

Massachusetts Center for Health Information and
Analysis

Outpatient Emergency Department Visit Data

File Submission Guide FY 2025

Effective October 1, 2024

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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 10/1/2024 – 12/31/2024 data due at CHIA on March 16, 2025 (preliminary data due January 31, 2025).



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Table of Contents

| | |
|---|-----------|
| Outpatient Emergency Department Visit Submission Overview | 1 |
| Definitions | 1 |
| Data File Format | 2 |
| Data Transmission Media Specifications | 2 |
| File Naming Convention | 3 |
| Outpatient Emergency Department Visit Record Specification | 4 |
| Record Specification Elements | 4 |
| Data Field Type | 5 |
| Record Type Inclusion Rules | 6 |
| RECORD TYPE 10 - PROVIDER DATA | 7 |
| RECORD TYPE 20 – PATIENT ED VISIT DATA | 9 |
| RECORD TYPE 25 – PATIENT ADDRESS AND ETHNICITY | 22 |
| RECORD TYPE 50 – PATIENT DIAGNOSIS DATA | 28 |
| RECORD TYPE 55 – PATIENT PROCEDURE DATA | 40 |
| RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS | 48 |
| RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY | 51 |
| RECORD TYPE 95 – PROVIDER BATCH CONTROL | 54 |
| Outpatient Emergency Department Visit Data Code Tables | 55 |
| I. CHIA Organization IDs for Hospitals | 55 |

II. Payer Type _____ 59

III. Source of Payment _____ 59

IV. Patient Sex at Birth _____ 59

V. Patient Race _____ 60

VI. Patient Hispanic Indicator _____ 60

VII. Patient Ethnicity _____ 61

VIII. Type of Visit _____ 62

IX. Source of Visit _____ 63

X. Patient Departure Status _____ 64

XI. Other Caregiver _____ 64

XII. Patient's Mode of Transport _____ 65

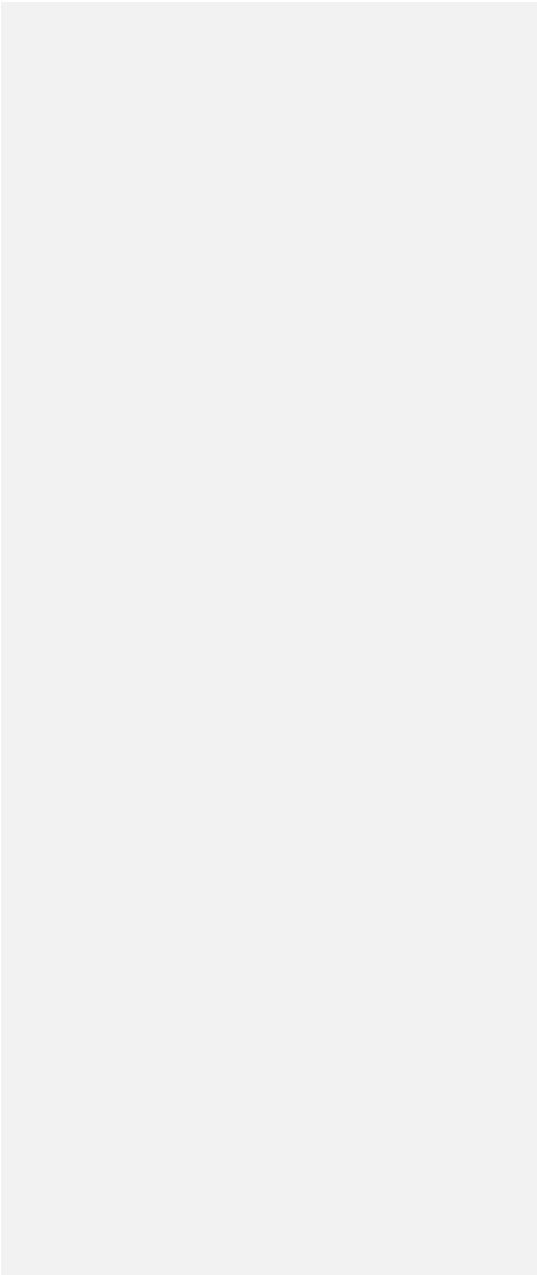
XIII. Homeless Indicator _____ 65

XIV. Condition Present on Visit Flag _____ 66

XV. Do Not Resuscitate Status _____ 66

Outpatient Emergency Department Visit Data Quality Standards _____ 67

Submittal Schedule _____ 68



Outpatient Emergency Department Visit Submission Overview

Data to Include in Outpatient Emergency Department Visit Data Submissions

Emergency department visit data shall be reported, as required by Regulation 957 CMR 8.00, 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.

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.

Outpatient Emergency Department Visit Data Submission Guide

Data File Format

The data for outpatient emergency department visits must be submitted in an asterisk delimiter format. Separate files must be filed for each quarter for each hospital. Inclusion of a patient's Emergency Department Data in a quarterly submission shall be based on the patient's discharge date which must fall within the quarter to be submitted.

Hospitals must submit asterisk delimited data using the following format specifications:

Field Separator: _____ Asterisk (*)

Carriage return must be placed at the end of each record, including the final record in the file.

The number of characters between asterisks must not exceed the maximum length of a field.

A text file should be submitted in .txt format (lower case).

Asterisk Delimiter Format Example: 20XX*nnnnnnnn**nnnnnnnn*nnnn

Data Transmission Media Specifications

Data must be submitted in an asterisk delimiter format. In order to do this in a secure manner, CHIA's file encryption application (FileSecure) must be utilized. Each submitter must first download a copy of FileSecure from the CHIA web site. There is a separate installation guide for installing the FileSecure program. FileSecure will compress, encrypt and rename each submission file in preparation for transmitting to CHIA. The newly created encrypted file shall be transferred to CHIA via its CHIA Submissions website. Providers should contact their CHIA liaison to submit test files. Detailed information on FileSecure and CHIA Submissions will be shared separately.

