

## MED/FM Hospital Data Capture File Specifications

Hospital Data Capture is a process where demographic and/or transaction information that has been entered on a hospital computer system is transferred electronically to a MED/FM Medical Information System (M.I.S.). CPU also uses the data capture process to convert data from other Medical Information Systems into MED/FM. The data can be passed in a wide variety of media and formats. However, CPU has adopted a standard format that will save a practice the expense of a customized data capture if the hospital M.I.S. staff will provide the hospital data in the CPU data format.

The following pages contain CPU's preferred data formats ("A" and "B"), although other proprietary formats may be used at an additional expense. Format "B" is the enhanced version introduced in 2009. Format "A" is no longer being used for new data captures, but will remain available for existing data captures. A question in the Hospital Configuration file indicates which format is being used per hospital.

### File Notes

<b>Record Types:</b>	"01" – Guarantor Information	1 record per account
	"02" – Patient Information	1 record per account
	"03" – Insurance Information	1 record per policy (Minimum of 1, maximum of 3)
	"04" – Charge/Transaction Info	1 record per procedure/service
	"05" – Notes and Memos	1 per item
	"06" – Payments/Adjustments	1 per transaction (conversions only) (Format "B" only)
	"07" – Claim Information	1 per encounter (conversions only) (Format "B" only)
	"08" – Additional Insurance	1 per additional carrier (conversions only) (Format "B" only)
<b>Fields:</b>	Alpha	Left justified, blank filled
	Numeric	Right justified, zero filled
<b>Data:</b>	Name fields	Last, First, Middle Initial
	Date fields	Year/Month/Day (YYMMDD)
	Date of birth	Century, Year, Month, Day (CCYYMMDD)
	Location code	CPU 2-digit Location file code
	Data set/Department code	CPU 3-character acronym
	Hospital Code	CPU 3-digit Hospital code

## Hospital Data Capture File Layouts – Format "A"

**Note:** Format "A" is no longer used for new data captures as of 2009. Refer to Format "B" later in this section.

### Record Type "01" – Guarantor Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"01"
Account Number	3	17	15	A	
Guarantor Name	18	47	30	A	Last, First
Guarantor Address Line One	48	77	30	A	
Guarantor Address Line Two	78	107	30	A	
Guarantor City	108	122	15	A	
Guarantor State	123	124	2	A	
Guarantor Zip Code	125	129	5	N	
Guarantor Zip Code + 4	130	133	4	N	
Guarantor Home Phone Area Code	134	136	3	N	
Guarantor Home Phone Number	137	143	7	N	
Guarantor Employer Name	144	168	25	A	
Guarantor Employer Address	169	198	30	A	
Guarantor Employer City	199	213	15	A	
Guarantor Employer State	214	215	2	A	
Guarantor Employer Zip Code	216	220	5	N	
Guarantor Employer Zip Code + 4	221	224	4	N	
Guarantor Employer Phone Area Code	225	227	3	N	
Guarantor Employer Phone Number	228	234	7	N	
Guarantor Work Extension	235	239	5	A	
Guarantor Foreign Zip Code	240	245	6	A	
Financial Class	246	250	5	A	
Guarantor Social Security Number	251	259	9	A	
Unused	260	300	41	A	
Hospital Medical Record Number	301	318	18	A	
Unused	319	319	1	A	
Hospital Code	320	322	3	A	
Dataset/Department	323	325	3	A	

