

Massachusetts Center for Health Information and Analysis

Outpatient Emergency Department Visit Data

File Submission Guide FY 2025

Effective October 1, 2024



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

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Outpatient Emergency Department Visit Submission Overview

Data to Include in Outpatient Emergency Department Visit Data Submissions

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

Definitions

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

Emergency Department (ED):

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

Emergency Department Visit:

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

Data File Format

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

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

Field Separator: Asterisk (*)

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

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

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

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

Data Transmission Media Specifications

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

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

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

File Naming Convention

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

ED_#####_CCYY_# where:

- ##### = Provider CHIA Organization ID – do not pad with zeros
- CCYY = the Fiscal Year for the data included
- # = the Quarter being reported.

For Test Files please include ‘_TEST’ at the end of the file name. (ex: ED_123_2001_1_TEST.txt).

Outpatient Emergency Department Visit Record Specification

Record Specification Elements

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

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

Data Field Type

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

Record Type Inclusion Rules

Each outpatient emergency visit data submission file must include the following record types:

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

RECORD TYPE 10 - PROVIDER DATA

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

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

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

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.

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

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

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

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

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
19.	Secondary Source of Payment	Text	3	<p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table III).</p> <p>If Medicaid is one of two payers, Medicaid must be coded as the secondary source of payment unless Health Safety Net or Free Care is the secondary source of payment.</p> <p>If not applicable, must be coded as '159' (None) as specified in Data Code Table III).</p>	Patient's expected secondary source of payment.	A
20.	Charges	Text	10	<p>Must be present unless Departure Status is 6 (Eloped), 4 (AMA) or P (Personal Physician).</p> <p>If present:</p> <p>Must be unformatted currency format.</p> <p>Must be greater than 1 unless a code listed above then it may be zero.</p> <p>Must be whole number, no decimal.</p> <p>Must be rounded to the nearest dollar.</p>	<p>Grand total of all charges associated with the patient's ED visit.</p> <p>The total charge amount should be rounded to the nearest dollar.</p>	A

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

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

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

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

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

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

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
				<p>If present, must be a valid ICD-10-CM external cause code (V00-Y89).</p> <p>Supplemental ICD-10-CM external cause codes (Y90-Y99) shall be recorded in associated diagnosis fields.</p> <p>Additional ICD-10-CM external cause codes (V00-Y89) shall be recorded in associated diagnosis fields.</p>		
35.	DNR Status	Text	1	<p>May be present.</p> <p>If present, must be a valid code as specified in in Data Code Table XV.</p>	A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only.	B
36.	Primary Payer Type	Text	1	<p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table II.</p> <p>If Medicaid is one of two payers, Medicaid (4) must be coded as the secondary payer type unless Health Safety Net (H) or Free Care (9) is the secondary payer type.</p> <p>Medicaid may be primary with code 'N' (None) in secondary.</p>	Patient's expected primary type of payment.	A

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

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

RECORD TYPE 25 – PATIENT ADDRESS AND ETHNICITY

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

Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
1.	Record type '25'	Text	2	Must be present. Must be 25.	Indicator for Record Type '25': Patient Address	A
2	Medical Record Number	Text	25	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A
3.	Permanent Patient Street Address	Text	100	Must be present when Patient Country (RT 25 Field 8) is 'US' unless Homeless Indicator is 'Y'.	Patient's residential address including number, street name, and type (i.e., street, drive, road)	B
4.	Permanent Patient City/Town	Text	25	Must be present when Patient Country (RT 25 Field 8) is 'US'.	Patient's residential city or town If the patient is homeless and does not have a ZIP Code or City, provide the ZIP Code or City of their last temporary or permanent residence.	B
5.	Permanent Patient State	Text	2	Must be present when Patient Country (RT 25 Field 8) is 'US'. Must be a valid US postal code for state.	The US Postal Service code for the state the where the patient resides.	B

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
6.	Zip Code	Text	5	<p>Must be present.</p> <p>Must be numeric.</p> <p>Must be 0's if zip code is unknown or Patient Country (RT 25 Field 8) is not 'US'.</p>	<p>Patient's residential 5-digit zip code.</p> <p>If patient is homeless, report zip code for last known address and indicate homeless status 'Y' in the Homeless Indicator field on this record.</p> <p>If zip code is unknown, report 00000.</p>	B
7.	Zip Code Extension	Text	4	<p>May be present.</p> <p>If present, must be numeric.</p> <p>If unknown, leave blank.</p>	<p>Patient's residential 4 digit zip code extension.</p>	B
8.	Patient Country	Text	2	<p>Must be present.</p> <p>Must be a valid International Standards Organization (ISO-3166) 2-digit country code.</p>	<p>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.</p>	B

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
9.	Temporary Patient Street Address	Text	100	Must be present when Patient Country (RT 25 Field 8) is not 'US'.	The temporary United States street address including number, street name, and type (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	Must be present when Patient Country (RT 25 Field 8) is not 'US'.	The temporary United States city/town where the patient resides while under treatment. This is required for patients whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.	B

