

# **ICD-10 Reciprocal Billing File Technical Specifications Reference Guide for Ontario Hospitals**

**Ministry of Health and Long-Term Care**

**Version 3**

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## **1. Introduction**

### **1.1 Document Purpose**

All provinces and territories participate in the reciprocal billing of hospital claims for residents visiting other provinces. This is a long standing agreement, which allows a hospital to bill the patient's provincial Ministry of Health for health care costs incurred for an insured service agreed upon by both the home and host jurisdictions.

This document specifically relates to the format of data for reciprocal claims from Ontario hospitals using ICD-10-CA/CCI.

### **1.2 References**

- Canadian Institute for Health Information (CIHI), Discharge Abstract database (DAD) Manual, 2008-2009 Edition
- Canadian Institute for Health Information, Data Submission Requirements National Ambulatory Reporting System, NACRS Manual 2008-2009 Edition

## 2. Electronic File Specifications

### 2.1 File Structure

All fields are fixed length, with no field delimiter. The file is a standard windows/dos text file, with each line ending with a carriage return/line feed, and the file ending with an end of file character.

### 2.2 File Naming Convention

Each submission from an Ontario hospital will have a unique filename. The naming convention will be as follows:

Claim Type “I” or “O”, followed by “**Hospital Number**” followed by **Billing Date**. The Billing Date format is **YYYYMMDD**.

E.g. I69320080125	Inpatient file from Hospital Number 693 with Billing Date January 25, 2008
O80020080216	Outpatient file from Hospital Number 800 with Billing Date February 16, 2008

### 2.3 Field Formats

Each field in the layout has an indicated format. Any field breaking its format rules will be grounds for rejecting an entire electronic submission. A blank field does **not** break the format rule, unless it is a mandatory field.

### 2.4 File Rejection Process

After a file has been transmitted to the ministry, it will be loaded in to the Reciprocal Hospital Billing System (RHBS). If there is an issue with the file – format is wrong, contains bad/corrupted data, or totals in the header do not match the calculated values – the file will not be accepted. At that point ministry staff will contact the hospital, describe the problem, and request a new corrected file be transmitted. If the file is corrected and resubmitted in a timely fashion, it may be included in the current billing cycle. If not, it will be part of the next billing cycle.

As part of the project, contact information for each hospital is required. If the file cannot be loaded for any reason, this person will be contacted by phone and e-mail.

### 3. Hospital Submission File Layout

Hospitals may send claims to the ministry on a monthly basis. The hospital must submit inpatient and outpatient claims separately for processing. Hospitals should submit only one inpatient and one outpatient file per month. The files must be received at the ministry on or before the billing cut-off date to be included in the current billing cycle. Any late files will be processed in the next billing cycle.

Submission of more than one inpatient or one outpatient claims file per billing cycle is acceptable for erroneous file resubmissions only.

A valid submission (i.e. valid file) will contain exactly 1 header record, 1 or more detail records, and exactly 1 trailer record.

#### 3.1 Common Header Format

Each file must contain one, and only one, header record.

Data Element Name	Format	Length	Offset	Notes
Claim Type	X	1	1	'I' (Inpatient) or 'O' (Outpatient)
Record Type	X	1	2	'B' (Batch Header)
Province Code	X	2	3	Province Abbreviation; this must be 'ON'
Hospital Number	X	8	5	Hospital Number where service was provided – 3 digit MOHLTC assigned hospital code plus 5 spaces (e.g. '006 ', '897 ')
Billing Date	Date	8	13	Billing cutoff date as per published schedule YYYYMMDD (e.g. '20051216')
Batch ID	X	8	21	Assigned by the hospital. Should be the 3 digit Hospital Number plus a 5 digit unique identifier  The batch identifier is used to identify a block of submitted claims. It must be unique; a submission may be turned back otherwise.
Layout Version	X	6	29	For ICD-10-CA/CCI must be 'RR3.00'

### 3.2 Common Trailer Format

Each file must contain one, and only one, trailer record. Values specified in the trailer will be used by the ministry system for balancing and confirming accuracy of the data.

Data Element Name	Format	Length	Offset	Notes
Claim Type	X	1	1	'I' (Inpatient) or 'O' (Outpatient)
Record Type	X	1	2	'T' (Trailer)
Total Claims in Batch	9(5)	5	3	Total number of claims (e.g. '00087') The ministry system will compare the number of loaded claims with this total; if they do not match, the claims will not be accepted.
Total Value Claims in Batch	9(8)v99	10	8	Total value of claims (e.g. '0001587050' for \$15,870.50) The ministry system will compare the dollar value of loaded claims with this total; if they do not match, the claims will not be accepted.
Total Adjustments in Batch	9(5)	5	18	Must be zeroes for hospital submissions. (e.g. '00000')
Total Value Adjustments in Batch	9(8)v99	10	23	Must be zeroes for hospital submissions. (e.g. '0000000000')

### 3.3 Inpatient Layout

See Appendix B for the **complete** record layout of the **Inpatient** detail record.

Each file must contain at least 1 detail record. Each file must contain only inpatient claims.

The following fields from the Inpatient layout will be used by the ministry's Reciprocal Hospital Billing System.

Element ID	Data Element	Notes
0101	Institution Number	5-digit number as per the clinical record that is submitted to CIHI
0301	Health Care Number	Patient's Health Care Number (HCN)
0302	Postal Code	Postal area designation used by Canada Post.
0304	Gender	M - male F - female U - undifferentiated - can be used only when entry code = S (stillbirth) O - other

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Element ID	Data Element	Notes
0305	Province/ Territory issuing health care number	Used in conjunction with the HCN Field to identify a HCN issued by a province and territory.  NT = Northwest Territories NU = Nunavut YT = Yukon NL = Newfoundland and Labrador PE = Prince Edward Island NS = Nova Scotia NB = New Brunswick QC = Quebec ON = Ontario MB = Manitoba SK = Saskatchewan AB = Alberta BC = British Columbia
0308	Birth Date	Birth Date of Patient (YYYYMMDD)
0401	Admission Date	The date the patient was admitted to the facility (YYYYMMDD)
0501	Discharge Date	The date the patient was discharged from the facility (YYYYMMDD)
0505	Discharge Disposition	Patient's disposition at discharge 01 = transferred to an acute inpatient institution (includes other acute, sub-acute, acute-psychiatric, acute rehabilitation, acute cancer centre, acute pediatric). 02 = transferred to continuing care facility (a facility that provides continuing supervision care by allied medical staff) 03 = transferred to other (includes ambulatory care (emergency, day surgery, clinics), palliative care facility/hospice, addiction treatment centre, jails, infants and children discharged to social services agency) 04 = discharged to home or a home setting with support services (senior's lodge, attendant care, home care, meals on wheels, homemaking, supportive housing) 05 = discharged home (no support required) 06 = signed out (against medical advice) 07 = died 08 = cadaver – admitted for organ/tissue retrieval 09 = stillbirth <b>12 = did not return from pass (Fiscal 2008-2009)</b>

<b>Element ID</b>	<b>Data Element</b>	<b>Notes</b>
1002-01	Most Responsible Diagnosis (1st occurrence)	ICD-10 CA diagnosis code identifying the Morbidity (condition) considered to be the Most Responsible for the patient's hospitalization.
1002-02	Other Diagnosis (2nd occurrence)	Valid ICD-10 CA Diagnosis Code identifying the Morbidity (condition) which contributed to the patient's hospitalization or blanks
1002-03	Other Diagnosis (3rd occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-04	Other Diagnosis (4th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-05	Other Diagnosis (5th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-06	Other Diagnosis (6th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-07	Other Diagnosis (7th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-08	Other Diagnosis (8th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-09	Other Diagnosis (9th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-10	Other Diagnosis (10th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-11	Other Diagnosis (11th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-12	Other Diagnosis (12th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-13	Other Diagnosis (13th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-14	Other Diagnosis (14th occurrence)	See details for Other Diagnosis (2nd occurrence)

<b>Element ID</b>	<b>Data Element</b>	<b>Notes</b>
1002-15	Other Diagnosis (15th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-16	Other Diagnosis (16th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-17	Other Diagnosis (17th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-18	Other Diagnosis (18th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-19	Other Diagnosis (19th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-20	Other Diagnosis (20th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-21	Other Diagnosis (21st occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-22	Other Diagnosis (22nd occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-23	Other Diagnosis (23rd occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-24	Other Diagnosis (24th occurrence)	See details for Other Diagnosis (2nd occurrence)
1002-25	Other Diagnosis (25th occurrence)	See details for Other Diagnosis (2nd occurrence)
1102-01	Principal Intervention Code	Valid CCI Code
1102-02	Other Intervention (2nd occurrence)	Valid CCI Code or blanks

Element ID	Data Element	Notes
1102-03	Other Intervention (3rd occurrence)	Valid CCI Code or blanks
1102-04	Other Intervention (4th occurrence)	Valid CCI Code or blanks
1102-05	Other Intervention (5th occurrence)	Valid CCI Code or blanks
1102-06	Other Intervention (6th occurrence)	Valid CCI Code or blanks
1102-07	Other Intervention (7th occurrence)	Valid CCI Code or blanks
1102-08	Other Intervention (8th occurrence)	Valid CCI Code or blanks
1102-09	Other Intervention (9th occurrence)	Valid CCI Code or blanks
1102-10	Other Intervention (10th occurrence)	Valid CCI Code or blanks
1102-11	Other Intervention (11th occurrence)	Valid CCI Code or blanks
1102-12	Other Intervention (12th occurrence)	Valid CCI Code or blanks
1102-13	Other Intervention (13th occurrence)	Valid CCI Code or blanks

Element ID	Data Element	Notes
1102-14	Other Intervention (14th occurrence)	Valid CCI Code or blanks
1102-15	Other Intervention (15th occurrence)	Valid CCI Code or blanks
1102-16	Other Intervention (16th occurrence)	Valid CCI Code or blanks
1102-17	Other Intervention (17th occurrence)	Valid CCI Code or blanks
1102-18	Other Intervention (18th occurrence)	Valid CCI Code or blanks
1102-19	Other Intervention (19th occurrence)	Valid CCI Code or blanks
1102-20	Other Intervention (20th occurrence)	Valid CCI Code or blanks
I-MOH01	Coding classification indicator	A code which identifies the classification system used for recording diagnoses and procedures/Interventions Must be 0 = ICD-10 CA/CCI
I-MOH02	Adjustment Indicator	Always N for hospital submissions
I-MOH03	Health Care Number Expiry Date	Not all provinces have an expiry date for their health cards; provide if known, otherwise spaces (YYYYMMDD) (e.g. '20071129', ' ')
I-MOH04	Patient Last Name	(e.g. "Smith ")
I-MOH05	Patient First Name	(e.g. "John ")
I-MOH06	Patient Address Line 1	Street Address 1
I-MOH07	Patient Address Line 2	Street Address 2

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Element ID	Data Element Name	Notes
I-MOH08	Patient Address City	City
I-MOH09	Patient Address Province	Province (valid province code as per data element 0305)
I-MOH10	Inpatient Type Indicator	Value of 'S' for Standard Ward Rate claim Value of 'H' for High Cost Claim Value of 'I' for Intensive Care Unit (ICU) claim
I-MOH11	High Cost Procedure Code #1	A valid High Cost Code (blank for Standard Ward Rate claims)
I-MOH12	High Cost Procedure Date #1	Required if high cost procedure code #1 is specified (YYYYMMDD) Must be ≥ the Admission Date and < Discharge Date.
I-MOH13	High Cost Procedure Code #2	For future use (leave blank for layout version RR3.00)
I-MOH14	High Cost Procedure Date #2	For future use (leave blank for layout version RR3.00) (YYYYMMDD)
I-MOH15	High Cost Procedure Code #3	For future use (leave blank for layout version RR3.00)
I-MOH16	High Cost Procedure Date #3	For future use (leave blank for layout version RR3.00) (YYYYMMDD)
I-MOH17	Ward Rate	No decimal point (e.g. '00015300' for \$153.00) Must be zeroes for High Cost Claims
I-MOH18	Claim Amount	No decimal point, always positive. (e.g. '0000122400' for \$1,224.00) Note: for Ward Rate Claims value MUST be the result of: Total Days (Discharge Date – Admission Date) * Ward Rate
I-MOH19	Death Indicator	Value of 'Y' or 'N'
I-MOH20	Long Stay Indicator	Value of 'Y' or 'N'
I-MOH21	Accident Indicator	Value of 'Y' or 'N'
I-MOH22	Accident Code	If the Accident Indicator is set to Y, this field must contain a valid ICD-10-CA Accident Code
I-MOH23	Hospital Claim Number	Provided for use by hospital; the unique identifier for this claim in the Hospital's System. (may be the hospital chart number)
I-MOH24	Claim Type	'I' (Inpatient)

Element ID	Data Element	Notes
I-MOH25	Record Type	'D' (Detail)

### 3.4 Outpatient Layout

See **Appendix C** for the **complete** record layout of the **Outpatient** detail record.

Each file must contain at least 1 detail record. Each file must contain only outpatient claims.

The following fields from the Outpatient Layout will be used by the ministry's Reciprocal Hospital Billing System.

Element	Data Element Name	Notes
00B	Reporting Facility Ambulatory Care Number	5-digit number as per the clinical record that is submitted to CIHI
2	Health Care Number	Patient's Health Care Number (HCN)
3	Province/Territory Issuing Health Care Number	NL – Newfoundland and Labrador PE – Prince Edward Island NS – Nova Scotia NB – New Brunswick QC – Quebec ON – Ontario MB – Manitoba SK – Saskatchewan AB – Alberta BC – British Columbia NT – Northwest Territories YT – Yukon Territory NU – Nunavut
5	Postal Code	Postal area designation used by Canada Post
7	Gender	M– male F – female O – other
8	Birth Date	Birth date of Patient (YYYYMMDD)
13	Visit MIS Functional Centre Code	Valid Functional Centre, not spaces
27	Date of Registration/Visit	Valid Date (YYYYMMDD), not spaces
44	Main Problem	Valid ICD-10-CA Code or blanks
45a	Other Problem (1st occurrence)	Valid ICD-10-CA Code or blanks
45b	Other Problem (2nd occurrence)	Valid ICD-10-CA Code or blanks
45c	Other Problem (3rd occurrence)	Valid ICD-10-CA Code or blanks
45d	Other Problem (4th occurrence)	Valid ICD-10-CA Code or blanks

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Element	Data Element Name	Notes
	occurrence)	
45e	Other Problem (5th occurrence)	Valid ICD-10-CA Code or blanks
45f	Other Problem (6th occurrence)	Valid ICD-10-CA Code or blanks
45g	Other Problem (7th occurrence)	Valid ICD-10-CA Code or blanks
45h	Other Problem (8th occurrence)	Valid ICD-10-CA Code or blanks
45i	Other Problem (9th occurrence)	Valid ICD-10-CA Code or blanks
46	Main Intervention	Valid CCI Code or blanks
47a	Other Intervention (1 <sup>st</sup> occurrence)	Valid CCI Code or blanks
47b	Other Intervention (2 <sup>nd</sup> occurrence)	Valid CCI Code or blanks
47c	Other Intervention (3 <sup>rd</sup> occurrence)	Valid CCI Code or blanks
47d	Other Intervention (4 <sup>th</sup> occurrence)	Valid CCI Code or blanks
47e	Other Intervention (5th occurrence)	Valid CCI Code or blanks
47f	Other Intervention (6 <sup>th</sup> occurrence)	Valid CCI Code or blanks
47g	Other Intervention (7 <sup>th</sup> occurrence)	Valid CCI Code or blanks
47h	Other Intervention (8 <sup>th</sup> occurrence)	Valid CCI Code or blanks
47i	Other Intervention (9 <sup>th</sup> occurrence)	Valid CCI Code or blanks
O-MOH01	Coding classification indicator	A code which identifies the classification system used for recording Diagnoses and Procedures. Must be 0 = ICD-10 CA/CCI
O-MOH02	Adjustment Indicator	Always N for Hospital Submissions
O-MOH03	Health Care Number Expiry Date	Not all provinces have an expiry date for their health cards; provide if known, otherwise spaces (e.g. '20071129', ' ') (YYYYMMDD)
O-MOH04	Patient Last Name	(e.g. "Smith ")
O-MOH05	Patient First Name	(e.g. "John ")
O-MOH06	Out-Patient Service Code	Range '01' to '15'
O-MOH07	Claim Amount	No decimal point, always positive (e.g. '0000122400' for \$1,224.00)

Element	Data Element Name	Notes
O-MOH08	Hospital Claim Number	Provided for use by hospital; the unique identifier for this claim in the Hospital's System (may be the hospital chart number)
O-MOH09	Claim Type	'O' (Outpatient)
O-MOH10	Record Type	'D' (Detail)

## 4. Ministry to Hospital Communications

Communications from the ministry back to each hospital will continue. Claims that are in error will be returned as part of the Error Report. Payment will continue as per current process, e.g. Electronic Funds Transfer (EFT).

## 5. Implementation Notes

### 5.1 General

- A maximum of 1 inpatient and 1 outpatient claim file may be submitted per hospital per cycle (1 inpatient and 1 outpatient file per month)
- All MOHLTC billing data elements have been appended to the end of CIHI's submission layouts to minimize the systems impact to Ontario hospitals. Ontario hospitals are assumed to be currently using the 2008-2009 DAD and NACRS layouts to submit clinical information to CIHI.
- The institution number (Element ID 0101 of the Inpatient layout and 00B of the Outpatient layout) is the 5-digit number used for DAD and NACRS submissions to CIHI. For payment purposes, the ministry will use the 3-digit facility number found in the common header record to identify the MOHLTC assigned hospital number.
- The Date of Registration/Visit (Element ID 27 of the Outpatient layout) is assumed to be the equivalent of the Service Date used for reciprocal outpatient billing.
- The domain of valid values for the gender element (Element ID 0304 of the Inpatient layout and Element ID 7 of the Outpatient layout) are inconsistent between the Inpatient and Outpatient layouts.

Gender domain for Inpatient layout	Gender domain for Outpatient layout
M - male F - female U - undifferentiated - only used when entry code =S (stillbirth) O - other	M- male F – female O – other

- If Diagnosis type (Diagnosis 2 type – Diagnosis 25 type) is '9' for external cause of Injury diagnosis this may indicate an Accident. If this is the case, the Accident Indicator and Accident Code data elements should be coded in the Inpatient layout (Element ID I-MOH20 and I-MOH21). Note: Most Responsible Diagnosis type (1st occurrence) must be 'M' for Most Responsible Diagnosis.
- The ministry will be reporting the first 3 diagnosis and intervention codes to other provinces/territories.
- High cost procedure codes #2 and #3 are designated for future use and are not currently used by the ministry's billing system so these fields should be filled with spaces.

## **5.2 Inpatient Claims for Non-Acute Care**

So that a single file can be submitted for all inpatient claims, the same data requirements will apply for non-acute patients (such as rehab, inpatient psychiatry and continuing care) as defined for acute care patients. In these cases, since there will be no DAD extract available at billing time, the data elements may have to be entered directly into the hospital's finance system. It is expected at this time that there will be only one diagnosis and one intervention code required to support these types of claims. The diagnosis code submitted must be a valid ICD-10 CA code and the intervention code must be a valid CCI code.

## **5.3 Outpatient Claims Other than ER and Day Surgery**

Similarly, the outpatient file may include claim records that are not reported through NACRS (such as minor medical procedures, clinic visits, etc.). The data requirements for these claims will be the same as for ER and Day Surgery claims. Again, the data to support the claim may have to be entered directly into the finance system.

## Appendices

### Appendix A – Glossary

Acronym	Meaning
CCP	Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures
CCI	Canadian Classification of Health Interventions
DAD	Discharge Abstract Database
ICD-9-CM	International Classification of Diseases (9 <sup>th</sup> Revision) Clinical Modification
ICD-10-CA	International Classification of Diseases and Related Health Problems (10 <sup>th</sup> Revision) Canadian Edition
CIHI	Canadian Institute for Health Information
NACRS	National Ambulatory Care Reporting System

## Appendix B – Inpatient Layout

Fields **bolded** will be used by the ministry's billing system. Additional fields may be used in the future.

