

Massachusetts Center for Health Information and Analysis

Outpatient Emergency Department Visit Data

File Submission Guide

October 2016



center
for health
information
and analysis

CHIA has adopted regulation 957 CMR 8.00 to require the reporting of Hospital Inpatient Discharge Data, Outpatient Emergency Department Visit Data and Outpatient Observation Data to the Center for Health Information and Analysis. This document provides the technical and data specifications, including edit specifications required for the Outpatient Emergency Department Visit Data.

This submission guide will be in effect beginning with the quarterly submission of 10/1/2016 – 12/31/2016 data due at CHIA on June 14, 2017.

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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 957 CMR 8, 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 CHIA via the Internet. In order to do that in a secure manner CHIA'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 CHIA web site.

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There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt and rename it in preparation of transmitting to CHIA. The newly created encrypted file shall be transferred to CHIA via its INET website.

File Naming Convention

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

ED_#####_CCYY_# where

= Provider CHIA 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).

+

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 '50' Patient Diagnosis Data | R | Must be present. | Unlimited number per ED Visit |
| Record Type '55' Patient Procedure Data | R | Must be present. | Unlimited number 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 | CHIA 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 Center for Health Information and Analysis (CHIA) 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 CHIA Organization number as specified in Data Code Tables (Section I). | Designated CHIA 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 (New MMIS ID/ Medicaid ID) | 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. If present, length must be 12. | New MMIS ID/ Medicaid ID This number is also referred to as the MassHealth ID. | 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 |
| 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 |
| 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 | <p>Must be present unless departure status = 6 (Eloped) or P (Personal Physician).</p> <p>Must be valid date format (CCYYMMDD).</p> <p>Must be greater than or equal to Registration Date.</p> | <p>Date patient leaves the ED:</p> <p>Century, year, month and day when patient actually leaves the ED at the conclusion of their visit</p> | A | |
| 14. | Discharge Time | Text | 4 | 117 | 120 | C | <p>Must be present unless departure status = 6 (eloped) or P (Personal Physician).</p> <p>Must be numeric.</p> <p>Must range from 0000 to 2359.</p> <p>Must be greater than the registration time when the discharge date and registration date are equal.</p> | <p>Time patient actually leaves the ED at the conclusion of their visit.</p> <p>Time reporting should be in hours and minutes.</p> | B | |
| 15. | Type of Visit | Text | 1 | 121 | 121 | C | <p>Must be present if 'Emergency Severity Index' is not present.</p> <p>If present, must be valid code as specified in Data Code Tables (Section VIII).</p> | Patient's type of visit. | B | |

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|--|-----------------------------|-------------|-------------|--------------------|-------------------|-----------|--|---|-----------------------|
| 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 unless a code listed above then it may be zero.</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 |

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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 |
| 22. | Other Physician Number | Text | 6 | 141 | 146 | C | Include if applicable. If present, must be a valid and current Massachusetts Board of Registration in Medicine license number, OR Must be "DENSG", "PODTR", "OTHER", "MIDWIF", "NURSEP" or "PHYAST". | 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. Physician's Mass. Board of Registration in Medicine license number (BORIM #), or "DENSG", "PODTR", "OTHER", "MIDWIF", "NURSEP" or "PHYAST" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians), Midwife, Nurse Practitioner, or Physician's Assistant respectively | 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", "MIDWIF", "NURSEP" or "PHYAST".</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, "MIDWIF", "NURSEP" or "PHYAST" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians), Midwife, Nurse Practitioner, or Physician's Assistant 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 | 7 | 154 | 160 | C | Must be present unless Departure Status is 6 (Eloped) or P (Personal Physician). If present: Must be valid ICD code* (exclude decimal point). Must agree with ICD Indicator Must not be an External Cause Code: (ICD-9-CM (E800-E900) or ICD-10-CM (V00-Y84.9, or supplemental codes Y90-Y99)). | Patient's principal diagnosis: ICD Principal Diagnosis excluding decimal point. | A |
| 26. | ICD Indicator | Text | 1 | 161 | 161 | R | Must be present if Principal Diagnosis Code is present. If present: Report the value that defines whether the diagnoses on claim are ICD9 or ICD10. <ul style="list-style-type: none"> - 9 for ICD-9-CM - 0 for ICD-10-CM | - International Classification of Diseases version for Diagnosis Codes Report the value that defines whether the diagnoses on claim are ICD9 or ICD10. Only one coding system is allowed per Patient ED Visit. | A |
| 27. | Filler | Text | 42 | 162 | 203 | N | | | |