## Record Type "02" – Patient Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"02"
Account Number	3	17	15	A	
Patient Last Name	18	32	15	A	
Patient First Name	33	42	10	A	
Patient Middle Initial	43	43	1	A	
Patient Date of Birth	44	51	8	N	CCYYMMDD
Patient Sex	52	52	1	A	M/F
Patient Social Security Number	53	61	9	N	
Patient Location of Service	62	63	2	N	
Patient Attending Physician	64	70	7	A	
Patient Referring Physician	71	77	7	A	
Hospital Medical Record Number	78	95	18	A	
Patient Place of Service (In/Out/Emergency)	96	96	1	A	I=Inpatient O=Outpatient E=Emergency N=Nursing Blank=Office
Hospital Admit Date	97	102	6	N	YYMMDD
Hospital Discharge Date	103	108	6	N	YYMMDD
Patient Deceased Date	109	114	6	N	YYMMDD
Patient Injury Date	114	120	6	N	YYMMDD
Accident Type Indicator	121	121	1	A	A=Auto E=Employment O=Other Blank
Patient Marital Status	122	122	1	A	M=Married S=Single O=Other Blank
Patient Diagnosis Code #1	123	129	7	A	
Patient Diagnosis Code #2	130	136	7	A	
Patient Diagnosis Code #3	137	143	7	A	
Patient Diagnosis Code #4	144	150	7	A	
Patient Primary Care Physician	151	157	7	A	
Patient Ordering Physician	158	164	7	A	
Accident State	165	166	2	A	
Alternate Location of Service Code	167	176	10	A	
Unused	177	319	143	A	
Hospital Code	320	322	3	N	
Dataset/Department	323	325	3	A	

## Record Type "03" – Insurance Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"03"
Account Number	3	17	15	A	
Insurance sequence number	18	18	1	N	1 = Primary 2 = Secondary 3 = Tertiary
Insurance Company Code	19	25	7	A	
Insurance Company Name	26	55	30	A	
Insurance Company Address	56	85	30	A	
Insurance Company City	86	100	15	A	
Insurance Company State	101	102	2	A	
Insurance Company Zip Code	103	111	9	A	
Insurance Company Phone Area Code	112	114	3	N	
Insurance Company Phone Number	114	121	7	N	
Subscriber Policy Number	122	139	18	A	
Subscriber Group Number	140	157	18	A	
Accept Assignment Indicator	158	158	1	A	
Insured Party Name	159	188	30	A	Last, First
Patient's Relation to Insured Party	189	189	1	A	C = Child S = Spouse O = Other Blank = Self
Insured Party Address	190	219	30	A	
Insured Party Address City	220	234	15	A	
Insured Party Address State	235	236	2	A	
Insured Party Address Zip Code	237	245	9	A	Left Justify
Insured Party Phone Area Code	246	248	3	N	
Insured Party Phone Number	249	255	7	N	
Insured Party Sex	256	256	1	A	M/F
Insured Party Date of Birth	257	264	8	N	CCYYMMDD
Insured Party Employer	265	289	25	A	
Insurance Code (Alternate 10 - character)	290	299	10	A	
Insurance Plan	300	319	20	A	
Hospital Code	320	322	3	N	
Dataset/Department	323	325	3	A	

## Record Type "04" – Charge/Transaction Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"04"
Account Number	3	17	15	A	
"From" Date of Service	18	23	6	N	YYMMDD
"To" Date of Service	24	29	6	N	YYMMDD
Charge Place of Service (In/Out/Emergency)	30	30	1	A	I=Inpatient O=Outpatient E=Emergency N=Nursing Blank=Office
Location of Service	31	32	2	N	
Procedure Code	33	42	10	A	
Modifier #1	43	44	2	A	
Modifier #2	45	46	2	A	
Modifier #3	47	48	2	A	
Quantity/Units	49	51	3	N	
Debit/Credit (Reversals)	52	53	2	A	"CR"=Reversal
Attending Physician Code	54	60	7	A	
Referring Physician Code	61	67	7	A	
Ordering Physician Code	68	74	7	A	
Primary Care Physician Code	75	81	7	A	
Procedure Description	82	106	25	A	
Diagnosis Code #1	107	113	7	A	
Diagnosis Code #2	114	120	7	A	
Diagnosis Code #3	121	127	7	A	
Diagnosis Code #4	128	134	7	A	
Authorization Number	135	150	16	A	
Procedure Notes/Comment	151	200	50	A	
Unused	201	319	119	A	
Hospital Code	320	322	3	N	
Dataset/Department	323	325	3	A	

## Record Type "05" – Notes and Comments

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"05"
Account Number	3	17	15	A	
Date Entered	18	23	6	N	YYMMDD
Time Entered (24-hour format)	24	29	6	N	HHMMSS
Operator (MED/FM User Profile)	30	39	10	A	
Comment Text	40	104	65	A	
Unused	105	319	215	A	
Hospital Code	320	322	3	N	
Dataset/Department	323	325	3	A	

## Hospital Data Capture File Layouts – Format "B" (as of 2009)

*Note:* Enhanced Format "B" is used for new data captures as of 2009.

