

Massachusetts Division of Health Care
Finance and Policy

Outpatient Emergency Department Visit Data

Electronic Records Submission Specification

December 2010

The Division has adopted regulation 114.1 CMR 17.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to the Division of Health Care Finance and Policy. This document provides the technical and data specifications, including edit specifications required for the Outpatient Emergency Department Visit Data.

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Outpatient Emergency Department Visit Submission Overview

Data To Include in Outpatient Emergency Department Visit Electronic Submissions

Emergency department visit data shall be reported, as required by Regulation 114.1 CMR 17, for all emergency department visits, including Satellite Emergency Facility visits, by patients whose visits result in neither an outpatient observation stay nor an inpatient admission at the reporting facility.

Definitions

Terms used in this specification are defined in the regulation's general definition section or are defined in this specification document. If a term is not otherwise defined, use any applicable definitions from the other sections of the regulation.

Data File Format

The data must be submitted in a fixed-length text file format using the following format specifications:

Records	250-character rows of text
Record Separator	Carriage return and line feed must be placed at the end of each record

Data Transmission Media Specifications

Data will be transferred to the Division via the Internet. In order to do that in a secure manner the Division's Secure Encryption and Decryption System (SENDS) must be utilized. You must first download a copy of the Secure Encryption and Decryption System (SENDS) from the DHCFP web site. There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt

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and rename it in preparation of transmitting to the Division. The newly created encrypted file shall be transferred to the Division via its INET website.

File Naming Convention

In order for the Division to correctly associate each file with the proper provider please use the following naming convention for all files:

ED_#####_CCYY_# where

= Provider DHCFP organization ID – do not pad with zeros

CCYY = the Fiscal Year for the data included

= the Quarter being reported.

For Test Files please include a “_TEST” at the end of the file name. (ex: ED_123_2001_1_TEST).

Test files may not be submitted via INET. Test files should be submitted to the DHCFP via diskette or CD.

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Outpatient Emergency Department Visit Record Specification

Record Specification Elements

The Outpatient Emergency Department Data File is made up of a series of 250 character records. The Record Specifications that follow provide the following data for each field in the record:

Data Element	Definition
F#	Sequential number for the field in the record (Field Number).
Field Name	Name of the Field.
Type	Data format required for field (Field Type). Refer to Field Types section below.
Lgth	Record length or number of characters in the field.
Pos Frm	Beginning position of the field in the 250 character record.
Pos To	Ending position of the field in the 250 character record.
R?	Field Requirement Indicator. R = Required, N = Not Required, C = Conditionally Required. Refer to Edit Specifications data (below) for details about requirements.
Field Definition	Definition of the field name and/or description of the expected contents of the field.
Edit Specifications	Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity of File, Batch, and Claim.

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Data Element	Definition
Error Type	<p>A or B. One A error or two B errors will cause the record to fail. All errors will be recorded for each patient record. An entire provider filing will be rejected if:</p> <ul style="list-style-type: none"> (a) any Category A elements of Provider Record (Record Type 10), Hospital Service Site Summary (Record Type 94), Provider Batch Control Record (Record Type 95) or End of Line Indicators are in error or (b) any required record types are missing or out of order or (c) if 1% or more of discharges are rejected or (d) if 50 consecutive records are rejected. <p>Failed filings must be resubmitted within 30 days.</p> <p>W (warnings) may also be reported on the edit error reports to Hospitals, for items which are notable but which will not cause a file or a record to fail. An example is a requirement which will not be enforced until a later date.</p>

Field Types

Field Type	Field Use	Definition	Examples
Text	Date field	Date fields are 8 characters. The field is formatted as follows: CCYYMMDD	February 14, 2000 would be entered as: 20000214
	Field containing alpha-numeric data, which will not be used in a numeric calculation	Alphanumeric characters (A- Z and 0-9), left justified with trailing spaces.	a) Submitter Name (a 21 character field) might be entered as: County Memorial b) The ED Physician number (a 6 character field) might be entered as: 366542

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Field Type	Field Use	Definition	Examples
Numeric (Num)	A numeric field which will be used in a calculation	Numeric, whole, unsigned, integer digits, right-justified with leading zeros.	Number of Claims (a 6 character field) might be entered as: 000229
Currency (Curr)	A numeric field which will contain a currency amount	(Unformatted) numeric, whole, unsigned integer digits. Do not include cents. Do NOT use EBCDIC signed fields.	20 dollars in a 9 character field might be entered as: 000000020

Record Type Inclusion Rules

Record Type and Title	Required?	Conditions	Number
Record Type '10': Provider Data	R	Must be present.	One per File.
Record Type '20': Patient ED Visit Data	R	Must be present.	One per ED Visit.
Record Type '21': Patient Reason for Visit	R	Must be present.	One per ED Visit
Record Type '25': Patient Address and Ethnicity	R	Must be present.	One per ED Visit
Record Type '60': Patient ED Visit Service Line Items	R	Must be present	Unlimited number per ED Visit
Record Type '94': Hospital Service Site Summary	R	Must be present	Unlimited number per File.
Record Type '95': Provider Batch Control	R	Must be present.	One per File.

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RECORD TYPE 10 - PROVIDER DATA

- Required as first record for every file.
- Only one allowed per file.
- Must be followed by RT 20.

Record Type '10': Provider Data									
F#	FIELD NAME	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1	Record type '10'	Text	2	1	2	R	Must be present. Must be 10.	Indicator for Record Type '10': Provider Data	A
2	DHCFP Organization ID for Provider	Text	7	3	9	R	Must be present. Characters must be numeric. Must be valid entry as specified in Data Code Tables. (Section I)	The Organization ID assigned by the Massachusetts Division of Health Care Finance and Policy (DHCFP) to the provider filing the submission. (IdOrgFiler)	A
3	Filler	Text	4	10	13	N			
4	Provider Name	Text	25	14	38	R	Must be present.	Name of provider submitting this batch of ED visits.	A
5	Provider Address	Text	25	39	63	N	May be present.	Mailing address of the provider: Address.	
6	Provider City	Text	14	64	77	N	May be present.	Mailing address of the provider: City.	