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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 |
| 28. | Emergency Severity Index | Text | 1 | 204 | 204 | C | Must be present if 'Type of Visit' is not present. If present, must be valid code. Must range from 1 to 5. | Emergency Severity Index Patient's score on the Emergency Severity Index, as described in "Reliability and Validity of a New Five-level Triage Instrument." Wooers, R. et al. <i>Academic Emergency Medicine</i> 2000; 7:236-242. Must range from 1 to 5. | B |
| 29. | Filler | Text | 5 | 205 | 209 | N | | | |
| 30. | Procedure Code Type | Text | 1 | 210 | 210 | C | Must be present if Significant Procedure Code(s) are present. Must be "4" or "9" or "0". | Coding System used to report Significant Procedures in this record. 4 = CPT-4, 9 = ICD-9-CM, 0=ICD-10-CM Only one coding system is allowed per Patient ED Visit. | A |
| 31. | 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 |
| 32. | 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 |

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|--|---|-------------|-------------|--------------------|-------------------|-----------|--|---|-----------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 33. | 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 |
| 34 | 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 |
| 35 | Filler | Text | 5 | 222 | 226 | N | | | |
| 36 | Condition Present on Visit – Principal External Cause Codes | Text | 1 | 227 | 227 | R | -Must be present when Principal External Cause Codes 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 |
| 37 | Massachusetts Transfer Hospital Organization ID | Text | 7 | 228 | 234 | C | <p>- - Must be valid OrgID if Primary or Secondary Source of Visit is 4-Transfer from an Acute Hospital, 7-Outside Hospital Emergency Room Transfer, 5-Transfer from an SNF Facility, or 6 – Intermediate Care Facility and the provider from which the transfer occurred is in Massachusetts. If provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999.</p> <p>- Must be valid Organization Id as assigned by the Center for Health Information and Analysis as specified in Data Code Tables (Section I) if the provider from which the transfer occurred is in Massachusetts.– Or 9999999 if facility was outside Massachusetts.</p> <p>- Transfer OrgID should not be the OrgID for Provider on RT10 or the Hospital Service Site on RT20. (Warning/note message edit only.)</p> | Transferring Hospital | B |

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|---|-------------------------------|------|------|---------|--------|----|--|---|------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 38. | Principal External Cause Code | Text | 7 | 235 | 241 | C | <p>Must be present if principal diagnosis is ICD-9-CM codes 800-904.9 or 910-999.9</p> <p>Must be present if principal diagnosis is ICD-10-CM codes (S00-S99).</p> <p>Must be present if principal diagnosis is one of the following ICD-10-CM T-Codes: (T07) unspecified multiple injuries (T14) injury of unspecified body region (T20-T32) burns and corrosions (T33-T34) frostbite (T66) radiation sickness (T67) effects of heat/light (T68) heatstroke/sunstroke (T69) other effects of reduced temperatures (T70) effects of air pressure and water pressure (T74) <u>confirmed</u> cases of abuse/neglect</p> <p style="text-align: center;">---</p> <p>If present, must be a valid ICD-9-CM External Cause Code (E800-E999) excluding E849.0-E849.9</p> <p>or</p> <p>a valid ICD-10-CM V-code, W-code, X-code, or Y-code (V00-Y99).</p> <p style="text-align: center;">---</p> | <p>Principal External Cause Code</p> <p>ICD-9-CM Codes: (E800-E999) excluding E849.0-E849.9</p> <p>or</p> <p>ICD-10-CM V-code, W-code, X-code, or Y-code(V00- Y99).</p> <p>Associated External Cause Codes, present in the Associated Diagnosis fields, shall only be permitted when a Principal External Cause Code is entered.</p> <p>NOTE: Associated Diagnosis fields 1-15 may be used for additional External Cause Codes:</p> <p>ICD-9-CM (E800-E999)</p> <p>OR</p> <p>ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury,</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 |
| | | | | | | | Must agree with ICD Indicator. --- Principal External Cause Code shall be recorded in designated field and not be present in Associated Diagnosis Codes. | activity, status).. | |
| 39 | DNR Status | Text | 1 | 242 | 242 | | May be present -If present, must be valid as specified in in Data Code Tables (Section IV). | A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. | B |
| 40 | Filler | Text | 8 | 243 | 250 | N | | | |