### Record Type "01" – Guarantor Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"01"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Guarantor Name	21	50	30	A	Last, First
Guarantor Address Line One	51	80	30	A	
Guarantor Address Line Two	81	110	30	A	
Guarantor City	111	125	15	A	
Guarantor State	126	127	2	A	
Guarantor Zip Code	128	132	5	N	
Guarantor Zip Code + 4	133	136	4	N	
Guarantor Home Phone Area Code	137	139	3	N	
Guarantor Home Phone Number	140	146	7	N	
Guarantor Employer Name	147	171	7	N	
Guarantor Employer Address	172	201	30	A	
Guarantor Employer City	202	216	15	A	
Guarantor Employer State	217	218	2	A	
Guarantor Employer Zip Code	219	223	5	N	
Guarantor Employer Zip Code + 4	224	227	4	N	
Guarantor Employer Area Code	228	230	3	N	
Guarantor Employer Phone Number	231	237	7	N	
Guarantor Employer Work Extension	238	242	5	A	
Guarantor Foreign Zip Code	243	248	6	A	
Financial Class	249	263	15	A	
Guarantor Social Security Number	264	272	9	A	
Hospital Medical Record Number	273	290	18	A	
Hospital Code	291	293	3	A	
Driver's License Number	294	323	30	A	
Emergency Contact	324	353	30	A	
Emergency Contact Relationship	354	383	30	A	
Emergency Contact Phone Number	384	393	10	N	
Referral Code	394	423	30	A	
Alternate "Mail To" Name	424	453	30	A	
Alternate "Mail To" Address	454	483	30	A	
Alternate "Mail To" City	484	498	15	A	
Alternate "Mail To" State	499	500	2	A	
Alternate "Mail To" Zip Code	501	505	5	N	
Alternate "Mail To" Zip Code + 4	506	509	4	N	
Contract ID Code	510	524	15	A	
Statement Message Number	525	526	2	N	
Billing ID Code	527	528	2	A	
Guarantor User Defined Field #1	529	533	5	A	
Guarantor User Defined Field #2	534	543	10	A	
Guarantor User Defined Field #3	544	558	15	A	
Guarantor User Defined Field #4	559	578	20	A	
Guarantor User Defined Field #5	579	623	30	A	
Unused	624	832	201	A	

## Record Type "02" – Patient Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"02"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Patient Last Name	21	35	15	A	
Patient First Name	36	45	10	A	
Patient Middle Initial	46	46	1	A	
Patient Date of Birth	47	54	8	N	CCYYMMDD
Patient Sex	55	55	1	A	M/F
Patient Social Security Number	56	64	9	N	
Patient Location of Service	65	79	15	A	
Patient Attending Physician	80	109	30	A	
Patient Referring Physician	110	139	30	A	
Hospital Medical Record Number	140	157	18	A	
Patient Place of Service (In/Out/Emergency)	158	159	2	A	I=Inpatient O=Outpatient E=Emergency N=Nursing Blank=Office
Patient Admit Date	160	165	6	N	YYMMDD
Patient Discharge Date	166	171	6	N	YYMMDD
Patient Deceased Date	172	177	6	N	YYMMDD
Patient Injury Date	178	183	6	N	YYMMDD
Patient Accident Code	184	184	1	A	E=Employment A=Auto O=Other Blank
Patient Marital Status	185	194	10	A	M=Married S=Single O=Other Blank
Patient Diagnosis Code #1	195	201	7	A	
Patient Diagnosis Code #2	202	208	7	A	
Patient Diagnosis Code #3	209	215	7	A	
Patient Diagnosis Code #4	216	222	7	A	
Patient Primary Care Doctor	223	252	30	A	
Patient Accident State	253	254	2	A	
Patient Military Branch	255	264	10	A	
Hospital Code	265	267	3	N	
Patient Employment/Student Status Employed or Full/Part Time Student	268	277	10	A	E=Employed F=F/T Student P=P/T Student. Blank
Patient User Defined Field #1	278	282	5	A	
Patient User Defined Field #2	283	292	10	A	
Patient User Defined Field #3	293	307	15	A	
Patient User Defined Field #4	308	327	20	A	
Patient User Defined Field #5	328	357	30	A	
Client	358	372	15	A	
Account Balance (Conversion only)	373	383	11	N	99999999.99
Debit/Credit Balance Indicator (Conversions)	384	384	1	A	
Unused	385	832	448	A	

