



# Ignite Data Solutions: Data Services

*Input specifications v1*

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## Change log

Date	Change
9/28/2022	Added maximum length values for fields.
12/8/2022	Added record limitations for each file type and updated example for splitting files
4/19/2023	Guide added to DSG version control for initial GA publication.

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## Table of contents

WebMD Ignite Consumer and Patient Scoring Service	3
Summary	3
Data submission overview	4
File format	4
Accepted data formats	5
Required files by service	6
File naming convention	6
Additional notes	6
File submissions	7
File naming convention for ZIP files	7
Table 1. Demographic file submission layout	8
Table 1.1 Standard data values - Demographic file	13
Table 2. Visit file	15
Notes	15
Table 2.1 Standard data values - Visit file	20
Table 3. Clinical Code file	35
Notes	35
Table 3.1 Standard data values - Clinical Code file	37
Table 4. Financial file	38
Notes	38

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## WebMD Ignite Consumer and Patient Scoring Service

### Summary

WebMD Ignite hosts a neural network with more than 250 unique clinical propensity models and household segmentation frameworks, regularly refined by in-house data science experts. Leveraging data from over a billion clinical encounters, these powerful predictive models identify consumers who require health services before their moment of need. WebMD Ignite predictive analytics help teams better understand utilization patterns that drive cost, determine audience segments appropriate for pre-emptive communication, and identify gaps in utilization of services, as well as those areas ripe for value creation. In addition, these powerful analytics support identification of the most appropriate method for engaging with audiences, driving smarter patient acquisition and retention.

The Consumer and Patient Scoring Services provide a mechanism for health systems to access WebMD Ignite's propensity models for their own consumer and/or patient data sets. The services are provided in a stateless manner, meaning the service will only utilize the data that is provided in each input payload (zip archive) and no input data is retained beyond the scoring service invocation itself. In scenarios where multiple input payloads (zip archives) are submitted simultaneously, EACH payload will be processed independently. As such, users will want to ensure they are able to provide all the relevant data about a person in just one payload, and not split across multiple.



## Data submission overview

### File format

- Use UTF-8 encoding
- No NUL (ASCII 0) characters are permitted. Any instance of this character will result in complete file rejection to prevent risk of incidental corruption of other records.
- Delimiters: Pipe (|) delimited or Comma (,) with optional double quote (") qualifiers per field.
  - Any double-quotes ("), backslash (\) or delimiter characters within any field must be escaped with a backslash, whether or not the field is quote enclosed.
  - Example

Bad Format	Correct Format
John "A"	"John \"A\""
John "A"	John \"A\"
134 "A" St	"134 \"A\" St"
134 "A" St	134 \"A\" St
Probably a fatfinger\	"Probably a fatfinger\""
Probably a fatfinger\	Probably a fatfinger\"
"C\O John A"	"C\\O John A"
C\O John A	C\\O John A

- If data in the entire field cannot be provided, leave it blank (no characters in the field).
- First row contains headers. Header names are case insensitive.
- No page breaks, footers, or data summaries / totals.



## Accepted data formats

- **Required:** If data is not provided in any field that is listed as required, WebMD Ignite will reject the entire record.
- **Standard Value Required:** Where specified, the submitted values must conform to the provided dictionary of values. If a record is provided with a non-standard value, that entire record will be rejected. Null values are acceptable and will not result in record-level rejection. More information on the impact of these rejected record conditions follows.
  - If a demographic record is sent with a non-standard value in a field that requires a standard set of values, no CHUI or PDI records will be returned.
  - If a visit record is sent with a non-standard value in a field that requires a standard set of values, PDI and CHUI processing will continue but PDI scores may be affected as the rejected visit records won't be considered for scoring. If ALL visit records for a person are rejected, no PDI scores will be returned. Service Category processing will abort and no service category will be returned.
  - If a clinical code record is sent with a non-standard value in a field that requires a standard set of values, PDI, CHUI and Service Category processing will continue. This will have no impact on CHUI scores but may impact PDI and service category as the rejected records will not be considered for scoring.
- **Date:** YYYY-MM-DD
- **Boolean:** N or Y. If a blank is provided, it will be interpreted as a N.
- **Length:** For fields with no additional specification (e.g., not date, not boolean, etc.), the maximum character length is 1000.



## Required files by service

The following table summarizes the files to be submitted as part of the CHUI and PDI scoring services.

