commercial |
| 106 | New Jersey Carpenters' Health Fund | 6 | Commercial |
| 107 | AARP | 6 | Commercial |
| 110 | Idaho B/C | 3 | Blue Cross |
| 115 | Connecticut General | 6 | Commercial |
| 120 | Continental Assurance | 6 | Commercial |
| 121 | Illinois B/C | 3 | Blue Cross |
| 125 | Equitable | 6 | Commercial |
| 130 | Indiana B/C | 3 | Blue Cross |
| 131 | Guardian Life | 6 | Commercial |
| 135 | Intercontinental | 6 | Commercial |
| 140 | Iowa B/C All Other Groups | 3 | Blue Cross |
| 142 | John Hancock | 6 | Commercial |
| 145 | Massachusetts Mutual | 6 | Commercial |
| 150 | Kansas B/C | 3 | Blue Cross |
| 151 | Metropolitan Life | 6 | Commercial |
| 155 | Mutual of Omaha | 6 | Commercial |
| 160 | Kentucky B/C | 3 | Blue Cross |
| 161 | New York Life | 6 | Commercial |
| 165 | Provident Alliance | 6 | Commercial |
| 170 | Louisiana B/C | 3 | Blue Cross |
| 171 | Prudential | 6 | Commercial |
| 175 | Travelers | 6 | Commercial |
| 180 | Maine B/C | 3 | Blue Cross |
| 181 | Washington National Insurance | 6 | Commercial |
| 185 | NJ Auto Dealers | 6 | Commercial |
| 186 | Allstate | 6 | Commercial |
| 187 | Mutual Life of N.Y. | 6 | Commercial |
| 188 | National Assoc. of Letter Carriers | 6 | Commercial |
| 189 | Local Union Insurance | 6 | Commercial |
| 190 | Maryland B/C | 3 | Blue Cross |
| 191 | Lincoln National | 6 | Commercial |

| | | | |
|-----|--------------------------------------|---|------------|
| 192 | New Jersey Turnpike Authority | 6 | Commercial |
| 193 | Rasmussen | 6 | Commercial |
| 194 | Inter County Health Plan | 6 | Commercial |
| 195 | American Postal Workers | 6 | Commercial |
| 196 | Leader Administrators | 6 | Commercial |
| 197 | Fred S. James (James Benefit) | 6 | Commercial |
| 198 | Mail Handlers Benefit Plan | 6 | Commercial |
| 199 | Other Commercial Insurance | 6 | Commercial |
| 200 | Massachusetts B/C | 3 | Blue Cross |
| 205 | Aetna Work. Comp. | 7 | Other |
| 210 | Michigan B/C | 3 | Blue Cross |
| 211 | Insurance Company of No. America Wc | 7 | Other |
| 215 | Liberty Mutual WC | 7 | Other |
| 220 | Minnesota B/C | 3 | Blue Cross |
| 221 | Employers Mutual WC | 7 | Other |
| 225 | New Jersey Manufacturers Work. Comp. | 7 | Other |
| 230 | Mississippi B/C | 3 | Blue Cross |
| 231 | Travelers Work. Comp | 7 | Other |
| 240 | Missouri B/C Kansas City | 3 | Blue Cross |
| 241 | Missouri B/C St. Louis | 3 | Blue Cross |
| 250 | Montana B/C | 3 | Blue Cross |
| 260 | Nebraska B/C | 3 | Blue Cross |
| 265 | Nevada B/C | 3 | Blue Cross |
| 270 | New Hampshire B/C | 3 | Blue Cross |
| 280 | New Jersey B/C All Other Groups | 3 | Blue Cross |
| 281 | NJ Non-Group Line of Business | 3 | Blue Cross |
| 290 | New Mexico B/C | 3 | Blue Cross |

| | | | |
|-----|-----------------------------------|---|------------|
| 299 | Other Worker's Compensation | 7 | Other |
| 301 | New York B/C Buffalo | 3 | Blue Cross |
| 303 | New York B/C NYC | 3 | Blue Cross |
| 304 | New York B/C Rochester | 3 | Blue Cross |
| 305 | New York B/C Syracuse | 3 | Blue Cross |
| 306 | New York B/C Utica | 3 | Blue Cross |
| 309 | Allstate No Fault | 7 | Other |
| 310 | North Carolina B/C | 3 | Blue Cross |
| 311 | New Jersey Manufacturers No Fault | 7 | Other |
| 315 | State Farm No Fault | 7 | Other |
| 320 | North Dakota B/C | 3 | Blue Cross |
| 332 | Ohio B/C Cincinnati | 3 | Blue Cross |
| 333 | Ohio B/C Cleveland | 3 | Blue Cross |
| 340 | Oklahoma B/C | 3 | Blue Cross |
| 350 | Oregon B/C | 3 | Blue Cross |
| 351 | Portland Oregon B/C | 3 | Blue Cross |
| 361 | Pennsylvania B/C Harrisburg | 3 | Blue Cross |
| 362 | Pennsylvania B/C Philadelphia | 3 | Blue Cross |
| 363 | Pennsylvania B/C Pittsburgh | 3 | Blue Cross |
| 364 | Pennsylvania B/C Wilkes Barre | 3 | Blue Cross |
| 370 | Rhode Island B/C | 3 | Blue Cross |
| 380 | South Carolina B/C | 3 | Blue Cross |
| 390 | Tennessee B/C Chattanooga | 3 | Blue Cross |
| 392 | Tennessee B/C Memphis | 3 | Blue Cross |
| 399 | Other No Fault | 7 | Other |
| 400 | Texas B/C | 3 | Blue Cross |
| 410 | Utah Blue Cross | 3 | Blue Cross |
| 415 | Vermont B/C | 3 | Blue Cross |

| | | | |
|-----|---------------------------------|---|------------|
| 423 | Virginia B/C All Other Groups | 3 | Blue Cross |
| 430 | Alaska/Washington St B/C | 3 | Blue Cross |
| 443 | W Virginia B/C All Other Groups | 3 | Blue Cross |
| 450 | Wisconsin B/C | 3 | Blue Cross |
| 460 | Wyoming B/C | 3 | Blue Cross |
| 470 | Puerto Rico B/C | 3 | Blue Cross |
| 471 | Hawaii - All Other Groups | 3 | Blue Cross |
| 865 | Pa Blue Cross - Camp Hill | 3 | Blue Cross |

Edits:

1. Payer Code 1 must equal a payer code in QEDIT Payer Code Table (edit ref I-68, O-49).
2. Payer Code 2 must equal a payer code in QEDIT Payer Code Table (edit ref I-69, O-50).
3. Payer Code 3 must equal a payer code in QEDIT Payer Code Table (edit ref I-70, O-51).
4. Payer Code 3 cannot be present without a Payer Code 2 (edit ref I-71, O-52).

Physician Service Code

The attending physician's clinical service code

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|---|
| 01 | Medicine (include general or family practice) |
| 02 | Surgery |
| 03 | Obstetrics |
| 04 | Gynecology |
| 05 | Pediatrics |
| 06 | Newborn |
| 07 | Psychiatric |
| 08 | Orthopedic |
| 09 | Dental |

Edits:

1. Physician Service Code must be numeric and must equal '01', '02', '03', '04', '05', '06', '07', '08', '09' or '10' (edit ref I-75, O-56).

Procedure Codes

Principal – The chief procedure performed on a patient admitted into (Inpatients & SDS) or receiving care (Outpatients) at the hospital for the episode of care

2nd-8th – Additional procedures performed occurring while admitted (Inpatients & SDS) or when receiving care (Outpatients) for the episode of care – there can be up to 7 additional procedure codes

Required for
Valid Codes
Edits:

Inpatients, SDS, & Outpatients
5-digit codes found in QEDIT Procedure Code Table

1. If the Procedure Code Date is valued, then the Procedure Code must not be blank (edit ref I-81, O-58).
2. If a Procedure Code is valued, then any Procedure Code in the preceding fields must not be blank (edit ref I-107, O-74).

Procedure Code Dates

Principal – The date the principal procedure was performed

2nd-8th – The dates the additional procedures were performed – there can be up to 7 additional procedure dates

Required for
Valid Codes
Edits:

Inpatients, SDS, & Outpatients
A valid date

1. If the Procedure Code is valued, then the Procedure Code Date cannot be blank (edit ref I-82, O-59).
2. The Procedure Code Date must be greater than or equal to the Admission Date (edit ref I-83, O-60).
3. The Procedure Code Date must be less than or equal to the Discharge Date (edit ref I-84, O-61).
4. The Procedure Code Date must be a valid date (edit ref I-85, O-62).

Race

Code identifying patient's race

Required for Inpatient, SDS, & Outpatients
Valid Codes

| Code | Description |
|------|--|
| 1 | White: Includes Mexican, Puerto Rican and Other Caucasian, Cajun and Creole |
| 2 | Black |
| 3 | Indian: North American, Central American, South American, Eskimo and Aleut |
| 4 | Chinese |
| 5 | Japanese |
| 6 | Hawaiian (including part Hawaiian) |
| 7 | Filipino |
| 8 | Other Asian or Pacific Islander (e.g. Pakistani, Bangladeshi, Cambodian, Thai) |
| 9 | Unknown |
| 0 | Other Selections |
| A | Asian Indian |
| B | Korean |
| C | Samoan |
| D | Vietnamese |
| E | Guamian |

Edits:

1. Race must be '0', '1', '2', '3', '4', '5', '6', '7', '8', '9', 'A', 'B', 'C', 'D', or 'E' (edit ref I-86, O-63).

Readmission Code

Code signifying that a patient has been admitted into an acute care facility for a second time within 7 days

Required for Inpatients & SDS
Valid Codes 0 = No, 1 = Yes, 9 = Unknown
Edits:

1. Readmission Code must be '0', '1' or '9' (edit ref I-87).

Residence Code

Code indicating the county or municipality where patient's address is located

Required for
Valid Codes

Inpatients, SDS, & Outpatients

| Code | Municipality |
|-------------|----------------------|
| 0101 | ABSECON CITY |
| 0102 | ATLANTIC CITY |
| 0103 | BRIGANTINE CITY |
| 0104 | BUENA BORO |
| 0105 | BUENA VISTA TOWNSHIP |
| 0106 | CORBIN CITY |
| 0107 | EGG HARBOR CITY |
| 0108 | EGG HARBOR TOWNSHIP |
| 0109 | ESTELL MANOR CITY |
| 0110 | FOLSOM BORO |
| 0111 | GALLOWAY TOWNSHIP |
| 0112 | HAMILTON TOWNSHIP |
| 0113 | HAMMONTON TOWN |
| 0114 | LINWOOD CITY |
| 0115 | LONGPORT BORO |
| 0116 | MARGATE CITY |
| 0117 | MULLICA TOWNSHIP |
| 0118 | NORTHFIELD CITY |
| 0119 | PLEASANTVILLE CITY |
| 0120 | PORT REPUBLIC CITY |
| 0121 | SOMERS POINT CITY |
| 0122 | VENTNOR CITY |
| 0123 | WEYMOUTH TOWNSHIP |
| 0201 | ALLENDALE BORO |
| 0202 | ALPINE BORO |
| 0203 | BERGENFIELD BORO |
| 0204 | BOGOTA BORO |
| 0205 | CARLSTADT BORO |
| 0206 | CLIFFSIDE PARK BORO |
| 0207 | CLOSTER BORO |
| 0208 | CRESSKILL BORO |
| 0209 | DEMAREST BORO |
| 0210 | DUMONT BORO |
| 0211 | ELMWOOD PARK BORO |
| 0212 | EAST RUTHERFORD BORO |
| 0213 | EDGEWATER BORO |
| 0214 | EMERSON BORO |

| | |
|------|---------------------------|
| 0215 | ENGLEWOOD CITY |
| 0216 | ENGLEWOOD CLIFFS BORO |
| 0217 | FAIR LAWN BORO |
| 0218 | FAIRVIEW BORO |
| 0219 | FORT LEE BORO |
| 0220 | FRANKLIN LAKES BORO |
| 0221 | GARFIELD CITY |
| 0222 | GLEN ROCK BORO |
| 0223 | HACKENSACK CITY |
| 0224 | HARRINGTON PARK BORO |
| 0225 | HASBROUCK HEIGHTS BORO |
| 0226 | HAWORTH BORO |
| 0227 | HILLSDALE BORO |
| 0228 | HOHOKUS BORO |
| 0229 | LEONIA BORO |
| 0230 | LITTLE FERRY BORO |
| 0231 | LODI BORO |
| 0232 | LYNDHURST TOWNSHIP |
| 0233 | MAHWAH TOWNSHIP |
| 0234 | MAYWOOD BORO |
| 0235 | MIDLAND PARK BORO |
| 0236 | MONTVALE BORO |
| 0237 | MOONACHIE BORO |
| 0238 | NEW MILFORD BORO |
| 0239 | NORTH ARLINGTON BORO |
| 0240 | NORTHVALE BORO |
| 0241 | NORWOOD BORO |
| 0242 | OAKLAND BORO |
| 0243 | OLD TAPPAN BORO |
| 0244 | ORADELL BORO |
| 0245 | PALISADES PARK BORO |
| 0246 | PARAMUS BORO |
| 0247 | PARK RIDGE BORO |
| 0248 | RAMSEY BORO |
| 0249 | RIDGEFIELD BORO |
| 0250 | RIDGEFIELD PARK TOWNSHIP |
| 0251 | RIDGEWOOD TOWNSHIP |
| 0252 | RIVER EDGE BORO |
| 0253 | RIVER VALE TOWNSHIP |
| 0254 | ROCHELLE PARK TOWNSHIP |
| 0255 | ROCKLEIGH BORO |
| 0256 | RUTHERFORD BORO |
| 0257 | SADDLE BROOK TOWNSHIP |
| 0258 | SADDLE RIVER BORO |
| 0259 | SOUTH HACKENSACK TOWNSHIP |

| | |
|------|-------------------------|
| 0260 | TEANECK TOWNSHIP |
| 0261 | TENAFLY BORO |
| 0262 | TETERBORO BORO |
| 0263 | UPPER SADDLE RIVER BORO |
| 0264 | WALDWICK BORO |
| 0265 | WALLINGTON BORO |
| 0266 | WASHINGTON TOWNSHIP |
| 0267 | WESTWOOD BORO |
| 0268 | WOODCLIFF LAKE BORO |
| 0269 | WOOD RIDGE BORO |
| 0270 | WYCKOFF TOWNSHIP |
| | |
| 0301 | BASS RIVER TOWNSHIP |
| 0302 | BEVERLY CITY |
| 0303 | BORDENTOWN CITY |
| 0304 | BORDENTOWN TOWNSHIP |
| 0305 | BURLINGTON CITY |
| 0306 | BURLINGTON TOWNSHIP |
| 0307 | CHESTERFIELD TOWNSHIP |
| 0308 | CINNAMINSON TOWNSHIP |
| 0309 | DELANCO TOWNSHIP |
| 0310 | DELTRAN TOWNSHIP |
| 0311 | EASTAMPTON TOWNSHIP |
| 0312 | EDGEWATER PARK TOWNSHIP |
| 0313 | EVESHAM TOWNSHIP |
| 0314 | FIELDSBORO BORO |
| 0315 | FLORENCE TOWNSHIP |
| 0316 | HAINESPORT TOWNSHIP |
| 0317 | LUMBERTON TOWNSHIP |
| 0318 | MANSFIELD TOWNSHIP |
| 0319 | MAPLE SHADE TOWNSHIP |
| 0320 | MEDFORD TOWNSHIP |
| 0321 | MEDFORD LAKES BORO |
| 0322 | MOORESTOWN TOWNSHIP |
| 0323 | MOUNT HOLLY TOWNSHIP |
| 0324 | MOUNT LAUREL TOWNSHIP |
| 0325 | NEW HANOVER TOWNSHIP |
| 0326 | NORTH HANOVER TOWNSHIP |
| 0327 | PALMYRA BORO |
| 0328 | PEMBERTON BORO |
| 0329 | PEMBERTON TOWNSHIP |
| 0330 | RIVERSIDE TOWNSHIP |
| 0331 | RIVERTON BORO |
| 0332 | SHAMONG TOWNSHIP |
| 0333 | SOUTHAMPTON TOWNSHIP |

| | |
|------|----------------------|
| 0334 | SPRINGFIELD TOWNSHIP |
| 0335 | TABERNACLE TOWNSHIP |
| 0336 | WASHINGTON TOWNSHIP |
| 0337 | WESTAMPTON TOWNSHIP |
| 0338 | WILLINGBORO TOWNSHIP |
| 0339 | WOODLAND TOWNSHIP |
| 0340 | WRIGHTSTOWN BORO |
| 0401 | AUDUBON BORO |
| 0402 | AUDUBON PARK BORO |
| 0403 | BARRINGTON BORO |
| 0404 | BELLMAWR BORO |
| 0405 | BERLIN BORO |
| 0406 | BERLIN TOWNSHIP |
| 0407 | BROOKLAWN BORO |
| 0408 | CAMDEN CITY |
| 0409 | CHERRY HILL TOWNSHIP |
| 0410 | CHESILHURST BORO |
| 0411 | CLEMENTON BORO |
| 0412 | COLLINGSWOOD BORO |
| 0413 | GIBBSBORO BORO |
| 0414 | GLOUCESTER CITY |
| 0415 | GLOUCESTER TOWNSHIP |
| 0416 | HADDON TOWNSHIP |
| 0417 | HADDONFIELD BORO |
| 0418 | HADDON HEIGHTS BORO |
| 0419 | HI NELLA BORO |
| 0420 | LAUREL SPRINGS BORO |
| 0421 | LAWNSIDE BORO |
| 0422 | LINDENWOLD BORO |
| 0423 | MAGNOLIA BORO |
| 0424 | MERCHANTVILLE BORO |
| 0425 | MOUNT EPHRAIM BORO |
| 0426 | OAKLYN BORO |
| 0427 | PENNSAUKEN TOWNSHIP |
| 0428 | PINE HILL BORO |
| 0429 | PINE VALLEY BORO |
| 0430 | RUNNEMEDE BORO |
| 0431 | SOMERDALE BORO |
| 0432 | STRATFORD BORO |
| 0433 | TAVISTOCK BORO |
| 0434 | VOORHEES TOWNSHIP |
| 0435 | WATERFORD TOWNSHIP |
| 0436 | WINSLOW TOWNSHIP |
| 0437 | WOOD LYNNE BORO |
| 0501 | AVALON BORO |

| | |
|------|--------------------------|
| 0502 | CAPE MAY CITY |
| 0503 | CAPE MAY POINT BORO |
| 0504 | DENNIS TOWNSHIP |
| 0505 | LOWER TOWNSHIP |
| 0506 | MIDDLE TOWNSHIP |
| 0507 | NORTH WILDWOOD CITY |
| 0508 | OCEAN CITY |
| 0509 | SEA ISLE CITY |
| 0510 | STONE HARBOR BORO |
| 0511 | UPPER TOWNSHIP |
| 0512 | WEST CAPE MAY BORO |
| 0513 | WEST WILDWOOD BORO |
| 0514 | WILDWOOD CITY |
| 0515 | WILDWOOD CREST BORO |
| 0516 | WOODBINE BORO |
| 0601 | BRIDGETON CITY |
| 0602 | COMMERCIAL TOWNSHIP |
| 0603 | DEERFIELD TOWNSHIP |
| 0604 | DOWNE TOWNSHIP |
| 0605 | FAIRFIELD TOWNSHIP |
| 0606 | GREENWICH TOWNSHIP |
| 0607 | HOPEWELL TOWNSHIP |
| 0608 | LAWRENCE TOWNSHIP |
| 0609 | MAURICE RIVER TOWNSHIP |
| 0610 | MILLVILLE CITY |
| 0611 | SHILOH BORO |
| 0612 | STOW CREEK TOWNSHIP |
| 0613 | UPPER DEERFIELD TOWNSHIP |
| 0614 | VINELAND CITY |
| 0701 | BELLEVILLE TOWN |
| 0702 | BLOOMFIELD TOWN |
| 0703 | CALDWELL BORO |
| 0704 | CEDAR GROVE TOWNSHIP |
| 0705 | EAST ORANGE CITY |
| 0706 | ESSEX FELLS BORO |
| 0707 | FAIRFIELD BORO |
| 0708 | GLEN RIDGE BORO |
| 0709 | IRVINGTON TOWN |
| 0710 | LIVINGSTON TOWNSHIP |
| 0711 | MAPLEWOOD TOWNSHIP |
| 0712 | MILLBURN TOWNSHIP |
| 0713 | MONTCLAIR TOWN |
| 0714 | NEWARK CITY |
| 0715 | NORTH CALDWELL BORO |
| 0716 | NUTLEY TOWN |