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Record Type '10': Provider Data									
F#	FIELD NAME	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
7	Provider State	Text	2	78	79	N	May be present.	Mailing address of the provider: State	
8	Provider ZIP Code	Text	9	80	88	N	May be present. Characters must be numeric.	Mailing address of the provider: Zip Code	
9	Period Starting Date	Text	8	89	96	R	Must be present. Must be valid date format (CCYYMMDD). Must be valid Quarter Begin Date.	Valid quarter begin date. CCYY1001, CCYY0101, CCYY0401, CCYY0701	A
10	Period Ending Date	Text	8	97	104	R	Must be present. Must be valid date format (CCYYMMDD). Must be valid Quarter End Date.	Valid quarter end date. CCYY1231, CCYY0331, CCYY0630, CCYY0930	A
11	Processing Date	Text	8	105	112	R	Must be present. Must be valid date format (CCYYMMDD). Must not be later than today's date.	Date provider prepares file.	A
12	File Reference Number	Text	7	113	119	N	May be present.	Inventory number of the file as assigned by the provider.	
13	Filler	Text	131	120	250	N			

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RECORD TYPE 20 – PATIENT ED VISIT DATA

- Required for every ED Visit.
- Only one allowed per ED Visit.
- Must follow either RT 10 or RT 60.
- Must be followed by RT 21.

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1.	Record type '20'	Text	2	1	2	R	Must be present. Must be 20.	Indicator for Record Type '20': Patient ED Visit Data	A
2.	Hospital Service Site Reference	Text	7	3	9	C	Must be present if reporting more than one Site of Service in a single provider submission. If present, must be a valid DHCFP Organization number as specified in Data Code Tables (Section I).	Designated DHCFP Organization ID Number for the Site of Service (IdOrgSite)	A
3.	Social Security Number	Text	9	10	18	R	Must be present. Must be numeric. Must be valid social security number or '000000001' if unknown.	Patient's social security number	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
4.	Medical Record Number	Text	10	19	28	R	Must be present.	Patient's hospital Medical Record Number	A
5.	Billing Number	Text	17	29	45	R	Must be present.	Hospital Billing Number for the patient	A
6.	Mother's Social Security Number	Text	9	46	54	C	Must be present for infants one year old or less. Must be numeric. Must be valid social security number or '000000001' if unknown.	Mother's social security number for infants up to one year old or less	B
7.	Medicaid Claim Certificate Number	Text	17	55	71	C	Must be present if Payer Source Code has a Medicaid or Medicaid Managed Care Payer Type of "4" (Medicaid) or "B" (Medicaid Managed Care) as specified in Data Code Tables (Sections II) and III) Must be blank if payer source is not a Medicaid plan.	Medicaid Claim Certificate Number This number is also referred to as the Medicaid Recipient Identification Number.	A
8.	Date of Birth	Text	10	72	81	R	Must be present. Must be valid date format (CCYYMMDD). Must not be later than the Registration Date.	Patient date of birth: Birth century, year, month, and day	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
9.	Sex	Text	1	82	82	R	Must be present. Must be valid code as specified in Data Code Tables (Section IV).	Patient's sex	A
10.	Filler	Text	10	83	92	N			
11.	Registration Date	Text	10	93	102	R	Must be present. Must be valid date format (CCYYMMDD). Must be less than or equal to Discharge Date.	Date of patient's registration in the ED: Century, year, month and day when patient is registered in the ED.	A
12.	Registration Time	Text	4	103	106	R	Must be present. Must be numeric. Must range from 0000 to 2359.	Time of patient's registration in the ED. Time reporting should be in hours and minutes.	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
13.	Discharge Date	Text	10	107	116	C	Must be present unless departure status = 6 (Eloped) or P (Personal Physician). Must be valid date format (CCYYMMDD). Must be greater than or equal to Registration Date.	Date patient leaves the ED: Century, year, month and day when patient actually leaves the ED at the conclusion of their visit	A
14.	Discharge Time	Text	4	117	120	C	Must be present unless departure status = 6 (eloped) or P (Personal Physician). Must be numeric. Must range from 0000 to 2359. Must be greater than the registration time when the discharge date and registration date are equal.	Time patient actually leaves the ED at the conclusion of their visit. Time reporting should be in hours and minutes.	B
15.	Type of Visit	Text	1	121	121	C	Must be present if 'Emergency Severity Index' is not present. If present, must be valid code as specified in Data Code Tables (Section VIII).	Patient's type of visit.	B

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
16.	Source of Visit	Text	1	122	122	R	Must be present. Must be valid code as specified in Data Code Tables (Section IX).	Originating, referring, or transferring source of ED visit	B
17.	Secondary Source of Visit	Text	1	123	123	C	Include if applicable. Must be valid code as specified in Data Code Tables (Section IX).	Secondary referring or transferring source of ED visit	B
18.	Departure Status	Text	1	124	124	R	Must be present. Must be valid code as specified in Data Code Tables (Section X).	A code indicating patient's status as of the Discharge Date and Time.	A
19.	Primary Source of Payment	Text	3	125	127	R	Must be present. Must be valid code as specified in Data Code Tables (Section III).	Patient's expected primary source of payment	A
20.	Secondary Source of Payment	Text	3	128	130	R	Must be present. Must be valid code as specified in Data Code Tables (Section III). If not applicable, must be coded as "159" for "none" as specified in Data Code Tables (Section III).	Patient's expected secondary source of payment	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
21.	Charges	Curr	10	131	140	C	<p>Must be present unless Departure Status is 6 (Eloped), 4 (AMA) or P (Personal Physician).</p> <p>If present:</p> <p>Must be numeric.</p> <p>Must be greater than 1.</p> <p>Must be whole numbers, no decimals.</p> <p>Must be rounded to the nearest dollar.</p>	<p>Grand total of all charges associated with the patient's ED visit.</p> <p>The total charge amount should be rounded to the nearest dollar.</p>	A
22.	Other Physician Number	Text	6	141	146	C	<p>Include if applicable.</p> <p>If present, must be a valid and current Massachusetts Board of Registration in Medicine license number,</p> <p>OR</p> <p>Must be "DENSG", "PODTR", "OTHER" or "MIDWIF".</p>	<p>Physician's state license number (BORIM #) for physician other than the ED Physician who provided services related to this visit. Report if the physician's involvement in the patient's ED Visit is captured in the hospital's electronic information systems.</p> <p>Physician's Mass. Board of Registration in Medicine license number (BORIM #), or "DENSG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively</p>	B