- * = All ICD 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 |

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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 |
| 20. | Health Plan Member ID | Text | 40 | 193 | 232 | R | Must be present when Primary Payer Type Code is <u>not</u> : "1" (Self Pay) "2" (Worker's Comp) "4" Medicaid "9" (Free Care) "T" (Auto Insurance) Report Health Plan Subscriber ID if Member ID is unknown. | Patient's Health Plan Member ID | A |
| 21. | Filler | Text | 18 | 233 | 250 | N | | | |

RECORD TYPE 50 – PATIENT DIAGNOSIS DATA

- At least one 50 record is required for every ED Visit.
- Unlimited number of 50 records allowed per ED Visit, each one containing up to 15 diagnosis codes and present on admission indicators.
- Must follow RT 25 or RT 50.
- Must be followed by RT 50 or 55.

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|--------------------------|-------------|-------------|--------------------|-------------------|-----------|---|---|-----------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 1. | Record type '50' | Text | 2 | 1 | 2 | R | Must be present. Must be 50. | Indicator for Record Type '50': Patient Diagnosis Data | A |
| 2. | Sequence | Num | 2 | 3 | 4 | R | - Must be numeric - If first record following Record Type '25' sequence must ='01' - For each subsequent occurrence of Record Type '50' sequence must be Incremented by one. | Count for number of Record Type '50' iterations | A |
| 3. | Medical Record Number | Text | 10 | 5 | 14 | 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 '50': Patient Diagnosis Data | | | | | | | | | |
|--|-----------------------------|------|------|---------|--------|----|--|--|------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 4. | Associated Diagnosis Code 1 | Text | 7 | 15 | 21 | C | <p>Include if applicable.</p> <p>If present, Principal Diagnosis Code must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's first associated diagnosis:</p> <p>ICD Associated Diagnosis 1, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 5. | Associated Diagnosis Code 2 | Text | 7 | 22 | 28 | C | <p>Include if applicable.</p> <p>If present prior Associated Diagnosis Code 1 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's second associated diagnosis: ICD Associated Diagnosis 2, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 6. | Associated Diagnosis Code 3 | Text | 7 | 29 | 35 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 2 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's third associated diagnosis:</p> <p>ICD Associated Diagnosis 3, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|--|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 7. | Associated Diagnosis Code 4 | Text | 7 | 36 | 42 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 3 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's fourth associated diagnosis:</p> <p>ICD Associated Diagnosis 4, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A | |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 8. | Associated Diagnosis Code 5 | Text | 7 | 43 | 49 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 4 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's fifth associated diagnosis:</p> <p>ICD Associated Diagnosis 5, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A | |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 9 | Associated Diagnosis Code 6 | Text | 7 | 50 | 56 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 5 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's sixth associated diagnosis:</p> <p>ICD Associated Diagnosis 6, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 10. | Associated Diagnosis Code 7 | Text | 7 | 57 | 63 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 6 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's seventh associated diagnosis:</p> <p>ICD Associated Diagnosis 7, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 11. | Associated Diagnosis Code 8 | Text | 7 | 64 | 70 | C | Include if applicable. If present, prior Associated Diagnosis Code 7 must be present. Must be valid ICD code* (exclude decimal point). Must agree with ICD Indicator. Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field. | Patient's eighth associated diagnosis: ICD Associated Diagnosis 8, excluding the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present. Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status). | A | |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|-----------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 12. | Associated Diagnosis Code 9 | Text | 7 | 71 | 77 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 9 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's ninth associated diagnosis:</p> <p>ICD Associated Diagnosis 9, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|------------------------------|-------------|-------------|----------------|---------------|-----------|--|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 13. | Associated Diagnosis Code 10 | Text | 7 | 78 | 84 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 9 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's tenth associated diagnosis:</p> <p>ICD Associated Diagnosis 10, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A | |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|------------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 14. | Associated Diagnosis Code 11 | Text | 7 | 85 | 91 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 10 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's eleventh associated diagnosis:</p> <p>ICD Associated Diagnosis 11, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|------------------------------|-------------|-------------|----------------|---------------|-----------|---|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 15. | Associated Diagnosis Code 12 | Text | 7 | 92 | 98 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 11 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's twelfth associated diagnosis:</p> <p>ICD Associated Diagnosis 12, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A | |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|------------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 16. | Associated Diagnosis Code 13 | Text | 7 | 99 | 105 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 12 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's thirteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 13, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | |
|---|------------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 17. | Associated Diagnosis Code 14 | Text | 7 | 106 | 112 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 13 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's fourteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 14, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|--|-------------|-------------|----------------|---------------|-----------|---|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 18. | Associated Diagnosis Code 15 | Text | 7 | 113 | 119 | C | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 14 must be present.</p> <p>Must be valid ICD code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Associated External Cause Codes may be reported in the Associated Diagnosis fields only if the principal External Cause Code is present in the Principal External Cause Code field.</p> | <p>Patient's fifteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 15, excluding the decimal point.</p> <p>May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.</p> <p>Associated External Cause Codes may be: ICD-9-CM (E800-E999) -OR- ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).</p> | A | |
| 19 | Condition Present on Visit – Assoc. Diagnosis Code 1 | Text | 1 | 120 | 120 | R | <p>-Must be present when Assoc. Diagnosis Code 1 is present</p> <p>-Must be valid code as specified in Data Code Tables (Section XIV).</p> | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B | |
| 20 | Condition Present on Visit – Assoc. Diagnosis Code 2 | Text | 1 | 121 | 121 | R | <p>-Must be present when Assoc. Diagnosis Code 2 is present</p> <p>-Must be valid code as specified in Data Code Tables (Section XIV).</p> | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B | |