The edit specifications are incorporated into CHIA's system for receiving and editing incoming data. Edit reports are posted to CHIA Submissions for the submitter to download. CHIA recommends that data processing systems incorporate these edits to minimize:

- (a) the potential of unacceptable data reaching CHIA and
- (b) penalties for inadequate compliance as specified in regulation 957 CMR 8.00.

Outpatient Emergency Department Visit Data Submission Guide

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 '_TEST' at the end of the file name. (ex: ED_123_2001_1_TEST.txt).

Outpatient Emergency Department Visit Record Specification

Record Specification Elements

The Outpatient Emergency Department Data File is made up of a series of data elements. The Record Specifications that follow provide further details:

| Data Element | Definition |
|---------------------|---|
| Field No. | Sequential number for the field in the record (Field Number). |
| Field Name | Name of the Field. |
| Data Type | Data format required for field. Refer to Data Field Type section below. |
| Length | Record length or number of characters in the field. |
| Edit Specifications | Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity. |
| Field Definition | Definition of the field name and/or description of the expected contents of the field. |
| Error Type | Errors are categorized as A or B errors. Presence of one A or two B errors will cause a discharge to be rejected. |

Outpatient Emergency Department Visit Data Submission Guide

Data Field Type

| Data Type | Field Use | Definition | Example |
|-----------|--|---|--|
| Text | Date | Date fields are 8 characters. The field is formatted as follows: CCYYMMDD | February 14, 2024 would be entered as: 20240214 |
| | Numeric (Num) A numeric field which will be used in a calculation | Numeric, whole, unsigned, integer digits. Do NOT space fill. | Number of ED-based Observation Beds at Site (a 4 character field) might be entered as: 3968 |
| | Currency (Curr) A numeric field which will contain a currency amount | (Unformatted) numeric, whole, unsigned integer digits. Do not include cents or decimals. | 20 dollars in a 10 character field might be entered as: 20 |
| | Char/Varchar An alphanumeric field | Alphanumeric field May be fixed length or variable length within stated field length Do NOT zero pad or space fill. | Address may contain alphanumeric data with a length up to 100 Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID) is a 12 digit fixed length field containing only numbers |

Outpatient Emergency Department Visit Data Submission Guide

Record Type Inclusion Rules

| Record Type and Title | Condition | Number |
|---|------------------|--------------------------------|
| Record Type '10': Provider Data | Must be present. | One per File. |
| Record Type '20': Patient ED Visit Data | Must be present. | One per ED Visit. |
| Record Type '25': Patient Address and Ethnicity | Must be present. | One per ED Visit. |
| Record Type '50': Patient Diagnosis Data | Must be present. | Unlimited number per ED Visit. |
| Record Type '55': Patient Procedure Data | Must be present. | Unlimited number per ED Visit. |
| Record Type '60': Patient ED Visit Service Line Items | Must be present. | Unlimited number per ED Visit. |
| Record Type '94': Hospital Service Site Summary | Must be present. | Unlimited number per File. |
| Record Type '95': Provider Batch Control | Must be present. | One per File. |

Deleted: Record Type '21': Patient Reason for Visit ... [1]

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Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 10 - PROVIDER DATA

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

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------------|-----------|------------|--|---|------------|
| 1. | Record type '10' | Text | 2 | Must be present. Must be 10. | Indicator for Record Type '10': Provider Data | A |
| 2. | CHIA Organization ID for Provider | Text | 7 | Must be present. Must be numeric. Must be a valid entry as specified in Data Code Table I. | The Organization ID assigned by the Center for Health Information and Analysis (CHIA) to the provider filing the submission (IdOrgFiler). | A |
| 3. | Provider Name | Text | <u>100</u> | Must be present. | Name of provider submitting this file of ED visits. | A |
| 4. | Provider Address | Text | <u>100</u> | May be present. | Mailing address of the provider: Address | |
| 5. | Provider City | Text | <u>15</u> | May be present. | Mailing address of the provider: City | |
| 6. | Provider State | Text | 2 | May be present. | Mailing address of the provider: State | |
| 7. | Provider ZIP Code | Text | 9 | May be present. Must be numeric. | Mailing address of the provider: Zip Code | |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------------|-----------|--------|--|--|------------|
| 8. | Period Starting Date (CCYYMMDD) | Text | 8 | Must be present. Must be a valid date and format. Must be valid Quarter Begin Date. | Valid quarter begin date. CCYY1001, CCYY0101, CCYY0401, CCYY0701 | A |
| 9. | Period Ending Date (CCYYMMDD) | Text | 8 | Must be present. Must be a valid date and format. Must be valid Quarter End Date. | Valid quarter end date. CCYY1231, CCYY0331, CCYY0630, CCYY0930 | A |
| 10. | Processing Date (CCYYMMDD) | Text | 8 | Must be present. Must be a valid date and format. Must not be later than today's date. | Date provider prepares file. | A |
| 11. | File Reference Number | Text | 7 | May be present. | Inventory number of the file as assigned by the provider. | |

Outpatient Emergency Department Visit Data Submission Guide

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.

