

**Comparison of Decision Support 2000+  
Enrollment and Encounter Data Sets  
With Other National Data Sets**

Below are tables showing the data elements proposed for the enrollment and encounter data sets in Decision Support 2000+ compared to data elements contained in other relevant data sets. The tables are presented by data element in Decision Support 2000+ . In each table, the first row names the data set, the second row shows the location of the data element in that data set, and the remaining rows list the comparable data elements. Note that \*\* indicates the prime source used for the DS 2000+ data elements.

**Enrollment Data Set**

**Person ID**

DS 2000+	US Census	HIPAA **	FN11	HCFA 1500	HCFA UB92
<b>Enrollment</b>		<b>TBD</b>		<b>Line: 1a</b>	<b>Line: 3</b>
Unique ID	-----	Unique ID	-----	Insured's ID number	Unique Number Assigned by Facility

**Gender**

DS 2000+	US Census	HIPAA **	FN11	HCFA 1500	HCFA UB92
<b>Enrollment</b>	<b>Q.3</b>	<b>Implementation Guide 834, pg 71</b>	<b>Client Master, Item # 2</b>	<b>Line: 3</b>	<b>Line: 15</b>
Male	Male	Male	Male	M	M
Female	Female	Female	Female	F	F
Unknown		Unknown	-----	-----	U

**Race**

<b>DS 2000+</b>	<b>US Census**</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>	<b>Q.6</b>	<b>Implementation Guide 834, pg 72</b>	<b>Client Master, item #4</b>		
White	White	Caucasian	White	-----	-----
Black, African Am., or Negro	Black, African Am., or Negro	Black	Black/ African American	-----	-----
American Indian or Alaska Native	American Indian or Alaska Native	American Indian or Alaskan Native	American Indian/ Alaskan Native	-----	-----
Asian Indian	Asian Indian	-----	-----	-----	-----
Chinese	Chinese	-----	-----	-----	-----
Filipino	Filipino	-----	-----	-----	-----
Japanese	Japanese	-----	-----	-----	-----
Korean	Korean	-----	-----	-----	-----
Vietnamese	Vietnamese	-----	-----	-----	-----
Other Asian	Other Asian	-----	-----	-----	-----
Native Hawaiian	Native Hawaiian	-----	-----	-----	-----
Guamanian or chamorro	Guamanian or chamorro	-----	-----	-----	-----
Samoan	Samoan	-----	-----	-----	-----
Other Pacific Islander	Other Pacific Islander	Asian or Pacific Islander	Asian or Pacific Islander	-----	-----
Some Other Race	Some Other Race	Not provided	Other	-----	-----
-----		Hispanic	-----	-----	-----
-----		Black (Non-Hispanic)	-----	-----	-----
-----		White (Non-Hispanic)	-----	-----	-----

**Ethnicity**

<b>DS2000+</b>	<b>US Census**</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>	<b>Q.5</b>		<b>Client Master, Item #5</b>		
No, not Spanish/Hispanic/Latino	No, not Spanish/Hispanic/Latino	-----	Not of Hispanic Origin	-----	-----
Mexican, Mexican American, Chicano	Mexican, Mexican American, Chicano	-----	Mexican, Mexican American	-----	-----
Puerto Rican	Puerto Rican	-----	Puerto Rican	-----	-----
Cuban	Cuban	-----	Cuban	-----	-----
Other Spanish/Hispanic/Latino	Other Spanish/Hispanic/Latino	-----	Other Hispanic	-----	-----

**Date of Birth**

<b>DS 2000+</b>	<b>US Census**</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>	<b>Q.4</b>	<b>Implementation Guide 834, pg 34</b>	<b>Client Master, Item # 3</b>	<b>Line: 3</b>	<b>Line: 14</b>
mm/dd/yyyy	mm/dd/yyyy	Ccyymmdd	mm/dd/yyyy	mm/dd/ccyy	mm/dd/yy

