

Massachusetts Center for Health Information and Analysis

Outpatient Emergency Department Visit Data

File Submission Guide FY 2021

Effective October 1, 2020



center
for health
information
and analysis

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

This submission guide will be in effect beginning with the quarterly submission of 10/1/2020 – 12/31/2020 data due at CHIA on March 16, 2021.

Table of Contents

<i>Outpatient Emergency Department Visit Submission Overview</i> _____	1
Definitions _____	1
Data File Format _____	2
Data Transmission Media Specifications _____	2
File Naming Convention _____	2
<i>Outpatient Emergency Department Visit Record Specification</i> _____	3
Record Specification Elements _____	3
Field Types _____	4
Record Type Inclusion Rules _____	5
<i>RECORD TYPE 10 - PROVIDER DATA</i> _____	6
<i>RECORD TYPE 20 – PATIENT ED VISIT DATA</i> _____	8
<i>RECORD TYPE 21 – PATIENT REASON FOR VISIT</i> _____	23
<i>RECORD TYPE 25 – PATIENT ADDRESS AND ETHNICITY</i> _____	24
<i>RECORD TYPE 50 – PATIENT DIAGNOSIS DATA</i> _____	29
<i>RECORD TYPE 55 – PATIENT PROCEDURE DATA</i> _____	43
<i>RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS</i> _____	52
<i>RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY</i> _____	55
<i>RECORD TYPE 95 – PROVIDER BATCH CONTROL</i> _____	59

Outpatient Emergency Department Visit Data Code Tables	60
I. CHIA Organization IDs for Hospitals	60
II. Payer Type	63
III. Source of Payment	65
IV. Patient Sex	65
V. Patient Race	66
VI. Patient Hispanic Indicator	66
VII. Patient Ethnicity	67
VIII. Type of Visit	67
IX. Source of Visit	68
X. Patient Departure Status	69
XI. Other Caregiver	69
XII. Patient's Mode of Transport	70
XIII. Homeless Indicator	70
XIV. Condition Present on Visit Flag	71
XV. Do Not Resuscitate Status	71
Outpatient Emergency Department Visit Data Quality Standards	72
Submittal Schedule	73

Outpatient Emergency Department Visit Submission Overview

Data to Include in Outpatient Emergency Department Visit Electronic Submissions

Emergency department visit data shall be reported, as required by Regulation 957 CMR 8.00, for all emergency department visits, including Satellite Emergency Facility visits, by patients whose visits result in neither an outpatient observation stay nor an inpatient admission at the reporting facility.

Definitions

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

Emergency Department (ED):

The department of a hospital, or health care facility off the premises of a hospital that is listed on the license of the hospital and qualifies as a Satellite Emergency Facility.

Emergency Department Visit:

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Data File Format

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

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

Data Transmission Media Specifications

Data will be transferred to CHIA via the Internet. In order to do that in a secure manner CHIA's Secure Encryption and Decryption System (SENDS) must be utilized. You must first download a copy of the Secure Encryption and Decryption System (SENDS) from the CHIA web site. There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt and rename it in preparation of transmitting to CHIA. The newly created encrypted file shall be transferred to CHIA via its INET website.

File Naming Convention

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

ED_#####_CCYY_# where

= Provider CHIA organization ID – do not pad with zeros

CCYY = the Fiscal Year for the data included

= the Quarter being reported.

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

Outpatient Emergency Department Visit Record Specification

Record Specification Elements

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

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Field Types

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Record Type Inclusion Rules

Record Type and Title	Required?	Conditions	Number
Record Type '10': Provider Data	R	Must be present.	One per File.
Record Type '20': Patient ED Visit Data	R	Must be present.	One per ED Visit.
Record Type '21': Patient Reason for Visit	R	Must be present.	One per ED Visit.
Record Type '25': Patient Address and Ethnicity	R	Must be present.	One per ED Visit.
Record Type '50': Patient Diagnosis Data	R	Must be present.	Unlimited number per ED Visit.
Record Type '55': Patient Procedure Data	R	Must be present.	Unlimited number per ED Visit.
Record Type '60': Patient ED Visit Service Line Items	R	Must be present.	Unlimited number per ED Visit.
Record Type '94': Hospital Service Site Summary	R	Must be present.	Unlimited number per File.
Record Type '95': Provider Batch Control	R	Must be present.	One per File.