Deleted: <#>Must be followed by RT 21.†

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---------------------------------|-----------|--------|--|--|------------|
| 1. | Record type '20' | Text | 2 | Must be present. Must be 20. | Indicator for Record Type '20': Patient ED Visit Data | A |
| 2. | Hospital Service Site Reference | Text | 7 | 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 Table I. | Designated CHIA Organization ID Number for the Site of Service (IdOrgSite) | A |
| 3. | Social Security Number | Text | 9 | Must be present. Must be numeric. Must be a valid social security number or '000000001' if unknown. | Patient's social security number | A |
| 4. | Medical Record Number | Text | 25 | Must be present. | Patient's hospital Medical Record Number | A |
| 5. | Billing Number | Text | 25 | Must be present. | Hospital Billing Number for the patient | A |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--|-----------|--------|--|--|------------|
| 6. | Mother's Social Security Number | Text | 9 | <p>Must be present for infants one year old or less.</p> <p>Must be numeric.</p> <p>Must be a valid social security number or '000000001' if unknown.</p> | 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 | 12 | <p>Must be present if primary or secondary Payer Type Code is '4' (Medicaid) or 'H' (Health Safety Net) as specified in Data Code Table II).</p> <p>Must be blank if neither primary nor secondary payer is Medicaid or Health Safety Net.</p> <p>If present, must be numeric, length must be 12.</p> <p>Must not start with a zero.</p> | <p>New MMIS ID/ Medicaid ID</p> <p>This number is also referred to as the MassHealth ID.</p> | A |
| 8. | Date of Birth (CCYYMMDD) | Text | 8 | <p>Must be present.</p> <p>Must be a valid date and format.</p> <p>Must not be later than the Registration Date.</p> | <p>Patient date of birth:</p> <p>Birth century, year, month, and day</p> | A |
| 9. | <u>Patient Sex at Birth</u> | Text | 8 | <p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table IV).</p> | Patient's sex <u>at birth</u> . | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|---|---|------------|
| 10. | Registration Date (CCYYMMDD) | Text | 8 | Must be present. Must be a valid date and format. 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 |
| 11. | Registration Time | Text | 4 | 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 |
| 12. | Discharge Date (CCYYMMDD) | Text | 8 | Must be present unless departure status = 6 (Eloped) or P (Personal Physician). Must be a valid date and format. Must be greater than or equal to Registration Date. | Date patient leaves the ED: Century, year, month and day when patient actually leaves the ED at the conclusion of their visit. | A |
| 13. | Discharge Time | Text | 4 | Must be present unless departure status = 6 (Eloped) or P (Personal Physician). Must be numeric. Must range from 0000 to 2359. Must be greater than the registration time when the discharge date and registration date are equal. | Time patient actually leaves the ED at the conclusion of their visit. Time reporting should be in hours and minutes. | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---------------------------|-----------|--------|---|---|------------|
| 14. | Type of Visit | Text | 1 | Must be present if 'Emergency Severity Index' is not present. If present, must be a valid code as specified in Data Code Table VIII. | Patient's type of visit. | B |
| 15. | Source of Visit | Text | 1 | Must be present. Must be a valid code as specified in Data Code Table IX). | Originating, referring, or transferring source of ED visit. | B |
| 16. | Secondary Source of Visit | Text | 1 | Include if applicable. Must be a valid code as specified in Data Code Table IX). | Secondary referring or transferring source of ED visit. | B |
| 17. | Departure Status | Text | 1 | Must be present. Must be a valid code as specified in Data Code Table X). | A code indicating patient's status as of the Discharge Date and Time. | A |
| 18. | Primary Source of Payment | Text | 3 | Must be present. Must be a valid code as specified in Data Code Table III). If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment. Medicaid may be primary with code '159' (None) as secondary. | Patient's expected primary source of payment. | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------|-----------|--------|--|---|------------|
| 19. | Secondary Source of Payment | Text | 3 | <p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table III).</p> <p>If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment.</p> <p>If not applicable, must be coded as '159' (None) as specified in Data Code Table III).</p> | Patient's expected secondary source of payment. | A |
| 20. | Charges | Text | 10 | <p>Must be present unless Departure Status is 6 (Eloped), 4 (AMA) or P (Personal Physician).</p> <p>If present:</p> <p>Must be unformatted currency format.</p> <p>Must be greater than 1 unless a code listed above then it may be zero.</p> <p>Must be whole number, no decimal.</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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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------|-----------|--------|---|---|------------|
| 21. | Other Physician Number | Text | 25 | <p>Include if applicable.</p> <p>If present, must be a valid and current Massachusetts Board of Registration in Medicine (BORIM) license number,</p> <p>OR</p> <p>Must be 'DENSG', 'PODTR', 'OTHER', 'MIDWIF', 'NURSEP' or 'PHYAST'.</p> | <p>Physician's state license number (BORIM #) for physician other than the ED Physician who provided services related to this visit. Report if the physician's involvement in the patient's ED Visit is captured in the hospital's electronic information systems.</p> <p>Physician's Mass. Board of Registration in Medicine license number (BORIM #), or 'DENSG', 'PODTR', 'OTHER', 'MIDWIF', 'NURSEP' or 'PHYAST' for Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physician), Midwife, Nurse Practitioner, or Physician's Assistant, respectively.</p> | B |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|----------------------|-----------|-----------|--|---|------------|
| 22. | ED Physician Number | Text | <u>25</u> | <p>Must be present unless Nurse Practitioner is reported in Other Caregiver (Field 23) or unless Departure Status is 6 (Eloped) or P (Personal Physician).</p> <p>If present: Must be a valid and current Mass. Board of Registration in Medicine (BORIM) license Number</p> <p>OR Must be 'DENSG', 'PODTR', 'OTHER', 'MIDWIF', 'NURSEP' or 'PHYAST'.</p> | <p>Physician's state license number (BORIM #) for physician who had primary responsibility for the patient's care in the ED.</p> <p>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 physician), Midwife, Nurse Practitioner, or Physician's Assistant, respectively.</p> | B |
| 23. | Other Caregiver Code | Text | 1 | <p>Include if applicable.</p> <p>If present, must be a valid code as specified in Data Code Table XI).</p> | <p>Other Caregiver: Other caregiver with significant responsibility for patient's care.</p> | B |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---------------------------|-----------|--------|--|--|------------|
| 24. | Principal Diagnosis Code | Text | 7 | <p>Must be present unless Departure Status is 6 (Eloped) or P (Personal Physician).</p> <p>If present:</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Must not be an ICD-10-CM external cause code (V00-Y89) or supplemental cause code (Y90-Y99).</p> | <p>Patient's principal diagnosis:</p> <p>ICD Principal Diagnosis excluding decimal point.</p> | A |
| 25. | ICD Indicator - Diagnosis | Text | 1 | <p>Must be present if Principal Diagnosis Code is present.</p> <p>If present, must be '0'.</p> | <p>International Classification of Diseases version for Diagnosis Codes.</p> <p>All ICD codes must be ICD-10-CM.</p> <p>Report '0' for ICD-10-CM</p> | A |
| 26. | Emergency Severity Index | Text | 1 | <p>Must be present if 'Type of Visit' is not present.</p> <p>If present, must be a valid code.</p> <p>Must range from 1 to 5.</p> | <p>Emergency Severity Index.</p> <p>Patient's score on the Emergency Severity Index, as described in "Reliability and Validity of a New Five-level Triage Instrument." Wothers, R. et al. <i>Academic Emergency Medicine</i> 2000; 7:236-242.</p> <p>Must range from 1 to 5.</p> | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---|-----------|---------------|--|---|------------|
| 27. | Procedure Code Type | Text | 1 | Must be present if Significant Procedure Code(s) are present. Must be '4' or '0'. | Coding System used to report Significant Procedures in this record. 4 = CPT-4, 0=ICD-10 Only one coding system is allowed per Patient ED Visit. | A |
| 28. | Transport | Text | 1 | Must be present. Must be a valid code as specified in Data Code Table XII). | Patient's Mode of Transport to the ED. | A |
| 29. | EMS Patient Care Report Number | Text | 50 | May be present if patient arrived by ambulance. | The unique number automatically assigned by the EMS agency for each patient care report. (previously referred to as the Ambulance Run Sheet Number) | W |
| 30. | Homeless Indicator | Text | 8 | Include if applicable. Must be a valid code as specified in Data Code Table XIII. | Indicates whether patient is known to be homeless. | B |
| 31. | Condition Present on Visit – Principal Diagnosis Code | Text | 1 | May be present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--|-----------|--------|--|---|------------|
| 32. | Condition Present on Visit – Principal External Cause Code | Text | 1 | May be present when Principal External Cause Code is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---|-----------|--------|---|---|------------|
| 33. | Massachusetts Transfer Hospital Organization ID (OrgID) | Text | 7 | <p>Must be a valid OrgID if Primary or Secondary Source of Visit is:</p> <p>'4' (Transfer from an Acute Hospital)</p> <p>'5' (Transfer from a SNF Facility)</p> <p>'6' (Transfer from an Intermediate Care Facility)</p> <p>'7' (Outside Hospital Emergency Room Transfer)</p> <p>Transfer OrgID should not be the OrgID for Provider on RT10 or the Hospital Service Site on RT20.</p> <p>Must be a valid OrgID as specified in the Transfer OrgID list posted on CHIA's website if the provider from which the transfer occurred is in Massachusetts OR</p> <p>If the provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999.</p> | Transferring Hospital/Facility | B |
| 34. | Principal External Cause Code | Text | 7 | <p>Must be present if principal diagnosis is an ICD-10-CM S-code (S00-S99).</p> <p>May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88).</p> | <p>Principal external cause of morbidity</p> <p>ICD-10-CM external cause code excluding decimal point</p> | A |

