CENTER FOR HEALTH INFOMATION AND ANALYSIS

**MASSACHUSETTS**

**CASE MIX**

HOSPITAL INPATIENT

DISCHARGE DATA (HIDD)

FISCAL YEAR 2017

DOCUMENTATION MANUAL

**CHIA**

Massachusetts Case Mix

FY2017 Hospital Inpatient Discharge Data

**USER GUIDE**

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Executive Summary

The FY2017 Hospital Inpatient Discharge Data Guide provides general information about CHIA’s most recent inpatient data holdings. Each quarter, Massachusetts facilities provide CHIA with information that CHIA compiles into annual Hospital Inpatient Discharge databases (HIDDs).This data is collected from Massachusetts’ acute care hospitals and includes all inpatient admissions. The FY2017 HIDD includes Inpatient discharges that occurred between October 1, 2016 and September 30, 2017. Facilities reported a total of 800,990 discharges.

The information in this guide includes high level data notes (data collection, data application, and use) and a codebook (data element list, data dictionary, Reference tables, and summary statistics). As always, CHIA strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

**New in FY2017**

All information collected in FY2016 remains part of the FY2017 data set. In addition, CHIA partnered with the Acute Hospital community to begin collection of Emergency Department (ED) Boarding data. Specifically, Providers worked to submit ED Registration and Discharge Date and Time data.

CHIA also requested that Providers calculate the number of hours the patient spent in the Emergency Department prior to being admitted for Inpatient services.

As this was the first year of collection, not all Providers were able to contribute entries to the new data elements. CHIA will continue to work with all Providers to provide a fuller accounting of this data in the future.

Part A. Data Collection

Acute hospitals in Massachusetts are required to submit discharge data to CHIA under ***957 CMR 8.00 - APCD and Case Mix Data Submission*** and *Regulation 957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures*. Researchers can access HIDD regulations by visiting CHIA’s web site [<http://www.chiamass.gov/regulations>] or by faxing a request to CHIA at 617-727-7662.

***957 CMR 8.00 - APCD and Case Mix Data Submission*** requires acute care hospitals to submit discharge data to

CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2017 HIDD are as follows:

 **Quarter 1:** October 1, 2016 - December 31, 2016

 **Quarter 2:** January 1, 2017 – March 31, 2017

 **Quarter 3:** April 1, 2017 – June 30, 2017

 **Quarter 4:** July 1, 2017 – September 30, 2017

CHIA reviews each hospital’s quarterly data for compliance with ***957 CMR 8.00 - APCD and Case Mix Data Submission*** using a one percent error rate. The one percent error rate is based upon the presence of one or more errors per discharge for the hospital’s quarterly submission. CHIA checks for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the discharges are rejected, CHIA rejects the entire submission.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the reporting hospital until the standard is met.

**Emergency Department (ED) and Outpatient Observation Unit Initiated Stays**

Discharges that began in an ED and ended in an Inpatient stay will have a positive value in the “ED Indicator.” Discharges that began in an observation unit and ended in an inpatient stay will have a positive value in the “Observation Indicator.” Any ED or observation visit that resulted in an inpatient stay will appear in the FY2017 HIDD, and should not appear in the FY2017 Emergency Department Database or FY2017 Outpatient Observation Database.

If the ED Indicator, or other evidence of an emergency department visit, is noted in the data, then Providers were requested to begin reporting ED Boarding information. Emergency Department Admission and Discharge Date/Time data was requested.

**HIDD Verification Report Process**

Semi-annually CHIA sends each hospital a report on their discharge data to maintain and improve the quality of their submissions. The Verification Report process gives the hospitals the opportunity to review the data they have provided to CHIA and affirm data accuracy.

CHIA produces hospital-specific Verification Reports after each hospital successfully submits two quarters and four quarters of data. CHIA asks each hospital to review and verify the data contained within the report. Each Verification

Report has a series of frequency tables for selected data elements that include, but are not limited to, the number of discharges per month and breakouts by admission type, admission source, race, and disposition.

Hospitals affirm that reported data is accurate or identify any discrepancies on the year–end verification cycle. Hospitals certify the accuracy of their data by completing a Verification Report Response form. CHIA accepts two response types from hospitals:

**A**: A hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

**B:** A hospital indicates that the data on the report is accurate except for the discrepancies noted. If any data discrepancies exist, CHIA requests that hospitals provide written explanations of the discrepancies.

Users interested in the FY2017 HIDD Verification Reports should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us). Please indicate the fiscal year of the Verification Report, the dataset name, and if you need information for a specific hospital or set of hospitals.

Part B: Applying For and Using CHIA Data

Researchers interested in receiving CHIA data should follow the instructions below to receive access to the data. Due to the custom nature of the request, limited information about how to use the CHIA is provided. Users needing additional assistance applying for data or using the data should contact [casemix[.data@state.ma.u](mailto:data@state.ma.us)s].

**How to Apply for the Data**

**1.** To obtain a copy of the Data Use Agreement and/or other documents required for application, go to:

<http://www.chiamass.gov/chia-data/>.

**2.** Follow the links to the forms that correspond to the data (Case Mix, APCD) and application type

(Government, Non-Government) that are appropriate to your data request.

**3.** For FY2017, Non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined approach also improves CHIA’s ability to deliver the data efficiently.

**Securing CHIA Data Prior to Use**

As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA’s Data Use Agreement. All data obtained from CHIA must reside on an encrypted hard drive and/or secure network.

**Data Delivery**

CHIA delivers HIDD on CD-ROMs. Users must be able to meet the following Hardware and CD requirements. As well, users must be able to read and download the data files to their back office.

**Hardware Requirements:**

 CD ROM Device

 Encrypted Hard Drive with 2.0 GB of space available

**Data Use**

The FY2017 Case Mix HIDD consists of up to 10 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Each file name will have a suffix of “\_Full\_AAAA\_BBBB”. AAAA indicates the specific view of the data. BBB

indicates whether the data is from an LDS or Government dataset.

 The main FIPA\_HIDD\_2017\_**Discharge** (table name: Discharge), contains one record per discharge. The unique identifier on this table is the RecordType20ID.

 FIPA\_HIDD\_2017\_**DiagnosesCode** (table name: Diagnoses), contains one record per diagnosis reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.

 FIPA\_HIDD\_52017\_**ProcedureCode** (table name: Procedures), contains one record per procedure for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.

 FIPA\_HIDD\_2017\_**ServiceCode** (table name: Services), contains one record per revenue code service reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.

 FIPA\_HIDD\_2017\_**Organization** (table name: OrgIds) contains one record per organization. This table can be used to lookup facility names, EMS region, and Teaching status. The Discharge table has a many to one relationship with this Table, by linking the the appropriate OrgId (IdOrgFiler, IdOrgHosp, IdOrgSite or IdOrgTransfer).

 FIPA\_HIDD\_2017\_**SubmissionLog**\_ (table name: DataSubmissionLog) contains one record per quarter for each of the Inpatient facilities filing data. The Discharge table has a many to one relationship with this Table, by linking the IdOrgFiler.

 FIPA\_HIDD\_2017\_**Error Log**\_ (table name: ErrorLog) contains records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler. The Discharge table has a one- to- many relationship with this Table, by linking the RecordType20ID.

 Groupers:

FIPA\_HDD\_2017\_**APR20.0**, FIPA\_HDD\_2017\_**APR261**, FIPA\_HDD\_2017\_**APR300**, FIPA\_HDD\_2017\_**CMS350** contain grouper data. The Discharge table has a one to one relationship with each Table, by linking the RecordType20ID.

**Linking Files**

Historically, case mix data users receive a Microsoft Access version of the data. Access is not a recommended development platform, and is used here as a convenient data transport format only. Most users import the data into SQL, STATA™, SPSS™, SAS™, or R for analysis or data management. To accommodate the expanding one-to- many relationship between the main discharge table and other tables (due to lifting the limit on the number of diagnoses and procedure codes), files distributed will now contain multiple tables that are linked using the **RecordType20ID** field. The RecordType20ID field is a unique identifier used to link the main Discharge table to Services, Diagnoses, and Procedures tables. The Organization table can be linked to columns on the Discharge table that contain Organization ID numbers (OrgId’s).

Any additional questions can be addressed by contacting CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

Part C: Data Elements

The purpose of the following section is to provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA by emailing [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

**About the Limited Data Set (LDS)**

The pre-configured Limited Data Set (LDS) is designed to protect patient data confidentiality while ensuring analytic value.

The “core” data elements are available to all users (non-government and government). Users wishing to add to the “core” elements must indicate this by selecting from the list of “buy-ups.” The “Buy-up” process allows a user to receive more granular data – for example, instead of a 3 digit patient zip code; the user can request a “buy-up” to a 5 digit patient zip code. Note that buy-ups will be reviewed for approval by CHIA based on research needs related to the project Description.

CHIA makes an additional set of core elements available only to government users. These elements are provided to all government users. Government users must specifically identify requested Government-Only in their application.

**Master Data Elements List**

For the FY2017 HIDD, CHIA is providing a master data elements list by table. Not every user will see every data element—some are reserved for limited dataset buy-ups or for government use. All users should have access to the “CORE” data. Users who choose limited dataset buy-ups may receive access to some “LDS” elements. Only government users may have access to the “GOV” or “GOV-SPEC” fields.

Users interested in purchasing the data should visit the CHIA website for instructions.

|  |  |  |
| --- | --- | --- |
|  | **DISCHARGE TABLE—CORE ELEMENTS** |  |
| AdmissionDayOfWeek | LeaveOfAbsenceDays | PrincipalPreoperativeDays |
| AdmissionSourceCode1-2 | LengthOfStay | PrincipalProcedureCode |
| AdmissionType | NewBornAge | PrincipalProcedureDate |
| AdmissionYear | NumberOfANDs | PrincipalProcedureMonth |
| AgeLDS | NumberOfDiagnosisCodes | Quarter |
| Birthweight | NumberOfProcedureCodes | RecordType20ID |
| ConditionPresentECode | OtherCareGiverCode | SecondaryPayerType |
| DaysBetweenStays | OutpatntObsrvStayFlagCode | SexLDS |
| DischargeDayOfWeek | PatientStatus | SpecialConditionIndicator |
| DischargePassed | PayerCode1 | SubmissionControlID |
| DischargeYear | PayerCode2 | SubmissionPassedFlag |
| Ecode | PeriodEndingDate | TemporaryPatientStateLDS |
| EDFlagCode | PeriodStartingDate | TemporaryPatientZip3CodeLDS |
| HispanicIndicator | PermanentPatientState | TotalChargesAll |
| HomelessIndicator | PermanentPatientZIPCode | TotalChargesAncillaries |
| IdOrgFiler | PrimaryPayerType | TotalChargesRoutine |
| IdOrgHosp | PrimaryConditionPresent | TotalChargesSpecial |
| IdOrgSite | PrimaryDiagnosisCode | Year |
| IdOrgTransfer |  | NumberOfHoursInED |

|  |  |  |
| --- | --- | --- |
|  | **DISCHARGE TABLE—LDS ELEMENTS** |  |
| AdmissionDate | LegCHIAOperatingPhysicianP1-P14 | PermanentPatientZIP5CodeLDS |
| AdmissionMonth | MothersUHIN | Race1 |
| AttendingPhysicianNumber | OperatingPhysicianPrincipal | Race2 |

|  |  |  |
| --- | --- | --- |
| DischargeDate | OperatingPhysicianSignificant1-14 | TemporaryPatientCityLDS |
| DischargeMonth | PeriodEndingDate | TemporaryPatientZip5CodeLDS |
| Ethnicity1 | PeriodEndingMonth | UHIN |
| Ethnicity2 | PeriodStartingDate | UHIN\_SequenceNo |
| LegCHIAAttendingPhysicianNumber | PeriodStartingMonth |  |
| LegCHIAOperatingPhysicianP | PermanentPatientCityLDS |  |

**DISCHARGE TABLE—GOVERNMENT-ONLY ELEMENTS**

MedicaidMemberID MotherMedicalRecordNumber

DNRStatus OtherEthnicity

EmployerZipCode OtherRace

HospitalBillNo PatientBirthDate

MedicalRecordNumber VeteransStatus

EmergencyDepartmentRegistrationTime EmergencyDepartmentDischargeTime

EmergencyDepartmentRegistrationHour EmergencyDepartmentDischargeHour

EmergencyDepartmentRegistrationMinute EmergencyDepartmentDischargeMinute

**DIAGNOSIS TABLE—CORE ELEMENTS**

AssociatedIndicator

ConditionPresent

DiagnosisCode

Indicator

RecordType20ID

**PROCEDURE TABLE—CORE ELEMENTS**

AssociatedIndicator

Indicator

PreOperativeDays

ProcedureCode

ProcedureCodeDate

RecordType20ID

|  |  |  |
| --- | --- | --- |
|  | **SERVICE TABLE—CORE ELEMENTS** |  |
| AccommodationsID | Quarter | RevenueCodeType |
| AncillaryID | SubmissionControlID | Sequence |
| LineNumber | Year | TotalCharges |
| RevenueCode | RecordType20ID | UnitsOfService |
| RevenueCodeType | AccommodationsID | Quarter |
| Sequence | AncillaryID | SubmissionControlID |
| TotalCharges | LineNumber | Year |
| UnitsOfService | RevenueCode | RecordType20ID |

**GROUPER—CORE ELEMENTS**

APR200\_ADM\_DRG APR300\_ADM\_DRG

APR200\_ADM\_MDC APR300\_ADM\_MDC

APR200\_ADM\_RCD APR300\_ADM\_RCD

APR200\_ADM\_ROM APR300\_ADM\_ROM

APR200\_ADM\_SOI APR300\_ADM\_SOI

APR200\_DIS\_DRG APR300\_DIS\_DRG

APR200\_DIS\_MDC APR300\_DIS\_MDC

APR200\_DIS\_RCD APR300\_DIS\_RCD

APR200\_DIS\_ROM APR300\_DIS\_ROM

APR200\_DIS\_SOI APR300\_DIS\_SOI

APR261\_ADM\_DRG CMS\_ADM\_DRG

APR261\_ADM\_MDC CMS\_ADM\_MDC

APR261\_ADM\_RCD CMS\_ADM\_RCD

APR261\_ADM\_ROM CMS\_ADM\_ROM

APR261\_ADM\_SOI CMS\_ADM\_SOI

APR261\_DIS\_DRG CMS\_DIS\_DRG

APR261\_DIS\_MDC CMS\_DIS\_MDC

APR261\_DIS\_RCD CMS\_DIS\_RCD

APR261\_DIS\_ROM CMS\_DIS\_ROM

APR261\_DIS\_SOI CMS\_DIS\_SOI

**Organization Table**

The “Organization” table contains 1 record for every valid OrgId reported in the Discharge database. Referenced OrgId’s include: IdOrgFiler, IdOrgHosp, IdOrgSite, and IdOrgTransfer data elements in the Discharge database. A sample list of OrgId’s referenced in FY2017 HIDD is listed in Table 1.