- **Y:** Indicates that the file must be submitted for the indicated scoring service.
- **N:** Indicates that the file is optional for scoring and may be omitted for the indicated scoring service.
- **N/A:** Indicates that the file does not apply for the indicated scoring service and may be omitted.

## File naming convention

[File Type]\_[Row Count].csv, where:

- File Type – the actual file type for which the data is being sent as indicated in the table below.
- Row Count – Number of rows in the file (excluding the header row).

## Additional notes

- File names are case insensitive (e.g., “Demographic” and “demographic” are both acceptable).
- Files must be bundled together and zipped prior to submission to the scoring service. Please refer to next section (File Submissions) for additional details.

File Type	Required for CHUI	Required for PDI	Description	Sample File Name
Demographic	Y	Y	Demographic and household information about the consumer / patient being scored.	demographic_500.csv
Visit	N/A	Y	Patient’s encounter history with the health system.	visit_500.csv
ClinicalCode	N/A	Y	Diagnosis and/or procedure codes related to the patient’s encounter with the health system.	clinicalcode_623.csv
Financial	N/A	N	Financial information related to the patient’s encounter with the health system.	financial_500.csv

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## File submissions

- All file types must be bundled together and zipped in advance of posting to SFTP site.
- If requests need to be split into multiple batches, each ZIP file should contain a complete set of person demographics and their corresponding visit and clinical codes.
- For example, for PDI requests, a single ZIP file should contain one each of the following files: demographic, visit, and clinical code.

## File naming convention for ZIP files

[Org]\_[Scoring Service]\_YYYYMMDDHHMM\_[string].zip where

- Org - the Organization / Health System sending the data. This must be a single word without any special characters. WebMD Ignite will provide the organization ID for each Customer.
- Scoring Service - the scoring service that is being requested. Accepted values are { CHUI, PDI }.
- YYYYMMDDHHMM - Date/Time of the submission. This value will be useful when troubleshooting requests submitted by Customer.
- string - an optional additional set of characters to allow for differentiation between files submitted at the same time or other purposes. The string should only contain alphanumeric characters (A-z, 0-9) or the dash ('-') character. The underscore ('\_') after YYYYMMDDHHMM is only to be included when the optional string is provided.

**Splitting File Example:** Sample PDI Submission where patients split between two separate groups for processing where Batch 1 is for patients with IDs from 1000000–1999999 and Batch 2 is for patients with IDs from 2000000–2999999.

### Contents of CUSTX\_PDI\_202212011234.zip

- demographic\_1000000.csv (contains patients with ID from 1000000–1999999)
- visit\_2447123.csv (contains visit information for patients with ID from 1000000–1999999)
- clinical code\_14037924.csv (contains clinical codes for the visit associated with patient IDs 1000000–1999999)

### Contents of CUSTX\_PDI\_202212011258.zip

- demographic\_1000000.csv (contains patients with ID from 2000000–2999999)
- visit\_2127493.csv (contains visit information for patients with ID from 2000000–2999999)
- clinical code\_19038933.csv (contains clinical codes for the visit associated with patient IDs 2000000–2999999)

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## Table 1. Demographic file submission layout

- File naming convention: **demographic\_[Row Count].csv**
- Maximum file size: One million (1,000,000) records. Files with more than this amount will be rejected.
- Person ID must be unique, and not duplicated within a batch of files (else risk of cross-contamination when joining to Visits and Medical Codes). Files with duplicate Person IDs will be rejected.

**Note:** For PDI submissions, the *Visit* file is linked to the *Demographic* file via the Person ID

Column Order	Field	Header Name	Description	Example	Required for CHUI	Required for PDI	Standard Values Required	Impact Statement
1	Person ID	person_id	Typically a person's medical record number.  Person ID is unique and should not be shared as this may result in individuals sharing the same Person ID getting two different model scores.	E1401321	Y	Y		Used to associate the model scores in the output file to the correct individual. Does not impact scoring.
2	First Name	first_name	An individual's first name.	Mary				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
3	Middle Name	middle_name	An individual's middle name. Middle initial is acceptable.	Ann				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.

