PHD 2.0 Analytic Data Dictionaries

Contents

All Payer's Claims Data (APCD) – Dental	3
All Payer's Claims Data (APCD) MassHealth Member Eligibility	13
All Payer's Claims Data (APCD) – Medical	19
All Payer's Claims Data (APCD) – Pharmacy	81
All Payer's Claims Data (APCD) -Product	126
All Payers Claims Database (APCD) - Provider	130
Birth Records Infant/Child: Registry of Vital Records and Statistics	132
Birth Records MOM: Registry of Vital Records and Statistics	142
Bureau of Substance Addiction Services (BSAS)	157
Casemix Emergency Department Diagnostic (ED_DIAG) Result	174
Casemix Emergency Department (ED) Visit	175
Casemix Emergency Department Procedure (CASEMIX_ED_PROC)	193
Casemix Inpatient Hospital Discharge Diagnosis (CASEMIX_HD_DIAG)	194
Casemix Inpatient Hospital Discharge (CASEMIX_HD_HD)	195
Casemix - Inpatient Hospital Discharge Procedure (HD_PROC)	201
Casemix - Hospital Outpatient Observation (OO) Visit	202
Census	208
Death Records - Registry of Vital Records and Statistics Mortality	221
Family Homelessness - Department of Housing and Community Development (DHCD)	228
Department of Industrial Accidents (DIA) - Worker's Compensation	232
Department of Corrections (DOC)	239
Department of Mental Health (DMH)	244
SNAP Benefit Program - Department of Transitional Assistance (DTA)	275
RELATIONSHIP_DTA	282
Veteran's Benefits - Department of Veterans' Services (DVS)	284
Early Intervention Clients (EI_CLIENTS)	287
Early Intervention (EI) Discharge	291
Early Intervention Evaluation	298
Early Intervention Diagnosis Reference	304
Fetal Deaths - Registry of Vital Records and Statistics	305
House of Correction (HOC)	317
Massachusetts Ambulance Trip Record Information System (MATRIS)	319
Hepatitis A – MAVEN	331
Hepatitis C - MAVEN	333
HIV_Incidence	335
HIV Prevalence	337
Massachusetts Cancer Registry (MCR)	341
Prescription Monitoring Program – PMP	346

Postmortem Toxicology (TOX) Results	356
Women, Infants, and Children (WIC) Program - Infant/Child	358
Women, Infants, and Children (WIC) Program - Mom	368
Appendix 1: APCD Files Linkage Table	377

All Payer's Claims Data (APCD) - Dental

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
DENT_AGE	Member age at service	Age in years, ages greater than 89 set to 999	Num
DENT_CDT	HCPCS/CDT Code	5-character CDT code	Char
DENT_CHARGED	Amount of provider charges for the claim line	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
DENT_CLAIM_STATUS	Claim status	1=Processed as primary 2=Processed as secondary 3=Processed as tertiary 4=Denied 5=Processed as primary, forwarded to additional payers(s) 6=Processed as secondary, forwarded to additional payers(s) 7=Processed as tertiary, forwarded to additional payer(s) 8=Reversal of previous payment 9=Not our claim, forwarded to additional payer(s) 10=Predetermination pricing only - no payment 11=Missing	Num
DENT_COINSURANCE	Amount of Coinsurance member/patient is responsible to pay	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
DENT_COPAY	Amount of Copay member/patient is responsible to pay	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num

Variable Name	Variable Description	Meta Data	Format
DENT_CSUMID	Carrier Specific Unique Member ID	Integer	Num
DENT_DEDUCTIBLE	Amount of Deductible member/patient is responsible to pay	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
DENT_DENIED	Denied flag	0=No 1=Yes 9=Unknown	Num
DENT_ENROLL_TYPE	Member enrollment type	1= FIG - Fully-Insured Commercial Group Enrollee 2= SIG - Self-Insured Group Enrollee 3= GIC - Group Insurance Commission Enrollee 4= MCO - MassHealth Managed Care Organization Enrollee 5= Supplemental Policy Enrollee 6 = ICO - Integrated Care Organization or SCO - Senior Care Option 7 = ACO - Accountable Care Organization Enrollee (MassHealth only - unless approved by CHIA) 0= Unknown / Not Applicable	Num
DENT_ENTITY	Service Provider Entity Identifier Code	1=Person 2=Non-person entity	Num

Variable Name	Variable Description	Meta Data	Format
DENT_INSURANCE_TYPE	Insurance Type Code/Product	1=Self pay 2=Central certification 3=Other non-federal programs 4=PPO 5=POS 6=EPO 7=Indemnity insurance 8=HMO Medicare risk 9=DMO 10=Automobile medical 11=Blue cross / Blue shield 12=Commonwealth Care 13=Commonwealth 14=Campus 15=Commercial Insurance Co. 16=Disability 17=HMO 18=Liability 19=Liability Medical 20=Medicare part A 21=Medicare part B 22=Medicaid 23=Other federal program 24=HSN trust fund 25=Title V 26=Veterans Administration Plan 27=Workers' Compensation 88=Other	Num
DENT_LINE	Line Counter	Integer	Num
DENT_LINKORGIDPR	Linkage variable to connect dental claim to product file (PROD_ORGID)	Links dental claims at the Insurance Carrier Level	Num
DENT_LINKORGIDPV	Linkage variable to connect dental claim to APCD provider file (PROV_ORGID)	Links dental claims at the Insurance Carrier Level	Num
DENT_MEDICAID	Medicaid/HSN Indicator	0=No 1=Yes	Num
DENT_MONTH	CHIA Incurred Date (Year and Month only)	Months, 1-12	Num
DENT_NPI	National provider ID	10-digit NPI	Num
DENT_ORGID	CHIA defined and maintained unique carrier identifier	3-5 digit numeric	Num

Variable Name	Variable Description	Meta Data	Format
DENT_PAID	Amount paid by the carrier for the claim line	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
DENT_PAY_TYPE	Payment arrangement type	1=Capitation 2=FFS 3=Percent of charges 4=DRG 5=P4P 6=Global payment 7=Other 8=Bundled payment 9=Payment amount per episode (MassHealth)	Num
DENT_PRODUCT_LINKID	Linkage variable for dental claims to product (in APCD product file, PROD_PRODUCT_LI NKID)	Links dental claims at the claims row level	Num
DENT_PROV_CITY	City name of the provider	1-351 for valid MA city/towns 999=Out of state or unknown	Num
DENT_PROV_STATE	State of the service provider	2-character abbreviation	Char
DENT_PROV_ZIP	Zip code of the provider	5-digit zip code	Char

Variable Name	Variable Description	Meta Data	Format
DENT_RELATION	Individual Relationship Code	1=Spouse 2=Grandfather or grandmother 3=Grandson or granddaughter 4=Nephew or niece 5=Foster child 6=Ward 7=Stepson or stepdaughter 8=Child 9=Self/employee 10=Handicapped dependent 11=Sponsored dependent 12=Dependent of a minor dependent 13=Significant other 14=Mother 15=Father 16=Emancipated minor 17=Organ donor 18=Cadaver donor 19=Injured plaintiff 20=Child where insured has no financial responsibility 21=Life partner 22=Dependent 99=Unknown	Num
DENT_SERVICEPROVIDER_LI NKID	Linkage variable for dental claims to service provider (in APCD provider file, PROV_PROVIDER_L INKID)	Links dental claims at the claims row level	Num
DENT_SEX	Member Sex	1=Male 2=Female 3=Unknown	Num
DENT_SITE	Place of service code	See codes below	Num
DENT_START_DATE	Date of service - start	Date Proxy – count of days between service start date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
DENT_START_MONTH	N/A	Months, 1-12 Calculated from start date of service	Num
DENT_START_YEAR	N/A	Years, YYYY format Calculated from start date of service	Num
DENT_TAXONOMY	Taxonomy code	See codes below	Char
DENT_VERSION	Version Number	Integer	Num
DENT_YEAR	CHIA Incurred Date (Year and Month only)	Years, YYYY format	Num

Variable Name	Variable Description	Meta Data	Format
RES_ZIP_APCD_DENTAL	Member ZIP Code (first 5 digits)	5-digit zip code	Char

-	116 11 121		
	Dental Medical Pharmacy PV_Specialty		
1	General Practice		
2	General Surgery		
3	Allergy/Immunology		
4	Otolaryngology		
5	Anesthesiology		
6	Cardiology		
7	Dermatology		
8	Family Practice		
9	Interventional Pain Management		
10	Gastroenterology		
11	Internal Medicine		
12	Osteopathic Manipulative Medicine		
13	Neurology		
14	Neurosurgery		
15	Speech Language Pathologists		
16	Obstetrics/Gynecology		
17	Hospice and Palliative Care		
18	Ophthalmology		
19	Oral Surgery (dentists only)		
20	Orthopedic Surgery		
21	Cardiac Electrophysiology		
22	Pathology		
23	Sports Medicine		
24	Plastic and Reconstructive Surgery		
25	Physical Medicine and Rehabilitation		
26	Psychiatry		
27	Geriatric Psychiatry		
28	Colorectal Surgery (formerly proctology)		
29	Pulmonary Disease		
30	Diagnostic Radiology		
31	Intensive Cardiac Rehabilitation		
32	Anesthesiologist Assistant		
33	Thoracic Surgery		
34	Thoracic Surgery		
35	Thoracic Surgery		
36	Nuclear Medicine		
37	Pediatric Medicine		
38	Pediatric Medicine		
39	Nephrology		

	(I IIDAI CI
	ntal Medical Pharmacy
PV_	Specialty
40	Hand Surgery
41	Hand Surgery
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
44	Infectious Disease
45	Mammography Screening Center
46	Endocrinology
47	Independent Diagnostic Testing Facility (IDTF)
48	Podiatry
49	Ambulatory Surgical Center
50	Nurse Practitioner
	Medical supply company with orthotic personnel
51	certified by an accrediting organization
	Medical supply company with prosthetic personnel
52	certified by an accrediting organization Medical supply company with prosthetic/orthotic
53	personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53
	Individual orthotic personnel certified by an
55	accrediting organization
	Individual prosthetic personnel certified by an
56	accrediting organization
	Individual prosthetic/orthotic personnel certified by
57	an accrediting organization
58	Medical Supply Company with registered pharmacies Ambulance Service Supplier, e.g., private ambulance
59	companies, funeral homes
	Public Health or Welfare Agencies (Federal, State,
60	and local)
	Voluntary Health or Charitable Agencies (e.g.,
61	National Cancer Society, National Heart Association, Catholic Charities)
62	·
	Psychologist (Billing Independently)
63 64	Portable X-Ray Supplier (Billing Independently) Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
66	Podiatry Occupational Therepist in Private Practice
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
70	Single or Multispecialty Clinic or Group Practice
71	Registered Dietician/Nutrition Professional
72	Pain Management
	Mass Immunization Roster Billers (Mass Immunizers
73	have to roster bill assigned claims and can only bill for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
	·
76	Peripheral Vascular Disease

Dental Medical Pharmacy PV_Specialty	
PV_Specialty	
77 Vascular Surgery	
78 Cardiac Surgery	
79 Addiction Medicine	
80 Licensed Clinical Social Worker	
81 Critical Care (Intensivists)	
82 Hematology	
83 Hematology/Oncology	
84 Preventive Medicine	
85 Maxillofacial Surgery	
86 Neuropsychiatry	
87 All other suppliers, e.g., Drug Stores	
88 Unknown Provider	
89 Certified Clinical Nurse Specialist	
90 Medical Oncology	
91 Surgical Oncology	
92 Radiation Oncology	
93 Emergency Medicine	
94 Interventional Radiology	
95 Unknown Supplier	
96 Optician	
97 Physician Assistant	
98 Gynecological/Oncology	
99 Unknown Physician Specialty	
A0 Hospital	
A1 Skilled Nursing Facility	
A2 Intermediate Care Nursing Facility	
A3 Nursing Facility, Other	
A4 Home Health Agency	
A5 Pharmacy	
A6 Medical Supply Company with Respiratory Th	erapist
A7 Department Store	
A8 Grocery Store	
B1 Oxygen/Oxygen Related Equipment	
B2 Pedorthic Personnel	
B3 Medical Supply Company with Pedorthic Pers	onnel
B4 Rehabilitation Agency	
B5 Ocularist	
CO Sleep Medicine	
C1 Centralized Flu	
C2 Indirect Payment Procedure	
C3 Interventional Cardiology	
C5 Dentist	
C6 Hospitalist	
C7 Advanced Heart Failure and Transplant Cardio	ology
C8 Medical Toxicology	-

Den	Dental Medical Pharmacy	
PV_	Specialty	
	Hematopoietic Cell Transplantation and Cellular	
C9	Therapy	
D1	Medicare Diabetes Preventive Program	
D3	Medical Genetics and Genomics	
D4	Undersea and Hyperbaric Medicine	

Denta	l_Place; Medical_Site
1	Pharmacy
2	Telehealth
3	School
4	Homeless Shelter
5	Indian Health Service (Free-standing or Provider-based Facility)
6	Tribal 638 (Free-Standing or Provider-Base Facilit)y
7	Prison/Correctional Facility
8	Office
9	Home
11	Assisted Living Facility
12	Group Home
13	Mobile Unit
14	Temporary Lodging
15	Walk-in Retail Health Clinic
16	Place of Employment/Worksite
17	Outpatient Hospital (On or Off Campus)
18	Urgent Care Facility
19	Inpatient Hospital
20	Emergency Room-Hospital
21	Ambulatory Surgical Center
22	Birthing Center
23	Military Treatment Facility
24	Skilled Nursing Facility
25	Nursing Facility
26	Custodial Care Facility
31	Hospice
32	Ambulance (Land, Air, or Water)
33	Independent Clinic
34	Federally Qualified Health Center
41	Inpatient Psychiatric Facility
42	Psychiatric Facility-Partial Hospitalization
49	Community Mental Health Center
50	Intermediate Care Facility/Individuals with Intellectual Disabilities
51	Residential Substance Abuse Treatment Facility
52	Psychiatric Residential Treatment Center
53	Non-residential Substance Abuse Treatment Facility
54	Mass Immunization Center
55	Comprehensive Inpatient Rehabilitation Facility
56	Comprehensive Outpatient Rehabilitation Facility
57	End-Stage Renal Disease Treatment Facility
60	State or Local Public Health Clinic
61	Rural Health Clinic
62	Independent Laboratory
88	Other Place of Service

