

# Non-HL7 (Structured File Format): Encounter (Appendix B)

Version Number: 2.0

FIELD NAME	TYPE	DESCRIPTION	LOOKUP
<b>Unique Encounter Code</b>	Character (15)	This identifier is generated by the source system. Preferred format is a unique 5-digit database identifier assigned by IHS, concatenated with a unique, right justified, zero filled 10-char encounter identifier from the source system. Required only for encounters.	
<b>Chart Facility Code</b>	Character (6)	Code to designate the facility where this chart is located.	Facility (SCB)
<b>Chart Number</b>	Character (10)	A patient's record number at the specified facility. Preferred format is right-justified and zero filled.	
<b>Date of Birth (character format)</b>	Date, format CCYYMMDD (8)	Patient's Date of Birth. Expected format is CCYYMMDD. Registration-always required. Encounters, required only for dental.	
<b>Gender</b>	Character (1)	Sex of Patient as provided by the patient's registration information. (M = Male, F = Female, U = Unknown) Required only for registration.	
<b>Social Security Number &amp; Pseudo-SSN Flag</b>		Composite field consisting of the social security number (or pseudo-ssn) and a flag indicating if it is an actual ssn or a pseudo-ssn assigned by the facility.	
<b>SSN Nine-char</b>	Character (9)	Nine char social security number, or pseudo-ssn assigned by the facility	
<b>SSN Pseudo Flag</b>	Character (1)	Flag indicating whether the associated social security number value is an actual SSN, or a pseudo-ssn assigned by the facility. (P=pseudo, blank=actual) Required only when the SSN is a pseudo-SSN.	
<b>Tribe Code</b>	Character (3)	Indian tribe code specifying patient's tribal membership. Required only for registration.	Tribe (SCB)
<b>Community of Residence Code</b>	Character (7)	Code for the State/County/Community of Residence of the patient. Required only for registration.	Community (SCB)
<b>Beneficiary Classification Code</b>	Character (2)	Classification of the type of patient, indicating a category under which an individual can become eligible for IHS benefits. Required only for registration, if tribe code is 998 or 999	Classification (Beneficiary) (SCB)
<b>Service / Admission Date (character format)</b>	Date, format CCYYMMDD (8)	Outpatient: date of service. Inpatient: admission date. Expected format is CCYYMMDD. Required for all encounter types.	
<b>Location of Encounter</b>	Character (6)	Facility code for the location where the visit took place. Required only for Direct encounters	Facility (SCB)
<b>Service Type Code</b>	Character (1)	A code that specifies the service type for this encounter. Required for all encounters.	Service Type Codes (OIT SCS)
<b>Service Category Code</b>	Character (2)	Category of the service that was provided to the patient during this encounter. Required for all encounters.	Service Category Codes (OIT SCS)
<b>Clinic Code</b>	Character (2)	Code indicating the type of clinic at which this encounter occurred. Required only for Direct Outpatient and Direct Dental encounters.	Clinic (SCB)
<b>Provider Affiliation Code</b>	Character (1)	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider.	Provider Affiliation (OIT SCS)
<b>Provider Discipline Code</b>	Character (2)	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. Required only for Direct Outpatient and Direct Dental encounters. Minimum of one value required.	Services Rendered By (Provider) (SCB)
<b>Provider Affiliation Code</b>	Character (1)	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider.	Provider Affiliation (OIT SCS)

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<b>Provider Discipline Code</b>	Character (2)	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. Required only for Direct Outpatient and Direct Dental encounters. Minimum of one value required.	Services Rendered By (Provider) (SCB)
Provider Affiliation Code	Character (1)	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider.	Provider Affiliation (OIT SCS)
<b>Provider Discipline Code</b>	Character (2)	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. Required only for Direct Outpatient and Direct Dental encounters. Minimum of one value required.	Services Rendered By (Provider) (SCB)
Provider Affiliation Code	Character (1)	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider.	Provider Affiliation (OIT SCS)
<b>Provider Discipline Code</b>	Character (2)	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. Required only for Direct Outpatient and Direct Dental encounters. Minimum of one value required.	Services Rendered By (Provider) (SCB)
Provider Affiliation Code	Character (1)	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider.	Provider Affiliation (OIT SCS)
<b>Provider Discipline Code</b>	Character (2)	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. Required only for Direct Outpatient and Direct Dental encounters. Minimum of one value required.	Services Rendered By (Provider) (SCB)
<b>Unique Registration Code</b>	Character (15)	This identifier is generated by the source system. Preferred format is a unique 5-digit database identifier assigned by IHS, concatenated with a unique, right justified, zero filled 10-char registration identifier from the source system.	