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Outpatient Emergency Department Visit Data Submission Guide


| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--------------------|-----------|--------|--|--|------------|
| | | | | <p>If present, must be a valid ICD-10-CM external cause code (V00-Y89).</p> <p>Supplemental ICD-10-CM external cause codes (Y90-Y99) shall be recorded in associated diagnosis fields.</p> <p>Additional ICD-10-CM external cause codes (V00-Y89) shall be recorded in associated diagnosis fields.</p> | | |
| 35. | DNR Status | Text | 1 | <p>May be present.</p> <p>If present, must be a valid code as specified in in Data Code Table XV.</p> | 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 |
| 36. | Primary Payer Type | Text | 1 | <p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table II.</p> <p>If Medicaid is one of two payers, Medicaid (4) must be coded as the secondary payer type unless Health Safety Net (H) or Free Care (9) is the secondary payer type.</p> <p>Medicaid may be primary with code 'N' (None) in secondary.</p> | Patient's expected primary type of payment. | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---|-----------|--------|--|---|------------|
| 37. | Secondary Payer Type | Text | 1 | <p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table II.</p> <p>If Medicaid is one of two payers, Medicaid (4) must be coded as the secondary payer type unless Health Safety Net (H) or Free Care (9) is the secondary payer type.</p> <p>If not applicable, must be coded as 'N' (None) as specified in Data Code Table II.</p> | Patient's expected secondary type of payment. | A |
| 38. | Other Physician or Clinician National Provider Identifier (NPI) | Text | 10 | <p><u>Must be present if other Physician Number, DENSG, PODTR, MIDWIF, NURSEP, PHYAST or OTHER is reported in RT 20, field 21.</u></p> <p><u>Must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES).</u></p> | <u>National Physician/Clinician Identifier per National Plan and Provider Enumeration System (NPPES).</u> | B |
| 39. | ED Physician or Clinician National Provider Identifier (NPI) | Text | 10 | <p><u>Must be present.</u></p> <p><u>Must be a valid National Physician Identifier per National Plan and Provider Enumeration System (NPPES).</u></p> | <u>National Physician/Clinician Identifier per National Plan and Provider Enumeration System (NPPES).</u> | B |

* = All ICD-CM codes 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'.

RECORD TYPE 25 – PATIENT ADDRESS AND ETHNICITY

- Required for every ED Visit.
- Only one allowed per ED Visit.
-  Deleted: Must follow RT 21.
- Must be followed by RT 50.

