

DECISION SUPPORT 2000+ DRAFT ENCOUNTER DATA SET 5-9-01

DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
Person ID	Unique ID	National unique ID codes have not yet been developed/adopted. Until this is done, use social security number.	TBD		
Health Plan ID(s)	Unique ID(s)	The entity that is responsible for paying the claim for this encounter. Could be a commercial insurer, MBHCO, Medicaid, Medicare, county, etc. If multiple plans contribute to payment for the encounter, all are recorded. Plan enrollment data (see note to Enrollment data set) are in core financial/other data set. The client ID(s) assigned by the Plan(s) are in the additional data set.	HIPAA <i>To be determined</i>	Indicate all that apply in order of expected payment.	
Provider ID	Unique ID	Code that identifies the provider rendering the service. National codes are under development (National Provider File). Until then, use the unique ID assigned by the payor/plan or UPIN #.	HIPAA Implementation Guide 834, Pg. 142 <i>To be confirmed</i>		
Facility ID	Unique ID	Use Federal Tax No. (EIN)	HCFA		
Facility Type	Agencies Ambulatory Health Care Facilities Hospital Units Hospitals Laboratories Managed Care Organizations Nursing and Custodial Care Facilities Residential Treatment Facilities Suppliers Transportation Services	Health Care Provider Taxonomy Codes <i>NOTE: These Facility Type Codes will link to the DS2000+ Organizational Data Set because the DS2000+ organizational codes will be mapped onto the HIPAA Health Care Provider Taxonomy Codes so that a precise correspondence is achieved.</i>	HIPAA Implementation Guide 837, Pg. 159 <i>To be confirmed</i> For Health Care Provider Taxonomy Codes see www.wpc-edi.com/taxonomy/Codes.html	Select One	
Provider Type	Counselors by subtype Marriage & Family Therapist Neuropsychologist Psychoanalyst by subtype Psychologist by subtype Social worker by subtype Nursing service related providers by subtype Physician assistants and advanced practice nursing providers by type/subtype Physician/osteopath by subtype Pharmacy service providers Specialist/technologist Other service providers by subtype	Health Care Provider Taxonomy Codes The Health Care Provider Taxonomy is structured to give information on the type of provider specialty and training and education requirements. This taxonomy needs to be further developed to include a wider range of providers in behavioral health such as peer counselors, mental health paraprofessionals, case managers, activity therapists, rehabilitation and vocational counselors, social workers, patients' rights advocates, etc. <i>NOTE: These Provider Specialty Codes will link to the DS2000+ Human Resources Data Set because the DS2000+ human resource codes will be mapped onto the HIPAA Health Care Provider Taxonomy Codes so that a precise correspondence is achieved.</i>	HIPAA TBD For Health Care Provider Taxonomy Codes see www.wpc-edi.com/taxonomy/Codes.html	Select One	
Date of service	mm/dd/yyyy	Date service is delivered to recipient.			

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Duration of services	number of minutes	Duration of the encounter in minutes			
Admission Date/Time	mm/dd/yyyy	Admission date and time for inpatient or residential services.	N/A		
Discharge Date/Time	mm/dd/yyyy	Discharge date and time for inpatient or residential services.	N/A		
Type of Service/ Procedure	CPT-4, HCPCS and ICD-9-CM Volume 3 Procedure codes	CPT-4 and HCPCS codes for physician services and other health care services. ICD-9-CM Volume 3 Procedures for reporting of inpatient procedures by hospitals. HCPCS codes for other substances, equipment, supplies, and other items used in health care services. <i>NOTE:</i> Behavioral health procedure codes are currently under development by NRI and will replace the current CPT-4 and HCPCS codes for Mental Health if adopted by HCFA.	HIPAA Implementation Guide 270, Pg. 90-5	Select One	
Service Location	0-10 11 12 13-20 21 22 23 24 25 26 27-30 31 32 33 34 35-40 41 42 43-49 50 51 52 53 54 55 56 57-59 60	Unassigned Office Home Unassigned Inpatient Hospital Outpatient Hospital Emergency Room - Hospital Ambulatory Surgical Center Birthing Center Military Treatment Facility Unassigned Skilled Nursing Facility Nursing Facility Custodial Care Facility Hospice Unassigned Ambulance - Land Ambulance - Air or Water Unassigned Federally Qualified Health Center Inpatient Psychiatric Facility Psychiatric Facility Partial Hospitalization Community Mental Health Center Intermediate Care Facility/Mentally Retarded Residential Substance Abuse Treatment Facility Psychiatric Residential Treatment Center Unassigned Massachusetts Immunization Center	HCFA 1500 Field 24B	Select One	

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DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
	61 62 63-64 <i>continued on next page</i>	Comprehensive Inpatient Rehabilitation Facility Comprehensive Outpatient Rehabilitation Facility Unassigned			
	65 66-70 71 72 73-79 80 81 82-98	End - Stage Renal Disease Treatment Facility Unassigned State or Local Public Health Clinic Rural Health Clinic Unassigned School Independent Laboratory Unassigned			
Principal Diagnosis	ICD-9-CM diagnosis code	The principal diagnosis for the services rendered coded according to ICD-9-CM volumes 1 and 2. I <i>NOTE:</i> Codes and terms in DSM-IV are fully compatible with ICD-9-CM and ICD-10-CM	HIPAA Implementation Guide 834, Pg. 125	Record One. Include the fourth and fifth digits if applicable.	
Other Diagnosis	ICD-9-CM diagnosis code	The other diagnosis codes describe any other conditions that exist for the services rendered coded according to ICD-9-CM volumes 1 and 2. Include medical diagnoses. <i>NOTE:</i> Codes and terms in DSM-IV are fully compatible with ICD-9-CM and ICD-10-CM	HIPAA Implementation Guide 834, Pg. 125	Record up to four diagnosis include fourth and fifth digits if applicable.	
Legal Status	Voluntary Involuntary civil Involuntary criminal	Legal status at time of service.	FN 11	Select One	
Medication	Name or National Drug Code(s) Dose/frequency	Medications taken at time of visit. Use National Drug Codes (NDC) for drugs and biologics. Include medications for medical conditions.	HIPAA Implementation Guide 837, Pg. 451	Report all, including over-the-counter drugs	
Functional Status	GAF score (0-100)	Global Assessment of Functioning (GAF) Scale score			
Expected Source(s) of Payment	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	The entity funding the health care coverage or benefit for this claim/encounter. If multiple entities fund the coverage or benefit for this encounter, record all. Health Plan ID (above) is applicable to some entities, but not others.	HIPAA TBD	Check all that apply.	

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DATA ELEMENT	CATEGORIES	DEFINITION	SOURCE	INSTRUCTIONS	USES OF DATA
	None Other				
Claim ID	Unique #	Number assigned by health plan paying for the claim	Local code	Insert Number	
Total Charge	\$XX,XXX.XX	The total charge for this claim/encounter.	HIPAA TBD		
Recipient Paid	\$XX,XXX.XX	The amount paid by the consumer for the service including copays.	HIPAA TBD		
Reimburs Type	Fee for service Case rate PMPM Per diem Other	The method of reimbursement.	HIPAA TBD		
Reimburs Amount	\$XX,XXX.XX	The amount of reimbursement the provider receives from the plan.	HIPAA TBD		