**Table 1: ORGANIZATION IDENTIFICATION**

|  |  |
| --- | --- |
| **PRINCIPAL DATA ELEMENTS :** | **ORGID FIELDS** |
| IdOrgFiler |
| IdOrgHosp |
| IdOrgSite |
| IdOrgTransfer |
| **Rules** | The Organization Table will contain 1 record for every valid OrgId reported in the Discharge database. The following table lists Hospitals only for submissions in a recent year. |

**CODE DESCRIPTION/ORGANIZATION NAME**

1 Anna Jaques Hospital

2 Athol Memorial Hospital

4 Baystate Medical Center

5 Baystate Franklin Medical Center

6 Baystate Mary Lane Hospital

7 Berkshire Health System - Berkshire Campus

8 Fairview Hospital

9 Berkshire Medical Center - Hillcrest Campus

10 Beth Israel Deaconess Medical Center - East Campus

16 Boston Medical Center

22 Brigham and Women's Hospital

25 Signature Healthcare - Brockton Hospital

27 Cambridge Health Alliance

39 Cape Cod Hospital

40 Falmouth Hospital

41 Steward - Norwood Hospital

42 Steward - Carney Hospital

46 Children's Hospital Boston

49 MetroWest Medical Center - Framingham Campus

50 Cooley Dickinson Hospital

51 Dana-Farber Cancer Institute

53 Beth Israel Deaconess Hospital - Needham

57 Emerson Hospital

59 Brigham and Women’s - Faulkner Hospital

62 Steward - Good Samaritan Medical Center - Brockton Campus

66 Hallmark Health System - Lawrence Memorial Hospital Campus

**CODE DESCRIPTION/ORGANIZATION NAME**

68 Harrington Memorial Hospital

71 Health Alliance Hospitals, Inc.

73 Heywood Hospital

75 Steward - Holy Family Hospital

77 Holyoke Medical Center

79 Beth Israel deaconess – Plymouth (Jordan)

81 Lahey Clinic -- Burlington Campus

83 Lawrence General Hospital

85 Lowell General Hospital – Main Campus

88 Martha's Vineyard Hospital

89 Massachusetts Eye and Ear Infirmary

91 Massachusetts General Hospital

97 Milford Regional Medical Center

98 Beth Israel Deaconess - Milton

99 Steward - Morton Hospital

100 Mount Auburn Hospital

101 Nantucket Cottage Hospital

103 New England Baptist Hospital

104 Tufts-New England Medical Center

105 Newton-Wellesley Hospital

106 Baystate Noble Hospital

109 Northeast Health System - Addison Gilbert Campus

110 Northeast Health System - Beverly Campus

114 Steward - Saint Anne's Hospital

115 Lowell General - Saints Campus

116 North Shore Medical Center, Inc. - Salem Campus

118 Mercy Medical Center - Providence Behavioral Health Hospital Campus

**CODE DESCRIPTION/ORGANIZATION NAME**

119 Mercy Medical Center - Springfield Campus

122 South Shore Hospital

123 Southcoast Hospitals Group - Charlton Memorial Campus

124 Southcoast Hospitals Group - St. Luke's Campus

126 Caritas Steward - St. Elizabeth's Medical Center

127 MetroWest - Saint Vincent Hospital

129 Sturdy Memorial Hospital

130 UMass Memorial Medical Center - Memorial Campus

131 UMass Memorial Medical Center - University Campus

132 Health Alliance - Clinton Hospital

133 Marlborough Hospital

138 Lahey Winchester Hospital

139 Baystate Wing Memorial Hospital

141 Hallmark Health System - Melrose-Wakefield Hospital Campus

142 Cambridge Health Alliance - Whidden Memorial Campus

143 Cambridge Health Alliance - Somerville Campus

145 Southcoast Health- Tobey Campus

457 MetroWest Medical Center - Leonard Morse Campus

4460 Steward - Good Samaritan Medical Center - Norcap Lodge Campus

6693 Shriners Hospital for Children – Boston

11466 Holy Family at Merrimack Valley

11467 Nashoba Valley Medical Center

11718 Shriner’s Children’s Hospital - Springfield

**Groupers**

For researcher convenience, CHIA performs data grouping using the 3M™ APR-DRG grouper and the CMS grouper. The All Patient Refined DRGs (3M APR-DRG) is a severity/risk adjusted classification system that provides a more effective means of adjusting for patient differences.For FY2017 HIDD, CHIA has produced four versions of the

Grouper: APR-DRG versions 20.0, 26.1 and 30.0 and CMS version 35.0. For each of these versions five data elements were generated: MDC DRG, ROM, and SOI.

 The **Diagnosis Related Group (**DRG) places a patient into a clinically relevant medical category.

 The **Major Diagnostic Categories** (MDC) is a classification system that parses all principal diagnoses into one of 25 categories primarily for use with DRGs and reimbursement activity. Each category relates to a physical system, disease, or contributing health factor

 **Risk of mortality** (ROM) is a clinical subclass indicating likelihood of dying. The ROM subclass data elements can be found in the ROM lookup table. In the APR-DRG system, a patient is assigned four distinct descriptors for ROM, numbered sequentially from 0 to 4. Researchers seeking to evaluate patient mortality, should use the 3M™ APR-DRGs in conjunction with the ROM subclass.

 **Severity of Illness** (SOI) relates to the extent of physiologic decompensation or systematic loss of organ function experienced by the patient In the APR-DRG system, a patient is assigned four distinct descriptors for SOI, numbered sequentially from 0 to 4. The SOI subclass data elements can be found in the SOI lookup table. CHIA recommends that researchers seeking to evaluate resource use or establishing patient care guidelines use the 3M™ APR-DRGs in conjunction with SOI subclass.

**Organization of the Diagnosis and Procedure Codes**

For FY2017, CHIA organized the procedure and diagnosis fields into three tables—Discharge, Diagnoses, and

Procedure.

All secondary diagnosis and procedure codes are in the Diagnoses and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis of procedure code and are a based on the order in which those codes were sent to CHIA. Discharges reached a maximum of 98 secondary diagnosis codes, and a maximum of 147 secondary procedure codes.

Diagnoses and procedures are ordered as submitted to CHIA. CHIA does not require the order of diagnoses and procedures to be medically relevant. CHIA does not affirm or confirm the medical relevancy of the principal diagnosis, procedure, or e-code reported on the discharge table.

**Organization Identifiers (ORGID)**

FY2017 HIDD Interim contains four organization identifier fields. These fields are a CHIA assigned unique code for each Massachusetts facility:

 **Massachusetts Filer Organization ID (IdOrgFiler):** The Organization ID for the facility that submitted the

ED visit data to CHIA.

 **Massachusetts Site Organization ID (IdOrgSite):** The Organization ID for the site where the patient received ED care.

 **Massachusetts Hospital Organization ID (IdOrgHosp):** The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the IdOrgHosp for the IdOrgSite 142 (Whidden Hospital).

 **Massachusetts Transfer Hospital Organization ID (IdOrgTransfer):** is the Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

**Age LDS**

If the date of birth and admission date are valid, then CHIA calculates Age LDS in years. The calculation is as follows:

Age is calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date. Age is zero when less than 1 year.

Where Age is valid and < 90, set AgeLDS = Age;

Where Age is valid and > 89 and <= 115, set AgeLDS = 999

Else, where Age is missing, negative value or value > 115, set AgeLDS = null

Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.

**Data Limitations**

The HIDD is derived from patient visit summaries, which can be traced to information gathered upon admission or from information entered by admitting and attending health professionals into the medical record. The quality of the HIDD is dependent upon facility data collection policies and coding practices of the medical record staff.

Information may not be entirely consistent from facility to facility due to differences in:

 Collection and verification of patient supplied information before or at admission,

 Medical record coding, consistency, and/or completeness,

 Extent and flexibility of facility data processing capabilities,

 Capacity of financial processing system to record late occurring charges on CHIA’s electronic submission,

 Non-comparability of data collection and reporting.

CHIA strongly suggests that users perform qualitative checks prior to drawing conclusions about the data.

**Historical Data Elements**

Users of multiple years of Case Mix data should be careful, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some codes used for specific data elements. Users with questions about new data elements or changes in coding from year to year should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

**Data Dictionary**

FY2017 HIDD data dictionary provides metadata for the following attributes:

 *Data Element* name as it appears in the file

 *Short description:* to help users understand the what the element contains

 *Primary table* the main table (MS ACCESS) or file (SAS) that the data element will appear in

 *Linking tables* other tables that contain the data element

 *Availability to users* indicates if the data is available to all users (“CORE”) a buy-up (“LDS”), or available only to government “Government”

 *Type of Data* describes if the data element is Categorical, Ordinal, an Identifier, Continuous, Date/Time, or

Open Text

 *CHIA derived or calculated* indicates if the field was created by CHIA

 *Reference table:* indicates if a Categorical data element has set of valid values that are associated with other information

 *Description:* is a longer explanation of the data element and its limitations

Users of the data with additional questions about any specific data element should contact CHIA at

[CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

**AccommodationsID**

**Short description:** CHIA created field.

**Primary table:** Service

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Identifier **CHIA derived:** No **Description:**

**Reference table:** No

**Active**

**Short description:** CHIA indicator of quarterly submission status.

**Primary table:** DataSubmissionLog

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:** No

**Description:** Chia processing field.

**Reference table:** No

**AdmissionDate**

**Short description:** The date the patient was admitted to the hospital as an inpatient for this episode of care.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Date **CHIA derived:** No **Description:**

**Reference table:** No

**AdmissionDayOfWeek**

**Short description:** Week day that patient was admitted to hospital.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **CHIA derived:** No **Description:**

**Reference table:** No

**AdmissionMonth**

**Short description:** Month in which patient was admitted to hospital.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Date **CHIA derived:** No **Description:**

**Reference table:** No

**AdmissionSourceCode1, AdmissionSourceCode2**

**Short description:** How a patient entered the hospital.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:** These two codes ndicate the source of originating, referring or transferring the patient to inpatient admissions. Reporting patterns for the source of stay data element may vary widely.

**Reference table:** Source of Admission

**Summary Statistics** AdmissionSourceCode1 Frequency

**AdmissionType**

**Short description:** Admission status **Primary table:** Discharge **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**CHIA derived:** No

**Description:** A standardized category of the patient's status upon admission to the hospital.

**Reference table:** Yes

**Summary Statistics** AdmissionType Frequency

**CODE DESCRIPTION**

1 Emergency

2 Urgent

*3* Elective

4 Newborn

5 Information Unavailable

**AdmissionYear**

**Short description:** Year in which patient was admitted to hospital.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **CHIA derived:** No **Description:**

**Reference table:** No

**AgeLDS**

**Short description:** Age of the patient.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:** YY

**Length:** 3

**CHIA derived:** Yes

**Description:** Age of the patient as calculated by CHIA. Rounded up to the nearest integer. Patients younger than 1 year or older than 80 years have their ages grouped. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field

**Reference table:** No

**Summary Statistics** AgeLDS Mean

**AncillaryID**

**Short description:** CHIA created field.

**Primary table:** Service

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Identifier

**Format:** VARCHAR

**Length:**

**CHIA derived:** No

**Description:**

**Reference table:** No

**ADM\_DRG (APR200\_, APR261\_, APR300\_)**

**Short description:** Admitting diagnosis related group.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.0

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Standard DRG based on admission diagnoses.

**Reference table:** Standard 3M Grouper Values

**ADM\_MDC (APR200\_, APR261\_, APR300\_)**

**Short description:** Admitting major diagnostic category.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admission MDC should classify the patient, based on an Admission diagnoses and procedures, into a standard major diagnostic group.

**Reference table:** Standard 3M Grouper Values

**ADM\_RCD (APR200\_, APR261\_, APR300\_)**

**Short description:** Null grouper field.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:**

**CHIA derived:**

**Description:** n/a.

**Reference table:**

**ADM\_ROM (APR200\_, APR261\_, APR300\_)**

**Short description:** Admitting risk of mortality.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.1

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admitting ROM should classify the patient, based on an admitting diagnoses and procedures, into a standard category of clinical risk.

**Reference table:** Standard 3M Grouper Values

**ADM\_SOI (APR200\_, APR261\_, APR300\_)**

**Short description:** Admitting severity of illness.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admitting SOI should classify the patient, based on an admitting diagnoses and procedures, into a standard category of illness severity.

**Reference table:** Standard 3M Grouper Values

**DIS\_DRG (APR200\_, APR261\_, APR300\_)**

**Short description:** Discharge diagnosis related group.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:**

**CHIA derived:**

**Description:** Standard DRG based on Discharge diagnoses..

**Reference table:** Standard 3M Grouper Values

**DIS\_MDC (APR200\_, APR261\_, APR300\_)**

**Short description:** Discharge major diagnostic category.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharge MDC should classify the patient, based on an Discharge diagnoses and procedures, into a standard major diagnostic group.

**Reference table:** Standard 3M Grouper Values

**DIS\_RCD (APR200\_, APR261\_, APR300\_)**

**Short description:** Null grouper field.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** n/a.

**Reference table:**

**DIS\_ROM (APR200\_, APR261\_, APR300\_)**

**Short description:** Discharge risk of mortality

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharges ROM should classify the patient, based on an discharges diagnoses and procedures, into a standard category of clinical risk. .

**Reference table:** Standard 3M Grouper Values

**DIS\_SOI (APR200\_, APR261\_, APR300\_)**

**Short description:** Discharge severity of illness.

**Primary table:** Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharges SOI should classify the patient, based on an discharges diagnoses and procedures, into a standard category of illness severity.