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Column Order	Field	Header Name	Description	Example	Required for CHUI	Required for PDI	Standard Values Required	Impact Statement
4	Last Name	last_name	An individual's last name, including any hyphenation.	Smith				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
5	Suffix	suffix	The generational suffix for a person.	Jr				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
6	Street Address 1	street_address_1	The first line of the individual's home address, not including city, state, zip.	1234 Main St.				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
7	Street Address 2	street_address_2	The second line of the individual's home address, not including city, state, zip.	Apt. F12				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
8	City	city	The city of an individual's home address.	Madison				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
9	State / Province	state_province	Standardized state or province. For US addresses, this should be the standard 2-character abbreviation.	WI				<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.

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Column Order	Field	Header Name	Description	Example	Required for CHUI	Required for PDI	Standard Values Required	Impact Statement
10	Postal Code	postal_code	The full postal (ZIP for US addresses) code, including ZIP+4 if present.	53717-1234				<b>Recommended.</b> A valid CHUI and PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
11	Gender	gender	Indicates the person's gender.	F	Y	Y	Y	Individual's birth sex. Note that gender is an exclusion criteria for some models. For example, females get a zero score for prostate related models while males get a zero score for obstetrics.  For all other models, gender is not an exclusion criteria but may have a subtle impact on the modeling.
12	Birth Date	birth_date	The person's date of birth. Date format must be YYYY-MM-DD.	1973-02-25	Y	Y		Scores can change as the individual ages over time. Recommendation is to re-submit an individual for scoring at least yearly on their birthday (assuming no other required or recommended inputs change before then).
13	Marital Status Code	marital_status_code	The code representing the marital status of a person.	S	Y		Y	Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.
14	Education Code	education_code	Highest level of education attained by a person.	1	Y		Y	Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.

Column Order	Field	Header Name	Description	Example	Required for CHUI	Required for PDI	Standard Values Required	Impact Statement
15	Head of Household	head_of_household	Indicates a person head of household status.	Y				<b>Recommended.</b> A valid CHUI and PDI score will still be returned if not provided, but may have a subtle impact on the modeling.  Enter a (Y) if the individual is the head of the household, otherwise enter a (N).
16	Adult Count	adult_count	Number of persons aged 18 or older that reside within the household.	2	Y			Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.
17	Children Count	children_count	Number of persons under the age of 18 that reside within the household.	0	Y			Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.
18	Household Income	household_income	Approximate income of the household in dollars / year, expressed as an integer.	50000	Y			Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.
19	Household Net Worth	household_net_worth	Approximate net worth of the household in dollars, expressed as an integer.	100000				<b>Recommended.</b> A valid CHUI and PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
20	Building Type Code	building_type_code	Type of building for a person's household residence.	S			Y	<b>Recommended.</b> A valid CHUI and PDI score will still be returned if not provided, but may have a subtle impact on the modeling.

Column Order	Field	Header Name	Description	Example	Required for CHUI	Required for PDI	Standard Values Required	Impact Statement
21	Address Owner	address_owner	Indicates if household owns their residence.	Y	Y			Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.  Enter a (Y) if the household owns their residence, otherwise enter a (N).
22	Multi-Unit Dwelling	multi_unit_dwelling	Indicates if there are multiple addresses within the same physical building for the individual's residence.	Y				<b>Recommended.</b> A valid CHUI and PDI score will still be returned if not provided, but may have a subtle impact on the modeling.  Enter a (Y) if the individual resides in a building with multiple addresses, otherwise enter a (N).
23	Length of Residence	length_of_residence	How long a person has lived in their current residence in years as an integer.	5	Y			Required to return a CHUI score. For PDI, it is <b>Recommended</b> as it may have a subtle impact on the modeling.
24	FIPS Block Group	fips_block_group	For a person's residence, comprised of: 2 digit state + 3 digit county + 6 digit census tract + 1 digit census block group.	250138132071				<b>Recommended.</b> A valid CHUI and PDI score will still be returned if not provided, but may have a subtle impact on the modeling.

**Table 1.1 Standard data values – Demographic file**

Attribute	Value	Value Description	Details
Gender	M	Male	
	F	Female	
Marital Status	M	Married	
	U	Unknown	
	S	Single	
	D	Divorced	
	X	Legally Separated	
	O	Other	
	G	Significant Other	
	W	Widow/Widower	
Education	0	Unknown	
	1	Completed high school	
	2	Completed college	
	3	Completed graduate school	
	4	Completed vocational / tech school	
	5	Some high school or less	

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<b>Education</b>	6	Some college	
<b>Building Type</b>	A	Apartment	
	C	Condo	
	M	Mobile	
	S	Single Dwelling	
	T	Timeshare	
	U	Unknown	

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## Table 2. Visit file

- File naming convention: **visit\_[Row Count].csv**
- Maximum file size: Ten million (10,000,000) records. Files with more than this amount will be rejected.