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|------|-------------------------|
| 0717 | ORANGE CITY |
| 0718 | ROSELAND BORO |
| 0719 | SOUTH ORANGE VILLAGE |
| 0720 | VERONA BORO |
| 0721 | WEST CALDWELL BORO |
| 0722 | WEST ORANGE TOWN |
| 0801 | CLAYTON BORO |
| 0802 | DEPTFORD TOWNSHIP |
| 0803 | EAST GREENWICH TOWNSHIP |
| 0804 | ELK TOWNSHIP |
| 0805 | FRANKLIN TOWNSHIP |
| 0806 | GLASSBORO BORO |
| 0807 | GREENWICH TOWNSHIP |
| 0808 | HARRISON TOWNSHIP |
| 0809 | LOGAN TOWNSHIP |
| 0810 | MANTUA TOWNSHIP |
| 0811 | MONROE TOWNSHIP |
| 0812 | NATIONAL PARK BORO |
| 0813 | NEWFIELD BORO |
| 0814 | PAULSBORO BORO |
| 0815 | PITMAN BORO |
| 0816 | SOUTH HARRISON TOWNSHIP |
| 0817 | SWEDESBORO BORO |
| 0818 | WASHINGTON TOWNSHIP |
| 0819 | WENONAH BORO |
| 0820 | WEST DEPTFORD TOWNSHIP |
| 0821 | WESTVILLE BORO |
| 0822 | WOODBURY CITY |
| 0823 | WOODBURY HEIGHTS BORO |
| 0824 | WOOLWICH TOWNSHIP |
| 0901 | BAYONNE CITY |
| 0902 | EAST NEWARK BORO |
| 0903 | GUTTENBERG TOWN |
| 0904 | HARRISON TOWN |
| 0905 | HOBOKEN CITY |
| 0906 | JERSEY CITY |
| 0907 | KEARNY TOWN |
| 0908 | NORTH BERGEN TOWNSHIP |
| 0909 | SECAUCUS TOWN |
| 0910 | UNION CITY |
| 0911 | WEEHAWKEN TOWNSHIP |
| 0912 | WEST NEW YORK TOWNSHIP |
| 1001 | ALEXANDRIA TOWNSHIP |
| 1002 | BETHLEHEM TOWNSHIP |
| 1003 | BLOOMSBURY BORO |

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|------|-------------------------|
| 1004 | CALIFON BORO |
| 1005 | CLINTON TOWN |
| 1006 | CLINTON TOWNSHIP |
| 1007 | DELAWARE TOWNSHIP |
| 1008 | EAST AMWELL TOWNSHIP |
| 1009 | FLEMINGTON BORO |
| 1010 | FRANKLIN TOWNSHIP |
| 1011 | FRENCHTOWN BORO |
| 1012 | GLEN GARDNER BORO |
| 1013 | HAMPTON BORO |
| 1014 | HIGH BRIDGE BORO |
| 1015 | HOLLAND TOWNSHIP |
| 1016 | KINGWOOD TOWNSHIP |
| 1017 | LAMBERTVILLE CITY |
| 1018 | LEBANON BORO |
| 1019 | LEBANON TOWNSHIP |
| 1020 | MILFORD BORO |
| 1021 | RARITAN TOWNSHIP |
| 1022 | READINGTON TOWNSHIP |
| 1023 | STOCKTON BORO |
| 1024 | TEWKSBURY TOWNSHIP |
| 1025 | UNION TOWNSHIP |
| 1026 | WEST AMWELL TOWNSHIP |
| 1101 | EAST WINDSOR TOWNSHIP |
| 1102 | EWING TOWNSHIP |
| 1103 | HAMILTON TOWNSHIP |
| 1104 | HIGHTSTOWN BORO |
| 1105 | HOPEWELL BORO |
| 1106 | HOPEWELL TOWNSHIP |
| 1107 | LAWRENCE TOWNSHIP |
| 1108 | PENNINGTON BORO |
| 1109 | PRINCETON BORO |
| 1110 | PRINCETON TOWNSHIP |
| 1111 | TRENTON CITY |
| 1112 | WASHINGTON TOWNSHIP |
| 1113 | WEST WINDSOR TOWNSHIP |
| 1201 | CARTERET BORO |
| 1202 | CRANBURY TOWNSHIP |
| 1203 | DUNELLEN BORO |
| 1204 | EAST BRUNSWICK TOWNSHIP |
| 1205 | EDISON TOWNSHIP |
| 1206 | HELMETTA BORO |
| 1207 | HIGHLAND PARK BORO |
| 1208 | JAMESBURG BORO |
| 1209 | OLD BRIDGE TOWNSHIP |

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|------|--------------------------|
| 1210 | METUCHEN BORO |
| 1211 | MIDDLESEX BORO |
| 1212 | MILLTOWN BORO |
| 1213 | MONROE TOWNSHIP |
| 1214 | NEW BRUNSWICK CITY |
| 1215 | NORTH BRUNSWICK TOWNSHIP |
| 1216 | PERTH AMBOY CITY |
| 1217 | PISCATAWAY TOWNSHIP |
| 1218 | PLAINSBORO TOWNSHIP |
| 1219 | SAYREVILLE BORO |
| 1220 | SOUTH AMBOY CITY |
| 1221 | SOUTH BRUNSWICK TOWNSHIP |
| 1222 | SOUTH PLAINFIELD BORO |
| 1223 | SOUTH RIVER BORO |
| 1224 | SPOTSWOOD BORO |
| 1225 | WOODBIDGE TOWNSHIP |
| 1301 | ALLENHURST BORO |
| 1302 | ALLENTOWN BORO |
| 1303 | ASBURY PARK CITY |
| 1304 | ATLANTIC HIGHLANDS BORO |
| 1305 | AVON BY THE SEA BORO |
| 1306 | BELMAR BORO |
| 1307 | BRADLEY BEACH BORO |
| 1308 | BRIELLE BORO |
| 1309 | COLTS NECK TOWNSHIP |
| 1310 | DEAL BORO |
| 1311 | EATONTOWN BORO |
| 1312 | ENGLISHTOWN BORO |
| 1313 | FAIR HAVEN BORO |
| 1314 | FARMINGDALE BORO |
| 1315 | FREEHOLD BORO |
| 1316 | FREEHOLD TOWNSHIP |
| 1317 | HIGHLANDS BORO |
| 1318 | HOLMDEL TOWNSHIP |
| 1319 | HOWELL TOWNSHIP |
| 1320 | INTERLAKEN BORO |
| 1321 | KEANSBURG BORO |
| 1322 | KEYPORT BORO |
| 1323 | LITTLE SILVER BORO |
| 1324 | LOCH ARBOUR VILLAGE |
| 1325 | LONG BRANCH CITY |
| 1326 | MANALAPAN TOWNSHIP |
| 1327 | MANASQUAN BORO |
| 1328 | MARLBORO TOWNSHIP |
| 1329 | MATAWAN BORO |

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|------|--------------------------|
| 1330 | ABERDEEN TOWNSHIP |
| 1331 | MIDDLETOWN TOWNSHIP |
| 1332 | MILLSTONE TOWNSHIP |
| 1333 | MONMOUTH BEACH BORO |
| 1334 | NEPTUNE TOWNSHIP |
| 1335 | NEPTUNE CITY BORO |
| 1336 | TINTON FALLS BORO |
| 1337 | OCEAN TOWNSHIP |
| 1338 | OCEANPORT BORO |
| 1339 | HAZLET TOWNSHIP |
| 1340 | RED BANK BORO |
| 1341 | ROOSEVELT BORO |
| 1342 | RUMSON BORO |
| 1343 | SEA BRIGHT BORO |
| 1344 | SEA GIRT BORO |
| 1345 | SHREWSBURY BORO |
| 1346 | SHREWSBURY TOWNSHIP |
| 1347 | SOUTH BELMAR BORO |
| 1348 | SPRING LAKE BORO |
| 1349 | SPRING LAKE HEIGHTS BORO |
| 1350 | UNION BEACH BORO |
| 1351 | UPPER FREEHOLD TOWNSHIP |
| 1352 | WALL TOWNSHIP |
| 1353 | WEST LONG BRANCH BORO |
| 1401 | BOONTON TOWN |
| 1402 | BOONTON TOWNSHIP |
| 1403 | BUTLER BORO |
| 1404 | CHATHAM BORO |
| 1405 | CHATHAM TOWNSHIP |
| 1406 | CHESTER BORO |
| 1407 | CHESTER TOWNSHIP |
| 1408 | DENVILLE TOWNSHIP |
| 1409 | DOVER TOWN |
| 1410 | EAST HANOVER TOWNSHIP |
| 1411 | FLORHAM PARK BORO |
| 1412 | HANOVER TOWNSHIP |
| 1413 | HARDING TOWNSHIP |
| 1414 | JEFFERSON TOWNSHIP |
| 1415 | KINNELON BORO |
| 1416 | LINCOLN PARK BORO |
| 1417 | MADISON BORO |
| 1418 | MENDHAM BORO |
| 1419 | MENDHAM TOWNSHIP |
| 1420 | MINE HILL TOWNSHIP |
| 1421 | MONTVILLE TOWNSHIP |