All Payer's Claims Data (APCD) MassHealth Member Eligibility

**For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

Variable Name	Variable Description	Meta Data	Format	
ID	N/A	9-character alphanumeric ID	Char	
MHEE_3rdPartyLiabilityCov	MassHealth members can have both MassHealth and private health insurance at the same time. If you have both types of insurance, the private health insurance is considered a liable third party or "TPL". This means the private health insurance is billed as the primary insurer and MassHealth is the secondary coverage.	1= Commercial 2= HMO 3= Medicare HMO 4= Medigap 5= Partial 6= (missing)	Num	
MHEE_BEGINDATE	Effective date enrollment (of segment)	Date Proxy – count of days between service to date and randomly chosen date in the past NOTE: The larger the date proxy, the later in time the event occurred	Num	
MHEE_BehavHlthPlan		1= BHOnlyMC 2= Exception 3= FFS 4= ICO 5= MCO-CommCare 6= MCO-MassHealth 7= PACE 8= PCC 9= SCO 10 = (missing)	Num	

Variable Name	Variable Description	Meta Data	Format
MHEE_BehavHlthPlan2		1= BH 2= CBHI1 3= CBHI2 4= CommCare-Unenrolled 5= ICO 6= MassHealth Eligible 7= MCO-CommCare 8= MCO-MassHealth 9= Non-MassHealth Eligible 10= Other Exception 11= PACE 12= PCC 13= PCC-NoBH 14= QHP 15= SCO 16= (missing)	Num
MHEE_BehavHlthProvider_LINKID	Provider ID that links into CHIA's Provider file to PHD variable PROV_PROVIDER_LINKID	Links MHEE data to provider data	Num
MHEE_DisabilityAidCatFlag		0=No 1=Yes 9=Unknown	Num
MHEE_DisabilityCat	Indicates whether the aid category reflects eligibility due to a disability.	0=No 1=Yes 8=N/A 9=Unknown (Covered MassHealth Plans listed below)	Num

^{**}For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

Variable Name	Variable Description	Meta Data	Format
MHEE_DisabilityCode		1= Federally Certified Blind 2= Blind 3= CommonHealth 4= SSA Determined Disability 5= Kaileigh Mulligan 6= DES Determined Disability 7= Disability Determination done, Not disabled 8= Missing, Error 9= N/A	Num
MHEE_ELIGIBLE DAYS	Integer values 1 to 31 represents days pertaining to the referenced month	Integer values 1 to 31 represents days pertaining to the referenced month	Num
MHEE_ELIGIBLE DAYS_YYYYMM	The month and year associated with the eligible days for MHEE_ELIGIBLE DAYS	YYYYMM	Num
MHEE_ENDDATE	End date enrollment (of segment)	Date Proxy – count of days between service to date and randomly chosen date in the past NOTE: The larger the date proxy, the later in time the event occurred	Num
MHEE_KaleighMulliganAidFlag		0=No 1=Yes 9=Unknown	Num
MHEE_LongTermEligFlag		0=No 1=Yes 9=Unknown	Num
MHEE_LTCProvider_LINKID	Provider ID that links into CHIA's Provider file to PHD variable PROV_PROVIDER_LINKID	Links MHEE data to provider data	Num

^{**}For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

Variable Name	Variable Description	Meta Data	Format
MHEE_ManagedCareProvider_LINKID	Provider ID that links into CHIA's Provider file to PHD variable PROV_PROVIDER_LINKID	Links MHEE data to provider data	Num
MHEE_MedicareAdvantageFlag		0=No 1=Yes 9=Unknown	Num
MHEE_MedicarePtAFlag		0=No 1=Yes 9=Unknown	Num
MHEE_MedicarePtBFlag		0=No 1=Yes 9=Unknown	Num
MHEE_PopCategoryCat	Population applicable to the aid category, identifying MassHealth vs other non-MassHealth populations that are maintained in MassHealth systems.	1= MassHealth 2= CMSP 3= Commonwealth Care 4= DMH Only 5= HSN 6=QHP 8=Not Applicable 9=Missing	Num
MHEE_PremiumAssistCat	The MassHealth Premium Assistance program is for MassHealth members who have access to employer-sponsored health insurance (ESI) from a job or from another source, such as members of your household. The MassHealth Premium Assistance program reimburses eligible MassHealth members for some or all the premium cost of eligible private insurance.	0=No 1=Yes 8=N/A 9=Unknown (Covered MassHealth Plans listed below)	Num
MHEE_PrimaryCareProvider_LINKID	Provider ID that links into CHIA's Provider file to PHD variable PROV_PROVIDER_LINKID	Links MHEE data to provider data	Num

^{**}For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

**For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

***For details on how to link PHDAPCD.MHEE with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
		0=No	Num
MHEE_SSIAidFlag		1=Yes	
		9=Unknown	

MHEE DisabilityCat covers the following plans under Yes:

SSI Disabled, Disabled, CommonHealth Basic, CommonHealth Disabled Working Adult, CommonHealth Disabled Child, CommonHealth Plus, MCB SSI, MCB MA, SF MCB, MCB MA with QMB, TMA Disabled QMB Parents, MCB MA QMB Only, Disabled with QMB, Disabled QMB Only, Disabled SLMB Only, Disabled Emergency Services Only, Disabled, Disabled with QMB, SF Disabled, SF Disabled with QMB, CommonHealth Disabled Child, SF CommonHealth Disabled Child, CommonHealth Disabled Working Adult, CommonHealth Disabled Non Working Adult, SF CommonHealth Disabled Working Adult, SF CommonHealth Disabled Non Working Adult, Temporary Family Assistance, Time Limited HIV Fam Assist, Undocumented Disabled Aliens, HIV Family Assistance, SF HIV Family Assistance, HIV Family Assistance, SF HIV Family Assistance, HIV Family Assistance-Prem Assist w/Wrap, SF HIV Fam Assist Prem Assist w/Wrap, Disab Alien Special Status(ESS if in Managed Care), Disab Alien Special Status age 19 - 64 with TPL, Limited Plus Healthy Start (disabled), NQP Child SF CommonHealth - Direct Coverage, NQP Child SF CommonHealth self-dec/access invest, NQP child SF CommonHealth confirmed access enroll, NQP child SF CommonHealth Premium Assistance, Time Limited CommonHealth/ESI investigation, SF Time Limited CommonHealth/ESI investigation, Time Limited CommonHealth/ESI enrollment, SF Time Limited CommonHealth/ESI enrollment, ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus CommonHealth Wrap, SF ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus Standard Wrap Disabled, HIV Benchmark 1 Direct coverage, HIV Benchmark 1 self-declared access investigation, HIV Benchmark 1 confirmed access enrollment period, HIV Benchmark 1 Premium Assistance, NQP Disabled SF Family Assistance, NQP Disabled SF FA self-declrd access invstigation, NQP Disabled SF FA Premium Assistance, NQP Disabled Adults SF Family Assistance, Disabled - LE 100% FPL, Disabled QI Only - GE 120% LT 135% FPL, Disabled - Met Deductible, Disabled with Medicare GT 100% LT 120% -FPL, Disabled with Medicare GE 120% - LT 135% FPL, Disabled GE 135% FPL, Disabled Adult Child with Medicare, Disabled Adult Child, Disabled Widow, Barred/PRUCOL Aliens Disab, Barred or PRUCOL Aliens – Disabled, NQP Elder Disabled SF FA + Limited, Kaileigh Mulligan with Medicare LE \$60, Kaileigh Mulligan LE \$60, Kaileigh Mulligan GT \$60, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan with Medicare GE 120% LT 135%FPL, Kaileigh Mulligan GT 135% FPL, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan with Medicare GE 120% LT 135%FPL, Pickle - Disabled with Medicare, Pickle - Disabled, Kaileigh Mulligan with Medicare LE 100% FPL, Kaileigh Mulligan LE 100% FPL, Kaileigh Mulligan with Medicare, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan GE 120% LT 135% FPL, Disabled with Medicare GE 120% LT 135% FPL, Disabled with Medicare GT 100% LT 120% FPL, HIV FA PE Benefit, Disabled Limited without HSN. Elder Disabled Limited without HSN

MHEE_PremiumAssistCat covers the following plans under Yes:

MCB MA QMB Only, Aged QMB Only, Disabled QMB Only, Aged SLMB Only, Disabled SLMB Only, SF Fam Assist - Prem Assist with Limited, Basic Health Insurance Premium Assistance, SF Basic Health Insurance Prem Assist with Limited, Family Assistance Premium Assistance, SF Family Assistance

Premium Assistance, Expansion Fam Assist Prem Assist Plus, Expansion Fam Assist Plus-Met Cap, MCB MA SLMB Only, Family Assistance Premium Assistance Plus, Fam Assist Prem Assist Plus-Met Cap. HIV Family Assistance-Prem Assist w/Wrap. SF HIV Fam Assist Prem Assist w/Wrap, Medicare Buy In Qualified Individual 1 (QI 1), Medicare Buy In Qualified Individual 2 (QI 2), SF Adult Fam Assist Prem Assist(IRP), Adult Fam Assist Prem Assist (IRP), Benchmark 1 Premium Assistance, TMA Premium Assistance, Essential Health Insurance Premium Payment, Disab Alien Special Status age 19 - 64 with TPL, Former Foster Children Premium Assistance, CarePlus Premium Assistance, NQP child SF CommonHealth Premium Assistance, ESI Premium Payment plus Standard Wrap, ESI Premium Payment plus Standard Wrap, ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus CommonHealth Wrap, SF ESI Premium Payment plus CommonHealth Wrap, ESI Premium Payment plus Standard Wrap Disabled, NQP Preg Premium Assistance, UND Preg Premium Assistance, Small Business Employee Premium Assistance Program, BCCTP Benchmark 1 Premium Assistance, HIV Benchmark 1 Premium Assistance, NQP Disabled SF FA Premium Assistance, Medically Frail Standard – PA, Standard SHIP Premium Assist, SF Family Assist SHIP Premium Assist, Standard SHIP Premium Assist, CommonHealth SHIP Premium Assist, SF Fam Assist SHIP Prem Assist w/Limited, Family Assist SHIP Premium Assist, CarePlus SHIP Premium Assist, Family Assist SHIP Premium Assist, SF CommonHealth SHIP Premium Assist, SF Fam Assist SHIP Prem Assist w/Limited, SF CommonHealth SHIP Prem Assist w/Limited, Standard SHIP Premium Assist, 19-20 Standard – PA, Aged QI Only - GE 120% LT 135% FPL, Disabled QI Only - GE 120% LT 135% FPL, Hermanson Aged with Medicare LE 135% FPL, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Kaileigh Mulligan with Medicare GE 120% LT 135%FPL, Kaileigh Mulligan LE 100% FPL, SF FA PA Plus not meet Cap, SF FA PA Plus Met Cap, Kaileigh Mulligan with Medicare, Aged Hermanson with Medicare GT 100% LT 120% FPL, Kaileigh Mulligan with Medicare GT 100% LT 120%FPL, Aged Hermanson with Medicare GE 120% LT 135% FPL, Kaileigh Mulligan GE 120% LT 135% FPL. Aged with Medicare GE 120% LT 135% FPL. Disabled with Medicare GE 120% LT 135% FPL, Aged with Medicare GT 100% LT 120% FPL, Disabled with Medicare GT 100% LT 120% FPL

All Payer's Claims Data (APCD) - Medical

**For details on how to link PHDAPCD.Medical with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

Veriable News Veriable Records from Mate Rate France				
Variable Name	Variable Description	Meta Data	Format	
ID	PHD ID	9 character alphanumeric ID	Char	
MED_ADM_DATE	Admission Date	Date Proxy – count of days between admission date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num	
MED_ADM_DIAGNOSIS	Admitting Diagnosis	ICD9/ICD10 code	Char	
MED_ADM_SOURCE	Admission Source	1=Non-Health Care Facility Point of Origin (Physician Referral) - The patient was admitted to this facility upon physician order. 2=Clinical referral - The patient was admitted upon the recommendation of this facility's clinic physician. 3=HMO referral - Reserved for national assignment. (eff. 3/08) Prior to 3/08, HMO referral -patient admitted upon the recommendation of health maintenance organization (HMO) physician. 4=Transfer from hospital (Different Facility) - patient was admitted to this facility as hospital transfer from acute care facility where he/she was inpatient. 5=Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF) - The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident. 6=Transfer from another health care facility - The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list where he or she was an inpatient. 7=Emergency room - The patient was admitted to this facility's emergency room department. (Obsolete - eff. 7/1/10) 8=Court/law enforcement - The patient was admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative.	Num	