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 10 - PROVIDER DATA

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

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 20 – PATIENT ED VISIT DATA

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

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
4.	Medical Record Number	Text	10	19	28	R	Must be present.	Patient's hospital Medical Record Number	A	
5.	Billing Number	Text	17	29	45	R	Must be present.	Hospital Billing Number for the patient	A	
6.	Mother's Social Security Number	Text	9	46	54	C	Must be present for infants one year old or less. Must be numeric. Must be valid social security number or '000000001' if unknown.	Mother's social security number for infants up to one year old or less	B	
7.	Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID)	Text	17	55	71	C	Must be present if Payer Source Code has a Medicaid or Health Safety Net Payer Type of "4" (Medicaid) or "H" (Health Safety Net) as specified in Data Code Tables (Sections II) and III). Must be blank if payer source is not a Medicaid plan. If present, length must be 12.	New MMIS ID/ Medicaid ID This number is also referred to as the MassHealth ID.	A	
8.	Date of Birth	Text	10	72	81	R	Must be present. Must be valid date format (CCYYMMDD). Must not be later than the Registration Date.	Patient date of birth: Birth century, year, month, and day	A	

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
9.	Sex	Text	1	82	82	R	Must be present. Must be valid code as specified in Data Code Tables (Section IV).	Patient's sex	A
10.	Filler	Text	10	83	92	N			
11.	Registration Date	Text	10	93	102	R	Must be present. Must be valid date format (CCYYMMDD). Must be less than or equal to Discharge Date.	Date of patient's registration in the ED: Century, year, month and day when patient is registered in the ED.	A
12.	Registration Time	Text	4	103	106	R	Must be present. Must be numeric. Must range from 0000 to 2359.	Time of patient's registration in the ED: Time reporting should be in hours and minutes.	A
13.	Discharge Date	Text	10	107	116	C	Must be present unless departure status = 6 (Eloped) or P (Personal Physician). Must be valid date format (CCYYMMDD). Must be greater than or equal to Registration Date.	Date patient leaves the ED: Century, year, month and day when patient actually leaves the ED at the conclusion of their visit.	A

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
14.	Discharge Time	Text	4	117	120	C	<p>Must be present unless departure status = 6 (eloped) or P (Personal Physician).</p> <p>Must be numeric.</p> <p>Must range from 0000 to 2359.</p> <p>Must be greater than the registration time when the discharge date and registration date are equal.</p>	<p>Time patient actually leaves the ED at the conclusion of their visit.</p> <p>Time reporting should be in hours and minutes.</p>	B	
15.	Type of Visit	Text	1	121	121	C	<p>Must be present if 'Emergency Severity Index' is not present.</p> <p>If present, must be valid code as specified in Data Code Tables (Section VIII).</p>	Patient's type of visit.	B	
16.	Source of Visit	Text	1	122	122	R	<p>Must be present.</p> <p>Must be valid code as specified in Data Code Tables (Section IX).</p>	Originating, referring, or transferring source of ED visit.	B	
17.	Secondary Source of Visit	Text	1	123	123	C	<p>Include if applicable.</p> <p>Must be valid code as specified in Data Code Tables (Section IX).</p>	Secondary referring or transferring source of ED visit.	B	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
21.	Charges	Curr	10	131	140	C	<p>Must be present unless Departure Status is 6 (Eloped), 4 (AMA) or P (Personal Physician).</p> <p>If present:</p> <p>Must be numeric.</p> <p>Must be greater than 1 unless a code listed above then it may be zero.</p> <p>Must be whole numbers, no decimals.</p> <p>Must be rounded to the nearest dollar.</p>	<p>Grand total of all charges associated with the patient's ED visit.</p> <p>The total charge amount should be rounded to the nearest dollar.</p>	A