**Reference table:** Standard 3M Grouper Values

**AssociatedIndicator**

**Short description:** Category of diagnosis or procedure.

**Primary table:** Diagnosis **Linking tables:** Procedure **Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 2

**CHIA derived:**

**Description:** Indicates if the diagnosis or procedure was primary, secondary, admitting, or discharge.

**Reference table:** Yes

**Summary Statistics** No

**CODE DESCRIPTION**

A Admitting D Discharge P Principal

S Secondary

**AttendingPhysicianNumber**

**Short description:** ID of the Attending physician.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 6

**CHIA derived:** No

**Description:**

**Reference table:** No

**Birthweight**

**Short description:** The specific birth weight of the newborn recorded in grams.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNNN **Length:** 4

**CHIA derived:** No

**Description:** Must be present if type of admission is 'newborn'

**Reference table:** No

**ClaimCertificateRID**

**Short description:** Medicaid Recipient Identification Number.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV-SPEC **Type of Data:** Date **Format:**

**Length:** 12

**CHIA derived:** No

**Description:**

**Reference table:** No

**CMS\_ADM\_DRG**

**Short description:** CMS 35.0 Grouper - Admitting diagnosis related group.

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admitting DRG should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group.

**Reference table:** Standard 3M Grouper Values

**CMS\_ADM\_MDC**

**Short description:** CMS 35.0 Grouper - Admitting major diagnostic category.

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admitting MDC should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group. groups. lth factor.

**Reference table:** Standard 3M Grouper Values

**CMS\_ADM\_RCD**

**Short description:** Null grouper field. **Primary table:** Grouper – CMS **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** n/a

**Reference table:**

**CMS\_ADM\_ROM**

**Short description:** CMS 35.0 Grouper - Admitting risk of mortality.

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admitting ROM should classify the patient, based on admitting diagnoses and procedures, into a standard category of clinical risk. .

**Reference table:** Standard 3M Grouper Values

**CMS\_ADM\_SOI**

**Short description:** CMS 35.0 Grouper - Admitting risk of mortality

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Admitting SOI should classify the patient, based on admitting diagnoses and procedures, into a standard category of illness severity.

**Reference table:** Standard 3M Grouper Values

**CMS\_DIS\_DRG**

**Short description:** CMS 35.0 Grouper - Discharge diagnosis related group

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharge DRG should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group.

**Reference table:** Standard 3M Grouper Values

**CMS\_DIS\_MDC**

**Short description:** CMS 35.0 Grouper - Discharge major diagnostic category

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharge MDC should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group. groups.

**Reference table:** Standard 3M Grouper Values

**CMS\_DIS\_RCD**

**Short description:** CHIA Dervived data element

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** N/A

**Reference table:**

**CMS\_DIS\_ROM**

**Short description:** CMS 35.0 Grouper - Discharge risk of mortality

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharge ROM should classify the patient, based on discharge

diagnoses and procedures, into a standard category of clinical risk. .

**Reference table:** Standard 3M Grouper Values

**CMS\_DIS\_SOI**

**Short description:** CMS 35.0 Grouper - Discharge risk of mortality

**Primary table:** Grouper – CMS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** Discharge SOI should classify the patient, based on an discharge diagnoses and procedures, into a standard category of illness severity.

**Reference table:** Standard 3M Grouper Values

**ConditionPresent**

**Short description:** Flags whether the diagnosis was present on admission.

**Primary table:** Diagnosis

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** Indicates the onset of a diagnosis preceded or followed admission.

There is a POA indicator for every diagnosis and E-code.

**Reference table:** Condition Present

**ConditionPresentECode**

**Short description:** Flags whether the e-code was present on admission.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:** Indicates the onset of a diagnosis preceded or followed admission.

There is a POA indicator for every diagnosis and E-code.

**Reference table:** Condition Present

**DaysBetweenStays**

**Short description:** Count of stays between admissions.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 4

**CHIA derived:**

**Description:** This CHIA calculated field indicates the number of days between each admission and each consecutive admission for applicable patients. That is, a match with the UHIN only is used to make a determination that a patient has been readmitted.

**Reference table:** No

**DHCFPSubmissionFile**

**Short description:** CHIA created field **Primary table:** DataSubmissionLog **Linking tables:**

**Availability to users:** CORE **Type of Data:** Identifier **Format:** VARCHAR **Length:**

**CHIA derived:** No

**Description:**

**Reference table:** No

**DiagnosisCode**

**Short description:** ICD-10 code for each diagnosis reported by the facility.

**Primary table:** Diagnosis

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 7

**CHIA derived:** No

**Description:** ICD-10 Associated Diagnosis. Excludes 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-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).

**Reference table:** Standard ICD-9 or ICD-10 Diagnosis Codes

**DischargeDate**

**Short description:** The date the patient was discharged from inpatient status in the hospital for this episode of care.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**CHIA derived:** No

**Description:** Calendar date of discharge from the ED.

**Reference table:** No

**DischargeDayOfWeek**

**Short description:** Day of the month on which the patient was discharged from ED.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **Format:** DD **Length:** 3

**CHIA derived:** No

**Description:** Calendar day of discharge from ED. Only values between 1 and 31 are valid

**Reference table:** No

**DischargeMonth**

**Short description:** Month in which patient was discharged from ED.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Date **Format:** MM **Length:** 6

**CHIA derived:** No

**Description:** Month of discharge from ED. Only two-digit values are valid.

**Reference table:** No

**DischargePassed**

**Short description:** CHIA derived field

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:** No

**DischargeYear**

**Short description:** Year in which patient was admitted to hospital.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **Format:** YYYY **Length:** 4

**CHIA derived:** No

**Description:**

**Reference table:** No

**DNRStatus**

**Short description:** Indicates whether there is an order not to resuscitate the patient

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:**

**Description:** A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive from potential or apparent death or that a patient was being treated with comfort measures only.

**Reference table:** Yes

**Summary Statistics** DNRStatus Frequency

|  |  |  |
| --- | --- | --- |
| **CODE** | **DESCRIPTION** |  |
| 1 | DNR order written |
| 2 | Comfort measures only |
| 3 | No DNR order or measures ordered | comfort |

**Ecode**

**Short description:** ICD-10 External Cause code.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 6

**CHIA derived:** No

**Description:** International Classification of Diseases, 10th Revision, Clinical Modification (ICD) V-codes, and or W-codes, X-codes, or Y-codes (V00-Y99) are used to categorize events and conditions describing the external cause of injuries, poisonings, and adverse effects. Codes adequate to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings of the ICD-10(S00-T88) or where the ICD-

10 codes demonstrate that an additional E-code is appropriate. The principal external cause of injury code shall describe the mechanism that caused the most severe injury, poisoning, or adverse effect. Additional codes used to report place of occurrence or to completely describe the mechanism(s) that contributed to the injury or poisoning or the causal circumstances surrounding

any injury or poisoning are reported in the Diagnosis table. This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-9 codes. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.

**Reference table:** Standard ICD-9 or ICD-10 Diagnosis Codes

**EDFlagCode**

**Short description:** Indicates if admission began in the Emergency Department

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description: Reference table:**

**Summary Statistics** EFlagCode Frequency

**CODE DESCRIPTION**

0 Not admitted from the ED, no ED visit reflected in this record

1 Not admitted from the ED, but ED visit(s)

reflected in this record

2 Admitted from the ED

**EmergencyDepartmentRegistrationDate:**

**Short description:** Date of patient registration from the hospital’s emergency department

**Primary table:** Discharge

**Availability to users:** CORE

**Type of Data:** Categorical

**EmergencyDepartmentRegistrationTime**

**Short description:** Time of patient registration from the hospital’s emergency department

**Primary table:** Discharge

**Availability to users:** CORE

**Type of Data:** Categorical

**EmergencyDepartmentDischargeDate**

**Short description:** Date of patient discharge from the hospital’s emergency department

**Primary table:** Discharge

**Availability to users:** CORE

**Type of Data:** Categorical

**EmergencyDepartmentDischargeTime**

**Short description:** Time of patient discharge from the hospital’s emergency department

**Primary table:** Discharge

**Availability to users:** CORE

**Type of Data:** Categorical

**EmployerZipCode**

**Short description: Primary table: Linking tables: Availability**

**to users:**

Zip code of the patient's employer

Discharge

GOV

**Type of Data:** Zipcode **Format:** NNNNNNNNN **Length:** 9

**CHIA** No **derived: Description: Reference** No

**table:**

**EmployerZipCode**

**Short description: Primary table: Linking tables:**

Zip code of the patient's employer

Discharge

**Availability**

**to users:**

GOV

**Type of Data:** Zipcode

**Format:** NNNNNNNNN

**Length:** 9

**CHIA** No **derived: Description: Reference** No

**table:**

**ErrorCategory Short description: Primary**

**table:**

**Linking tables: Availability to users:**

Indicates what the error was on a visit record. ErrorLog

CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA**

**derived:**

Yes

**Description:** CHIA flag. Used for processing.

**Reference** No

**table:**

**ErrorDescription:**

**Short description: Primary table: Linking tables: Availability**

**to users:**

Standardized Description: of the reported error. ErrorLog

CORE

**Type of Data:** Categorical

**Format: Length: CHIA**

**derived:**

Yes

**Description:** CHIA flag. Used for processing.

**Reference** No

**table:**

**Ethnicity1, Ethncity 2**

**Short description: Primary table: Linking tables: Availability**

**to users:**

Standardized, facility reported ethnicity. Discharge

LDS

**Type of Data:** Categorical

**Format:**

**Length:** 6

**CHIA** No

**derived:**

**Description:** Primary (Ethnity 1) or Secondary (Ethnicity 2) ethnicity as reported by the provider. CHIA’s Provider community utilizes the full list of standard ethnicity codes, per the Center for Disease Control [[http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_CodeSet.](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf)pdf] and the specific codes listed

below.

**Reference table:**

**CODE DESCRIPTION**

AMERCN American BRAZIL Brazilian CVERDN Cape Verdean CARIBI Caribbean Island PORTUG Portuguese RUSSIA Russian

EASTEU Eastern European

OTHER Other Ethnicity

UNKNOW Unknown/Not Specified

**HispanicIndicator**

**Short description:** Indicates whether patient was Hispanic.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:** A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.

**Reference table:** Yes

**Summary Statistics** HispanicIndicator Frequency

**CODE DESCRIPTION**

Y Patient is Hispanic/Latino/Spanish.

N Patient is not Hispanic/Latino/Spanish.

**HomelessIndicator**

**Short description:** Indicates whether the patient was homeless.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:** This flag indicates that the patient was homeless at the time of visit.

**Reference table:**

**Summary statistics** HomessIndicator Frequency

**CODE DESCRIPTION**

Y Patient is known to be homeless.

N Patient is not known to be homeless.

**HospitalBillNo**

**Short description:** Unique patient billing record.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV-SPEC **Type of Data:** Identifier **Format:** VARCHAR **Length:** 17

**CHIA derived:** No

**Description:** Facility unique number associated with all billing for the visit.

**Reference table:** No

**ICD Indicator**

**Short description:** ICD version **Primary table:** Discharge **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** Indicates if the diagnoses, e-codes, and procedure codes are

ICD-10 or ICD-9

**Reference table:**

**CODE DESCRIPTION**

9 Indicates all the codes in the discharge are ICD-9

0 Indicates all the codes in the discharge

are ICD-10

Yes

**IdOrgFiler**

**Short description:** ID number of the facility that submitted ED claims.

**Primary table:** Discharge

**Linking tables:** DataSubmissionLog

ErrorLog

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:** No

**Description:** The Organization ID for the facility that submitted the ED visit data to CHIA.

**Reference table:** Organization

**IdOrgHosp**

**Short description:** Facility identifier. **Primary table:** Discharge **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 8

**CHIA derived:** No

**Description:** The Organization ID for the main facility affiliation.

**Reference table:** Organization

**IdOrgSite**

**Short description:** Facility identifier. **Primary table:** Discharge **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 8

**CHIA derived:** No

**Description:** The Organization ID for the site where the patient received ED

care.

**Reference table:** Organization

**IdOrgTransfer**

**Short description:** IDOrgTransfer Indicates where patient was transferred from.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 10

**CHIA derived:** No

**Description:** Organization ID for the facility from which a patient is transferred.

If the patient is transferred from outside of Massachusetts, the

IdOrgTransfer will be 9999999.

**Reference table:** Organization

**Indicator**

**Short description:** Indicates the order in which facilities submitted Procedure Codes for a visit.

**Primary table:** Procedure

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** Order in which corresponding diagnosis code was submitted to

CHIA

**Reference table:** No

**Indicator**

**Short description:** Indicates the order in which facilities submitted Diagnosis Codes for a visit.

**Primary table:** Diagnosis

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** Order in which corresponding procedure code was submitted to

CHIA

**Reference table:** No

**LeaveOfAbsenceDays**

**Short description:** Days patient was absent from hospital stay during admission/discharge period..

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNNN **Length:** 4

**CHIA derived:** No

**Description:** If the patient left the hospital during the stay, then this field must indicate how many days the patient was absent during the total length of stay.

**Reference table:** No

**LegCHIAAttendingPhysicianNumber**

**Short description:** ID of the Attending physician

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 6

**CHIA derived:** No

**Description:**

**Reference table:** No

**LegCHIAOperatingPhysicianP**

**Short description:** ID of the primary Procedure Physician

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 8

**CHIA derived:** No

**Description:**

**Reference table:** No

**LegCHIAOperatingPhysicianP1-P14**

**Short description:** ID of any other physician who performed a significant procedure on the patient

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 6

**CHIA derived:** No

**Description:** CHIA identifier of operating physicians 1 through 14. Ordered as reported by hospital in agreement with Significant Procedures 1 through 14.

**Reference table:** No

**LengthOfStay**

**Short description:** Count of days in the hospital..

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNN **Length:** 4

**CHIA derived:** Yes

**Description:** Count of hours between the admitting and discharge time for an

ED visit.