Element	Data Element	Start	Length	Format/	Valid Codes
<b>0101</b>	<b>Institution Number</b>	<b>1</b>	<b>5</b>	<b>CHAR</b>	<b>5-digit number as per the clinical record that is submitted to CIHI</b>
0103	Batch Year	6	4	YYYY	
0104	Batch Period	10	2	Numeric	01–13
0105	Batch Number	12	2	Numeric	01–99
0106	Abstract Number	14	3	Numeric	001–100
0107	Record ID	17	1	CHAR	O, C
0108	Coder Number	18	2	Numeric	01–99
0109	Chart Number	20	10	CHAR	
0110	Register Number	30	7	Numeric	
0111	Second Chart/ Register Number	37	10	CHAR	
0112	Maternal/Newborn Chart Number	47	10	CHAR	
<b>0301</b>	<b>Health Care Number</b>	<b>57</b>	<b>12</b>	<b>CHAR–LJ</b>	<b>Valid Health Care Number</b>
<b>0302</b>	<b>Postal Code</b>	<b>69</b>	<b>6</b>	<b>CHAR</b>	<b>ANANAN - Valid Postal Area Designation used by Canada Post; not spaces</b>
0303	Residence Code	75	7	CHAR–RJ	may be spaces
<b>0304</b>	<b>Gender</b>	<b>82</b>	<b>1</b>	<b>CHAR</b>	<b>M, F, U, O,</b>
<b>0305</b>	<b>Province/Territory Issuing Health Care Number</b>	<b>83</b>	<b>2</b>	<b>CHAR</b>	<b>NL – Newfoundland and Labrador PE – Prince Edward Island NS – Nova Scotia NB – New Brunswick QC – Quebec ON – Ontario MB – Manitoba SK – Saskatchewan AB – Alberta BC – British Columbia NT – Northwest Territories YT – Yukon Territory NU – Nunavut</b>
0306	Responsibility for Payment	85	2	Numeric	01–08,
<b>0308</b>	<b>Birth Date</b>	<b>87</b>	<b>8</b>	<b>YYYYMMDD</b>	<b>Valid date</b>

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Element	Data Element	Start	Length	Format/	Valid Codes
0309	Birth date is estimated	95	1	CHAR	Y, "b"
0311-0327	Provincial/Territorial Ancillary Data	96	17	CHAR	
<b>0401</b>	<b>Admission Date</b>	<b>113</b>	<b>8</b>	<b>YYYYMMDD</b>	<b>Valid date</b>
0402	Admission Time	121	4	HHMM	0000–2359
0404	Institution From	125	5	CHAR	CIHI assigned
0405	Admission Category	130	1	CHAR	U, L, R, N, S
0406	Entry Code	131	1	CHAR	D, E, N, S, C, P
0407	Admit by Ambulance	132	1	CHAR	A, G, C, N
0408	Readmission Code	133	1	CHAR	1–5, 9, "b,"
	Filler	134	8	CHAR	spaces
	Filler	142	4	CHAR	spaces
0413	Date Patient left ER	146	8	YYYYMMDD	may be spaces
0414	Time Patient left ER	154	4	HHMM	0000–2359, 9999, may be spaces
<b>0501</b>	<b>Discharge Date</b>	<b>158</b>	<b>8</b>	<b>YYYYMMDD</b>	<b>Valid date</b>
0502	Discharge Time	166	4	HHMM	0000–2359
0504	Institution To	170	5	CHAR	CIHI assigned
<b>0505</b>	<b>Discharge Disposition</b>	<b>175</b>	<b>2</b>	<b>Numeric</b>	<b>01 – 09, 12</b> <b>Patient's Disposition at Discharge</b> <b>01 = transferred to an acute inpatient institution</b> <b>02 = transferred to continuing care facility</b> <b>03 = transferred to other</b> <b>04 = discharged to home or a home setting with support services</b> <b>05 = discharged home</b> <b>06 = signed out</b> <b>07 = died</b> <b>08 = cadaver – admitted for organ/ tissue retrieval</b> <b>09 = stillbirth</b> <b>12 = did not return from pass</b>
0701	Main Patient Service	177	2	CHAR	CIHI List, may be spaces
0702	Main Patient Sub–service	179	1	CHAR	0–9, "b"

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
0703	Weight in grams	180	4	CHAR	0001–9000, spaces
0704	Abstract Overflow	184	1	CHAR	0–9, “b”
0801-01	Service Transfer Service (1st occurrence)	185	2	CHAR	CIHI List, may be spaces
0802-01	Service Transfer Sub-service (1st occurrence)	187	1	CHAR	0–9, “b”
0803-01	Service Transfer Days (1st occurrence)	188	5	CHAR	00000–99999, “b”
0801-02	Service Transfer Service (2nd occurrence)	193	2	CHAR	CIHI List, may be spaces
0802-02	Service Transfer Sub-service (2nd occurrence)	195	1	CHAR	0–9, “b”
0803-02	Service Transfer Days (2nd occurrence)	196	5	CHAR	00000–99999, “b”
0801-03	Service Transfer Service (3rd occurrence)	201	2	CHAR	CIHI List, may be spaces
0802-03	Service Transfer Sub-service (3rd occurrence)	203	1	CHAR	0–9, “b”
0803-03	Service Transfer Days (3rd occurrence)	204	5	CHAR	00000–99999, “b”
0901-01	Most Responsible Provider Type (1st occurrence)	209	1	CHAR	M
0902-01	Most Responsible Provider Number (1st occurrence)	210	15	Numeric	0000000000000001–9999999999999999
0903-01	Most Responsible Provider Service (1st occurrence)	225	5	Numeric	CIHI List
0901-02	Other Provider Type (2nd occurrence)	230	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-02	Other Provider Number (2nd occurrence)	231	15	CHAR	0000000000000001–9999999999999999, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
0903-02	Other Provider Service (2nd occurrence)	246	5	CHAR	CIHI List, may be spaces
0901-03	Other Provider Type (3rd occurrence)	251	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-03	Other Provider Number (3rd occurrence)	252	15	CHAR	000000000000001–999999999999999, may be spaces
0903-03	Other Provider Service (3rd occurrence)	267	5	CHAR	CIHI List, may be spaces
0901-04	Other Provider Type (4th occurrence)	272	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-04	Other Provider Number (4th occurrence)	273	15	CHAR	000000000000001–999999999999999, may be spaces
0903-04	Other Provider Service (4th occurrence)	288	5	CHAR	CIHI List, may be spaces
0901-05	Other Provider Type (5th occurrence)	293	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-05	Other Provider Number (5th occurrence)	294	15	CHAR	000000000000001–999999999999999, may be spaces
0903-05	Other Provider Service (5th occurrence)	309	5	CHAR	CIHI List, may be spaces
0901-06	Other Provider Type (6th occurrence)	314	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-06	Other Provider Number (6th occurrence)	315	15	CHAR	000000000000001–999999999999999, may be spaces
0903-06	Other Provider Service (6th occurrence)	330	5	CHAR	CIHI List, may be spaces
0901-07	Other Provider Type (7th occurrence)	335	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-07	Other Provider Number (7th occurrence)	336	15	CHAR	000000000000001–999999999999999, may be spaces

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Element ID	Data Element	Start Byte	Length	Format/ Type	Valid Codes
0903-07	Other Provider Service (7th occurrence)	351	5	CHAR	CIHI List, may be spaces
0901-08	Other Provider Type (7th occurrence)	356	1	CHAR	2–5, 7–9, H, W, X, Y, “b”
0902-08	Other Provider Number (7th occurrence)	357	15	CHAR	0000000000000001–9999999999999999, may be spaces
0903-08	Other Provider Service (7th occurrence)	372	5	CHAR	CIHI List, may be spaces
1001-01	Most Responsible Diagnosis Prefix (1st occurrence)	377	1	CHAR	
<b>1002-01</b>	<b>Most Responsible Diagnosis (1st occurrence)</b>	<b>378</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code</b>
1004-01	Most Responsible Diagnosis Type (1st occurrence)	385	1	CHAR	M
1001-02	Other Diagnosis Prefix (2nd occurrence)	386	1	CHAR	
<b>1002-02</b>	<b>Other Diagnosis (2nd occurrence)</b>	<b>387</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-02	Other Diagnosis Type (2nd occurrence)	394	1	CHAR	0–6, 9 W, X, Y, “b”
1001-03	Other Diagnosis Prefix (3rd occurrence)	395	1	CHAR	
<b>1002-03</b>	<b>Other Diagnosis (3rd occurrence)</b>	<b>396</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-03	Other Diagnosis Type (3rd occurrence)	403	1	CHAR	0–5, 9 W, X, Y, “b”
1001-04	Other Diagnosis Prefix (4th occurrence)	404	1	CHAR	
<b>1002-04</b>	<b>Other Diagnosis (4th occurrence)</b>	<b>405</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-04	Other Diagnosis Type (4th occurrence)	412	1	CHAR	0–5, 9 W, X, Y, “b”

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Element ID	Data Element	Start Byte	Length	Format/Type	Valid Codes
1001-05	Other Diagnosis Prefix (5th occurrence)	413	1	CHAR	
<b>1002-05</b>	<b>Other Diagnosis (5th occurrence)</b>	<b>414</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-05	Other Diagnosis Type (5th occurrence)	421	1	CHAR	0–5, 9 W, X, Y, “b”
1001-06	Other Diagnosis Prefix (6th occurrence)	422	1	CHAR	
<b>1002-06</b>	<b>Other Diagnosis (6th occurrence)</b>	<b>423</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-06	Other Diagnosis Type (6th occurrence)	430	1	CHAR	0–5, 9 W, X, Y, “b”
1001-07	Other Diagnosis Prefix (7th occurrence)	431	1	CHAR	
<b>1002-07</b>	<b>Other Diagnosis (7th occurrence)</b>	<b>432</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-07	Other Diagnosis Type (7th occurrence)	439	1	CHAR	0–5, 9 W, X, Y, “b”
1001-08	Other Diagnosis Prefix (8th occurrence)	440	1	CHAR	
<b>1002-08</b>	<b>Other Diagnosis (8th occurrence)</b>	<b>441</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-08	Other Diagnosis Type (8th occurrence)	448	1	CHAR	0–5, 9 W, X, Y, “b”
1001-09	Other Diagnosis Prefix (9th occurrence)	449	1	CHAR	
<b>1002-09</b>	<b>Other Diagnosis (9th occurrence)</b>	<b>450</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-09	Other Diagnosis Type (9th occurrence)	457	1	CHAR	0–5, 9 W, X, Y, “b”
1001-10	Other Diagnosis Prefix 10th occurrence)	458	1	CHAR	

Element ID	Data Element	Start Byte	Length	Format/Type	Valid Codes
<b>1002-10</b>	<b>Other Diagnosis (10th occurrence)</b>	<b>459</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-10	Other Diagnosis Type (10th occurrence)	466	1	CHAR	0–5, 9 W, X, Y, “b”
1001-11	Other Diagnosis Prefix (11th occurrence)	467	1	CHAR	
<b>1002-11</b>	<b>Other Diagnosis (11th occurrence)</b>	<b>468</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-11	Other Diagnosis Type (11th occurrence)	475	1	CHAR	0–5, 9 W, X, Y, “b”
1001-12	Other Diagnosis Prefix (12th occurrence)	476	1	CHAR	
<b>1002-12</b>	<b>Other Diagnosis (12th occurrence)</b>	<b>477</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-12	Other Diagnosis Type (12th occurrence)	484	1	CHAR	0–5, 9 W, X, Y, “b”
1001-13	Other Diagnosis Prefix (13th occurrence)	485	1	CHAR	
<b>1002-13</b>	<b>Other Diagnosis (13th occurrence)</b>	<b>486</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-13	Other Diagnosis Type (13th occurrence)	493	1	CHAR	0–5, 9 W, X, Y, “b”
1001-14	Other Diagnosis Prefix (14th occurrence)	494	1	CHAR	
<b>1002-14</b>	<b>Other Diagnosis (14th occurrence)</b>	<b>495</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-14	Other Diagnosis Type (14th occurrence)	502	1	CHAR	0–5, 9 W, X, Y, “b”
1001-15	Other Diagnosis Prefix (15th occurrence)	503	1	CHAR	
<b>1002-15</b>	<b>Other Diagnosis (15th occurrence)</b>	<b>504</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
1004-15	Other Diagnosis Type (15th occurrence)	511	1	CHAR	0–5, 9 W, X, Y, “b”
1001-16	Other Diagnosis Prefix (16th occurrence)	512	1	CHAR	
<b>1002-16</b>	<b>Other Diagnosis (16th occurrence)</b>	<b>513</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-16	Other Diagnosis Type (16th occurrence)	520	1	CHAR	0–5, 9 W, X, Y, “b”
1001-17	Other Diagnosis Prefix (17th occurrence)	521	1	CHAR	
<b>1002-17</b>	<b>Other Diagnosis (17th occurrence)</b>	<b>522</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-17	Other Diagnosis Type (17th occurrence)	529	1	CHAR	0–5, 9 W, X, Y, “b”
1001-18	Other Diagnosis Prefix (18th occurrence)	530	1	CHAR	
<b>1002-18</b>	<b>Other Diagnosis (18th occurrence)</b>	<b>531</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-18	Other Diagnosis Type (18th occurrence)	538	1	CHAR	0–5, 9 W, X, Y, “b”
1001-19	Other Diagnosis Prefix (19th occurrence)	539	1	CHAR	
<b>1002-19</b>	<b>Other Diagnosis (19th occurrence)</b>	<b>540</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-19	Other Diagnosis Type (19th occurrence)	547	1	CHAR	0–5, 9 W, X, Y, “b”
1001-20	Other Diagnosis Prefix (20th occurrence)	548	1	CHAR	
<b>1002-20</b>	<b>Other Diagnosis (20th occurrence)</b>	<b>549</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-20	Other Diagnosis Type (20th occurrence)	556	1	CHAR	0–5, 9 W, X, Y, “b”

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Element ID	Data Element	Start Byte	Length	Format/Type	Valid Codes
1001-21	Other Diagnosis Prefix (21st occurrence)	557	1	CHAR	
<b>1002-21</b>	<b>Other Diagnosis (21st occurrence)</b>	<b>558</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-21	Other Diagnosis Type (21st occurrence)	565	1	CHAR	0–5, 9 W, X, Y, “b”
1001-22	Other Diagnosis Prefix (22nd occurrence)	566	1	CHAR	
<b>1002-22</b>	<b>Other Diagnosis (22nd occurrence)</b>	<b>567</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-22	Other Diagnosis Type (22nd occurrence)	574	1	CHAR	0–5, 9 W, X, Y, “b”
1001-23	Other Diagnosis Prefix (23rd occurrence)	575	1	CHAR	
<b>1002-23</b>	<b>Other Diagnosis (23rd occurrence)</b>	<b>576</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-23	Other Diagnosis Type (23rd occurrence)	583	1	CHAR	0–5, 9 W, X, Y, “b”
1001-24	Other Diagnosis Prefix (24th occurrence)	584	1	CHAR	
<b>1002-24</b>	<b>Other Diagnosis (24th occurrence)</b>	<b>585</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-24	Other Diagnosis Type (24th occurrence)	592	1	CHAR	0–5, 9 W, X, Y, “b”
1001-25	Other Diagnosis Prefix (25th occurrence)	593	1	CHAR	
<b>1002-25</b>	<b>Other Diagnosis (25th occurrence)</b>	<b>594</b>	<b>7</b>	<b>CHAR</b>	<b>Valid ICD-10-CA Code or blanks</b>
1004-25	Other Diagnosis Type (25th occurrence)	601	1	CHAR	0–5, 9 W, X, Y, “b”
1005	Cancer Staging—Clinical, Tumour	602	2	CHAR	
1006	Cancer Staging—Clinical, Node	604	2	CHAR	

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1007	Cancer Staging— Clinical, Metastasis	606	1	CHAR	
1008	Cancer Staging— Pathological, Tumour	607	2	CHAR	
1009	Cancer Staging— Pathological, Node	609	2	CHAR	
1010	Cancer Staging— Pathological, Metastasis	611	1	CHAR	
1011	Cancer Staging— Summary Stage	612	4	CHAR	
1101-01	Principal Intervention Date (1st occurrence)	616	8	YYYYMMDD	may be spaces
<b>1102-01</b>	<b>Principal Intervention Code (1st occurrence)</b>	<b>624</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code</b>
1103-01	Principal Intervention Attribute— Status (1st occurrence)	634	2	CHAR	
1104-01	Principal Intervention Attribute— Location (1st occurrence)	636	2	CHAR	
1105-01	Principal Intervention Attribute— Extent (1st occurrence)	638	2	CHAR	
1106-01	Principal Intervention Provider Number (1st occurrence)	640	15	CHAR	0000000000000001– 9999999999999999, may be spaces
1107-01	Principal Intervention Provider Service (1st occurrence)	655	5	CHAR	CIHI List, may be spaces
1108-01	Principal Intervention Tissue Code (1st occurrence)	660	1	CHAR	0–9, “b”
1109-01	Principal Intervention Time (1st occurrence)	661	4	CHAR	0000–4320, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1110-01	Principal Intervention Location (1st occurrence)	665	2	CHAR	01–11, “b”
1111-01	Principal Intervention Anaesthetist ID (1 <sup>st</sup> occurrence)	667	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-01	Principal Intervention Anaesthetic Technique (1st occurrence)	682	1	CHAR	0–9, “b”
1113-01	Principal Intervention OOH Indicator (1st occurrence)	683	1	CHAR	Y, “b”
1114-01	Principal Intervention OOH Inst. Number (1st occurrence)	684	5	CHAR	CIHI assigned
1115-01	Principal Intervention Unplanned Return to OR (1st occurrence)	689	1	CHAR	Y, “b”
1101-02	Other Intervention Date (2nd occurrence)	690	8	YYYYMMDD	may be spaces
<b>1102-02</b>	<b>Other Intervention Code (2nd occurrence)</b>	<b>698</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-02	Other Intervention Attribute— Status (2nd occurrence)	708	2	CHAR	
1104-02	Other Intervention Attribute— Location (2nd occurrence)	710	2	CHAR	
1105-02	Other Intervention Attribute— Extent (2nd occurrence)	712	2	CHAR	
1106-02	Other Intervention Provider Number (2nd occurrence)	714	15	CHAR	0000000000000001–9999999999999999, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1107-02	Other Intervention Provider Service (2nd occurrence)	729	5	CHAR	CIHI List, may be spaces
1108-02	Other Intervention Tissue Code (2nd occurrence)	734	1	CHAR	0–9, “b”
1109-02	Other Intervention Time (2nd occurrence)	735	4	CHAR	0000–4320, may be spaces
1110-02	Other Intervention Location (2nd occurrence)	739	2	CHAR	01–11, “b”
1111-02	Other Intervention Anaesthetist ID (2nd occurrence)	741	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-02	Other Intervention Anaesthetic Technique (2nd occurrence)	756	1	CHAR	0–9, “b”
1113-02	Other Intervention OOH Indicator (2nd occurrence)	757	1	CHAR	Y, “b”
1114-02	Other Intervention OOH Inst. Number (2nd occurrence)	758	5	CHAR	CIHI assigned
1115-02	Other Intervention Unplanned Return to OR (2nd occurrence)	763	1	CHAR	Y, “b”
1101-03	Other Intervention Date (3rd occurrence)	764	8	YYYYMMDD	may be spaces
<b>1102-03</b>	<b>Other Intervention Code (3rd occurrence)</b>	<b>772</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-03	Other Intervention Attribute— Status (3rd occurrence)	782	2	CHAR	
1104-03	Other Intervention Attribute— Location (3rd occurrence)	784	2	CHAR	
1105-03	Other Intervention Attribute— Extent (3rd occurrence)	786	2	CHAR	