Variable Name	Variable Description	Meta Data	Format
		Includes transfers from incarceration facilities. 9=Information not available - The means by which the patient was admitted is not known. 10=Reserved for National Assignment. (eff. 3/08) Prior to 3/08 defined as: Transfer from a Critical Access Hospital - patient was admitted/referred to this facility as a transfer from a Critical Access Hospital. 11=Transfer from Another Home Health Agency - The patient was admitted to this home health agency as a transfer from another home health agency. (Discontinued July 1, 2010 - See Condition Code 47) 12=Readmission to Same Home Health Agency - The patient was readmitted to this home health agency within the same home health episode period. (Discontinued July 1, 2010) 13=Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer. 14=Transfer from Ambulatory Surgery Center - The patient was admitted to this facility as a transfer from an ambulatory surgery center. (eff. 10/1/2007) 15=Transfer from Hospice and is under a Hospice Plan of Care or Enrolled in a Hospice Program - The patient was admitted to this facility as a transfer from a hospice. (eff. 10/1/2007) 16= Born Inside this Hospital (eff. 10/1/07) 17=Born Outside of This Hospital (eff. 10/1/07)	
MED_ADM_TYPE	Admission Type	0 = Blank 1 = Emergency - The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.	Num

Variable Name	Variable Description	Meta Data	Format
		2 = Urgent - The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodation. 3 = Elective - The patient's condition permitted adequate time to schedule the availability of suitable accommodations. 4 = Newborn - Necessitates the use of special source of admission codes. 5 = Trauma Center - visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation. 9 = Unknown - Information not available.	
MED_AGE	Member age at service	Age in years, ages greater than 89 set to 999	Num
MED_ALLOWED_AMOUN	Allowed amount	0=claim line is denied. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
MED_AMOUNT_DUE_OT HER	Amount paid by other	0=Prior Payer paid 0 towards this claim line Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
MED_AMOUNT_DUE_SE CONDARY	Amount due from a Secondary Carrier when known	0=no COB / TPL amount. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
MED_BILLINGPROVIDER_LI NKID	Linkage variable for medical claims to billing provider (in APCD provider file, PROV_PROVIDER_LINKID)	Links medical claims at the claims row level	Num
MED_BILLINGPROVIDER_N PI	National Service Provider ID		Char

	1		
Variable Name	Variable Description	Meta Data	Format
MED_CAPITATED	Capitated Encounter Flag	1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable	Num
MED_CHARGED	Charge Amount	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15070	Num
MED_CLAIM_STATUS	Claim status	1=Processed as primary 2=Processed as secondary 3=Processed as tertiary 4=Denied 5=Processed as primary, forwarded to additional payers(s) 6=Processed as secondary, forwarded to additional payers(s) 7=Processed as tertiary, forwarded to additional payer(s) 8=Reversal of previous payment 9=Not our claim, forwarded to additional payer(s) 10=Predetermination pricing only - no payment 11=Missing	Num
MED_CLAIM_TYPE	Type of Claim	1=Professional 2=Facility 3=Reimbursement form	Num
MED_CLAIM_TYPE_MAS SHEALTH	MassHealth Claim Type Indicator	1= INPATIENT PART A CROSSOVER UB92 2= PROFESSIONAL PART B CROSSOVER 3= OUTPATIENT PART B CROSSOVER UB-04 4= DENTAL 5= HOME HEALTH AND COMMUNITY HEALTH 6= HOSPITAL INPATIENT 7= LONG TERM CARE 8= PHYSICIAN CLAIM 9= HOSPITAL OUTPATIENT 10= PHARMACY 11= COMPOUND DRUG CLAIMS	Num
MED_COINSURANCE	Coinsurance Amount	0=services rendered in conjunction with other services on the	Num

Variable Name	Variable Description	Meta Data	Format
		claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15071	
MED_COPAY	Copay Amount	0=services rendered in conjunction w/other services on claim. Do not code decimal or round up / down to whole \$; code zero cents (00). EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15071	Num
MED_COVERAGE_BH	Behavioral Health Benefit Flag	1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown	Num
MED_CSUMID	Carrier Specific Unique Member ID	Integer	Num
MED_DEDUCTIBLE	Deductible Amount	0=services rendered in conjunction w/other services on claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EX: 150.00 is reported as 15000; 150.70 is reported as 15071	Num
MED_DIS_DATE	Discharge Date	Date Proxy – count of days between service to date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
MED_DIS_DIAGNOSIS	Discharge Diagnosis	ICD9/ICD10 code	Char
MED_DISCHARGE	Discharge Status	0=Unknown Value (but present in data) 1=Discharged to home/self care (routine charge). 2=Discharged/transferred to other short term general hospital for inpatient care. 3=Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care (For hospitals with an approved swing bed arrangement, use Code 61 - swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04 - ICF. 4=Discharged/transferred to intermediate care facility (ICF).	Num

Variable Name	Variable Description	Meta Data	Format
Variable Name	Variable Description	S=Discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part unit of a hospital will no longer be identified by this code. New code is '65' 6=Discharged/transferred to home care of organized home health service organization. 7=Left against medical advice or discontinued care. 8=Discharged/transferred to home under care of a home IV drug therapy provider. (discontinued effective 10/1/05) 9=Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient. 10=Expired (did not recover - Christian Science patient). 11=Discharged/transferred to Court/Law Enforcement 12=Still patient 13=Expired at home (hospice claims only) 14=Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice. (Hospice claims only) 15=Expired - place unknown (Hospice	Format
		claims only) 16=Discharged/transferred to a federal hospital (eff. 10/1/03) 17=Hospice - home (eff. 10/96) 18=Hospice - medical facility (eff. 10/96) 19=Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01) 20=Discharged/transferred to an inpatient rehabilitation facility including distinct parts units of a hospital. (eff. 1/2002) 21=Discharged/transferred to a long term care hospitals. (eff. 1/2002) 22=Discharged/transferred to a nursing facility certified under Medicaid but not	

Variable Name	Variable Description	Meta Data	Format
		23=Discharged/Transferred to a	
		psychiatric hospital or psychiatric distinct	
		unit of a hospital (these types of hospitals	
		were pulled from patient/discharge status	
		code '05' and given their own code). (eff. 1/2005).	
		24=Discharged/transferred to a Critical	
		Access Hospital (CAH) (eff. 1/1/06)	
		25=Discharged/transferred to a	
		designated disaster alternative care site	
		(eff. 10/2013)	
		26=Discharged/transferred to another	
		type of health care institution not defined	
		elsewhere in code list.	
		27=Discharged to home or self-care with	
		a planned acute care hospital inpatient	
		readmission.	
		28=Discharged/transferred to a	
		designated cancer center or children's	
		hospital with a planned acute care	
		hospital inpatient readmission.	
		29=Discharged/transferred to home	
		under care of organized home health	
		service organization with a planned acute	
		care hospital inpatient readmission. 30=Discharged/transferred to court/law	
		enforcement with a planned acute care	
		hospital inpatient readmission.	
		31=Discharged/transferred to a federal	
		health care facility with a planned acute	
		care hospital inpatient readmission.	
		32=Discharged/transferred to a hospital-	
		based Medicare approved swing bed	
		with a planned acute care hospital	
		inpatient readmission.	
		33=Discharged/transferred to an	
		inpatient rehabilitation facility (IRF)	
		including rehabilitation distinct part units	
		of a hospital with a planned acute care	
		hospital inpatient readmission.	
		34=Discharged/transferred to a Medicare certified long term care hospital (LTCH)	
		with a planned acute care hospital	
		inpatient readmission.	
		35=Discharged/transferred to a nursing	
		facility certified under Medicaid but not	
		certified under Medicare with a planned	
		acute care hospital inpatient	
		readmission.	

Variable Name	Variable Description	Meta Data	Format
		36=Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission. 37=Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission. 38=Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission. 39=Acute Myocardial Infarction, Discharged Alive with MCC 40=Acute Myocardial Infarction, Discharged Alive with CC 41=Acute Myocardial Infarction, Discharged Alive without CC/MCC 42=Neonates, Died or Transferred to Another Acute Care Facility	
MED_ECODE	E-Code	ICD9/ICD10 code May contain non-e-codes, and e-codes may be located in other ICD variable fields (MED_ADM_DIAGNOSIS, MED_DIS_DIAGNOSIS, MED_ICD1- MED_ICD25)	Char
MED_EMP_RELATED	Employment Related Indicator	0= No 1= Yes 2= Other 8= Not Applicable 9= Unknown	Num
MED_ENROLL_TYPE	Member enrollment type	1= FIG - Fully-Insured Commercial Group Enrollee 2= SIG - Self-Insured Group Enrollee 3= GIC - Group Insurance Commission Enrollee 4= MCO - MassHealth Managed Care Organization Enrollee 5= Supplemental Policy Enrollee 6 = ICO - Integrated Care Organization or SCO - Senior Care Option 7 = ACO - Accountable Care Organization Enrollee (MassHealth only - unless approved by CHIA) 0= Unknown / Not Applicable	Num
MED_ENTITY	Service Provider Entity Type Qualifier	1= Person 2= Non-person entity	Num

Variable Name	Variable Description	Meta Data	Format
MED_FACILITY_TYPE	Type of Facility	1= General Acute Care Facility 2= Skilled Nursing Facility/Long Term Care Facility 3= Intermediate Care Facility 4= Hospice Facility 5= Designated Cancer Center 6= Designated Inpatient Children's Hospital 7= Inpatient Rehabilitation Facility 8= Inpatient Psychiatric Hospital 9= Critical Access Hospital 10= VNA/Home Care 99= Other Type of Facility	Num
MED_FROM_DATE	Date of Service - From	Date Proxy – count of days between service from date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
MED_GLOBAL_PAY	Global Payment Flag	0= No 1= Yes 2= Other 8= Not Applicable 9= Unknown	Num
MED_HIGHESTVERSION	Flags if this claim line is the highest version	1= Highest Version Claim Line 0=Not Highest Version Claim Line 9=Versioning Not Applied	Num
MED_HIGHESTVERSION_ DENIED	Flags if this claim is the highest version and if it was denied (must also be considered with MED_HIGHESTVERSION_PAID)	1= Is Highest Version Denied 0=Is Not Highest Version Denied 9=Highest Version Denied Flag Not Applied	Num
MED_HIGHESTVERSION_ PAID	Flags if this claim is the highest version and if it was paid (must also be considered with MED_HIGHESTVERSION_DENIED)	1= Highest Version Paid 0=Not Highest Version Paid 9=Versioning Not Applied	Num
MED_ICD_PROC1	ICD-CM Procedure Code	ICD CM procedure code, no decimal	Char
MED_ICD_PROC2	Other ICD-CM Procedure Code -1	ICD9/ICD10 code	Char
MED_ICD_PROC3	Other ICD-CM Procedure Code -2	ICD9/ICD10 code	Char
MED_ICD_PROC4	Other ICD-CM Procedure Code -3	ICD9/ICD10 code	Char
MED_ICD_PROC5	Other ICD-CM Procedure Code -4	ICD9/ICD10 code	Char

Variable Name	Variable Description	Meta Data	Format
MED_ICD_PROC6	Other ICD-CM Procedure Code -5	ICD9/ICD10 code	Char
MED_ICD_PROC7	Other ICD-CM Procedure Code -6	ICD9/ICD10 code	Char
MED_ICD1	Principal Diagnosis	ICD9/ICD10 code	Char
MED_ICD10	Other Diagnosis - 9	ICD9/ICD10 code	Char
MED_ICD11	Other Diagnosis-10	ICD9/ICD10 code	Char
MED_ICD12	Other Diagnosis 11	ICD9/ICD10 code	Char
MED_ICD13	Other Diagnosis -12	ICD9/ICD10 code	Char
MED_ICD14	Other Diagnosis-13	ICD9/ICD10 code	Char
MED_ICD15	Other Diagnosis-14	ICD9/ICD10 code	Char
MED_ICD16	Other Diagnosis-15	ICD9/ICD10 code	Char
MED_ICD17	Other Diagnosis-16	ICD9/ICD10 code	Char
MED_ICD18	Other Diagnosis-17	ICD9/ICD10 code	Char
MED_ICD19	Other Diagnosis-18	ICD9/ICD10 code	Char
MED_ICD2	Other Diagnosis - 1	ICD9/ICD10 code	Char
MED_ICD20	Other Diagnosis-19	ICD9/ICD10 code	Char
MED_ICD21	Other Diagnosis-20	ICD9/ICD10 code	Char
MED_ICD22	Other Diagnosis-21	ICD9/ICD10 code	Char
MED_ICD23	Other Diagnosis-22	ICD9/ICD10 code	Char
MED_ICD24	Other Diagnosis-23	ICD9/ICD10 code	Char
MED_ICD25	Other Diagnosis-24	ICD9/ICD10 code	char
MED_ICD3	Other Diagnosis - 2	ICD9/ICD10 code	Char
MED_ICD4	Other Diagnosis - 3	ICD9/ICD10 code	Char
MED_ICD5	Other Diagnosis - 4	ICD9/ICD10 code	Char
MED_ICD6	Other Diagnosis - 5	ICD9/ICD10 code	Char
MED_ICD7	Other Diagnosis - 6	ICD9/ICD10 code	Char
MED_ICD8	Other Diagnosis - 7	ICD9/ICD10 code	Char
MED_ICD9	Other Diagnosis - 8	ICD9/ICD10 code	Char
MED_INSURANCE_TYPE	Insurance Type Code/Product	1=Self pay 2=Central certification 3=Other non-federal programs 4=PPO 5=POS 6=EPO 7=Indemnity insurance 8=HMO Medicare risk 9=DMO	Num