Encounter Delete Flag	Character (1)	Flag received from the local system that indicates that this encounter was deleted from the local system.	
Data Entry Creation Date (character format)	Date, format CCYYMMDD (8)	Date the encounter record was created in the source system. Expected format is CCYYMMDD.	
<b>Date of Last Update</b>	Date, format CCYYMMDD (8)	Date this record was last modified by the local registration/encounter system. Date format is CCYYMMDD.	
<b>Diagnosis Code</b>	Character (6)	ICD-9 diagnosis code. Preferred format is to include the dot. Nationally recognized standard code set. Required only for non-dental direct encounters. Minimum of one value required.	Diagnosis Codes (Industry SCS)
Cause of Diagnosis	Character (1)	Code designating the cause of this specified diagnosis.	Diagnosis Cause Codes (OIT SCS)
Cause of Injury	Character (6)	ICD-9 E-prefix code for the cause of the injury. (Only used if diagnosis code is between 800 and 999.9, meaning injury.) Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
Place of Injury	Character (1)	Code for the place of injury. (Only used if ICD-9 diagnosis code is between 800 and 999.9, signifying an injury.)	Place of Injury (SCB)
<b>Diagnosis Code</b>	Character (6)	ICD-9 diagnosis code. Preferred format is to include the dot. Nationally recognized standard code set. Required only for non-dental direct encounters. Minimum of one value required.	Diagnosis Codes (Industry SCS)
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Place of Injury	Character (1)	Code for the place of injury. (Only used if ICD-9 diagnosis code is between 800 and 999.9, signifying an injury.)	Place of Injury (SCB)
<b>Diagnosis Code</b>	Character (6)	ICD-9 diagnosis code. Preferred format is to include the dot. Nationally recognized standard code set. Required only for non-dental direct encounters. Minimum of one value required.	Diagnosis Codes (Industry SCS)
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Place of Injury	Character (1)	Code for the place of injury. (Only used if ICD-9 diagnosis code is between 800 and 999.9, signifying an injury.)	Place of Injury (SCB)
ICD9 Procedure Code	Character (5)	ICD-9 procedure code for the surgical procedure. If multiple procedure codes are sent, the first one is considered to be the primary procedure. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
ICD9 Procedure Code	Character (5)	ICD-9 procedure code for the surgical procedure. If multiple procedure codes are sent, the first one is considered to be the primary procedure. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)

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FIELD NAME	TYPE	DESCRIPTION	LOOKUP
ICD9 Procedure Code	Character (5)	ICD-9 procedure code for the surgical procedure. If multiple procedure codes are sent, the first one is considered to be the primary procedure. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
<b>Admission Service</b>	Character (2)	Code set indicating type of clinical service to which the patient was admitted. Applies to inpatient only. Required only for Direct Inpatient encounters.	Clinical Services (SCB)
Admission Type	Character (1)	Code indicating by what process a patient was admitted. Applies to inpatient only.	Admission (SCB)
Cause of Death	Character (6)	ICD-9 code for cause of death. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
Number of Consults	Character (3)	Number of physician consultations with the patient during an inpatient stay. Not applicable for outpatient encounters.	