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| Record Type '50': Patient Diagnosis Data | | | | | | | | | | |
|---|--|-------------|-------------|--------------------|-------------------|-----------|---|---|-----------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 21 | Condition Present on Visit – Assoc. Diagnosis Code 3 | Text | 1 | 122 | 122 | R | -Must be present when Assoc. Diagnosis Code 3 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 | |
| 22 | Condition Present on Visit – Assoc. Diagnosis Code 4 | Text | 1 | 123 | 123 | R | -Must be present when Assoc. Diagnosis Code 4 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 | |
| 23 | Condition Present on Visit – Assoc. Diagnosis Code 5 | Text | 1 | 124 | 124 | R | -Must be present when Assoc. Diagnosis Code 5 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 | |
| 24 | Condition Present on Visit – Assoc. Diagnosis Code 6 | Text | 1 | 125 | 125 | R | -Must be present when Assoc. Diagnosis Code 6 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 '50': Patient Diagnosis Data | | | | | | | | | | |
|---|---|-------------|-------------|--------------------|-------------------|-----------|--|---|-----------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 25 | Condition Present on Visit – Assoc. Diagnosis Code 7 | Text | 1 | 126 | 126 | R | -Must be present when Assoc. Diagnosis Code 7 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 | |
| 26 | Condition Present on Visit – Assoc. Diagnosis Code 8 | Text | 1 | 127 | 127 | R | -Must be present when Assoc. Diagnosis Code 8 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 | |
| 27 | Condition Present on Visit – Assoc. Diagnosis Code 9 | Text | 1 | 128 | 128 | R | -Must be present when Assoc. Diagnosis Code 9 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 | |
| 28 | Condition Present on Visit – Assoc. Diagnosis Code 10 | Text | 1 | 129 | 129 | R | -Must be present when Assoc. Diagnosis Code 10 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 '50': Patient Diagnosis Data | | | | | | | | | | |
|---|---|-------------|-------------|----------------|---------------|-----------|--|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 29 | Condition Present on Visit – Assoc. Diagnosis Code 11 | Text | 1 | 130 | 130 | R | -Must be present when Assoc. Diagnosis Code 11 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 | |
| 30 | Condition Present on Visit – Assoc. Diagnosis Code 12 | Text | 1 | 131 | 131 | R | -Must be present when Assoc. Diagnosis Code 12 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 | |
| 31 | Condition Present on Visit – Assoc. Diagnosis Code 13 | Text | 1 | 132 | 132 | R | -Must be present when Assoc. Diagnosis Code 13 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 | |
| 32 | Condition Present on Visit – Assoc. Diagnosis Code 14 | Text | 1 | 133 | 133 | R | -Must be present when Assoc. Diagnosis Code 14 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 '50': Patient Diagnosis Data | | | | | | | | | | |
|---|---|-------------|-------------|--------------------|-------------------|-----------|--|---|-----------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 33 | Condition Present on Visit – Assoc. Diagnosis Code 15 | Text | 1 | 134 | 134 | R | -Must be present when Assoc. Diagnosis Code 15 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 | |
| 34 | Patient Last Name | Text | 35 | 135 | 169 | C | Required if SSN is unknown and Sequence = 01 Must not be present if Sequence is not 01. | Patient's Last Name | A | |
| 35 | Patient First Name | Text | 25 | 170 | 194 | C | Required if SSN is unknown and Sequence = 01 Must not be present if Sequence is not 01. | Patient's First Name | A | |
| 36 | Filler | Text | 56 | 195 | 250 | N | | | | |