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
23.	ED Physician Number	Text	6	147	152	C	<p>Must be present, unless Nurse Practitioner is reported in Other Caregiver (Field #24), or unless Departure Status is 6 (Eloped) or P (Personal Physician).</p> <p>If present:</p> <p>Must be a valid and current Mass. Board of Registration in Medicine license Number</p> <p>OR</p> <p>Must be "DENSG", "PODTR", "OTHER" or "MIDWIF".</p>	<p>Physician who had primary responsibility for the patient's care in the ED.</p> <p>Mass. Board of Registration in Medicine license number (BORIM #), or "DENSG", "PODTR", "OTHER", or "MIDWIF" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians) or Midwife, respectively.</p>	B
24.	Other Caregiver Code	Text	1	153	153	C	<p>Include if applicable.</p> <p>If present, must be valid code as specified in Data Code Tables (Section XI).</p>	<p>Other Caregiver:</p> <p>Other caregiver with significant responsibility for patient's care</p>	B

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
25.	Principal Diagnosis Code	Text	5	154	158	C	<p>Must be present unless Departure Status is 6 (Eloped) or P (Personal Physician).</p> <p>If present:</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Must not be an E-Code.</p>	<p>Patient's principal diagnosis:</p> <p>ICD-9 Principal Diagnosis excluding decimal point.</p>	A
26.	Associated Diagnosis Code 1	Text	5	159	163	C	<p>Include if applicable.</p> <p>If present, Principal Diagnosis Code must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's first associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 1, excluding the decimal point.</p>	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
27.	Associated Diagnosis Code 2	Text	5	164	168	C	<p>Include if applicable.</p> <p>If present Associated Diagnosis Code 1 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's second associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 2, excluding the decimal point.</p>	A
28.	Associated Diagnosis Code 3	Text	5	169	173	C	<p>Include if applicable.</p> <p>If present, Associated Diagnosis Code 2 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's third associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 3, excluding the decimal point.</p>	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
29.	Associated Diagnosis Code 4	Text	5	174	178	C	<p>Include if applicable.</p> <p>If present, Associated Diagnosis Code 3 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's fourth associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 4, excluding the decimal point.</p>	A
30.	Associated Diagnosis Code 5	Text	5	179	183	C	<p>Include if applicable.</p> <p>If present, Associated Diagnosis Code 4 must be present.</p> <p>Must be valid ICD-9-CM code* (exclude decimal point).</p> <p>Associated E-codes may be reported in the Associated Diagnosis fields only if the principal E-code is present in the Principal E-code field. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Patient's fifth associated diagnosis:</p> <p>ICD-9 Associated Diagnosis 5, excluding the decimal point.</p>	A

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F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
31.	Significant Procedure Code 1	Text	5	184	188	C	<p>Include if applicable.</p> <p>If present must be valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 80 of the UB-92)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's significant procedure, as reported in FL 80 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
32.	Significant Procedure Code 2	Text	5	189	193	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 1 must be present.</p> <p>If entered, must be a valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 81 of the UB-92)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 81 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
33.	Significant Procedure Code 3	Text	5	194	198	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 2 must be present.</p> <p>If entered, must be a valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 81 of the UB-92)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 81 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
34.	Significant Procedure Code 4	Text	5	199	203	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 3 must be present.</p> <p>If entered, must be a valid ICD-9-CM code* (exclude decimal point) or valid CPT code (as reported in FL 81 of the UB-92).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 81 of the UB-92.</p> <p>ICD-9-CM code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
35.	Emergency Severity Index	Text	1	204	204	C	<p>Must be present if 'Type of Visit' is not present.</p> <p>If present, must be valid code.</p> <p>Must range from 1 to 5.</p>	<p>Emergency Severity Index</p> <p>Patient's score on the Emergency Severity Index, as described in "Reliability and Validity of a New Five-level Triage Instrument." Woovers, R. et al. <i>Academic Emergency Medicine</i> 2000; 7:236-242. Must range from 1 to 5.</p>	B
36.	Principal E-Code	Text	5	205	209	C	<p>Must be present if principal diagnosis is ICD-9-CM codes 800-904.9 or 910-999.9.</p> <p>If present, must be a valid ICD-9-CM E-code (E800-E999) excluding E849.0-E849.9.</p> <p>Principal E-code shall be recorded in designated field and not be present in Associated Diagnosis Codes 1-5.</p> <p>Associated E-codes, present in the Associated Diagnosis fields, shall only be permitted when a Principal E-code is entered. E849.0-E849.9 may be used as associated E-codes.</p>	<p>Principal E-code (External Cause of Injury Code)</p> <p>Principal ICD-9-CM E-code (E800-E999) excluding E849.0-E849.9. E849.0-E849.9 may be used as an associated E-code and reported in any of the Associated Diagnosis fields.</p>	A

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
37.	Procedure Code Type	Text	1	210	210	C	Must be present if Significant Procedure Code(s) are present. Must be "4" or "9".	Coding System used to report Significant Procedures in this record. 4 = CPT-4, 9 = ICD-9-CM. Only one coding system is allowed per Patient ED Visit.	A
38.	Transport	Text	1	211	211	R	Must be present. Must be valid code as specified in Data Code Tables (Section XII).	Patient's Mode of Transport to the ED	A
39.	Ambulance Run Sheet Number	Text	8	212	219	C	May be present if patient arrived by ambulance. Further edits To Be Determined.	EMS (Ambulance) Run Sheet Number	W
40.	Homeless Indicator	Text	1	220	220	C	Include if applicable. Must be valid code as specified in Data Code Tables (Section XIII).	Indicates whether patient is known to be homeless.	B
41	Condition Present on Visit – Principal Diagnosis Code	Text	1	221	221	R	-Must be present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
42	Condition Present on Visit – Assoc. Diagnosis Code I	Text	1	222	222	R	-Must be present when Assoc. Diagnosis Code I is present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
43	Condition Present on Visit – Assoc. Diagnosis Code II	Text	1	223	223	R	-Must be present when Assoc. Diagnosis Code II is present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
44	Condition Present on Visit – Assoc. Diagnosis Code III	Text	1	224	224	R	-Must be present when Assoc. Diagnosis Code III is present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
45	Condition Present on Visit – Assoc. Diagnosis Code IV	Text	1	225	225	R	-Must be present when Assoc. Diagnosis Code IV is present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