**Reference table:** No

**LineNumber**

**Short description:** CHIA processing field

**Primary table:** Service **Linking tables:** Service **Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived:**

**Description:**

**Reference table:** No

**MedicalRecordNumber**

**Short description:** Admission identifier assigned by the facility

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV-SPEC **Type of Data:** Open Text **Format:** VARCHAR **Length:** 10

**CHIA derived:** No

**Description:** The unique number assigned to each patient within the hospital that distinguishes the patient and the patient’s hospital record(s) from all others in that institution.

**Reference table:** No

**MotherMedicalRecordNumber**

**Short description:** Patient's mother's unique hospital assigned identifier

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV-SPEC **Type of Data:** Open Text **Format:** VARCHAR **Length:** 10

**CHIA derived:** No

**Description:** The medical record number assigned within the hospital to the newborn’s mother is to be reported for the newborn. The medical record number of the newborn’s mother distinguishes the

patient’s mother and the patient’s mother’s hospital record(s) from

all others in that institution.

**Reference table:** No

**MothersUHIN**

**Short description:** Patient's mother's unique id.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 9

**CHIA derived:** No

**Description:** CHIA generated unique identifier of a newborn's mother. For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient’s mother. This unique ID allows a newborn visit to be associated with a Mother’s visit. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as ‘000000001’. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients’ uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother’s unique identifiers to her infant or assignment of a spouse’s unique identifiers to a patient. Invalid data uses the code UHIN=”4”.

**Reference table:** No

**NewBornAge**

**Short description:** Newborn's age in weeks at admission

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:** NN

**Length:** 2

**CHIA derived:** Yes

**Description:**

**Reference table:** No

**NumberDischargesFailed**

**Short description:** CHIA derived error field **Primary table:** DataSubmissionLog **Linking tables:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived: Description:**

**Reference table:** No

**NumberDischargesPassed**

**Short description:** CHIA derived error field **Primary table:** DataSubmissionLog **Linking tables:** ErrorLog

**Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived: Description:**

**Reference table:** No

**NumberOfANDs**

**Short description:** Total administratively necessary days

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 4

**CHIA derived:** No

**Description:** The number of days which were deemed clinically unnecessary in accordance with review by the Division of Medical Assistance.

**Reference table:** No

**NumberOfDiagnosisCodes**

**Short description:** Count of diagnosis codes in a particular submission.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 3

**CHIA derived: Description:**

**Reference table:** No

**NumberOfDischarges**

**Short description:** Count of discharges in a particular submission.

**Primary table:** DataSubmissionLog **Linking tables:** ErrorLog **Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived: Description:**

**Reference table:** No

**NumberOfErrors**

**Short description:** Count of errors in submission.

**Primary table:** ErrorLog

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived: Description: Reference table:**

**NumberOfProcedureCodes**

**Short description:** Count of procedure codes in a particular submission.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 3

**CHIA derived: Description:**

**Reference table:** No

**OperatingPhysicianPrincipal**

**Short description:** ID of the primary operating Physician

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 6

**CHIA derived:** No

**Description:**

**Reference table:** No

**OperatingPhysicianSignificant1-14**

**Short description:** ID of any other physician who operated on the patient

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 6

**CHIA derived:** No

**Description:**

**Reference table:** No

**OrgId**

**Short description:** Unique identifier for ED facility. Linkage across tables and fiscal years.

**Primary table:** Org IDS

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:** No

**Description:** ED facility specific identifier.

**Reference table:** Yes **Error! Reference source not found.**

**OrgName**

**Short description:** Name of ED facility.

**Primary table:** Org IDS

**Linking tables:** DataSubmissionLog

ErrorLog **Availability to users:** CORE **Type of Data:** Open Text **CHIA derived:** No

**Description:** ED facility specific name.

**Reference table:** No

**OtherCareGiverCode**

**Short description:** Indicates if the patient had a caregiver.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:** This data element indicates the type of primary caregiver responsible for the patient’s care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver codes include resident, intern, nurse practitioner, and physician’s assistant.

**Reference table:** Yes

**Summary Statistics** OtherCareGiverCode Frequency

**CODE DESCRIPTION**

1 Resident

2 Intern

*3* Nurse Practitioner

4 Not Used

5 Physician Assistant

**OtherEthnicity**

**Short description:** Non-standard patient ethnicity designations.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 20

**CHIA derived:** No

**Description:** Patient’s ethnicity as entered by the facility. Other ethnicity is an open text field for reporting additional ethnicities when ethnicity 1 or ethnicity 2 equals “R9”, or “Other ethnicity”.

**Reference table:** No

**OtherRace**

**Short description:** Non-standard patient race designations.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 15

**CHIA derived:** No

**Description:** Patient’s Race as entered by the facility. Other Race is an open text field for reporting additional races when Race 1 or Race 2 equals “R9”, or “Other Race”.

**Reference table:** No

**OutpatntObsrvStayFlagCode**

**Short description:** Indicates admission began in observation unit

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived: Description:**

**Reference table:** Yes

**Summary Statistics** OutpatientObsrvStayFlagCode Frequency

**Passed**

**Short description:** CHIA processing field **Primary table:** DataSubmissionLog **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:** No

**Description:**

**Reference table:** No

**PatientBirthDate**

**Short description:** Patient Date of Birth

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV-SPEC

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**CHIA derived:** No

**Description:**

**Reference table:** No

**PatientStatus**

**Short description:** A code indicating the patient's status upon discharge and/or the destination to which the patient was referred or transferred upon discharge

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** This field identifies the disposition and destination of the patient after discharge from the Inpatient unit. A small percentage of records are missing the zero used to pad codes 10 thru 18. For example, the entire code might consist of the digit 7, rather than 07. A full list of codes is available in the Reference table:.

**Reference table:** Patient Status

**PayerCode1**

**Short description:** Categorical. Standardized payer source code.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 3

**CHIA derived:** No

**Description:** A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.

**Reference table:** Payer Source Code

**PayerCode2**

**Short description:** Categorical. Standardized payer source code.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 3

**CHIA derived:** No

**Description:** A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.

**Reference table:** Payer Source Code

**PeriodEndingDate**

**Short description:** Must be the last day of the quarter for which data is being submitted

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**CHIA derived:** No

**Description:**

**Reference table:** No

**PeriodEndingMonth**

**Short description:** Must be the last month of the quarter for which data is being submitted

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Date **Format:** Mm **Length:** 2

**CHIA derived:** No

**Description:**

**Reference table:** No

**PeriodEndingYear**

**Short description:** Must year for which data is being submitted

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **Format:** YYYY

**Length:** 4

**CHIA derived:** No

**Description:**

**Reference table:** No

**PeriodStartingDate**

**Short description:** Must be the first day of the quarter for which data is being submitted

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**CHIA derived:** No

**Description:**

**Reference table:** No

**PeriodStartingMonth**

**Short description:** Must be the first month of the quarter for which data is being submitted

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Date **Format:** Mm **Length:** 2

**CHIA derived:** No

**Description:**

**Reference table:** No

**PeriodStartingYear**

**Short description:** Must be the year for which data is being submitted

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **Format:** YYYY **Length:** 4

**CHIA derived:** No

**Description:**

**Reference table:** No

**PermanentPatientCityLDS**

**Short description:** Permanent city of residence for the patient.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 25

**CHIA derived:** No

**Description:** Primary city of residency for patient.

**Reference table:** No

**PermanentPatientCountryLDS**

**Short description:** Permanent country of residence for the patient.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Open Text **Format:** VARCHAR **Length:** 2

**CHIA derived:** No

**Description:** Primary country of residency for patient.

**Reference table:** No

**PermanentPatientStateLDS**

**Short description:** Permanent state of residence for the patient.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** Primary state of residency for patient.

**Reference table:** STATE

|  |  |  |
| --- | --- | --- |
| **PermanentPatientStreetAddress**  **Short description:** | Patient's street address |  |
| **Primary table:** | Discharge |
| **Linking tables:** |  |
| **Availability to users:** | GOV-SPEC |
| **Type of Data:** | Open Text |
| **Format:** | VARCHAR |
| **Length:** | 30 |
| **CHIA derived:** | No |
| **Description:** | Address for patient's permanent residence as provided by the hospital. | CHIA |
|  | does not alter or standardize this field |  |
| **Reference table:** | No |  |

**PermanentPatientZIP3CodeLDS**

**Short description:** 3-digit zip code of the patient's permanent residence.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Zipcode **Format:** NNN **Length:** 9

**CHIA derived:** No

**Description:** First three digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at CaseMix[.data@state.m](mailto:data@state.ma.us)a.us.

**Reference table:** No

**PermanentPatientZIP5CodeLDS**

**Short description:** 5-sigit zip code of the patient's permanent residence.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Zipcode

**Format:** NNNNN

**Length:** 9

**CHIA derived:** No

**Description:** First five digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at CaseMix[.data@state.m](mailto:data@state.ma.us)a.us.

**Reference table:** No

|  |  |  |
| --- | --- | --- |
| **PermanentPatientZIPCode**  **Short description:** | Patient's zip code |  |
| **Primary table:** | Discharge |
| **Linking tables:** |  |
| **Availability to users:** | GOV-SPEC |
| **Type of Data:** | Zipcode |
| **Format:** | NNNNNNNNN |
| **Length:** | 9 |
| **CHIA derived:** |  |
| **Description:** | Zip code of patient's permanent address. | CHIA does not alter or standardize |
|  | the values in this field. |  |
| **Reference table:** |  |  |

**PreOperativeDays**

**Short description:** Count of days between admission and procedure

**Primary table:** Procedure

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 4

**CHIA derived:**

**Description:** Calculation of the number of days between admission and the procedure.

**Reference table:**

**PrimaryConditionPresent**

**Short description:** Flag indicating that principal condition was present on admission.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:** Indicates that principal condition was present on admission.

**Reference table:** Condition Present on Admission

**PrimaryDiagnosisCode**

**Short description:** ICD-10 code for the Condition that led to the admission to the ED. ED

determined. **Primary table:** Discharge **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 6

**CHIA derived:** No

**Description:** The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.

**Reference table:** Yes Standard ICD-9 or ICD-10 Diagnosis Codes

**PrimaryPayerType**

**Short description:** Indicates the type of payer

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:** Payer Source Code

**Summary Statistics**

**PrincipalPreoperativeDays**

**Short description:** Count of days between admission and primary procedure.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:**

**Length:** 5

**CHIA derived:**

**Description:** Calculation of the number of days between admission and the procedure.

**Reference table:** No

**PrincipalProcedureCode**

**Short description:** ICD-10 code for the most import procedure in the ED visit. ED determined.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 7

**CHIA derived:** No

**Description:** The chief procedure performed in the ED.

**Reference table:** Yes Standard ICD-9 or ICD-10 Procedure Codes

**PrincipalProcedureDate**

**Short description:** Date of the principal procedure was performed

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**CHIA derived:** No

**Description:**

**Reference table:** No

**PrincipalProcedureMonth**

**Short description:** The month in which the principal procedure was performed

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **Format:** Mm **Length:** 2

**CHIA derived:** No

**Description:**

**Reference table:** No

**ProcedureCode**

**Short description:** ICD-10code for each significant procedure reported by the facility. Up to X Procedures in FY2017.

**Primary table:** Procedure

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 7

**CHIA derived:** No

**Description:** The ICD procedure code usually corresponding to additional procedures

which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.

**Reference table:** Yes Standard ICD-9 or ICD-10 Procedure Codes

**ProcedureCodeDate**

**Short description:** Date that the procedure was performed

**Primary table:** Procedure

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Date

**Format:** YYYYMMDD

**Length:** 8

**CHIA derived:** No

**Description:**

**Reference table:** No

**Quarter**

**Short description:** Quarter of submission.

**Primary table:** Discharge

**Linking tables:** Service Service DataSubmissionLog

**Availability to users:** CORE

**Type of Data:** Date **Format:** QQ **Length:** 8

**CHIA derived:** No

**Description:** Quarter in which the visit was submitted to CHIA.

**Reference table:** No

**Race1, Race2**

**Short description:** Standardized, facility reported race.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Categorical

**Format:**

**Length:** 6

**CHIA derived:** No

**Description:** Primary race as reported by the provider. CHIA’s Provider community utilizes the full list of standard race codes, per Center for Disease Control [ [http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_CodeS](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet)et. pdf] and , and those listed below

**Reference table:** Yes

**Summary Statistics**

**CODE DESCRIPTION**

R1 American Indian/Alaska Native

R2 Asian

R3 Black/African American

R4 Native Hawaiian or other Pacific Islander

R5 White

R9 Other Race

R1 American Indian/Alaska Native

R2 Asian

R3 Black/African American

Race1, Race2

**RecordType20ID**

**Short description:** Unique per Visit. Key to link from Visit table.

**Primary table:** Discharge **Linking tables:** Diagnosis Procedure

Service Service Grouper

**Availability to users:** CORE **Type of Data:** Identifier **Format:** VARCHAR **Length:** 1

**CHIA derived:** No

**Description:** Indicator for Record Type '20'. Required for every ED Visit.

Only one allowed per ED Visit. ED Visit specific record identifier used to link data about a specific visit across CHIA data tables. Users should use this identifier with facility IDs and Discharge ids to capture a unique record.

**Reference table:** No

**RevenueCode**

**Short description:** Billing code. **Primary table:** Service **Linking tables:** Service

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:**

**Description:** A numeric code which identifies a particular routine or special care accommodation. The revenue codes are taken from the Uniform Billing (UB) revenue codes and correspond to specific cost centers in the DHCFP-403 cost report.