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RECORD TYPE 55 – PATIENT PROCEDURE DATA

- At least one 55 record is required for every ED Visit.
- Unlimited number of 55 records allowed per ED Visit, each one containing up to 15 ICD procedure codes.
- Must follow RT 50 or RT 55.
- Must be followed by RT 55 or 60.

| Record Type '55': Patient ED Procedure Data | | | | | | | | | |
|---|--------------------------|------|------|------------|-----------|----|---|--|---------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 1. | Record type '55' | Text | 2 | 1 | 2 | R | Must be present. Must be 55. | Indicator for Record Type '55': Patient ED Procedure Data | A |
| 2 | Sequence | Num | 2 | 3 | 4 | R | - Must be numeric - If first record following Record Type '50' sequence must ='01' - For each subsequent occurrence of Record Type '55' sequence must be Incremented by one. | Count for number of Record Type '55' iterations | A |
| 3 | Medical Record Number | Text | 10 | 5 | 14 | 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 '55': Patient ED Procedure Data | | | | | | | | | |
|--|------------------------------|-------------|-------------|----------------|---------------|-----------|---|---|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 4. | Significant Procedure Code 1 | Text | 7 | 15 | 21 | C | <p>Include if applicable.</p> <p>If present must be valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04)</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p> | A |
| 5. | Significant Procedure Code 2 | Text | 7 | 22 | 28 | 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 code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04)</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</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 '55': Patient ED Procedure Data | | | | | | | | | | |
|--|------------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 6. | Significant Procedure Code 3 | Text | 7 | 29 | 35 | 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 74 of the UB-04)</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p> | A | |
| 7. | Significant Procedure Code 4 | Text | 7 | 36 | 42 | 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 code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD 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 '55': Patient ED Procedure Data | | | | | | | | | | |
|--|------------------------------|-------------|-------------|----------------|---------------|-----------|---|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 8. | Significant Procedure Code 5 | Text | 7 | 43 | 49 | C | Include if applicable. If present, Significant Procedure Code 4 must be present. If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04). Must be consistent with Procedure Code Type. | Patient's additional significant procedure, as reported in FL 74 of the UB-04. ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record. | A | |
| 9. | Significant Procedure Code 6 | Text | 7 | 50 | 56 | C | Include if applicable. If present, Significant Procedure Code 5 must be present. If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04). Must be consistent with Procedure Code Type. | Patient's additional significant procedure, as reported in FL 74 of the UB-04. ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record. | A | |

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| Record Type '55': Patient ED Procedure Data | | | | | | | | | | |
|--|------------------------------|-------------|-------------|----------------|---------------|-----------|---|---|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 10. | Significant Procedure Code 7 | Text | 7 | 57 | 63 | C | Include if applicable. If present, Significant Procedure Code 6 must be present. If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04). Must be consistent with Procedure Code Type. | Patient's additional significant procedure, as reported in FL 74 of the UB-04. ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record. | A | |
| 11. | Significant Procedure Code 8 | Text | 7 | 64 | 70 | C | Include if applicable. If present, Significant Procedure Code 7 must be present. If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04). Must be consistent with Procedure Code Type. | Patient's additional significant procedure, as reported in FL 74 of the UB-04. ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record. | A | |

