

Elements that are critical to the NHA record creation

These fields absolutely must be correct in the submission; without them, the NHA record cannot be correctly created.

Field	Requirement	Reasoning
FEDEIN	<ul style="list-style-type: none"> FEDEIN must always be present and correct. 	<ul style="list-style-type: none"> This allows us to determine which hospital the claim is tied to.
Bill Type	<ul style="list-style-type: none"> Bill Type must always be present and correct. 	<ul style="list-style-type: none"> This is used to determine the final, definitive claim for a given visit or discharge.
Submission Date	<ul style="list-style-type: none"> Submission Date must always be present and correct. Submission Date must always be later than Admission Date 	<ul style="list-style-type: none"> This is used to determine the final, definitive claim for a given visit or discharge. We sometimes see submission dates later than admission dates, which is not possible.
Statement Thru Date	<ul style="list-style-type: none"> Statement Thru Date must always be present and correct. 	<ul style="list-style-type: none"> This allows us to determine a discharge date.
Admission Date	<ul style="list-style-type: none"> Admission Date must always be present and correct. 	<ul style="list-style-type: none"> This allows us to determine a length of stay.
Patient ID	<ul style="list-style-type: none"> Patient ID must always be present and correct. 	<ul style="list-style-type: none"> This is used to determine the final, definitive claim for a given visit or discharge.
MRN/Claim ID	<ul style="list-style-type: none"> MRN/Claim ID must always be present and correct. 	<ul style="list-style-type: none"> Blank or non-valid MRNs/Claim IDs can be an indicator of a non-valid record.
Total Charges	<ul style="list-style-type: none"> Total Charges must always be present and correct. Total Charges should not be less than \$2.00. Total Charges must always equal the sum of charge amounts from the service lines. 	<ul style="list-style-type: none"> Blank total charges on a claim can be an indicator of a non-valid record. Total Charges less than \$2.00 on a claim can be an indicator of a non-valid record. Total Charges that do not equal the sum of charge amounts from the service lines can be an indicator that service lines might be missing (or incorrectly duplicated or applied).
Service Line Counts	<ul style="list-style-type: none"> The number of service lines listed in the claim header must always match the number of service lines present in the claim service line file. 	<ul style="list-style-type: none"> Service line amounts that do not match the sum of the service lines for the claim can be an indicator that service lines might be missing (or incorrectly duplicated or applied).
Patient Name	<ul style="list-style-type: none"> Patient's last name must be present and correct. Patient's first name must be present and correct (Do not put an initial or a phrase, such as "newborn"). 	<ul style="list-style-type: none"> Patient first name and patient last name are used to determine NHA's cross-hospital INDNUM patient identifier.
Patient Date of Birth	<ul style="list-style-type: none"> Patient's date of birth must always be present and correct. 	<ul style="list-style-type: none"> Patient date of birth is used to determine NHA's cross-hospital INDNUM patient identifier, as well as the patient's age.
Patient Sex	<ul style="list-style-type: none"> Patient's sex must always be present and correct. 	<ul style="list-style-type: none"> Patient's sex is used to determine NHA's cross-hospital INDNUM patient identifier.

Newborn Birth Weight	<ul style="list-style-type: none"> • Newborn birth weight must be present and correct. • Newborn birth weight must always be in grams. 	<ul style="list-style-type: none"> • It is vital that newborn birth weights are reported in grams.
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Elements that are necessary for the NHA record usefulness and strength

These fields should always be populated on the claim. Other fields in the claim, while valuable, are not always and need not always be filled in.

Field	Requirement	Reasoning
Admission Source	<ul style="list-style-type: none"> • Admission Source should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Admission Source.
Admission Type	<ul style="list-style-type: none"> • Admission Type should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Admission Type.
Discharge Status	<ul style="list-style-type: none"> • Discharge Status should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Discharge Status.
Patient ZIP Code	<ul style="list-style-type: none"> • Patient ZIP Code should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Patient ZIP Code of origin.
Payer Code	<ul style="list-style-type: none"> • Payer Code should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Payer Code.
Rendering/Attending Physician NPI (UPIN1)	<ul style="list-style-type: none"> • Rendering/Attending Physician NPI should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Rendering/Attending Physician.
Diagnosis 1 (Primary Diagnosis)	<ul style="list-style-type: none"> • Diagnosis 1 (primary diagnosis) should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Diagnosis 1 (primary diagnosis).
Diagnosis X (Secondary Diagnoses and SDOH Indicators)	<ul style="list-style-type: none"> • If possible and appropriate, further diagnosis codes should be present and correct, including Social Determinants of Health codes. 	<ul style="list-style-type: none"> • This allows users to investigate records based on secondary diagnoses, as well as social determinants of health.
DRG Code (IP Only)	<ul style="list-style-type: none"> • DRG Code should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on DRG Code.
Procedure Code (OP Line)	<ul style="list-style-type: none"> • Procedure Code (for OP Line) should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Procedure Code.
Revenue Code (OP Line)	<ul style="list-style-type: none"> • Revenue Code (for OP Line) should always be present and correct. 	<ul style="list-style-type: none"> • This allows users to investigate records based on Revenue Code.

Fields that are showing invalid values in recent data submissions

These fields have been filled in incorrectly based on NHA standards in the recent months.

Field	NHA values	Incorrect values seen
Admission Source	<ul style="list-style-type: none"> 1, 2, 4, 5, 6, 7, 8, 9, D, E, F 	<ul style="list-style-type: none"> 0
Admission Type	<ul style="list-style-type: none"> 1, 2, 3, 4, 5, 9 	<ul style="list-style-type: none"> Blank values
Discharge Status	<ul style="list-style-type: none"> 01, 02, 03, 04, 05, 06, 07, 09, 20, 21, 30, 40, 41, 42, 43, 50, 51, 60, 61, 62, 63, 64, 65, 66, 69, 70, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95 	<ul style="list-style-type: none"> IN or Blank values
Patient ZIP Code	<ul style="list-style-type: none"> 5-digit numerical code. 	<ul style="list-style-type: none"> Blank values, 3-digit numerical code, 4-digit numerical code or 00000
Patient State	<ul style="list-style-type: none"> 2-digit State Initials 	<ul style="list-style-type: none"> AB, AE, AP, ON or Blank values
Patient Ethnicity	<ul style="list-style-type: none"> 1, 2, 9 	<ul style="list-style-type: none"> 5, H, N or Blank values
Patient Race	<ul style="list-style-type: none"> 1, 2, 3, 4, 5, 9 	<ul style="list-style-type: none"> A, B, W, D, J, U, H or Blank values
Admitting Diagnosis	<ul style="list-style-type: none"> ICD-10 code 	<ul style="list-style-type: none"> Blank values
Rendering/Attending Physician National Provider Identifier (UPIN1)	<ul style="list-style-type: none"> Valid UPIN number 	<ul style="list-style-type: none"> Blank values
Rendering/Attending Physician Name	<ul style="list-style-type: none"> Valid Physician Name 	<ul style="list-style-type: none"> Physician Unknown, Self-Referral OP Therapy, Doctor Misc, or Unknown Unknown