## Record Type "03" – Insurance Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"03"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Insurance Sequence Number	21	21	1	N	1=Primary 2=Secondary 3=Tertiary
Insurance Company Code	22	51	30	A	
Insurance Company Name	52	81	30	A	
Insurance Company Address	82	111	30	A	
Insurance Company City	112	126	15	A	
Insurance Company State	127	128	2	A	
Insurance Company Zip Code	129	137	9	A	
Insurance Company Phone Area Code	138	140	3	N	
Insurance Company Phone Number	141	147	7	N	
Subscriber Policy Number	148	165	18	A	
Subscriber Group Number	166	183	18	A	
Accept Assignment Indicator	184	184	1	A	Y/N
Insured Party Name	185	214	30	A	Last, First
Patient's Relationship to Insured Party	215	229	15	A	C=Child S=Spouse O=Other Blank=Self
Insured Party Address	230	259	30	A	
Insured Party City	260	274	15	A	
Insured Party State	275	276	2	A	
Insured Party Zip Code	277	285	9	A	
Insured Party Phone Area Code	286	288	3	N	
Insured Party Phone Number	289	295	7	N	
Insured Party Sex	296	296	1	A	M/F
Insured Party Date of Birth	297	304	8	N	CCYYMMDD
Insured Party Employer Name	305	330	26	A	
Insurance Plan Name	331	355	25	A	
Insurance Active From Date	356	363	8	N	CCYYMMDD
Insurance Active To Date	364	371	8	N	CCYYMMDD
Insurance Type Primary is always "P" Supplemental can be other specified value	372	372	1	A	P=Primary M=Medigap 2 <sup>nd</sup> W=Welfare 2 <sup>nd</sup> E=Emp Supp 2 <sup>nd</sup> O=Other 2 <sup>nd</sup> S=Medicare 2 <sup>nd</sup>
Insurance Contract ID	373	387	15	A	
Hospital Code	288	290	3	N	
Client	391	405	15	A	
Insurance Cardholder Last Name	406	440	35	A	
Insurance Cardholder First Name	441	465	25	A	
Insurance Cardholder Middle Name	466	490	25	A	
Subscriber Foreign Zip Code	491	496	6	A	
Insurance Deductible Amount	497	505	9	N	9999999.99
Insurance Carrier ICN	506	530	25	A	
Insurance Company Address Line 2	531	560	30	A	
Unused	561	832	272	A	