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| Record Type '55': Patient ED Procedure Data | | | | | | | | | | |
|--|-------------------------------|-------------|-------------|----------------|---------------|-----------|--|--|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 12. | Significant Procedure Code 9 | Text | 7 | 71 | 77 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 8 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p> | A | |
| 13. | Significant Procedure Code 10 | Text | 7 | 78 | 84 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 9 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD 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 '55': Patient ED Procedure Data | | | | | | | | | | |
|--|-------------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 14. | Significant Procedure Code 11 | Text | 7 | 85 | 91 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 10 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p> | A | |
| 15. | Significant Procedure Code 12 | Text | 7 | 92 | 98 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 11 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD 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 '55': Patient ED Procedure Data | | | | | | | | | | |
|--|-------------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|--|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type | |
| 16. | Significant Procedure Code 13 | Text | 7 | 99 | 105 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 12 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p> | A | |
| 17. | Significant Procedure Code 14 | Text | 7 | 106 | 112 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 13 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD 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 '55': Patient ED Procedure Data | | | | | | | | | |
|--|-------------------------------|-------------|-------------|----------------|---------------|-----------|---|--|-------------------|
| F# | Field Name | Type | Lgth | Pos Frm | Pos To | R? | Edit Specifications | Field Definition | Error Type |
| 18. | Significant Procedure Code 15 | Text | 7 | 113 | 119 | C | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 14 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p> | <p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p> | A |
| 19 | Filler | Text | 131 | 120 | 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 14 service line items.
- Must follow RT 55 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-04),</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-04 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. | Service line Item 1 Charges | Curr | 10 | 18 | 27 | C | <p>Must be present if service line item is present</p> <p>Must be numeric</p> <p>Must be greater than or equal to zero.</p> <p>Must be whole number, no decimals</p> <p>Must be rounded to nearest dollar</p> | | |

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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. | End of Line Items Indicator | Text | 1 | 28 | 28 | C | Must be present following the last Service Line Item. Must be 'Y' if this is the last Service Line Item for the ED Visit, otherwise leave blank. | 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. | A |
| 6. | Group Element: Service Line Items 2-30 | Text | 208 | 29 | 236 | C | Include if applicable. If present, the previous Service Line Item must be present. The last Service Line Item Element for the ED Visit must include a 'Y' in the End of Line Items Indicator. | Repeat fields 3, 4 and 5 for a total of 14 Service Line Item Elements in each 60 record. Additional Service Line Items for the same ED Visit. | |
| 7. | Filler | Text | 14 | 237 | 250 | | | | |

*Note: Fields #3 – 5 should be repeated for each service line items 2 - 14

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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). | CHIA 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 | | | |

Outpatient Emergency Department Visit Data Code Tables:

I) CHIA Organization IDs for Hospitals

| ORG ID | CURRENT ORGANIZATION NAME |
|---------------|--|
| 1 | Anna Jaques Hospital |
| 2 | Athol Memorial Hospital |
| 5 | Baystate Franklin Medical Center |
| 6 | Baystate Mary Lane Hospital |
| 4 | Baystate Medical Center |
| 106 | Baystate Noble Hospital |
| 139 | Baystate Wing Memorial Hospital |
| 7 | Berkshire Medical Center - Berkshire Campus |
| 98 | Beth Israel Deaconess Hospital – Milton |
| 53 | Beth Israel Deaconess Hospital - Needham |
| 79 | Beth Israel Deaconess Hospital – Plymouth |
| 10 | Beth Israel Deaconess Medical Center - East Campus |
| 46 | Boston Children’s Hospital |
| 16 | Boston Medical Center - Harrison Avenue Campus |
| 59 | Brigham and Women's Faulkner Hospital |
| 22 | Brigham and Women's Hospital |
| 27 | Cambridge Health Alliance - Cambridge Campus |
| 142 | <i>Cambridge Health Alliance - Whidden Memorial Campus</i> |

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| | |
|------|---|
| 39 | Cape Cod Hospital |
| 132 | Clinton Hospital |
| 50 | Cooley Dickinson Hospital |
| 51 | Dana-Farber Cancer Institute |
| 57 | Emerson Hospital |
| 8 | Fairview Hospital |
| 40 | Falmouth Hospital |
| 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. |
| 8509 | <i>Health Alliance Hospital -- Leominster Campus</i> |
| 73 | Heywood Hospital |
| 77 | Holyoke Medical Center |
| 81 | Lahey Clinic -- Burlington Campus |
| 4448 | <i>Lahey Clinic Northshore</i> |
| 109 | Lahey Health – Addison Gilbert Hospital |
| 110 | Lahey Health – Beverly Hospital |
| 138 | Lahey Health – Winchester Hospital |
| 83 | Lawrence General Hospital |
| 85 | Lowell General Hospital |
| 115 | Lowell General Hospital – Saints Campus |