### Notes

- This file, along with the Clinical Codes and Financial file, apply only for PDI scoring. They are not needed for CHUI scoring.
- To receive a valid PDI score, the Demographics, Visit, and Clinical Codes files must be provided. Financials is an optional file that does not impact PDI scoring.
- Visit ID should be unique. Multiple records with the same Visit ID will be rejected.
- Each Visit ID in the Visit file must have at least one procedure or diagnosis code in the Clinical Code file.
- Historic Date Ranges:
  - Clinic/Physician Office - Extract run on Date of Service
  - Hospital - Extract run on restricted by date based on Date of Service or on Discharge Date
- Recommend passing at least three (3) years of encounter history for a given patient, if available.
- Data to be excluded
  - Exclude Non-visits, such as Left Without Being Seen and No-Show Visits
  - Exclude Contract visits, where charges post to a business / employer account (for physical, drug screenings, etc)

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
1	Person ID	person_id	Typically a person's medical record number.  The Visit file is linked to the Demographics file via the Person ID. Person ID must not	E14013212943	Y		Required to link person demographics to encounters/visits.

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Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
			be shared between distinct individuals.				
2	Visit ID	visit_id	Uniquely identifies a single visit at a single facility. May be a concatenation of several other fields (date, location, person ID).  Visit ID must not be shared between distinct encounters.	123454321	Y		Required for all visits. Used to link related files (Visit, Clinical Codes, Financial, etc.).
3	Place of Service Code	place_of_service_code	This is the code representing the place of service as classified by CMS	11		Y	<b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
4	Admit Date	admit_date	For inpatient encounters, populate with date of admission. For all non-inpatient encounters, populate with date of service.  Date format must be YYYY-MM-DD.	2015-12-22	Y		Required to return a PDI score.
5	Discharge Date	discharge_date	Date of discharge, for inpatient encounters only.	2015-12-22			<b>Recommended</b> for inpatient encounters. For all non-inpatient encounters, leave blank. Also leave

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Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
			Date format must be YYYY-MM-DD.				blank for inpatient encounters if a discharge has yet to occur.
6	Length of Stay	length_of_stay	Length of stay in days. If provided, will override any dates provided above. If not provided and dates above are provided, will be calculated by the service.	1			<b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
7	Patient Class Code	patient_class_code	Categorization code of visit as Inpatient, Outpatient or Emergency.	1	Y	Y	Required to return a PDI score.
8	Admit Type Code	admit_type_code	The code representing an admit type for inpatient encounters.	1		Y	<b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
9	Discharge Disposition Code	discharge_disposition_code	The code representing a discharge disposition.	4		Y	<b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
10	Readmit	readmit	Inpatient readmission flag.	Y		Y	<b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
11	msdrg	msdrg_code	MS-DRG assigned to inpatient encounter. It is expected that all inpatient stays (even in the initial 3-yr look back) be	292			For inpatient encounters, <b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.

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Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
			<p>coded under the MS standard. It is paramount that standard be followed as there are numerous DRG standards (AP-DRG, APR-DRG, R-DRG, etc.) that are generally indistinguishable but have radically different meanings.</p> <p>CMS standard values expected.</p>				
12	mdc	mdc_code	<p>Major Diagnostic Category associated with the given MS-DRG.</p> <p>CMS standard values expected.</p>	04			For inpatient encounters, <b>Recommended</b> . A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
13	Height	height	A person's height in inches, expressed as an integer.	68			<b>Recommended</b> . A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.
14	Weight	weight	A person's weight in pounds, expressed as an integer.	150			<b>Recommended</b> . A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.



Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
15	Payor Category Code	payor_category_code	The payor category code for the visit.	M		Y	<b>Recommended.</b> A valid PDI score will still be returned if not provided, but may have a subtle impact on the modeling.