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|------|--------------------------|
| 1422 | MORRIS TOWNSHIP |
| 1423 | MORRIS PLAINS BORO |
| 1424 | MORRISTOWN TOWN |
| 1425 | MOUNTAIN LAKES BORO |
| 1426 | MOUNT ARLINGTON BORO |
| 1427 | MOUNT OLIVE TOWNSHIP |
| 1428 | NETCONG BORO |
| 1429 | PARSIPPANY TROY HILLS TO |
| 1430 | PASSAIC TOWNSHIP |
| 1431 | PEQUANNOCK TOWNSHIP |
| 1432 | RANDOLPH TOWNSHIP |
| 1433 | RIVERDALE BORO |
| 1434 | ROCKAWAY BORO |
| 1435 | ROCKAWAY TOWNSHIP |
| 1436 | ROXBURY TOWNSHIP |
| 1437 | VICTORY GARDENS BORO |
| 1438 | WASHINGTON TOWNSHIP |
| 1439 | WHARTON BORO |
| 1501 | BARNEGAT LIGHT BORO |
| 1502 | BAYHEAD BORO |
| 1503 | BEACH HAVEN BORO |
| 1504 | BEACHWOOD BORO |
| 1505 | BERKELEY TOWNSHIP |
| 1506 | BRICK TOWNSHIP |
| 1507 | DOVER TOWNSHIP |
| 1508 | EAGLESWOOD TOWNSHIP |
| 1509 | HARVEY CEDARS BORO |
| 1510 | ISLAND HEIGHTS BORO |
| 1511 | JACKSON TOWNSHIP |
| 1512 | LACEY TOWNSHIP |
| 1513 | LAKEHURST BORO |
| 1514 | LAKESWOOD TOWNSHIP |
| 1515 | LAVALLETTE BORO |
| 1516 | LITTLE EGG HARBOR TOWNSH |
| 1517 | LONG BEACH TOWNSHIP |
| 1518 | MANCHESTER TOWNSHIP |
| 1519 | MANTOLOKING BORO |
| 1520 | OCEAN TOWNSHIP |
| 1521 | OCEAN GATE BORO |
| 1522 | PINE BEACH BORO |
| 1523 | PLUMSTED TOWNSHIP |
| 1524 | POINT PLEASANT BORO |
| 1525 | POINT PLEASANT BEACH BOR |
| 1526 | SEASIDE HEIGHTS BORO |
| 1527 | SEASIDE PARK BORO |

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|------|---------------------------|
| 1528 | SHIP BOTTOM BORO |
| 1529 | SOUTH TOMS RIVER BORO |
| 1530 | STAFFORD TOWNSHIP |
| 1531 | SURF CITY BORO |
| 1532 | TUCKERTON BORO |
| 1533 | BARNEGAT TOWNSHIP |
| 1601 | BLOOMINGDALE BORO |
| 1602 | CLIFTON CITY |
| 1603 | HALEDON BORO |
| 1604 | HAWTHORNE BORO |
| 1605 | LITTLE FALLS TOWNSHIP |
| 1606 | NORTH HALEDON BORO |
| 1607 | PASSAIC CITY |
| 1608 | PATERSON CITY |
| 1609 | POMPTON LAKES BORO |
| 1610 | PROSPECT PARK BORO |
| 1611 | RINGWOOD BORO |
| 1612 | TOTOWA BORO |
| 1613 | WANAQUE BORO |
| 1614 | WAYNE TOWNSHIP |
| 1615 | WEST MILFORD TOWNSHIP |
| 1616 | WEST PATERSON BORO |
| 1701 | ALLOWAY TOWNSHIP |
| 1702 | ELMER BORO |
| 1703 | EL SINBORO TOWNSHIP |
| 1704 | LOWER ALLOWAYS CREEK TOW |
| 1705 | MANNINGTON TOWNSHIP |
| 1706 | OLDMANS TOWNSHIP |
| 1707 | PENNS GROVE BORO |
| 1708 | PENNSVILLE TOWNSHIP |
| 1709 | PIESGROVE TOWNSHIP |
| 1710 | PITTS GROVE TOWNSHIP |
| 1711 | QUINTON TOWNSHIP |
| 1712 | SALEM CITY |
| 1713 | CARNEYS TOWNSHIP |
| 1714 | UPPER PITTS GROVE TOWNSHI |
| 1715 | WOODSTOWN BORO |
| 1801 | BEDMINSTER TOWNSHIP |
| 1802 | BERNARDS TOWNSHIP |
| 1803 | BERNARDSVILLE BORO |
| 1804 | BOUND BROOK BORO |
| 1805 | BRANCHBURG TOWNSHIP |
| 1806 | BRIDGEWATER TOWNSHIP |
| 1807 | FAR HILLS BORO |
| 1808 | FRANKLIN TOWNSHIP |

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|------|--------------------------|
| 1809 | GREEN BROOK TOWNSHIP |
| 1810 | HILLSBOROUGH TOWNSHIP |
| 1811 | MANVILLE BORO |
| 1812 | MILLSTONE BORO |
| 1813 | MONTGOMERY TOWNSHIP |
| 1814 | NORTH PLAINFIELD BORO |
| 1815 | PEAPACK GLADSTONE BORO |
| 1816 | RARITAN BORO |
| 1817 | ROCKY HILL BORO |
| 1818 | SOMERVILLE BORO |
| 1819 | SOUTH BOUND BROOK BORO |
| 1820 | WARREN TOWNSHIP |
| 1821 | WATCHUNG BORO |
| 1901 | ANDOVER BORO |
| 1902 | ANDOVER TOWNSHIP |
| 1903 | BRANCHVILLE BORO |
| 1904 | BYRAM TOWNSHIP |
| 1905 | FRANKFORD TOWNSHIP |
| 1906 | FRANKLIN BORO |
| 1907 | FREDON TOWNSHIP |
| 1908 | GREEN TOWNSHIP |
| 1909 | HAMBURG BORO |
| 1910 | HAMPTON TOWNSHIP |
| 1911 | HARDYSTON TOWNSHIP |
| 1912 | HOPATCONG BORO |
| 1913 | LAFAYETTE TOWNSHIP |
| 1914 | MONTAGUE TOWNSHIP |
| 1915 | NEWTON TOWN |
| 1916 | OGDENSBURG BORO |
| 1917 | SANDYSTON TOWNSHIP |
| 1918 | SPARTA TOWNSHIP |
| 1919 | STANHOPE BORO |
| 1920 | STILLWATER TOWNSHIP |
| 1921 | SUSSEX BORO |
| 1922 | VERNON TOWNSHIP |
| 1923 | WALPACK TOWNSHIP |
| 1924 | WANTAGE TOWNSHIP |
| 2001 | BERKELEY HEIGHTS TOWNSHI |
| 2002 | CLARK TOWNSHIP |
| 2003 | CRANFORD TOWNSHIP |
| 2004 | ELIZABETH CITY |
| 2005 | FANWOOD BORO |
| 2006 | GARWOOD BORO |
| 2007 | HILLSIDE TOWNSHIP |
| 2008 | KENILWORTH BORO |

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|------------------------------|------------------------|
| 2009 | LINDEN CITY |
| 2010 | MOUNTAINSIDE BORO |
| 2011 | NEW PROVIDENCE BORO |
| 2012 | PLAINFIELD CITY |
| 2013 | RAHWAY CITY |
| 2014 | ROSELLE BORO |
| 2015 | ROSELLE PARK BORO |
| 2016 | SCOTCH PLAINS TOWNSHIP |
| 2017 | SPRINGFIELD TOWNSHIP |
| 2018 | SUMMIT CITY |
| 2019 | UNION TOWNSHIP |
| 2020 | WESTFIELD TOWN |
| 2021 | WINFIELD TOWNSHIP |
| 2101 | ALLAMUCHY TOWNSHIP |
| 2102 | ALPHA BORO |
| 2103 | BELVIDERE TOWN |
| 2104 | BLAIRSTOWN TOWNSHIP |
| 2105 | FRANKLIN TOWNSHIP |
| 2106 | FRELINGHUYSEN TOWNSHIP |
| 2107 | GREENWICH TOWNSHIP |
| 2108 | HACKETTSTOWN TOWN |
| 2109 | HARDWICK TOWNSHIP |
| 2110 | HARMONY TOWNSHIP |
| 2111 | HOPE TOWNSHIP |
| 2112 | INDEPENDENCE TOWNSHIP |
| 2113 | KNOWLTON TOWNSHIP |
| 2114 | LIBERTY TOWNSHIP |
| 2115 | LOPATCONG TOWNSHIP |
| 2116 | MANSFIELD TOWNSHIP |
| 2117 | OXFORD TOWNSHIP |
| 2118 | PAHAQUARRY TOWNSHIP |
| 2119 | PHILLIPSBURG TOWN |
| 2120 | POHATCONG TOWNSHIP |
| 2121 | WASHINGTON BORO |
| 2122 | WASHINGTON TOWNSHIP |
| 2123 | WHITE TOWNSHIP |
| OUT OF STATE RESIDENCE CODES | |
| 3000 | DELAWARE |
| 4000 | MARYLAND |
| 5000 | NEW YORK |
| 5100 | NY – BRONX |
| 5200 | NY – BROOKLYN |
| 5300 | NY – MANHATTAN |
| 5400 | NY – QUEENS |
| 5500 | NY – STATEN ISLAND |

| | |
|------|----------------------------|
| 5600 | NY – NASSAU COUNTY |
| 5700 | NY – ORANGE COUNTY |
| 5800 | NY – PUTNAM COUNTY |
| 5900 | NY – ROCKLAND COUNTY |
| 6100 | NY – SUFFOLK COUNTY |
| 6200 | NY – SULLIVAN COUNTY |
| 6300 | NY – WESTCHESTER CTY |
| 6800 | NY – ALL OTHER A-K |
| 6900 | NY – ALL OTHER L-Z |
| 7000 | PENNSYLVANIA |
| 7100 | PA – BERKS COUNTY |
| 7200 | PA – BUCKS COUNTY |
| 7300 | PA – CARBON COUNTY |
| 7400 | PA – CHESTER COUNTY |
| 7500 | PA – DELAWARE COUNTY |
| 7600 | PA – LEHIGH COUNTY |
| 7700 | PA – MONROE COUNTY |
| 7800 | PA – MONTGOMERY COUNTY |
| 7900 | PA – NORTHAMPTON COUNTY |
| 8100 | PA – PHILADELPHIA COUNTY |
| 8200 | PA – PIKE COUNTY |
| 8300 | PA – WAYNE COUNTY |
| 8900 | PA – ALL OTHER PA COUNTIES |
| 9000 | UNASSIGNED |
| 9100 | ALABAMA |
| 9102 | ARIZONA |
| 9103 | ARKANSAS |
| 9104 | CALIFORNIA |
| 9105 | COLORADO |
| 9106 | CONNECTICUT |
| 9108 | DC |
| 9109 | FLORIDA |
| 9110 | GEORGIA |
| 9111 | IDAHO |
| 9112 | ILLINOIS |
| 9113 | INDIANA |
| 9114 | IOWA |
| 9115 | KANSAS |
| 9116 | KENTUCKY |
| 9117 | LOISIANA |
| 9118 | MAINE |
| 9120 | MASSACHUSETTS |
| 9121 | MICHIGAN |
| 9122 | MINNESOTA |
| 9123 | MISSISSIPPI |