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1106-03	Other Intervention Provider Number (3rd occurrence)	788	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-03	Other Intervention Provider Service (3rd occurrence)	803	5	CHAR	CIHI List, may be spaces
1108-03	Other Intervention Tissue Code (3rd occurrence)	808	1	CHAR	0–9, “b”
1109-03	Other Intervention Time (3rd occurrence)	809	4	CHAR	0000–4320, may be spaces
1110-03	Other Intervention Location (3rd occurrence)	813	2	CHAR	01–11, “b”
1111-03	Other Intervention Anaesthetist ID (3rd occurrence)	815	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-03	Other Intervention Anaesthetic Technique (3rd occurrence)	830	1	CHAR	0–9, “b”
1113-03	Other Intervention OOH Indicator (3rd occurrence)	831	1	CHAR	Y, “b”
1114-03	Other Intervention OOH Inst. Number (3rd occurrence)	832	5	CHAR	CIHI assigned
1115-03	Other Intervention Unplanned Return to OR (3rd occurrence)	837	1	CHAR	Y, “b”
1101-04	Other Intervention Date (4th occurrence)	838	8	YYYYMMDD	may be spaces
<b>1102-04</b>	<b>Other Intervention Code (4th occurrence)</b>	<b>846</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-04	Other Intervention Attribute—	856	2	CHAR	
	Status (4th occurrence)				

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1104-04	Other Intervention Attribute— Location (4th occurrence)	858	2	CHAR	
1105-04	Other Intervention Attribute— Extent (4th occurrence)	860	2	CHAR	
1106-04	Other Intervention Provider Number (4th occurrence)	862	15	CHAR	000000000000001–999999999999999, may be spaces
1107-04	Other Intervention Provider Service (4th occurrence)	877	5	CHAR	CIHI List, may be spaces
1108-04	Other Intervention Tissue Code (4th occurrence)	882	1	CHAR	0–9, “b”
1109-04	Other Intervention Time (4th occurrence)	883	4	CHAR	0000–4320, may be spaces
1110-04	Other Intervention Location (4th occurrence)	887	2	CHAR	01–11, “b”
1111-04	Other Intervention Anaesthetist ID (4th occurrence)	889	15	CHAR	000000000000001–999999999999999, may be spaces
1112-04	Other Intervention Anaesthetic Technique (4th occurrence)	904	1	CHAR	0–9, “b”
1113-04	Other Intervention OOH Indicator (4th occurrence)	905	1	CHAR	Y, “b”
1114-04	Other Intervention OOH Inst. Number (4th occurrence)	906	5	CHAR	CIHI assigned
1115-04	Other Intervention Unplanned Return to OR (4th occurrence)	911	1	CHAR	Y, “b”
1101-05	Other Intervention Date (5th occurrence)	912	8	YYYYMMDD	may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1102-05	Other Intervention Code (5th occurrence)	920	10	CHAR	Valid CCI Code or blanks
1103-05	Other Intervention Attribute—Status (5th occurrence)	930	2	CHAR	
1104-05	Other Intervention Attribute—Location (5th occurrence)	932	2	CHAR	
1105-05	Other Intervention Attribute—Extent (5th occurrence)	934	2	CHAR	
1106-05	Other Intervention Provider Number (5th occurrence)	936	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-05	Other Intervention Provider Service (5th occurrence)	951	5	CHAR	CIHI List, may be spaces
1108-05	Other Intervention Tissue Code (5th occurrence)	956	1	CHAR	0–9, “b”
1109-05	Other Intervention Time (5th occurrence)	957	4	CHAR	0000–4320, may be spaces
1110-05	Other Intervention Location (5th occurrence)	961	2	CHAR	01–11, “b”
1111-05	Other Intervention Anaesthetist ID (5th occurrence)	963	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-05	Other Intervention Anaesthetic Technique (5th occurrence)	978	1	CHAR	0–9, “b”
1113-05	Other Intervention OOH Indicator (5th occurrence)	979	1	CHAR	Y, “b”
1114-05	Other Intervention OOH Inst. Number (5th occurrence)	980	5	CHAR	CIHI assigned

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1115-05	Other Intervention Unplanned Return to OR (5th occurrence)	985	1	CHAR	Y, “b”
1101-06	Other Intervention Date (6th occurrence)	986	8	YYYYMMDD	may be spaces
<b>1102-06</b>	<b>Other Intervention Code (6th occurrence)</b>	<b>994</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-06	Other Intervention Attribute— Status (6th occurrence)	1004	2	CHAR	
1104-06	Other Intervention Attribute— Location (6th occurrence)	1006	2	CHAR	
1105-06	Other Intervention Attribute— Extent (6th occurrence)	1008	2	CHAR	
1106-06	Other Intervention Provider Number (6th occurrence)	1010	15	CHAR	0000000000000001– 9999999999999999, may be spaces
1107-06	Other Intervention Provider Service (6th occurrence)	1025	5	CHAR	CIHI List, may be spaces
1108-06	Other Intervention Tissue Code (6th occurrence)	1030	1	CHAR	0–9, “b”
1109-06	Other Intervention Time (6th occurrence)	1031	4	CHAR	0000–4320, may be spaces
1110-06	Other Intervention Location (6th occurrence)	1035	2	CHAR	01–11, “b”
1111-06	Other Intervention Anaesthetist ID (6th occurrence)	1037	15	CHAR	0000000000000001– 9999999999999999, may be spaces
1112-06	Other Intervention Anaesthetic Technique (6th occurrence)	1052	1	CHAR	0–9, “b”

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1113-06	Other Intervention OOH Indicator (6th occurrence)	1053	1	CHAR	Y, “b”
1114-06	Other Intervention OOH Inst. Number (6th occurrence)	1054	5	CHAR	CIHI assigned
1115-06	Other Intervention Unplanned Return to OR (6th occurrence)	1059	1	CHAR	Y, “b”
1101-07	Other Intervention Date (7th occurrence)	1060	8	YYYYMMDD	may be spaces
<b>1102-07</b>	<b>Other Intervention Code (7th occurrence)</b>	<b>1068</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-07	Other Intervention Attribute— Status (7th occurrence)	1078	2	CHAR	
1104-07	Other Intervention Attribute— Location (7th occurrence)	1080	2	CHAR	
1105-07	Other Intervention Attribute— Extent (7th occurrence)	1082	2	CHAR	
1106-07	Other Intervention Provider Number (7th occurrence)	1084	15	CHAR	000000000000001–999999999999999, may be spaces
1107-07	Other Intervention Provider Service (7th occurrence)	1099	5	CHAR	CIHI List, may be spaces
1108-07	Other Intervention Tissue Code (7th occurrence)	1104	1	CHAR	0–9, “b”
1109-07	Other Intervention Time (7th occurrence)	1105	4	CHAR	0000–4320, may be spaces
1110-07	Other Intervention Location (7th occurrence)	1109	2	CHAR	01–11, “b”
1111-07	Other Intervention Anaesthetist ID (7th occurrence)	1111	15	CHAR	000000000000001–999999999999999, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1112-07	Other Intervention Anaesthetic Technique (7th occurrence)	1126	1	CHAR	0–9, “b”
1113-07	Other Intervention OOH Indicator (7th occurrence)	1127	1	CHAR	Y, “b”
1114-07	Other Intervention OOH Inst. Number (7th occurrence)	1128	5	CHAR	CIHI assigned
1115-07	Other Intervention Unplanned Return to OR (7th occurrence)	1133	1	CHAR	Y, “b”
1101-08	Other Intervention Date (8th occurrence)	1134	8	YYYYMMDD	may be spaces
<b>1102-08</b>	<b>Other Intervention Code (8th occurrence)</b>	<b>1142</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-08	Other Intervention Attribute— Status (8th occurrence)	1152	2	CHAR	
1104-08	Other Intervention Attribute— Location (8th occurrence)	1154	2	CHAR	
1105-08	Other Intervention Attribute— Extent (8th occurrence)	1156	2	CHAR	
1106-08	Other Intervention Provider Number (8th occurrence)	1158	15	CHAR	000000000000001–999999999999999, may be spaces
1107-08	Other Intervention Provider Service (8th occurrence)	1173	5	CHAR	CIHI List, may be spaces
1108-08	Other Intervention Tissue Code (8th occurrence)	1178	1	CHAR	0–9, “b”
1109-08	Other Intervention Time (8th occurrence)	1179	4	CHAR	0000–4320, may be spaces
1110-08	Other Intervention Location (8th occurrence)	1183	2	CHAR	01–11, “b”

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1111-08	Other Intervention Anaesthetist ID (8th occurrence)	1185	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-08	Other Intervention Anaesthetic Technique (8th occurrence)	1200	1	CHAR	0–9, “b”
1113-08	Other Intervention OOH Indicator (8th occurrence)	1201	1	CHAR	Y, “b”
1114-08	Other Intervention OOH Inst. Number (8th occurrence)	1202	5	CHAR	CIHI assigned
1115-08	Other Intervention Unplanned Return to OR (8th occurrence)	1207	1	CHAR	Y, “b”
1101-09	Other Intervention Date (9th occurrence)	1208	8	YYYYMMDD	may be spaces
<b>1102-09</b>	<b>Other Intervention Code (9th occurrence)</b>	<b>1216</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-09	Other Intervention Attribute— Status (9th occurrence)	1226	2	CHAR	
1104-09	Other Intervention Attribute— Location (9th occurrence)	1228	2	CHAR	
1105-09	Other Intervention Attribute— Extent (9th occurrence)	1230	2	CHAR	
1106-09	Other Intervention Provider Number (9th occurrence)	1232	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-09	Other Intervention Provider Service (9th occurrence)	1247	5	CHAR	CIHI List, may be spaces
1108-09	Other Intervention Tissue Code (9th occurrence)	1252	1	CHAR	0–9, “b”
1109-09	Other Intervention Time (9th occurrence)	1253	4	CHAR	0000–4320, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1110-09	Other Intervention Location (9th occurrence)	1257	2	CHAR	01–11, “b”
1111-09	Other Intervention Anaesthetist ID (9th occurrence)	1259	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-09	Other Intervention Anaesthetic Technique (9th occurrence)	1274	1	CHAR	0–9, “b”
1113-09	Other Intervention OOH Indicator (9th occurrence)	1275	1	CHAR	Y, “b”
1114-09	Other Intervention OOH Inst. Number (9th occurrence)	1276	5	CHAR	CIHI assigned
1115-09	Other Intervention Unplanned Return to OR (9th occurrence)	1281	1	CHAR	Y, “b”
1101-10	Other Intervention Date (10th occurrence)	1282	8	YYYYMMDD	may be spaces
<b>1102-10</b>	<b>Other Intervention Code (10th occurrence)</b>	<b>1290</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-10	Other Intervention Attribute— Status (10th occurrence)	1300	2	CHAR	
1104-10	Other Intervention Attribute— Location (10th occurrence)	1302	2	CHAR	
1105-10	Other Intervention Attribute— Extent (10th occurrence)	1304	2	CHAR	
1106-10	Other Intervention Provider Number (10th occurrence)	1306	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-10	Other Intervention Provider Service (10th occurrence)	1321	5	CHAR	CIHI List, may be spaces
1108-10	Other Intervention Tissue Code (10th occurrence)	1326	1	CHAR	0–9, “b”

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1109-10	Other Intervention Time (10th occurrence)	1327	4	CHAR	0000–4320, may be spaces
1110-10	Other Intervention Location (10th occurrence)	1331	2	CHAR	01–11, “b”
1111-10	Other Intervention Anaesthetist ID (10th occurrence)	1333	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-10	Other Intervention Anaesthetic Technique (10th occurrence)	1348	1	CHAR	0–9, “b”
1113-10	Other Intervention OOH Indicator (10th occurrence)	1349	1	CHAR	Y, “b”
1114-10	Other Intervention OOH Inst. Number (10th occurrence)	1350	5	CHAR	CIHI assigned
1115-10	Other Intervention Unplanned Return to OR (10th occurrence)	1355	1	CHAR	Y, “b”
1101-11	Other Intervention Date (11th occurrence)	1356	8	YYYYMMDD	may be spaces
<b>1102-11</b>	<b>Other Intervention Code (11th occurrence)</b>	<b>1364</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-11	Other Intervention Attribute— Status (11th occurrence)	1374	2	CHAR	
1104-11	Other Intervention Attribute— Location (11th occurrence)	1376	2	CHAR	
1105-11	Other Intervention Attribute— Extent (11th occurrence)	1378	2	CHAR	
1106-11	Other Intervention Provider Number (11th occurrence)	1380	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-11	Other Intervention Provider Service (11th occurrence)	1395	5	CHAR	CIHI List, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1108-11	Other Intervention Tissue Code (11th occurrence)	1400	1	CHAR	0–9, “b”
1109-11	Other Intervention Time (11th occurrence)	1401	4	CHAR	0000–4320, may be spaces
1110-11	Other Intervention Location (11th occurrence)	1405	2	CHAR	01–11, “b”
1111-11	Other Intervention Anaesthetist ID (11th occurrence)	1407	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-11	Other Intervention Anaesthetic Technique (11th occurrence)	1422	1	CHAR	0–9, “b”
1113-11	Other Intervention OOH Indicator (11th occurrence)	1423	1	CHAR	Y, “b”
1114-11	Other Intervention OOH Inst. Number (11th occurrence)	1424	5	CHAR	CIHI assigned
1115-11	Other Intervention Unplanned Return to OR (11th occurrence)	1429	1	CHAR	Y, “b”
1101-12	Other Intervention Date (12th occurrence)	1430	8	YYYYMMDD	may be spaces
<b>1102-12</b>	<b>Other Intervention Code (12th occurrence)</b>	<b>1438</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-12	Other Intervention Attribute— Status (12th occurrence)	1448	2	CHAR	
1104-12	Other Intervention Attribute— Location (12th occurrence)	1450	2	CHAR	
1105-12	Other Intervention Attribute— Extent (12th occurrence)	1452	2	CHAR	
1106-12	Other Intervention Provider Number (12th occurrence)	1454	15	CHAR	0000000000000001–9999999999999999, may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1107-12	Other Intervention Provider Service (12th occurrence)	1469	5	CHAR	CIHI List, may be spaces
1108-12	Other Intervention Tissue Code (12th occurrence)	1474	1	CHAR	0–9, “b”
1109-12	Other Intervention Time (12th occurrence)	1475	4	CHAR	0000–4320, may be spaces
1110-12	Other Intervention Location (12th occurrence)	1479	2	CHAR	01–11, “b”
1111-12	Other Intervention Anaesthetist ID (12th occurrence)	1481	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-12	Other Intervention Anaesthetic Technique (12th occurrence)	1496	1	CHAR	0–9, “b”
1113-12	Other Intervention OOH Indicator (12th occurrence)	1497	1	CHAR	Y, “b”
1114-12	Other Intervention OOH Inst. Number (12th occurrence)	1498	5	CHAR	CIHI assigned
1115-12	Other Intervention Unplanned Return to OR (12th occurrence)	1503	1	CHAR	Y, “b”
1101-13	Other Intervention Date (13th occurrence)	1504	8	YYYYMMDD	may be spaces
<b>1102-13</b>	<b>Other Intervention Code (13th occurrence)</b>	<b>1512</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-13	Other Intervention Attribute— Status (13th occurrence)	1522	2	CHAR	
1104-13	Other Intervention Attribute— Location (13th occurrence)	1524	2	CHAR	
1105-13	Other Intervention Attribute— Extent (13th occurrence)	1526	2	CHAR	

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1106-13	Other Intervention Provider Number (13th occurrence)	1528	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-13	Other Intervention Provider Service (13th occurrence)	1543	5	CHAR	CIHI List, may be spaces
1108-13	Other Intervention Tissue Code (13th occurrence)	1548	1	CHAR	0–9, “b”
1109-13	Other Intervention Time (13th occurrence)	1549	4	CHAR	0000–4320, may be spaces
1110-13	Other Intervention Location (13th occurrence)	1553	2	CHAR	01–11, “b”
1111-13	Other Intervention Anaesthetist ID (13th occurrence)	1555	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-13	Other Intervention Anaesthetic Technique (13th occurrence)	1570	1	CHAR	0–9, “b”
1113-13	Other Intervention OOH Indicator (13th occurrence)	1571	1	CHAR	Y, “b”
1114-13	Other Intervention OOH Inst. Number (13th occurrence)	1572	5	CHAR	CIHI assigned
1115-13	Other Intervention Unplanned Return to OR (13th occurrence)	1577	1	CHAR	Y, “b”
1101-14	Other Intervention Date (14th occurrence)	1578	8	YYYYMMDD	may be spaces
<b>1102-14</b>	<b>Other Intervention Code (14th occurrence)</b>	<b>1586</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-14	Other Intervention Attribute— Status (14th occurrence)	1596	2	CHAR	
1104-14	Other Intervention Attribute— Location (14th occurrence)	1598	2	CHAR	

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
1105-14	Other Intervention Attribute— Extent (14th occurrence)	1600	2	CHAR	
1106-14	Other Intervention Provider Number (14th occurrence)	1602	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-14	Other Intervention Provider Service (14th occurrence)	1617	5	CHAR	CIHI List, may be spaces
1108-14	Other Intervention Tissue Code (14th occurrence)	1622	1	CHAR	0–9, “b”
1109-14	Other Intervention Time (14th occurrence)	1623	4	CHAR	0000–4320, may be spaces
1110-14	Other Intervention Location (14th occurrence)	1627	2	CHAR	01–11, “b”
1111-14	Other Intervention Anaesthetist ID (14th occurrence)	1629	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-14	Other Intervention Anaesthetic Technique (14th occurrence)	1644	1	CHAR	0–9, “b”
1113-14	Other Intervention OOH Indicator (14th occurrence)	1645	1	CHAR	Y, “b”
1114-14	Other Intervention OOH Inst. Number (14th occurrence)	1646	5	CHAR	CIHI assigned
1115-14	Other Intervention Unplanned Return to OR (14th occurrence)	1651	1	CHAR	Y, “b”
1101-15	Other Intervention Date (15th occurrence)	1652	8	YYYYMMDD	may be spaces
<b>1102-15</b>	<b>Other Intervention Code (15th occurrence)</b>	<b>1660</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-15	Other Intervention Attribute— Status (15th occurrence)	1670	2	CHAR	