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|----------------------------------|-----------|--------|---|---|------------|
| 1. | Record type '25' | Text | 2 | Must be present. Must be 25. | Indicator for Record Type '25': Patient Address | A |
| 2 | Medical Record Number | Text | 25 | 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 | 100 | Must be present when Patient Country (RT 25 Field 8) 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 | Must be present when Patient Country (RT 25 Field 8) is 'US'. | Patient's residential city or town If the patient is homeless and does not have a ZIP Code or City, provide the ZIP Code or City of their last temporary or permanent residence. | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-------------------------|-----------|--------|--|---|------------|
| 5. | Permanent Patient State | Text | 2 | Must be present when Patient Country (RT 25 Field 8) is 'US'. Must be a valid US postal code for state. | The US Postal Service code for the state the where the patient resides. | B |
| 6. | Zip Code | Text | 5 | Must be present. Must be numeric. Must be 0's if zip code is unknown or Patient Country (RT 25 Field 8) is not 'US'. | Patient's residential 5-digit zip code. If patient is homeless, report zip code for last known address and indicate homeless status 'Y' in the Homeless Indicator field on this record. If zip code is unknown, report 00000. | B |
| 7. | Zip Code Extension | Text | 4 | 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 | 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|----------------------------------|-----------|--------|---|--|------------|
| 9. | Temporary Patient Street Address | Text | 100 | Must be present when Patient Country (RT 25 Field 8) is not 'US'. | The temporary United States street address including number, street name, and type (<u>i.e.</u> , street, drive, road) where the patient resides while under treatment. This is required for patients 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 | Must be present when Patient Country (RT 25 Field 8) is not 'US'. | The temporary United States city/town where the patient resides while under treatment. This is required for patients 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|----------------------------|-----------|--------|--|--|------------|
| 11. | Temporary Patient State | Text | 2 | Must be present when Patient Country (RT 25 Field 8) is not 'US'. Must be a 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 patients 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 | Must be present when Patient Country is not 'US'. Must be a valid U.S. postal zip code. Must be 0's if zip code is unknown or Patient Country (RT 25 Field 8) is not 'US'. | The US Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patients 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 | 8 | Must be present. Must be a valid code as specified in Data Code Table V). | Patient's race | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--------------------|-----------|-----------|---|---|------------|
| 14. | Race 2 | Text | <u>8</u> | May only be entered if Race 1 is entered. Must be a valid code as specified in Data Code Table V). | Patient's race | B |
| 15. | Other Race | Text | 15 | May only be entered if Race 1 is entered. Must be entered if Race 1 is <u>OTH</u> – Other Race. | Patient's race | B |
| 16. | Hispanic Indicator | Text | <u>8</u> | Must be present. Must be a valid code as specified in Data Code Table VI. | Indicates whether the patient is Hispanic | B |
| 17. | Ethnicity 1 | Text | <u>8</u> | Must be present. Must be a valid code as specified in Data Code Table VII. | Patient's Ethnicity | B |
| 18. | Ethnicity 2 | Text | <u>8</u> | May only be entered if Ethnicity 1 is entered. Must be a valid code as specified in Data Code Table VII. | Patient's Ethnicity | B |
| 19. | Other Ethnicity | Text | <u>20</u> | May only be entered if Ethnicity 1 is entered. | Patient's Ethnicity | B |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------|-----------|--------|--|---------------------------------|------------|
| 20. | Health Plan Member ID | Text | 40 | Must be present when Primary Payer Type Code is <u>not</u> : '1' (Self Pay) '2' (Worker's Comp) '4' (Medicaid) '9' (Free Care) 'H' (Health Safety Net) 'T' (Auto Insurance) Report Health Plan Subscriber ID if Member ID is unknown. | Patient's Health Plan Member ID | A |

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Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 50 – PATIENT DIAGNOSIS DATA

- At least one RT 50 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 RT 55.

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------|-----------|-----------|--|--|------------|
| 1. | Record type '50' | Text | 2 | Must be present. Must be 50. | Indicator for Record Type '50': Patient Diagnosis Data | A |
| 2. | Sequence | Text | 2 | 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 | <u>25</u> | 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------|-----------|--------|--|--|------------|
| 4. | Associated Diagnosis Code 1 | Text | 7 | <p>Include if applicable.</p> <p>If present, Principal Diagnosis Code must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's first associated diagnosis:</p> <p>ICD Associated Diagnosis 1, excluding A the decimal point.</p> | A |
| 5. | Associated Diagnosis Code 2 | Text | 7 | <p>Include if applicable.</p> <p>If present prior Associated Diagnosis Code 1 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's second associated diagnosis:</p> <p>ICD Associated Diagnosis 2, excluding the decimal point.</p> | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------|-----------|--------|---|---|------------|
| 6. | Associated Diagnosis Code 3 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 2 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's third associated diagnosis:</p> <p>ICD Associated Diagnosis 3, excluding the decimal point.</p> | A |
| 7. | Associated Diagnosis Code 4 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 3 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's fourth associated diagnosis:</p> <p>ICD Associated Diagnosis 4, excluding the decimal point.</p> | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------|-----------|--------|---|--|------------|
| 8. | Associated Diagnosis Code 5 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 4 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's fifth associated diagnosis:</p> <p>ICD Associated Diagnosis 5, excluding the decimal point.</p> | A |
| 9 | Associated Diagnosis Code 6 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 5 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's sixth associated diagnosis:</p> <p>ICD Associated Diagnosis 6, excluding the decimal point.</p> | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------|-----------|--------|---|--|------------|
| 10. | Associated Diagnosis Code 7 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 6 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's seventh associated diagnosis:</p> <p>ICD Associated Diagnosis 7, excluding the decimal point.</p> | A |
| 11. | Associated Diagnosis Code 8 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 7 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's eighth associated diagnosis:</p> <p>ICD Associated Diagnosis 8, excluding the decimal point.</p> | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|---|---|------------|
| 12. | Associated Diagnosis Code 9 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 8 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's ninth associated diagnosis:</p> <p>ICD Associated Diagnosis 9, excluding the decimal point.</p> | A |
| 13. | Associated Diagnosis Code 10 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 9 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's tenth associated diagnosis:</p> <p>ICD Associated Diagnosis 10, excluding the decimal point.</p> | A |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|--|--|------------|
| 14. | Associated Diagnosis Code 11 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 10 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's eleventh associated diagnosis:</p> <p>ICD Associated Diagnosis 11, excluding the decimal point.</p> | A |
| 15. | Associated Diagnosis Code 12 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 11 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's twelfth associated diagnosis:</p> <p>ICD Associated Diagnosis 12, excluding the decimal point.</p> | A |