## Living Arrangement

DS 2000+	US Census	16 State Study**	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Enrollment</b>		<b>O12</b>	<b>TBD</b>	<b>Client Periodic, Item # 4</b>		
Private Residence	-----	Private Residence		Private residence/household	-----	-----
Private residence without support	-----	Private residence without support		Other residential setting (group home, half-way house, supported living)	-----	-----
Private residence receiving support	-----	Private residence receiving support		-----	-----	-----
Therapeutic foster home (source: CMHS UDS)	-----	-----		-----	-----	-----
24-Hour Residential Care	-----	24-Hour Residential Care		-----	-----	-----
Institutional Setting	-----	Institutional Setting		-----	-----	-----
Jail/Correctional Facility	-----	Jail/Correctional Facility		Jail or correctional facility (detention center, institution/training school)	-----	-----
Homeless/ Shelter	-----	Homeless/ Shelter		Homeless (on the street, in a shelter, transient)	-----	-----
Other	-----	Other		Other institutional setting (psychiatric hospital, residential treatment center, Nursing home)	-----	-----
Unknown	-----	Unknown		-----	-----	-----
	-----			Boarding School	-----	-----

## Employment

DS 2000+	US Census	Dept of Labor Current Population Survey**	HIPAA	FN11	HCFA 1500	HCFA UB92
Enrollment	Q.25		Implementation Guide 834, pg 49	Client Periodic, Item #2	Line: 3	Line: 64
Employed – At Work	Laid off	Employed – At Work	Full Time Active Employee, FT	Employed	Employed	Employed Full Time
Employed – Absent	Temporarily absent, vacation, temporary illness, labor dispute	Employed – Absent	Leave of Absence	-----	-----	-----
Unemployed – On Layoff	For Pay or Profit	Unemployed – On Layoff	-----	Unemployed (laid off or looking for work)		Not employed
Unemployed – Looking	Will be recalled to work in next 6 months	Unemployed – Looking	-----	-----	-----	-----
Retired – Not in Labor Force	Looking for work	Retired – Not in Labor Force	Retired	Not in the labor force (homemaker, student, retired, resident or institution)	Full-time student, Part- time student	Retired
Disabled – Not in Labor Force	In school	Disabled – Not in Labor Force	-----	-----	-----	-----
Other – Not in Labor Force	-----	Other – Not in Labor Force	-----	Other (volunteer, disabled)	-----	Unknown
-----	-----	-----	Active Military – Overseas	-----	-----	-----
-----	-----	-----	Active Military – USA	In the armed forces	-----	On Active Military Duty
-----	-----	-----	Terminated	-----	-----	-----
-----	-----	-----	-----	-----	-----	Self-EMP- ployment
-----	-----	-----	Part-time Part-time active employee	Part-time employed	-----	Employed Part Time

**Total Income**

<b>DS 2000+</b>	<b>US Census**</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>	<b>Q.32</b>	<b>TBD</b>			
\$XXXXX.XX	\$XXXXX.XX		-----	-----	-----

**Sources of Income**

<b>DS 2000+</b>	<b>US Census**</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>	<b>Q.31</b>	<b>TBD</b>			
Employment	Employment		-----	-----	-----
Self Employment	Self Employment		-----	-----	-----
Interest and other	Interest and other		-----	-----	-----
Social Security or Railroad Retirement	Social Security or Railroad Retirement		-----	-----	-----
Supplemental Security Income (SSI)	Supplemental Security Income (SSI)		-----	-----	-----
Social Security Disability (SSDI)	Social Security Disability (SSDI)		-----	-----	-----
Any public assistance of welfare	Any public assistance of welfare		-----	-----	-----
Retirement, survivor or disability pensions	Retirement, survivor or disability pensions		-----	-----	-----
Other	Other		-----	-----	-----

**Legal Guardian or Conservatorship**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11**</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>		<b>TBD</b>	<b>Client Periodic, Item # 9</b>		
Parent(s)	-----		Parent(s)	-----	-----
Other relative	-----		Other relative	-----	-----
Non-relative	-----		Non-relative	-----	-----
Emancipated Minor	-----		Emancipated Minor	-----	-----
State or public agency	-----		State or public agency	-----	-----
Not Applicable	-----		Not Applicable	-----	-----