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**Table 2.1 Standard data values – Visit file**

Attribute	Value	Value Description	Details
Patient Class	I	Inpatient	
	O	Outpatient	
	E	Emergency	
Place of Service	1	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (Effective October 1, 2003).
	2	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
	3	School	A facility whose primary purpose is education. (Effective January 1, 2003)
	4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). (Effective January 1, 2003)
	5	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)

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<b>Place of Service</b>	6	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. (Effective January 1, 2003)
	7	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
	8	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. (Effective January 1, 2003)
	9	Prison/ Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. (Effective July 1, 2006)
	11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
	12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.

<b>Place of Service</b>	13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. (Effective October 1, 2003)
	14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). (Effective October 1, 2003)
	15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. (Effective January 1, 2003)
	16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. (Effective January 1, 2008)
	17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010)
	18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
	19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to

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<b>Place of Service</b>			sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
	20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention. (Effective January 1, 2003)
	21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
	22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)
	23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
	24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
	25	Birth Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of new born infants.
	26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).

<b>Place of Service</b>	31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
	32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.
	33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
	34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
	41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
	42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
	49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (Effective October 1, 2003)
	50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

<b>Place of Service</b>	51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
	52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
	53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
	54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
	55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
	56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning

<b>Place of Service</b>			environment.
	57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (Eff 10/1/2003)
	60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
	61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
	62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
	65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
	71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
	72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.

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<b>Place of Service</b>	81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
	99	Other Place of Service	Other place of service not identified above.
<b>Admit Type</b>	1	Emergency	The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
	2	Urgent	The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodation.
	3	Elective	The patient's condition permitted adequate time to schedule the availability of suitable accommodations.
	4	Newborn	Newborn
	5	Trauma Center	Visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.
	9	Unknown/Information not available	Unknown - Information not available.
	<b>Discharge Disposition</b>	1	Discharge to Home or Self Care (Routine Discharge)
01			
2		Discharged/Transferred to a Short Term	This patient discharge status code should be used when the patient is discharged or

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<b>Discharge Disposition</b>	02	General Hospital for Inpatient Care	transferred to a short-term acute care hospital. Discharges or transfers to long-term care hospitals (LTCHs) should be coded with Patient discharge status Code 63.
	3	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care	This code indicates that the patient is discharged/transferred to a Medicare-certified nursing facility in anticipation of skilled care.
	03		
	4	Discharged/Transferred to an Intermediate Care Facility (ICF)	Patient discharge status code 04 is typically defined at the state level for specifically designated intermediate care facilities. It is also used: To designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification, or for discharges/transfers to state designated Assisted Living Facilities.
	04		
	5	Discharged/Transferred to a Designated Cancer center or children's Hospital	Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) Designated Cancer Centers can be found at <a href="http://cancercenters.cancer.gov/cancer_centers/cancer-centers-names.html">http://cancercenters.cancer.gov/cancer_centers/cancer-centers-names.html</a> on the Internet.
	05		
	6	Discharged/Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care	This code should be reported when a patient is: Discharged/transferred to home with a written plan of care for home care services (tailored to the patient's medical needs) -- whether home attendant, nursing aides, certified attendants, etc.; Discharged/transferred to a foster care facility with home care; and Discharged to home under a home health agency with durable medical equipment (DME). This code should not be used for home health services provided by a: DME supplier or Home IV provider for home IV services.
	06		
	7	Left Against Medical Advice or Discontinued Care	when a patient leaves against medical advice or the care is discontinued. According to the NUBC, discontinued services may include: • Patients who leave before triage, or are triaged and leave without being seen by a physician; or • Patients who move without notice, and the home health agency is unable to complete the plan of care.
07			

<b>Discharge Disposition</b>	9	Admitted as an Inpatient to this Hospital	This code is for use only on Medicare outpatient claims, and it applies only to those Medicare outpatient services that begin greater than three days prior to an admission.
	09		
	20	Expired	Only used if patient died. Also should include 40, 41, 42 (Hospice standards)
	21	Discharged/Transferred to Court/Law Enforcement	
	30	Still Patient or Expected to Return for Outpatient Services	The patient is still within the same facility and is typically used when billing for leave of absence days or interim bills. It can be used for both inpatient or outpatient claims. It is used for inpatient claims when billing for leave of absence days or interim billing (i.e., the length of stay is longer than 60 days). On outpatient claims, the primary method to identify that the patient is still receiving care is the bill type frequency code.
	40	Expired at home (Hospice claims only)	Used only on Medicare and TRICARE claims for hospice care.
	41	Expired in a medical facility (hospital, SNF, Intermediate Care Facility, or free standing hospice)	For hospice use only
	42	Expired - place unknown	This is used only on Medicare and TRICARE claims for Hospice only
	43	Discharged/Transferred to a Federal Hospital	This code applies to discharges and transfers to a government operated health care facility including: Department of Defense hospitals; Veteran's Administration hospitals; Veteran's Administration nursing facilities.
	50	Discharged/Transferred to Hospice (home)	Alternative setting that is the patient's home such as nursing facility, and will receive in-home hospice services