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Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|--|--|------------|
| 16. | Associated Diagnosis Code 13 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 12 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's thirteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 13, excluding the decimal point.</p> | A |
| 17. | Associated Diagnosis Code 14 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 13 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's fourteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 14, excluding the decimal point.</p> | A |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--|-----------|--------|--|---|------------|
| 18. | Associated Diagnosis Code 15 | Text | 7 | <p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 14 must be present.</p> <p>Must be a valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p> | <p>Patient's fifteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 15, excluding the decimal point.</p> | A |
| 19. | Condition Present on Visit – Assoc. Diagnosis Code 1 | Text | 1 | <p>May be present when Assoc. Diagnosis Code 1 is present.</p> <p>If present, must be a valid code as specified in Data Code Table 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 | <p>May be present when Assoc. Diagnosis Code 2 is present.</p> <p>If present, must be a valid code as specified in Data Code Table XIV.</p> | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |
| 21. | Condition Present on Visit – Assoc. Diagnosis Code 3 | Text | 1 | <p>May be present when Assoc. Diagnosis Code 3 is present.</p> <p>If present, must be a valid code as specified in Data Code Table XIV.</p> | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--|-----------|--------|--|---|------------|
| 22. | Condition Present on Visit – Assoc. Diagnosis Code 4 | Text | 1 | May be present when Assoc. Diagnosis Code 4 is present. If present, must be a valid code as specified in Data Code Table 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 | May be present when Assoc. Diagnosis Code 5 is present. If present, must be a valid code as specified in Data Code Table 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 | May be present when Assoc. Diagnosis Code 6 is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |
| 25. | Condition Present on Visit – Assoc. Diagnosis Code 7 | Text | 1 | May be present when Assoc. Diagnosis Code 7 is present. If present, must be a valid code as specified in Data Code Table 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 | May be present when Assoc. Diagnosis Code 8 is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---|-----------|--------|---|---|------------|
| 27. | Condition Present on Visit – Assoc. Diagnosis Code 9 | Text | 1 | May be present when Assoc. Diagnosis Code 9 is present. If present, must be a valid code as specified in Data Code Table 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 | May be present when Assoc. Diagnosis Code 10 is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |
| 29. | Condition Present on Visit – Assoc. Diagnosis Code 11 | Text | 1 | May be present when Assoc. Diagnosis Code 11 is present. If present, must be a valid code as specified in Data Code Table 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 | May be present when Assoc. Diagnosis Code 12 is present. If present, must be a valid code as specified in Data Code Table 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 | May be present when Assoc. Diagnosis Code 13 is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|---|-----------|--------|---|---|------------|
| 32. | Condition Present on Visit – Assoc. Diagnosis Code 14 | Text | 1 | May be present when Assoc. Diagnosis Code 14 is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |
| 33. | Condition Present on Visit – Assoc. Diagnosis Code 15 | Text | 1 | May be present when Assoc. Diagnosis Code 15 is present. If present, must be a valid code as specified in Data Code Table XIV. | A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission. | B |
| 34. | Patient Last Name | Text | 35 | Must be present. Must not be present if Sequence is not 01. | Patient's Last Name | A |
| 35. | Patient First Name | Text | 25 | Must be present. Must not be present if Sequence is not 01. | Patient's First Name | A |

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Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 55 – PATIENT PROCEDURE DATA

- At least one RT 55 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 RT 60.

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------|-----------|--------|--|---|------------|
| 1. | Record type '55' | Text | 2 | Must be present. Must be 55. | Indicator for Record Type '55': Patient ED Procedure Data | A |
| 2. | Sequence | Text | 2 | 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 | 25 | 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|---|--|------------|
| 4. | Significant Procedure Code 1 | Text | 7 | <p>Include if applicable.</p> <p>If present must be a valid ICD-10-PCS 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 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 1 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 6. | Significant Procedure Code 3 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 2 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|---|--|------------|
| 7. | Significant Procedure Code 4 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 3 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 8. | Significant Procedure Code 5 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 4 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|---|--|------------|
| 9. | Significant Procedure Code 6 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 5 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 10. | Significant Procedure Code 7 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 6 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|------------------------------|-----------|--------|---|--|------------|
| 11. | Significant Procedure Code 8 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 7 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 12. | Significant Procedure Code 9 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 8 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-------------------------------|-----------|--------|--|--|------------|
| 13. | Significant Procedure Code 10 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 9 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 14. | Significant Procedure Code 11 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 10 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-------------------------------|-----------|--------|--|--|------------|
| 15. | Significant Procedure Code 12 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 11 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 16. | Significant Procedure Code 13 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 12 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-------------------------------|-----------|--------|--|--|------------|
| 17. | Significant Procedure Code 14 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 13 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |
| 18. | Significant Procedure Code 15 | Text | 7 | <p>Include if applicable.</p> <p>If present, Significant Procedure Code 14 must be present.</p> <p>If entered, must be a valid ICD-10-PCS 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 |

RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS

- At least one RT 60 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, RT 60 or RT 94.