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
22.	Other Physician Number	Text	6	141	146	C	Include if applicable. If present, must be a valid and current Massachusetts Board of Registration in Medicine license number, OR Must be "DENSG", "PODTR", "OTHER", "MIDWIF", "NURSEP" or "PHYAST".	Physician's state license number (BORIM #) for physician other than the ED Physician who provided services related to this visit. Report if the physician's involvement in the patient's ED Visit is captured in the hospital's electronic information systems. Physician's Mass. Board of Registration in Medicine license number (BORIM #), or "DENSG", "PODTR", "OTHER", "MIDWIF", "NURSEP" or "PHYAST" for Dental Surgeon, Podiatrist, Other (i.e. non-permanent licensed physicians), Midwife, Nurse Practitioner, or Physician's Assistant respectively.	B

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
25.	Principal Diagnosis Code	Text	7	154	160	C	<p>Must be present unless Departure Status is 6 (Eloped) or P (Personal Physician).</p> <p>If present:</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>Must not be an ICD-10-CM external cause code (V00-Y89) or supplemental code (Y90-Y99).</p>	<p>Patient's principal diagnosis:</p> <p>ICD Principal Diagnosis excluding decimal point.</p>	A
26.	ICD Indicator - Diagnosis	Text	1	161	161	R	<p>Must be present if Principal Diagnosis Code is present.</p> <p>If present, must be valid code of "0".</p>	<p>International Classification of Diseases version for Diagnosis Codes.</p> <p>All ICD codes must be ICD-10-CM.</p> <p>0=ICD-10-CM</p>	A
27.	Filler	Text	42	162	203	N			

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
28.	Emergency Severity Index	Text	1	204	204	C	Must be present if 'Type of Visit' is not present. If present, must be valid code. Must range from 1 to 5.	Emergency Severity Index. Patient's score on the Emergency Severity Index, as described in "Reliability and Validity of a New Five-level Triage Instrument." Wooers, R. et al. <i>Academic Emergency Medicine</i> 2000; 7:236-242. Must range from 1 to 5.	B	
29.	Filler	Text	5	205	209	N				
30.	Procedure Code Type	Text	1	210	210	C	Must be present if Significant Procedure Code(s) are present. Must be "4" or "0".	Coding System used to report Significant Procedures in this record. 4 = CPT-4, 0=ICD-10 Only one coding system is allowed per Patient ED Visit.	A	
31.	Transport	Text	1	211	211	R	Must be present. Must be valid code as specified in Data Code Tables (Section XII).	Patient's Mode of Transport to the ED.	A	
32.	Ambulance Run Sheet Number	Text	8	212	219	C	May be present if patient arrived by ambulance. Further edits To Be Determined.	EMS (Ambulance) Run Sheet Number.	W	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
33.	Homeless Indicator	Text	1	220	220	C	Include if applicable. Must be valid code as specified in Data Code Tables (Section XIII).	Indicates whether patient is known to be homeless.	B
34.	Condition Present on Visit – Principal Diagnosis Code	Text	1	221	221	R	May be present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
35.	Filler	Text	5	222	226	N			
36.	Condition Present on Visit – Principal External Cause Code	Text	1	227	227	R	May be present when Principal External Cause Code is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
37.	Massachusetts Transfer Hospital Organization ID	Text	7	228	234	C	<p>Must be valid OrgID if Primary or Secondary Source of Visit is 4-Transfer from an Acute Hospital, 7-Outside Hospital Emergency Room Transfer, 5-Transfer from an SNF Facility, or 6 – Intermediate Care Facility and the provider from which the transfer occurred is in Massachusetts. If provider from which the transfer occurred is outside Massachusetts, the transfer OrgID must be 9999999.</p> <p>Must be valid Organization Id as assigned by the Center for Health Information and Analysis as specified in Data Code Tables (Section I) if the provider from which the transfer occurred is in Massachusetts – Or 9999999 if facility was outside Massachusetts.</p> <p>Transfer OrgID should not be the OrgID for Provider on RT10 or the Hospital Service Site on RT20. (Warning/note message edit only.)</p>	Transferring Hospital	B