## Record Type "04" – Charge/Transaction Information

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"04"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Date of Service "From"	21	26	6	N	YYMMDD
Date of Service "To"	27	32	6	N	YYMMDD
Charge I/O/E (Place of Service Indicator)	33	34	2	A	I=Inpatient O=Outpatient E=Emergency N=Nursing Blank=Office
Location of Service	35	49	15	A	
Procedure code	50	64	15	A	
Modifier #1	65	66	2	A	
Modifier #2	67	68		A	
Modifier #3	69	70	2	A	
Quantity/Units	71	73	3	N	
Debit/Credit (Charge Reversals)	74	75	2	A	CR (Reversal)
Attending Physician Code	76	105	30	A	
Referring Physician Code	106	135	30	A	
Ordering Physician Code	136	165	30	A	
Primary Care Physician Code	166	195	30	A	
Procedure Description	196	220	25	A	
Diagnosis Code #1	221	227	7	A	
Diagnosis Code #2	228	234	7	A	
Diagnosis Code #3	235	241	7	A	
Diagnosis Code #4	242	248	7	A	
Authorization Number	249	264	16	A	
Procedure Note/Comment	265	334	70	A	
NPI	335	344	10	A	
Hospital Code	345	347	3	N	
Unused	348	362	15	A	
Procedure User Defined Field #1	363	367	5	A	
Procedure User Defined Field #2	368	377	10	A	
Procedure User Defined Field #3	378	392	15	A	
Procedure User Defined Field #4	393	412	20	A	
Procedure User Defined Field #5	413	442	30	A	
Triage Time (24-hour clock)	443	446	4	N	HHMM
Triage Date	447	454	8	N	CCYYMMDD
Registration Time (24-hour clock)	455	458	4	N	HHMM
Registration Date	459	466	8	N	CCYYMMDD
Exam Time (24-hour clock)	467	470	4	N	HHMM
Exam Date	471	478	8	N	CCYYMMDD
Physician Time (24-hour clock)	479	482	4	N	HHMM
Physician Date	483	490	8	N	CCYYMMDD
Discharge Time (24-hour clock)	491	494	4	N	HHMM
Discharge Date	495	502	8	N	CCYYMMDD
Deficiency Code #1	503	505	3	N	
Deficiency Code #2	506	508	3	N	
Deficiency Code #3	509	511	3	N	
Disposition	512	513	2	N	
Client	514	528	15	A	
Print Comment on Statements	529	529	1	A	Y/N

Description	From	To	Length	Type	Value
Print Comment on Insurance	530	530	1	A	Y = Box 24 E = Box 19 N = No
County Eligibility	531	534	4	N	
Insurance Carrier ICN (Conversions)	535	559	25	A	
Charge Identifier/Sequence (Conversions)	560	565	6	N	
Charge Amount (Conversions)	566	574	9	N	9999999.99
Primary Insurance Code Billed (Conversions)	575	604	30	A	
Date Billed to Primary Insur. (Conversions)	605	610	6	A	
Statement Date (Conversions)	611	616	6	A	
Posting Date (A/R Date) (Conversions)	617	622	6	A	
Batch Number/Identifier (Conversions)	623	627	5	N	
Claim/Ticket Number (Conversions)	628	637	10	A	
Supp. Insur. Code Billed (Conversions)	638	667	30	A	
Date Billed to Supp. Insur. (Conversion)	668	673	6	A	
Unused	674	832	159	A	

## Record Type "05" – Notes and Comments

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"05"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Date Entered	21	26	6	N	YYMMDD
Time Entered (24-hour clock)	27	32	6	N	HHMMSS
Operator Name (MED/FM User Profile)	33	42	10	A	
Comment Text Patient Notes can be 65 characters Transaction Memos can be 50 characters	43	107	65	A	
Memo Type	108	108	1	A	P=Patient Note T=Trans memo
Print Transaction Memo on Statements	109	109	1	A	Y/N
Hospital Code	110	112	3	N	
Client	113	127	15	A	
Claim/Ticket (Conversions)	128	137	10	A	
Unused	138	832	695	A	

## Record Type "06" – Payments/Adjustments (Conversions Only)

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"06"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Transaction Type	21	21	1	A	P = Payment A = Adjustment
Charge Identifier/Sequence for linkage	22	27	6	N	
Transaction Date	28	33	6	N	YYMMDD
Posting Date (A/R Date)	34	39	6	N	YYMMDD
Transaction Code	40	54	15	A	
Transaction Description	55	79	25	A	
Transaction Amount	80	86	7	N	99999.99
Debit/Credit Indicator	87	87	1	A	
Insurance Company Code	88	117	30	A	
Check Number	118	129	12	A	
Check Type	130	159	30	A	
Batch Number/Identifier	160	165	6	N	
Claim/Ticket Number	166	175	10	A	
Attending Physician Code	176	205	10	A	
User Defined Field #1	206	210	5	A	
User Defined Field #2	211	220	10	A	
User Defined Field #3	221	235	15	A	
User Defined Field #4	236	255	20	A	
User Defined Field #5	256	285	30	A	
Location of Service	286	300	15	A	
Client	301	315	15	A	
Hospital Code	316	318	3	N	
Unused	319	832	514	A	