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1104-15	Other Intervention Attribute— Location (15th occurrence)	1672	2	CHAR	
1105-15	Other Intervention Attribute— Extent (15th occurrence)	1674	2	CHAR	
1106-15	Other Intervention Provider Number (15th occurrence)	1676	15	CHAR	000000000000001–999999999999999, may be spaces
1107-15	Other Intervention Provider Service (15th occurrence)	1691	5	CHAR	CIHI List, may be spaces
1108-15	Other Intervention Tissue Code (15th occurrence)	1696	1	CHAR	0–9, “b”
1109-15	Other Intervention Time (15th occurrence)	1697	4	CHAR	0000–4320, may be spaces
1110-15	Other Intervention Location (15th occurrence)	1701	2	CHAR	01–11, “b”
1111-15	Other Intervention Anaesthetist ID (15th occurrence)	1703	15	CHAR	000000000000001–999999999999999, may be spaces
1112-15	Other Intervention Anaesthetic Technique (15th occurrence)	1718	1	CHAR	0–9, “b”
1113-15	Other Intervention OOH Indicator (15th occurrence)	1719	1	CHAR	Y, “b”
1114-15	Other Intervention OOH Inst. Number (15th occurrence)	1720	5	CHAR	CIHI assigned
1115-15	Other Intervention Unplanned Return to OR (15th occurrence)	1725	1	CHAR	Y, “b”
1101-16	Other Intervention Date (16th occurrence)	1726	8	YYYYMMDD	may be spaces
<b>1102-16</b>	<b>Other Intervention Code (16th occurrence)</b>	<b>1734</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1103-16	Other Intervention Attribute— Status (16th occurrence)	1744	2	CHAR	
1104-16	Other Intervention Attribute— Location (16th occurrence)	1746	2	CHAR	
1105-16	Other Intervention Attribute— Extent (16th occurrence)	1748	2	CHAR	
1106-16	Other Intervention Provider Number (16th occurrence)	1750	15	CHAR	000000000000001–999999999999999, may be spaces
1107-16	Other Intervention Provider Service (16th occurrence)	1765	5	CHAR	CIHI List, may be spaces
1108-16	Other Intervention Tissue Code (16th occurrence)	1770	1	CHAR	0–9, “b”
1109-16	Other Intervention Time (16th occurrence)	1771	4	CHAR	0000–4320, may be spaces
1110-16	Other Intervention Location (16th occurrence)	1775	2	CHAR	01–11, “b”
1111-16	Other Intervention Anaesthetist ID (16th occurrence)	1777	15	CHAR	000000000000001–999999999999999, may be spaces
1112-16	Other Intervention Anaesthetic Technique (16th occurrence)	1792	1	CHAR	0–9, “b”
1113-16	Other Intervention OOH Indicator (16th occurrence)	1793	1	CHAR	Y, “b”
1114-16	Other Intervention OOH Inst. Number (16th occurrence)	1794	5	CHAR	CIHI assigned
1115-16	Other Intervention Unplanned Return to OR (16th occurrence)	1799	1	CHAR	Y, “b”
1101-17	Other Intervention Date (17th occurrence)	1800	8	YYYYMMDD	may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1102-17	<b>Other Intervention Code (17th occurrence)</b>	1808	10	CHAR	Valid CCI Code or blanks
1103-17	Other Intervention Attribute— Status (17th occurrence)	1818	2	CHAR	
1104-17	Other Intervention Attribute— Location (17th occurrence)	1820	2	CHAR	
1105-17	Other Intervention Attribute— Extent (17th occurrence)	1822	2	CHAR	
1106-17	Other Intervention Provider Number (17th occurrence)	1824	15	CHAR	000000000000001–999999999999999, may be spaces
1107-17	Other Intervention Provider Service (17th occurrence)	1839	5	CHAR	CIHI List, may be spaces
1108-17	Other Intervention Tissue Code (17th occurrence)	1844	1	CHAR	0–9, “b”
1109-17	Other Intervention Time (17th occurrence)	1845	4	CHAR	0000–4320, may be spaces
1110-17	Other Intervention Location (17th occurrence)	1849	2	CHAR	01–11, “b”
1111-17	Other Intervention Anaesthetist ID (17th occurrence)	1851	15	CHAR	000000000000001–999999999999999, may be spaces
1112-17	Other Intervention Anaesthetic Technique (17th occurrence)	1866	1	CHAR	0–9, “b”
1113-17	Other Intervention OOH Indicator (17th occurrence)	1867	1	CHAR	Y, “b”
1114-17	Other Intervention OOH Inst. Number (17th occurrence)	1868	5	CHAR	CIHI assigned
1115-17	Other Intervention Unplanned Return to OR (17th occurrence)	1873	1	CHAR	Y, “b”

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1101-18	Other Intervention Date (18th occurrence)	1874	8	YYYYMMDD	may be spaces
<b>1102-18</b>	<b>Other Intervention Code (18th occurrence)</b>	<b>1882</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-18	Other Intervention Attribute— Status (18th occurrence)	1892	2	CHAR	
1104-18	Other Intervention Attribute— Location (18th occurrence)	1894	2	CHAR	
1105-18	Other Intervention Attribute— Extent (18th occurrence)	1896	2	CHAR	
1106-18	Other Intervention Provider Number (18th occurrence)	1898	15	CHAR	0000000000000001–9999999999999999, may be spaces
1107-18	Other Intervention Provider Service (18th occurrence)	1913	5	CHAR	CIHI List, may be spaces
1108-18	Other Intervention Tissue Code (18th occurrence)	1918	1	CHAR	0–9, “b”
1109-18	Other Intervention Time (18th occurrence)	1919	4	CHAR	0000–4320, may be spaces
1110-18	Other Intervention Location (18th occurrence)	1923	2	CHAR	01–11, “b”
1111-18	Other Intervention Anaesthetist ID (18th occurrence)	1925	15	CHAR	0000000000000001–9999999999999999, may be spaces
1112-18	Other Intervention Anaesthetic Technique (18th occurrence)	1940	1	CHAR	0–9, “b”
1113-18	Other Intervention OOH Indicator (18th occurrence)	1941	1	CHAR	Y, “b”
1114-18	Other Intervention OOH Inst. Number (18th occurrence)	1942	5	CHAR	CIHI assigned

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1115-18	Other Intervention Unplanned Return to OR (18th occurrence)	1947	1	CHAR	Y, “b”
1101-19	Other Intervention Date (19th occurrence)	1948	8	YYYYMMDD	may be spaces
<b>1102-19</b>	<b>Other Intervention Code (19th occurrence)</b>	<b>1956</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-19	Other Intervention Attribute— Status (19th occurrence)	1966	2	CHAR	
1104-19	Other Intervention Attribute— Location (19th occurrence)	1968	2	CHAR	
1105-19	Other Intervention Attribute— Extent (19th occurrence)	1970	2	CHAR	
1106-19	Other Intervention Provider Number (19th occurrence)	1972	15	CHAR	000000000000001–999999999999999, may be spaces
1107-19	Other Intervention Provider Service (19th occurrence)	1987	5	CHAR	CIHI List, may be spaces
1108-19	Other Intervention Tissue Code (19th occurrence)	1992	1	CHAR	0–9, “b”
1109-19	Other Intervention Time (19th occurrence)	1993	4	CHAR	0000–4320, may be spaces
1110-19	Other Intervention Location (19th occurrence)	1997	2	CHAR	01–11, “b”
1111-19	Other Intervention Anaesthetist ID (19th occurrence)	1999	15	CHAR	000000000000001–999999999999999, may be spaces
1112-19	Other Intervention Anaesthetic Technique (19th occurrence)	2014	1	CHAR	0–9, “b”
1113-19	Other Intervention OOH Indicator (19th occurrence)	2015	1	CHAR	Y, “b”

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1114-19	Other Intervention OOH Inst. Number (19th occurrence)	2016	5	CHAR	CIHI assigned
1115-19	Other Intervention Unplanned Return to OR (19th occurrence)	2021	1	CHAR	Y, "b"
1101-20	Other Intervention Date (20th occurrence)	2022	8	YYYYMMDD	may be spaces
<b>1102-20</b>	<b>Other Intervention Code (20th occurrence)</b>	<b>2030</b>	<b>10</b>	<b>CHAR</b>	<b>Valid CCI Code or blanks</b>
1103-20	Other Intervention Attribute— Status (20th occurrence)	2040	2	CHAR	
1104-20	Other Intervention Attribute— Location (20th occurrence)	2042	2	CHAR	
1105-20	Other Intervention Attribute— Extent (20th occurrence)	2044	2	CHAR	
1106-20	Other Intervention Provider Number (20th occurrence)	2046	15	CHAR	000000000000001–999999999999999, may be spaces
1107-20	Other Intervention Provider Service (20th occurrence)	2061	5	CHAR	CIHI List, may be spaces
1108-20	Other Intervention Tissue Code (20th occurrence)	2066	1	CHAR	0–9, "b"
1109-20	Other Intervention Time (20th occurrence)	2067	4	CHAR	0000–4320, may be spaces
1110-20	Other Intervention Location (20th occurrence)	2071	2	CHAR	01–11, "b"
1111-20	Other Intervention Anaesthetist ID (20th occurrence)	2073	15	CHAR	000000000000001–999999999999999, may be spaces
1112-20	Other Intervention Anaesthetic Technique (20th occurrence)	2088	1	CHAR	0–9, "b"

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1113-20	Other Intervention OOH Indicator (20th occurrence)	2089	1	CHAR	Y, “b”
1114-20	Other Intervention OOH Inst. Number (20th occurrence)	2090	5	CHAR	CIHI assigned
1115-20	Other Intervention Unplanned Return to OR (20th occurrence)	2095	1	CHAR	Y, “b”
1116	Death in OR	2096	1	CHAR	Y, “b”
1301	Special Care Unit Death Indicator	2097	1	CHAR	Y, “b”
1302-01	Special Care Unit Number (1st occurrence)	2098	2	Numeric	CIHI List
1303-01	Special Care Unit Admit Date (1st occurrence)	2100	8	YYYYMMDD	may be spaces
1304-01	Special Care Unit Admit Time (1st occurrence)	2108	4	HHMM	0000–2359, spaces
1305-01	Special Care Unit Discharge Date (1st occurrence)	2112	8	YYYYMMDD	may be spaces
1306-01	Special Care Unit Discharge Time (1st occurrence)	2120	4	HHMM	0000–2359, spaces
1302-02	Special Care Unit Number (2nd occurrence)	2124	2	CHAR	CIHI List
1303-02	Special Care Unit Admit Date (2nd occurrence)	2126	8	YYYYMMDD	may be spaces
1304-02	Special Care Unit Admit Time (2nd occurrence)	2134	4	HHMM	0000–2359, spaces
1305-02	Special Care Unit Discharge Date (2nd occurrence)	2138	8	YYYYMMDD	may be spaces
1306-02	Special Care Unit Discharge Time (2nd occurrence)	2146	4	HHMM	0000–2359, spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
1302-03	Special Care Unit Number (3rd occurrence)	2150	2	CHAR	CIHI List
1303-03	Special Care Unit Admit Date (3rd occurrence)	2152	8	YYYYMMDD	may be spaces
1304-03	Special Care Unit Admit Time (3rd occurrence)	2160	4	HHMM	0000–2359, spaces
1305-03	Special Care Unit Discharge Date (3rd occurrence)	2164	8	YYYYMMDD	may be spaces
1306-03	Special Care Unit Discharge Time (3rd occurrence)	2172	4	HHMM	0000–2359, spaces
1302-04	Special Care Unit Number (4th occurrence)	2176	2	CHAR	CIHI List
1303-04	Special Care Unit Admit Date (4th occurrence)	2178	8	YYYYMMDD	may be spaces
1304-04	Special Care Unit Admit Time (4th occurrence)	2186	4	HHMM	0000–2359, spaces
1305-04	Special Care Unit Discharge Date (4th occurrence)	2190	8	YYYYMMDD	may be spaces
1306-04	Special Care Unit Discharge Time (4th occurrence)	2198	4	HHMM	0000–2359, spaces
1302-05	Special Care Unit Number (5th occurrence)	2202	2	CHAR	CIHI List
1303-05	Special Care Unit Admit Date (5th occurrence)	2204	8	YYYYMMDD	may be spaces
1304-05	Special Care Unit Admit Time (5th occurrence)	2212	4	HHMM	0000–2359, spaces
1305-05	Special Care Unit Discharge Date (5th occurrence)	2216	8	YYYYMMDD	may be spaces
1306-05	Special Care Unit Discharge Time (5th occurrence)	2224	4	HHMM	0000–2359, spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1302-06	Special Care Unit Number (6th occurrence)	2228	2	CHAR	CIHI List
1303-06	Special Care Unit Admit Date (6th occurrence)	2230	8	YYYYMMDD	may be spaces
1304-06	Special Care Unit Admit Time (6th occurrence)	2238	4	HHMM	0000–2359, spaces
1305-06	Special Care Unit Discharge Date (6th occurrence)	2242	8	YYYYMMDD	may be spaces
1306-06	Special Care Unit Discharge Time (6th occurrence)	2250	4	HHMM	0000–2359, spaces
1309	Glasgow Coma Scale	2254	2	CHAR	03-15, 99, spaces
1401	Basic Option 1	2256	1	CHAR	may be spaces
1402	Basic Option 2	2257	1	CHAR	may be spaces
1403	Basic Option 3	2258	1	CHAR	may be spaces
1404	Basic Option 4	2259	1	CHAR	may be spaces
1405	Basic Option 5	2260	1	CHAR	may be spaces
1406	Basic Option 6	2261	1	CHAR	may be spaces
1407	Basic Option 7	2262	1	CHAR	may be spaces
1408	Basic Option 8	2263	1	CHAR	may be spaces
1409	Basic Option 9	2264	1	CHAR	may be spaces
1410	Basic Option 10	2265	1	CHAR	may be spaces
1411	Basic Option 11	2266	1	CHAR	may be spaces
1412	Basic Option 12	2267	1	CHAR	may be spaces
1413	Basic Option 13	2268	1	CHAR	may be spaces
1414	Basic Option 14	2269	1	CHAR	may be spaces
1415	Basic Option 15	2270	1	CHAR	may be spaces
1416	Basic Option 16	2271	1	CHAR	may be spaces
1417	Basic Option 17	2272	2	CHAR	may be spaces
1418	Basic Option 18	2274	2	CHAR	may be spaces
1419	Basic Option 19	2276	4	CHAR	may be spaces
1502	Source of Referral	2280	1	CHAR	1–6, “b”
1503	Method of Admission	2281	1	CHAR	1–7, “b”
1504	Change in Legal Status From Admission	2282	1	CHAR	1–6, “b”
1505	AWOL	2283	1	CHAR	1, “b”
1506	Suicide	2284	1	CHAR	1, “b”

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1507	Previous Psychiatric Admission	2285	1	CHAR	1–5, “b”
1508	Referred To	2286	1	CHAR	1–6, “b”
1509	ECT Treatment	2287	1	CHAR	1, 2, “b”
1510	Number of ECT Treatments	2288	2	CHAR	01–99, “b”
1512	Education	2290	1	CHAR	1–8, “b”
1513	Employment Status	2291	1	CHAR	1–5, “b”
1514	Financial Support	2292	1	CHAR	1–5, “b”
1618-01	Project Number (1st occurrence)	2293	3	CHAR	001–999, “b”
1601-01	Project Field 01 (1st occurrence)	2296	1	CHAR	may be spaces
1602-01	Project Field 02 (1st occurrence)	2297	1	CHAR	may be spaces
1603-01	Project Field 03 (1st occurrence)	2298	1	CHAR	may be spaces
1604-01	Project Field 04 (1st occurrence)	2299	1	CHAR	may be spaces
1605-01	Project Field 05 (1st occurrence)	2300	1	CHAR	may be spaces
1606-01	Project Field 06 (1st occurrence)	2301	1	CHAR	may be spaces
1607-01	Project Field 07 (1st occurrence)	2302	1	CHAR	may be spaces
1608-01	Project Field 08 (1st occurrence)	2303	1	CHAR	may be spaces
1609-01	Project Field 09 (1st occurrence)	2304	1	CHAR	may be spaces
1610-01	Project Field 10 (1st occurrence)	2305	1	CHAR	may be spaces
1611-01	Project Field 11 (1st occurrence)	2306	1	CHAR	may be spaces
1612-01	Project Field 12 (1st occurrence)	2307	1	CHAR	may be spaces
1613-01	Project Field 13 (1st occurrence)	2308	1	CHAR	may be spaces
1614-01	Project Field 14 (1st occurrence)	2309	2	CHAR	may be spaces
1615-01	Project Field 15 (1st occurrence)	2311	2	CHAR	may be spaces
1616-01	Project Field 16 (1st occurrence)	2313	3	CHAR	may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1617-01	Project Field 17 (1st occurrence)	2316	4	CHAR	may be spaces
1618-02	Project Number (2nd occurrence)	2320	3	CHAR	001–999, “b”
1601-02	Project Field 01 (2nd occurrence)	2323	1	CHAR	may be spaces
1602-02	Project Field 02 (2nd occurrence)	2324	1	CHAR	may be spaces
1603-02	Project Field 03 (2nd occurrence)	2325	1	CHAR	may be spaces
1604-02	Project Field 04 (2nd occurrence)	2326	1	CHAR	may be spaces
1605-02	Project Field 05 (2nd occurrence)	2327	1	CHAR	may be spaces
1606-02	Project Field 06 (2nd occurrence)	2328	1	CHAR	may be spaces
1607-02	Project Field 07 (2nd occurrence)	2329	1	CHAR	may be spaces
1608-02	Project Field 08 (2nd occurrence)	2330	1	CHAR	may be spaces
1609-02	Project Field 09 (2nd occurrence)	2331	1	CHAR	may be spaces
1610-02	Project Field 10 (2nd occurrence)	2332	1	CHAR	may be spaces
1611-02	Project Field 11 (2nd occurrence)	2333	1	CHAR	may be spaces
1612-02	Project Field 12 (2nd occurrence)	2334	1	CHAR	may be spaces
1613-02	Project Field 13 (2nd occurrence)	2335	1	CHAR	may be spaces
1614-02	Project Field 14 (2nd occurrence)	2336	2	CHAR	may be spaces
1615-02	Project Field 15 (2nd occurrence)	2338	2	CHAR	may be spaces
1616-02	Project Field 16 (2nd occurrence)	2340	3	CHAR	may be spaces
1617-02	Project Field 17 (2nd occurrence)	2343	4	CHAR	may be spaces
1618-03	Project Number (3rd occurrence)	2347	3	CHAR	001–999, “b”
1601-03	Project Field 01 (3rd occurrence)	2350	1	CHAR	may be spaces
1602-03	Project Field 02 (3rd occurrence)	2351	1	CHAR	may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1603-03	Project Field 03 (3rd occurrence)	2352	1	CHAR	may be spaces
1604-03	Project Field 04 (3rd occurrence)	2353	1	CHAR	may be spaces
1605-03	Project Field 05 (3rd occurrence)	2354	1	CHAR	may be spaces
1606-03	Project Field 06 (3rd occurrence)	2355	1	CHAR	may be spaces
1607-03	Project Field 07 (3rd occurrence)	2356	1	CHAR	may be spaces
1608-03	Project Field 08 (3rd occurrence)	2357	1	CHAR	may be spaces
1609-03	Project Field 09 (3rd occurrence)	2358	1	CHAR	may be spaces
1610-03	Project Field 10 (3rd occurrence)	2359	1	CHAR	may be spaces
1611-03	Project Field 11 (3rd occurrence)	2360	1	CHAR	may be spaces
1612-03	Project Field 12 (3rd occurrence)	2361	1	CHAR	may be spaces
1613-03	Project Field 13 (3rd occurrence)	2362	1	CHAR	may be spaces
1614-03	Project Field 14 (3rd occurrence)	2363	2	CHAR	may be spaces
1615-03	Project Field 15 (3rd occurrence)	2365	2	CHAR	may be spaces
1616-03	Project Field 16 (3rd occurrence)	2367	3	CHAR	may be spaces
1617-03	Project Field 17 (3rd occurrence)	2370	4	CHAR	may be spaces
1618-04	Project Number (4th occurrence)	2374	3	CHAR	001–999, “b”
1601-04	Project Field 01 (4th occurrence)	2377	1	CHAR	may be spaces
1602-04	Project Field 02 (4th occurrence)	2378	1	CHAR	may be spaces
1603-04	Project Field 03 (4th occurrence)	2379	1	CHAR	may be spaces
1604-04	Project Field 04 (4th occurrence)	2380	1	CHAR	may be spaces
1605-04	Project Field 05 (4th occurrence)	2381	1	CHAR	may be spaces
1606-04	Project Field 06 (4th occurrence)	2382	1	CHAR	may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
1607-04	Project Field 07 (4th occurrence)	2383	1	CHAR	may be spaces
1608-04	Project Field 08 (4th occurrence)	2384	1	CHAR	may be spaces
1609-04	Project Field 09 (4th occurrence)	2385	1	CHAR	may be spaces
1610-04	Project Field 10 (4th occurrence)	2386	1	CHAR	may be spaces
1611-04	Project Field 11 (4th occurrence)	2387	1	CHAR	may be spaces
1612-04	Project Field 12 (4th occurrence)	2388	1	CHAR	may be spaces
1613-04	Project Field 13 (4th occurrence)	2389	1	CHAR	may be spaces
1614-04	Project Field 14 (4th occurrence)	2390	2	CHAR	may be spaces
1615-04	Project Field 15 (5th occurrence)	2392	2	CHAR	may be spaces
1616-04	Project Field 16 (4th occurrence)	2394	3	CHAR	may be spaces
1617-04	Project Field 17 (4th occurrence)	2397	4	CHAR	may be spaces
1618-05	Project Number (5th occurrence)	2401	3	CHAR	001–999, “b”
1601-05	Project Field 01 (5th occurrence)	2404	1	CHAR	may be spaces
1602-05	Project Field 02 (5th occurrence)	2405	1	CHAR	may be spaces
1603-05	Project Field 03 (5th occurrence)	2406	1	CHAR	may be spaces
1604-05	Project Field 04 (5th occurrence)	2407	1	CHAR	may be spaces
1605-05	Project Field 05 (5th occurrence)	2408	1	CHAR	may be spaces
1606-05	Project Field 06 (5th occurrence)	2409	1	CHAR	may be spaces
1607-05	Project Field 07 (5th occurrence)	2410	1	CHAR	may be spaces
1608-05	Project Field 08 (5th occurrence)	2411	1	CHAR	may be spaces
1609-05	Project Field 09 (5th occurrence)	2412	1	CHAR	may be spaces
1610-05	Project Field 10 (5th occurrence)	2413	1	CHAR	may be spaces