**Place of Residence**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>		<b>Implementation guide 834, pg 144</b>	<b>Client Periodic, Item # 6</b>	<b>Line: 5</b>	<b>Line: 13</b>
xxxxx-xxx (zip code)	xxxxx (zip code)	Zip Code	Zip Code	Zip Code	Patient Address

**Marital Status**

<b>DS 2000+</b>	<b>US Census**</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Enrollment</b>	<b>Q.7</b>	<b>Implementation Guide 834, pg 71</b>	<b>Client Periodic, Item #12</b>	<b>Line: 8</b>	<b>Line: 16</b>
Now married	Now married	Married	Now married	Married	Married
Widowed	Widowed	Widowed	Widowed	---	Widowed
Divorced	Divorced	Divorced	Divorced	---	Divorced
Separated	Separated	Separated	Separated	---	Legally separated
Never married	Never married	Single	Never married	Single	Single
Unknown	-----	Unreported	---	---	Unknown
		Registered Domestic Partner		other	Life partner
		Legally Separated			
		Unmarried			
			----		

## Education Level

DS 2000+	US Census**	HIPAA	FN11	HCFA 1500	HCFA UB92
Enrollment	Q.9	TBD	Client Periodic, Item # 1		
No schooling completed	No schooling completed		Never attended school	-----	-----
Nursery school to 4 <sup>th</sup> grade	Nursery school to 4 <sup>th</sup> grade		Preschool/kindergarten	-----	-----
5 <sup>th</sup> grade or 6 <sup>th</sup> grade	5 <sup>th</sup> grade or 6 <sup>th</sup> grade		Total number of years of school	-----	-----
7 <sup>th</sup> grade or 8 <sup>th</sup> grade	7 <sup>th</sup> grade or 8 <sup>th</sup> grade		-----	-----	-----
9 <sup>th</sup> grade	9 <sup>th</sup> grade		-----	-----	-----
10 <sup>th</sup> grade	10 <sup>th</sup> grade		-----	-----	-----
11 <sup>th</sup> grade	11 <sup>th</sup> grade		-----	-----	-----
12 <sup>th</sup> grade, No diploma	12 <sup>th</sup> grade, No diploma		-----	-----	-----
High School Graduate, high school diploma or the equivalent (for example: GED)	High School Graduate, high school diploma or the equivalent (for example: GED)		-----	-----	-----
Some college credit, but less than 1 year	Some college credit, but less than 1 year		-----	-----	-----
1 or more years of college, no degree	1 or more years of college, no degree		-----	-----	-----
Associates degree (for example: AA or AS)	Associates degree (for example: AA or AS)		-----	-----	-----
Bachelor's degree (for example: BA, AB, BS)	Bachelor's degree (for example: BA, AB, BS)		-----	-----	-----
Master's degree (for example: MA, MS, Med, MSW, MBA)	Master's degree (for example: MA, MS, Med, MSW, MBA)		-----	-----	-----
Professional degree (for example: MD, DDS, DVM, LLB, JD)	Professional degree (for example: MD, DDS, DVM, LLB, JD)		-----	-----	-----
Doctorate degree (for example: PhD, EdD)	Doctorate degree (for example: PhD, EdD)		-----	-----	-----

**Health Status**

DS 2000+	US Census**	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Enrollment</b>	<b>Q.17</b>	<b>Implementation Guide 837, pg 225</b>			
cognitive function	cognitive function	Agitated	-----	-----	-----
activities or daily living	activities or daily living	Comatose	-----	-----	-----
instrumental activities of daily living	instrumental activities of daily living	Disorientated	-----	-----	-----
Working	Working	Depressed	-----	-----	-----
-----	-----	Forgetful	-----	-----	-----
-----	-----	Lethargic	-----	-----	-----
-----	-----	Other Mental Condition	-----	-----	-----
-----	-----	Oriented	-----	-----	-----

**Date**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Enrollment</b>		<b>Implementation Guide 834, p 34</b>			
mm/dd/yyyy y	-----	ccmmddyy	-----	-----	-----

## Encounter Data Set

### Person ID

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
Encounter		TBD			
Unique ID	-----		-----	-----	-----