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
38.	Principal External Cause Code	Text	7	235	241	C	<p>Must be present if principal diagnosis is an ICD-10-CM S-code (S00-S99).</p> <p>May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88).</p> <p>If present, must be a valid ICD-10-CM external cause code (V00-Y89).</p> <p>Supplemental ICD-10-CM external cause codes (Y90-Y99) shall be recorded in associated diagnosis fields.</p> <p>Additional ICD-10-CM external cause codes (V00-Y89) shall be recorded in associated diagnosis fields</p>	<p>Principal external cause of morbidity</p> <p>ICD-10-CM external cause code excluding decimal point</p>	A
39.	DNR Status	Text	1	242	242	N	<p>May be present</p> <p>If present, must be valid as specified in in Data Code Tables (Section XV).</p>	<p>A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only.</p>	B

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
40.	Primary Payer Type	Text	1	243	243	R	<p>Must be present</p> <p>Must be valid as specified in Outpatient Emergency Department Visit Data Code Tables (Section II).</p> <p>If Medicaid is one of two payers, Medicaid must be coded as the secondary payer type unless Health Safety Net or Free Care is the secondary payer type.</p> <p>Medicaid may be primary with code "N" (None) in secondary.</p>	Patient's expected primary type of payment.	A

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '20': Patient ED Visit Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
41.	Secondary Payer Type	Text	1	244	244	R	<p>Must be present</p> <p>Must be valid as specified in Outpatient Emergency Department Visit Data Code Tables (Section II).</p> <p>If Medicaid is one of two payers, Medicaid must be coded as the secondary payer type unless Health Safety Net or Free Care is the secondary payer type.</p> <p>If not applicable, must be coded as "N" (None) as specified in Data Code Tables (Section II).</p>	Patient's expected secondary type of payment.	A
42.	Filler	Text	6	245	250	N			

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 21 – PATIENT REASON FOR VISIT

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

Record Type '21': Patient Reason for Visit									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1.	Record type '21'	Text	2	1	2	R	Must be present. Must be 21.	Indicator for Record Type '21': Patient Reason for Visit	A
2.	Medical Record Number	Text	10	3	12	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A
3.	Stated Reason for Visit	Text	150	13	162	R	Must be NULL/blank.	Must be NULL/blank. Text narrative not allowed.	A
4.	Filler	Text	88	163	250	N			

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 25 – PATIENT ADDRESS AND ETHNICITY

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

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '25': Patient Address and Ethnicity									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
20.	Health Plan Member ID	Text	40	193	232	R	Must be present when Primary Payer Type Code is <u>not</u> : "1" (Self Pay) "2" (Worker's Comp) "4" (Medicaid) "9" (Free Care) "H" (Health Safety Net) "T" (Auto Insurance) Report Health Plan Subscriber ID if Member ID is unknown.	Patient's Health Plan Member ID	A
21.	Filler	Text	18	233	250	N			

RECORD TYPE 50 – PATIENT DIAGNOSIS DATA

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
1.	Record type '50'	Text	2	1	2	R	Must be present. Must be 50.	Indicator for Record Type '50': Patient Diagnosis Data	A	
2.	Sequence	Num	2	3	4	R	Must be numeric. If first record following Record Type '25' sequence must ='01'. For each subsequent occurrence of Record Type '50' sequence must be Incremented by one.	Count for number of Record Type '50' iterations	A	
3.	Medical Record Number	Text	10	5	14	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
4.	Associated Diagnosis Code 1	Text	7	15	21	C	<p>Include if applicable.</p> <p>If present, Principal Diagnosis Code must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's first associated diagnosis:</p> <p>ICD Associated Diagnosis 1, excluding the decimal point.</p>	A
5.	Associated Diagnosis Code 2	Text	7	22	28	C	<p>Include if applicable.</p> <p>If present prior Associated Diagnosis Code 1 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's second associated diagnosis:</p> <p>ICD Associated Diagnosis 2, excluding the decimal point.</p>	A