Variable Name	Variable Description	Meta Data	Format
		10=Automobile medical 11=Blue cross / Blue shield 12=Commonwealth Care 13=Commonwealth 14=Campus 15=Commercial Insurance Co. 16=Disability 17=HMO 18=Liability 19=Liability Medical 20=Medicare part A 21=Medicare part B 22=Medicaid 23=Other federal program 24=HSN trust fund 25=Title V 26=Veterans Administration Plan 27=Workers' Compensation 88=Other	
MED_LINE	Line Counter	Integer	Num
MED_LINKORGIDPR	Linkage variable to connect medical claim to product file (PROD_ORGID)		Num
MED_LINKORGIDPV	Linkage variable to connect medical claim to APCD provider file (PROV_ORGID)	Links medical claims at the Insurance Carrier Level	Num
Med_MassHealth_RateCod e	MassHealth Rate Code	1 = CHRONIC HOSPITAL PER DIEM 2 = CHRONIC HOSPITAL PER DIEM ADMIN DAY RATE 3 = PSYCHIATRIC PER DIEM 4 = PSYCHIATRIC ADMINISTRATIVE DAY RATE 5 = ALCOHOL / DRUG DETOX PER DIEM 6 = DRG ACUTE INPATIENT PAYMENT 7 = DRG ACUTE INPATIENT TRANSFER PER DIEM 8 = DRG ACUTE INPATIENT INTERIM PER DIEM 9 = DRG ACUTE INPATIENT FINAL PER DIEM 10 = ACUTE OUTPATIENT HOSPITAL RATE 11 = STANDARD PAYMENT AMOUNT 12 = PEDIATRIC PAYMENT AMOUNT 13 = STANDARD OUTLIER 14 = PEDIATRIC OUTLIER 15 = HEBREW REHAB	Num

Variable Name	Variable Description	Meta Data	Format
		16 = DRG ACUTE INPATIENT PEDIATRIC PAYMENT 17 = DRG ACUTE INPATIENT PEDIATRIC TRANSFER PER DIEM 18 = DRG ACUTE INPATIENT PEDIATRIC INTERIM PER DIEM 19 = DRG ACUTE INPATIENT PEDIATRIC FINAL PER DIEM 20 = STANDARD TRANSFER 21 = PEDIATRIC TRANSFER AMOUNT 22 = 66 - XOVER PART A AS PART B (DO NOT USE FOR RATES) 23 = ACUTE INPATIENT-BMC & CHRONIC-BAYSTATE & IRTP/DIEM 24 = ZERO PAY BILLED DAYS RFA 93 25 = DMH REPLACEMENT UNIT 26 = INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP) 27 = PSYCH 28 = INPATIENT PERCENT OF CHARGE 30 = SNF/ICF AD PART B OR A/B 31 = SNF/ICF AD WO PART B A/NONE 32 = CHRONIC OPD 33 = PSYCH PER DIEM - ACUTE INPT 34 = STATE FACILITY 35 = IP Chronic Percent Of Charge 99 = Missing or N/A	
MED_MEDICAID	Medicaid/HSN Indicator	0=No 1=Yes	Num
MED_MEDICARE_AMOUN T	Amount Medicare paid on claim	Blank = Medicare did not pay towards this claim 0=Medicare paid 0 Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
MED_MONTH	CHIA Incurred Date (Year and Month only)	Months, 1-12	Num
MED_NDC	Drug Code	11-digit format (5-4-2) without hyphenation Report the NDC code used only when a medication is paid for as part of a medical claim or when a DME device has an NDC code. Rarely populated	Char

Variable Name	Variable Description	Meta Data	Format
Variable Hallie	Tariable Description	mote bata	Torride
MED_NOT_COVERED_A MOUNT	Amount of claim line charge not covered	0= all charges are covered or fall into other categories. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Num
MED_ORGID	CHIA defined and maintained unique carrier identifier	3-5 digit Numeric	Num
MED_PAID	Paid Amount	0=services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15071	Num
MED_PAY_TYPE	Payment Arrangement Type	1=Capitation 2=FFS 3=Percent of charges 4=DRG 5=P4P 6=Global payment 7=Other 8=Bundled payment 9=Payment amount per episode (MassHealth) 10=Enhanced Ambulatory Patient Grouping (EAPG, MassHealth)	Num
MED_POA1	Present on Admission code (POA) -1	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA10	Present on Admission code (POA) -10	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA11	Present on Admission code (POA) -11	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if	Num

Variable Name	Variable Description	Meta Data	Format
		present at time of admission 4 = Unreported/Not used	
MED_POA12	Present on Admission code (POA) -12	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA13	Present on Admission code (POA) -13	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA14	Present on Admission code (POA) -14	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA15	Present on Admission code (POA) -15	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA16	Present on Admission code (POA) -16	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA17	Present on Admission code (POA) -17	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA18	Present on Admission code (POA) -18	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if	Num

Variable Name	Variable Description	Meta Data	Format
		present at time of admission 4 = Unreported/Not used	
MED_POA19	Present on Admission code (POA) -19	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA2	Present on Admission code (POA) -2	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA20	Present on Admission code (POA) -20	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA21	Present on Admission code (POA) -21	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA22	Present on Admission code (POA) -22	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA23	Present on Admission code (POA) -23	0= not present at time of admission 1= present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA24	Present on Admission code (POA) -24	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if	Num

Variable Name	Variable Description	Meta Data	Format
		present at time of admission	
MED_POA25	Present on Admission code (POA) -25	4 = Unreported/Not used 0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA3	Present on Admission code (POA) -3	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA4	Present on Admission code (POA) -4	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA5	Present on Admission code (POA) -5	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA6	Present on Admission code (POA) -6	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA7	Present on Admission code (POA) -7	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_POA8	Present on Admission code (POA) -8	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if	Num

Variable Name	Variable Description	Meta Data	Format
		present at time of admission 4 = Unreported/Not used	
MED_POA9	Present on Admission code (POA) -9	0 = not present at time of admission 1 = present at time of admission 2 = documentation insufficient to determine if present at time of admission 3 = Unable to clinically determine if present at time of admission 4 = Unreported/Not used	Num
MED_PREPAID	Prepaid Amount	0 =services rendered in conjunction with other services on the claim. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15071 Covers capitated claims only	Num
MED_PROC_CODE	Procedure code	CPTs & HCPCS	Char
MED_PROC_MOD1	Procedure Modifier-1	HCPCS / CPT Code Modifier	Char
MED_PROC_MOD2	Procedure Modifier-2	HCPCS / CPT Code Modifier	Char
MED_PROC_MOD3	Procedure Modifier - 3	HCPCS / CPT Code Modifier	Char
MED_PROC_MOD4	Procedure Modifier - 4	HCPCS / CPT Code Modifier	Char
MED_PRODUCT_LINKID	Linkage variable for medical claims to product (in APCD product file, PROD_PRODUCT_LINKID)	Links medical claims at the claims row level	Num
MED_PROV_CITY	Service Provider City Name	1-351 for valid MA city/towns 999=Out of state or unknown	Num
MED_PROV_ZIP	Service Provider Zip Code	5-digit zip code	Char
MED_RELATION	Individual Relationship Code	1=Spouse 2=Grandfather or grandmother 3=Grandson or granddaughter 4=Nephew or niece 5=Foster child 6=Ward 7=Stepson or stepdaughter 8=Child 9=Self/employee 10=Handicapped dependent 11=Sponsored dependent 12=Dependent of a minor dependent 13=Significant other	Num

Variable Name	Variable Description	Meta Data	Format
		14=Mother 15=Father 16=Emancipated minor 17=Organ donor 18=Cadaver donor 19=Injured plaintiff 20=Child where insured has no financial responsibility 21=Life partner 22=Dependent 99=Unknown	
MED_RENDERINGPROVI DER_LINKID	Linkage variable for medical claims to rendering provider (in APCD provider file, PROV_PROVIDER_LINKI D)	Links medical claims at the claims row level	Num
MED_RENDERINGPROVI DER_NPI	National Service Provider ID		Char
MED_REVENUE_CODE	Revenue code	Code using leading zeroes, left-justified, and four digits.	Char
MED_SERVICEPROVIDE R_LINKID	Linkage variable for medical claims to service provider (in APCD provider file, PROV_PROVIDER_LINKI D)	Links medical claims at the claims row level	Num
MED_SERVICEPROVIDE R NPI	National Service Provider ID		Char
MED_SEX	Member Sex	1=Male 2=Female 3=Unknown	Num
MED_SITE	Site of Service - on MSF/CMS 1500 claims	See "MED_SITE" below	Num
MED_TAXONOMY	Service Provider Specialty (Standard/Carrier-Specific)	See "MED_TAXONOMY" below	Char
MED_TO_DATE	Date of Service - To	Date Proxy – count of days between service to date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
MED_TOT_OutOfPOCKET	Total Amount Paid Out Of Pocket by Patient	Report the total amount patient / member is responsible to pay to the provider as part of their costs for services. Report 0 if there are no Out of Pocket expenses. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable.	Num

***For details on how to link PHDAPCD.MEDICAL with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
		EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	
MED_VERSION	Version Number	Integer	Num
MED_YEAR	CHIA Incurred Date (Year and Month only)	Years, YYYY format	Num
RES_ZIP_APCD_MEDICA L	Member ZIP Code (first 5 digits)	5-digit zip code	Char

	Med_Site
1	Pharmacy
2	Telehealth
3	School
4	Homeless Shelter
	Indian Health Service (Free-standing or Provider-
5	based Facility)
6	Tribal 638 (Free-Standing or Provider-Base Facility)
7	Prison/Correctional Facility
8	Office
9	Home
11	Assisted Living Facility
12	Group Home
13	Mobile Unit
14	Temporary Lodging
15	Walk-in Retail Health Clinic
16	Place of Employment/Worksite
17	Outpatient Hospital (On or Off Campus)
18	Urgent Care Facility
19	Inpatient Hospital
20	Emergency Room-Hospital
21	Ambulatory Surgical Center
22	Birthing Center
23	Military Treatment Facility
24	Skilled Nursing Facility
25	Nursing Facility
26	Custodial Care Facility
31	Hospice
32	Ambulance (Land, Air, or Water)
33	Independent Clinic
34	Federally Qualified Health Center
41	Inpatient Psychiatric Facility

Med_Site
Psychiatric Facility-Partial Hospitalization
Community Mental Health Center
Intermediate Care Facility/Individuals with
Intellectual Disabilities
Residential Substance Abuse Treatment Facility
Psychiatric Residential Treatment Center
Non-residential Substance Abuse Treatment Facility
Mass Immunization Center
Comprehensive Inpatient Rehabilitation Facility
Comprehensive Outpatient Rehabilitation Facility
End-Stage Renal Disease Treatment Facility
State or Local Public Health Clinic
Rural Health Clinic
Independent Laboratory
Other Place of Service

	Med_PV_Specialty		
1	General Practice		
2	General Surgery		
3	Allergy/Immunology		
4	Otolaryngology		
5	Anesthesiology		
6	Cardiology		
7	Dermatology		
8	Family Practice		
9	Interventional Pain Management		
10	Gastroenterology		
11	Internal Medicine		
12	Osteopathic Manipulative Medicine		
13	Neurology		
14	Neurosurgery		
15	Speech Language Pathologists		
16	Obstetrics/Gynecology		
17	Hospice and Palliative Care		
18	Ophthalmology		
19	Oral Surgery (dentists only)		
20	Orthopedic Surgery		
21	Cardiac Electrophysiology		
22	Pathology		
23	Sports Medicine		
24	Plastic and Reconstructive Surgery		
25	Physical Medicine and Rehabilitation		
26	Psychiatry		
27	Geriatric Psychiatry		

	Med_PV_Specialty
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
31	Intensive Cardiac Rehabilitation
32	Anesthesiologist Assistant
33	Thoracic Surgery
34	Thoracic Surgery
35	Thoracic Surgery
36	Nuclear Medicine
37	Pediatric Medicine
38	Pediatric Medicine Pediatric Medicine
39	Nephrology
40	Hand Surgery
41	Hand Surgery Cortified Nurse Midwife (offective July 1, 1989)
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
44	Infectious Disease
45	Mammography Screening Center
46	Endocrinology
47	Independent Diagnostic Testing Facility (IDTF)
48	Podiatry
49	Ambulatory Surgical Center
50	Nurse Practitioner
51	Medical supply company with orthotic personnel certified by an accrediting organization
52	Medical supply company with prosthetic personnel
J2	certified by an accrediting organization
53	Medical supply company with prosthetic/orthotic
Ε.4	personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53 Individual orthotic personnel certified by an
55	accrediting organization
	Individual prosthetic personnel certified by an
56	accrediting organization
57	Individual prosthetic/orthotic personnel certified by
	an accrediting organization
58	Medical Supply Company with registered pharmacies
F0	Ambulance Service Supplier, e.g., private ambulance
59	companies, funeral homes Public Health or Welfare Agencies (Federal, State,
60	and local)
	Voluntary Health or Charitable Agencies (e.g.,
61	National Cancer Society, National Heart Association,
	Catholic Charities)
62	Psychologist (Billing Independently)
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
66	Podiatry

	Med_PV_Specialty
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
70	Single or Multispecialty Clinic or Group Practice
71	Registered Dietician/Nutrition Professional
72	Pain Management
73	Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
80	Licensed Clinical Social Worker
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
87	All other suppliers, e.g., Drug Stores
88	Unknown Provider
89	Certified Clinical Nurse Specialist
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
95	Unknown Supplier
96	Optician
97	Physician Assistant
98	Gynecological/Oncology
99	Unknown Physician Specialty
A0	Hospital
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
А3	Nursing Facility, Other
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
B1	Oxygen/Oxygen Related Equipment
B2	Pedorthic Personnel
В3	Medical Supply Company with Pedorthic Personnel