<b>Discharge Date (character format)</b>	Date, format CCYMMDD (8)	Inpatient: date patient discharged. Outpatient: not applicable. Expected format is CCYMMDD. Required only for Inpatient encounters.	
Discharge Service Code	Character (2)	Code set indicating type of clinical service from which the patient was discharged.	Clinical Services (SCB)
Discharge Type Code	Character (1)	Identifies how a patient was discharged from an inpatient visit. Not applicable for outpatient. IHS-specific code set.	Inpatient Disposition Codes (OIT SCS)
Length of Stay	Character (3)	Number of days the patient was in the inpatient setting. Not applicable for outpatient.	
PHN Activity Minutes	Character (4)	Total number of minutes to complete the Public Health Nursing activity.	
PHN Travel Minutes	Character (4)	Travel Time utilized for Public Health Nursing activity, recorded in minutes.	
PHN Activity Code	Character (2)	Activity Code used for reporting Public Health Nursing visits.	Public Health Nurse Activity Codes (OIT SCS)
PHN Intervention Level	Character (1)	Code indicating the level of intervention used during a Public Health Nursing activity.	Public Health Nurse Intervention Level (OIT SCS)
Prescription Quantity	Character (2)	Number of prescriptions written for this patient/visit.	
Last Menstrual Period (character format)	Date, format CCYMMDD (8)	Last known menstrual period on file. Expected format is CCYMMDD.	
LMP Noted (character format)	Date, format CCYMMDD (8)	Date the last menstrual period on file was noted. Expected format is CCYMMDD.	
HGBA1C Value	Character (6)	Result value for a HGBA1C test performed during this encounter.	
HTN Ever Documented Flag	Character (1)	Has this patient ever had Hypertension documented? (Y/N)	
HTN Last Documented (character format)	Date, format CCYMMDD (8)	Date Hypertension (HTN) was last documented, if ever. Expected format is CCYMMDD.	
Clinical Measure Result Value		This field will be used for Blood Pressure, Height, & Weight. BP to be reported in ###/### format, height to be output in inches in ##.# format, weight in pounds in ##.# format.	
Blood Pressure-Systolic	Character (3)		
Blood Pressure-Diastolic	Character (3)		
Ace Inhibitor Fill Flag	Character (1)	Was an ACE INHIBITOR prescribed and/or filled during this encounter (Y/N)?	
DM Nutrition Education Flag	Character (1)	Was Diabetes Mellitus education given to the patient? (Y/N)	
Disposition On ER Visits	Character (1)	The patient disposition code, if this is an ER visit.	Emergency Room Disposition Codes (OIT SCS)

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Clinical Measure Result Value		This field will be used for Blood Pressure, Height, & Weight. BP to be reported in ###/### format, height to be output in inches in ##.# format, weight in pounds in ###.# format.	
Weight	Character (5)		
Clinical Measure Result Value		This field will be used for Blood Pressure, Height, & Weight. BP to be reported in ###/### format, height to be output in inches in ##.# format, weight in pounds in ###.# format.	
Height	Character (4)		
Pap Lab Test Flag	Character (1)	Was a Pap test performed during this encounter? (Y/N)	
Glucose Value	Character (15)	Result value for a glucose test obtained during this encounter.	
HDL Cholesterol Test Flag	Character (1)	Was an HDL cholesterol test performed during this encounter? (Y/N)	
HDL Cholesterol Value	Character (15)	Result value for an HDL cholesterol test obtained during this encounter.	
LDL Cholesterol Test Flag	Character (1)	Was an LDL cholesterol test performed during this encounter? (Y/N)	
LDL Cholesterol Value	Character (15)	Result value for an LDL cholesterol test obtained during this encounter.	
Triglyceride Test Flag	Character (1)	Was a triglyceride test performed during this encounter? (Y/N)	
Triglyceride Value	Character (15)	Result value for a triglyceride test obtained during this encounter	
Urine Protein Test Flag	Character (1)	Was a urine protein test performed during this encounter? (Y/N)	
Urine Protein Value	Character (15)	Result value for a urine protein test obtained during this encounter.	