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
6.	Associated Diagnosis Code 3	Text	7	29	35	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 2 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's third associated diagnosis:</p> <p>ICD Associated Diagnosis 3, excluding the decimal point.</p>	A	
7.	Associated Diagnosis Code 4	Text	7	36	42	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 3 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's fourth associated diagnosis:</p> <p>ICD Associated Diagnosis 4, excluding the decimal point.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
8.	Associated Diagnosis Code 5	Text	7	43	49	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 4 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's fifth associated diagnosis:</p> <p>ICD Associated Diagnosis 5, excluding the decimal point.</p>	A	
9	Associated Diagnosis Code 6	Text	7	50	56	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 5 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's sixth associated diagnosis:</p> <p>ICD Associated Diagnosis 6, excluding the decimal point.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
10.	Associated Diagnosis Code 7	Text	7	57	63	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 6 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's seventh associated diagnosis:</p> <p>ICD Associated Diagnosis 7, excluding the decimal point.</p>	A
11.	Associated Diagnosis Code 8	Text	7	64	70	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 7 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's eighth associated diagnosis:</p> <p>ICD Associated Diagnosis 8, excluding the decimal point.</p>	A

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
12.	Associated Diagnosis Code 9	Text	7	71	77	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 8 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's ninth associated diagnosis:</p> <p>ICD Associated Diagnosis 9, excluding the decimal point.</p>	A	
13.	Associated Diagnosis Code 10	Text	7	78	84	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 9 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's tenth associated diagnosis:</p> <p>ICD Associated Diagnosis 10, excluding the decimal point.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
14.	Associated Diagnosis Code 11	Text	7	85	91	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 10 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's eleventh associated diagnosis: ICD Associated Diagnosis 11, excluding the decimal point.</p>	A
15.	Associated Diagnosis Code 12	Text	7	92	98	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 11 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's twelfth associated diagnosis: ICD Associated Diagnosis 12, excluding the decimal point.</p>	A

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
16.	Associated Diagnosis Code 13	Text	7	99	105	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 12 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's thirteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 13, excluding the decimal point.</p>	A
17.	Associated Diagnosis Code 14	Text	7	106	112	C	<p>Include if applicable.</p> <p>If present, prior Associated Diagnosis Code 13 must be present.</p> <p>Must be valid ICD-10-CM code* (exclude decimal point).</p> <p>Must agree with ICD Indicator.</p> <p>May be an ICD-10-CM external cause code (V00-Y99).</p>	<p>Patient's fourteenth associated diagnosis:</p> <p>ICD Associated Diagnosis 14, excluding the decimal point.</p>	A