### Health Plan ID(s)

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
Encounter		TBD		Line: 11, 11c	Line: 61 a,b,c 62 a,b,c
Unique ID	-----		-----	Insured's Policy group or FECA number	Group Name Insurance Group Number

### Claim ID

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
Encounter		TBD			
Unique #	-----		-----	-----	-----

### Provider ID

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
Encounter		TBD			
Unique ID	-----		-----	-----	-----

**Facility ID**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
Encounter		TBD		Prime Source Line: 32	
Unique ID	-----		-----	Unique ID	-----

**Facility Type**

DS 2000+	US Census	HIPAA **	FN11	HCFA 1500	HCFA UB92
Encounter		TBD	Encounter data elements, # 5		Line: 4
Health Care Provider Taxonomy Codes	-----	Health Care Provider Taxonomy Codes	Premises of the program Element or the mh org.	-----	-----
-----		-----	Other clinical setting	-----	-----
-----		-----	Jail	-----	-----
-----		-----	Nursing Home	-----	Skilled Nursing
-----		-----	Inpatient	-----	-----
-----		-----	Hospital	-----	Hospital
-----		-----	School	-----	
-----		-----	Patient's place of residence	-----	Home Health
-----		-----	Street or other public place	-----	-----
-----		-----	Phone	-----	-----
-----		-----	-----	-----	Religious Non-Medical (Hospital)
-----		-----	-----	-----	Religious Non-Medical (Extended Care)
-----		-----	-----	-----	Intermediate Care
-----		-----	-----	-----	Special Facility or hospital ASC surgery
-----		-----	-----	-----	Reserved for National Assignment
-----		-----	-----	-----	Clinic or Hospital Based Renal Dialysis Facility

**Provider Specialty**

DS 2000+	US Census	HIPAA & HR Set Codes**	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>HIPAA still TBD</b>			
Counselors by subtype	-----	Counselors by subtype	-----	-----	-----
Marriage & Family Therapist	-----	Marriage & Family Therapist	-----	-----	-----
Therapist	-----	Therapist	-----	-----	-----
Neuropsychologist	-----	Neuropsychologist	-----	-----	-----
Psychoanalyst by subtype	-----	Psychoanalyst by subtype	-----	-----	-----
Psychologist by subtype	-----	Psychologist by subtype	-----	-----	-----
Nurse by type and subtype	-----	Nurse by type and subtype	-----	-----	-----
Nursing service related providers by type	-----	Nursing service related providers by type	-----	-----	-----
Physician assistants and advanced practice nursing providers by type and subtype	-----	Physician assistants and advanced practice nursing providers by type and subtype	-----	-----	-----
Physician/osteopath by subtype	-----	Physician/osteopath by subtype	-----	-----	-----
Psychosocial rehabilitation specialist	-----	Psychosocial rehabilitation specialist	-----	-----	-----
School psychologist	-----	School psychologist	-----	-----	-----
Social Worker	-----	Social Worker	-----	-----	-----
Sociologist	-----	Sociologist	-----	-----	-----
Other	-----	Other	-----	-----	-----

**Date of Service**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>Implementation guide 834, pg 34</b>	<b>Encounter Data elements, Item # 8</b>	<b>Line: 14</b>	
mm/dd/yyyy	-----	ccmmddy	mm/dd/yy	mm/dd/yy	-----

**Duration of Service**

<b>DS2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation guide 834, pg 34</b>			
hh/mm	-----	cmmddy	-----	-----	-----

**Admission Date/Time**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation guide 834, pg.34</b>			<b>Line: 17</b>
mm/dd/yyyy	-----	cmmddy	-----	-----	mm/dd/yy

**Discharge Date/Time**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation guide 834, pg.34</b>			
mm/dd/yyyy	-----	cmmddy	-----	-----	-----