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<b>Discharge Disposition</b>	51	Discharged/Transferred to Hospice medical facility	Patient went to an IP facility that is qualified and the patient is to receive the general IP hospice level of care or hospice respite care. Used also if the patient is discharged from an IP acute care hospital to remain in hospital under hospice care
	61	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed	This code is used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement. When a patient is discharged from an acute hospital to a Critical Access Hospital (CAH) swing bed, use patient discharge status code 61. Swing beds are not part of the post acute care transfer policy.
	62	Discharged/Transferred to an Inpatient Rehabilitation Facility Including Distinct Part Units of a Hospital	Inpatient rehabilitation facilities (or designated units) are those facilities that meet a specific requirement that 75% of their patients require intensive rehabilitative services for the treatment of certain medical conditions. This code should be used when a patient is transferred to a facility or designated unit that meets this qualification.
	63	Discharged/Transferred to Long Term Care Hospitals (LTCHs)	This code is for hospitals that meet the Medicare criteria for LTCH certification. LTCHs are facilities that provide acute inpatient care with an average length of stay of 25 days or greater. This code should be used when transferring a patient to a LTCH. If providers are not sure whether a facility is a LTCH or a short-term care hospital, they should contact the facility to verify their facility type before assigning a patient discharge status code.
	64	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare	Nursing facilities may elect to certify only a portion of their beds under Medicare, and some nursing facilities choose to certify all of their beds under Medicare. Still others elect not to certify any of their beds under Medicare. When a patient is transferred to a nursing facility that has no Medicare certified beds, this code should be used. If any beds at the facility are Medicare certified, then the provider should use either patient discharge status code 03 or 04, depending on: The level of care the patient is receiving; and Whether the bed is Medicare certified or not.

<b>Discharge Disposition</b>	65	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital	This code should be used when a patient is transferred to an inpatient psychiatric unit or inpatient psychiatric designated unit.
	66	Discharged/Transferred to a Critical Access Hospital (CAH)	Patient discharge status Code 66 is used to identify a transfer to a critical access hospital (CAH) for inpatient care. Providers will need to establish a process for identifying whether a hospital is paid under the PPS or whether the facility is designated as a CAH. Note: Discharges or transfers to a CAH swing bed should still be coded with.
	69	Discharged/Transferred to a Designated Disaster Alternative Care Site	This code should be used when a patient is discharged/transferred to a designated disaster alternative care site.
	70	Discharged/Transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List	This code should be used when a patient is discharged/transferred to an entity outside of this Code list.
	81	Discharged to Home or Self-care with a Planned Acute Care Hospital Inpatient Readmission.	
	82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission.	
	83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care	

<b>Discharge Disposition</b>		hospital inpatient readmission.	
	84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission.	
	85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a planned acute care Hospital inpatient readmission.	
	86	Discharged/transferred to home under care of organized home health service organization with a planned acute care Hospital inpatient readmission.	
	87	Discharged/transferred to court/law enforcement with a planned acute care Hospital inpatient readmission.	
	88	Discharged/transferred to a federal health care facility with a planned acute are Hospital inpatient readmission.	
	89	Discharged/transferred to a Hospital-based Medicare approved swing bed with a planned acute care Hospital inpatient readmission.	
	90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a	

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<b>Discharge Disposition</b>		Hospital with a planned acute care Hospital inpatient readmission.	
	91	Discharged/transferred to a Medicare certified long term care Hospital (LTCH) with a planned acute care Hospital inpatient readmission.	
	92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care Hospital inpatient readmission.	
	93	Discharged/transferred to a psychiatric distinct part unit of a Hospital with a planned acute care Hospital inpatient readmission.	
	94	Discharged/transferred to a critical access Hospital (CAH) with a planned acute care Hospital inpatient readmission.	
	95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care Hospital inpatient readmission.	
<b>Readmit</b>	Y	Yes	
	N	No	
<b>Payor Category Code</b>	O	Other	
	S	Self	

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Payor Category Code	M	Medicare	
	D	Medicaid	
	C	Commercial	
	U	Unknown	

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### Table 3. Clinical Code file

- File naming convention: **clinicalcode\_[Row Count].csv**
- Maximum file size: One hundred million (100,000,000) records. Files with more than this amount will be rejected.