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
18.	Associated Diagnosis Code 15	Text	7	113	119	C	Include if applicable. If present, prior Associated Diagnosis Code 14 must be present. Must be valid ICD-10-CM code* (exclude decimal point). Must agree with ICD Indicator. May be an ICD-10-CM external cause code (V00-Y99).	Patient's fifteenth associated diagnosis: ICD Associated Diagnosis 15, excluding the decimal point.	A
19.	Condition Present on Visit – Assoc. Diagnosis Code 1	Text	1	120	120	R	May be present when Assoc. Diagnosis Code 1 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
20.	Condition Present on Visit – Assoc. Diagnosis Code 2	Text	1	121	121	R	May be present when Assoc. Diagnosis Code 2 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
21.	Condition Present on Visit – Assoc. Diagnosis Code 3	Text	1	122	122	R	May be present when Assoc. Diagnosis Code 3 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
22.	Condition Present on Visit – Assoc. Diagnosis Code 4	Text	1	123	123	R	May be present when Assoc. Diagnosis Code 4 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
23.	Condition Present on Visit – Assoc. Diagnosis Code 5	Text	1	124	124	R	May be present when Assoc. Diagnosis Code 5 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
24.	Condition Present on Visit – Assoc. Diagnosis Code 6	Text	1	125	125	R	May be present when Assoc. Diagnosis Code 6 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
25.	Condition Present on Visit – Assoc. Diagnosis Code 7	Text	1	126	126	R	May be present when Assoc. Diagnosis Code 7 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
26.	Condition Present on Visit – Assoc. Diagnosis Code 8	Text	1	127	127	R	May be present when Assoc. Diagnosis Code 8 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
27.	Condition Present on Visit – Assoc. Diagnosis Code 9	Text	1	128	128	R	May be present when Assoc. Diagnosis Code 9 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
28.	Condition Present on Visit – Assoc. Diagnosis Code 10	Text	1	129	129	R	May be present when Assoc. Diagnosis Code 10 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
29.	Condition Present on Visit – Assoc. Diagnosis Code 11	Text	1	130	130	R	May be present when Assoc. Diagnosis Code 11 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
30.	Condition Present on Visit – Assoc. Diagnosis Code 12	Text	1	131	131	R	May be present when Assoc. Diagnosis Code 12 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
31.	Condition Present on Visit – Assoc. Diagnosis Code 13	Text	1	132	132	R	May be present when Assoc. Diagnosis Code 13 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
32.	Condition Present on Visit – Assoc. Diagnosis Code 14	Text	1	133	133	R	May be present when Assoc. Diagnosis Code 14 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '50': Patient Diagnosis Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
33.	Condition Present on Visit – Assoc. Diagnosis Code 15	Text	1	134	134	R	May be present when Assoc. Diagnosis Code 15 is present. If present, must be valid code as specified in Data Code Tables (Section XIV).	A qualifier for each diagnosis code indicating the onset of diagnosis preceded or followed admission.	B
34.	Patient Last Name	Text	35	135	169	R	Required. Must not be present if Sequence is not 01.	Patient's Last Name	A
35.	Patient First Name	Text	25	170	194	R	Required. Must not be present if Sequence is not 01.	Patient's First Name	A
36.	Filler	Text	56	195	250	N			

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 55 – PATIENT PROCEDURE DATA

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

Record Type '55': Patient ED Procedure Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
1.	Record type '55'	Text	2	1	2	R	Must be present. Must be 55.	Indicator for Record Type '55': Patient ED Procedure Data	A
2.	Sequence	Num	2	3	4	R	Must be numeric. If first record following Record Type '50' sequence must = '01'. For each subsequent occurrence of Record Type '55' sequence must be Incremented by one.	Count for number of Record Type '55' iterations	A
3.	Medical Record Number	Text	10	5	14	R	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
4.	Significant Procedure Code 1	Text	7	15	21	C	<p>Include if applicable.</p> <p>If present must be valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	
5.	Significant Procedure Code 2	Text	7	22	28	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 1 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
6.	Significant Procedure Code 3	Text	7	29	35	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 2 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04)</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	
7.	Significant Procedure Code 4	Text	7	36	42	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 3 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
8.	Significant Procedure Code 5	Text	7	43	49	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 4 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	
9.	Significant Procedure Code 6	Text	7	50	56	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 5 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
12.	Significant Procedure Code 9	Text	7	71	77	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 8 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	
13.	Significant Procedure Code 10	Text	7	78	84	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 9 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
14.	Significant Procedure Code 11	Text	7	85	91	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 10 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	
15.	Significant Procedure Code 12	Text	7	92	98	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 11 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data										
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type	
16.	Significant Procedure Code 13	Text	7	99	105	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 12 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	
17.	Significant Procedure Code 14	Text	7	106	112	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 13 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A	

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '55': Patient ED Procedure Data									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
18.	Significant Procedure Code 15	Text	7	113	119	C	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 14 must be present.</p> <p>If entered, must be a valid ICD code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
19.	Filler	Text	131	120	250	N			

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS

- At least one 60 record is required for every ED Visit.
- Unlimited number of 60 records allowed per ED Visit, each one containing up to 14 service line items.
- Must follow RT 55 or RT 60.
- Must be followed by RT 20, 60 or 94.