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Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
46	Condition Present on Visit – Assoc. Diagnosis Code V	Text	1	226	226	R	-Must be present when Assoc. Diagnosis Code V is present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
47	Condition Present on Visit – Principal E- Code	Text	1	227	227	R	-Must be present when Principal E- code is present -Must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
48	Massachusetts Transfer Hospital Organization ID	Text	7	228	234	C	- Must be present if Primary or Secondary Source of Admission is 4, Transfer from an Acute Hospital or 7 Outside Hospital Emergency Room Transfer and the provider from which the transfer occurred is in Massachusetts. - - Must be valid Organization Id as assigned by the Division of Health Care Finance and Policy as specified in Data Code Tables (Section I).	Transferring Hospital	B
49	Filler	Text	16	235	250	N			

- * = All ICD-9-CM should be reported as the exact code excluding the decimal point. Zeros contained in the code should be reported. For example, the code '001.0' should be reported as '0010'.

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RECORD TYPE 21 – PATIENT REASON FOR VISIT

- Required for every ED Visit.
- Only one allowed per ED Visit.
- Must follow RT 20.
- Must be followed by RT 25.

Record Type '21': Patient Reason for Visit									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1.	Record type '21'	Text	2	1	2	R	Must be present. Must be 21.	Indicator for Record Type '21': Patient Reason for Visit	A
2	Medical Record Number	Text	10	3	12	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A
3.	Stated Reason for Visit	Text	150	13	162	R	Must be present. Must be narrative text.	Patient's stated Reason for Visit or Chief Complaint Text narrative describing patient's stated reason for visit.	A
4.	Filler	Text	88	163	250	N			

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RECORD TYPE 25 – PATIENT ADDRESS AND ETHNICITY

- Required for every ED Visit.
- Only one allowed per ED Visit.
- Must follow RT 21.
- Must be followed by RT 60.

Record Type '25': Patient Address and Ethnicity									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1.	Record type '25'	Text	2	1	2	R	Must be present. Must be 25.	Indicator for Record Type '25': Patient Address	A
2	Medical Record Number	Text	10	3	12	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A
3.	Permanent Patient Street Address	Text	30	13	42	C	- -Must be present when Patient Country is 'US' unless Homeless Indicator is 'Y'	Patient's residential address including number, street name, and type (i.e. street, drive, road)	B
4.	Permanent Patient City/Town	Text	25	43	67	C	-Must be present when Patient Country is 'US'	Patient's residential city or town	B

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Record Type '25': Patient Address and Ethnicity									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
5.	Permanent Patient State	Text	2	68	69	C	-Must be present when Patient Country is 'US' -Must be valid U.S. postal code for state	The US Postal Service code for the state the where the patient resides.	B
6.	Zip Code	Text	5	70	74	R	Must be present. Must be numeric. Must be 0's if zip code is unknown or Patient Country is not 'US'.	Patient's residential 5-digit zip code. If patient is homeless please report zip as 00000, and indicate homeless status in the Homeless Indicator field on this record.	B
7.	Zip Code Extension	Text	4	75	78	N	May be present. If present, must be numeric. If unknown, leave blank.	Patient's residential 4 digit zip code extension	B
8.	Patient Country	Text	2	79	80	R	-Must be present -Must be a valid International Standards Organization (ISO - 3166) 2-digit country code	The International Standards Organization (ISO-3166) code for the country where the patient resides. This is their permanent country of residence. This is required for all patients.	B

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Record Type '25': Patient Address and Ethnicity									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
9.	Temporary Patient Street Address	Text	30	81	110	C	- -Must be present when Patient Country is not 'US'	The temporary United States street address including number, street name, and type (i.e. street, drive, road) where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.	B
10.	Temporary Patient City/Town	Text	25	111	135	C	-Must be present when Patient Country is not 'US'	The temporary United States city/town where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.	B

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Record Type '25': Patient Address and Ethnicity									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
11.	Temporary Patient State	Text	2	136	137	C	-Must be present when Patient Country is not 'US' -Must be valid U.S. postal zip code for state	The US Postal Service code for the state of the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.	B
12.	Temporary Patient Zip Code	Text	9	138	146	C	-Must be present when Patient Country is not 'US' -Must be valid U.S. postal zip code	The US Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patient's whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.	B
13.	Race 1	Text	6	147	152	R	Must be present Must be valid code as specified in Data Code Tables (Section V).	Patient's race	B

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Record Type '25': Patient Address and Ethnicity										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
14.	Race 2	Text	6	153	158	C	May only be entered if Race 1 is entered. Must be valid code as specified in Data Code Tables (Section V).	Patient's race	B	
15.	Other Race	Text	15	159	173	C	May only be entered if Race 1 is entered. Must be entered if Race 1 is R9 – Other Race.	Patient's race	B	
16.	Hispanic Indicator	Text	1	174	174	R	Must be present Must be valid code as specified in Data Code Tables (Section VI).	Indicates whether the patient is Hispanic/Latino/Spanish	B	
17	Ethnicity 1	Text	6	175	180	R	Must be present Must be valid code as specified in Data Code Tables (Section VII).	Patient's Ethnicity	B	
18	Ethnicity 2	Text	6	181	186	C	May only be entered if Ethnicity 1 is entered. Must be valid code as specified in Data Code Tables (Section VII).	Patient's Ethnicity	B	
19	Other Ethnicity	Text	6	187	192	C	May only be entered if Ethnicity 1 is entered.	Patient's Ethnicity	B	
20.	Filler	Text	58	193	250	N				

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RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS

- At least one 60 record is required for every ED Visit.
- Unlimited number of 60 records allowed per ED Visit, each one containing up to 30 service line items.
- Must follow RT 25 or RT 60.
- Must be followed by RT 20, 60 or 94.