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
1611-05	Project Field 11 (5th occurrence)	2414	1	CHAR	may be spaces
1612-05	Project Field 12 (5th occurrence)	2415	1	CHAR	may be spaces
1613-05	Project Field 13 (5th occurrence)	2416	1	CHAR	may be spaces
1614-05	Project Field 14 (5th occurrence)	2417	2	CHAR	may be spaces
1615-05	Project Field 15 (5th occurrence)	2419	2	CHAR	may be spaces
1616-05	Project Field 16 (5th occurrence)	2421	3	CHAR	may be spaces
1617-05	Project Field 17 (5th occurrence)	2424	4	CHAR	may be spaces
1701	Blood Transfusion Indicator	2428	1	CHAR	Y, N, "b"
1702	Red Blood Cells	2429	1	CHAR	Y, "b"
1703	Platelets	2430	1	CHAR	Y, "b"
1704	Plasma	2431	1	CHAR	Y, "b"
1705	Albumin	2432	1	CHAR	Y, "b"
1706	Other Blood Components	2433	1	CHAR	Y, "b"
1707	Auto transfusion	2434	1	CHAR	Y, N, "b"
1801	# of previous deliveries	2435	2	CHAR	00–20, 99, "b"
1802	# of previous pre-term deliveries	2437	2	CHAR	00–20, 99, "b"
1803	# of previous spontaneous abortions	2439	2	CHAR	00–20, 99, "b"
1804	# of previous therapeutic abortions	2441	2	CHAR	00–20, 99, "b"
1805	# of previous live births	2443	2	CHAR	00–20, 99, "b"
1806	Clinical Gestation in weeks	2445	2	CHAR	01–45, 99, "b"
1807	Delivery Time	2447	4	HHMM	0000–2359, spaces
1808	Date of last menses	2451	8	YYYYMMDD	may be spaces
1809	Breast feeding on discharge	2459	1	CHAR	Y, N, "b"
1901	MCC	2460	2	CHAR	may be spaces
1902	CMG	2462	3	CHAR	may be spaces
1907	CMG Age category	2465	1	CHAR	A, B, C, F, G, H, R, S, T, "b"

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<b>Element ID</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
1908	Comorbidity level	2466	1	CHAR	0–4, 8, “b”
1909	Flagged intervention factor count	2467	1	CHAR	0–6, 8, “b”
1910	Intervention Event count	2468	1	CHAR	1–3, 8, “b”
1911	Intervention OOH count	2469	1	CHAR	0, 1, 8, “b”
1912	Inpatient RIW atypical code	2470	2	CHAR	00–08, 10–17, 97, 98, 99, may be spaces
1913	ELOS days	2472	4	CHAR	may be spaces
1914	Inpatient RI level	2476	1	CHAR	0–6, 8, “b”
1904	Case Weight	2477	8	CHAR	may be spaces
1905	DPG	2485	4	CHAR	may be spaces
1906	Vendor ID-Grouper	2489	5	CHAR	ANNNN, CIHI List, may be spaces
1915	Vendor ID-Abstracting	2494	5	CHAR	ANNNN, CIHI List
	FILLER	2499	302	CHAR	spaces
<b>I-MOH01</b>	<b>Coding Classification Indicator</b>	<b>2801</b>	<b>1</b>	<b>CHAR</b>	<b>A code which identifies the classification system used for recording Diagnoses and Procedures/Interventions Must be 0 = ICD-10 CA/CCI</b>
<b>I-MOH02</b>	<b>Adjustment Indicator</b>	<b>2802</b>	<b>1</b>	<b>CHAR</b>	<b>Always N for Hospital Submissions</b>
<b>I-MOH03</b>	<b>Health Care Number Expiry Date</b>	<b>2803</b>	<b>8</b>	<b>YYYYMMDD</b>	<b>Not all provinces have an expiry date for their health cards; provide if known, otherwise spaces (e.g. ‘20071129’, ‘ ’)</b>
<b>I-MOH04</b>	<b>Patient Last Name</b>	<b>2811</b>	<b>20</b>	<b>CHAR</b>	<b>(e.g. “Smith ”)</b>
<b>I-MOH05</b>	<b>Patient First Name</b>	<b>2831</b>	<b>20</b>	<b>CHAR</b>	<b>(e.g. “John ”)</b>
<b>I-MOH06</b>	<b>Patient Address Line 1</b>	<b>2851</b>	<b>35</b>	<b>CHAR</b>	<b>Street Address 1</b>
<b>I-MOH07</b>	<b>Patient Address Line 2</b>	<b>2886</b>	<b>35</b>	<b>CHAR</b>	<b>Street Address 2</b>
<b>I-MOH08</b>	<b>Patient Address City</b>	<b>2921</b>	<b>35</b>	<b>CHAR</b>	<b>City</b>
<b>I-MOH09</b>	<b>Patient Address Province</b>	<b>2956</b>	<b>2</b>	<b>CHAR</b>	<b>Province Code (valid province code) as per Element ID 0305</b>

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Element ID	Data Element	Start Byte	Length	Format/ Type	Valid Codes
I-MOH10	Inpatient Type Indicator	2958	1	CHAR	Value of 'S' for Standard Ward Rate claim Value of 'H' for High Cost claim Value of 'I' for Intensive Care Unit (ICU) claim
I-MOH11	High Cost Procedure Code #1	2959	3	CHAR	A valid High Cost code (blank for standard ward rate claims)
I-MOH12	High Cost Procedure Date #1	2962	8	YYYYMMDD	Required if High Cost Procedure Code #1 is specified; must be $\geq$ the Admission Date and $<$ Discharge Date.
I-MOH13	High Cost Procedure Code #2	2970	3		For future use (blank for layout version RR3.00)
I-MOH14	High Cost Procedure Date #2	2973	8		For future use (blank for layout version RR3.00)
I-MOH15	High Cost Procedure Code #3	2981	3		For future use (blank for layout version RR3.00)
I-MOH16	High Cost Procedure Date #3	2984	8		For future use (blank for layout version RR3.00)
I-MOH17	Ward Rate	2992	8	CHAR	No decimal point (e.g. '00015300' for \$153.00) Must be zeroes for High Cost claims (i.e. '00000000')
I-MOH18	Claim Amount	3000	10	CHAR	No decimal, always positive (even for adjustments) (e.g. '0000122400' for \$1,224.00) Note: for Ward Rate Claims value MUST be the result of Total Days (Discharge Date – Admission Date) * (Ward Rate)
I-MOH19	Death Indicator	3010	1	CHAR	Value of 'Y' or 'N'
I-MOH20	Long Stay Indicator	3011	1	CHAR	Value of 'Y' or 'N'
I-MOH21	Accident Indicator	3012	1	CHAR	Value of 'Y' or 'N'

Element ID	Data Element	Start Byte	Length	Format/Type	Valid Codes
I-MOH22	Accident Code	3013	7	CHAR	If the Accident Indicator is set to Y, this field must contain a valid ICD-10-CA Accident Code
I-MOH23	Hospital Claim Number	3020	15	CHAR	Provided for use by Hospital; the unique identifier for this claim in the hospital's system (may be the hospital chart number)
I-MOH24	Claim Type	3035	1	CHAR	'I' (Inpatient)
I-MOH25	Record Type	3036	1	CHAR	'D' (Detail)

## Appendix C – Outpatient Layout

Fields bolded will be used by the ministry's billing system. Additional fields may be used in the future.

Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
	Record Type - NACRS	1	1	9	1, 4
00A	Reporting Facility Province/ Territory	2	2	Char	Valid provincial/territorial code, not spaces
00B	Reporting Facility Ambulatory Care Number	4	5	Char	5-digit number as per the clinical record that is submitted to CIHI
00C	Submission Fiscal Year	9	4	9999	Not spaces [Fiscal 2004-2005]
00D	Submission Period	13	2	99	01-12, 01-13, not spaces
00E	Abstract ID Number	15	7	9999999	Not spaces
00F	Coder Number	22	2	99	01-99, not spaces
<b>1</b>	Chart number	24	10	Char	Not spaces
<b>2</b>	<b>Health Care Number</b>	<b>34</b>	<b>12</b>	<b>Char</b>	<b>Valid Health Care Number (HCN)</b>
<b>3</b>	<b>Province/ Territory Issuing Health Care Number</b>	<b>46</b>	<b>2</b>	<b>Char</b>	<b>Valid provincial/territorial code, not spaces</b>
4	Responsibility For Payment	48	2	99	01-08, not spaces
<b>5</b>	<b>Postal Code</b>	<b>50</b>	<b>6</b>	<b>ANANAN</b>	<b>Valid Postal Area Designation used by Canada Post; not spaces</b>
6	Residence Code/Geographic Code	56	7	Char	Province/Territory defined, may be spaces
<b>7</b>	<b>Gender</b>	<b>63</b>	<b>1</b>	<b>Char</b>	<b>M, F, O</b>
<b>8</b>	<b>Birth Date</b>	<b>64</b>	<b>8</b>	<b>YYYYMMDD</b>	<b>Valid date</b>
9	Birth Date Is Estimated	72	1	Char	Y, may be spaces
10	Family Physician Flag	73	1	Char	Y, N, U may be spaces [Fiscal 2007-2008]

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Element Id	Data Element	Start Byte	Length	Format/Type	Valid Codes
11	Ambulatory Registration Number	74	12	Char	May be spaces
12	Ambulatory Registration/Encounter Sequence Number	86	3	999	001-999, may be spaces
<b>13</b>	<b>Visit MIS Functional Centre Code</b>	<b>89</b>	<b>9</b>	<b>999999999</b>	<b>Valid functional centre, not spaces</b>
14	Admit Via Ambulance	98	1	Char	A, C, G, N, not spaces [Fiscal 2006-2007]
15	Ambulance Call Number	99	11	Char	May be spaces
16	Living Arrangement	110	1	9	1-6, may be spaces
17	Residence Type	111	1	9	1-4, may be spaces
18	Visit Type	112	1	9	1-5, may be spaces
19	Ambulatory Visit Status	113	1	9	1-3, 9, may be spaces
20	Mode of Visit/Contact	114	1	9	1-7, not spaces
21	Highest Level of Education	115	1	9	1-8, may be spaces
22	Arrival Date	116	8	YYYYMMDD	Valid date
23	Arrival Time	124	4	HHMM	0000-2359, may be spaces
24	Triage Date	128	8	YYYYMMDD	Valid date, May be spaces
25	Triage Time	136	4	HHMM	0000-2359, may be spaces
26	Triage Level	140	1	9	1-5, may be spaces
<b>27</b>	<b>Date of Registration/Visit</b>	<b>141</b>	<b>8</b>	<b>YYYYMMDD</b>	<b>Valid date, Not spaces</b>
28	Registration/Visit Time	149	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
29	Date Of Physician Initial Assessment	153	8	YYYYMMDD	Valid date, May be spaces
30	Time Of Physician Initial Assessment	161	4	HHMM	0000-2359, or 9999, may be spaces

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Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
31	Referral Source Prior To Ambulatory Care Visit	165	2	99	01-11, 98, may be spaces [Fiscal 2004-2005]
32	Institution From	167	5	Char	Defined by reporting province, may be spaces
33	Decision To Admit Date Retired	172	8	Char	Must be spaces [Retired Fiscal 2007-2008]
34	Decision To Admit Time Retired	180	4	Char	Must be spaces [Retired Fiscal 2007-2008]
35	Visit Disposition	184	2	99	01-15, not spaces [15 added Fiscal 2005-2006]
36	Date Visit Completed Retired	186	8	Char	Must be spaces [Retired Fiscal 2007-2008]
37	Time Visit Completed Retired	194	4	Char	Must be spaces [Retired Fiscal 2007-2008]
38	Referred To After Completion of Ambulatory Care Visit	198	2	99	01-11, 98, may be spaces [Fiscal 2004-2005]
39	Institution To	200	5	Char	Defined by reporting province, may be spaces
40a	Provider Type (1st occurrence)	205	1	Char	M, 1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41a	Service Provider (1st occurrence)	206	5	99999	Valid service provider code, may be spaces
42a	Service Provider Identification Number (1st occurrence)	211	15	9999999999999999 9999	May be spaces
40b	Provider Type (2nd occurrence)	226	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41b	Service Provider (2nd occurrence)	227	5	99999	Valid service provider code, may be spaces
42b	Service Provider Identification Number (2nd occurrence)	232	15	9999999999999999 9999	May be spaces
40c	Provider Type (3rd occurrence)	247	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]

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Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
41c	Service Provider (3rd occurrence)	248	5	99999	Valid service provider code, may be spaces
42c	Service Provider Identification Number (3rd occurrence)	253	15	999999999999999999	May be spaces
40d	Provider Type (4th occurrence)	268	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41d	Service Provider (4th occurrence)	269	5	99999	Valid service provider code, may be spaces
42d	Service Provider Identification Number (4th occurrence)	274	15	999999999999999999	May be spaces
40e	Provider Type (5th occurrence)	289	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41e	Service Provider (5th occurrence)	290	5	99999	Valid service provider code, may be spaces
42e	Service Provider Identification Number (5th occurrence)	295	15	999999999999999999	May be spaces
40f	Provider Type (6th occurrence)	310	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41f	Service Provider (6th occurrence)	311	5	99999	Valid service provider code, may be spaces
42f	Service Provider Identification Number (6th occurrence)	316	15	999999999999999999	May be spaces
40g	Provider Type (7th occurrence)	331	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41g	Service Provider (7th occurrence)	332	5	99999	Valid service provider code, may be spaces
42g	Service Provider Identification Number (7th occurrence)	337	15	999999999999999999	May be spaces
40h	Provider Type (8th occurrence)	352	1	Char	1,3,4,6,7,8, may be spaces [Fiscal 2007-2008]
41h	Service Provider (8th occurrence)	353	5	99999	Valid service provider code, may be spaces

Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
42h	Service Provider Identification Number (8th occurrence)	358	15	9999999999999999 9999	May be spaces
43	Main Problem Prefix	373	1	Char	May be spaces
<b>44</b>	<b>Main Problem</b>	<b>374</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43a	Other Problem Prefix (1st occurrence)	381	1	Char	May be spaces
<b>45a</b>	<b>Other Problem (1st occurrence)</b>	<b>382</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43b	Other Problem Prefix (2nd occurrence)	389	1	Char	May be spaces
<b>45b</b>	<b>Other Problem (2nd occurrence)</b>	<b>390</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43c	Other Problem Prefix (3rd occurrence)	397	1	Char	May be spaces
<b>45c</b>	<b>Other Problem (3rd occurrence)</b>	<b>398</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43d	Other Problem Prefix (4th occurrence)	405	1	Char	May be spaces
<b>45d</b>	<b>Other Problem (4th occurrence)</b>	<b>406</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43e	Other Problem Prefix (5th occurrence)	413	1	Char	May be spaces
<b>45e</b>	<b>Other Problem (5th occurrence)</b>	<b>414</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43f	Other Problem Prefix (6th occurrence)	421	1	Char	May be spaces
<b>45f</b>	<b>Other Problem (6th occurrence)</b>	<b>422</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>

Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
43g	Other Problem Prefix (7th occurrence)	429	1	Char	May be spaces
<b>45g</b>	<b>Other Problem (7th occurrence)</b>	<b>430</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43h	Other Problem Prefix (8th occurrence)	437	1	Char	May be spaces
<b>45h</b>	<b>Other Problem (8th occurrence)</b>	<b>438</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
43i	Other Problem Prefix (9th occurrence)	445	1	Char	May be spaces
<b>45i</b>	<b>Other Problem (9th occurrence)</b>	<b>446</b>	<b>7</b>	<b>Char</b>	<b>Valid ICD-10-CA code, may be spaces</b>
<b>46</b>	<b>Main Intervention</b>	<b>453</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48	Main Intervention Attribute-Status	463	2	Char	Valid CCI Status Attribute, may be spaces [Fiscal 2006.2007]
49	Main Intervention Attribute-Location	465	2	Char	Valid CCI Location Attribute, may be spaces
50	Main Intervention Attribute-Extent	467	2	Char	Valid CCI Extent Attribute, may be spaces
51	Duration of Ambulatory Care-Main Intervention	469	4	9999	0001-9999, may be spaces
52	Location Code Main Intervention	473	2	99	01-11, may be spaces
55	Out Of Hospital Indicator Main Intervention	475	1	Char	Y, may be spaces
56	Out Of Hospital Institution Number-Main Intervention	476	5	99999	Defined by reporting province, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
<b>47a</b>	<b>Other Intervention (1st occurrence)</b>	<b>481</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48a	Other Intervention Attribute-Status (1st occurrence)	491	2	Char	Valid CCI Status Attribute, may be spaces
49a	Other Intervention Attribute-Location (1st occurrence)	493	2	Char	Valid CCI Location Attribute, may be spaces
50a	Other Intervention Attribute-Extent (1st occurrence)	495	2	Char	Valid CCI Extent Attribute, may be spaces
51a	Duration of Ambulatory Care Other Intervention (1st occurrence)	497	4	9999	0001-9999, may be spaces
52a	Other Intervention Location Code (1st occurrence)	501	2	99	01-11, may be spaces
55a	Out of Hospital Indicator-Other Intervention (1st occurrence)	503	1	Char	Y, may be spaces
56a	Out Of Hospital Institution Number-Other Intervention (1st occurrence)	504	5	Char	Defined by reporting province, may be spaces
<b>47b</b>	<b>Other Intervention (2nd occurrence)</b>	<b>509</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48b	Other Intervention Attribute-Status (2nd occurrence)	519	2	Char	Valid CCI Status Attribute, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
49b	Other Intervention Attribute-Location (2nd occurrence)	521	2	Char	Valid CCI Location Attribute, may be spaces
50b	Other Intervention Attribute-Extent (2nd occurrence)	523	2	Char	Valid CCI Extent Attribute, may be spaces
51b	Duration of Ambulatory Care Other Intervention (2nd occurrence)	525	4	9999	0001-9999, may be spaces
52b	Other Intervention Location Code (2nd occurrence)	529	2	99	01-11, may be spaces
55b	Out of Hospital Indicator-Other Intervention (2nd occurrence)	531	1	Char	Y, may be spaces
56b	Out Of Hospital Institution Number-Other Intervention (2nd occurrence)	532	5	99999	Defined by reporting province, may be spaces
<b>47c</b>	<b>Other Intervention (3rd occurrence)</b>	<b>537</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48c	Other Intervention Attribute-Status (3rd occurrence)	547	2	Char	Valid CCI Status Attribute, may be spaces
49c	Other Intervention Attribute-Location (3rd occurrence)	549	2	Char	Valid CCI Location Attribute, may be spaces
50c	Other Intervention Attribute-Extent (3rd occurrence)	551	2	Char	Valid CCI Extent Attribute, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
51c	Duration of Ambulatory Care Other Intervention (3rd occurrence)	553	4	9999	0001-9999, may be spaces
52c	Other Intervention Location Code (3 <sup>rd</sup> occurrence)	557	2	99	01-11, may be spaces
55c	Out of Hospital Indicator-Other Intervention (3rd occurrence)	559	1	Char	Y, may be spaces
56c	Out Of Hospital Institution Number-Other Intervention (3rd occurrence)	560	5	99999	Defined by reporting province, may be spaces
<b>47d</b>	<b>Other Intervention (4th occurrence)</b>	<b>565</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48d	Other Intervention Attribute-Status (4th occurrence)	575	2	Char	Valid CCI Status Attribute, may be spaces
49d	Other Intervention Attribute-Location (4th occurrence)	577	2	Char	Valid CCI Location Attribute, may be spaces
50d	Other Intervention Attribute-Extent (4th occurrence)	579	2	Char	Valid CCI Extent Attribute, may be spaces
51d	Duration of Ambulatory Care Other Intervention (4th occurrence)	581	4	9999	0001-9999, may be spaces

Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
52d	Other Intervention Location Code (4 <sup>th</sup> occurrence)	585	2	99	01-11, may be spaces
55d	Out Of Hospital Indicator-Other Intervention (4th occurrence)	587	1	Char	Y, may be spaces
56d	Out Of Hospital Institution Number-Other Intervention (4th occurrence)	588	5	99999	Defined by reporting province, may be spaces
<b>47e</b>	<b>Other Intervention (5th occurrence)</b>	<b>593</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48e	Other Intervention Attribute-Status (5th occurrence)	603	2	Char	Valid CCI Status Attribute, may be spaces
49e	Other Intervention Attribute-Location (5th occurrence)	605	2	Char	Valid CCI Location Attribute, may be spaces
50e	Other Intervention Attribute-Extent (5th occurrence)	607	2	Char	Valid CCI Extent Attribute, may be spaces
51e	Duration of Ambulatory Care Other Intervention (5th occurrence)	609	4	9999	0001-9999, may be spaces
52e	Intervention Location Code-Other Intervention (5th occurrence)	613	2	99	01-11, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
55e	Out Of Hospital Indicator-Other Intervention (5th occurrence)	615	1	Char	Y, may be spaces
56e	Out Of Hospital Institution Number-Other Intervention (5th occurrence)	616	5	99999	Defined by reporting province, may be spaces
<b>47f</b>	<b>Other Intervention (6th occurrence)</b>	<b>621</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48f	Other Intervention Attribute-Status (6th occurrence)	631	2	Char	Valid CCI Status Attribute, may be spaces
49f	Other Intervention Attribute-Location (6th occurrence)	633	2	Char	Valid CCI Location Attribute, may be spaces
50f	Other Intervention Attribute-Extent (6th occurrence)	635	2	Char	Valid CCI Extent Attribute, may be spaces
51f	Duration of Ambulatory Care Intervention-Other Intervention (6th occurrence)	637	4	9999	0001-9999, may be spaces
52f	Intervention Location Code-Other Intervention (6th occurrence)	641	2	99	01-11, may be spaces
55f	Out Of Hospital Indicator-Other Intervention (6th occurrence)	643	1	Char	Y, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
56f	Out Of Hospital Institution Number-Other Intervention (6th occurrence)	644	5	99999	Defined by reporting province, may be spaces
<b>47g</b>	<b>Other Intervention (7th occurrence)</b>	<b>649</b>	<b>10</b>	<b>Char</b>	<b>Valid CCI code, may be spaces</b>
48g	Other Intervention Attribute-Status (7th occurrence)	659	2	Char	Valid CCI Status Attribute, may be spaces
49g	Other Intervention Attribute-Location (7th occurrence)	661	2	Char	Valid CCI Location Attribute, may be spaces
50g	Other Intervention Attribute-Extent (7th occurrence)	663	2	Char	Valid CCI Extent Attribute, may be spaces
51g	Duration of Ambulatory Care Intervention-Other Intervention (7th occurrence)	665	4	9999	0001-9999, may be spaces
52g	Intervention Location Code-Other Intervention (7th occurrence)	669	2	99	01-11, may be spaces
55g	Out Of Hospital Indicator-Other Intervention (7th occurrence)	671	1	Char	Y, may be spaces
56g	Out Of Hospital Institution Number-Other Intervention (7th occurrence)	672	5	99999	Defined by reporting province, may be spaces

Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
47h	Other Intervention (8th occurrence)	677	10	Char	Valid CCI code, may be spaces
48h	Other Intervention Attribute-Status (8th occurrence)	687	2	Char	Valid CCI Status Attribute, may be spaces
49h	Other Intervention Attribute-Location (8th occurrence)	689	2	Char	Valid CCI Location Attribute, may be spaces
50h	Other Intervention Attribute-Extent (8th occurrence)	691	2	Char	Valid CCI Extent Attribute, may be spaces
51h	Duration of Ambulatory Care Intervention-Other Intervention (8th occurrence)	693	4	9999	0001-9999, may be spaces
52h	Intervention Location Code-Other Intervention (8th occurrence)	697	2	99	01-11, may be spaces
55h	Out Of Hospital Indicator-Other Intervention (8th occurrence)	699	1	Char	Y, may be spaces
56h	Out Of Hospital Institution Number-Other Intervention (8th occurrence)	700	5	99999	Defined by reporting province, may be spaces
47i	Other Intervention (9th occurrence)	705	10	Char	Valid CCI code, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
48i	Other Intervention Attribute-Status (9th occurrence)	715	2	Char	Valid CCI Status Attribute, may be spaces
49i	Other Intervention Attribute-Location (9th occurrence)	717	2	Char	Valid CCI Location Attribute, may be spaces
50i	Other Intervention Attribute-Extent (9th occurrence)	719	2	Char	Valid CCI Extent Attribute, may be spaces
51i	Duration of Ambulatory Care Intervention-Other Intervention (9th occurrence)	721	4	9999	0001-9999, may be spaces
52i	Intervention Location Code-Other Intervention (9th occurrence)	725	2	99	01-11, may be spaces
55i	Out Of Hospital Indicator-Other Intervention (9th occurrence)	727	1	Char	Y, may be spaces
56i	Out Of Hospital Institution Number-Other Intervention (9th occurrence)	728	5	99999	Defined by reporting province, may be spaces
53a	Anaesthetic Technique (1st occurrence)	733	1	9	0-9, may be spaces [Fiscal 2005-2006]
53b	Anaesthetic Technique (2nd occurrence)	734	1	9	0-9, may be spaces [Fiscal 2005-2006]
53c	Anaesthetic Technique (3rd occurrence)	735	1	9	0-9, may be spaces [Fiscal 2005-2006]

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
53d	Anaesthetic Technique (4th occurrence)	736	1	9	0-9, may be spaces [Fiscal 2005-2006]
53e	Anaesthetic Technique (5th occurrence)	737	1	9	0-9, may be spaces [Fiscal 2005-2006]
54	Died During Intervention Flag	738	1	Char	Y, may be spaces
57	Blood Transfusion Indicator	739	1	Char	Y, N, not spaces
58	Transfused With Red Blood Cells	740	1	Char	Y, may be spaces
59	Transfused With Platelets	741	1	Char	Y, may be spaces
60	Transfused With Plasma	742	1	Char	Y, may be spaces
61	Transfused With Albumin	743	1	Char	Y, may be spaces
62	Transfused With Other Blood Components	744	1	Char	Y, may be spaces
63	Autologous Blood Transfusion	745	1	Char	Y, may be spaces
64	Units Of Blood Transfused (Red Blood Cells)	746	2	99	01-99, may be spaces
65	Units Of Blood Transfused (Platelets)	748	2	99	01-99, may be spaces
66	Units Of Blood Transfused (Plasma)	750	2	99	01-99, may be spaces
67	Units Of Blood Transfused (Albumin)	752	2	99	01-99, may be spaces
68	Units Of Blood Transfused (Other)	754	2	99	01-99, may be spaces
69	Number Of Previous Term Deliveries	756	2	99	00-20,99, may be spaces

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Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
70	Number Of Previous Pre-Term Deliveries	758	2	99	00-20,99,may be spaces
71	Number Of Previous Spontaneous Abortion	760	2	99	00-20,99,may be spaces
72	Number Of Previous Therapeutic Abortions	762	2	99	00-20,99, may be spaces
73	Gestational Age – Therapeutic Abortion	764	2	99	01-45, 99, may be spaces
74	Date Of Last Menses	766	8	YYYYMMDD	Valid Date, may be spaces
75a	MIS Functional Centre Code (1st occurrence)	774	19	999999999	Valid functional centre, may be spaces
75b	MIS Functional Centre Code (2nd occurrence)	793	19	999999999	Valid functional centre, may be spaces
75c	MIS Functional Centre Code (3rd occurrence)	812	19	999999999	Valid functional centre, may be spaces
75d	MIS Functional Centre Code (4th occurrence)	831	19	999999999	Valid functional centre, may be spaces
75e	MIS Functional Centre Code (5th occurrence)	850	19	999999999	Valid functional centre, may be spaces
75f	MIS Functional Centre Code (6th occurrence)	869	19	999999999	Valid functional centre, may be spaces
75g	MIS Functional Centre Code (7th occurrence)	888	19	999999999	Valid functional centre, may be spaces
75h	MIS Functional Centre Code (8th occurrence)	907	19	999999999	Valid functional centre, may be spaces
75i	MIS Functional Centre Code (9th occurrence)	926	19	999999999	Valid functional centre, may be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
75j	MIS Functional Centre code (10th occurrence)	945	24	999999999	Valid functional centre, may be spaces
79a	1st Special Project Number	969	3	999	May be spaces
80a	1st Special Project Data	972	1	Char	May be spaces
81a	1st Special Project Data	973	1	Char	May be spaces
82a	1st Special Project Data	974	1	Char	May be spaces
83a	1st Special Project Data	975	1	Char	May be spaces
84a	1st Special Project Data	976	1	Char	May be spaces
85a	1st Special Project Data	977	1	Char	May be spaces
86a	1st Special Project Data	978	1	Char	May be spaces
87a	1st Special Project Data	979	1	Char	May be spaces
88a	1st Special Project Data	980	1	Char	May be spaces
89a	1st Special Project Data	981	1	Char	May be spaces
90a	1st Special Project Data	982	1	Char	May be spaces
91a	1st Special Project Data	983	1	Char	May be spaces
92a	1st Special Project Data	984	1	Char	May be spaces
93a	1st Special Project Data	985	2	Char	May be spaces
94a	1st Special Project Data	987	2	Char	May be spaces
95a	1st Special Project Data	989	3	Char	May be spaces
96a	1st Special Project Data	992	4	Char	May be spaces
79b	2nd Special Project Number	996	3	999	May be spaces
80b	2nd Special Project Data	999	1	Char	May be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
81b	2nd Special Project Data	1000	1	Char	May be spaces
82b	2nd Special Project Data	1001	1	Char	May be spaces
83b	2nd Special Project Data	1002	1	Char	May be spaces
84b	2nd Special Project Data	1003	1	Char	May be spaces
85b	2nd Special Project Data	1004	1	Char	May be spaces
86b	2nd Special Project Data	1005	1	Char	May be spaces
87b	2nd Special Project Data	1006	1	Char	May be spaces
88b	2nd Special Project Data	1007	1	Char	May be spaces
89b	2nd Special Project Data	1008	1	Char	May be spaces
90b	2nd Special Project Data	1009	1	Char	May be spaces
91b	2nd Special Project Data	1010	1	Char	May be spaces
92b	2nd Special Project Data	1011	1	Char	May be spaces
93b	2nd Special Project Data	1012	2	Char	May be spaces
94b	2nd Special Project Data	1014	2	Char	May be spaces
95b	2nd Special Project Data	1016	3	Char	May be spaces
96b	2nd Special Project Data	1019	4	Char	May be spaces
79c	3rd Special Project Number	1023	3	999	May be spaces
80c	3rd Special Project Data	1026	1	Char	May be spaces
81c	3rd Special Project Data	1027	1	Char	May be spaces
82c	3rd Special Project Data	1028	1	Char	May be spaces
83c	3rd Special Project Data	1029	1	Char	May be spaces
84c	3rd Special Project Data	1030	1	Char	May be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
85c	3rd Special Project Data	1031	1	Char	May be spaces
86c	3rd Special Project Data	1032	1	Char	May be spaces
87c	3rd Special Project Data	1033	1	Char	May be spaces
88c	3rd Special Project Data	1034	1	Char	May be spaces
89c	3rd Special Project Data	1035	1	Char	May be spaces
90c	3rd Special Project Data	1036	1	Char	May be spaces
91c	3rd Special Project Data	1037	1	Char	May be spaces
92c	3rd Special Project Data	1038	1	Char	May be spaces
93c	3rd Special Project Data	1039	2	Char	May be spaces
94c	3rd Special Project Data	1041	2	Char	May be spaces
95c	3rd Special Project Data	1043	3	Char	May be spaces
96c	3rd Special Project Data	1046	4	Char	May be spaces
79d	4th Special Project Number	1050	3	999	May be spaces
80d	4th Special Project Data	1053	1	Char	May be spaces
81d	4th Special Project Data	1054	1	Char	May be spaces
82d	4th Special Project Data	1055	1	Char	May be spaces
83d	4th Special Project Data	1056	1	Char	May be spaces
84d	4th Special Project Data	1057	1	Char	May be spaces
85d	4th Special Project Data	1058	1	Char	May be spaces
86d	4th Special Project Data	1059	1	Char	May be spaces
87d	4th Special Project Data	1060	1	Char	May be spaces
88d	4th Special Project Data	1061	1	Char	May be spaces

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/Type</b>	<b>Valid Codes</b>
89d	4th Special Project Data	1062	1	Char	May be spaces
90d	4th Special Project Data	1063	1	Char	May be spaces
91d	4th Special Project Data	1064	1	Char	May be spaces
92d	4th Special Project Data	1065	1	Char	May be spaces
93d	4th Special Project Data	1066	2	Char	May be spaces
94d	4th Special Project Data	1068	2	Char	May be spaces
95d	4th Special Project Data	1070	3	Char	May be spaces
96d	4th Special Project Data	1073	4	Char	May be spaces
79e	5th Special Project Number	1077	3	999	May be spaces
80e	5th Special Project Data	1080	1	Char	May be spaces
81e	5th Special Project Data	1081	1	Char	May be spaces
82e	5th Special Project Data	1082	1	Char	May be spaces
83e	5th Special Project Data	1083	1	Char	May be spaces
84e	5th Special Project Data	1084	1	Char	May be spaces
85e	5th Special Project Data	1085	1	Char	May be spaces
86e	5th Special Project Data	1086	1	Char	May be spaces
87e	5th Special Project Data	1087	1	Char	May be spaces
88e	5th Special Project Data	1088	1	Char	May be spaces
89e	5th Special Project Data	1089	1	Char	May be spaces
90e	5th Special Project Data	1090	1	Char	May be spaces
91e	5th Special Project Data	1091	1	Char	May be spaces
92e	5th Special Project Data	1092	1	Char	May be spaces

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Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
93e	5th Special Project Data	1093	2	Char	May be spaces
94e	5th Special Project Data	1095	2	Char	May be spaces
95e	5th Special Project Data	1097	3	Char	May be spaces
96e	5th Special Project Data	1100	4	Char	May be spaces
97	PCTAS Indicator	1104	1	Char	N, Y, May be spaces
98	Program Area	1105	2	Char	AU, CN, GI, MH, NE, RE, RS, SP, SW or may be spaces
99	Scheduled ED Visit Indicator	1107	1	Char	Y, N, may be spaces
100	Glasgow Coma Scale	1108	2	Char	03.15, 99, may be spaces [corrected for [Fiscal 2004.2005]
101	Seat Belt Indicator	1110	2	Char	N, Y, 98, 99, left-justified, may be spaces
102	Helmet Indicator	1112	2	Char	N, Y, 98, 99, left-justified, may be spaces [Fiscal 2004-2005]
103	Level of Care/Service Recipient	1114	3	Char	Must be spaces (do not use) [Fiscal 2004-2005]
104	Referral Date	1117	8	YYYYMMDD	Valid Date, or may be spaces [Fiscal 2004-2005]
105	Vendor MAC	1125	2	Char	01-21, 99 or may be spaces [Fiscal 2004-2005] This field is used to provide feedback on the Software Vendor assigned values compared to CIHI assigned values
106	Vendor CACS	1127	4	Char	May be spaces left-justified [Fiscal 2004-2005] This field is used to provide feedback on the Software Vendor assigned values compared to CIHI assigned values

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Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
107	Vendor RIW	1131	8	Char	May be spaces [Fiscal 2004-2005] This field is used to provide feedback on the Software Vendor assigned values compared to CIHI assigned values
108	Complete Record	1139	2	Char	Y, N, left-justified, may be spaces [Fiscal 2004-2005]
109	Main Intervention Date	1141	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
110	Main Intervention Start Time	1149	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111a	Other Intervention Date (1st occurrence)	1153	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112a	Other Intervention Start Time (1st occurrence)	1161	4	HHMM	0000.2359, may be spaces [Fiscal 2004-2005]
111b	Other Intervention Date (2nd occurrence)	1165	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112b	Other Intervention Start Time (2nd occurrence)	1173	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111c	Other Intervention Date (3rd occurrence)	1177	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112c	Other Intervention Start Time (3rd occurrence)	1185	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111d	Other Intervention Date (4th occurrence)	1189	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112d	Other Intervention Start Time (4th occurrence)	1197	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111e	Other Intervention Date (5th occurrence)	1201	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]

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<b>Element Id</b>	<b>Data Element</b>	<b>Start Byte</b>	<b>Length</b>	<b>Format/ Type</b>	<b>Valid Codes</b>
112e	Other Intervention Start Time (5th occurrence)	1209	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111f	Other Intervention Date (6th occurrence)	1213	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112f	Other Intervention Start Time (6th occurrence)	1221	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111g	Other Intervention Date (7th occurrence)	1225	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112g	Other Intervention Start Time (7th occurrence)	1233	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111h	Other Intervention Date (8th occurrence)	1237	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112h	Other Intervention Start Time (8th occurrence)	1245	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
111i	Other Intervention Date (9th occurrence)	1249	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2004-2005]
112i	Other Intervention Start Time (9th occurrence)	1257	4	HHMM	0000-2359, may be spaces [Fiscal 2004-2005]
00G	Primary Abstract ID Number Retired	1261	7	9999999	Must be spaces [Retired Fiscal 2006-2007]
113	Reason for Visit	1268	7	Char	Valid ICD-10-CA code, may be spaces [DE added Fiscal 2006.2007]
114	Disposition Date	1275	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2007-2008]
115	Disposition Time	1283	4	HHMM	0000-2359, 9999, may be spaces [Fiscal 2007-2008]
116	Date Patient Left ED	1287	8	YYYYMMDD	Valid Date, may be spaces [Fiscal 2007-2008]

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Element Id	Data Element	Start Byte	Length	Format/ Type	Valid Codes
117	Time Patient Left ED	1295	4	HHMM	0000-2359, 9999, may be spaces [Fiscal 2007-2008]
	Filler	1299	251	Char	Spaces [additional space (250 bytes) added Fiscal 2006-2007]
O-MOH01	Coding classification indicator	1550	1	CHAR	A code which identifies the classification system used for recording Diagnoses and Procedures. Must be 0 = ICD-10 CA/CCI
O-MOH02	Adjustment Indicator	1551	1	CHAR	Always N for Hospital Submissions
O-MOH03	Health Care Number Expiry Date	1552	8	YYYYMMDD	Not all provinces have an expiry date for their health cards; provide if known, otherwise spaces (e.g. '20071129', 'b')
O-MOH04	Patient Last Name	1560	20	CHAR	(e.g. "Smith ")
O-MOH05	Patient First Name	1580	20	CHAR	(e.g. "John ")
O-MOH06	Out-Patient Service Code	1600	2	CHAR	Range '01' to '15'
O-MOH07	Claim Amount	1602	10	CHAR	No decimal point, always positive (e.g. '0000122400' for \$1,224.00)
O-MOH08	Hospital Claim Number	1612	15	CHAR	Provided for use by Hospital; the unique identifier for this claim in the hospital's system (may be the hospital chart number)
O-MOH09	Claim Type	1627	1	CHAR	'O' (Outpatient)
O-MOH10	Record Type	1628	1	CHAR	'D' (Detail)

## Appendix D Conformance Testing

### Overview

Prior to submitting claims to the ministry for processing, a hospital must complete conformance testing to ensure reciprocal claim billing files conform to the billing file layout. To assist in developing test data, appendices E, F, and G have been provided which include test health card numbers and test claim scenarios.

To begin the conformance testing process, advise the ministry of test readiness by sending an email to the Service Support Contact Centre at [SSContactCentre.MOH@ontario.ca](mailto:SSContactCentre.MOH@ontario.ca). Further instructions will be provided at that time.

When there have been two successful inpatient test files and two successful outpatient test files, the hospital will be advised they have completed conformance testing and are authorized to submit claims electronically for processing.

### Test Files

Prepare a file of test data from your system using the same process that you will use in production. The ministry will examine the file(s) and provide feedback on any format errors within five business days. If there are errors, the ministry will request that a new test file be submitted and the process will be repeated until all problems are resolved to the satisfaction of the ministry.