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| 9124 | MISSOURI |
| 9125 | MONTANA |
| 9126 | NEBRASKA |
| 9127 | NEVADA |
| 9128 | NEW HAMPSHIRE |
| 9130 | NEW MEXICO |
| 9132 | NORTH CAROLINA |
| 9133 | NORTH DAKOTA |
| 9134 | OHIO |
| 9135 | OKLAHOMA |
| 9136 | OREGON |
| 9138 | RHODE ISLAND |
| 9139 | SOUTH CAROLINA |
| 9140 | SOUTH DAKOTA |
| 9141 | TENNESSEE |
| 9142 | TEXAS |
| 9143 | UTAH |
| 9144 | VERMONT |
| 9145 | VIRGINIA |
| 9146 | WASHINGTON |
| 9147 | WEST VIRGINIA |
| 9148 | WISCONSIN |
| 9149 | WYOMING |
| 9150 | ALASKA |
| 9151 | HAWAII |
| 9152 | PUERTO RICO |
| 9153 | VIRGIN ISLANDS |
| 9299 | CANADA |
| 9399 | ALL OTHER COUNTRIES AND AMERICAN TERRITORIES |

Edits:

1. Residence Code cannot = '9999' and must be in QEDIT Residence Code Table (edit ref I-89, O-64).

Residential Days

The number of days of a hospital stay at the residential level of care

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|--------------------------------------|---|
| Required for Valid Codes Edit: | Inpatients & SDS Numbers between 0000 and 9999 |
|--------------------------------------|---|

1. Residential Days must be numeric (edit ref I-90).

Revenue Code

Code describing the kind of service patient received and is being charged for

Required for Inpatients, SDS, & Outpatients
Valid Codes

| | |
|-----|------------------------------|
| 001 | TOTAL CHARGES |
| 022 | EXC |
| 023 | HOME HEALTH PPS |
| 024 | INPATIENT REHAB FACILITY PPS |
| 111 | MED-SUR-GY/PVT |
| 112 | OB/PVT |
| 113 | PEDS/PVT |
| 114 | PSYCH/PVT |
| 115 | HOSPICE/PVT |
| 116 | DETOX/PVT |
| 117 | ONCOLOGY/PVT |
| 118 | REHAB/PVT |
| 119 | OTHER/PVT |
| 121 | MED-SUR-GY/2 BED |
| 122 | OB/2 BED |
| 123 | PEDS/2 BED |
| 124 | PSTAY/2 BED |
| 125 | HOSPICE/2 BED |
| 126 | DETOX/2 BED |
| 127 | ONCOLOGY/2 BED |
| 128 | REHAB/2 BED |
| 129 | OTHER/2 BED |
| 131 | MED-SUR-GY/3 & 4 BED |
| 132 | OB/3 & 4 BED |
| 133 | PEDS/3 & 4 BED |
| 134 | PSTAY/3 & 4 BED |
| 135 | HOSPICE/3 & 4 BED |
| 136 | DETOX/3 & 4 BED |
| 137 | ONCOLOGY/3 & 4 BED |
| 138 | REHAB/3 & 4 BED |
| 139 | OTHER/3 & 4 BED |
| 141 | MED-SUR-GY/DLX |
| 142 | OB/DLX |
| 143 | PEDS/DLX |

| | |
|-----|-------------------------|
| 144 | PSTAY/DLX |
| 145 | HOSPICE/DLX |
| 146 | DETOX/DLX |
| 147 | ONCOLOGY/DLX |
| 148 | REHAB/DLX |
| 149 | OTHER/DLX |
| 151 | MED-SUR-GY/WARD |
| 152 | OB/WARD |
| 153 | PED/WARD |
| 154 | PSTAY/WARD |
| 155 | HOSPICE/WARD |
| 156 | DETOX/WARD |
| 157 | ONCOLOGY/WARD |
| 158 | REHAB/WARD |
| 159 | OTHER/WARD |
| 164 | R&B/STERILE |
| 167 | R&B/SELF |
| 169 | R&B/OTHER |
| 171 | NURSERY/NEWBORN LEV I |
| 172 | NURSERY/NEWBORN LEV II |
| 173 | NURSERY/NEWBORN LEV III |
| 174 | NURSERY/NEWBORN LEV IV |
| 179 | NURSERY/OTHER |
| 182 | LOA/PT CONV |
| 183 | LOA/THERAPEUTIC |
| 184 | LOA/ICF/MR |
| 185 | LOA/NURS HOME |
| 189 | LOA/OTHER |
| 191 | NAC |
| 192 | NAC |
| 193 | NAC |
| 194 | NAC |
| 199 | NAC |
| 201 | ICU/SURGICAL |
| 202 | ICU/MEDICAL |
| 203 | ICU/PEDS |
| 204 | ICU/PSTAY |
| 206 | POST ICU |
| 207 | ICU/BURN CARE |
| 208 | ICU/TRAUMA |
| 209 | ICU/OTHER |
| 211 | CCU/MYO INFARC |
| 212 | CCU/PULMONARY |
| 213 | CCU/TRANSPLANT |
| 214 | POST CCU |

| | |
|-----|------------------------------|
| 219 | CCU/OTHER |
| 221 | ADMIT CHARGE |
| 222 | TECH SUPPT CHG |
| 223 | UR CHARGE |
| 224 | LATE DISCH/MED NEC |
| 229 | OTHER SPEC CHG. |
| 231 | NUR INCR/NURSERY |
| 232 | NUR INCR/OB |
| 233 | NUR INCR/ICU |
| 234 | NUR INCR/CCU |
| 235 | NUR INCR/HOSPICE |
| 239 | NUR INCR/OTHER |
| 240 | ALL INCL ANCIL |
| 241 | ALL INCL ANCIL |
| 242 | ALL INCL ANCIL |
| 243 | ALL INCL ANCIL |
| 249 | ALL INCL ANCIL/OTHER |
| 250 | PHARMACY |
| 251 | DRUGS/GENERIC |
| 252 | DRUGS/NONGENERIC |
| 253 | DRUGS/TAKEHOME |
| 254 | DRUGS/OTHER DIAG SVC |
| 255 | DRUGS/RAD |
| 256 | DRUGS/EXPERIMT |
| 257 | DRUGS/NONPSRPT |
| 258 | IV SOLUTIONS |
| 259 | DRUGS/OTHER |
| 260 | IV THERAPY |
| 261 | IV THER/INFSN PUMP |
| 262 | IV THERAPY/PHARM SVCS |
| 263 | IV THERAPY/DRUG SUPPLY DELIV |
| 264 | IV THERAPY/SUPPLIES |
| 269 | IV THERAPY/OTHER |
| 270 | MED-SUR SUPPLIES |
| 271 | CENTRAL SUPPLIES/NON STERILE |
| 272 | STERILE SUPPLY |
| 273 | TAKEHOME SUPPLY |
| 274 | PROSTHETIC DEV |
| 275 | PACE MAKER |
| 276 | INTRAOCULAR LENS |
| 277 | 02/TAKEHOME |
| 278 | SUPPLY/IMPLANTS |
| 279 | SUPPLY/OTHER |
| 280 | ONCOLOGY |
| 289 | ONCOLOGY/OTHER |

| | |
|-----|--------------------------|
| 290 | MED EQUIP/DURAB |
| 291 | MED EQUIP/RENT |
| 292 | MED EQUIP/NEW |
| 293 | MED EQUIP/USED |
| 294 | MED EQUIP/SUPPLY & DRUGS |
| 299 | MED EQUIP/OTHER |
| 300 | LABORATORY OR (LAB) |
| 301 | LAB/CHEMISTRY |
| 302 | LAB/IMMUNOLOGY |
| 303 | LAB/RENAL HOME |
| 304 | LAB/NR DIALYSIS |
| 305 | LAB/HEMATOLOGY |
| 306 | LAB/BACT-MICRO |
| 307 | LAB/UROLOGY |
| 309 | LAB/OTHER |
| 310 | PATHOLOGY LAB |
| 311 | PATHOL/CYTOLOGY |
| 312 | PATHOL/HYSTOL |
| 314 | PATHOL/BIOPSY |
| 319 | PATHOL/OTHER |
| 320 | DX X-RAY |
| 321 | DX X-RAY/ANGIO |
| 322 | DX X-RAY/ARTHROGRAPHY |
| 323 | DX X-RAY/ARTERIOGRAPHY |
| 324 | DX X-RAY/CHEST |
| 329 | DX X-RAY/OTHER |
| 330 | RX X-RAY |
| 331 | CHEMOTHER/INJ |
| 332 | CHEMOTHER/ORAL |
| 333 | RADIATION RX |
| 335 | CHEMOTHERP-IV |
| 339 | RX X-RAY/OTHER |
| 340 | NUCLEAR MEDICINE |
| 341 | NUC MED/DX |
| 342 | NUC MED/RX |
| 349 | NUC MED/OTHER |
| 350 | CT SCAN |
| 351 | CT SCAN/HEAD |
| 352 | CT SCAN/BODY |
| 359 | CT SCAN/OTHER |
| 360 | OR SERVICES |
| 361 | OR/MINOR |
| 362 | OR/ORGAN TRANS |
| 367 | OR/KIDNEY TRANS |
| 369 | OR/OTHER |