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Record Type '60': Patient ED Visit Service Line Items									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
3.	Service Line Item 1	Text	5	13	17	C	<p>At least one Service Line Item must be present, unless Departure Status is 6 (Eloped), 4 (AMA) or P (Personal Physician).</p> <p>If present:</p> <p>Must be valid CPT or HCPCS code (as reported in FL 44 of the UB-04),</p> <p>OR, for drugs billed for which no HCPCS code is reported, use DRUGS,</p> <p>OR, for supplies billed for which no HCPCS code is reported, use SPPLY.</p> <p>Additional Service Line Items for the same ED Visit should be included in subsequent Service Line Item Elements in this record.</p>	<p>Patient's Service provided (line item detail): valid CPT or HCPCS code, as reported in FL 44 of the UB-04 claim.</p> <p>The '60' Service Line Item record type should be repeated in this ED Visit record to include all CPT/HCPCS codes for this ED Visit.</p>	B
4.	Service line Item 1 Charges	Curr	10	18	27	C	<p>Must be present if service line item is present.</p> <p>Must be numeric.</p> <p>Must be greater than or equal to zero.</p> <p>Must be whole number, no decimals.</p> <p>Must be rounded to nearest dollar.</p>		

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '60': Patient ED Visit Service Line Items									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
5.	End of Line Items Indicator	Text	1	28	28	C	Must be present following the last Service Line Item. Must be 'Y' if this is the last Service Line Item for the ED Visit, otherwise leave blank.	Enter 'Y' to indicate the end of the list of Service Line Items for the current ED Visit, and the end of the patient record.	A
6.	Group Element: Service Line Items 2-30	Text	208	29	236	C	Include if applicable. If present, the previous Service Line Item must be present. The last Service Line Item Element for the ED Visit must include a 'Y' in the End of Line Items Indicator.	Repeat fields 3, 4 and 5 for a total of 14 Service Line Item Elements in each 60 record. Additional Service Line Items for the same ED Visit.	
7.	Filler	Text	14	237	250	N			

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY

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

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Record Type '94': Hospital Service Site Summary									
F#	Field Name	Type	Lgth	Pos Frm	Pos To	R?	Edit Specifications	Field Definition	Error Type
11.	Group Element: Site Summaries 2-4		144	51	194	C	One Service Site Summary (Group Element) must be present for each Site reported in the Provider Submission. Last Site Summary Group Element must include a 'Y' in the End of Record Indicator.	Repeat fields 2 -10 for a total of 4 Site Summary Elements in the 94 record. Additional Site Summary data for the same Provider Submission.	
12.	Filler	Text	56	195	250	N			

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

RECORD TYPE 95 – PROVIDER BATCH CONTROL

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

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

Outpatient Emergency Department Visit Data Code Tables:

I) CHIA Organization IDs for Hospitals

Org Id	Organization Name
1	Anna Jaques Hospital
2	Athol Memorial Hospital
5	Baystate Franklin Medical Center
6	Baystate Mary Lane Outpatient Center, Satellite Emergency Facility
4	Baystate Medical Center
106	Baystate Noble Hospital
139	Baystate Wing Memorial Hospital
7	Berkshire Medical Center Berkshire Campus
98	Beth Israel Deaconess Hospital – Milton
53	Beth Israel Deaconess Hospital - Needham
79	Beth Israel Deaconess Hospital – Plymouth
10	Beth Israel Deaconess Medical Center - East Campus
46	Boston Children’s Hospital
16	Boston Medical Center – Menino Pavilion Campus
59	Brigham and Women's Faulkner Hospital
22	Brigham and Women's Hospital
27	Cambridge Health Alliance – Cambridge Campus
142	Cambridge Health Alliance – Everett Hospital Campus (formerly Whidden)