Record Type '60': Patient ED Visit Service Line Items									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1.	Record type '60'	Text	2	1	2	R	Must be present. Must be 60.	Indicator for Record Type '60': Patient ED Visit Service Line Items	A
2	Medical Record Number	Text	10	3	12	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A

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Record Type '60': Patient ED Visit Service Line Items									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
3.	Service Line Item 1	Text	5	13	17	C	<p>At least one Service Line Item must be present, unless Departure Status is 6 (Eloped), 4 (AMA) or P (Personal Physician).</p> <p>If present:</p> <p>Must be valid CPT or HCPCS code (as reported in FL 44 of the UB-92),</p> <p>OR, for drugs billed for which no HCPCS code is reported, use DRUGS,</p> <p>OR, for supplies billed for which no HCPCS code is reported, use SPPLY.</p> <p>Additional Service Line Items for the same ED Visit should be included in subsequent Service Line Item Elements in this record.</p>	<p>Patient's Service provided (line item detail): valid CPT or HCPCS code, as reported in FL 44 of the UB-92 claim.</p> <p>The '60' Service Line Item record type should be repeated in this ED Visit record to include all CPT/HCPCS codes for this ED Visit.</p>	B
4.	End of Line Items Indicator	Text	1	18	18	C	<p>Must be present following the last Service Line Item.</p> <p>Must be 'Y' if this is the last Service Line Item for the ED Visit, otherwise leave blank.</p>	<p>Enter 'Y' to indicate the end of the list of Service Line Items for the current ED Visit, and the end of the patient record.</p>	A

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Record Type '60': Patient ED Visit Service Line Items									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
5	Group Element: Service Line Items 2-30	Text	174	19	192	C	<p>Include if applicable.</p> <p>If present, the previous Service Line Item must be present.</p> <p>The last Service Line Item Element for the ED Visit must include a 'Y' in the End of Line Items Indicator.</p>	<p>Repeat fields 3 and 4 for a total of 30 Service Line Item Elements in each 60 record.</p> <p>Additional Service Line Items for the same ED Visit.</p>	
6	Filler	Text	58	193	250				

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RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY

- Required for every Batch.
- Unlimited number of 94 records, each one containing up to 4 Service Site Summaries.
- Must be preceded by RT 60 or RT 94.
- May be followed by RT 94 or RT 95.

Record Type '94': Hospital Service Site Summary									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1	Record Type '94'	Text	2	1	2	R	Must be present. Must be 94.	Indicator for Record Type '94': Hospital Service Site Summary	A
2*	Hospital Service Site Reference	Text	7	3	9	R	Must be present. Must be valid code as specified in Data Code Tables (Section I) At least one Service Site Summary (Group Element) must be present (fields 2 through 10).	DHCFP designated organization number for each provider site.	A

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Record Type '94': Hospital Service Site Summary									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
3*	Number of ED Treatment Beds at Site	Num	4	10	13	R	Must be present. Must be numeric.	Number of ED Beds on last day of the reporting period. Number of permanent ED treatment bays or beds, as approved by the Department of Public Health. Do not count temporary use of gurneys, stretchers, etc., nor beds in ED-based observation units.	A
4*	Number of ED-based Observation Beds at Site	Num	4	14	17	R	Must be present. Must be numeric.	Number of Observation Beds on last day of the reporting period. Number of permanent beds or treatment bays in ED-based observation unit, if any.	A
5*	Total Number of ED-based Beds at Site	Num	4	18	21	R	Must be present. Must be numeric.	Combined total number of ED beds and ED-based observation beds. Total number of ED beds and ED-based observation beds, combined.	A
6*	ED Visits – Admitted to Inpatient at Site	Num	7	22	28	R	Must be present. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that resulted in inpatient admission (whether preceded by observation stay or not).	A

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Record Type '94': Hospital Service Site Summary									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
7*	ED Visits – Admitted to Outpatient Observation at Site	Num	7	29	35	R	Must be present. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that resulted in admission to outpatient observation, but not inpatient admission.	A
8*	ED Visits - All Other Outpatient ED Visits at Site	Num	7	36	42	R	Must be present. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that had a disposition other than admission to outpatient observation and/or inpatient care.	A
9*	ED Visits – Total Registered at Site	Num	7	43	49	R	Must be present. Must be numeric.	Total number of all registered ED Visits occurring during the reporting period, regardless of disposition.	A
10*	End of Record Indicator	Text	1	50	50	C	Must be present if this is the last Site Summary Group Element for the Hospital Service Site Summary record. Must be a 'Y'.	Denotes end of list in Hospital Service Site Summary record.	A
11	Group Element: Site Summaries 2-4		144	51	194	C	One Service Site Summary (Group Element) must be present for each Site reported in the Provider Submission. Last Site Summary Group Element must include a 'Y' in the End of Record Indicator.	Repeat fields 2 -10 for a total of 4 Site Summary Elements in the 94 record. Additional Site Summary data for the same Provider Submission.	

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Record Type '94': Hospital Service Site Summary									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
12	Filler	Text	56	195	250	N			

*Fields #2 – 10 should be repeated for each of the provider sites included in the provider filing.

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RECORD TYPE 95 – PROVIDER BATCH CONTROL

- Required for every Batch.
- Only one 95 record and Batch per File.
- Must be preceded by RT 94.