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| | |
|-------|--|
| 133 | Marlborough Hospital |
| 88 | Martha's Vineyard Hospital |
| 89 | Massachusetts Eye and Ear Infirmary |
| 91 | Massachusetts General Hospital |
| 118 | Mercy Medical Center - Providence Behavioral Health Hospital Campus |
| 119 | Mercy Medical Center - Springfield Campus |
| 49 | MetroWest Medical Center - Framingham Campus |
| 457 | <i>MetroWest Medical Center - Leonard Morse Campus</i> |
| 97 | Milford Regional Medical Center |
| 99 | Morton Hospital and Medical Center, A Steward Family Hospital |
| 100 | Mount Auburn Hospital |
| 101 | Nantucket Cottage Hospital |
| 11467 | Nashoba Valley Medical Center, A Steward Family Hospital |
| 103 | New England Baptist Hospital |
| 105 | Newton-Wellesley Hospital |
| 116 | North Shore Medical Center, Inc. - Salem Campus |
| 3 | <i>North Shore Medical Center, Inc. - Union Campus</i> |
| 127 | Saint Vincent Hospital |
| 6963 | Shriners Hospitals for Children – Boston |
| 11718 | Shriners Hospitals for Children – Springfield |
| 25 | Signature Healthcare Brockton Hospital |
| 122 | South Shore Hospital |

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| | |
|-------|---|
| 123 | Southcoast Hospitals Group - Charlton Memorial Campus |
| 124 | Southcoast Hospitals Group - St. Luke's Campus |
| 145 | Southcoast Hospitals Group - Tobey Hospital Campus |
| 42 | Steward Carney Hospital |
| 62 | Steward Good Samaritan Medical Center - Brockton Campus |
| 4460 | Steward Good Samaritan Medical Center - Norcap Lodge Campus |
| 75 | Steward Holy Family Hospital and Medical Center |
| 11466 | Steward Holy Family at Merrimack Valley |
| 41 | Steward Norwood Hospital |
| 114 | Saint Anne's Hospital |
| 126 | Steward St. Elizabeth's Medical Center |
| 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> |

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 |

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

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III) Source of Payment Code – See CHIA website for complete listing. <http://www.chiamass.gov/hospital-data-specification-manuals/>

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

VI) Patient Hispanic Indicator

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

VII) Patient Ethnicity

| Utilize full list of standard codes, per Center for Disease Control, and those listed below : http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf | |
|---|-----------------------------|
| Ethnicity Code | Ethnicity Definition |
| AMERCN | American |
| BRAZIL | Brazilian |
| CVERDN | Cape Verdean |
| CARIBI | Caribbean Island |
| PORTUG | Portuguese |
| RUSSIA | Russian |
| EASTEU | Eastern European |
| OTHER | Other Ethnicity |
| UNKNOWN | Unknown/not specified |

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VIII) Type of Visit

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

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 | | |
| F | Transfer from a Hospice Facility | | |

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| Source of Visit Code | Source of Visit Definition | Source of Visit Code | Source of Visit Definition (Newborn Only) |
|----------------------|--|----------------------|---|
| 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 | | |

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) |

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Note: With 9 – Dead on Arrival, coding should follow the State’s Office of Chief Medical Examiner that the patient arrives asystole (with or without resuscitative efforts in the ED).

XI) Other Caregiver Code

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

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

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| 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 |
| U | Unknown |
| W | Clinically undetermined |
| 1 | Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag) |

| *DNR CODE | DO NOT RESUSCITATE STATUS DEFINITION |
|----------------------|---|
| 1 | DNR order written |

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| | |
|---|--|
| 2 | Comfort measures only |
| 3 | No DNR order or comfort measures ordered |

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.

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.

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.

Submittal Schedule

Outpatient Emergency Department Visit Data Files must be submitted quarterly to the CHIA 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 |

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| Quarter | Quarter Begin & End Dates | Due Date for Data File: 75 days following the end of the reporting period |
|----------------|--------------------------------------|--|
| 3 | 4/1 – 6/30 | 9/13 |
| 4 | 7/1 – 9/30 | 12/14 |