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
11.	Temporary Patient State	Text	2	<p>Must be present when Patient Country (RT 25 Field 8) is not 'US'.</p> <p>Must be a valid U.S. postal zip code for state.</p>	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	<p>Must be present when Patient Country is not 'US'.</p> <p>Must be a valid U.S. postal zip code.</p> <p>Must be 0's if zip code is unknown or Patient Country (RT 25 Field 8) is not 'US'.</p>	The US Postal Service zip code for the temporary address where the patient resides while under treatment. This is required for patients whose permanent country of residence is outside the United States. It may be used for patients whose permanent residence is outside the state of Massachusetts but are residing at a temporary address while receiving treatment.	B
13.	Race 1	Text	8	<p>Must be present.</p> <p>Must be a valid code as specified in Data Code Table V).</p>	Patient's race	B

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

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

RECORD TYPE 50 – PATIENT DIAGNOSIS DATA

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

Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
1.	Record type '50'	Text	2	Must be present. Must be 50.	Indicator for Record Type '50': Patient Diagnosis Data	A
2.	Sequence	Text	2	Must be numeric. If first record following Record Type '25' sequence must ='01'. For each subsequent occurrence of Record Type '50' sequence must be incremented by one.	Count for number of Record Type '50' iterations	A
3.	Medical Record Number	Text	25	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A

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

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

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

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

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

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

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

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

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

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

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

RECORD TYPE 55 – PATIENT PROCEDURE DATA

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

Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
1.	Record type '55'	Text	2	Must be present. Must be 55.	Indicator for Record Type '55': Patient ED Procedure Data	A
2.	Sequence	Text	2	Must be numeric. If first record following Record Type '50' sequence must = '01'. For each subsequent occurrence of Record Type '55', sequence must be incremented by one.	Count for number of Record Type '55' iterations	A
3.	Medical Record Number	Text	25	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
4.	Significant Procedure Code 1	Text	7	<p>Include if applicable.</p> <p>If present must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
5.	Significant Procedure Code 2	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 1 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
6.	Significant Procedure Code 3	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 2 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
7.	Significant Procedure Code 4	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 3 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
8.	Significant Procedure Code 5	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 4 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
9.	Significant Procedure Code 6	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 5 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
10.	Significant Procedure Code 7	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 6 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
11.	Significant Procedure Code 8	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 7 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
12.	Significant Procedure Code 9	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 8 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
13.	Significant Procedure Code 10	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 9 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
14.	Significant Procedure Code 11	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 10 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
15.	Significant Procedure Code 12	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 11 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
16.	Significant Procedure Code 13	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 12 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
17.	Significant Procedure Code 14	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 13 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A
18.	Significant Procedure Code 15	Text	7	<p>Include if applicable.</p> <p>If present, Significant Procedure Code 14 must be present.</p> <p>If entered, must be a valid ICD-10-PCS code* (exclude decimal point) or valid CPT code (as reported in FL 74 of the UB-04).</p> <p>Must be consistent with Procedure Code Type.</p>	<p>Patient's additional significant procedure, as reported in FL 74 of the UB-04.</p> <p>ICD code (exclude decimal point) or CPT code, as indicated in the Procedure Code Type field in this record.</p>	A

RECORD TYPE 60 – PATIENT ED VISIT SERVICE LINE ITEMS

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

Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
1.	Record type '60'	Text	2	Must be present. Must be 60.	Indicator for Record Type '60': Patient ED Visit Service Line Items	A
2.	Medical Record Number	Text	25	Must be present. Must be the same as the Medical Record Number in the preceding RT 20 Field 4.	Patient's hospital Medical Record Number	A

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

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
5.	End of Line Items Indicator	Text	1	<p>Must be present following the last Service Line Item.</p> <p>Must be 'Y' if this is the last Service Line Item for the ED Visit, otherwise leave blank.</p>	Enter 'Y' to indicate the end of the list of Service Line Items for the current ED Visit, and the end of the patient record.	A
6.	Group Element: Service Line Items 2-14	Text	16	<p>Include if applicable.</p> <p>If present, the previous Service Line Item must be present.</p> <p>The last Service Line Item Element for the ED Visit must include a 'Y' in the End of Line Items Indicator.</p>	<p>Repeat fields 3, 4 and 5 for a total of 14 Service Line Item Elements in each 60 record.</p> <p>Additional Service Line Items for the same ED Visit.</p>	