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------|-----------|-----------|---|---|------------|
| 1. | Record type '60' | Text | 2 | Must be present. Must be 60. | Indicator for Record Type '60': Patient ED Visit Service Line Items | A |
| 2. | Medical Record Number | Text | <u>25</u> | 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-----------------------------|-----------|--------|---|--|------------|
| 3. | Service Line Item 1 | Text | 5 | <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 a 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 | Text | 10 | <p>Must be present if service line item is present.</p> <p>Must be unformatted currency format.</p> <p>Must be greater than or equal to zero.</p> <p>Must be whole number, no decimal.</p> <p>Must be rounded to nearest dollar.</p> | | |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--|-----------|--------|---|---|------------|
| 5. | End of Line Items Indicator | Text | 1 | 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 2-14 | Text | 16 | 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. | |

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

RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY

- Required for every File.
- 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.

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|-------------------------------------|-----------|--------|---|---|------------|
| 1. | Record Type '94' | Text | 2 | Must be present. Must be 94. | Indicator for Record Type '94': Hospital Service Site Summary | A |
| 2. | Hospital Service Site Reference | Text | 7 | Must be present. Must be a valid code as specified in Data Code Table 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 |
| 3. | Number of ED Treatment Beds at Site | Text | 4 | 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--|-----------|--------|--------------------------------------|---|------------|
| 4. | Number of ED-based Observation Beds at Site | Text | 4 | 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 | Text | 4 | 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 | Text | 7 | 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 |
| 7. | ED Visits – Admitted to Outpatient Observation at Site | Text | 7 | 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 | Text | 7 | 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 |

Outpatient Emergency Department Visit Data Submission Guide

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--------------------------------------|-----------|-----------|---|--|------------|
| 9. | ED Visits – Total Registered at Site | Text | 7 | 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 | 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 | | <u>48</u> | 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. Multiple site summaries are allowed on one record. | |

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

Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 95 – PROVIDER BATCH CONTROL

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

| Field No. | Field Name | Data Type | Length | Edit Specifications | Field Definition | Error Type |
|-----------|--------------------------------|-----------|--------|--|---|------------|
| 1. | Record Type '95' | Text | 2 | Must be present. Must be 95. | Indicator for Record Type '95': Provider Batch Control. | A |
| 2. | Number of Outpatient ED Visits | Text | 6 | Must be present. Must be numeric. 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 | Text | 12 | Must be present. Must be unformatted currency format Must be whole number, no decimal. Must be rounded to the nearest dollar. | Sum of charges entered in RT 20 Field 20. | A |

Outpatient Emergency Department Visit Data Code Tables:

I) CHIA Organization IDs for Hospitals

| Org Id | Organization Name |
|--------|--|
| 1 | Anna Jaques Hospital |
| 2 | Athol Memorial Hospital |
| 5 | Baystate Franklin Medical Center |
| 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 – Menino Pavilion Campus |
| 59 | Brigham and Women's Faulkner Hospital |
| 22 | Brigham and Women's Hospital |
| 27 | Cambridge Health Alliance – Cambridge Campus |
| 142 | Cambridge Health Alliance – Everett Hospital Campus (formerly Whidden) |
| 39 | Cape Cod Hospital |

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Outpatient Emergency Department Visit Data Submission Guide

| Org Id | Organization Name |
|--------|---|
| 50 | Cooley Dickinson Hospital |
| 57 | Emerson Hospital |
| 8 | Fairview Hospital |
| 40 | Falmouth Hospital |
| 68 | Harrington Memorial Hospital |
| 71 | Health Alliance Hospitals, Inc. |
| 132 | Health Alliance – Clinton Hospital Campus |
| 73 | Heywood Hospital |
| 11466 | Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc. |
| 77 | Holyoke Medical Center |
| 81 | Lahey Hospital & Medical Center – Burlington |
| 4448 | Lahey Medical Center – Peabody |
| 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 |
| 133 | Marlborough Hospital |
| 88 | Martha's Vineyard Hospital |

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Outpatient Emergency Department Visit Data Submission Guide

| Org Id | Organization Name |
|--------|--|
| 89 | Massachusetts Eye and Ear Infirmary |
| 91 | Massachusetts General Hospital |
| 141 | MelroseWakefield Hospital Campus – MelroseWakefield Healthcare |
| 119 | Mercy Medical Center – Springfield Campus |
| 49 | MetroWest Medical Center – Framingham Campus |
| 97 | Milford Regional Medical Center |
| 99 | Morton Hospital, A Steward Family Hospital |
| 100 | Mount Auburn Hospital |
| 101 | Nantucket Cottage Hospital |
| 11467 | Nashoba Valley Medical Center, A Steward Family Hospital |
| 105 | Newton-Wellesley Hospital |
| 21965 | North Adams Regional Hospital |
| 116 | North Shore Medical Center, Inc. – Salem Campus |
| 127 | Saint Vincent Hospital |
| 25 | Signature Healthcare Brockton Hospital |
| 122 | South Shore Hospital |
| 123 | Southcoast Hospitals Group – Charlton Memorial Campus |
| 124 | Southcoast Hospitals Group – St. Luke's Campus |
| 145 | Southcoast Hospitals Group – Tobey Hospital Campus |
| 42 | Steward Carney Hospital |

Outpatient Emergency Department Visit Data Submission Guide

| Org Id | Organization Name |
|--------|---|
| 62 | Steward Good Samaritan Medical Center – Brockton Campus |
| 75 | Steward Holy Family Hospital |
| 41 | Steward Norwood Hospital |
| 114 | Steward 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 | UMass Memorial Medical Center – Memorial Campus |

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Outpatient Emergency Department Visit Data Submission Guide

II) Payer Type Code – See complete Payer Codes list at: <https://www.chiamass.gov/hospital-data-specification-manuals/>

III) Source of Payment Code – See complete Payer Codes list at: <https://www.chiamass.gov/hospital-data-specification-manuals/>

