

Structured File Format - Delimited: Encounter (Appendix F)

Version Number: 3.0

FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Unique Encounter Code	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 for all records.	
Unique Registration Code	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. Required for all records.	
Data Entry Creation Date (character format)	Date, format CCYYMMDD (8)	Date the encounter record was created in the source system. Expected format is CCYYMMDD.	
Date of Last Update	Date, format CCYYMMDD (8)	Date this record was last modified by the local registration/encounter system. Date format is CCYYMMDD. Required for all records.	
Encounter Delete Flag	Character (1)	Flag received from the local system that indicates that this encounter was deleted from the local system.	
Chart Facility Code	Character (6)	Code to designate the facility where this chart is located. Required for all records.	Facility (SCB)
Chart Number	Character (10)	A patient's record number at the specified facility. Preferred format is right-justified and zero filled. Required for all records.	
Date of Birth (character format)	Date, format CCYYMMDD (8)	Patient's Date of Birth. Expected format is CCYYMMDD. Required for all records.	
Gender	Character (1)	Sex of Patient as provided by the patient's registration information. (M = Male, F = Female, U = Unknown) Required for all records.	
SSN Nine-char	Character (9)	Nine char social security number, or pseudo-ssn assigned by the facility Required for all records.	
SSN Pseudo Flag	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, when the SSN is a pseudo-SSN.	
Tribe Code	Character (3)	Indian tribe code specifying patient's tribal membership. Required for all records.	Tribe (SCB)
Community of Residence Code	Character (7)	Code for the State/County/Community of Residence of the patient. Required for all records.	Community (SCB)
Beneficiary Classification Code	Character (2)	Classification of the type of patient, indicating a category under which an individual can become eligible for IHS benefits. Required, when tribe code is 998 or 999	Classification (Beneficiary) (SCB)
Service / Admission Date (character format)	Date, format CCYYMMDD (8)	Outpatient: date of service. Inpatient: admission date. Expected format is CCYYMMDD. Required for all records.	
Location of Encounter	Character (6)	Facility code for the location where the visit took place. Required for direct inpatient, direct outpatient, and direct dental records.	Facility (SCB)

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FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Service Type Code	Character (1)	A code that specifies the service type for this encounter. Required for all records.	Service Type Codes (OIT SCS)
Service Category Code	Character (2)	Category of the service that was provided to the patient during this encounter. Required for all records.	Service Category Codes (OIT SCS)
Clinic Code	Character (2)	Code indicating the type of clinic at which this encounter occurred. Required for direct outpatient and direct dental records.	Clinic (SCB)
Provider Affiliation Code	Character (1)	The affiliation code of the primary provider of service.	Provider Affiliation (OIT SCS)
Provider Discipline Code	Character (2)	The discipline code of the primary provider of service. Required for direct outpatient and direct dental records.	Services Rendered By (Provider) (SCB)
Diagnosis Code	Character (8)	ICD code for the primary diagnosis. Preferred format is to include the dot. Nationally recognized standard code set. Required for non-dental records.	Diagnosis Codes (Industry SCS)
Cause of Injury	Character (8)	ICD code for the cause of the injury. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
Diagnosis Code	Character (8)	ICD code for any secondary diagnosis. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
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Diagnosis Code	Character (8)	ICD code for any secondary diagnosis. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
Cause of Injury	Character (8)	ICD code for the cause of the injury. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
ICD Procedure Code	Character (7)	ICD code for the primary procedure. Preferred format is to include the dot. Nationally recognized standard code set.	Procedure Codes (Industry SCS)
ICD Procedure Code	Character (7)	ICD code for any secondary procedure. Preferred format is to include the dot. Nationally recognized standard code set.	Procedure Codes (Industry SCS)
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Admission Service	Character (2)	Code set indicating type of clinical service to which the patient was admitted. Applies to inpatient only. Required for direct inpatient records.	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 (8)	ICD code for cause of death. Preferred format is to include the dot. Nationally recognized standard code set.	Diagnosis Codes (Industry SCS)
Discharge Date (character format)	Date, format CCYYMMDD (8)	Inpatient: date patient discharged. Outpatient: not applicable. Expected format is CCYYMMDD. Required for inpatient records.	
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.	
Prescription Quantity	Character (2)	Number of prescriptions written for this patient/visit.	
Disposition On ER Visits	Character (1)	The patient disposition code, if this is an ER visit.	Emergency Room Disposition Codes (OIT 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.	
ADA Code	Character (4)	American Dental Association code that designates the dental service provided during this encounter. Nationally recognized standard code set. Required for dental records.	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.	

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ADA Code	Character (4)	American Dental Association code that designates the dental service provided during this encounter. Nationally recognized standard code set.	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).	
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CHS Paid Amount	Character (9)	For CHS (contracted health service) visits, total amount paid to the outside provider. Preferred format is 999999.99.	
Vendor Type Code	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 for contract records.	Type of Provider (Vendor) (SCB)
Authorizing Facility	Character (6)	Facility that authorized the vendor to provide services to the patient. Required for contract records.	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.	
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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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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File Layout Version Number	Character (4)	Version number for the file or record layout utilized (3.0)	