Revised October 2020

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

Org Id	Organization Name
39	Cape Cod Hospital
50	Cooley Dickinson Hospital
57	Emerson Hospital
8	Fairview Hospital
40	Falmouth Hospital
68	Harrington Memorial Hospital
71	Health Alliance Hospitals, Inc.
132	Health Alliance - Clinton Hospital Campus
73	Heywood Hospital
77	Holyoke Medical Center
81	Lahey Hospital & Medical Center – Burlington
4448	Lahey Medical Center – Peabody
109	Lahey Health – Addison Gilbert Hospital
110	Lahey Health – Beverly Hospital
138	Lahey Health – Winchester Hospital
83	Lawrence General Hospital
85	Lowell General Hospital
115	Lowell General Hospital – Saints Campus
133	Marlborough Hospital
88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary

Revised October 2020

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

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

Revised October 2020

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Org Id	Organization Name
75	Steward Holy Family Hospital and Medical Center
11466	Steward Holy Family at Merrimack Valley
41	Steward Norwood Hospital
114	Saint Anne's Hospital
126	Steward St. Elizabeth's Medical Center
129	Sturdy Memorial Hospital
104	Tufts-New England Medical Center
131	UMass Memorial Medical Center - University Campus
130	UMass Memorial Medical Center - Memorial Campus

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

II) Payer Type Code

Payer Type Code		
Payer Type Code	Payer Type Abbreviation	Payer Type Definition
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care (includes Medicare Advantage)
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care/MCO
5	GOV	Other Government Payment
7	COM	Other Commercial Insurance not listed elsewhere
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
N	None	None (Valid only for Secondary Payer)

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Payer Type Code		
Payer Type Code	Payer Type Abbreviation	Payer Type Definition
Q	CommCare	Commonwealth Care/Connector Care Plans
Z	DEN	Dental Plans
S	SCO/ICO	Senior Care Option/Integrated Care Organization
A	MCD-ACO	Medicaid ACO
C	COM-ACO	Commercial ACO

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

IV) Patient Sex

Patient Sex	
Valid Entries	Definition
M	Male
F	Female
U	Unknown

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

V) Patient Race

Patient Race	
Race Code	Patient Race Definition
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other Race
Unknow	Unknown/not specified

VI) Patient Hispanic Indicator

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

VII) Patient Ethnicity (Utilize Full list of standard codes, per CDC http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf and those below)

Patient Ethnicity Indicator	
Ethnicity Code	Ethnicity Definition
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
OTHER	Other Ethnicity
UNKNOW	Unknown/not specified

VIII) Type of Visit

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

IX) Source of Visit

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

X) Patient Departure Status Code

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

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

XI) Other Caregiver Code

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

XII) Patient's Mode of Transport Code

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

XIII) Homeless Indicator

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

Center for Health Information and Analysis
 Outpatient Emergency Department Visit Data Submission Guide

XIV) Condition Present on Visit Flag

Condition Present on Visit Flag	
Code	Description
Y	Yes
N	No
U	Unknown
W	Clinically undetermined
1	Not applicable (only valid for NCHS official published list of not applicable ICD-10-CM codes for POA flag)

XV) DNR Status

Do Not Resuscitate Status	
*DNR CODE	DNR Status Definition
1	DNR order written
2	Comfort measures only
3	No DNR order or comfort measures ordered

Outpatient Emergency Department Visit Data Quality Standards

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

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

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

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

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

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

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

Center for Health Information and Analysis
Outpatient Emergency Department Visit Data Submission Guide

Submittal Schedule

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

Quarter	Quarter Begin & End Dates	Due Date for Data File: 75 days following the end of the reporting period
1	10/1 – 12/31	3/16
2	1/1 – 3/31	6/14
3	4/1 – 6/30	9/13
4	7/1 – 9/30	12/14