	Med_PV_Specialty		
В4	Rehabilitation Agency		
B5	Ocularist		
CO	Sleep Medicine		
C1	Centralized Flu		
C2	Indirect Payment Procedure		
С3	Interventional Cardiology		
C5	Dentist		
C6	Hospitalist		
C7	Advanced Heart Failure and Transplant Cardiology		
C8	Medical Toxicology		
С9	Hematopoietic Cell Transplantation and Cellular Therapy		
D1	Medicare Diabetes Preventive Program		
D3	Medical Genetics and Genomics		
D4	Undersea and Hyperbaric Medicine		

PV_TAXONOMY	Code
Multi-Specialty	193200000X
Single Specialty	193400000X
Allergy & Immunology	207K00000X
Allergy	207KA0200X
Clinical & Laboratory Immunology	207KI0005X
Anesthesiology	207L00000X
Addiction Medicine	207LA0401X
Critical Care Medicine	207LC0200X
Hospice and Palliative Medicine	207LH0002X
Pain Medicine	207LP2900X
Pediatric Anesthesiology	207LP3000X
Clinical Pharmacology	208U00000X
Colon & Rectal Surgery	208C00000X
Dermatology	207N00000X
Clinical & Laboratory Dermatological Immunology	207NI0002X

PV_TAXONOMY	Code
Dermatopathology	207ND0900X
MOHS-Micrographic Surgery	207ND0101X
Pediatric Dermatology	207NP0225X
Procedural Dermatology	207NS0135X
Electrodiagnostic Medicine	204R00000X
Emergency Medicine	207P00000X
Emergency Medical Services	207PE0004X
Hospice and Palliative Medicine	207PH0002X
Medical Toxicology	207PT0002X
Pediatric Emergency Medicine	207PP0204X
Sports Medicine	207PS0010X
Undersea and Hyperbaric Medicine	207PE0005X
Family Medicine	207Q00000X
Addiction Medicine	207QA0401X
Adolescent Medicine	207QA0000X
Adult Medicine	207QA0505X
Geriatric Medicine	207QG0300X
Hospice and Palliative Medicine	207QH0002X
Obesity Medicine	207QB0002X
Sleep Medicine	207QS1201X
Sports Medicine	207QS0010X
General Practice	208D00000X
Hospitalist	208M00000X
Independent Medical Examiner	202C00000X
Internal Medicine	207R00000X

PV_TAXONOMY	Code
Addiction Medicine	207RA0401X
Adolescent Medicine	207RA0000X
Adult Congenital Heart Disease	207RA0002X
Advanced Heart Failure and Transplant Cardiology	207RA0001X
Allergy & Immunology	207RA0201X
Cardiovascular Disease	207RC0000X
Clinical & Laboratory Immunology	207RI0001X
Clinical Cardiac Electrophysiology	207RC0001X
Critical Care Medicine	207RC0200X
Endocrinology, Diabetes & Metabolism	207RE0101X
Gastroenterology	207RG0100X
Geriatric Medicine	207RG0300X
Hematology	207RH0000X
Hematology & Oncology	207RH0003X
Hepatology	207RI0008X
Hospice and Palliative Medicine	207RH0002X
Hypertension Specialist	207RH0005X
Infectious Disease	207RI0200X
Interventional Cardiology	207RI0011X
Magnetic Resonance Imaging (MRI)	207RM1200X
Medical Oncology	207RX0202X
Nephrology	207RN0300X
Obesity Medicine	207RB0002X
Pulmonary Disease	207RP1001X
Rheumatology	207RR0500X

PV_TAXONOMY	Code
Sleep Medicine	207RS0012X
Sports Medicine	207RS0010X
Transplant Hepatology	207RT0003X
Legal Medicine	209800000X
Clinical Biochemical Genetics	207SG0202X
Clinical Cytogenetics	207SC0300X
Clinical Genetics (M.D.)	207SG0201X
Clinical Molecular Genetics	207SG0203X
Molecular Genetic Pathology	207SM0001X
Ph.D. Medical Genetics	207SG0205X
Neurological Surgery	207T00000X
Neuromusculoskeletal Medicine & OMM	204D00000X
Neuromusculoskeletal Medicine, Sports Medicine	204C00000X
Nuclear Medicine	207U00000X
In Vivo & In Vitro Nuclear Medicine	207UN0903X
Nuclear Cardiology	207UN0901X
Nuclear Imaging & Therapy	207UN0902X
Obstetrics & Gynecology	207V00000X
Critical Care Medicine	207VC0200X
Female Pelvic Medicine and Reconstructive Surgery	207VF0040X
Gynecologic Oncology	207VX0201X
Gynecology	207VG0400X
Hospice and Palliative Medicine	207VH0002X
Maternal & Fetal Medicine	207VM0101X
Obesity Medicine	207VB0002X

PV_TAXONOMY	Code
Obstetrics	207VX0000X
Reproductive Endocrinology	207VE0102X
Ophthalmology	207W00000X
Cornea and External Diseases Specialist	207WX0120X
Glaucoma Specialist	207WX0009X
Neuro-ophthalmology	207WX0109X
Ophthalmic Plastic and Reconstructive Surgery	207WX0200X
Pediatric Ophthalmology and Strabismus Specialist	207WX0110X
Retina Specialist	207WX0107X
Uveitis and Ocular Inflammatory Disease	207WX0108X
Oral & Maxillofacial Surgery	204E00000X
Orthopaedic Surgery	207X00000X
Adult Reconstructive Orthopaedic Surgery	207XS0114X
Foot and Ankle Surgery	207XX0004X
Hand Surgery	207XS0106X
Orthopaedic Surgery of the Spine	207XS0117X
Orthopaedic Trauma	207XX0801X
Pediatric Orthopaedic Surgery	207XP3100X
Sports Medicine	207XX0005X
Otolaryngology	207Y00000X
Facial Plastic Surgery	207YS0123X
Otolaryngic Allergy	207YX0602X
Otolaryngology/Facial Plastic Surgery	207YX0905X
Otology & Neurotology	207YX0901X
Pediatric Otolaryngology	207YP0228X

PV_TAXONOMY	Code
Plastic Surgery within the Head & Neck	207YX0007X
Sleep Medicine	207YS0012X
Interventional Pain Medicine	208VP0014X
Pain Medicine	208VP0000X
Anatomic Pathology	207ZP0101X
Anatomic Pathology & Clinical Pathology	207ZP0102X
Blood Banking & Transfusion Medicine	207ZB0001X
Chemical Pathology	207ZP0104X
Clinical Informatics	207ZC0008X
Clinical Pathology	207ZC0006X
Clinical Pathology/Laboratory Medicine	207ZP0105X
Cytopathology	207ZC0500X
Dermatopathology	207ZD0900X
Forensic Pathology	207ZF0201X
Hematology	207ZH0000X
Immunopathology	207ZI0100X
Medical Microbiology	207ZM0300X
Molecular Genetic Pathology	207ZP0007X
Neuropathology	207ZN0500X
Pediatric Pathology	207ZP0213X
Pediatrics	208000000X
Adolescent Medicine	2080A0000X
Child Abuse Pediatrics	2080C0008X
Clinical & Laboratory Immunology	2080I0007X
Developmental- Behavioral Pediatrics	2080P0006X

PV_TAXONOMY	Code
Hospice and Palliative Medicine	2080H0002X
Medical Toxicology	2080T0002X
Neonatal-Perinatal Medicine	2080N0001X
Neurodevelopmental Disabilities	2080P0008X
Obesity Medicine	2080B0002X
Pediatric Allergy/Immunology	2080P0201X
Pediatric Cardiology	2080P0202X
Pediatric Critical Care Medicine	2080P0203X
Pediatric Emergency Medicine	2080P0204X
Pediatric Endocrinology	2080P0205X
Pediatric Gastroenterology	2080P0206X
Pediatric Hematology-Oncology	2080P0207X
Pediatric Infectious Diseases	2080P0208X
Pediatric Nephrology	2080P0210X
Pediatric Pulmonology	2080P0214X
Pediatric Rheumatology	2080P0216X
Pediatric Transplant Hepatology	2080T0004X
Sleep Medicine	2080S0012X
Sports Medicine	2080S0010X
Phlebology	202K00000X
Physical Medicine & Rehabilitation	208100000X
Brain Injury Medicine	2081P0301X
Hospice and Palliative Medicine	2081H0002X
Neuromuscular Medicine	2081N0008X
Pain Medicine	2081P2900X

PV_TAXONOMY	Code
Pediatric Rehabilitation Medicine	2081P0010X
Spinal Cord Injury Medicine	2081P0004X
Sports Medicine	2081S0010X
Plastic Surgery	208200000X
Plastic Surgery Within the Head and Neck	2082S0099X
Surgery of the Hand	2082S0105X
Addiction Medicine	2083A0300X
Aerospace Medicine	2083A0100X
Clinical Informatics	2083C0008X
Medical Toxicology	2083T0002X
Obesity Medicine	2083B0002X
Occupational Medicine	2083X0100X
Preventive Medicine/Occupational Environmental Medicine	2083P0500X
Public Health & General Preventive Medicine	2083P0901X
Sports Medicine	2083S0010X
Undersea and Hyperbaric Medicine	2083P0011X
Addiction Medicine	2084A0401X
Addiction Psychiatry	2084P0802X
Behavioral Neurology & Neuropsychiatry	2084B0040X
Brain Injury Medicine	2084P0301X
Child & Adolescent Psychiatry	2084P0804X
Clinical Neurophysiology	2084N0600X
Diagnostic Neuroimaging	2084D0003X
Forensic Psychiatry	2084F0202X
Geriatric Psychiatry	2084P0805X

PV_TAXONOMY	Code
Hospice and Palliative Medicine	2084H0002X
Neurocritical Care	2084A2900X
Neurodevelopmental Disabilities	2084P0005X
Neurology	2084N0400X
Neurology with Special Qualifications in Child Neurology	2084N0402X
Neuromuscular Medicine	2084N0008X
Obesity Medicine	2084B0002X
Pain Medicine	2084P2900X
Psychiatry	2084P0800X
Psychosomatic Medicine	2084P0015X
Sleep Medicine	2084S0012X
Sports Medicine	2084S0010X
Vascular Neurology	2084V0102X
Body Imaging	2085B0100X
Diagnostic Neuroimaging	2085D0003X
Diagnostic Radiology	2085R0202X
Diagnostic Ultrasound	2085U0001X
Hospice and Palliative Medicine	2085H0002X
Neuroradiology	2085N0700X
Nuclear Radiology	2085N0904X
Pediatric Radiology	2085P0229X
Radiation Oncology	2085R0001X
Radiological Physics	2085R0205X
Therapeutic Radiology	2085R0203X
Vascular & Interventional Radiology	2085R0204X

PV_TAXONOMY	Code
Surgery	208600000X
Hospice and Palliative Medicine	2086H0002X
Pediatric Surgery	2086S0120X
Plastic and Reconstructive Surgery	2086S0122X
Surgery of the Hand	2086S0105X
Surgical Critical Care	2086S0102X
Surgical Oncology	2086X0206X
Trauma Surgery	2086S0127X
Vascular Surgery	2086S0129X
Thoracic Surgery (Cardiothoracic Vascular Surgery)	208G00000X
Transplant Surgery	204F00000X
Urology	208800000X
Female Pelvic Medicine and Reconstructive Surgery	2088F0040X
Pediatric Urology	2088P0231X
Assistant Behavior Analyst	106E00000X
Behavior Analyst	103K00000X
Behavior Technician	106S00000X
Clinical Neuropsychologist	103G00000X
Clinical	103GC0700X
Counselor	101Y00000X
Addiction (Substance Use Disorder)	101YA0400X
Mental Health	101YM0800X
Pastoral	101YP1600X
Professional	101YP2500X
School	101YS0200X

PV_TAXONOMY	Code
Marriage & Family Therapist	106H00000X
Poetry Therapist	102X00000X
Psychoanalyst	102L00000X
Psychologist	103T00000X
Addiction (Substance Use Disorder)	103TA0400X
Adult Development & Aging	103TA0700X
Clinical	103TC0700X
Clinical Child & Adolescent	103TC2200X
Cognitive & Behavioral	103TB0200X
Counseling	103TC1900X
Educational	103TE1000X
Exercise & Sports	103TE1100X
Family	103TF0000X
Forensic	103TF0200X
Group Psychotherapy	103TP2701X
Health	103TH0004X
Health Service	103TH0100X
Men & Masculinity	103TM1700X
Mental Retardation & Developmental Disabilities	103TM1800X
Prescribing (Medical)	103TP0016X
Psychoanalysis	103TP0814X
Psychotherapy	103TP2700X
Rehabilitation	103TR0400X
School	103TS0200X
Women	103TW0100X

PV_TAXONOMY	Code
Social Worker	104100000X
Clinical	1041C0700X
School	1041S0200X
Chiropractor	111N00000X
Independent Medical Examiner	111NI0013X
Internist	111NI0900X
Neurology	111NN0400X
Nutrition	111NN1001X
Occupational Health	111NX0100X
Orthopedic	111NX0800X
Pediatric Chiropractor	111NP0017X
Radiology	111NR0200X
Rehabilitation	111NR0400X
Sports Physician	111NS0005X
Thermography	111NT0100X
Advanced Practice Dental Therapist	125K00000X
Dental Assistant	126800000X
Dental Hygienist	124Q00000X
Dental Laboratory Technician	126900000X
Dental Therapist	125J00000X
Dentist	122300000X
Dental Public Health	1223D0001X
Dentist Anesthesiologist	1223D0004X
Endodontics	1223E0200X
General Practice	1223G0001X