## Record Type "07" – Claim Information (Conversions Only)

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"07"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Claim/Ticket Number	21	30	10	A	
Claim Hold Code	31	31	1	A	
Financial Class	32	46	15	A	
Date Guarantor Last Billed	47	52	6	N	YYMMDD
Authorization Number	53	68	16	A	
Authorized Number of Visits	69	71	3	N	
Authorized Number of Visits Used	72	74	3	N	
Hospital Admit Date	75	80	6	N	YYMMDD
Hospital Discharge Date	81	86	6	N	YYMMDD
Injury Date/Illness/Accident Date	87	92	6	N	YYMMDD
Patient Place of Service (In/Out/Emergency)	93	94	2	A	I=Inpatient O=Outpatient E=Emergency N=Nursing Blank=Office
Accident/Injury Code	95	95	1	A	E=Employment A=Auto O=Other Blank
Accident/Injury State	96	97	2	A	
Last Statement Date	98	103	6	N	YYMMDD
Original Financial Class	104	118	15	A	
User Defined Field #1	119	123	5	A	
User Defined Field #2	124	133	10	A	
User Defined Field #3	134	148	15	A	
User Defined Field #4	149	168	20	A	
User Defined Field #5	169	198	30	A	
Claim Location of Service	199	213	15	A	
Claim Referring Physician Code	214	243	30	A	
Claim Attending Physician Code	244	273	30	A	
Claim Primary Care Physician Code	274	303	30	A	
Claim Ordering Physician Code	304	333	30	A	
Contract ID Code	334	348	15	A	
Original Contract ID Code	349	363	15	A	
Client	364	378	15	A	
Hospital Code	379	381	3	N	
Unused	381	832	451	A	

## Record Type "08" – Additional Insurance (Conversions Only)

Description	From	To	Length	Type	Value
Record Type Code	1	2	2	A	"08"
Data Set	3	5	3	A	
Account Number	6	20	15	A	
Insurance Sequence Number	21	23	3	N	
Insurance Company Code	24	53	30	A	
Insurance Company Name	54	83	30	A	
Insurance Company Address	84	113	30	A	
Insurance Company City	114	128	15	A	
Insurance Company State	129	130	2	A	
Insurance Company Zip Code	131	139	9	A	
Insurance Company Phone Number	140	149	10	N	
Subscriber Policy Number	150	167	18	A	
Subscriber Group Number	168	185	18	A	
Accept Assignment Indicator	186	186	1	A	
Insured Party Name	187	216	30	A	
Patient's Relationship to Insured Party	217	231	15	A	C=Child S=Spouse O=Other Blank=Self
Insured Party Address	232	261	30	A	
Insured Party City	262	276	15	A	
Insured Part State	277	278	2	A	
Insured Party Zip Code	279	287	9	A	
Insured Party Phone Number	288	297	10	N	
Insured Party Sex	298	298	1	A	M/F
Insured Party Date of Birth	299	306	8	N	CCYYMMDD
Insured Party Employer Name	307	331	25	A	
Insurance Plan	332	351	20	A	
Client	352	366	15	A	
Insurance Cardholder Last Name	367	401	35	A	
Insurance Cardholder First Name	402	426	25	A	
Insurance Cardholder Middle Name	427	451	25	A	
Subscriber Foreign Zip Code	452	457	6	A	
Insurance Deductible Amount	458	466	9	N	9999999.99
Insurance Carrier ICN	467	491	25	A	
Hospital Code	492	494	3	N	
Insurance Company Address Line 2	495	524	30	A	
Unused	525	832	308	A	