**Reference table:** [www.nubc](http://www.nubc.org).org (UB-04)

**RevenueCodeType**

**Short description:** Type of Billing code

**Primary table:** Service **Linking tables:** Service **Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:** No

**Description:** Category of billing code to allow association with specific billing systems

**Reference table:** [www.nubc](http://www.nubc.org).org (UB-04)

**SecondaryPayerType**

**Short description:** Secondary payer for the visit.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 4

**CHIA derived:** No

**Description:** Secondary payer for this visit.

**Reference table:** Payer Source Code

**Sequence**

**Short description:** Order of hospital visits for a patient

**Primary table:** Service **Linking tables:** Service **Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived:**

**Description:** This calculated field indicates the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each UHIN’s set of visits. A sequence number of “1” indicates the first admission for the UHIN in that fiscal year. (3) If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. (4) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**Reference table:** No

**SexLDS**

**Short description:** Indicates gender **Primary table:** Discharge **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:** Yes (below)

**CODE DESCRIPTION**

M Male

F Female

U Unknown

**SpecialConditionIndicator**

**Short description:**

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:** Yes

**SubmissionActive**

**Short description:** CHIA processing field

**Primary table:** ErrorLog

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived: Description:**

**Reference table:** No

**SubmissionControlID**

**Short description:** Unique per facility-quarter-submission. Key to link from the

Visit table . **Primary table:** Discharge **Linking tables:** Service

Service

DataSubmissionLog

ErrorLog

**Availability to users:** CORE **Type of Data:** Identifier **Format:** VARCHAR **Length:** 4

**CHIA derived:** No

**Description:** Unique id for a facility's submission of data to CHIA. Usually one Submission Control ID is associated with a facilities quarterly submissions.

**Reference table:** No

**SubmissionPassed**

**Short description:** CHIA flag. **Primary table:** ErrorLog **Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format: Length:**

**CHIA derived:** Yes

**Description:** Indicates that visit was submitted to CHIA and passed.

**Reference table:** No

**SubmissionPassedFlag**

**Short description:** CHIA derived field

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 4

**CHIA derived:** No

**Description:**

**Reference table:** No

**SubmissionQuarter**

**Short description:** Indicates the quarter (1-4) in which the record was submitted to CHIA.

**Primary table:** ErrorLog

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **Format:**

**Length:**

**CHIA derived:** No

**Description:** Quarter in which the visit was submitted to CHIA.

**Reference table:** No

**SubmissionYear**

**Short description:** Indicates the year (2016-2017) in which the record was submitted to CHIA.

**Primary table:** ErrorLog

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Date **CHIA derived:** No

**Description:** Year in which the visit was submitted to CHIA.

**Reference table:** No

**TemporaryPatientCityLDS**

**Short description:** Current municipality of residence for a patient, if different from permanent residence.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Open Text **Format:** VARCHAR **Length:** 25

**CHIA derived:** No

**Description:** MA city in which the patient temporarily resides.

**Reference table:** No

**TemporaryPatientStateLDS**

**Short description:** Current state of residence for a patient, if different from permanent residence.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 2

**CHIA derived:** No

**Description:** Indicates "MA" if the patient temporarily resides in

Massachusetts.

**Reference table:** STATE

**TemporaryPatientZip3CodeLDS**

**Short description:** Current 3-digit zip code of patient residence, if different from permanent residence.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE **Type of Data:** Zipcode **Format:** NNN **Length:** 9

**CHIA derived:** No

**Description:** First three digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5- character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) zip codes are set to zeros (0s) and the state is removed.

**Reference table:** No

**TemporaryPatientZip5CodeLDS**

**Short description:** Current 5-digit zip code of patient residence, if different from permanent residence.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Zipcode **Format:** NNNNN **Length:** 9

**CHIA derived:** No

**Description:** First five digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a

9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) zip codes are set to zeros (0s) and the state is removed.

**Reference table:** No

|  |  |  |
| --- | --- | --- |
| **TemporaryPatientZIPCode**  **Short description:** | Patient's zip code |  |
| **Primary table:** | Discharge |
| **Linking tables:** |  |
| **Availability to users:** | GOV-SPEC |
| **Type of Data:** | Zipcode |
| **Format:** | NNNNNNNNN |
| **Length:** | 9 |
| **CHIA derived:** |  |
| **Description:** | Zip code of patient's temporary Massachusetts address. | CHIA does not alter |
|  | or standardize the values in this field. |  |
| **Reference table:** | No |  |

**TemporaryUSPatientStreetAddress**

**Short description:** Patient's street address

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV-SPEC **Type of Data:** Open Text **Format:** VARCHAR **Length:** 30

**CHIA derived:** No

**Description:** Address for patient's temporary, Massachusetts-based, residence as provided by the hospital. CHIA does not alter or standardize this field

**Reference table:** No

**TotalCharges**

**Short description:** Total charges associated with ED visits in a Facility-Submission- Quarter.

**Primary table:** Service

**Linking tables:** Service

DataSubmissionLog

**Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived:** No

**Description:** Sum of charges for the visit.

**Reference table:** No

**TotalChargesAll**

**Short description:** Hospital charges (all)

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNNNNNNN **Length:** 8

**CHIA derived:** No

**Description:** The full, undiscounted charges summarized by specific accommodation revenue code(s). Total charges should not include charges for telephone service, television or private duty nurses. Any charges for a leave of absence period are to be included in the routine accommodation charges for the appropriate service (medical/surgical, psychiatry) from which the patient took the leave of absence. Any other routine admission charges or daily charges under which expenses are allocated to the routine or special care reporting centers

on the CHIA-403 must be included in the total charges. This is the grand total of charges associated with the patient’s emergency room visit. The total charge amount should be rounded to the nearest dollar. A charge of $0 is not permitted unless the patient has a special Departure Status.

**Reference table:** No

**TotalChargesAncillaries**

**Short description:** Hospital ancillary charges

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNNNNNNN **Length:** 8

**CHIA derived:** No

**Description:** The full, undiscounted charges summarized by a specific ancillary service revenue code(s).

**Reference table:** No

**TotalChargesRoutine**

**Short description:** Hospital routine charges

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous **Format:** NNNNNNNN **Length:** 8

**CHIA derived:** No

**Description:** The full, undiscounted charges for patient care summarized by prescribed revenue code for routine accommodation services as specified in Inpatient Data Code Tables(3)(a).

**Reference table:** No

**TotalChargesSpecial**

**Short description:** Special charges for hospital services

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Continuous

**Format:** NNNNNNNN

**Length:** 8

**CHIA derived:** No

**Description:** The full, undiscounted charges for patient care summarized by prescribed revenue code for accommodation services in those special care units which provide patient care of a more intensive nature than that provided in the general medical care units, as specified in Inpatient Data Code Tables(3)(b).

**Reference table:** No

**TransmittalID**

**Short description:** CHIA created field **Primary table:** DataSubmissionLog **Linking tables:**

**Availability to users:** CORE **Type of Data:** Identifier **Format:** VARCHAR **Length:**

**CHIA derived:** No

**Description:**

**Reference table:** No

**UHIN**

**Short description:** Patient's unique id.

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS **Type of Data:** Identifier **Format:** VARCHAR **Length:** 9

**CHIA derived:** No

**Description:** CHIA generated unique identifier of the patient. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as ‘000000001’. The utility of the

UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients’ uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother’s unique identifiers to her infant or assignment of a spouse’s unique identifiers to a patient. Invalid data uses the code UHIN=”4”.

**Reference table:** No

**UHIN\_SequenceNo**

**Short description:** Unique patient id created by CHIA

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** LDS

**Type of Data:** Continuous **Format:** VARCHAR **Length:** 3

**CHIA derived:** Yes

**Description:**

**Reference table:** No

**UnitsOfService**

**Short description:** Number of days with an Accommodation charge

**Primary table:** Service **Linking tables:** Service **Availability to users:** CORE

**Type of Data:** Continuous

**Format: Length:**

**CHIA derived:** No

**Description:**

**Reference table:** No

**VeteransStatus**

**Short description:** Indicates veteran status

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** GOV

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:**

**CODE DESCRIPTION**

1 YES

2 NO (includes never in military, currently inactive duty, national guard or reservist with 6 months or less active duty)

3 Not applicable

4 Not Determined (unable to obtain information)

Yes (below)

**Year**

**Short description:** Indicates year of submission.

**Primary table:** Discharge

**Linking tables:** Service Service DataSubmissionLog

**Availability to users:** CORE **Type of Data:** Date **Format:** YY **Length:** 8

**CHIA derived:** No

**Description:** Calendar Year the data was submitted.

**Reference table:** No

**Longer Reference Tables**

FY2017 HIDD has 20 standard reference tables. These relate to categorical variables are driven by the *Hospital Inpatient Discharge Database April 2014 Submission Guide*. Some of the tables have been integrated into the data dictionary. This section contains longer tables to tables used by multiple data elements. Users of the data with

additional questions about any specific Reference table: should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

**Table 1. ADSOURCE**

Principal Data Element **AdmissionSourceCode1**

Other Data Elements AdmissionSourceCode2

Rules All other values are invalid

Last Updated 12/7/2017

**CODE DESCRIPTION**

0 Information Not Available

1 Direct Physician Referral

2 Within Hospital Clinic Referral

3 Direct Health Plan Referral/HMO Referral

4 Transfer from Acute Care Hospital

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

R Inside Hospital ER Transfer

T Transfer from Another Institution’s Ambulatory

Surgery (SDS)

W Extramural Birth

X Observation

Y Within Hospital Ambulatory Surgery Transfer

(SDS Transfer)

**SRCADM**

**CODE FOR NEWBORN:**

0 Information not Available

1 Normal Delivery

2 Premature Delivery

3 Sick Baby

4 Extramural Birth

**Table 2. CONDITION PRESENT**

Principal Data Element **PrimaryConditionPresent**

Other Data Elements ConditionPresent

ConditionPresentECode Rules All other values invalid. Last Updated 1/31/2017

**CODE DESCRIPTION**

Y Yes

N No

U Unknown

W Clinically undetermined

Not applicable (only valid for NCHS official

1

[Blank]

published list of not applicable ICD-9-CM or

ICD-10-CM codes for POA flag)

Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)

**Table 2. PATIENT STATUS**

Look-up Table *Patient Status* Principal Data Element **PatientStatus** Other Data Elements

Rules All other values invalid.

Last Updated 1/30/2017

**CODE DESCRIPTION**

1 Discharged/transferred to home or self-care

(routine discharge)

2 Discharged/transferred to another short-term general hospital for inpatient care

3 Discharged, transferred to Skilled Nursing

Facility (SNF)

4 Discharged/transferred to an Intermediate

Care Facility (ICF)

5 Discharged/transferred to a Designated cancer Center or Children’s Hospital.

6 Discharged/transferred to home under care of organized home health service organization

7 Left against medical advice (AMA)

8 Discharged/transferred to home under care of a Home IV Drug Therapy Provider

9 Not allowed in the MA Hospital Inpatient

Discharge Data

12 Discharge Other

13 Discharge/transfer to rehab hospital

14 Discharge/transfer to rest home

15 Discharge to Shelter

20 Expired (or did not recover - Christian Science

Patient)

50 Discharged to Hospice - Home

51 Discharged to Hospice Medical Facility

43 Discharged/transferred to federal healthcare facility

61 Discharged/transferred within this institution to

a hospital-based Medicare-approved swing bed

Discharged/transferred to an inpatient

62 rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.

63 Discharge/transfer to a Medicare certified long term care hospital.

Discharged/transferred to a nursing facility

64 certified under Medicaid but not certified under

Medicare

65 Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital.

66 Discharged/transferred to a Critical Access

Hospital (CAH).

Discharged/transferred to another Type of

70 Health Care Institution not defined elsewhere in this Code List

81 Discharged to home or self-care with a planned acute care hospital inpatient readmission

Discharged/transferred to a short term general

82 hospital for inpatient care with a planned acute care hospital inpatient readmission Discharged/transferred to a skilled nursing

facility (SNF) with Medicare certification with a

83 planned acute care hospital inpatient

readmission

Discharged/transferred to a facility that provides custodial or supportive care with a

84 planned acute care hospital inpatient

readmission

Discharged/transferred to a designated cancer

85 center or children’s hospital with a planned acute care hospital inpatient readmission Discharged/transferred to home under care of

organized home health service organization

86 with a planned acute care hospital inpatient

readmission

Discharged/transferred to court/law

87 enforcement with a planned acute care hospital inpatient readmission

88 Discharged/transferred to a federal health care facility with a planned acute care hospital

inpatient readmission

Discharged/transferred to a hospital-based

89 Medicare approved swing bed with a planned acute care hospital inpatient readmission

Discharged/transferred to an inpatient rehabilitation facility (IRF) including

90 rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient

readmission

Discharged/transferred to a Medicare certified

91 long term care hospital (LTCH) with a planned acute care hospital inpatient readmission Discharged/transferred to a nursing facility

92 certified under Medicaid but not certified under

Medicare with a planned acute care hospital

inpatient readmission

Discharged/transferred to a psychiatric distinct

93 part unit of a hospital with a planned acute care hospital inpatient readmission Discharged/transferred to a critical access

94 hospital (CAH) with a planned acute care

hospital inpatient readmission

Discharged/transferred to another type of

95 health care institution not defined elsewhere in this code list with a planned acute care hospital

inpatient readmission

**Table 3. PAYER TYPE**

Principal Data

Element **PayerType**

Other Data Elements ManagedCareCode

MCareMCaidPrivCode

Rules All other values invalid.

|  |  |  |
| --- | --- | --- |
| **PAYER TYPE CODE** | **PAYER TYPE ABBREVIATION** | **PAYER TYPE DEFINITION** |
| 1 | SP | Self-Pay |
| 2 | WOR | Worker's Compensation |
| 3 | MCR | Medicare |
| F | MCR-MC | Medicare Managed Care |
| 4 | MCD | Medicaid |
| B | MCD-MC | Medicaid Managed Care |

|  |  |  |
| --- | --- | --- |
| **PAYER TYPE CODE** | **PAYER TYPE ABBREVIATION** | **PAYER TYPE DEFINITION** |
| 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 |
| H | HSN | Health Safety Net |
| 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) |