PV_TAXONOMY	Code
Oral and Maxillofacial Pathology	1223P0106X
Oral and Maxillofacial Radiology	1223X0008X
Oral and Maxillofacial Surgery	1223S0112X
Orofacial Pain	1223X2210X
Orthodontics and Dentofacial Orthopedics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Denturist	122400000X
Oral Medicinist	125Q00000X
Dietary Manager	132700000X
Dietetic Technician, Registered	136A00000X
Dietitian, Registered	133V00000X
Nutrition, Gerontological	133VN1101X
Nutrition, Metabolic	133VN1006X
Nutrition, Obesity and Weight Management	133VN1201X
Nutrition, Oncology	133VN1301X
Nutrition, Pediatric	133VN1004X
Nutrition, Pediatric Critical Care	133VN1401X
Nutrition, Renal	133VN1005X
Nutrition, Sports Dietetics	133VN1501X
Nutritionist	133N00000X
Nutrition, Education	133NN1002X
Emergency Medical Technician, Basic	146N00000X
Emergency Medical Technician, Intermediate	146M00000X

PV_TAXONOMY	Code
Emergency Medical Technician, Paramedic	146L00000X
Personal Emergency Response Attendant	146D00000X
Optometrist	152W00000X
Corneal and Contact Management	152WC0802X
Low Vision Rehabilitation	152WL0500X
Occupational Vision	152WX0102X
Pediatrics	152WP0200X
Sports Vision	152WS0006X
Vision Therapy	152WV0400X
Technician/Technologist	156F00000X
Contact Lens	156FC0800X
Contact Lens Fitter	156FC0801X
Ocularist	156FX1700X
Ophthalmic	156FX1100X
Ophthalmic Assistant	156FX1101X
Optician	156FX1800X
Optometric Assistant	156FX1201X
Optometric Technician	156FX1202X
Orthoptist	156FX1900X
Licensed Practical Nurse	164W00000X
Licensed Psychiatric Technician	167G00000X
Licensed Vocational Nurse	164X00000X
Registered Nurse	163W00000X
Addiction (Substance Use Disorder)	163WA0400X
Administrator	163WA2000X

PV_TAXONOMY	Code
Ambulatory Care	163WP2201X
Cardiac Rehabilitation	163WC3500X
Case Management	163WC0400X
College Health	163WC1400X
Community Health	163WC1500X
Continence Care	163WC2100X
Continuing Education/Staff Development	163WC1600X
Critical Care Medicine	163WC0200X
Diabetes Educator	163WD0400X
Dialysis, Peritoneal	163WD1100X
Emergency	163WE0003X
Enterostomal Therapy	163WE0900X
Flight	163WF0300X
Gastroenterology	163WG0100X
General Practice	163WG0000X
Gerontology	163WG0600X
Hemodialysis	163WH0500X
Home Health	163WH0200X
Hospice	163WH1000X
Infection Control	163WI0600X
Infusion Therapy	163WI0500X
Lactation Consultant	163WL0100X
Maternal Newborn	163WM0102X
Medical-Surgical	163WM0705X
Neonatal Intensive Care	163WN0002X

PV_TAXONOMY	Code
Neonatal, Low-Risk	163WN0003X
Nephrology	163WN0300X
Neuroscience	163WN0800X
Nurse Massage Therapist (NMT)	163WM1400X
Nutrition Support	163WN1003X
Obstetric, High-Risk	163WX0002X
Obstetric, Inpatient	163WX0003X
Occupational Health	163WX0106X
Oncology	163WX0200X
Ophthalmic	163WX1100X
Orthopedic	163WX0800X
Ostomy Care	163WX1500X
Otorhinolaryngology & Head-Neck	163WX0601X
Pain Management	163WP0000X
Pediatric Oncology	163WP0218X
Pediatrics	163WP0200X
Perinatal	163WP1700X
Plastic Surgery	163WS0121X
Psychiatric/Mental Health	163WP0808X
Psychiatric/Mental Health, Adult	163WP0809X
Psychiatric/Mental Health, Child & Adolescent	163WP0807X
Registered Nurse First Assistant	163WR0006X
Rehabilitation	163WR0400X
Reproductive Endocrinology/Infertility	163WR1000X
School	163WS0200X

PV_TAXONOMY	Code
Urology	163WU0100X
Women's Health Care, Ambulatory	163WW0101X
Wound Care	163WW0000X
Adult Companion	372600000X
Chore Provider	372500000X
Day Training/Habilitation Specialist	373H00000X
Doula	374J00000X
Home Health Aide	374U00000X
Homemaker	376J00000X
Nurse's Aide	376K00000X
Nursing Home Administrator	376G00000X
Religious Nonmedical Nursing Personnel	374T00000X
Religious Nonmedical Practitioner	374K00000X
Technician	374700000X
Attendant Care Provider	3747A0650X
Personal Care Attendant	3747P1801X
Acupuncturist	171100000X
Case Manager/Care Coordinator	171M00000X
Clinical Ethicist	174V00000X
Community Health Worker	172V00000X
Contractor	171W00000X
Home Modifications	171WH0202X
Vehicle Modifications	171WV0202X
Driver	172A00000X
Funeral Director	176P00000X

PV_TAXONOMY	Code
Genetic Counselor, MS	170300000X
Health Educator	174H00000X
Homeopath	175L00000X
Interpreter	171R00000X
Lactation Consultant, Non-RN	174N00000X
Legal Medicine	173000000X
Mechanotherapist	172M00000X
Medical Genetics, Ph.D. Medical Genetics	170100000X
Midwife	176B00000X
Midwife, Lay	175M00000X
Military Health Care Provider	171000000X
Independent Duty Corpsman	1710I1002X
Independent Duty Medical Technicians	1710I1003X
Naprapath	172P00000X
Naturopath	175F00000X
Peer Specialist	175T00000X
Prevention Professional	405300000X
Reflexologist	173C00000X
Sleep Specialist, PhD	173F00000X
Specialist	174400000X
Graphics Designer	1744G0900X
Prosthetics Case Management	1744P3200X
Research Data Abstracter/Coder	1744R1103X
Research Study	1744R1102X
Veterinarian	174M00000X

PV_TAXONOMY	Code
Medical Research	174MM1900X
Pharmacist	183500000X
Ambulatory Care	1835P2201X
Critical Care	1835C0205X
General Practice	1835G0000X
Geriatric	1835G0303X
Nuclear	1835N0905X
Nutrition Support	1835N1003X
Oncology	1835X0200X
Pediatrics	1835P0200X
Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist	1835P0018X
Pharmacotherapy	1835P1200X
Psychiatric	1835P1300X
Pharmacy Technician	183700000X
Advanced Practice Midwife	367A00000X
Anesthesiologist Assistant	367H00000X
Clinical Nurse Specialist	364S00000X
Acute Care	364SA2100X
Adult Health	364SA2200X
Chronic Care	364SC2300X
Community Health/Public Health	364SC1501X
Critical Care Medicine	364SC0200X
Emergency	364SE0003X
Ethics	364SE1400X
Family Health	364SF0001X

PV_TAXONOMY	Code
Gerontology	364SG0600X
Holistic	364SH1100X
Home Health	364SH0200X
Informatics	364SI0800X
Long-Term Care	364SL0600X
Medical-Surgical	364SM0705X
Neonatal	364SN0000X
Neuroscience	364SN0800X
Occupational Health	364SX0106X
Oncology	364SX0200X
Oncology, Pediatrics	364SX0204X
Pediatrics	364SP0200X
Perinatal	364SP1700X
Perioperative	364SP2800X
Psychiatric/Mental Health	364SP0808X
Psychiatric/Mental Health, Adult	364SP0809X
Psychiatric/Mental Health, Child & Adolescent	364SP0807X
Psychiatric/Mental Health, Child & Family	364SP0810X
Psychiatric/Mental Health, Chronically III	364SP0811X
Psychiatric/Mental Health, Community	364SP0812X
Psychiatric/Mental Health, Geropsychiatric	364SP0813X
Rehabilitation	364SR0400X
School	364SS0200X
Transplantation	364ST0500X
Women's Health	364SW0102X

PV_TAXONOMY	Code
Nurse Anesthetist, Certified Registered	367500000X
Nurse Practitioner	363L00000X
Acute Care	363LA2100X
Adult Health	363LA2200X
Community Health	363LC1500X
Critical Care Medicine	363LC0200X
Family	363LF0000X
Gerontology	363LG0600X
Neonatal	363LN0000X
Neonatal, Critical Care	363LN0005X
Obstetrics & Gynecology	363LX0001X
Occupational Health	363LX0106X
Pediatrics	363LP0200X
Pediatrics, Critical Care	363LP0222X
Perinatal	363LP1700X
Primary Care	363LP2300X
Psychiatric/Mental Health	363LP0808X
School	363LS0200X
Women's Health	363LW0102X
Physician Assistant	363A00000X
Medical	363AM0700X
Surgical	363AS0400X
Assistant, Podiatric	211D00000X
Podiatrist	213E00000X
Foot & Ankle Surgery	213ES0103X

213ES0131X
213EG0000X
213EP1101X
213EP0504X
213ER0200X
213ES0000X
229N00000X
221700000X
224Y00000X
225600000X
222Q00000X
226300000X
225700000X
224900000X
225A00000X
225X00000X
225XR0403X
225XE0001X
225XE1200X
225XF0002X
225XG0600X
225XH1200X
225XH1300X
225XL0004X
225XM0800X

PV_TAXONOMY	Code
Neurorehabilitation	225XN1300X
Pediatrics	225XP0200X
Physical Rehabilitation	225XP0019X
Occupational Therapy Assistant	224Z00000X
Driving and Community Mobility	224ZR0403X
Environmental Modification	224ZE0001X
Feeding, Eating & Swallowing	224ZF0002X
Low Vision	224ZL0004X
Orthotic Fitter	225000000X
Orthotist	222Z00000X
Pedorthist	224L00000X
Physical Therapist	225100000X
Cardiopulmonary	2251C2600X
Electrophysiology, Clinical	2251E1300X
Ergonomics	2251E1200X
Geriatrics	2251G0304X
Hand	2251H1200X
Human Factors	2251H1300X
Neurology	2251N0400X
Orthopedic	2251X0800X
Pediatrics	2251P0200X
Sports	2251S0007X
Physical Therapy Assistant	225200000X
Prosthetist	224P00000X
Pulmonary Function Technologist	225B00000X

PV_TAXONOMY	Code
Recreation Therapist	225800000X
Recreational Therapist Assistant	226000000X
Rehabilitation Counselor	225C00000X
Assistive Technology Practitioner	225CA2400X
Assistive Technology Supplier	225CA2500X
Orientation and Mobility Training Provider	225CX0006X
Rehabilitation Practitioner	225400000X
Respiratory Therapist, Certified	227800000X
Critical Care	2278C0205X
Educational	2278E1000X
Emergency Care	2278E0002X
General Care	2278G1100X
Geriatric Care	2278G0305X
Home Health	2278H0200X
Neonatal/Pediatrics	2278P3900X
Palliative/Hospice	2278P3800X
Patient Transport	2278P4000X
Pulmonary Diagnostics	2278P1004X
Pulmonary Function Technologist	2278P1006X
Pulmonary Rehabilitation	2278P1005X
SNF/Subacute Care	2278S1500X
Respiratory Therapist, Registered	227900000X
Critical Care	2279C0205X
Educational	2279E1000X
Emergency Care	2279E0002X

PV_TAXONOMY	Code
General Care	2279G1100X
Geriatric Care	2279G0305X
Home Health	2279H0200X
Neonatal/Pediatrics	2279P3900X
Palliative/Hospice	2279P3800X
Patient Transport	2279P4000X
Pulmonary Diagnostics	2279P1004X
Pulmonary Function Technologist	2279P1006X
Pulmonary Rehabilitation	2279P1005X
SNF/Subacute Care	2279S1500X
Specialist/Technologist	225500000X
Athletic Trainer	2255A2300X
Rehabilitation, Blind	2255R0406X
Audiologist	231H00000X
Assistive Technology Practitioner	231HA2400X
Assistive Technology Supplier	231HA2500X
Audiologist-Hearing Aid Fitter	237600000X
Hearing Instrument Specialist	237700000X
Specialist/Technologist	235500000X
Audiology Assistant	2355A2700X
Speech-Language Assistant	2355S0801X
Speech-Language Pathologist	235Z00000X
Student in an Organized Health Care Education/Training Program	390200000X
Perfusionist	242T00000X
Radiologic Technologist	247100000X

PV_TAXONOMY	Code
Bone Densitometry	2471B0102X
Cardiac-Interventional Technology	2471C1106X
Cardiovascular-Interventional Technology	2471C1101X
Computed Tomography	2471C3401X
Magnetic Resonance Imaging	2471M1202X
Mammography	2471M2300X
Nuclear Medicine Technology	2471N0900X
Quality Management	2471Q0001X
Radiation Therapy	2471R0002X
Radiography	2471C3402X
Sonography	2471S1302X
Vascular Sonography	2471V0105X
Vascular-Interventional Technology	2471V0106X
Radiology Practitioner Assistant	243U00000X
Specialist/Technologist Cardiovascular	246X00000X
Cardiovascular Invasive Specialist	246XC2901X
Sonography	246XS1301X
Vascular Specialist	246XC2903X
Specialist/Technologist, Health Information	246Y00000X
Coding Specialist, Hospital Based	246YC3301X
Coding Specialist, Physician Office Based	246YC3302X
Registered Record Administrator	246YR1600X
Specialist/Technologist, Other	246Z00000X
Art, Medical	246ZA2600X
Biochemist	246ZB0500X