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

RECORD TYPE 94 – HOSPITAL SERVICE SITE SUMMARY

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

Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
1.	Record Type '94'	Text	2	Must be present. Must be 94.	Indicator for Record Type '94': Hospital Service Site Summary	A
2.	Hospital Service Site Reference	Text	7	Must be present. Must be a valid code as specified in Data Code Table I. At least one Service Site Summary (Group Element) must be present (fields 2 through 10).	CHIA designated organization number for each provider site.	A
3.	Number of ED Treatment Beds at Site	Text	4	Must be present. Must be numeric.	Number of ED Beds on last day of the reporting period. Number of permanent ED treatment bays or beds, as approved by the Department of Public Health. Do not count temporary use of gurneys, stretchers, etc., nor beds in ED-based observation units.	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
4.	Number of ED-based Observation Beds at Site	Text	4	Must be present. Must be numeric.	Number of Observation Beds on last day of the reporting period. Number of permanent beds or treatment bays in ED-based observation unit, if any.	A
5.	Total Number of ED-based Beds at Site	Text	4	Must be present. Must be numeric.	Combined total number of ED beds and ED-based observation beds. Total number of ED beds and ED-based observation beds, combined.	A
6.	ED Visits – Admitted to Inpatient at Site	Text	7	Must be present. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that resulted in inpatient admission (whether preceded by observation stay or not).	A
7.	ED Visits – Admitted to Outpatient Observation at Site	Text	7	Must be present. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that resulted in admission to outpatient observation, but not inpatient admission.	A
8.	ED Visits - All Other Outpatient ED Visits at Site	Text	7	Must be present. Must be numeric.	Total number of registered ED Visits occurring during the reporting period that had a disposition other than admission to outpatient observation and/or inpatient care.	A

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Field No.	Field Name	Data Type	Length	Edit Specifications	Field Definition	Error Type
9.	ED Visits – Total Registered at Site	Text	7	Must be present. Must be numeric.	Total number of all registered ED Visits occurring during the reporting period, regardless of disposition.	A
10.	End of Record Indicator	Text	1	Must be present if this is the last Site Summary Group Element for the Hospital Service Site Summary record. Must be a 'Y'.	Denotes end of list in Hospital Service Site Summary record.	A
11.	Group Element: Site Summaries 2-4		48	One Service Site Summary (Group Element) must be present for each Site reported in the Provider Submission. Last Site Summary Group Element must include a 'Y' in the End of Record Indicator.	Repeat fields 2 -10 for a total of 4 Site Summary Elements in the 94 record. Additional Site Summary data for the same Provider Submission. Multiple site summaries are allowed on one record.	

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

RECORD TYPE 95 – PROVIDER BATCH CONTROL

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

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

Outpatient Emergency Department Visit Data Code Tables:

I) CHIA Organization IDs for Hospitals

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

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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
11466	Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc.
77	Holyoke Medical Center
81	Lahey Hospital & Medical Center – Burlington
4448	Lahey Medical Center – Peabody
109	Lahey Health – Addison Gilbert Hospital
110	Lahey Health – Beverly Hospital
138	Lahey Health – Winchester Hospital
83	Lawrence General Hospital
85	Lowell General Hospital
115	Lowell General Hospital – Saints Campus
133	Marlborough Hospital

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

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Org Id	Organization Name
42	Steward Carney Hospital
62	Steward Good Samaritan Medical Center – Brockton Campus
75	Steward Holy Family Hospital
41	Steward Norwood Hospital
114	Steward Saint Anne's Hospital
126	Steward St. Elizabeth's Medical Center
129	Sturdy Memorial Hospital
104	Tufts-New England Medical Center
131	UMass Memorial Medical Center – University Campus
130	UMass Memorial Medical Center – Memorial Campus

II) Payer Type Code: See CHIA website for full Payer Codes list: <https://www.chiamass.gov/hospital-data-specification-manuals/>

III) Source of Payment Code: See CHIA website for full Payer Codes list: <https://www.chiamass.gov/hospital-data-specification-manuals/>

IV) Patient Sex at Birth

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

V) Patient Race

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

VI) Patient Hispanic Indicator

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

VII) Patient Ethnicity

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

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

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VIII) Type of Visit

Code	Description
1	Emergency
2	Urgent
3	Non-Urgent
4	Newborn
5	Information Unavailable
6	Trauma

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IX) Source of Visit

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

X) Patient Departure Status Code

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

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

XI) Other Caregiver Code

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

XII) Patient's Mode of Transport Code

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

XIII) Homeless Indicator

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

XIV) Condition Present on Visit Flag

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

XV) DNR Status

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

Outpatient Emergency Department Visit Data Quality Standards

- (1) The data will be edited for compliance with the edit specifications set forth in the Outpatient Emergency Department Visit Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of errors in data elements categorized as A or B errors in the Error Type column of the Record Table Specifications above.
- (2) All errors will be recorded for each patient discharge. A patient discharge will be rejected under the following conditions:
 - (a) Presence of one or more errors for Category A elements.
 - (b) Presence of two or more errors for Category B elements.
- (3) An entire file will be rejected and returned to submitter if:
 - (a) Any Category A elements of Provider Record (Record Type = 10) are in error or
 - (b) Any Category A errors on Provider Batch Control Record (Record Type = 95).
 - (c) Any required record types are missing or out of order.
 - (d) if 1% or more of discharges are rejected or
 - (e) if 50 consecutive records are rejected.
- (4) Acceptance of data files under the edit check procedures shall not be deemed acceptance of the factual accuracy of the data contained therein.

Submittal Schedule

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

Final, complete quarterly files are due 75 days following the end of the reporting period.

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