**Type of Service/Procedure**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11**</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation Guide 270, pg 90-95 To be confirmed</b>	<b>Encounter data elements, Item # 5</b>		<b>Line: 4</b>
Hospital inpatient	-----		Hospital inpatient	-----	Inpatient (part A)
Hospital administrative day	-----		Hospital administrative day	-----	Hospital Based or Inpatient (Part B)
Psychiatric health facility	-----		Psychiatric health facility		Rural Health Clinic
Skilled nursing facility	-----		Skilled nursing facility	-----	Other (part B)
IMD Basic (no patch) or with patch	-----		IMD Basic (no patch) or with patch	-----	Intermediate Care – Level I
Residential, other	-----		Residential, other	-----	Intermediate Care – Level II
Adult crisis residential	-----		Adult crisis residential	-----	Subacute Inpatient
Jail inpatient	-----		Jail inpatient	-----	Swing Bed
Respite care	-----		Respite care	-----	Reserved for National Assignment
Outpatient visits	-----		Outpatient visits		Outpatient
Alcohol/drug abuse	-----		Alcohol/drug abuse	-----	Hospital Based or Independent Renal Dialysis Facility
Case management	-----		Case management	-----	Free-Standing Provider-Based Federally Qualified Health Centers
Collateral	-----		Collateral	-----	Other Rehabilitation Facility
Individual (counseling, health therapy)	-----		Individual (counseling, health therapy)	-----	Comprehensive Outpatient Rehabilitation Facility
Medication support	-----		Medication support	-----	Community Mental Health Center
Psychological rehabilitation	-----		Psychological rehabilitation	-----	Other
Ambulatory	-----		Ambulatory	-----	Ambulatory Surgical Center Services to Hospital Outpatients

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11**</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation Guide 270, pg 90-95 <i>To be confirmed</i></b>	<b>Encounter data elements, Item # 5</b>		<b>Line: 4</b>
Screening and evaluation, assessment	-----		Screening and evaluation, assessment	-----	Hospice (Hospital based)
Supportive services	-----		Supportive services		Hospice (nonhospital based)
Prevention	-----		Prevention	-----	Free standing Birthing Center
Consultation and education	-----		Consultation and education	-----	Critical Access Hospital
Children's special service	-----		Children's special service	-----	-----
Peer counseling	-----		Peer counseling	-----	-----
Self help	-----		Self help	-----	-----
Vocational services	-----		Vocational services	-----	-----
Socialization	-----		Socialization	-----	-----
Day treatment	-----		Day treatment	-----	-----
Day rehabilitation	-----		Day rehabilitation	-----	-----
Club house	-----		Club house	-----	-----
Crisis stabilization— ER (psych ER resulting in admission)	-----		Crisis stabilization—ER (psych ER resulting in admission)	-----	-----
Crisis stabilization	-----		Crisis stabilization	-----	-----
Crisis Outpatient	-----		Crisis Outpatient	-----	-----

**Service Location**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA** 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>TBD</b>		<b>Instructions 2010.3</b>	
Office	-----	-----	-----	Office	-----
Home	-----		-----	Home	-----
School	-----		-----	School	-----
Inpatient Hospitalization	-----		-----	Inpatient Hospitalization	-----
Outpatient Hospitalization	-----		-----	Outpatient Hospitalization	-----
Emergency Room – Hospital	-----		-----	Emergency Room – Hospital	-----
Ambulatory Surgical Center	-----		-----	Ambulatory Surgical Center	-----
Birthing Center/Free Standing	-----		-----	Birthing Center/Free Standing	-----
Military Treatment Facility	-----		-----	Military Treatment Facility	-----
Skilled Nursing Facility	-----		-----	Skilled Nursing Facility	-----
Nursing Facility	-----		-----	Nursing Facility	-----
Custodial Care Facility	-----		-----	Custodial Care Facility	-----
Hospice	-----		-----	Hospice	-----
Ambulance – Land	-----		-----	Ambulance – Land	-----
Ambulance – Air or Water	-----		-----	Ambulance – Air or Water	-----
Federally Qualified Health Center	-----		-----	Federally Qualified Health Center	-----
Inpatient Psychiatric Facility	-----		-----	Inpatient Psychiatric Facility	-----
Psychiatric Facility Partial Hospitalization	-----		-----	Psychiatric Facility Partial Hospitalization	-----
Community Mental Health Center	-----		-----	Community Mental Health Center	-----
Intermediate Care	-----		-----	Intermediate Care Facility/Mental Retardation	-----