**Table 4. PAYMENT SOURCE**

Principal Data Element **PayerCode1**

Other Data Elements PayerCode2

PrimaryPayerType

SecondaryPayerType

Rules All other values are invalid

Some codes are valid as Secondary Source of Payment

Last Updated 12/7/2017

**PAYER SOURCE CODE**

**PAYER**

**SOURCE DEFINITION**

**PAYER TYPE CODE**

**PAYERCATEGORY**

1 Harvard Community Health Plan 8 HMO

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 2 | Bay State - a product of HMO Blue | C | Blue Cross Managed Care |
| 3 | Network Blue (PPO) | C | Blue Cross Managed Care |
| 4 | Fallon Community Health Plan | 8 | HMO |
| 7 | Tufts Associated Health Plan | 8 | HMO |
| 8 | Pilgrim Health Care | 8 | HMO |
| 9 | United Health Plan of New England (Ocean  State) | 8 | HMO |
| 10 | Pilgrim Advantage - PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 11 | Blue Care Elect | C | Blue Cross Managed Care |
| 13 | Community Health Plan Options (New York) | J | Point-of-Service Plan |
| 14 | Health New England Advantage POS | J | Point-of-Service Plan |
| 17 | Prudential Healthcare POS | D | Commercial Managed Care |
| 18 | Prudential Healthcare PPO | D | Commercial Managed Care |
| 19 | Matthew Thornton | 8 | HMO |
| 20 | HCHP of New England (formerly RIGHA) | 8 | HMO |
| 21 | Commonwealth PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 22 | Aetna Open Choice PPO | D | Commercial Managed Care |
| 23 | Guardian Life Insurance Company PPO | D | Commercial Managed Care |
| 24 | Health New England | 8 | HMO |
| 25 | Pioneer Plan | 8 | HMO |
| 27 | First Allmerica Financial Life Insurance PPO | D | Commercial Managed Care |
| 28 | Great West Life PPO | D | Commercial Managed Care |
| 30 | CIGNA (Indemnity) | 7 | Commercial Insurance |
| 31 | One Health Plan HMO (Great West Life) | D | Commercial Managed Care |
| 33 | Mutual of Omaha PPO | D | Commercial Managed Care |
| 34 | New York Life Care PPO | D | Commercial Managed Care |
| 35 | United Healthcare Insurance Company - HMO | D | Commercial Managed Care |

**PAYER**

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 36 | United Healthcare Insurance Company - PPO | D | Commercial Managed Care |
| 37 | HCHP-Pilgrim HMO (integrated product) | 8 | HMO |
| 38 | Health New England Select (self-funded) | 8 | HMO |
| 39 | Pilgrim Direct | 8 | HMO |
| 40 | Kaiser Foundation | 8 | HMO |
| 42 | ConnectiCare Of Massachusetts | 8 | HMO |
| 43 | MEDTAC | 8 | HMO |
| 44 | Community Health Plan | 8 | HMO |
| 45 | Health Source New Hampshire | 8 | HMO |
| 46 | Blue CHiP (BCBS Rhode Island) | 8 | HMO |
| 47 | Neighborhood Health Plan | 8 | HMO |
| 48 | US Healthcare | 8 | HMO |
| 49 | Healthsource CMHC Plus PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 50 | Blue Health Plan for Kids | 6 | Blue Cross |
| 51 | Aetna Life Insurance | 7 | Commercial Insurance |
| 52 | Boston Mutual Insurance | 7 | Commercial Insurance |
| 54 | Continental Assurance Insurance | 7 | Commercial Insurance |
| 55 | Guardian Life Insurance | 7 | Commercial Insurance |
| 56 | Hartford L&A Insurance | 7 | Commercial Insurance |
| 57 | John Hancock Life Insurance | 7 | Commercial Insurance |
| 58 | Liberty Life Insurance | 7 | Commercial Insurance |
| 59 | Lincoln National Insurance | 7 | Commercial Insurance |
| 62 | Mutual of Omaha Insurance | 7 | Commercial Insurance |
| 63 | New England Mutual Insurance | 7 | Commercial Insurance |
| 64 | New York Life Care Indemnity | 7 | Commercial Insurance |
| 65 | Paul Revere Life Insurance | 7 | Commercial Insurance |

**PAYER**

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 66 | Prudential Insurance | 7 | Commercial Insurance |
| 67 | First Allmerica Financial Life Insurance | 7 | Commercial Insurance |
| 69 | Corporate Health Insurance Liberty Plan | 7 | Commercial Insurance |
| 70 | Union Labor Life Insurance | 7 | Commercial Insurance |
| 71 | ADMAR | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 72 | Healthsource New Hampshire | 7 | Commercial Insurance |
| 73 | United Health and Life | 7 | Commercial Insurance |
| 74 | United Healthcare Insurance Company | 7 | Commercial Insurance |
| 75 | Prudential Healthcare HMO | D | Commercial Managed Care |
| 77 | Options for Healthcare PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 78 | Phoenix Preferred PPO | D | Commercial Managed Care |
| 79 | Pioneer Health Care PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 80 | Tufts Total Health Plan PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 81 | HMO Blue | C | Blue Cross Managed Care |
| 82 | John Hancock Preferred | D | Commercial Managed Care |
| 83 | US Healthcare Quality Network Choice- PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 84 | Private Healthcare Systems PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 85 | Liberty Mutual | 7 | Commercial Insurance |
| 86 | United Health & Life PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 87 | CIGNA PPO | D | Commercial Managed Care |
| 88 | Freedom Care | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 89 | Great West/NE Care | 7 | Commercial Insurance |
| 90 | Healthsource Preferred (self-funded) | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 91 | New England Benefits | 7 | Commercial Insurance |
| 93 | Psychological Health Plan | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |

**PAYER**

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 94 | Time Insurance Co | 7 | Commercial Insurance |
| 95 | Pilgrim Select - PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 96 | Metrahealth (United Health Care of NE) | 7 | Commercial Insurance |
| 97 | UniCare | 7 | Commercial Insurance |
| 98 | Healthy Start | 9 | Free Care |
| 99 | Other POS (not listed elsewhere) | J | Point-of-Service Plan |
| 100 | Transport Life Insurance | 7 | Commercial Insurance |
| 101 | Quarto Claims | 7 | Commercial Insurance |
| 102 | Wausau Insurance Company | 7 | Commercial Insurance |
| 103 | Medicaid (includes MassHealth) | 4 | Medicaid |
| 104 | Medicaid Managed Care-Primary Care Clinician | B | Medicaid Managed Care |
| 106 | Medicaid Managed Care-Central Mass Health  Care | B | Medicaid Managed Care |
| 107 | Medicaid Managed Care - Community Health  Plan | B | Medicaid Managed Care |
| 108 | Medicaid Managed Care - Fallon Community  Health Plan | B | Medicaid Managed Care |
| 109 | Medicaid Managed Care - Harvard Community  Health Plan | B | Medicaid Managed Care |
| 110 | Medicaid Managed Care - Health New England | B | Medicaid Managed Care |
| 111 | Medicaid Managed Care - HMO Blue | B | Medicaid Managed Care |
| 112 | Medicaid Managed Care - Kaiser Foundation  Plan | B | Medicaid Managed Care |
| 113 | Medicaid Managed Care - Neighborhood Health  Plan | B | Medicaid Managed Care |
| 114 | Medicaid Managed Care - United Health Plans of NE | B | Medicaid Managed Care |
| 115 | Medicaid Managed Care - Pilgrim Health Care | B | Medicaid Managed Care |
| 116 | Medicaid Managed Care -Tufts Associated  Health Plan | B | Medicaid Managed Care |
| 118 | Medicaid Mental Health & Substance Abuse  Plan - Mass Behavioral Health Partnership | B | Medicaid Managed Care |
| 119 | Medicaid Managed Care Other (not listed elsewhere) | B | Medicaid Managed Care |
| 120 | Out-of-State Medicaid | 5 | Other Government Payment |

**PAYER**

**PAYER SOURCE CODE**

**PAYER**

**SOURCE DEFINITION**

**PAYER TYPE CODE**

**PAYERCATEGORY**

121 Medicare 3 Medicare

125 Medicare HMO - Fallon Senior Plan F Medicare Managed Care

127 Medicare HMO - Health New England Medicare

Wrap

127 Medicare HMO -Health New England Medicare

Wrap

F Medicare Managed Care

F Medicare Managed Care

128 Medicare HMO - HMO Blue for Seniors F Medicare Managed Care

128 Medicare HMO -HMO Blue for Seniors F Medicare Managed Care

129 Medicare HMO - Kaiser Medicare Plus Plan F Medicare Managed Care

129 Medicare HMO-Kaiser Medicare Plus Plan F Medicare Managed Care

131 Medicare HMO - Pilgrim Enhance 65 F Medicare Managed Care

131 Medicare HMO-Pilgrim Enhance 65 F Medicare Managed Care

132 Medicare HMO - Matthew Thornton Senior Plan F Medicare Managed Care

133 Medicare HMO -Tufts Medicare Supplement

(TMS)

133 Medicare HMO -Tufts Medicare Supplement

(TMS)

F Medicare Managed Care

F Medicare Managed Care

134 Medicare HMO - Other (not listed elsewhere) F Medicare Managed Care

135 Out-of-State Medicare 3 Medicare

136 BCBS Medex 6 Blue Cross

136 BCBS Medex 6 Blue Cross

137 AARP/Medigap supplement 7 Commercial Insurance

137 AARP/Medigap Supplement 7 Commercial Insurance

138 Banker's Life and Casualty Insurance 7 Commercial Insurance

138 Banker’s Life and Casualty Insurance 7 Commercial Insurance

139 Bankers Multiple Line 7 Commercial Insurance

139 Bankers Multiple Line 7 Commercial Insurance

140 Combined Insurance Company of America 7 Commercial Insurance

140 Combined Insurance Company of America 7 Commercial Insurance

141 Other Medigap (not listed elsewhere) 7 Commercial Insurance

**PAYER SOURCE CODE**

**PAYER**

**SOURCE DEFINITION**

**PAYER TYPE CODE**

**PAYERCATEGORY**

141 Other Medigap (not listed elsewhere) \*\*\* 7 Commercial Insurance

142 Blue Cross Indemnity 6 Blue Cross

143 Free Care 9 Free Care

144 Other Government 5 Other Government Payment

145 Self-Pay 1 Self Pay

146 Worker's Compensation 2 Worker's Compensation

147 Other Commercial (not listed elsewhere) 7 Commercial Insurance

148 Other HMO (not listed elsewhere) 8 HMO

149 PPO and Other Managed Care (not listed elsewhere)

E PPO and Other Managed Care Plans

Not Elsewhere Classified

150 Other Non-Managed Care (not listed elsewhere) 0 Other Non-Managed Care Plans

151 CHAMPUS 5 Other Government Payment

152 Foundation 0 Other Non-Managed Care Plans

153 Grant 0 Other Non-Managed Care Plans

154 BCBS Other (Not listed elsewhere) 6 Blue Cross

155 Blue Cross Managed Care Other C Blue Cross Managed Care

156 Out of state BCBS 6 Blue Cross

157 Metrahealth - PPO (United Health Care of NE) D Commercial Managed Care

158 Metrahealth - HMO (United Health Care of NE) D Commercial Managed Care

159 None (Valid only for Secondary Source of

Payment)

N None (Valid only for Secondary Source of Payment)

160 Blue Choice (includes Healthflex Blue) - POS C Blue Cross Managed Care

161 Aetna Managed Choice POS D Commercial Managed Care

162 Great West Life POS D Commercial Managed Care

163 United Healthcare Insurance Company - POS D Commercial Managed Care

164 Healthsource CMHC Plus POS J Point-of-Service Plan

165 Healthsource New Hampshire POS (self-funded) J Point-of-Service Plan

166 Private Healthcare Systems POS J Point-of-Service Plan

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 167 | Fallon POS | J | Point-of-Service Plan |
| 169 | Kaiser Added Choice | J | Point-of-Service Plan |
| 170 | US Healthcare Quality POS | J | Point-of-Service Plan |
| 171 | CIGNA POS | D | Commercial Managed Care |
| 172 | Metrahealth - POS (United Health Care of NE) | D | Commercial Managed Care |
| 173 | Aetna Medicare Open | F | Medicare Managed Care |
| 174 | Aetna Health Inc. - Quality POS | 8 | HMO |
| 175 | Aetna Health, Inc. - HMO | 8 | HMO |
| 176 | Carelink (CIGNA & Tufts) | 7 | Commercial Insurance |
| 177 | Chesapeake Life Insurance Company | 7 | Commercial Insurance |
| 178 | Children's Medical Security Plan (CMSP) | 5 | Other Government Payment |
| 179 | First Health Life and Health Insurance Company | 7 | Commercial Insurance |
| 180 | Fresenius Medical Care Health Plan (Medicare  Advantage Plan) | F | Medicare Managed Care |
| 181 | First Allmerica Financial Life Insurance EPO | D | Commercial Managed Care |
| 182 | UniCare Preferred Plus Managed Access EPO | D | Commercial Managed Care |
| 183 | Pioneer Health Care EPO | K | Exclusive Provider Organization |
| 184 | Private Healthcare Systems EPO | K | Exclusive Provider Organization |
| 185 | Connecticut General Life - Indemnity | 7 | Commercial Insurance |
| 186 | Connecticut General Life - POS | J | Point-of-Service Plan |
| 187 | Connecticut General Life - PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 188 | Fallon Flex POS | J | Point-of-Service Plan |
| 189 | Fallon Major Medical - Indemnity | 7 | Commercial Insurance |
| 190 | Fallon Preferred Care - PPO | D | Commercial Managed Care |
| 191 | Genworth Preferred PPO | D | Commercial Managed Care |
| 192 | Guarantee Trust Life Insurance Company - PPO | D | Commercial Managed Care |
| 193 | Harvard Pilgrim - Indemnity | 7 | Commercial Insurance |

**PAYER**

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 194 | Harvard Pilgrim - POS | 8 | HMO |
| 195 | Harvard Pilgrim - PPO | 8 | HMO |
| 196 | Harvard Pilgrim Health Care, Inc. (HMO) | 8 | HMO |
| 197 | Health Insurance Plan of New York (HIP) | 7 | Commercial Insurance |
| 198 | John Alden Life Insurance Company | 7 | Commercial Insurance |
| 199 | Other EPO (not listed elsewhere) | K | Exclusive Provider Organization |
| 200 | Hartford Life Insurance Co | 7 | Commercial Insurance |
| 200 | Hartford Life Insurance co. | 7 | Commercial Insurance |
| 201 | Mutual of Omaha | 7 | Commercial Insurance |
| 201 | Mutual of Omaha | 7 | Commercial Insurance |
| 202 | New York Life Insurance | 7 | Commercial Insurance |
| 202 | New York Life Insurance Company | 7 | Commercial Insurance |
| 203 | Principal Financial Group (Principal Mutual Life) | 7 | Commercial Insurance |
| 204 | Christian Brothers Employee | 7 | Commercial Insurance |
| 205 | Health New England Select Premier PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 206 | Health New England Guaranteed Issue -  Individual Plans | 7 | Commercial Insurance |
| 207 | Network Health (Cambridge Health Alliance  MCD Program) | B | Medicaid Managed Care |
| 208 | HealthNet (Boston Medical Center MCD  Program) | B | Medicaid Managed Care |
| 209 | Mid-West National Life Insurance Company of  Tennessee | 7 | Commercial Insurance |
| 210 | Medicare HMO - Pilgrim Preferred 65 | F | Medicare Managed Care |
| 210 | Medicare HMO-Pilgrim Preferred 65 | F | Medicare Managed Care |
| 211 | Medicare HMO - Neighborhood Health Plan  Senior Health Plus | F | Medicare Managed Care |
| 211 | Neighborhood Health Plan Senior Health Plus | F | Medicare Managed Care |
| 212 | Medicare HMO - Healthsource CMHC Central  Care Supplement | F | Medicare Managed Care |
| 212 | Medicare HMO - Healthsource CMHC Central  Care Supplement | F | Medicare Managed Care |