#### Notes

- This file, along with the Visit and Financials files, apply only for PDI scoring. They do not apply to CHUI scoring.
- To receive a valid PDI score, the Demographics, Visit, and Clinical Code files must be provided.
- It is recommended that each Visit ID in the Visit file have at least one procedure or diagnosis code in the Clinical Code file. Missing diagnoses and/or procedures may degrade the efficacy of the returned models. Warnings will be included in the error log when this occurs.
- Ranking values must be unique within a given set of clinical codes.

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
1	Visit ID	visit_id	Must be same Visit ID used in the Visit file. Will be used to associate diagnoses to the same master encounter (visit).	123454321	Y		Required for all visits. Used to link related files (visit, clinical code, etc.).
2	Code Set	code_set	Specifies the code set for clinical code.	CPT	Y	Y	Required to return a PDI score.
3	Code	code	Clinical code of the diagnosis or procedure inclusive of decimal point between segments.	Z79.01	Y		Required to return a PDI score.

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Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
4	Primary Flag	primary_flag	This flag is used to indicate which diagnosis/procedure code indicates the primary reason for the visit. One flag should be set to one (Y) to indicate the primary diagnosis (if available), and one flag should be set to one (Y) to indicate the primary procedure.	Y	Y		Required to return a PDI score.



**Table 3.1 Standard data values – Clinical Code file**

Attribute	Value	Value Description	Details
Code Set	CPT	Current Procedural Terminology	
	HCPCS	Healthcare Common Procedure Coding System	
	ICD-10-CM	ICD-10-CM – Intl. Classif. of Disease, 10th ed, Clinical Modification	
	ICD-10-PCS	ICD-10-PCS – Intl. Classif. of Disease, 10th ed, Procedure Coding System	



## Table 4. Financial file

- File naming convention: **financial\_[Row Count].csv**
- Maximum file size: Ten million (10,000,000) records. Files with more than this amount will be rejected.

## Notes

- This file, along with the Visit and Clinical Code file, apply only for PDI scoring. They do not apply to CHUI scoring.
- To receive a valid PDI score, the Demographics, Visit, and Clinical Code files must be provided. Financials is an optional file that does not impact PDI scoring.
- General Requirements:
  - Visit ID must be unique
  - No null values are expected
- Total Charges:
  - Provided at the visit/encounter level
  - Values must be positive
  - No account adjustments, capitations, or write-offs included
  - Records with null or a value that is not a number will get rejected
- Total Payments:
  - Provided at the visit/encounter level
  - All payments received for the visit/encounter, summed
  - Values must be positive
  - No account adjustments or write-offs included
- Expected Reimbursements:
  - Provided at the visit level
  - Typically modeled
  - Values must be positive
- Direct Variable Costs:
  - Provided at the visit level
  - Cost of a visit above and beyond the routine operating expenses
  - Values must be positive

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Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
1	Visit ID	visit_id	Must be same Visit ID used in the Visit file. Will be used to associate financials to the same master encounter (visit).	123454321	Y		Required for all visits. Used to link related files (visit, clinical code, etc.).
2	Total Charges	total_charges	The total charges billed for the visit in dollars. It is understood and expected that total charges will almost always be significantly greater than payments and reimbursements. Provided at the visit level. Values must be positive. No account adjustments, capitations, or write-offs included.	5222.89	Y		<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
3	Total Payments	total_payments	Total amount received (aka total payments) represent all monies collected for the visit. Provided at the visit level. Values must be positive. No account adjustments or write-offs included.	1412.00			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
4	Expected Reimbursement	expected_reimbursement	Expected payment for the visit. This is typically modeled by service and major payor or similar. Provided at the visit level. Values must be positive.	1400.00			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
5	Total Direct Costs (Variable)	total_direct_costs	Direct costs (sometimes called variable costs) represent what the visit cost the organization above and beyond routine operating expenses (i.e., indirect or fixed costs). Provided at the visit level. Values must be positive.	501.37			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.