Record Type '95': Provider Batch Control									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1	Record Type '95'	Text	2	1	2	R	Must be present. Must be 95.	Indicator for Record Type '95': Provider Batch Control.	A
2	Number of Outpatient ED Visits	Num	6	3	8	R	Must be present. Must be Numeric format. Must be the correct number as defined.	A count of the number of Record Type 20 entries for this provider filing.	A
3	Total Charges for Batch	Curr	12	9	20	R	Must be present. Must be unformatted currency format. Must be correct number as defined.	Sum of charges entered in RT 20, field 21 (Charges).	A
4	Filler	Text	230	21	250	N			

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Outpatient Emergency Department Visit Data Code Tables:

I) DHCFP Organization IDs for Hospitals

<u>ORG ID</u>	<u>CURRENT ORGANIZATION NAME</u>
1	Anna Jaques Hospital
2	Athol Memorial Hospital
6	Baystate Mary Lane Hospital
4	Baystate Medical Center
7	Berkshire Medical Center - Berkshire Campus
9	<i>Berkshire Medical Center - Hillcrest Campus</i>
53	Beth Israel Deaconess Hospital - Needham
10	Beth Israel Deaconess Medical Center - East Campus
16	Boston Medical Center - Harrison Avenue Campus
144	<i>Boston Medical Center - East Newton Campus (1)</i>
19	<i>East Boston Neighborhood Health Center</i>
22	Brigham and Women's Hospital
25	Brockton Hospital
3118	Cable Emergency Center
27	Cambridge Health Alliance - Cambridge Campus
143	<i>Cambridge Health Alliance - Somerville Campus</i>
142	<i>Cambridge Health Alliance - Whidden Memorial Campus</i>

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39	Cape Cod Hospital
42	Caritas Carney Hospital
62	Caritas Good Samaritan Medical Center - Brockton Campus
75	Caritas Holy Family Hospital and Medical Center
41	Caritas Norwood Hospital
126	Caritas St. Elizabeth's Medical Center
46	Children's Hospital Boston
132	Clinton Hospital
50	Cooley Dickinson Hospital
57	Emerson Hospital
8	Fairview Hospital
40	Falmouth Hospital
59	Faulkner Hospital
5	Franklin Medical Center
66	Hallmark Health System - Lawrence Memorial Hospital Campus
141	Hallmark Health System - Melrose-Wakefield Hospital Campus
68	Harrington Memorial Hospital
71	Health Alliance Hospitals, Inc.
8548	<i>Health Alliance Hospital -- Burbank Campus</i>
8509	<i>Health Alliance Hospital -- Leominster Campus</i>
73	Heywood Hospital

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77	Holyoke Medical Center
78	Hubbard Regional Hospital
79	Jordan Hospital
81	Lahey Clinic -- Burlington Campus
4448	<i>Lahey Clinic Northshore</i>
83	Lawrence General Hospital
85	Lowell General Hospital
133	Marlborough Hospital
88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary
91	Massachusetts General Hospital
119	Mercy Medical Center - Springfield Campus
70	Merrimack Valley Hospital
49	MetroWest Medical Center - Framingham Campus
457	MetroWest Medical Center - Leonard Morse Campus
97	Milford Regional Medical Center
98	Milton Hospital
99	Morton Hospital and Medical Center
100	Mount Auburn Hospital
101	Nantucket Cottage Hospital
52	Nashoba Valley Medical Center

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105	Newton-Wellesley Hospital
106	Noble Hospital
107	North Adams Regional Hospital
116	North Shore Medical Center, Inc. - Salem Campus
3	North Shore Medical Center, Inc. - Union Campus
109	Northeast Health System - Addison Gilbert Campus
110	Northeast Health System - Beverly Campus
112	Quincy Medical Center
114	Saint Anne's Hospital
127	Saint Vincent Hospital
115	Saints Memorial Medical Center
122	South Shore Hospital
123	Southcoast Hospitals Group - Charlton Memorial Campus
124	Southcoast Hospitals Group - St. Luke's Campus
145	Southcoast Hospitals Group - Tobey Hospital Campus
129	Sturdy Memorial Hospital
104	Tufts-New England Medical Center
131	UMass Memorial Medical Center - University Campus
130	<i>UMass Memorial Medical Center - Memorial Campus</i>
138	Winchester Hospital
139	Wing Memorial Hospital and Medical Centers

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II) Payer Type Code

Payer Type Code		
Payer Type Code	Payer Type Abbreviation	Payer Type Definition
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
Q	ComCare	Commonwealth Care Plans

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Payer Type Code		
Payer Type Code	Payer Type Abbreviation	Payer Type Definition
Z	DEN	Dental Plans
N	None	None (Valid only for Secondary Payer)

III) Source of Payment Code

Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
1	Harvard Community Health Plan	8	HMO
2	Bay State - a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage – PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	E	PPO
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England, Inc	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 and 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 and 158)		
33	Mutual of Omaha PPO	D	COM-MC

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company - HMO(New for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO(New for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health New England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare Of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue CHiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity(New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
72	Healthsource New Hampshire	7	COM
73	United Health and Life(subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice- PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO(Subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by # 84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select – PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	UniCare	7	COM
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician(PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care - Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health	B	MCD-MC

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
	Plan		
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care - United Health Plans of NE(Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan- Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere)	B	MCD-MC
120	Out-of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
127	Medicare HMO- Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
135	Out-of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care(not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (Not listed elsewhere)***	C	BCBS-MC
156	Out of state BCBS	6	BCBS
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
159	None (Valid only for Secondary Source of Payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC
163	United Healthcare Insurance Company - POS(New for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
173	Aetna Medicare Open	F	MCR-MC
174	Aetna Health, Inc. – Quality POS	8	HMO
175	Aetna Health, Inc. – HMO	8	HMO
176	Carelink (CIGNA & Tufts)	7	COM
177	Chesapeake Life Insurance Company	7	COM
178	Children's Medical Security Plan (CMSP)	5	GOV
179	First Health Life and Health Insurance Company	7	COM
180	Fresenius Medical Care Health Plan (Medicare Advantage Plan)	F	MCR-MC
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
184	Private Healthcare Systems EPO	K	EPO
185	Connecticut General Life – Indemnity	7	COM
186	Connecticut General Life – POS	J	POS
187	Connecticut General Life – PPO	E	PPO
188	Fallon Flex POS	J	POS
189	Fallon Major Medical – Indemnity	7	COM
190	Fallon Preferred Care – PPO	D	COM-MC
191	Genworth Preferred PPO	D	COM-MC
192	Guarantee Trust Life Insurance Company – PPO	D	COM-MC
193	Harvard Pilgrim – Indemnity	7	COM
194	Harvard Pilgrim – POS	8	HMO
195	Harvard Pilgrim – PPO	8	HMO
196	Harvard Pilgrim Health Care, Inc. (HMO)	8	HMO
197	Health Insurance Plan of New York (HIP)	7	COM
198	John Alden Life Insurance Company	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
204	Christian Brothers Employee	7	COM
205	Health New England Select Premier PPO	E	PPO
206	Health New England Guaranteed Issue – Individual Plans	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
209	Reserved		
210	Medicare HMO - Pilgrim Preferred 65 *	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213	Medicare HMO – Medicare Complete Plans offered by SecureHorizons	F	MCR-MC
214	Medicare HMO – Harvard Pilgrim Health Plan – Medicare Enhance	F	MCR-MC
215	Tufts Medicare HMO – Medicare Preferred	F	MCR-MC
216	Medicare Special Needs Plan – Commonwealth Care Alliance	F	MCR-MC
217	Medicare Special Needs Plan – Fallon Community Health Plan	F	MCR-MC
218	Medicare Special Needs Plan – Senior Whole Health	F	MCR-MC