Microalbuminuria Flag	Character (1)	Was an Microalbuminuria test performed during this encounter (Y/N)?	
Microalbuminuria Value	Character (15)	Result value of the Microalbuminuria test performed during this encounter.	
PSA Lab Test Flag	Character (1)	Was a Prostate Specific Antigen test performed during this encounter? (Y/N)	
IHS Exam Code	Character (2)	Exam that was performed on the patient during this encounter.	Examination Codes (OIT SCS)
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IHS Exam Code	Character (2)	Exam that was performed on the patient during this encounter.	Examination Codes (OIT SCS)
Education Code	Character (12)	Code that specifies the topic of education provided during this encounter.	Patient Education Protocol (Education Topics) (SCB)
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FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Immunization Formulation Code	Character (3)	HL7's CVX code for the vaccine formulation. Nationally recognized standard code set.	HL7 Immunization CVX Codes (Industry SCS)
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Immunization Formulation Code	Character (3)	HL7's CVX code for the vaccine formulation. Nationally recognized standard code set.	HL7 Immunization CVX Codes (Industry SCS)
Dentist's SSN	Character (9)	SSN for the dental provider. (format 999999999, no dashes.)	
Dental Delivery Code	Character (1)	The dental delivery modes designate whether this was a contracted or direct dental service. (D = Direct, K = Contract)	
Dental Cost	Character (7)	Dental Total Cost rounded to the nearest dollar.	
<b>ADA Code</b>	Character (4)	American Dental Association code that designates the type of dental service provided during this encounter. Nationally recognized standard code set. Required only for Dental encounters. Minimum of one value required.	American Dental Association Codes (Industry SCS)
ADA Units	Character (2)	Number of the services identified by the ADA code that were delivered (e.g., if the ADA code is for tooth extraction and there are three ADA units, that means three teeth were extracted).	
ADA Code Fee Amount	Character (5)	Fee for this ADA Code rounded to the nearest dollar. If multiple units are stated for this code entry, fee amount is the total for all units.	
<b>ADA Code</b>	Character (4)	American Dental Association code that designates the type of dental service provided during this encounter. Nationally recognized standard code set. Required only for Dental encounters. Minimum of one value required.	American Dental Association Codes (Industry SCS)
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Dental Patient Type Code	Character (1)	Indian status of dental patient. Obsolete, no longer used to determine Indian status for DDO (Dental Data Owner) dental workload reporting.	
CHS Paid Amount	Character (9)	For CHS (contracted health service) visits, total amount paid to the outside provider. Preferred format is 999999.99.	
<b>Vendor Type Code</b>	Character (2)	A CHS-specific code set that characterizes the type of vendor that is providing patient services. A vendor is a provider that is contracted by IHS. Applicable to CHS encounters only. Required only for contract encounters.	Type of Provider (Vendor) (SCB)
<b>Authorizing Facility</b>	Character (6)	Facility that authorized the vendor to provide services to the patient. Required only for contract encounters.	Facility (SCB)
Authorization Number	Character (7)	A number comprised of two elements derived from the Purchase Order Identification Number (PO_NBR). A 2-digit fiscal year and a 5-digit sequential number assigned to purchase documents to be charged to each issuing facility.	
Provider tax id	Character (10)	Provider tax id.	
	Character (1)	Not used. Populated with blank(s) for designated length	
Payment status code	Character (1)	Code representing full or partial payment by IHS. (1 = Full Pay, 2 = Partial Pay)	
Claim Number	Character (10)	Claim number used for CHS claim payment	
HCPCS / CPT Code	Character (5)	HCPCS or CPT code for the specified procedure. Nationally recognized standard code set.	Healthcare Common Procedure Coding System Codes (Industry SCS)
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