**PAYER**

**PAYER SOURCE CODE**

**PAYER**

**SOURCE DEFINITION**

**PAYER TYPE CODE**

**PAYERCATEGORY**

213 Medicare HMO - Medicare Complete Plans offered by SecureHorizons

214 Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance

F Medicare Managed Care

F Medicare Managed Care

215 Tufts Medicare HMO - Medicare Preferred F Medicare Managed Care

216 Medicare Special Needs Plan - Commonwealth

Care Alliance

217 Medicare Special Needs Plan - Fallon

Community Health Plan

218 Medicare Special Needs Plan - Senior Whole

Health

219 Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP

F Medicare Managed Care F Medicare Managed Care F Medicare Managed Care F Medicare Managed Care

220 Medicare HMO - Blue Care 65 F Medicare Managed Care

221 Medicare HMO - Harvard Community Health

Plan 65

F Medicare Managed Care

222 Medicare HMO - Healthsource CMHC F Medicare Managed Care

223 Medicare HMO - Harvard Pilgrim Health Care of

New England Care Plus

F Medicare Managed Care

224 Medicare HMO - Tufts Secure Horizons F Medicare Managed Care

225 Medicare HMO - US Healthcare F Medicare Managed Care

226 United Health Care of New England, Inc. D Commercial Managed Care

227 Northeast Health Direct - PPO E PPO and Other Managed Care Plans

Not Elsewhere Classified

228 Oxford Health Plans 7 Commercial Insurance

229 Profesional Insurance Company (Indemnity) 7 Commercial Insurance

230 Medicare HMO - HCHP First Seniority F Medicare Managed Care

231 Medicare HMO - Pilgrim Prime F Medicare Managed Care

232 Medicare HMO - Seniorcare Direct F Medicare Managed Care

233 Medicare HMO - Seniorcare Plus F Medicare Managed Care

234 Medicare HMO - Managed Blue for Seniors F Medicare Managed Care

235 Trustmark Life Insurance Company 7 Commercial Insurance

236 Tufts Health Maintenance Organization, Inc. (TAHMO)

8 HMO

237 Tufts Insurance Company PPO E PPO and Other Managed Care Plans

Not Elsewhere Classified

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 238 | Tufts Associated Health Maintenance  Organization, Inc. PPO | 8 | HMO |
| 239 | Tufts Associated Health Maintenance  Organization, Inc. POS Plan | 8 | HMO |
| 240 | Unicare PPO | E | PPO and Other Managed Care Plans  Not Elsewhere Classified |
| 241 | Union Security Insurance Company | 7 | Commercial Insurance |
| 242 | Wellcare Health Plans, Inc. | 7 | Commercial Insurance |
| 243 | Pioneer Health Network | 8 | HMO |
| 244 | Tufts Medicare Complement (TMC) | 7 | Commercial Insurance |
| 245 | Trail Blazer Health Enterprises, LLC | F | Medicare Managed Care |
| 246 | Preferred Blue PPO | C | Blue Cross Managed Care |
| 247 | Humana Insurance Company \*\* | 7 | Commercial Insurance |
| 248 | Mail Handlers Benefit Plan | 7 | Commercial Insurance |
| 249 | MEGA Life and Health Insurance Company | 7 | Commercial Insurance |
| 250 | CIGNA HMO | D | Commercial Managed Care |
| 251 | Healthsource CMHC HMO | 8 | HMO |
| 252 | Health New England (HNE) Medicare Advantage  Plan | F | Medicare Managed Care |
| 253 | Blue Medicare PFFS | F | Medicare Managed Care |
| 254 | Cigna Medicare Access Plans | F | Medicare Managed Care |
| 255 | Health Net Pearl | F | Medicare Managed Care |
| 256 | Humana Gold PFFS | F | Medicare Managed Care |
| 257 | Today's Options Premier from Universal  American | F | Medicare Managed Care |
| 258 | Unicare Security Choice | F | Medicare Managed Care |
| 259 | CeltiCare Health Plan of Massachusetts | 8 | HMO |
| 270 | UniCare Preferred Plus PPO | D | Commercial Managed Care |
| 271 | Hillcrest HMO | 8 | HMO |
| 272 | Auto Insurance | T | Auto Insurance |
| 273 | MassHealth Senior Care Options\*\*\*\* | F | Medicare Managed Care |

**PAYER**

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 274 | Medicaid Managed Care - Network Health | B | Medicaid Managed Care |
| 275 | Medicare SCO - NaviCare (HMO) | F | Medicare Managed Care |
| 276 | Medicare SCO - Tufts Senior Care Options | F | Medicare Managed Care |
| 277 | Medicare SCO - United Health Care | F | Medicare Managed Care |
| 278 | Medicare SCO - Commonwealth Care Alliance | F | Medicare Managed Care |
| 279 | Medicare One Care - Fallon Total Care | F | Medicare Managed Care |
| 280 | Medicare One Care - Network Health | F | Medicare Managed Care |
| 281 | Medicare One Care - Commonwealth Care  Alliance | F | Medicare Managed Care |
| 282 | BMC MassHealth CarePlus | B | Medicaid Managed Care |
| 283 | Fallon MassHealth CarePlus | B | Medicaid Managed Care |
| 284 | NHP MassHealth CarePlus | B | Medicaid Managed Care |
| 285 | Network Health MassHealth CarePlus | B | Medicaid Managed Care |
| 286 | Celticare MassHealth CarePlus | B | Medicaid Managed Care |
| 287 | MassHealth CarePlus | B | Medicaid Managed Care |
| 288 | Boston Medical Center HealthNet  ConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 289 | CeltiCareConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 290 | Fallon ConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 291 | Health New England ConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 292 | Minuteman Health ConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 293 | Neighborhood Health ConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 294 | Network Health ConnectorCare | Q | Commonwealth Care/ConnectorCare  Plans |
| 295 | Meritain | 8 | HMO |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification | Q | Commonwealth Care/ConnectorCare  Plans |
| 301 | CommCare: BMC HealthNet  Plan/Commonwealth Care – Plan Type I | Q | Commonwealth Care/ConnectorCare  Plans |
| 302 | CommCare: BMC HealthNet  Plan/Commonwealth Care – Plan Type II | Q | Commonwealth Care/ConnectorCare  Plans |

**PAYER**

**PAYER SOURCE CODE**

**PAYER**

**SOURCE DEFINITION**

**PAYER TYPE CODE**

**PAYERCATEGORY**

303 CommCare: BMC HealthNet

Plan/Commonwealth Care – Plan Type III

304 CommCare: BMC HealthNet

Plan/Commonwealth Care – Plan Type IV

400 CommCare: Cambridge Network Health

Forward – General Classification

401 CommCare: Cambridge Network Health

Forward – Plan Type I

402 CommCare: Cambridge Network Health

Forward – Plan Type II

403 CommCare: Cambridge Network Health

Forward – Plan Type III

404 CommCare: Cambridge Network Health

Forward – Plan Type IV

500 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification

501 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan

1 (Group No. 4445077)

502 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan

2 (Group No. 4455220)

503 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan

3 (Group No. 4455221)

504 CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan

4 (Group No. 4455222)

600 CommCare: Neighborhood Health Plan– General Classification

601 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)

602 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)

603 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)

604 CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)

700 CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Classification

701 CommCare: Celticare Health Plan of

Massachusetts / Commonwealth Care - Plan 1

702 CommCare: Celticare Health Plan of

Massachusetts / Commonwealth Care - Plan 2

703 CommCare: Celticare Health Plan of

Massachusetts / Commonwealth Care - Plan 3

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

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Q Commonwealth Care/ConnectorCare

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Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

Q Commonwealth Care/ConnectorCare

Plans

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 704 | CommCare: Celticare Health Plan of  Massachusetts / Commonwealth Care Bridge  Program | Q | Commonwealth Care/ConnectorCare  Plans |
| 800 | Aetna Dental | Z | Dental Plans |
| 801 | Aflac | Z | Dental Plans |
| 802 | AllState | Z | Dental Plans |
| 803 | Altus Dental | Z | Dental Plans |
| 804 | Ameritas Life Insurance Corp | Z | Dental Plans |
| 805 | Anthem Blue Cross Blue Shield | Z | Dental Plans |
| 806 | Assurant | Z | Dental Plans |
| 807 | Blue Cross Blue Shield of MA | Z | Dental Plans |
| 808 | Blue Cross Blue Shield of RI | Z | Dental Plans |
| 809 | Children’s Medical Security | Z | Dental Plans |
| 810 | Cigna Dental | Z | Dental Plans |
| 811 | Creative Plan Dental Administrators | Z | Dental Plans |
| 812 | Delta Dental of MA | Z | Dental Plans |
| 813 | Delta Dental - Other | Z | Dental Plans |
| 814 | Delta Dental of New York | Z | Dental Plans |
| 815 | DentaQuest Commonwealth Care | Z | Dental Plans |
| 816 | DentaQuest MassHealth | Z | Dental Plans |
| 817 | DentaQuest Senior Whole Health | Z | Dental Plans |
| 818 | EverCare Dental | Z | Dental Plans |
| 819 | Fallon Health Plan | Z | Dental Plans |
| 820 | Great West Dental | Z | Dental Plans |
| 821 | Guardian Dental | Z | Dental Plans |
| 822 | Harvard Pilgrim Health Care | Z | Dental Plans |
| 823 | MetLife Dental | Z | Dental Plans |

**PAYER**

**PAYER**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE CODE** | **PAYER**  **SOURCE DEFINITION** | **TYPE CODE** | **PAYERCATEGORY** |
| 824 | Principal Plan Dental | Z | Dental Plans |
| 825 | Unicare Dental | Z | Dental Plans |
| 826 | United Concordia | Z | Dental Plans |
| 827 | United HealthCare: Dental | Z | Dental Plans |
| 828 | Alicare | Z | Dental Plans |
| 829 | Adventist Risk Management INC | Z | Dental Plans |
| 830 | Blue Cross Blue Shield of Texas | Z | Dental Plans |
| 831 | Brokers National Life insurance | Z | Dental Plans |
| 832 | Cba Blue Dental | Z | Dental Plans |
| 833 | Chesterfield Resources | Z | Dental Plans |
| 834 | Companion Life insurance | Z | Dental Plans |
| 835 | Dental Health Alliance | Z | Dental Plans |
| 836 | EBS Benefit Solutions | Z | Dental Plans |
| 837 | Empire Blue Cross | Z | Dental Plans |
| 838 | Excellus Blue cross | Z | Dental Plans |
| 839 | Fortis | Z | Dental Plans |
| 840 | GEHA Connection Dental | Z | Dental Plans |
| 841 | GHI | Z | Dental Plans |
| 842 | Lincoln Financial Group | Z | Dental Plans |
| 843 | London Health Administrators | Z | Dental Plans |
| 844 | Midwest Life Insurance | Z | Dental Plans |
| 845 | Premier Access Dental Plans | Z | Dental Plans |
| 846 | Sentry Life Insurance | Z | Dental Plans |
| 847 | Sonoco | Z | Dental Plans |
| 848 | Sun Life Dental Benefits | Z | Dental Plans |
| 849 | Symetra Life Insurance Company | Z | Dental Plans |

**PAYER**

**PAYER SOURCE CODE**

**PAYER**

**SOURCE DEFINITION**

**PAYER TYPE CODE**

**PAYERCATEGORY**

850 Tricare Dental Z Dental Plans

851 Dentemax Insurance Z Dental Plans

901 Other Commercial Managed Care (not listed elsewhere)

D Commercial Managed Care

902 Other Dental (not listed elsewhere) Z Dental Plans

903 Unlisted International Source 0 Other Non-Managed Care Plans

904 Unlisted Military Source 5 Other Government Payment

905 Other Connector Care Plan (not listed elsewhere)

Q Commonwealth Care/ConnectorCare

Plans

990 Free Care - Co-pay, Deductible, or Co-Insurance 9 Free Care

995 Health Safety Net Office H Health Safety Net

996 Charity Care 9 Free Care

**VALID AS SECONDARY**

**SOURCE PAYER CODE PAYER SOURCE DEFINITION**

137 AARP/Medigap Supplement

138 Banker’s Life and Casualty Insurance

139 Bankers Multiple Line

136 BCBS Medex

140 Combined Insurance Company of America

200 Hartford Life Insurance co.

127 Medicare HMO -Health New England Medicare Wrap

212 Medicare HMO - Healthsource CMHC Central Care Supplement

128 Medicare HMO -HMO Blue for Seniors

129 Medicare HMO-Kaiser Medicare Plus Plan

131 Medicare HMO-Pilgrim Enhance 65

210 Medicare HMO-Pilgrim Preferred 65

**VALID AS SECONDARY**

**SOURCE PAYER CODE PAYER SOURCE DEFINITION**

201 Mutual of Omaha

211 Neighborhood Health Plan Senior Health Plus

202 New York Life Insurance Company

141 Other Medigap (not listed elsewhere) \*\*\*

133 Medicare HMO -Tufts Medicare Supplement (TMS)

**Table 5. REVENUE**

Principal Data Element **RevenueCode**

Other Data Elements RevenueCodeType

Rules All other values are invalid

**REVENUE CENTER REVENUE CODE UNITS OF SERVICE**

**TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Medical/Surgical | 111 (Includes codes: 0111, 0121, 0131, 0141, and  0151.) | Days | Routine |
| 2 | Obstetrics | 112 (Includes codes: 0112, 0122, 0132, 0142, and  0152. | Days | Routine |
| 3 | Pediatrics | 113 (Includes codes: 0113, 0123, 0133, 0143, and  0153.) | Days | Routine |
| 4 | Psychiatric | 114 (Includes codes: 0114, 0124, 0134, 0144, and  0154.) | Days | Routine |
| 5 | Hospice | 115 (Includes codes: 0115, 0125, 0135, 0145, and  0155.) | Days | Routine |
| 6 | Detoxification | 116(Includes codes: 0116, 0126, 0136, 0146, and  0156.) | Days | Routine |
| 7 | Oncology | 117 (Includes codes: 0117, 0127, 0137, 0147, and  0157.) | Days | Routine |
| 1 | Neo-natal ICU | 175 (Includes codes: 0173 & 0174.) | Days | Special Care |
| 2 | Medical/Surgical ICU | 200(Includes codes: 0201 & 0202.) | Days | Special Care |
| 3 | Pediatric ICU | 203 | Days | Special Care |
| 4 | Psychiatric ICU | 204 | Days | Special Care |
| 5 | Intermediate ICU | 206 | Days | Special Care |
| 6 | Burn Unit | 207 | Days | Special Care |
| 7 | Trauma ICU | 208 | Days | Special Care |
| 8 | Other ICU | 209 | Days | Special Care |