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
219	Medicare Special Needs Plan – United Health Group Evercare Mass. SCO and Evercare Plan IP	F	MCR-MC
220	Medicare HMO - Blue Care 65	F	MCR-MC
221	Medicare HMO Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO Healthsource CMHC	F	MCR-MC
223	Medicare HMO Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO - US Healthcare	F	MCR-MC
226	United Health Care of New England, Inc.	D	COM-MC
227	Northeast Health Direct – PPO	E	PPO
228	Oxford Health Plans	7	COM
229	Professional Insurance Company (Indemnity)	7	COM
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
235	Trustmark Life Insurance Company	7	COM
236	Tufts Health Maintenance Organization, Inc. (TAHMO)	8	HMO

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
237	Tufts Insurance Company PPO	E	PPO
238	Tufts Associated Health Maintenance Organization, Inc. PPO	8	HMO
239	Tufts Associated Health Maintenance Organization, Inc. POS Plan	8	HMO
240	Unicare PPO	E	PPO
241	Union Security Insurance Company	7	COM
242	Wellcare Health Plans, Inc.	7	COM
243	Pioneer Health Network	8	HMO
244	Tufts Medicare Complement (TMC)	7	COM
245	Trail Blazer Health Enterprises, LLC	F	MCR-MC
246	Preferred Blue PPO	C	BCBS-MC
247	Humana Insurance Company **	7	COM
248	Mail Handlers Benefit Plan	7	COM
249	MEGA Life and Health Insurance Company	7	COM
250	CIGNA HMO	D	COM -MC
251	Healthsource CMHC HMO	8	HMO
252	Health New England (HNE) Medicare Advantage Plan	F	MCR-MC
253	Blue Medicare PFFS	F	MCR-MC
254	Cigna Medicare Access Plans	F	MCR-MC

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
255	Health Net Pearl	F	MCR-MC
256	Humana Gold PFFS	F	MCR-MC
257	Today's Options Premier from Universal American	F	MCR-MC
258	Unicare Security Choice	F	MCR-MC
259	CeltiCare Health Plan of Massachusetts	8	HMO
270	UniCare Preferred Plus PPO	D	COM - MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
273	MassHealth Senior Care Options ****	F	MCR-MC
300	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification	Q	ComCare
301	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Q	ComCare
302	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Q	ComCare
303	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Q	ComCare
304	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV	Q	ComCare
400	CommCare: Cambridge Network Health Forward – General Classification	Q	ComCare
401	CommCare: Cambridge Network Health Forward – Plan	Q	ComCare

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
	Type I		
402	CommCare: Cambridge Network Health Forward – Plan Type II	Q	ComCare
403	CommCare: Cambridge Network Health Forward – Plan Type III	Q	ComCare
404	CommCare: Cambridge Network Health Forward – Plan Type IV	Q	ComCare
500	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification	Q	ComCare
501	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Q	ComCare
502	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Q	ComCare
503	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Q	ComCare
504	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)	Q	ComCare
600	CommCare: Neighborhood Health Plan – General Classification	Q	ComCare

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
601	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Q	ComCare
602	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Q	ComCare
603	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Q	ComCare
604	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type 4 (9CC4)	Q	ComCare
700	CommCare: Celticare Health Plan of Massachusetts/Commonwealth Care General Classification	Q	ComCare
701	CommCare: Celticare Health Plan of Massachusetts/Commonwealth Care – Plan 1	Q	ComCare
702	CommCare: Celticare Health Plan of Massachusetts/Commonwealth Care – Plan 2	Q	ComCare
703	CommCare: Celticare Health Plan of Massachusetts/Commonwealth Care – Plan 3	Q	ComCare
800	Aetna Dental	Z	DEN
801	Aflac	Z	DEN
802	AllState	Z	DEN
803	Altus Dental	Z	DEN
804	Ameritas Life Insurance Corp	Z	DEN
805	Anthem Blue Cross Blue Shield	Z	DEN

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
806	Assurant	Z	DEN
807	Blue Cross Blue Shield of MA	Z	DEN
808	Blue Cross Blue Shield of RI	Z	DEN
809	Children's Medical Security	Z	DEN
810	Cigna Dental	Z	DEN
811	Creative Plan Dental Administration	Z	DEN
812	Delta Dental of MA	Z	DEN
813	Delta Dental of Michigan	Z	DEN
814	Delta Dental of New York	Z	DEN
815	DentalQuest Commonwealth Care	Z	DEN
816	DentalQuest MassHealth	Z	DEN
817	DentalQuest Senior Whole Health	Z	DEN
818	EverCare Dental	Z	DEN
819	Fallon Health Plan	Z	DEN
820	Great West Dental	Z	DEN
821	Guardian Dental	Z	DEN
822	Harvard Pilgrim Health Care	Z	DEN
823	MetLife Dental	Z	DEN
824	Principal Plan Dental	Z	DEN
825	Unicare Dental	Z	DEN