IV) Patient Sex at Birth

| Code | Description |
|-----------------|---|
| M | Male |
| F | Female |
| <u>UNK</u> | Unknown |
| <u>DONTKNOW</u> | <u>Don't know</u> |
| <u>ASKU</u> | <u>Choose not to answer</u> |
| <u>UTC</u> | <u>Unable to collect this information on patient due to lack of clinical capacity of patient to respond</u> |

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V) Patient Race

Revised October 2024

Outpatient Emergency Department Visit Data Submission Guide

| Code | Description |
|---------------------|---|
| 1002-5 | American Indian/Alaska Native |
| 2028-9 | Asian |
| 2054-5 | Black/African American |
| 2076-8 | Native Hawaiian or other Pacific Islander |
| 2106-3 | White |
| OTH | Other Race |
| DONTKNOW | Don't know |
| ASKU | Choose not to answer |
| UNK | Unknown |
| UTC | Unable to collect this information on patient due to lack of clinical capacity of patient to respond |

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Deleted: R4

Deleted: R5

Deleted: R9

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VI) Patient Hispanic Indicator

| Code | Description |
|---------------------|---|
| 2135-2 | Hispanic |
| 2186-5 | Not Hispanic |
| DONTKNOW | Don't know |
| ASKU | Choose not to answer |
| UNK | Unknown |
| UTC | Unable to collect this information on patient due to lack of clinical capacity of patient to respond |

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Outpatient Emergency Department Visit Data Submission Guide

VII) Patient Ethnicity

Utilize the codes listed below and full list of standard codes per Center for Disease Control (CDC) available on CHIA's website: <https://www.chiamass.gov/acute-hospital-case-mix-data>

| Code | Description |
|-----------------|---|
| AMER | American |
| BRAZ | Brazilian |
| <u>CANADA</u> | <u>Canadian</u> |
| <u>CAPE-V</u> | Cape Verdean |
| CARIB | Caribbean Islander |
| <u>E-EUR</u> | Eastern European |
| PORT | Portuguese |
| <u>RUSSN</u> | Russian |
| OTH | Other |
| UNK | Unknown |
| <u>DONTKNOW</u> | <u>Don't know</u> |
| <u>ASKU</u> | <u>Choose not to answer</u> |
| <u>UTC</u> | <u>Unable to collect this information on patient due to lack of clinical capacity of patient to respond</u> |

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Field Code Changed

Deleted: http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf and those below

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Deleted: UG

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Outpatient Emergency Department Visit Data Submission Guide

VIII) Type of Visit

| Code | Description |
|----------|-------------------------|
| 1 | Emergency |
| 2 | Urgent |
| 3 | Non-Urgent |
| 4 | Newborn |
| 5 | Information Unavailable |
| <u>6</u> | <u>Trauma</u> |

Outpatient Emergency Department Visit Data Submission Guide

IX) Source of Visit

| Code | Description | Code | Description (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 | | |
| L | Outside Hospital Clinic Referral | | |
| M | Walk-In/Self-Referral | | |
| T | Transfer from Another Institution's Ambulatory Surgery (SDS) | | |
| Y | Within Hospital Ambulatory Surgery Transfer (SDS Transfer) | | |
| E | EMS Transport Decision | | |

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Outpatient Emergency Department Visit Data Submission Guide

X) Patient Departure Status Code

| Code | Description |
|------|--|
| 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) |

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

| Code | Description |
|------|---------------------|
| 1 | Resident |
| 2 | Intern |
| 3 | Nurse Practitioner |
| 5 | Physician Assistant |

Outpatient Emergency Department Visit Data Submission Guide

XII) 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

| Code | Description |
|-----------------|---|
| Y | Patient is known to be homeless |
| N | Patient is not known to be homeless |
| <u>DONTKNOW</u> | <u>Don't know</u> |
| <u>ASKU</u> | <u>Choose not to answer</u> |
| <u>UNK</u> | <u>Unknown</u> |
| <u>UTC</u> | <u>Unable to collect this information on patient due to lack of clinical capacity of patient to respond</u> |

Outpatient Emergency Department Visit Data Submission Guide

XIV) 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-10-CM codes for POA flag) |

XV) DNR Status

| Code | Description |
|------|--|
| 1 | DNR order written |
| 2 | Comfort measures only |
| 3 | No DNR order or comfort measures ordered |

Outpatient Emergency Department Visit Data Quality Standards

- (1) The data will be edited for compliance with the edit specifications set forth in the Inpatient Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of errors in data elements categorized as A or B errors in the Error Type column of the Record Table Specifications above.

- (2) All errors will be recorded for each patient discharge. A patient discharge will be rejected under the following conditions:
 - (a) Presence of one or more errors for Category A elements.

 - (b) Presence of two or more errors for Category B elements.

- (3) An entire file will be rejected and returned to submitter if:
 - (a) Any Category A elements of Provider Record (Record Type = 10) are in error or

 - (b) Any Category A errors on Provider Batch Control Record (Record Type = 95).

 - (c) Any required record types are missing or out of order.

 - (d) if 1% or more of discharges are rejected or

 - (e) if 50 consecutive records are rejected.

- (4) Acceptance of data files under the edit check procedures shall not be deemed acceptance of the factual accuracy of the data contained therein.

Outpatient Emergency Department Visit Data Submission Guide

Submittal Schedule

Outpatient Emergency Department Visit Data Files must be submitted quarterly to the CHIA according to the following schedule. Final, complete quarterly files are due 75 days following the end of the reporting period.

| Quarter | Quarter Begin & End Dates | Due Date for Preliminary File > 30 days following the close of the quarter: | Due Date for Final File > 75 days following the close of the quarter: |
|---------|---------------------------|---|---|
| 1 | 10/1 – 12/31 | 1/31 | 3/16 |
| 2 | 1/1 – 3/31 | 4/30 | 6/14 |
| 3 | 4/1 – 6/30 | 7/31 | 9/13 |
| 4 | 7/1 – 9/30 | 10/31 | 12/14 |

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