Each test file:

1. must comply with the International Classification of Diseases – 10th Revision (ICD-10).
2. **must contain fictitious personal health information.**
3. can include the test cases defined in appendices F and G or other fictitious scenarios.
4. can contain other scenarios which include the test health numbers defined in Appendix E.
5. should contain different claim scenarios.
6. must be in the format: XNNNYYYYMMDD.<sup>1</sup>
7. must be given a unique file name.

Send test file(s) to technical support as attachments to a notification email which includes the summary information listed below:

1. File Name: XNNNYYYYMMDD
2. Number of claim detail records: NNNNN

---

<sup>1</sup> where X is I (Inpatient) or O (Outpatient), NNN is your hospital number, and YYYYMMDD is the billing date

3. Where NNNNN is the record count excluding Common Header and Trailer
4. Total claimed amount: \$\$\$\$\$\$. Where \$\$\$\$\$\$ is the total amount for all claim detail records combined.

**Note: One e-mail may be sent containing information for both an inpatient and an outpatient file if both file types are being submitted on the same day.**

At least two “clean” test billing cycles for inpatients and two “clean” test billing cycles for outpatients are required to complete conformance testing. “clean” is defined as:

1. The file naming convention is correct.
2. The Common Header and Trailer records are correct and accurately reflect the e-mail notification and the file contents.
3. The record format complies with the reciprocal billing file layout
4. The contents of the file(s) have been “loaded” successfully into the ministry’s Reciprocal Hospital Billing System.
5. There are no serious systematic errors in the claims, such as:
  - A. Incorrect claim amount (appropriate per diem rates and other values must be set in the hospital system for consistent processing).
  - B. Invalid date format (basic data validation must be set in the hospital system).
6. While normal business errors are expected (invalid HCN, invalid diagnosis, etc.), a test cycle must have at least 10 error-free records.

## Test Cases

Each test file should have 10-15 claims to ensure that a minimum of claims pass through error-free. Hospitals can include more cases and/or exclude cases that are not applicable. For example, high cost test cases may be avoided for those hospitals that do not have these procedures.

Testing should include the following cases (if applicable to the hospital):

Inpatient File Test Conditions
1. Newborn Ward Rate Claim
2. Ward Rate Claim (not newborn)
3. Ward Rate Claim with 3 Diagnostic Codes and 3 Intervention Codes
4. Ward Rate Claims with patients from provinces requiring health card expiry dates.
5. Ward Rate Claim with patients from provinces not requiring health card expiry dates. (Alberta, British Columbia or Manitoba)
6. Split Rate Claim: <b>Claim 1</b> - Ward Rate Claim. <b>Claim 2</b> - ICU Rate Claim
7. High Cost Procedure Claims

<b>Outpatient File Test Conditions</b>
--

- |   |
|---|
| 1. Claim has Service Code 01, no Diagnostic or Intervention codes             |
| 2. Claim has Service Code 02 with 3 Diagnostic Codes and 3 Intervention Codes |
| 3. Claims with Service Code 03 - 12   |
| 4. Claim with patients from various provinces                                 |

## Appendix E Test Health Card Numbers

Province	Health Card Number
<b>Alberta (AB)</b> Postal Code must begin with 'T'	282568634
	074158084
	500226638
	569404538
	071408693
	660466208
	754456938
	878274587
	460035106
	893306872

<b>British Columbia (BC)</b> Postal Code must begin with 'V'	9064184128
	9086853968
	9876663444
	9771137013
	9629679629
	9609106673
	9663313507
	9952500657
	9275139626
	9637580912

<b>Manitoba (MB)</b> Postal Code must begin with 'R'	063202147
	596808251
	879162110
	256960282
	290711738
	977172815
	832760023
	088745654
	748966018
	490981946

<b>New Brunswick (NB)</b> Postal Code must begin with 'E'	042322941
	676447493
	428984983
	361604291
	064169998
	787795020
	046621942
	604616714
	154966576

Province	Health Card Number
	251910113
<b>Newfoundland and Labrador (NL)</b> Postal Code must begin with 'A'	304010949911
	488207661346
	783504302630
	864093790698
	370220689886
	848570527384
	969945374318
	956739556119
	955202498601
	174291853078
<b>Nova Scotia (NS)</b> Postal Code must begin with 'B'	0002441830
	0004602397
	0008974289
	0005073002
	0005885389
	0008358749
	0000728907
	0006539522
	0006607642
	0006318273
<b>Northwest Territories (NT)</b> Postal Code must begin with 'X'	D6230445
	T9125832
	M9066846
	M1414762
	D0594291
	D2800522
	M0400754
	T6705222
	D6524359
<b>Nunavut (NU)</b> Postal Code must begin with 'X'	149486427
	108233516
	119242406
	134247024
	134478933
	194929923
<b>Prince Edward Island (PE)</b> Postal Code must begin with 'C'	00468033
	03099470
	02365724

Province	Health Card Number
	06610810
	03628039
	00814491
	03289949
	07274889
	06979470
	01040302

<b>Saskatchewan (SK)</b> Postal Code must begin with 'S'	412341638
	944149448
	938628453
	733548571
	077344944
	456855769
	589368818
	453948405
	973359544
	202212653

<b>Yukon Territories (YT)</b> Postal Code must begin with 'Y'	002088862
	002361384
	002231124
	002180388
	002049799
	002684611
	002524114
	002184943
	002807626
	002233864

**Quebec (QC):**

Postal codes must begin with one of the following:

'K1A','H','J','G'

Health Card Number	First Name	Last Name	Birth Date	Sex
LOUK83561685	KELLY	LOUDER	18830616	F
MINM06090258	MELVYN	MINTER	20060902	M
ROUJ82560712	JAREN	ROURKE	19820607	F
RERG92550839	GRAY	RERICH	19920508	F
GIBD60022239	DEAN	GIBBONS	19600222	M
GARM15522894	MARY	GARBY	19150228	F
KLAN26532363	NADIM	KLAPHEKE	19260323	F
TOTA46510660	ALICE	TOTH	19460106	F
FICD00072982	DWIGHT	FICA	19000729	M
AHRB13603063	BETTY	AHRENS	19131030	F
TESB08550526	BEBE	TESTER	20080505	F
FAKB08060757	BABY	FAKENAME	20080607	M

## Appendix F Inpatient Test Scenarios

### Inpatient File from Hospital 999 on June 15, 2011

Details are provided as they should be delivered in the electronic file. However, some items will be different from hospital to hospital. Hospitals should replace **999** with their own hospital number in the script below. Other items that need to be replaced are also bolded.

#### Notification E-Mail

Hospitals must send a notification e-mail to the ministry containing the following summary information:

<b>Hospital Name:</b>	<b>{hospital name}</b>
<b>File Name:</b>	<b>I99920110630</b>
<b>Number of claims:</b>	<b>#####</b>
<b>Total claimed amount:</b>	<b>\$\$,\$\$\$,\$\$\$,\$\$</b>

#### Common Header Format

**I99920110630**

Data Element Name	Offset	Content
Claim Type (Inpatient)	1	I
Record Type (Batch Header)	2	B
Province Code	3	ON
Hospital Number	5	<b>999</b>
Billing Date	13	<b>20110630</b>
Batch ID (3 digit hospital number plus 5 digit unique identifier)	21	<b>99912345</b>
Layout Version	29	RR3.00

The record will look exactly as below:

```
1234567890123456789012345678901234
IBON999 2011063099912345RR3.00
```

## Common Trailer Format

Data Element Name	Offset	Content
Claim Type	1	I
Record Type (Trailer)	2	T
Total Claims in Batch	3	00016
Total Value of Claims in the Batch	8	0012416500
Total Adjustments in the Batch	18	00000
Total Value Adjustments in the Batch	23	0000000000

The record will look exactly as below:

```
12345678901234567890123456789012
IT000160012416500000000000000000
```

## Inpatient Claim #1 – Standard Ward Rate (Saskatchewan)

Scenario Note: 3 Diagnostics and 3 Interventions

Data Element Name	Offset	Content
Health Care Number	57	202212653
Postal Code	69	S7H0S7
Gender	82	F
Province/Territory issuing Health Care Number	83	SK
Birth Date	87	19551107
Admission Date	113	20110502
Discharge Date	158	20110506
Most Responsible Diagnosis (1st occurrence)	378	F060
Other Diagnosis 2nd	387	F063
Other Diagnosis 3rd	396	G930
Principal Intervention Code	624	2AF71GR
Other Intervention 2nd	698	2AN08FN
Other Intervention 3rd	772	3AW70CC
Coding classification indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20131231
Patient Last Name	2811	SU
Patient First Name	2831	SUE
Patient Address Line 1	2851	1301 8TH ST E
Patient Address City	2921	SASKATOON
Patient Address Province	2956	SK
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>2</sup>
Claim Amount	3000	0000222000 <sup>3</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>2</sup> Note: \$555.00 s/b replaced with the applicable hospital ward rate

<sup>3</sup> Note: \$2,220.00 = hospital ward rate multiplied by length of stay (i.e.: 4 days)

### Inpatient Claim #2 – Standard Ward Rate (British Colombia)

Data Element Name	Offset	Content
Health Care Number	57	9637580912
Postal Code	69	V1M3C4
Gender	82	M
Province/Territory Issuing Health Care Number	83	BC
Birth Date	87	19101031
Admission Date	113	20110420
Discharge Date	158	20110430
Most Responsible Diagnosis (1st occurrence)	378	A020
Principal Intervention Code	624	1BF35HAJ2
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	BARTLEY
Patient First Name	2831	DAVID
Patient Address Line 1	2851	20793 96 AVE
Patient Address City	2921	LANGLEY
Patient Address Province	2956	BC
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>4</sup>
Claim Amount	3000	0000555000 <sup>5</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>4</sup> Note \$500.00 s/b replaced with applicable hospital ward rate

<sup>5</sup> Note \$50,000.00 = hospital ward rate multiplied by length of stay (i.e.: 10 days)

### Inpatient Claim #3 – Standard Ward Rate (New Brunswick)

Data Element Name	Offset	Content
Health Care Number	57	251910113
Postal Code	69	E4N1B2
Gender	82	F
Province/Territory Issuing Health Care Number	83	NB
Birth Date	87	19421223
Admission Date	113	20110601
Discharge Date	158	20110611
Most Responsible Diagnosis (1st occurrence)	378	I711
Principal Intervention Code	624	2AC70DA
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20121231
Patient Last Name	2811	DECARIE
Patient First Name	2831	CARIE
Patient Address Line 1	2851	C/O BATES MOTEL
Patient Address Line 2	2886	2255 CHEMIN ACADIE
Patient Address City	2921	CAP-PELE
Patient Address Province	2956	NB
Inpatient Type Indicator	2958	S
Ward Rate	2992	000 <b>55500</b> <sup>6</sup>
Claim Amount	3000	0000 <b>555000</b> <sup>7</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Hospital Claim Number	3020	
Claim Type	3035	I
Record Type	3036	D

<sup>6</sup> Note \$555.00 s/b replaced with applicable hospital ward rate

<sup>7</sup> Note \$5,550.00 = hospital ward rate multiplied by length of stay (i.e.: 10 days)

## Inpatient Claim #4 – Standard Ward Rate (Newfoundland and Labrador)

Scenario Note: Accident Indicator Flagged

Data Element Name	Offset	Content
Health Care Number	57	174291853078
Postal Code	69	A1B4N4
Gender	82	F
Province/Territory Issuing Health Care Number	83	NL
Birth Date	87	19501223
Admission Date	113	20110505
Discharge Date	158	20110515
Most Responsible Diagnosis (1st occurrence)	378	M8440
Other Diagnosis (2nd Occurrence)	387	V011
Principal Intervention Code	624	1WG03JAFQ
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20111231
Patient Last Name	2811	DU
Patient First Name	2831	SPEN
Patient Address Line 1	2851	175 HIGGINS LINE
Patient Address City	2921	ST. JOHN'S
Patient Address Province	2956	NL
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>8</sup>
Claim Amount	3000	0000555000 <sup>9</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	Y
Accident Code	3013	V011
Claim Type	3035	I
Record Type	3036	D

<sup>8</sup> Note \$555.00 s/b replaced with applicable hospital ward rate

<sup>9</sup> Note \$5,550.00 = hospital ward rate multiplied by length of stay (i.e.: 10 days)

## Inpatient Claim #5 – Standard Ward Rate (Nova Scotia)

Data Element Name	Offset	Content
Health Care Number	57	0002441830
Postal Code	69	B3N1J4
Gender	82	F
Province/Territory Issuing Health Care Number	83	NS
Birth Date	87	19501223
Admission Date	113	20110503
Discharge Date	158	20110513
Most Responsible Diagnosis (1st occurrence)	378	A668
Principal Intervention Code	624	1BF35HAJ2
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20111231
Patient Last Name	2811	SMITH
Patient First Name	2831	SAM
Patient Address Line 1	2851	20 SAINT MARGARET'S BAY RD
Patient Address City	2921	HALIFAX
Patient Address Province	2956	NS
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>10</sup>
Claim Amount	3000	0000555000 <sup>11</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>10</sup> Note \$555.00 s/b replaced with the applicable hospital ward rate

<sup>11</sup> Note \$5,550.00 = hospital ward rate multiplied by length of stay (i.e.: 10 days)

## Inpatient Claim #6 – Standard Ward Rate (Northwest Territories)

Data Element Name	Offset	Content
Health Care Number	57	D6524359
Postal Code	69	X1A3M6
Gender	82	M
Province/Territory Issuing Health Care Number	83	NT
Birth Date	87	19871128
Admission Date	113	20110502
Discharge Date	158	20110512
Most Responsible Diagnosis (1st occurrence)	378	A810
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20111128
Patient Last Name	2811	DUNEUF
Patient First Name	2831	HANS
Patient Address Line 1	2851	120 ARDEN AVENUE
Patient Address City	2921	YELLOWKNIFE
Patient Address Province	2956	NT
Inpatient Type Indicator	2958	S
Ward Rate	2992	000 <b>55500</b> <sup>12</sup>
Claim Amount	3000	0000 <b>555000</b> <sup>13</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>12</sup> Note \$555.00 s/b replaced with the applicable hospital ward rate

<sup>13</sup> Note \$5,550.00 = hospital ward rate multiplied by length of stay (i.e.: 10 days)

### Inpatient Claim #7 – Standard Ward Rate (Nunavut)

Data Element Name	Offset	Content
Health Care Number	57	194929923
Postal Code	69	X0A0L0
Gender	82	M
Province/Territory Issuing Health Care Number	83	NU
Birth Date	87	19871126
Admission Date	113	20110509
Discharge Date	158	20110519
Most Responsible Diagnosis (1st occurrence)	378	I201
Principal Intervention Code	624	1BF35HAJ2
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20121130
Patient Last Name	2811	SMITH
Patient First Name	2831	SAMMY
Patient Address Line 1	2851	PO BOX 39
Patient Address City	2921	IGLOOLIK
Patient Address Province	2956	NU
Inpatient Type Indicator	2958	S
Ward Rate	2992	000 <b>55500</b> <sup>14</sup>
Claim Amount	3000	0000 <b>555000</b> <sup>15</sup>
Death Indicator	3010	Y
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>14</sup> Note \$555.00 s/b replaced with the applicable hospital ward rate

<sup>15</sup> Note \$5,550.00 = hospital ward rate multiplied by length of stay (i.e.: 10 days)

## Inpatient Claim #8 – Prince Edward Island

Scenario Note: Long Stay Indicator Flagged

Data Element Name	Offset	Content
Health Care Number	57	00468033
Postal Code	69	C1B1T5
Gender	82	F
Province/Territory Issuing Health Care Number	83	PE
Birth Date	87	19101031
Admission Date	113	20110501
Discharge Date	158	20110601
Most Responsible Diagnosis (1st occurrence)	378	I201
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20121130
Patient Last Name	2811	GREENGABLE
Patient First Name	2831	ANNE
Patient Address Line 1	2851	20 STRATFORD ROAD
Patient Address City	2921	STRATFORD
Patient Address Province	2956	PE
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>16</sup>
Claim Amount	3000	0001720500 <sup>17</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	Y
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>16</sup> Note \$555.00 s/b replaced with applicable hospital ward rate

<sup>17</sup> Note \$16,650.00 = hospital ward rate multiplied by the length of stay (i.e.: 31 days)

### Inpatient Claim #9 – Standard Ward Rate (Yukon Territories)

Data Element Name	Offset	Content
Health Care Number	57	002088862
Postal Code	69	Y1A1Y4
Gender	82	M
Province/Territory Issuing Health Care Number	83	YT
Birth Date	87	19101031
Admission Date	113	20110501
Discharge Date	158	20110520
Most Responsible Diagnosis (1st occurrence)	378	A881
Principal Intervention Code	624	1BF35HAJ2
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20121031
Patient Last Name	2811	JO
Patient First Name	2831	JOE
Patient Address Line 1	2851	206 HANSON STREET
Patient Address City	2921	WHITEHORSE
Patient Address Province	2956	YT
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>18</sup>
Claim Amount	3000	0001054500
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>18</sup> Note \$500.00 s/b replaced with the applicable hospital ward rate

## Inpatient Claim #10 – Quebec

Scenario Note: Death Indicator Flagged

Data Element Name	Offset	Content
Health Care Number	57	AHRB13603063
Postal Code	69	G0W1G0
Gender	82	F
Province/Territory Issuing Health Care Number	83	QC
Birth Date	87	19131030
Admission Date	113	20110501
Discharge Date	158	20110521
Most Responsible Diagnosis (1st occurrence)	378	N150
Principal Intervention Code	624	1BF35HAJ2
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20131031
Patient Last Name	2811	AHRENS
Patient First Name	2831	BETTY
Patient Address Line 1	2851	577 RTE169
Patient Address City	2921	CHAMBORD
Patient Address Province	2956	QC
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>19</sup>
Claim Amount	3000	0001110000 <sup>20</sup>
Death Indicator	3010	Y
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>19</sup> Note \$555.00 s/b applicable hospital ward rate

<sup>20</sup> Note \$11,100.00 = hospital ward rate multiplied by length of stay (i.e.: 20 days)

## Inpatient Claim #11 – Standard Ward Rate

Scenario Note: Mother with a Newborn - Alberta

Data Element Name	Offset	Content
Health Care Number	57	893306872
Postal Code	69	T1Y5P4
Gender	82	F
Province/Territory Issuing Health Care Number	83	AB
Birth Date	87	19801106
Admission Date	113	20110514
Discharge Date	158	20110518
Most Responsible Diagnosis (1st occurrence)	378	O85002
Principal Intervention Code	624	5MD50AA
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	WICKHAM
Patient First Name	2831	GEORGINA
Patient Address Line 1	2851	3020 52 ST NE
Patient Address City	2921	CALGARY
Patient Address Province	2956	AB
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>21</sup>
Claim Amount	3000	0000222000 <sup>22</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>21</sup> Note \$555.00 s/b replaced with the applicable hospital ward rate

<sup>22</sup> Note \$2200.00 = hospital ward rate multiplied by length of stay (i.e.: 4 days)

## Inpatient Claim #12

Scenario Note: Newborn - Alberta

Data Element Name	Offset	Content
Health Care Number	57	893306872
Postal Code	69	T1Y5P4
Gender	82	F
Province/Territory Issuing Health Care Number	83	AB
Birth Date	87	20110515
Admission Date	113	20110515
Discharge Date	158	20110518
Most Responsible Diagnosis (1st occurrence)	378	Z38000
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	WICKHAM
Patient First Name	2831	BABY GIRL
Patient Address Line 1	2851	3020 52 ST NE
Patient Address City	2921	CALGARY
Patient Address Province	2956	AB
Inpatient Type Indicator	2958	S
Ward Rate	2992	00037300 <sup>23</sup>
Claim Amount	3000	0000111900 <sup>24</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>23</sup> Newborn ward rate = \$373 (2011/12)

<sup>24</sup> Note: newborn rate multiplied by the length of stay (3 days)