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Source of Payment Code	Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
826	United Concordia	Z	DEN
827	United HealthCare: Dental	Z	DEN
990	Free Care – Co-pay, deductible or co-insurance (when billing for free care services use #143).	9	FC
995	Health Safety Net Office	H	HSNO
996	Charity Care	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

SUPPLEMENTAL PAYER SOURCES: USE AS SECONDARY PAYER SOURCE ONLY

Source of Payment Code (Secondary)	Secondary Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance co.	7	COM
127	Medicare HMO - Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC

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Source of Payment Code (Secondary)	Secondary Source of Payment Definitions	Matching Payer Type Code	Payer Type Abbreviation
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO –Tufts Medicare Supplement (TMS)	F	MCR-MC

IV) Patient Sex

Patient Sex	
Valid Entries	Definition
M	Male
F	Female
U	Unknown

V) Patient Race

Race Code	Patient Race Definition
R1	American Indian/Alaska Native

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R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other Race
Unknown	Unknown/not specified

VI) Patient Hispanic Indicator

Patient Hispanic Indicator	
Valid Entries	Definition
Y	Patient is Hispanic/Latino/Spanish.
N	Patient is not Hispanic/Latino/Spanish.

VII) Patient Ethnicity

Ethnicity Code	Ethnicity Definition
2182-4	Cuban
2184-0	Dominican
2148-5	Mexican, Mexican American, Chicano
2180-8	Puerto Rican

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2161-8	Salvadoran
2155-0	Central American (not otherwise specified)
2165-9	South American (not otherwise specified)
2060-2	African
2058-6	African American
AMERCN	American
2028-9	Asian
2029-7	Asian Indian
BRAZIL	Brazilian
2033-9	Cambodian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
2034-7	Chinese
2169-1	Columbian
2108-9	European
2036-2	Filipino
2157-6	Guatemalan
2071-9	Haitian
2158-4	Honduran
2039-6	Japanese

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2040-4	Korean
2041-2	Laotian
2118-8	Middle Eastern
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
2047-9	Vietnamese
OTHER	Other Ethnicity
UNKNOWN	Unknown/not specified

VIII) Type of Visit

Type of Visit Code	Type of Visit Definition
1	Emergency
2	Urgent
3	Non-Urgent
4	Newborn
5	Information Unavailable

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IX) Source of Visit

Source of Visit Code	Source of Visit Definition	Source of Visit Code	Source of Visit Definition (Newborn Only)
0	Information Not Available	Z	Information Not Available - Newborn
1	Direct Physician Referral	A	Normal Delivery
2	Within Hospital Clinic Referral	B	Premature Delivery
3	Direct Health Plan Referral/HMO Referral	C	Sick Baby
4	Transfer from Acute Care Hospital	D	Extramural Birth
5	Transfer from a Skilled Nursing Facility (SNF)		
6	Transfer from Intermediate Care Facility (ICF)		
7	Outside Hospital Emergency Room Transfer		
8	Court/Law Enforcement		
9	Other		
L	Outside Hospital Clinic Referral		
M	Walk-In/Self Referral		
T	Transfer from Another Institution's Ambulatory Surgery (SDS)		
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)		
E	EMS Transport Decision		

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X) Patient Departure Status Code

Departure Status Code	
Departure Status Code	Patient Disposition (Departure Status):
1	Routine (i.e. to home or usual place of residence)
3	Transferred to Other Facility
4	AMA
6	Eloped
8	Within Hospital Clinic Referral
9	Dead on Arrival (with or without resuscitative efforts in the ED)
0	Died during ED Visit
P	Patient met personal physician in the emergency department (not seen by staff)

XI) Other Caregiver Code

Other Caregiver Code	
Other Caregiver Code	Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
5	Physician Assistant

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XII) Patient's Mode of Transport Code

Patient's Mode of Transport Code	
Code	Description
1	Ambulance
2	Helicopter
3	Law Enforcement
4	Walk-in (incl. private or public transport)
5	Other
9	Unknown

XIII) Homeless Indicator

Patient Homeless Indicator	
Valid Entries	Definition
Y	Patient is known to be homeless.
N	Patient is not known to be homeless.

XIV) Condition Present on Visit Flag

Condition Present on Visit Flag	
Code	Description
Y	Yes
N	No

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U	Unknown
W	Clinically undetermined
A	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag)

Outpatient Emergency Department Visit Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in this document. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of Category A or B errors as listed for each data element under the following conditions:

All errors will be recorded for each patient Record and for the Submission as a whole. An Edit Report will be provided to the Hospital, displaying detail for all errors found in the Submission.

A patient **Record** will be rejected if there is:

- Presence of one or more errors for Category A elements.
- Presence of two or more errors for Category B elements.

A hospital data **Submission** will be rejected if:

- Any Category A elements of Provider Record (Record Type 10), Hospital Service Site Summary (Record Type 94), Provider Batch Control Record (Record Type 95) or End of Line Indicators are in error or
- 1% or more of discharges are rejected or
- 50 consecutive records are rejected.

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Acceptance of data under the edit check procedures identified in this document shall not be deemed acceptance of the factual accuracy of the data contained therein.

Definitions

Emergency Department (ED).

The department of a hospital, or health care facility off the premises of a hospital that is listed on the license of the hospital and qualifies as a Satellite Emergency Facility under 105 CMR 130.820 through 130.836, that provides emergency services as defined in 105 CMR 130.020. Emergency services are further defined in the HURM, Chapter III, s. 3242.

Emergency Department Visit.

Any visit by a patient to an emergency department for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

Submittal Schedule

Outpatient Emergency Department Visit Data Files must be submitted quarterly to the DHCFP according to the following schedule:

Quarter	Quarter Begin & End Dates	Due Date for Data File: 75 days following the end of the reporting period
1	10/1 – 12/31	3/16
2	1/1 – 3/31	6/14
3	4/1 – 6/30	9/13

Revised September 2006

Quarter	Quarter Begin & End Dates	Due Date for Data File: 75 days following the end of the reporting period
4	7/1 – 9/30	12/14