## File Transfer Specifications for the National Hospital Care Survey

The National Center for Health Statistics is asking your hospital to send us UB-04 inpatient claims data. This should be sent as a digital data file in an EDI ASC X12 format. This can be either an 837r or 837i transaction set. It can be either a release version 4010 or 5010. It is very important that if at all possible, this be an electronic dataset that can be analyzed by a computer program, not images of printed claims.

The standard EDI X12 data format is a text file separated by delimiters (separators) into segments, elements, and sub-elements. Each segment starts with 2-3 letter code that identifies it, for example: ISA, GS, ST, BHT are all segment identifiers. In the example below, each segment ends with ~ (tilde). That is, the tilde is the segment delimiter (other delimiters are also valid choices, their use need only be consistent throughout the file). Within each segment are elements separated by element delimiters. In the example, the element delimiter is a \* (star). Sub-elements are customarily identified by colons. To make it easier to read, we have added a carriage return at the end of each segment in this example although this is not necessary in an actual file.

This is an example of a typical Healthcare Claim X12 837 release version 4010:

```
*ZZ*381365744 *ZZ*382069753
ISA*00**00*
                                             *110221*1019*U*00401*000000001*0*P*:~
GS*HC*381358744*382069753*21110721*1139*226287*X*024010X096A1~
ST*837*00000001~
BHT*0019*00*286267*20114721*1039*CH~
REF*87*004010X098AI~
NM1*41*QUALITY SERVICES*****46*QS-I837A1P~
PER*IC*QS*TE82145592157~
NM1*40*2*BCBS****46*00003~
HL*1*0*20*1~
PRV*BI*ZZ*282N00000X~
NM1*85*2*GRANT COUNTY MEDICAL CENTER****XX*1326946991~
N3*STREET ADDRESS*
N4*CITY*ST*ZIPCODE~
REF*EI*381378744~
PER*IC*JANE PUBLIC*TE*2445921204***FX*2445924494~
HL*4*1*22*O~
SBR*P*I8******MA~
NM1*IL*1*DOE*PARKER****ST*345425733A~
N3*STREET ADDRESS*APT 1~
N4*CITY*ST*ZIPCODE*US~
DMG*D8*19420414*M~
NM1*PR-2*MEDICARE*****PI*00462~
N3*STREET~
N4*CITY*ST*ZIPCODE~ NM1*QO*I*DOE*PARKER*P`
N3*STREET ADDRESS*
N4*CITY*ST*ZIPCODE~
CLM*ABC4l669*8125.32***11:A:I*Y*A*Y*Y*******N~
DTP*096*TM*1624~
DTP*434*RD8*20II0720-20110724~
DTP*435*DT*20II07202010~
CL1*1*1*03~
AMT*C5*9565.32~
REF*EA*M000065012~
K3*POAYYYYYYYYYYYYYYYYYY111Z~
HI*BK:25060*BJ:2512~
HI*DR: 636~
```

HI\*BF:2761\*BF:6826\*BF:1120\*BF:3320\*SF:7S723\*BF:276S\*BF:27541\*BF:40390\*SF:5853\*SF:41400\*8F:2749~ HI\*8E:OI:::659~ HI\*BG:C5~ QTY\*CA\*4\*DA~ NM1\*7I\*LAST\*FIRST\*M\*\*DO\*XX\*107342670~ NM1\*73\*1\*SURNAME\*GIVEN\*\*\*DO·XX\*2992320634~ SBR\*S\*18\*\*\*\*\*\*MC~ DMG\*D8\*159420414\*M~ NM1\*IL\*1\*DOE\*PARKER\*\*\*\*ST\*0065447319~ N3\*STREET\*APT 1~ N4\*CITY\*ST\*ZIPCODE\*US~ NM1\*PR\*2\*0111 MEDICAID\*\*\*\*\*PI\*DO111~ N3\*PO BOX 12345~ N4.CITY\*ST\*ZIPCODE~ NM1\*QC.\*1\*\*\*\*\*MI\*0063786319~ SV2\*0120\*\*863\*DA\*1\*863~ LX\*2~ SV2\*0250\*\*582.19\*UN\*0~ LX\*3~

The above example is the type of claims file (EDI X12 837) that hospitals often send to state agencies or clearinghouses (also called Value Added Networks or VANs). Most hospital billing, claims management, claims scrubber or similar types of software your hospital may use, output files in EDI X12 837 format. If you are able to generate EDI X12 837 files to fulfill the request, please send the files to us over our Secure Data Network. However, some hospital personnel have indicated that they are having difficulties getting their system to generate EDI X12 837 files. If you have been unable to generate an X12 837, please contact Carol De Frances, Team Leader of the Hospital Care Team, NCHS, at 301–458–4440 or carol.defrances@cdc.hhs.gov.