| | |
|-----|------------------------------|
| 370 | ANESTHESIA |
| 371 | ANESTHE/RADIOLOGY |
| 372 | ANESTHE/OTH DX SERV |
| 374 | ANESTHE/ACUPUNC |
| 379 | ANESTHE/OTHER |
| 380 | BLOOD |
| 381 | BLOOD/PKD RED |
| 382 | BLOOD/WHOLE |
| 383 | BLOOD/PLASMA |
| 384 | BLOOD/PLATELETS |
| 385 | BLOOD/LEUCOCYTES |
| 386 | BLOOD/COMPONENTS |
| 387 | BLOOD/DERIVATIVES |
| 389 | BLOOD/OTHER |
| 390 | BLOOD/STOR-PROC |
| 391 | BLOOD/ADMIN. |
| 399 | BLOOD/OTHER STOR |
| 400 | IMAGE SERVICE |
| 401 | DX MAMMOGRAPHY |
| 402 | ULTRASOUND |
| 403 | SCREENING MAMMOGRAPHY |
| 404 | POSITRON EMISSION TOMOGRAPHY |
| 409 | OTHER IMAG SVS |
| 410 | RESPIRATORY SVC |
| 412 | INHALATION SVC |
| 413 | HYPERBARIC O2 |
| 419 | OTHER RESPIR SVS |
| 420 | PHYSICAL THERP |
| 421 | PHYS THERP/VISIT |
| 422 | PHYS THERP/HOUR |
| 423 | PHYS THERP/GROUP |
| 424 | PHYS THERP/EVAL |
| 429 | OTHER PHYS THERP |
| 430 | OCCUPATION THER |
| 431 | OCCUP THERP/VISIT |
| 432 | OCCUP THERP/HOUR |
| 433 | OCCUP THERP/GROUP |
| 434 | OCCUP THERP/EVAL |
| 439 | OTHER OCCUP THER |
| 440 | SPEECH PATHOL |
| 441 | SPEECH PATH/VISIT |
| 442 | SPEECH PATH/HOUR |
| 443 | SPEECH PATH/GROUP |
| 444 | SPEECH PATH/EVAL |
| 449 | OTHER SPEECH PAT |

| | |
|-----|-------------------------|
| 450 | EMERG ROOM |
| 451 | EMERG ROOM |
| 452 | EMERG ROOM |
| 456 | URGENT CARE |
| 459 | OTHER EMER ROOM |
| 460 | PULMONARY FUNC |
| 469 | OTHER PULMON FUNC |
| 471 | AUDIOLOGY/DX |
| 472 | AUDIOLOGY/RX |
| 479 | OTHER AUDIOL |
| 480 | CARDIOLOGY |
| 481 | CARDIAC CATH LAB |
| 482 | STRESS TEST |
| 483 | ECHOCARDIOLOGY |
| 489 | OTHER CARDIOL |
| 490 | AMBUL SURG |
| 499 | OTHER AMBL SURG |
| 500 | OUTPATIENT SVS |
| 509 | OUTPATIENT/OTHER |
| 510 | CLINIC |
| 511 | CHRONIC PAIN CL |
| 512 | DENTAL CLINIC |
| 513 | PSYCHIATRIC CLINIC |
| 514 | OB-GYN CLINIC |
| 515 | PEDIATRIC CLINIC |
| 516 | URGENT CARE CLINIC |
| 517 | FAMILY PRACTICE CLINIC |
| 519 | OTHER CLINIC |
| 520 | FREESTAND CLINIC |
| 521 | RHC/FQHC/CLINIC |
| 522 | RHC/FQHC/HOME |
| 523 | FAMILY PRACTICE |
| 525 | RHC/FQHC/SNF/NONCOVERED |
| 526 | URGENT CARE CLINIC |
| 527 | RHC/FQHC/HOME/VIS NURSE |
| 528 | RHC/FQHC/OTHER SITE |
| 529 | OTHER FR/STD CLINIC |
| 530 | OSTEOPATH SVS |
| 531 | OSTEOPATH RX |
| 539 | OTHER OSTEOPATH |
| 540 | AMBULANCE |
| 541 | AMBUL/SUPPLY |
| 542 | AMBUL/MED TRANS |
| 543 | AMBUL/HEARTMOBL |
| 544 | AMBUL/OXY |

| | |
|-----|--------------------------------|
| 545 | AIR AMBULANCE |
| 546 | AMBUL/NEONAT |
| 547 | AMBUL/PHARMACY |
| 548 | AMBUL/TELE TRANS EKG |
| 549 | OTHER AMBULANCE |
| 550 | SKILLED NURSING |
| 551 | SKILLED NURS/VISIT |
| 552 | SKILLED NURS/HOUR |
| 559 | SKILLED NURS/OTHER |
| 560 | MED SOCIAL SVS |
| 561 | MED SOC SERVS/VISIT |
| 562 | MED SOC SERV/HOUR |
| 569 | MED SOC SERV/OTHER |
| 570 | AIDE/HOME HEALTH |
| 571 | AIDE/HOME HLTH/VISIT |
| 572 | AIDE/HOME HLTH/HOUR |
| 579 | AIDE/HOME HLTH/OTHER |
| 580 | VISIT/HOME HEALTH |
| 581 | VISIT/HOME HLTH/VISIT |
| 582 | VISIT/HOME HLTH/HOUR |
| 583 | HOME HEALTH ASSESSMENT |
| 589 | VISIT/HOME HLTH/OTHER |
| 590 | UNIT/HOME HEALTH |
| 599 | UNIT/HOME HLTH/OTHER |
| 600 | OXYGEN (HOME HEALTH) |
| 601 | O2/STATE EQUIP/SUPPLY OR CONT. |
| 602 | O2/STATE EQUIP/SUPP UND 1 LPM |
| 603 | O2/STATE EQUIP/SUPP OVER 4 LPM |
| 604 | O2/PORTABLE ADD-ON |
| 610 | MRI |
| 611 | MRI – BRAIN |
| 612 | MRI – SPINE |
| 614 | RAD |
| 615 | RAD |
| 616 | RAD |
| 618 | RAD |
| 619 | MRI - OTHER |
| 621 | MED SURG SUPP/RADIOLOGY |
| 622 | MED SURG SUPP/OTH DX SVS |
| 623 | MED SURG SUPP/SURG DRESSINGS |
| 624 | MED SURG SUPP |
| 631 | SINGLE SOURCE DRUG |
| 632 | MULTIPLE SOURCE DRUG |
| 633 | RESTRICTIVE PRESCRIPTION |
| 634 | EPO LESS THAN 10,000 UNITS |

| | |
|-----|--------------------------------|
| 635 | EPO 10,000 OR MORE UNITS |
| 636 | DRUGS REQ DETAILED CODING |
| 637 | DRUGS |
| 640 | HOME IV THERAPY SERVICES |
| 641 | NON-ROUT NURSING, CENTRAL LINE |
| 642 | IV SITE CARE, CENTRAL LINE |
| 643 | IV START/CHANGE, PERIPH LINE |
| 644 | NON-ROUT NURSING, PERIPH LINE |
| 645 | TRAIN PAT/CAREGIV, CENTRAL LIN |
| 646 | TRAIN DISABL PAT, CENTRAL LINE |
| 647 | TRAIN PAT/CAREGIV, PERIPH LINE |
| 648 | TRAIN DISABL PAT, PERIPH LINE |
| 649 | OTHER IV THERAPY SVS |
| 650 | HOSPICE |
| 651 | HOSPICE/RTN HOME |
| 652 | HOSPICE/CTNS HOME |
| 655 | HOSPICE/IP RESPITE |
| 656 | HOSPICE/IP NON-RESPITE |
| 657 | HOSPICE/PHYSICIAN |
| 658 | HOSPICE R&B NURSING FACILITY |
| 659 | HOSPICE/OTHER |
| 660 | RESPITE CARE (HHA ONLY) |
| 661 | HOURLY CHARGE/SKILL NURS |
| 662 | HOURLY CHARGE/HHA/HOMEMKR |
| 663 | DAILY RESPITE CARE |
| 669 | OTHER RESPITE CARE |
| 670 | EXC |
| 671 | EXC |
| 672 | EXVC |
| 679 | EXC |
| 681 | TRAUMA LEVEL I |
| 682 | TRAUMA LEVEL II |
| 683 | TRAUMA LEVEL III |
| 684 | TRAUMA LEVEL IV |
| 685 | TRAUMA OTHER |
| 700 | CAST ROOM |
| 709 | OTHER CAST ROOM |
| 710 | RECOVERY ROOM |
| 719 | OTHER RECOV RM |
| 720 | DELIVER/LABOR |
| 721 | LABOR |
| 722 | DELIVERY ROOM |
| 723 | CIRCUMCISION |
| 724 | BIRTHING CENTER |
| 729 | OTHER/DELIV-LABOR |

| | |
|-----|-------------------------|
| 730 | EKG/ECG |
| 731 | HOLTER MONT |
| 732 | TELEMETRY |
| 739 | OTHER EKG-ECG |
| 740 | EEG |
| 749 | OTHER EEG |
| 750 | GASTR-INTS SVS |
| 759 | OTHER GASTRO-INTS |
| 760 | TREATMENT OR OBSV ROOM |
| 761 | TREATMENT ROOM |
| 762 | OBSERVATION ROOM |
| 769 | OTHER TREATMENT/OBSV RM |
| 770 | PREVENTIVE CARE SVS |
| 771 | VACCINE ADMINISTRATIO |
| 779 | OTHER PREVENTIVE CARE |
| 790 | LITHOTRIPSY |
| 799 | LITHOTRIPSY/OTHER |
| 800 | RENAL DIALYSIS |
| 801 | DIAL/INPT |
| 802 | DIALY/INPT/PER |
| 803 | DIALY/INPT/CAPD |
| 804 | DIALY/INPT/CCPD |
| 809 | DIALY/INPT/OTHER |
| 810 | ORGAN ACQUISIT |
| 811 | ORGAN/LIVE |
| 812 | ORGAN/CADAVER |
| 813 | ORGAN/UNKNOWN |
| 814 | ORGAN/UNSUCCESSFUL |
| 819 | ORGAN/OTHER DONOR |
| 820 | HEMO/OP OR HOME |
| 821 | HEMO/COMPOSITE |
| 822 | HEMO/HOME/SUPPL |
| 823 | HEMO/HOME/EQUIP |
| 824 | HEMO/HOME/100% |
| 825 | HEMO/HOME/SUPSERV |
| 829 | HEMO/HOME/OTHER |
| 830 | PERITONEAL/OP OR HOME |
| 831 | PERTNL/COMPOSITE |
| 832 | PERTNL/HOME/SUPPL |
| 833 | PERTNL/HOME/EQUIP |
| 834 | PERTNL/HOME/100% |
| 835 | PERTNL/HOME/SUPSERV |
| 839 | PERTNL/HOME/OTHER |
| 840 | CAPD/OP OR HOME |
| 841 | CAPD/COMPOSITE |