## Inpatient Claim #13 – Split Rate

Scenario Note: Part 1 – Standard Ward Rate

Data Element Name	Offset	Content
Health Care Number	57	154966576
Postal Code	69	E7P 1H3
Gender	82	M
Province/Territory Issuing Health Care Number	83	NB
Birth Date	87	19460301
Admission Date	113	20110501
Discharge Date	158	20110505
Most Responsible Diagnosis (1st occurrence)	378	I249
Principal Intervention Code	624	3IP10VX
Coding Classification indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20120531
Patient Last Name	2811	JONES
Patient First Name	2831	GERARD
Patient Address Line 1	2851	34 HAGGERTY LANE
Patient Address City	2921	FREDERICTON
Patient Address Province	2956	NB
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>25</sup>
Claim Amount	3000	0000222000 <sup>26</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>25</sup> Note \$555.00 s/b applicable hospital ward rate

<sup>26</sup> Note \$2220.00 = hospital ward rate multiplied by length of stay (i.e.: 4 days)

Scenario Note: Part 2 – ICU Rate

Data Element Name	Offset	Content
Health Care Number	57	154966576
Postal Code	69	E7P 1H3
Gender	82	M
Province/Territory Issuing Health Care Number	83	NB
Birth Date	87	19460301
Admission Date	113	20110505
Discharge Date	158	20110507
Most Responsible Diagnosis (1st occurrence)	378	I249
Principal Intervention Code	624	3IP10VX
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20120531
Patient Last Name	2811	JONES
Patient First Name	2831	GERARD
Patient Address Line 1	2851	34 HAGGERTY LANE
Patient Address City	2921	FREDERICTON
Patient Address Province	2956	NB
Inpatient Type Indicator	2958	I
Rate Amount	2992	00066600 <sup>27</sup>
Claim Amount	3000	0000133200 <sup>28</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>27</sup> Note \$666.00 s/b replaced with applicable hospital ICU rate

<sup>28</sup> Note \$1332.00 = hospital ICU rate multiplied by length of stay in ICU (i.e.: 2 days)

Scenario Note: Part 3 – Standard Ward Rate

Data Element Name	Offset	Content
Health Care Number	57	154966576
Postal Code	69	E7P 1H3
Gender	82	M
Province/Territory Issuing Health Care Number	83	NB
Birth Date	87	19460301
Admission Date	113	20110507
Discharge Date	158	20110510
Most Responsible Diagnosis (1st occurrence)	378	I249
Principal Intervention Code	624	3IP10VX
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20120531
Patient Last Name	2811	JONES
Patient First Name	2831	GERARD
Patient Address Line 1	2851	34 HAGGERTY LANE
Patient Address City	2921	FREDERICTON
Patient Address Province	2956	NB
Inpatient Type Indicator	2958	S
Ward Rate	2992	00055500 <sup>29</sup>
Claim Amount	3000	0000166500 <sup>30</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>29</sup> Note \$555.00 s/b applicable hospital ward rate

<sup>30</sup> Note \$1665.00 = hospital ward rate multiplied by the length of stay (i.e.: 3 days)

## Inpatient Claim #14 – Pacemaker

Scenario Note: Part 1 – Standard Ward Rate

Data Element Name	Offset	Content
Health Care Number	57	490981946
Postal Code	69	R3K1A1
Gender	82	F
Province/Territory Issuing Health Care Number	83	MB
Birth Date	87	19380526
Admission Date	113	20110501
Discharge Date	158	20110505
Most Responsible Diagnosis (1st occurrence)	378	I201
Other Diagnosis 2nd	387	I233
Principal Intervention Code	624	1HB53LAJA
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	LEE
Patient First Name	2831	LI
Patient Address Line 1	2851	3760 PORTAGE AVENUE
Patient Address City	2921	WINNIPEG
Patient Address Province	2956	MB
Inpatient Type Indicator	2958	S
High Cost Procedure Code #1	2959	
High Cost Procedure Date #1	2962	
Ward Rate	2992	00055500 <sup>31</sup>
Claim Amount	3000	0000222000 <sup>32</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>31</sup> Note \$555.00 s/b applicable hospital ward rate

<sup>32</sup> Note \$2220.00 = hospital ward rate multiplied by length of stay (i.e.: 4 days)

Scenario Note: Part 2 – Invoice for Pacemaker

Data Element Name	Offset	Content
Health Care Number	57	490981946
Postal Code	69	R3K1A1
Gender	82	F
Province/Territory Issuing Health Care Number	83	MB
Birth Date	87	19380526
Admission Date	113	20110505
Discharge Date	158	20110505
Most Responsible Diagnosis (1st occurrence)	378	I201
Other Diagnosis 2nd	387	I233
Principal Intervention Code	624	1HB53LAJA
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	LEE
Patient First Name	2831	LI
Patient Address Line 1	2851	3760 PORTAGE AVENUE
Patient Address City	2921	WINNIPEG
Patient Address Province	2956	MB
Inpatient Type Indicator	2958	H
High Cost Procedure Code #1	2959	311
High Cost Procedure Date #1	2962	20110505 <sup>33</sup>
Ward Rate	2992	
Claim Amount	3000	0002000000 <sup>34</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>33</sup> Admission, Discharge and High Cost Procedure Date should all reflect date of discharge to avoid the invoice rejecting as a duplicate to the inpatient stay.

<sup>34</sup> Claim amount = invoice price of the device

## Inpatient #15

Scenario Note: Transplants (Block Rate - Service Code 101-104) (Organ acquired within Canada)

Data Element Name	Offset	Content
Health Care Number	57	AHRB3603063
Postal Code	69	H1B 7A8
Gender	82	F
Province/Territory Issuing Health Care Number	83	QC
Birth Date	87	19131030
Admission Date	113	20110501
Discharge Date	158	20110505
Most Responsible Diagnosis (1st occurrence)	378	Z76805
Other Diagnosis 2nd	387	
Principal Intervention Code	624	1DM53LALK
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	AHRENS
Patient First Name	2831	BETTY
Patient Address Line 1	2851	15 SMITH ST
Patient Address City	2921	MONTREAL
Patient Address Province	2956	QC
Inpatient Type Indicator	2958	H
High Cost Procedure Code #1	2959	101
High Cost Procedure Date #1	2962	20110503
Ward Rate	2992	
Claim Amount	3000	0011108400 <sup>35</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>35</sup> Note: Example given for Block Rate for Hearth Transplant - Service Code 101 = \$111,084 ( 2011/12)

## Inpatient # 16

Scenario Note: Part 1 Transplant – With Organ Procured Outside Canada (Service code 101 to 104 only)

Data Element Name	Offset	Content
Health Care Number	57	9259253914
Postal Code	69	V2S 3M9
Gender	82	M
Province/Territory Issuing Health Care Number	83	BC
Birth Date	87	19940702
Admission Date	113	20110501
Discharge Date	158	20110510
Most Responsible Diagnosis (1st occurrence)	378	Z76805
Other Diagnosis 2nd	387	
Principal Intervention Code	624	1DM53LALK
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	BALLAS
Patient First Name	2831	EDWARD
Patient Address Line 1	2851	45 BUCKAROO LANE
Patient Address City	2921	VICTORIA
Patient Address Province	2956	BC
Inpatient Type Indicator	2958	H
High Cost Procedure Code #1	2959	101
High Cost Procedure Date #1	2962	20110505
Ward Rate	2992	
Claim Amount	3000	0011108400 <sup>36</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>36</sup> Note: Heart transplant \$111,084.00 (Service Code 101 2011/12)  
Block rate for Heart Transplant

Scenario Note: Part 2 – Organ Procurement (Outside Canada)

Data Element Name	Offset	Content
Health Care Number	57	9259253914
Postal Code	69	V2S 3M9
Gender	82	M
Province/Territory Issuing Health Care Number	83	BC
Birth Date	87	19940702
Admission Date	113	20110510
Discharge Date	158	20110510
Most Responsible Diagnosis (1st occurrence)	378	Z76805
Other Diagnosis 2nd	387	
Principal Intervention Code	624	1DM53LALK
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	BALLAS
Patient First Name	2831	EDWARD
Patient Address Line 1	2851	45 BUCKAROO LANE
Patient Address City	2921	VICTORIA
Patient Address Province	2956	BC
Inpatient Type Indicator	2958	H
High Cost Procedure Code #1	2959	100
High Cost Procedure Date #1	2962	20110510
Ward Rate	2992	
Claim Amount	3000	0001425300 <sup>37</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>37</sup> Note: Organ Procurement – Out of Country = Procurement cost, \$35,178 – \$20,925 = \$14,253)  
Admit, Discharge and High Cost Procedure Date should all reflect date of discharge to avoid the invoice rejecting as a duplicate to the transplant.

## Inpatient # 17

Scenario Note: Part 1, Bone Marrow and Stem Cell Transplants – (Service code 601 – 607)

Data Element Name	Offset	Content
Health Care Number	57	202212653
Postal Code	69	S4K1W3
Gender	82	M
Province/Territory Issuing Health Care Number	83	SK
Birth Date	87	19430101
Admission Date	113	20110701
Discharge Date	158	20110726
Most Responsible Diagnosis (1st occurrence)	378	Z76800
Other Diagnosis 2nd	387	
Principal Intervention Code	624	1WY19HHXXA
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	20131031
Patient Last Name	2811	STOKES
Patient First Name	2831	JAMES
Patient Address Line 1	2851	29 SMITH VALLEY RD
Patient Address City	2921	REGINA
Patient Address Province	2956	SK
Inpatient Type Indicator	2958	H
High Cost Procedure Code #1	2959	605
High Cost Procedure Date #1	2962	20110702
Ward Rate	2992	
Claim Amount	3000	0012508700 <sup>38</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>38</sup> Note: Adult Allogeneic - \$125,087 2011/12 rate

Scenario Note: Part 2, Add-on Standard High Cost Per Diem over MLOS

Data Element Name	Offset	Content
Health Care Number	57	202212653
Postal Code	69	S4K1W3
Gender	82	M
Province/Territory Issuing Health Care Number	83	SK
Birth Date	87	19430101
Admission Date	113	20110726
Discharge Date	158	20110801
Most Responsible Diagnosis (1st occurrence)	378	Z66800
Other Diagnosis 2nd	387	
Principal Intervention Code	624	1WY19HHXXA
Coding Classification Indicator	2801	0
Adjustment Indicator	2802	N
Health Care Number Expiry Date	2803	
Patient Last Name	2811	STOKES
Patient First Name	2831	JAMES
Patient Address Line 1	2851	29 SMITH VALLEY RD
Patient Address City	2921	REGINA
Patient Address Province	2956	SK
Inpatient Type Indicator	2958	S
High Cost Procedure Code #1	2959	
High Cost Procedure Date #1	2962	
Ward Rate	2992	00214900 <sup>39</sup>
Claim Amount	3000	0001289400 <sup>40</sup>
Death Indicator	3010	N
Long Stay Indicator	3011	N
Accident Indicator	3012	N
Claim Type	3035	I
Record Type	3036	D

<sup>39</sup> Note: Add-on Standard High Cost per diem over MLOS (25 days) \$2,149 (2011/12)

<sup>40</sup> Note: Claim amount = \$2,149 multiplied by days>25 MLOS (i.e.: 6 days)

## Appendix G Outpatient Test Scenarios

### Outpatient File from Hospital 999 on June 15, 2011

Hospitals should replace **999** with their own hospital number in the script below. Other items that need to be replaced are also bolded. The claim amount replaced with the amount associated to the outpatient service code.

### Notification E-mail

Hospitals must send a notification e-mail to the ministry containing the following summary information:

<b>Hospital Name:</b>	<b>Hospital Name</b>
<b>File Name:</b>	<b>O99920110630</b>
<b>Number of claims:</b>	<b>999</b>
<b>Total claimed amount:</b>	<b>\$99,999.00</b>

### Common Header Format

Data Element Name	Offset	Content
Claim Type (Outpatient)	1	O
Record Type (Batch Header)	2	B
Province Code	3	ON
Hospital Number	5	<b>999</b>
Billing Date	13	<b>20110630</b>
Batch ID (3 digit hospital number plus 5 digit unique identifier)	21	<b>99912346</b>
Layout Version	29	RR3.00

The record will look exactly as below:

```
1234567890123456789012345678901234
OBON999 2011063099912345RR3.00
```

## Common Trailer Format

Data Element Name	Offset	Content
Claim Type	1	O
Record Type (Trailer)	2	T
Total Claims in Batch	3	00099
Total Value Claims in Batch	8	0009999900
Total Adjustments in Batch	18	00000
Total Value Adjustments in Batch	23	0000000000

The record will look exactly as below:

```
12345678901234567890123456789012
OT000990009999900000000000000000
```

## Outpatient Claim #1

Scenario Note: Yukon Territories – Emergency (01)

Data Element Name	Offset	Content
Health Care Number	34	002361384
Province/Territory Issuing Health Care Number	46	YT
Gender	63	F
Birth Date	64	19131030
Date of Registration/Visit	141	20110501
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20131031
Patient Last Name	1560	GORDON
Patient First Name	1580	JEAN
Outpatient Service Code	1600	01
Claim Amount	1602	0000026000
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #2

Scenario Note: Quebec – Day Surgery (02)

Data Element Name	Offset	Content
Health Care Number	34	FICD00072982
Province/Territory Issuing Health Care Number	46	QC
Gender	63	M
Birth Date	64	19000729
Date of Registration/Visit	141	20110521
Main Problem	374	A021
Main Intervention	453	1ED79LAMG
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20110731
Patient Last Name	1560	FICA
Patient First Name	1580	DWIGHT
Outpatient Service Code	1600	02
Claim Amount	1602	0000110700
Claim Type	1627	O
Record Type	1628	D

### Outpatient Claim #3 – Saskatchewan – Day Surgery (02)

Scenario Note: 3 Diagnoses and 3 Interventions

Data Element Name	Offset	Content
Health Care Number	34	202212653
Province/Territory Issuing Health Care Number	46	SK
Gender	63	F
Birth Date	64	19131030
Date of Registration/Visit	141	20110501
Main Problem	374	Z201
Other Problem 2nd	382	Z21
Other Problem 3rd	390	Z221
Main Intervention	453	1CC14JAKN
Other Intervention 2nd	481	1AA52MESJ
Other Intervention 3rd	509	1AA80SZXXK
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20131031
Patient Last Name	1560	DEEP
Patient First Name	1580	MANGAL
Outpatient Service Code	1600	02
Claim Amount	1602	0000110700
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #4

Scenario Note: Saskatchewan, Day Surgery (02), 3 Diagnoses and 3 Interventions

Data Element Name	Offset	Content
Health Care Number	34	589368818
Province/Territory Issuing Health Care Number	46	SK
Gender	63	F
Birth Date	64	19131030
Date of Registration/Visit	141	20110501
Main Problem	374	A045
Other Problem 2nd	382	Z21
Other Problem 3rd	390	Z220
Main Intervention	453	1ED79LAMG
Other Intervention 2nd	481	1AA52MESJ
Other Intervention 3rd	509	1AA80SZXXK
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20131031
Patient Last Name	1560	MUSTANG
Patient First Name	1580	SALLY
Outpatient Service Code	1600	02
Claim Amount	1602	0000110700
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #5

Scenario Note: Alberta – Hemodialysis (03)

Data Element Name	Offset	Content
Health Care Number	34	754456938
Province/Territory Issuing Health Care Number	46	AB
Gender	63	F
Birth Date	64	19131030
Date of Registration/Visit	141	20110501
Main Problem	374	B951
Main Intervention	453	8BQ70BABPA
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	
Patient Last Name	1560	ROUSSEAU
Patient First Name	1580	JEANNE
Outpatient Service Code	1600	03
Claim Amount	1602	0000044400
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #6

Scenario Note: Nova Scotia – Computerized Tomography (04)

Data Element Name	Offset	Content
Health Care Number	34	0004602397
Province/Territory Issuing Health Care Number	46	NS
Gender	63	F
Birth Date	64	19131030
Date of Registration/Visit	141	20110501
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20111031
Patient Last Name	1560	MCMASTER
Patient First Name	1580	NATALIE
Outpatient Service Code	1600	04
Claim Amount	1602	0000065000
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #7

Scenario Note: BC– Lab Specimen (05)

Data Element Name	Offset	Content
Health Care Number	34	9663313507
Province/Territory Issuing Health Care Number	46	BC
Gender	63	M
Birth Date	64	19830610
Date of Registration/Visit	141	20110501
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	
Patient Last Name	1560	SUZUKI
Patient First Name	1580	JUNIOR
Outpatient Service Code	1600	05
Claim Amount	1602	0000013000
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #8

Scenario Note: MB– Chemo (06)

Data Element Name	Offset	Content
Health Care Number	34	290711738
Province/Territory Issuing Health Care Number	46	MB
Gender	63	M
Birth Date	64	19830611
Date of Registration/Visit	141	20110501
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	
Patient Last Name	1560	KIM
Patient First Name	1580	SAM
Outpatient Service Code	1600	06
Claim Amount	1602	0000121800
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #9

Scenario Note: PE– Hormone Therapy (07)

Data Element Name	Offset	Content
Health Care Number	34	03099470
Province/Territory Issuing Health Care Number	46	PE
Gender	63	M
Birth Date	64	19930605
Date of Registration/Visit	141	20110501
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20110630
Patient Last Name	1560	SYKES
Patient First Name	1580	BILL
Outpatient Service Code	1600	07
Claim Amount	1602	0000118400 <sup>41</sup>
Claim Type	1627	O
Record Type	1628	D

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<sup>41</sup> Service code 07 = \$202 plus the actual drug cost (2011/12)

## Outpatient Claim #10

Scenario Note: NB– Lithotripsy (08)

Data Element Name	Offset	Content
Health Care Number	34	064169998
Province/Territory Issuing Health Care Number	46	NB
Gender	63	F
Birth Date	64	20010911
Date of Registration/Visit	141	20110501
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20110930
Patient Last Name	1560	DREW
Patient First Name	1580	NANCY
Outpatient Service Code	1600	08
Claim Amount	1602	0000060100
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #11

Scenario Note: NT– Lithotripsy (09)

Data Element Name	Offset	Content
Health Care Number	34	6583322
Province/Territory Issuing Health Care Number	46	NT
Gender	63	F
Birth Date	64	20010101
Date of Registration/Visit	141	20110515
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20120131
Patient Last Name	1560	STRAIN
Patient First Name	1580	ANDROMEDA
Outpatient Service Code	1600	09
Claim Amount	1602	0000060100
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #12

Scenario Note: YT– MRI (11)

Data Element Name	Offset	Content
Health Care Number	34	002231124
Province/Territory Issuing Health Care Number	46	YT
Gender	63	M
Birth Date	64	20010101
Date of Registration/Visit	141	20110515
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20120131
Patient Last Name	1560	NIELSEN
Patient First Name	1580	OLAF
Outpatient Service Code	1600	11
Claim Amount	1602	0000064100
Claim Type	1627	O
Record Type	1628	D

### Outpatient Claim #13

Scenario Note: NU– Radiotherapy (12)

Data Element Name	Offset	Content
Health Care Number	34	108233516
Province/Territory Issuing Health Care Number	46	NU
Gender	63	M
Birth Date	64	19101031
Date of Registration/Visit	141	20110525
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	20120131
Patient Last Name	1560	FROBISHER
Patient First Name	1580	MARTIN
Outpatient Service Code	1600	12
Claim Amount	1602	0000032400
Claim Type	1627	O
Record Type	1628	D

## Outpatient Claim #14

Scenario Note: MB – Pacemaker (13)

Data Element Name	Offset	Content
Health Care Number	34	088745654
Province/Territory Issuing Health Care Number	46	MB
Gender	63	M
Birth Date	64	19910101
Date of Registration/Visit	141	20110509
Coding Classification Indicator	1550	0
Adjustment Indicator	1551	N
Health Care Number Expiry Date	1552	
Patient Last Name	1560	RIEL
Patient First Name	1580	LOUIS
Outpatient Service Code	1600	13
Claim Amount	1602	0002000000 <sup>42</sup>
Claim Type	1627	O
Record Type	1628	D

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<sup>42</sup> Claim amount = invoice price of the device (invoice required) in addition to the rate applicable to either the standard outpatient visit or day care surgery.