**REVENUE CENTER REVENUE CODE UNITS OF SERVICE**

**TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | Coronary Care Unit | 210 | Days | Special Care |
| 10 | Myocardial Infarction | 211 | Days | 10 |
| 11 | Pulmonary Care | 212 | Days | 11 |
| 12 | Heart Transplant | 213 | Days | 12 |
| 13 | Post Coronary Care | 214 | Days | 13 |
| 14 | Other Coronary Care | 219 | Days | 14 |
| 1 | Special Charges | 220 | Zeros | 1 |
| 2 | Incremental Nursing  Charge Rate | 230 | Zeros | 2 |
| 3 | All Inclusive Ancillary | 240 | Zeros | 3 |
| 4 | Pharmacy | 250 | Zeros | 4 |
| 5 | IV Therapy | 260 | Zeros | 5 |
| 6 | Medical/Surgical  Supplies and Devices | 270 | Zeros | 6 |
| 7 | Oncology | 280 | Zeros | 7 |
| 8 | Durable Medical  Equipment | 290 | Zeros | 8 |
| 9 | Laboratory | 300 | Zeros | 9 |
| 10 | Laboratory Pathological | 310 | Zeros | 10 |
| 11 | Diagnostic Radiology | 320 | Zeros | Ancillary Services |
| 12 | Therapeutic Radiology | 330 | Zeros | Ancillary Services |
| 13 | Nuclear Medicine | 340 | Zeros | Ancillary Services |
| 14 | CT Scan | 350 | Zeros | Ancillary Services |
| 15 | Operating Room  Services | 360 | Zeros | Ancillary Services |
| 16 | Anesthesia | 370 | Zeros | Ancillary Services |
| 17 | Blood | 380 | Zeros | Ancillary Services |
| 18 | Blood and Blood  Component Administration, Processing and Storage | 390 | Zeros | Ancillary Services |
| 19 | Other Imaging Services | 400 | Zeros | Ancillary Services |

**REVENUE CENTER REVENUE CODE UNITS OF SERVICE**

**TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 20 | Respiratory Services | 410 | Zeros | Ancillary Services |
| 21 | Physical Therapy | 420 | Zeros | Ancillary Services |
| 22 | Occupational Therapy | 430 | Zeros | Ancillary Services |
| 23 | Speech-Language  Pathology | 440 | Zeros | Ancillary Services |
| 24 | Emergency Room | 450 | Zeros | Ancillary Services |
| 25 | Pulmonary Function | 460 | Zeros | Ancillary Services |
| 26 | Audiology | 470 | Zeros | Ancillary Services |
| 27 | Cardiology | 480 | Zeros | Ancillary Services |
| 28 | Ambulatory Surgical  Care | 490 | Zeros | Ancillary Services |
| 29 | Outpatient Services | 500 | Zeros | Ancillary Services |
| 30 | Clinics | 510 | Zeros | Ancillary Services |
| 31 | Free-Standing Clinic | 520 | Zeros | Ancillary Services |
| 32 | Osteopathic Services | 530 | Zeros | Ancillary Services |
| 33 | Ambulance | 540 | Zeros | Ancillary Services |
| 34 | Skilled Nursing | 550 | Zeros | Ancillary Services |
| 35 | Medical Social Services | 560 | Zeros | Ancillary Services |
| 36 | Home Health Aide | 570 | Zeros | Ancillary Services |
| 37 | Other Visits (Home  Health) | 580 | Zeros | Ancillary Services |
| 38 | Units of Service | 590 | Zeros | Ancillary Services |
| 39 | Oxygen (Home Health) | 600 | Zeros | Ancillary Services |
| 40 | Magnetic Resonance  Technology (MRT) | 610 | Zeros | Ancillary Services |
| 41 | Medical/Surgical  Supplies - Extension of  270 | 620 | Zeros | Ancillary Services |
| 42 | Pharmacy – Extension of  0250 | 630 | Zeros | Ancillary Services |
| 43 | Home IV Therapy  Services | 640 | Zeros | Ancillary Services |
| 44 | Hospice Service | 650 | Zeros | Ancillary Services |

**REVENUE CENTER REVENUE CODE UNITS OF SERVICE**

**TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 45 | Respite Care | 660 | Zeros | Ancillary Services |
| 46 | Outpatient Special  Residence Charges | 670 | Zeros | Ancillary Services |
| 47 | Trauma Response | 680 | Zeros | Ancillary Services |
| 48 | Not Assigned | 690 | n/a | Ancillary Services |
| 49 | Cast Room | 700 | Zeros | Ancillary Services |
| 50 | Recovery Room | 710 | Zeros | Ancillary Services |
| 51 | Labor Room/Delivery | 720 | Zeros | Ancillary Services |
| 52 | EKG/ECG  (Electrocardiogram) | 730 | Zeros | Ancillary Services |
| 53 | EEG (Electroencephalogram) | 740 | Zeros | Ancillary Services |
| 54 | Gastro-Intestinal  Services | 750 | Zeros | Ancillary Services |
| 55 | General Treatment or  Observation Room | 760 | Zeros | Ancillary Services |
| 56 | Treatment Room | 761 | Zeros | Ancillary Services |
| 57 | Observation Room | 762 | Hours | Ancillary Services |
| 58 | Other Observation Room | 769 | Hours | Ancillary Services |
| 59 | Preventative Care  Services | 770 | Zeros | Ancillary Services |
| 60 | Telemedicine | 780 | Zeros | Ancillary Services |
| 61 | Extra-corporeal Shock Wave Treatment (formerly Lithotripsy) | 790 | Zeros | Ancillary Services |
| 62 | Inpatient Renal Dialysis | 800 | Zeros | Ancillary Services |
| 63 | Acquisition of Body  Components | 810 | Zeros | Ancillary Services |
| 64 | Hemodialysis -  Outpatient or Home | 820 | Zeros | Ancillary Services |
| 65 | Peritoneal Dialysis - Outpatient or Home | 830 | Zeros | Ancillary Services |
| 66 | Continuous Ambulatory  Peritoneal Dialysis - Outpatient or Home | 840 | Zeros | Ancillary Services |
| 67 | Continuous Cycling Peritoneal Dialysis - Outpatient or Home | 850 | Zeros | Ancillary Services |
| 68 | Invalid (Reserved for  Dialysis - National  Assignment) | 860 | n/a | Ancillary Services |

**REVENUE CENTER REVENUE CODE UNITS OF SERVICE**

**TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 69 | Invalid (Reserved for  Dialysis - National  Assignment) | 870 | n/a | Ancillary Services |
| 55 | General Treatment or  Observation Room | 760 | Zeros | Ancillary Services |
| 56 | Treatment Room | 761 | Zeros | Ancillary Services |
| 57 | Observation Room | 762 | Hours | Ancillary Services |
| 58 | Other Observation Room | 769 | Hours | Ancillary Services |
| 59 | Preventative Care  Services | 770 | Zeros | Ancillary Services |
| 60 | Telemedicine | 780 | Zeros | Ancillary Services |
| 61 | Extra-corporeal Shock  Wave Treatment  (formerly Lithotripsy) | 790 | Zeros | Ancillary Services |
| 62 | Inpatient Renal Dialysis | 800 | Zeros | Ancillary Services |
| 63 | Acquisition of Body  Components | 810 | Zeros | Ancillary Services |
| 64 | Hemodialysis - Outpatient or Home | 820 | Zeros | Ancillary Services |
| 65 | Peritoneal Dialysis - Outpatient or Home | 830 | Zeros | Ancillary Services |
| 66 | Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home | 840 | Zeros | Ancillary Services |
| 67 | Continuous Cycling  Peritoneal Dialysis - Outpatient or Home | 850 | Zeros | Ancillary Services |
| 68 | Invalid (Reserved for Dialysis - National Assignment) | 860 | n/a | Ancillary Services |
| 69 | Invalid (Reserved for  Dialysis - National  Assignment) | 870 | n/a | Ancillary Services |
| 70 | Miscellaneous Dialysis | 880 | Zeros | Ancillary Services |
| 71 | Reserved for National  Assignment | 890 | Zeros | Ancillary Services |
| 72 | Behavioral Health  Treatments/Services | 900 | Zeros | Ancillary Services |
| 73 | Behavioral Health  Treatments/Services | 910 | Zeros | Ancillary Services |
| 74 | Other Diagnostic  Services | 920 | Zeros | Ancillary Services |
| 75 | Medical Rehabilitation  Day Program | 930 | n/a | Ancillary Services |

**REVENUE CENTER REVENUE CODE UNITS OF SERVICE**

**TYPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 76 | Other Therapeutic  Services | 940 | Zeros | Ancillary Services |
| 77 | Other Therapeutic  Services – Extension of  0940 | 950 | Zeros | Ancillary Services |
| 78 | Professional Fees | 960 (Includes codes: 0960, 0961, 0962, 0963,  0964, and 0969.) | Zeros | Ancillary Services |
| 79 | Professional Fees | 970 (Includes codes: 0970, 0971, 0972, 0973,  0974, 0975, 0976, 0977, 0978, and 0979.) | Zeros | Ancillary Services |
| 80 | Professional Fees | 980 (Includes codes: 0980, 0981, 0982, 0983,  0984, 0985, 0986, 0987, 0988, and 0989.) | Zeros | Ancillary Services |
| 81 | Patient Convenience  Items | 990 | Zeros | Ancillary Services |
| 82 | Behavioral Health  Accommodations | 1000 | Zeros | Ancillary Services |
| 83 | Reserved for National  Assignment | 1010 - 2090 | n/a | Ancillary Services |
| 84 | Alternative Therapy  Services | 2100 | Zeros | Ancillary Services |
| 85 | Reserved for National  Assignment | 2110 - 3090 | n/a | Ancillary Services |
| 86 | Adult Care | 3100 | Zeros | Ancillary Services |
| 87 | Reserved for National  Assignment | 3110 - 9990 | n/a | Ancillary Services |

**Table 6. STATE**

Principal Data Element **PermanentPatientStateLDS**

Other Data Elements TemporaryPatientStateLDS Rules All other values are invalid

Must be present when Patient Country is ‘US’

Must be valid U.S. postal code for state

**STATE/POSSESSION ABBREVIATION**

Alabama AL

Alaska AK

American Samoa AS

Arizona AZ

Arkansas AR

California CA

**STATE/POSSESSION ABBREVIATION**

Colorado CO

Connecticut CT

Delaware DE

District of Columbia DC

Federated States of Micronesia FM

Florida FL

Georgia GA

Guam GU

Hawaii HI

Idaho ID

Illinois IL

Indiana IN

Iowa IA

Kansas KS

Kentucky KY

Louisiana LA

Maine ME

Marshall Islands MH

Maryland MD

Massachusetts MA

Michigan MI

Minnesota MN

Mississippi MS

Missouri MO

Montana MT

Nebraska NE

Nevada NV

**STATE/POSSESSION ABBREVIATION**

New Hampshire NH

New Jersey NJ

New Mexico NM

New York NY

North Carolina NC

North Dakota ND

Northern Mariana Islands MP

Ohio OH

Oklahoma OK

Oregon OR

Palau PW

Pennsylvania PA

Puerto Rico PR

Rhode Island RI

South Carolina SC

South Dakota SD

Tennessee TN

Texas TX

Utah UT

Vermont VT

Virgin Islands VI

Virginia VA

Washington WA

West Virginia WV

Wisconsin WI

Wyoming WY

D. Data Notes / Caveats

At the time of this publication the following data notes or caveats were present from resubmissions that were available in the October release of FY17 HIDD. As data findings occur, CHIA will begin publishing a separate FY17

HIDD document that will keep new or updated findings, caveats or notes. Data notes or caveats will not be regularly updated in this Documentation Manual.

 **Baystate Wing (ORG ID 139)** / **Baystate Mary Lane (ORG ID 6) Hospitals** – Baystate Wing assumed all medical record reporting for Baystate Mary Lane for all quarters in the FY17 reporting period. Within the Baystate Wing filings, there were no records expected from Baystate Mary Lane for HIDD as Baystate Mary Lane solely offers 24/7 Emergency Department services. .

 **New England Baptist Hospital (ORG ID 103) –** New England Baptist noted, in its verification report response, that Patient Disposition Codes (Patient Status) were reported inaccurately when referencing discharges to Hospital Skilled Nursing Facilities - SNF (03) or Rehabilitation (62) centers. More detail is forthcoming on the general counts but higher counts were expected to be seen for Rehabilitation centers.

E. Summary Statistics

Summary Statistics will be provided in a separate document but posted to the CHIA website along with Documentation Manual information. This is different than the FY2016 document which contained the content in the body of the Documentation Manual. CHIA expects to produce this document with each release of the HIDD filings, including when resubmissions require general re-release of the data to the user community.