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11</b>	<b>HCFA** 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>TBD</b>		<b>Instructions 2010.3</b>	
Facility/Mental Retardation					
Residential Substance Abuse Treatment Facility	-----		-----	Residential Substance Abuse Treatment Facility	-----
Psychiatric Residential Treatment Center	-----		-----	Psychiatric Residential Treatment Center	-----
Comprehensive Inpatient Rehabilitation Facility	-----		-----	Comprehensive Inpatient Rehabilitation Facility	-----
Comprehensive Outpatient Rehabilitation Facility	-----		-----	Comprehensive Outpatient Rehabilitation Facility	-----
End – Stage Renal Disease Treatment Facility	-----		-----	End – Stage Renal Disease Treatment Facility	-----
State or Local Public Health Clinic	-----		-----	State or Local Public Health Clinic	-----
Rural Health Clinic	-----		-----	Rural Health Clinic	-----
School	-----		-----	School	-----
Independent Laboratory	-----		-----	Independent Laboratory	-----
Court	-----		-----	Court	-----
Correctional Facility	-----		-----	Correctional Facility	-----
Other Community Setting	-----		-----	Other Community Setting	-----
Drop-in Center	-----		-----	Drop-in Center	-----
Foster Home	-----		-----	Foster Home	-----
Place of Employment	-----		-----	Place of Employment	-----
Other Unlisted Facility	-----		-----	Other Unlisted Facility	-----

**Principal Diagnosis**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA **</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation guide 834, pg 125</b>			
ICD-9-CM diagnosis code	-----	ICD-9-CM diagnosis code	-----	-----	-----

**Other Diagnosis**

<b>DS 2000+ Categories</b>	<b>US Census</b>	<b>HIPAA **</b>	<b>FN11</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>Implementation guide 834, pg 125</b>			
ICD-9-CM diagnosis code	-----	ICD-9-CM diagnosis code	-----	-----	-----

**Legal Status**

<b>DS 2000+</b>	<b>US Census</b>	<b>HIPAA</b>	<b>FN11**</b>	<b>HCFA 1500</b>	<b>HCFA UB92</b>
<b>Encounter</b>		<b>TBD</b>	<b>Client Periodic, Item # 10</b>		
voluntary	-----	-----	voluntary	-----	-----
involuntary civil	-----	-----	involuntary civil	-----	-----
Involuntary criminal	-----	-----	Involuntary criminal	-----	-----

**Medication**

DS 2000+	US Census	HIPAA**	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>Implementation Guide 837, pg 451 To be confirmed</b>			
Name or NDC code Dose/frequency	-----	Name or NDC code Dose/frequency	-----	-----	-----

**Total Charge**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>TBD</b>		<b>Line: 28</b>	
\$xx,xxx.xx	-----		-----	\$xx,xxx.xx	-----

**Recipient Paid**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>TBD</b>		<b>Line: 29</b>	
\$xx,xxx.xx	-----		-----	\$xx,xxx.xx	-----

**Reimbursement Type**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>TBD</b>			
Fee for service	-----		-----	-----	-----
Case rate	-----		-----	-----	-----
Pmpm	-----		-----	-----	-----
Per diem	-----		-----	-----	-----
Other	-----		-----	-----	-----

**Reimbursement Amount**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>TBD</b>			
\$xx,xxx.xx	-----		-----	-----	-----

**Expected Source(s) of payment**

DS 2000+	US Census	HIPAA	FN11	HCFA 1500	HCFA UB92
<b>Encounter</b>		<b>TBD</b>			
Medicaid	-----		-----	-----	-----
Medicare	-----		-----	-----	-----
CHAMPUS	-----		-----	-----	-----
Veterans Administration	-----		-----	-----	-----
Indian Health/Rural Health Service	-----		-----	-----	-----
CMHS Block Grant	-----		-----	-----	-----
Commercial Insurance	-----		-----	-----	-----
Employer	-----		-----	-----	-----
Worker's compensation	-----		-----	-----	-----
State/local government funds	-----		-----	-----	-----
Self pay	-----		-----	-----	-----
None	-----		-----	-----	-----
Other	-----		-----	-----	-----