| | |
|-----|----------------------------|
| 842 | CAPD/HOME/SUPPL |
| 843 | CAPD/HOME/EQUIP |
| 844 | CAPD/HOME/100% |
| 845 | CAPD/HOME/SUPSERV |
| 849 | CAPD/HOME/OTHER |
| 850 | CCPD/OP OR HOME |
| 851 | EXC |
| 852 | EXC |
| 853 | EXC |
| 854 | CCPD/HOME/100% |
| 855 | CCPD/HOME/SUPSERV |
| 859 | CCPD/HOME/OTHER |
| 880 | DIALY/MISC |
| 881 | DIALY/ULTRAFILT |
| 882 | DIALY/HOME DIALY AID VISIT |
| 889 | DIALY/MISC/OTHER |
| 900 | PSTAY TREATMENT |
| 901 | ELECTRO SHOCK |
| 902 | MILIEU THERAPY |
| 903 | PLAY THERAPY |
| 904 | ACTIVITY THERAPY |
| 909 | OTHER PSTAY RX |
| 910 | PSTAY SERVICES |
| 911 | PSTAY/REHAB |
| 912 | PSTAY/DAYCARE |
| 913 | PSTAY/NIGHTCARE |
| 914 | PSTAY/INDIV RX |
| 915 | PSTAY/GROUP RX |
| 916 | PSTAY/FAMILY RX |
| 917 | PSTAY/BIOFEED |
| 918 | PSTAY/TESTING |
| 919 | PSTAY/OTHER |
| 920 | OTHER DX SVS |
| 921 | PERI VASCUL LAB |
| 922 | EMG |
| 923 | PAP SMEAR |
| 924 | ALLERGY TEST |
| 925 | PREG TEST |
| 929 | ADDITONAL DX SVS |
| 940 | OTHER RX SVS |
| 941 | RECREATION RX |
| 942 | EDUC/TRAINING |
| 943 | CARDIAC REHAB |
| 944 | DRUG REHAB |
| 945 | ALCOHOL REHAB |

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|-----|-----------------------------|
| 946 | COMPLEX MED EQUIP-ROUTINE |
| 947 | COMPLEX MED EQUIP-ANCILLARY |
| 949 | ADDITIONAL RX SVS |
| 960 | PRO FEE |
| 961 | PRO FEE/PSTAY |
| 962 | PRO FEE/EYE |
| 963 | PRO FEE/ANES MD |
| 964 | PRO FEE/ANES RN |
| 969 | OTHER PRO FEE |
| 971 | PRO FEE/LAB |
| 972 | PRO FEE/RAD/DX |
| 973 | PRO FEE/RAD/RX |
| 974 | PRO FEE/NUC MED |
| 975 | PRO FEE/OR |
| 976 | PRO FEE/RESPIR |
| 977 | PRO FEE/PHYSI |
| 978 | PRO FEE/OCUPA |
| 979 | PRO FEE/SPEECH |
| 981 | PRO FEE/ER |
| 982 | PRO FEE/OUTPT |
| 983 | PRO FEE/CLINIC |
| 984 | PRO FEE/SOC SVC |
| 985 | PRO FEE/EKG |
| 986 | PRO FEE/EEG |
| 987 | PRO FEE/HOS VIS |
| 988 | PRO FEE/CONSULT |
| 989 | FEE/PVT NURSE |
| 990 | PT CONVENIENCE |
| 991 | CAFETERIA |
| 992 | LINEN |
| 993 | TELEPHONE |
| 994 | TV/RADIO |
| 995 | NONPT ROOM RENT |
| 996 | LATE DISHCARGE |
| 997 | ADMIT KITS |
| 998 | BARBER/BEAUTY |
| 999 | PT CONVENCE/OTH |

Edits:

1. If the Revenue Code DUTs are valued, then the Revenue Code must be valued (edit ref I-91, O-65).
2. If Revenue Code Total Charges is valued, then Revenue Code must be valued (edit ref I-92, O-66).

3. The Revenue Code must be found in QEDIT Revenue Code Table (edit ref I-93, O-67).
4. If a Revenue Code equals either '0111', '0121', '0131', '0141', '0151', '0201', '0202', or '0231', then the Patient's Age must be greater than or equal to 19 years (edit ref I-94).
5. If a Revenue Code equals either '0113', '0123', '0133', '0143', '0153', or '0203', then the Patient's Age must be less than or equal to 18 years (edit ref I-95).
6. If a Revenue Code equals '017X', then the Patient's Age must be less than 1 year (edit ref I-96).
7. Trauma Revenue Codes (68X) may only be used when Admission Type equals 5 (edit ref I-114, O-92).

Skilled Nursing Facility Days

The number of days of a hospital stay at the skilled nursing level of care

| | |
|--------------|-------------------------------|
| Required for | Inpatients & SDS |
| Valid Codes | Numbers between 0000 and 9999 |
| Edit: | |

1. Skilled Nursing Facility days must be numeric (edit ref I-99).

Social Security Number

The patient's social security number

Not required for NJDDCS project. However, if the Social Security Number is provided, it should be 9 numeric characters (edit ref I-104, O-71).

Surgeon (Operating Physician) License Number

The surgeon's license number

| | |
|--------------|--|
| Required for | Inpatients & SDS |
| Valid Codes | For New Jersey physicians – the first 2 characters must equal 'NJ' followed for 7 or 8 alphanumeric characters and no spaces OR the first 2 characters must equal '22', '25', or '26' followed by 10 alphanumeric characters and no spaces |
| | For physicians outside New Jersey – the first 2 characters must equal any valid 2-digit alpha character abbreviation |

for American state, American possession, or Canadian province followed by alphanumeric character(s)

Edits:

1. The Attending Surgeon State Code (which is the first two characters of the Attending Physician License Number) must be a valid state, '22', '25', or '26' (edit ref I-77).
2. If the Attending Surgeon State Code equals 'NJ', then check to see that the number after the state code is 7 or 8 characters in length and does not contain a space. If the first two characters are '22', '25', or '26', then check to see the number after the state code is 10 characters in length and does not contain a space. (edit ref I-78).
3. If the Attending Surgeon State Code is valid, and does not equal 'NJ', '22', '25', or '26', then check to see that the number after the state code is not blank (edit ref I-79).
4. Patients with procedure codes must have a Surgeon License Number (edit ref I-113).

Surgeon (Operating Physician) UPIN

The surgeon's unique personal identification number (Medicare)

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|--------------------------|--|
| Required for Valid Codes | Inpatients, SDS, & Outpatients The Attending Physician UPIN prefix must be 1 alphanumeric character followed by a number between 00001 and 99998 OR the Attending Physician UPIN can = OTH000 |
|--------------------------|--|

Edits:

1. If either Payer Code 1, Payer Code 2, or Payer Code 3 equals '011', '015', or '017', then the Surgeon UPIN must not be blank and the UPIN prefix must be either a character or number. The remaining UPIN value cannot be equal to either '00000' or '99999' and must be a number, or the UPIN can be OTH000 (edit ref I-76, O-57).

Total Charges

Total charges for each revenue code line item

| | |
|--------------------------|---|
| Required for Valid Codes | Inpatients, SDS, & Outpatients Any dollar amount less than or equal to \$9,999,999 |
|--------------------------|---|

Edit:

1. If the Revenue Code is valid then the Revenue Code Total Charges must be greater than zeroes (edit ref I-17, O-10).

Transfer In Code (UB Referral Source Code)

Code identifying the acute care facility patient was transferred/referred from

Required for Inpatients & SDS
Valid Codes

| Code | Description |
|-------|--|
| 10101 | Atlantic City Medical Center-Mainland |
| 10102 | Atlantic City Medical Center-City |
| 10103 | Shore Memorial Hospital |
| 10104 | William B. Kessler Memorial Hospital |
| 10201 | Bergen Regional Medical Center |
| 10202 | Englewood Hospital and Medical Center |
| 10204 | Hackensack University Medical Center |
| 10205 | Holy Name Hospital |
| 10208 | Pascack Valley Hospital |
| 10211 | Valley Hospital |
| 10301 | Virtua-Memorial Hospital of Burlington County |
| 10302 | Virtua-West Jersey Health System-Marlton |
| 10303 | Lourdes Medical Center of Burlington County |
| 10401 | Kennedy Memorial Hospitals University Medical Center-Cherry Hill |
| 10402 | Cooper Hospital University Medical Center |
| 10403 | Kennedy Memorial Hospitals University Medical Center-Stratford |
| 10404 | Our Lady of Lourdes Medical Center |
| 10405 | Virtua-West Jersey Health System-Voorhees |
| 10406 | Virtua-West Jersey Health System-Camden |
| 10407 | Virtua-West Jersey Health System-Berlin |
| 10501 | Burdette Tomlin Memorial Hospital |
| 10601 | South Jersey Healthcare-Bridgeton |
| 10603 | South Jersey Regional Healthcare Medical Center |
| 10701 | Clara Maass Medical Center |
| 10702 | University Hospital (UMDNJ) |
| 10703 | Columbus Hospital |
| 10704 | East Orange General Hospital |
| 10706 | Irvington General Hospital |
| 10708 | Mountainside Hospital |

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|-------|---|
| 10709 | Newark Beth Israel Medical Center |
| 10710 | Saint Barnabas Medical Center |
| 10711 | Saint James Hospital |
| 10713 | Saint Michael's Medical Center |
| 10801 | Underwood Memorial Hospital |
| 10802 | Kennedy Memorial Hospitals University Medical Center-Washington Twp |
| 10901 | Bayonne Hospital |
| 10902 | Christ Hospital |
| 10903 | Greenville Hospital |
| 10904 | Jersey City Medical Center |
| 10905 | Palisades General Hospital |
| 10906 | Meadowlands Hospital Medical Center |
| 10908 | Saint Mary Hospital (Hoboken) |
| 11001 | Hunterdon Medical Center |
| 11101 | Robert Wood Johnson Univ. Hospital at Hamilton |
| 11102 | Capital Health-Fuld Campus |
| 11103 | University Medical Center at Princeton |
| 11104 | Capital Health-Mercer Campus |
| 11105 | Saint Francis Medical Center (Trenton) |
| 11201 | JFK Medical Center |
| 11202 | Robert Wood Johnson University Hospital |
| 11203 | Raritan Bay Medical Center-Perth Amboy |
| 11205 | Saint Peter's University Hospital |
| 11206 | Raritan Bay Medical Center–Old Bridge |
| 11301 | Bayshore Community Hospital |
| 11302 | CentraState Medical Center |
| 11303 | Jersey Shore University Medical Center |
| 11304 | Monmouth Medical Center |
| 11305 | Riverview Medical Center |
| 11401 | Chilton Memorial Hospital |
| 11402 | Saint Clare's Hospital-Dover |
| 11403 | Morristown Memorial Hospital |
| 11406 | Saint Clare's Hospital-Denville |
| 11501 | Community Medical Center |
| 11502 | Kimball Medical Center |
| 11504 | Southern Ocean County Hospital |
| 11505 | Ocean Medical Center |
| 11601 | Barnert Hospital |

| | |
|-------|--|
| 11602 | PBI Regional Medical Center |
| 11603 | Saint Joseph's Wayne Hospital |
| 11605 | Saint Joseph's Hospital and Medical Center |
| 11606 | Saint Mary's Hospital (Passaic) |
| 11701 | South Jersey Healthcare-Elmer |
| 11702 | Memorial Hospital of Salem County |
| 11802 | Somerset Medical Center |
| 11902 | Newton Memorial Hospital |
| 11903 | Saint Clare's Hospital-Sussex |
| 12003 | Union Hospital |
| 12004 | Muhlenberg Regional Medical Center |
| 12005 | Overlook Hospital |
| 12006 | Robert Wood Johnson Univ. Hospital at Rahway |
| 12007 | Trinitas Hospital |
| 12101 | Hackettstown Community Hospital |
| 12102 | Warren Hospital |
| 20301 | Deborah Heart and Lung Center |
| 23048 | SemperCare Hospital of Belleville |
| 23098 | Care One at Raritan Bay Medical Center |
| 23142 | AcuteCare Specialty Hospital at Monmouth |
| 23144 | Kindred Hospital New Jersey-Morris County |
| 23268 | Kindred Hospital New Jersey-Rahway |
| 23359 | AcuteCare Specialty Hospital at Kimball |
| 23389 | HEALTHSOUTH Specialty Hospital of Union |

Edit:

1. If the Admission Source Code equals '4' and the Admission Type equals '1', '2', or '3', then the prefix of the Transfer In code must be a '1' or '2' and must be found in QEDIT Facility Code Table, OR the prefix can be '9'. Also, the Transfer In Code cannot be '00000', '11111', or '99999'. If the Admission Source Code does not equal '4', then the Transfer In Code must contain alphanumeric characters (edit ref I-88).

Please Note: If patient is being transferred from a non-NJ acute care hospital, Transfer In Code should be 5 numeric characters in length and start with a '9', except for '99999'.

Transfer Out Code (Transfer Destination Code)

Code identifying the acute care facility patient is being transferred/referred to

Required for Inpatients, SDS, & Outpatients
Valid Codes

| Code | Description |
|-------|--|
| 10101 | Atlantic City Medical Center-Mainland |
| 10102 | Atlantic City Medical Center-City |
| 10103 | Shore Memorial Hospital |
| 10104 | William B. Kessler Memorial Hospital |
| 10201 | Bergen Regional Medical Center |
| 10202 | Englewood Hospital and Medical Center |
| 10204 | Hackensack University Medical Center |
| 10205 | Holy Name Hospital |
| 10208 | Pascack Valley Hospital |
| 10211 | Valley Hospital |
| 10301 | Virtua-Memorial Hospital of Burlington County |
| 10302 | Virtua-West Jersey Health System-Marlton |
| 10303 | Lourdes Medical Center of Burlington County |
| 10401 | Kennedy Memorial Hospitals University Medical Center-Cherry Hill |
| 10402 | Cooper Hospital University Medical Center |
| 10403 | Kennedy Memorial Hospitals University Medical Center-Stratford |
| 10404 | Our Lady of Lourdes Medical Center |
| 10405 | Virtua-West Jersey Health System-Voorhees |
| 10406 | Virtua-West Jersey Health System-Camden |
| 10407 | Virtua-West Jersey Health System-Berlin |
| 10501 | Burdette Tomlin Memorial Hospital |
| 10601 | South Jersey Healthcare-Bridgeton |
| 10603 | South Jersey Regional Healthcare Medical Center |
| 10701 | Clara Maass Medical Center |
| 10702 | University Hospital (UMDNJ) |
| 10703 | Columbus Hospital |
| 10704 | East Orange General Hospital |
| 10706 | Irvington General Hospital |
| 10708 | Mountainside Hospital |
| 10709 | Newark Beth Israel Medical Center |
| 10710 | Saint Barnabas Medical Center |
| 10711 | Saint James Hospital |
| 10713 | Saint Michael's Medical Center |
| 10801 | Underwood Memorial Hospital |
| 10802 | Kennedy Memorial Hospitals University Medical Center-Washington |

| | |
|-------|--|
| | Twp |
| 10901 | Bayonne Hospital |
| 10902 | Christ Hospital |
| 10903 | Greenville Hospital |
| 10904 | Jersey City Medical Center |
| 10905 | Palisades General Hospital |
| 10906 | Meadowlands Hospital Medical Center |
| 10908 | Saint Mary Hospital (Hoboken) |
| 11001 | Hunterdon Medical Center |
| 11101 | Robert Wood Johnson Univ. Hospital at Hamilton |
| 11102 | Capital Health-Fuld Campus |
| 11103 | University Medical Center at Princeton |
| 11104 | Capital Health-Mercer Campus |
| 11105 | Saint Francis Medical Center (Trenton) |
| 11201 | JFK Medical Center |
| 11202 | Robert Wood Johnson University Hospital |
| 11203 | Raritan Bay Medical Center-Perth Amboy |
| 11205 | Saint Peter's University Hospital |
| 11206 | Raritan Bay Medical Center–Old Bridge |
| 11301 | Bayshore Community Hospital |
| 11302 | CentraState Medical Center |
| 11303 | Jersey Shore University Medical Center |
| 11304 | Monmouth Medical Center |
| 11305 | Riverview Medical Center |
| 11401 | Chilton Memorial Hospital |
| 11402 | Saint Clare's Hospital-Dover |
| 11403 | Morristown Memorial Hospital |
| 11406 | Saint Clare's Hospital-Denville |
| 11501 | Community Medical Center |
| 11502 | Kimball Medical Center |
| 11504 | Southern Ocean County Hospital |
| 11505 | Ocean Medical Center |
| 11601 | Barnert Hospital |
| 11602 | PBI Regional Medical Center |
| 11603 | Saint Joseph's Wayne Hospital |
| 11605 | Saint Joseph's Hospital and Medical Center |
| 11606 | Saint Mary's Hospital (Passaic) |
| 11701 | South Jersey Healthcare-Elmer |
| 11702 | Memorial Hospital of Salem County |

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| 11802 | Somerset Medical Center |
| 11902 | Newton Memorial Hospital |
| 11903 | Saint Clare's Hospital-Sussex |
| 12003 | Union Hospital |
| 12004 | Muhlenberg Regional Medical Center |
| 12005 | Overlook Hospital |
| 12006 | Robert Wood Johnson Univ. Hospital at Rahway |
| 12007 | Trinitas Hospital |
| 12101 | Hackettstown Community Hospital |
| 12102 | Warren Hospital |
| 20301 | Deborah Heart and Lung Center |
| 23048 | SemperCare Hospital of Belleville |
| 23098 | Care One at Raritan Bay Medical Center |
| 23142 | AcuteCare Specialty Hospital of Monmouth |
| 23144 | Kindred Hospital New Jersey-Morris County |
| 23268 | Kindred Hospital New Jersey-Rahway |
| 23359 | AcuteCare Specialty Hospital at Kimball |
| 23389 | HEALTHSOUTH Specialty Hospital of Union |

Edit:

1. If the Patient Status Code equals '02', then the prefix of the Transfer Out Code must be a '1' or '2' and must be in QEDIT Facility Code Table, OR the prefix can be '9'. Also, the Transfer Out Code cannot be '00000', '11111', or '99999'. If the Patient Status does not equal '02', then the Transfer Out Code must contain alphanumeric characters (edit ref I-100, O-70).

Please Note: If patient is being transferred to a non-NJ acute care hospital, Transfer Out Code should be 5 numeric characters in length and start with a '9', except for '99999'.

Change Log

| Version | Change |
|----------------|---|
| 1.0 – 05/14/04 | Original Version |
| 1.01 – 3/28/05 | Updated Transfer In/Out Code (10603 - South Jersey Regional Healthcare Medical Center; Added new Transfer In/Out Codes for 5 new Long Term Acute Care Hospitals |
| 1.02 – 4/6/05 | Removed names of closed hospitals from Transfer In/Out Codes; Updated hospital name changes in Transfer In/Out Codes |
| 1.03 – 7/5/05 | Added list of descriptions for Physician Service Codes |
| 1.03 – 8/23/05 | Added ALABAMA (9100) to Residence Codes |
| 1.04 – 9/27/05 | Added new Discharge (Patient) Status Code (66 – effective for discharges on/after 10/1/2005); Added note, ‘discharges up to 9/30/2005’ for Discharge (Patient) Status Code ‘08’; Added new Transfer In/Out Codes for 2 new Long Term Acute Care Hospitals; Added I/O Indicator definition; Changed DRG versions |
| 1.05 – 1/25/06 | Added new Payer Code ‘009’ and Sex Code ‘U’ |
| 1.06 – 3/9/06 | Added new Admission Source Type ‘D’; Revised description for Admission Source Type ‘4’; Revised Inpatient and Outpatient edit descriptions for Admission Source Types |
| 1.07 – 4/13/06 | Removed Ethnicity and Race Codes that were no longer effective starting with discharges on/after 1/1/2005 |
| 1.08 – 4/28/06 | Revised Attending & Surgeon Physician License Number edit descriptions by adding ‘26’ as a prefix |
| 1.09 – 8/2/06 | Updated description of Discharge (Patient) Status Code ‘05’ |
| 1.10 – 8/15/06 | Added Revenue Codes 525, 527, and 528; Revised descriptions for Revenue Codes 521 and 522 |