PV_TAXONOMY	Code
Biomedical Engineering	246ZB0301X
Biomedical Photographer	246ZB0302X
Biostatistician	246ZB0600X
EEG	246ZE0500X
Electroneurodiagnostic	246ZE0600X
Geneticist, Medical (PhD)	246ZG1000X
Graphics Methods	246ZG0701X
Illustration, Medical	246ZI1000X
Nephrology	246ZN0300X
Orthopedic Assistant	246ZX2200X
Surgical Assistant	246ZC0007X
Surgical Technologist	246ZS0410X
Specialist/Technologist, Pathology	246Q00000X
Blood Banking	246QB0000X
Chemistry	246QC1000X
Cytotechnology	246QC2700X
Hemapheresis Practitioner	246QH0401X
Hematology	246QH0000X
Histology	246QH0600X
Immunology	246QI0000X
Laboratory Management	246QL0900X
Laboratory Management, Diplomate	246QL0901X
Medical Technologist	246QM0706X
Microbiology	246QM0900X
Technician, Cardiology	246W00000X

PV_TAXONOMY	Code
Technician, Health Information	247000000X
Assistant Record Technician	2470A2800X
Technician, Other	247200000X
Biomedical Engineering	2472B0301X
Darkroom	2472D0500X
EEG	2472E0500X
Renal Dialysis	2472R0900X
Veterinary	2472V0600X
Technician, Pathology	246R00000X
Histology	246RH0600X
Medical Laboratory	246RM2200X
Phlebotomy	246RP1900X
Local Education Agency (LEA)	251300000X
Case Management	251B00000X
Community/Behavioral Health	251S00000X
Day Training, Developmentally Disabled Services	251C00000X
Early Intervention Provider Agency	252Y00000X
Foster Care Agency	253J00000X
Home Health	251E00000X
Home Infusion	251F00000X
Hospice Care, Community Based	251G00000X
In Home Supportive Care	253Z00000X
Nursing Care	251J00000X
Program of All-Inclusive Care for the Elderly (PACE) Provider Organization	251T00000X
Public Health or Welfare	251K00000X

PV_TAXONOMY	Code
Supports Brokerage	251X00000X
Voluntary or Charitable	251V00000X
Clinic/Center	261Q00000X
Adolescent and Children Mental Health	261QM0855X
Adult Day Care	261QA0600X
Adult Mental Health	261QM0850X
Ambulatory Family Planning Facility	261QA0005X
Ambulatory Fertility Facility	261QA0006X
Ambulatory Surgical	261QA1903X
Amputee	261QA0900X
Augmentative Communication	261QA3000X
Birthing	261QB0400X
Community Health	261QC1500X
Corporate Health	261QC1800X
Critical Access Hospital	261QC0050X
Dental	261QD0000X
Developmental Disabilities	261QD1600X
Emergency Care	261QE0002X
Endoscopy	261QE0800X
End-Stage Renal Disease (ESRD) Treatment	261QE0700X
Family Planning, Non-Surgical	261QF0050X
Federally Qualified Health Center (FQHC)	261QF0400X
Genetics	261QG0250X
Health Service	261QH0100X
Hearing and Speech	261QH0700X

PV_TAXONOMY	Code
Infusion Therapy	261QI0500X
Lithotripsy	261QL0400X
Magnetic Resonance Imaging (MRI)	261QM1200X
Medical Specialty	261QM2500X
Medically Fragile Infants and Children Day Care	261QM3000X
Mental Health (Including Community Mental Health Center)	261QM0801X
Methadone	261QM2800X
Migrant Health	261QM1000X
Military Ambulatory Procedure Visits Operational (Transportable)	261QM1103X
Military and U.S. Coast Guard Ambulatory Procedure	261QM1101X
Military Outpatient Operational (Transportable) Component	261QM1102X
Military/U.S. Coast Guard Outpatient	261QM1100X
Multi-Specialty	261QM1300X
Occupational Medicine	261QX0100X
Oncology	261QX0200X
Oncology, Radiation	261QX0203X
Ophthalmologic Surgery	261QS0132X
Oral and Maxillofacial Surgery	261QS0112X
Pain	261QP3300X
Physical Therapy	261QP2000X
Podiatric	261QP1100X
Primary Care	261QP2300X
Prison Health	261QP2400X
Public Health, Federal	261QP0904X
Public Health, State or Local	261QP0905X

PV_TAXONOMY	Code
Radiology	261QR0200X
Radiology, Mammography	261QR0206X
Radiology, Mobile	261QR0208X
Radiology, Mobile Mammography	261QR0207X
Recovery Care	261QR0800X
Rehabilitation	261QR0400X
Rehabilitation, Cardiac Facilities	261QR0404X
Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR0401X
Rehabilitation, Substance Use Disorder	261QR0405X
Research	261QR1100X
Rural Health	261QR1300X
Sleep Disorder Diagnostic	261QS1200X
Student Health	261QS1000X
Urgent Care	261QU0200X
VA	261QV0200X
Epilepsy Unit	273100000X
Medicare Defined Swing Bed Unit	275N00000X
Psychiatric Unit	273R00000X
Rehabilitation Unit	273Y00000X
Rehabilitation, Substance Use Disorder Unit	276400000X
Christian Science Sanitorium	287300000X
Chronic Disease Hospital	281P00000X
Children	281PC2000X
General Acute Care Hospital	282N00000X
Children	282NC2000X

PV_TAXONOMY	Code
Critical Access	282NC0060X
Rural	282NR1301X
Women	282NW0100X
Long Term Care Hospital	282E00000X
Military Hospital	286500000X
Community Health	2865C1500X
Military General Acute Care Hospital	2865M2000X
Military General Acute Care Hospital. Operational (Transportable)	2865X1600X
Psychiatric Hospital	283Q00000X
Rehabilitation Hospital	283X00000X
Children	283XC2000X
Religious Nonmedical Health Care Institution	282J00000X
Special Hospital	284300000X
Clinical Medical Laboratory	291U00000X
Dental Laboratory	292200000X
Military Clinical Medical Laboratory	291900000X
Physiological Laboratory	293D00000X
Exclusive Provider Organization	302F00000X
Health Maintenance Organization	302R00000X
Point of Service	305S00000X
Preferred Provider Organization	305R00000X
Alzheimer Center (Dementia Center)	311500000X
Assisted Living Facility	310400000X
Assisted Living, Behavioral Disturbances	3104A0630X
Assisted Living, Mental Illness	3104A0625X

PV_TAXONOMY	Code
Christian Science Facility	317400000X
Custodial Care Facility	311Z00000X
Adult Care Home	311ZA0620X
Hospice, Inpatient	315D00000X
Intermediate Care Facility, Mental Illness	310500000X
Intermediate Care Facility, Mentally Retarded	315P00000X
Nursing Facility/Intermediate Care Facility	313M00000X
Skilled Nursing Facility	314000000X
Nursing Care, Pediatric	3140N1450X
Lodging	177F00000X
Meals	174200000X
Community Based Residential Treatment Facility, Mental Illness	320800000X
Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities	320900000X
Psychiatric Residential Treatment Facility	323P00000X
Residential Treatment Facility, Emotionally Disturbed Children	322D00000X
Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities	320600000X
Residential Treatment Facility, Physical Disabilities	320700000X
Substance Abuse Rehabilitation Facility	324500000X
Substance Abuse Treatment, Children	3245S0500X
Respite Care	385H00000X
Respite Care Camp	385HR2050X
Respite Care, Mental Illness, Child	385HR2055X
Respite Care, Mental Retardation and/or Developmental Disabilities	385HR2060X
Respite Care, Physical Disabilities, Child	385HR2065X

PV_TAXONOMY	Code
Blood Bank	331L00000X
Department of Veterans Affairs (VA) Pharmacy	332100000X
Durable Medical Equipment & Medical Supplies	332B00000X
Customized Equipment	332BC3200X
Dialysis Equipment & Supplies	332BD1200X
Nursing Facility Supplies	332BN1400X
Oxygen Equipment & Supplies	332BX2000X
Parenteral & Enteral Nutrition	332BP3500X
Emergency Response System Companies	333300000X
Eye Bank	332G00000X
Eyewear Supplier	332H00000X
Hearing Aid Equipment	332S00000X
Home Delivered Meals	332U00000X
Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy	332800000X
Medical Foods Supplier	335G00000X
Military/U.S. Coast Guard Pharmacy	33200000X
Non-Pharmacy Dispensing Site	332900000X
Organ Procurement Organization	335U00000X
Pharmacy	333600000X
Clinic Pharmacy	3336C0002X
Community/Retail Pharmacy	3336C0003X
Compounding Pharmacy	3336C0004X
Home Infusion Therapy Pharmacy	3336H0001X
Institutional Pharmacy	3336I0012X
Long Term Care Pharmacy	3336L0003X

PV_TAXONOMY	Code
Mail Order Pharmacy	3336M0002X
Managed Care Organization Pharmacy	3336M0003X
Nuclear Pharmacy	3336N0007X
Specialty Pharmacy	3336S0011X
Portable X-ray and/or Other Portable Diagnostic Imaging Supplier	335V00000X
Prosthetic/Orthotic Supplier	335E00000X
Air Carrier	344800000X
Ambulance	341600000X
Air Transport	3416A0800X
Land Transport	3416L0300X
Water Transport	3416S0300X
Bus	347B00000X
Military/U.S. Coast Guard Transport	341800000X
Military or U.S. Coast Guard Ambulance, Air Transport	3418M1120X
Military or U.S. Coast Guard Ambulance, Ground Transport	3418M1110X
Military or U.S. Coast Guard Ambulance, Water Transport	3418M1130X
Non-emergency Medical Transport (VAN)	343900000X
Private Vehicle	347C00000X
Secured Medical Transport (VAN)	343800000X
Taxi	344600000X
Train	347D00000X
Transportation Broker	347E00000X

Med_Site		
1	Pharmacy	

Mod Site				
Med_Site				
2	Telehealth			
3	School			
4	Homeless Shelter			
_	Indian Health Service (Free-standing or Provider-			
5	based Facility)			
6	Tribal 638 (Free-Standing or Provider-Base Facility			
7	Prison/Correctional Facility Office			
8				
9	Home			
11	Assisted Living Facility			
	Group Home			
13 14	Mobile Unit			
	Temporary Lodging			
15 16	Walk-in Retail Health Clinic			
	Place of Employment/Worksite			
17	Outpatient Hospital (On or Off Campus)			
18	Urgent Care Facility Inpatient Hospital			
19 20	'			
21	Emergency Room-Hospital			
22	Ambulatory Surgical Center			
23	Birthing Center Military Treatment Facility			
24	Skilled Nursing Facility			
25	Nursing Facility			
26	Custodial Care Facility			
31	Hospice			
32	Ambulance (Land, Air, or Water)			
33	Independent Clinic			
34	Federally Qualified Health Center			
41	Inpatient Psychiatric Facility			
42	Psychiatric Facility-Partial Hospitalization			
49	Community Mental Health Center			
	Intermediate Care Facility/Individuals with			
50	Intellectual Disabilities			
51	Residential Substance Abuse Treatment Facility			
52	Psychiatric Residential Treatment Center			
53	Non-residential Substance Abuse Treatment Facility			
54	Mass Immunization Center			
55	Comprehensive Inpatient Rehabilitation Facility			
56	Comprehensive Outpatient Rehabilitation Facility			
57	End-Stage Renal Disease Treatment Facility			
60	State or Local Public Health Clinic			
61	Rural Health Clinic			
62	Independent Laboratory			
88	Other Place of Service			

	Med_PV_Specialty
1	General Practice

	Med_PV_Specialty
2	General Surgery
3	Allergy/Immunology
4	Otolaryngology
5	Anesthesiology
6	Cardiology
7	Dermatology
8	Family Practice
9	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Medicine
13	Neurology
14	Neurosurgery
15	Speech Language Pathologists
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
21	Cardiac Electrophysiology
22	Pathology
23	Sports Medicine
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Geriatric Psychiatry
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
31	Intensive Cardiac Rehabilitation
32	Anesthesiologist Assistant
33	Thoracic Surgery
34	Thoracic Surgery
35	Thoracic Surgery
36	Nuclear Medicine
37	Pediatric Medicine
38	Pediatric Medicine
39	Nephrology
40	Hand Surgery
41	Hand Surgery
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
44	Infectious Disease
45	Mammography Screening Center
46	Endocrinology
47	Independent Diagnostic Testing Facility (IDTF)
48	Podiatry

	Med_PV_Specialty
49	Ambulatory Surgical Center
50	Nurse Practitioner
	Medical supply company with orthotic personnel
51	certified by an accrediting organization
	Medical supply company with prosthetic personnel
certified by an accrediting organization	
53	Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53
	Individual orthotic personnel certified by an
55	accrediting organization
56	Individual prosthetic personnel certified by an
	accrediting organization
57	Individual prosthetic/orthotic personnel certified by an accrediting organization
58	Medical Supply Company with registered pharmacies
	Ambulance Service Supplier, e.g., private ambulance
59	companies, funeral homes
60	Public Health or Welfare Agencies (Federal, State,
60	and local) Voluntary Health or Charitable Agencies (e.g.,
61	National Cancer Society, National Heart Association,
	Catholic Charities)
62	Psychologist (Billing Independently)
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
66	Podiatry
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
70	Single or Multispecialty Clinic or Group Practice
71	Registered Dietician/Nutrition Professional
72	Pain Management
· <u>-</u>	Mass Immunization Roster Billers (Mass Immunizers
73	have to roster bill assigned claims and can only bill
	for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
80	Licensed Clinical Social Worker
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry

	Med_PV_Specialty			
87	All other suppliers, e.g., Drug Stores			
88	Unknown Provider			
89	Certified Clinical Nurse Specialist			
90	Medical Oncology			
91	Surgical Oncology			
92	Radiation Oncology			
93	Emergency Medicine			
94	Interventional Radiology			
95	Unknown Supplier			
96	Optician			
97	Physician Assistant			
98	Gynecological/Oncology			
99	Unknown Physician Specialty			
Α0	Hospital			
A1	Skilled Nursing Facility			
A2	Intermediate Care Nursing Facility			
А3	Nursing Facility, Other			
A4	Home Health Agency			
A5	Pharmacy			
A6	Medical Supply Company with Respiratory Therapist			
A7	Department Store			
A8	Grocery Store			
B1	Oxygen/Oxygen Related Equipment			
B2	Pedorthic Personnel			
В3	Medical Supply Company with Pedorthic Personnel			
B4	Rehabilitation Agency			
B5	Ocularist			
C0	Sleep Medicine			
C1	Centralized Flu			
C2	Indirect Payment Procedure			
С3	Interventional Cardiology			
C5	Dentist			
C6	Hospitalist			
C7	Advanced Heart Failure and Transplant Cardiology			
C8	Medical Toxicology			
С9	Hematopoietic Cell Transplantation and Cellular Therapy			
D1	Medicare Diabetes Preventive Program			
D3	Medical Genetics and Genomics			
D4	Undersea and Hyperbaric Medicine			

All Payer's Claims Data (APCD) - Pharmacy

***For details on how to link PHDAPCD.PHARMACY with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
PHARM_AGE	Member Age At Service	Age in years, ages greater than 89 set to 999 (blank) = missing	Num
		1-351 for valid MA city/towns 999=Out of state or unknown *Please note, there is a risk	
PHARM_CITY	Pharmacy Location City	of misclassification as APCD	Num
PHARM_CLAIM_STATUS	Status of claim line	0= This value is as is submitted by the insurance carrier (with unknown translation) 1=Processed as primary 2=Processed as secondary 3=Processed as tertiary 4=Denied 5=Processed as primary, forwarded to additional payers(s) 6=Processed as secondary, forwarded to additional payers(s) 7=Processed as tertiary, forwarded to additional payer(s) 8=Reversal of previous payment 9=Not our claim, forwarded to additional payer(s) 10=Predetermination pricing only - no payment 11=Missing	Num
PHARM_COMPOUND	Compound Drug Indicator	1 =Yes 2 =No 3 =Unknown	Num

		<u> </u>	
		4 =Other	
		5 =Not Applicable	
		1 =Yes 2 =No	
DHADM COVEDACE BH	Behavioral Health Benefit		Nium
PHARM_COVERAGE_BH	Flag	4 =Other	Num
		8 =Not Applicable 9 =Unknown	
PHARM CSUMID	Carrier Cassifia Unique		Num
-HARIM_C30MID	Carrier Specific Unique Member ID	Integer	Nulli
PHARM ENROLL TYPE	Member enrollment type	1= FIG - Fully-Insured	Num
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Commercial Group Enrollee	
		2= SIG - Self-Insured Group	
		Enrollee	
		3= GIC - Group Insurance	
		Commission Enrollee	
		4= MCO - MassHealth	
		Managed Care Organization	
		Enrollee	
		5= Supplemental Policy	
		Enrollee	
		6 = ICO - Integrated Care	
		Organization or SCO Senior	
		Care Option	
		7 =ACO – Accountable Care	
		Organization Enrollee	
		(MassHealth only – unless	
		approved by CHIA)	
		0= Unknown / Not	
		Applicable	
		Date Proxy – count of days	
		between admission date and	
		randomly chosen date in the	
PHARM_FILL_DATE	Date Prescription Filled	past	Num
	·	NOTE: The larger the date proxy, the more	
		recently the event	
		occurred	
		1 =Yes	
		2 =No	
PHARM_FORMULARY	Formulary Code	3 =Unknown	Num
_		4 =Other	
		5 =Not Applicable	
		1 =Yes	
		2 =No	
PHARM_GENERIC	Generic Drug Indicator	3 =Unknown	Num
		4 =Other	
		5 =Not Applicable	
PHARM_HIGHESTVERSION_PAID		, 3	Num
	highest version and if it was	0=Not Highest Version Paid	
	paid	9=Versioning Not Applied	
PHARM_ICD	Diagnosis Code	ICD9/ICD10 code	Char
PHARM_INSURANCE_TYPE	Insurance Type	09=Self pay	Char
	Code/Product	10=Central certification	

		<u>, </u>	
		11=Other non-federal programs 12=PPO 13=POS 14=EPO 15=Indemnity insurance 16=HMO Medicare risk 17=DMO AM=Automobile medical BL=Blue cross / Blue shield CC=Commonwealth Care CE=Commonwealth Care CE=Commercial Insurance Co. DS=Disability HM=HMO LI=Liability LM=Liability Medical MA=Medicare part A MB=Medicare part A MB=Medicare part B MC=Medicaid OF=Other federal program TF=HSN trust fund TV=Title V VA=Veterans Administration Plan WC=Workers' Compensation ZZ=Other ***For any other value not	
		contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)***	
PHARM_LINE	Line Counter	Integer	Num
PHARM_LINKORGIDPR	Linkage variable to connect pharmacy claim to APCD product file (PROV_ORGID)	Links pharmacy claims at the Insurance Carrier Level	Num
	Linkage variable to connect pharmacy claim to APCD provider file (PROV_ORGID)	Links pharmacy claims at the Insurance Carrier Level	Num
PHARM_MAIL_ORDER	Mail Order pharmacy	1 =Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable	Num
PHARM_MONTH	CHIA Incurred Date (Year and Month only)	Months, 1-12	Num

	•	-	
PHARM_NDC	Drug Code	NDC Code as defined by the FDA in 11 digit format (5-4-2) without hyphenation.	Char
PHARM_NPI	National Pharmacy ID Number	10 digit NPI	Num
PHARM_ORGID	CHIA defined and maintained unique carrier identifier	3-5 digit numeric	Num
PHARM_PAID	Paid Amount	0 = line is paid as part of another procedure / claim line. Do not report any value if the line is denied. Do not code decimal or round up / down to whole dollars; code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070. (Negative amounts mean the prescription could have been a pickup that involved cost sharing where the patient paid an amount which rendered the dollar amount owed by the carrier negative, or the carrier's internal audit discovered that payment exceeded the contractually allowable benefit or that the carrier had made a duplicate payment. They could also mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc) 1 =Yes	Num
PHARM_PREGNANCY	Pregnancy Indicator	1 = Yes 2 =No 3 =Unknown 4 =Other 5 =Not Applicable	Num
PHARM_PRESCRIBER_CITY	Prescribing Physician City	1-351 for valid MA city/towns 999=Out of state or unknown	Num

	,	,	1
PHARM_PRESCRIBER_LINKID	Linkage variable for	*Please note, there is a risk of misclassification as APCD covers the entire US. Cities without a corresponding state or zip code will be grouped as MA cities but actually are located outside of MA (in the cases of cities with the same name – ex. Palmer, MA vs Palmer, AK) Links pharmacy claims at	Num
	pharmacy claims to prescribing provider (in APCD provider file, PROV_PROVIDER_LINKID)	the claims row level	
PHARM_PRESCRIBER_NPI	Prescribing Physician NPI - National Provider ID	9	Num
PHARM_PRESCRIBER_ZIP	Prescribing Physician Zip	99999=Unknown	Char
PHARM_PRODUCT_LINKID	Linkage variable for pharmacy claims to product (in APCD product file, PROD_PRODUCT_LINKID)	Links pharmacy claims at the claims row level	Num
PHARM_QUANT		Integer (Negative amounts mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc.)	Num
PHARM_RECIPIENTPCP_LINKID	Linkage variable for pharmacy claims to recipient pcp (in APCD provider file, PROV_PROVIDER_LINKID)	Links pharmacy claims at the claims row level	Num
PHARM_REFILL	New Prescription or Refill	0 = new prescription 1 = First Refill 2 = Second refill 3-98 = that number refill 99= 99 or more refills (blank) = missing (Negative amounts mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but	Num

	(I IIDAI CD:I IIAMINAC		, , , , , , , , , , , , , , , , , , , ,
		the lower-than-expected	
		coverage amount made the	
		co-pay cost prohibitive, etc.)	
PHARM_RELATION	Individual Relationship Code	co-pay cost pronibitive, etc.) 01=Spouse 04=Grandfather or grandmother 05=Grandson or granddaughter 07=Nephew or niece 10=Foster child 15=Ward 17=Stepson or stepdaughter 19=Child 20=Self/employee 21=Unknown 22=Handicapped dependent 23=Sponsored dependent 24=Dependent of a minor dependent 29=Significant other 32=Mother 33=Father 36=Emancipated minor 39=Organ donor 40=Cadaver donor 41=Injured plaintiff 43=Child where insured has no financial responsibility 53=Life partner 76=Dependent ***For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown	Char
PHARM_ROA	Route of Administration	translation)*** 01=Buccal 02=Dental 03=Inhalation 04=Injection 05=Intraperitoneal 06=Irrigation 07=Mouth / Throat 08=Mucous Membrane 09=Nasal 10=Ophthalmic 11=Oral 12=Other / Misc. 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal	Char

	(- ,	, ,
		19=Translingual 20=Urethral 21=Vaginal 22=Enteral 00=Not Specified	
		For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)	
PHARM_SEX	Member Sex	1=Male 2=Female 3=Unknown	Num
PHARM_STATE	Pharmacy Location State	2-character abbreviation	Char
PHARM_SUPPLY	The number of days the prescription will last if taken as prescribed.	Integer (Negative amounts mean that the pharmaceutical was returned to supply for any number of reasons, failure to receive prior authorization, correction to prescription, no pick-up, pick-up attempt but the lower-than-expected coverage amount made the co-pay cost prohibitive, etc.)	Num
PHARM_UOM	Drug Unit of Measure	EA= Each F2 =International Units GM =Grams ML =Milliliters MG =Milligram MEQ =Milliequivalent MM =Millimeter UG =Microgram UU =Unit ***For any other value not contained in the list above – those values are as is submitted by the insurance carrier (with unknown translation)***	Char
PHARM_VERSION	Version Number	Integer	Num
PHARM_YEAR	CHIA Incurred Date (Year and Month only)	Years, YYYY format	Num
PHARM_ZIP_APCD	Pharmacy ZIP Code	5 digit zip 99999=Unknown	Char
RES_ZIP_APCD_PHARMACY	Member ZIP Code (first 5 digits)	5 digit zip code	Char

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	Pharm_PV_Specialty
1	General Practice
2	General Surgery
3	Allergy/Immunology
4	Otolaryngology
5	Anesthesiology
6	Cardiology
7	Dermatology
8	Family Practice
9	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Medicine
13	Neurology
14	Neurosurgery
15	Speech Language Pathologists
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
19	Oral Surgery (dentists only)
20	Orthopedic Surgery
21	Cardiac Electrophysiology
22	Pathology
23	Sports Medicine
24	Plastic and Reconstructive Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
27	Geriatric Psychiatry
28	Colorectal Surgery (formerly proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
31	Intensive Cardiac Rehabilitation
32	Anesthesiologist Assistant
33	Thoracic Surgery
34	Thoracic Surgery
35	Thoracic Surgery
36	Nuclear Medicine
37	Pediatric Medicine
38	Pediatric Medicine
39	Nephrology
40	Hand Surgery
41	Hand Surgery
42	Certified Nurse Midwife (effective July 1, 1988)
43	Certified Registered Nurse Anesthetist (CRNA)
44	Infectious Disease
45	Mammography Screening Center
46	Endocrinology
47	Independent Diagnostic Testing Facility (IDTF)
48	Podiatry
49	Ambulatory Surgical Center
50	Nurse Practitioner
	Medical supply company with orthotic personnel
51	certified by an accrediting organization
	Medical supply company with prosthetic personnel
52	certified by an accrediting organization
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	Pharm_PV_Specialty
	Medical supply company with prosthetic/orthotic
53	personnel certified by an accrediting organization
54	Medical supply company not included in 51, 52, or 53
	Individual orthotic personnel certified by an
55	accrediting organization
	Individual prosthetic personnel certified by an
56	accrediting organization
	Individual prosthetic/orthotic personnel certified by
57	an accrediting organization
58	Medical Supply Company with registered pharmacies
	Ambulance Service Supplier, e.g., private ambulance
59	companies, funeral homes
	Public Health or Welfare Agencies (Federal, State,
60	and local)
	Voluntary Health or Charitable Agencies (e.g.,
61	National Cancer Society, National Heart Association,
	Catholic Charities)
62	Psychologist (Billing Independently)
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist (Billing Independently)
65	Physical Therapist in Private Practice
66	Podiatry
67	Occupational Therapist in Private Practice
68	Clinical Psychologist
69	Clinical Laboratory (Billing Independently)
70	Single or Multispecialty Clinic or Group Practice
71	Registered Dietician/Nutrition Professional
72	Pain Management
72	Mass Immunization Roster Billers (Mass Immunizers
73	have to roster bill assigned claims and can only bill
74	for immunizations)
74	Radiation Therapy Centers
75	Slide Preparation Facilities
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
80	Licensed Clinical Social Worker
81	Critical Care (Intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
87	All other suppliers, e.g., Drug Stores
88	Unknown Provider
89	Certified Clinical Nurse Specialist
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
95	Unknown Supplier
96	Optician
97	Physician Assistant
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	Pharm_PV_Specialty
98	Gynecological/Oncology
99	Unknown Physician Specialty
A0	Hospital
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Nursing Facility, Other
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
B1	Oxygen/Oxygen Related Equipment
B2	Pedorthic Personnel
В3	Medical Supply Company with Pedorthic Personnel
B4	Rehabilitation Agency
B5	Ocularist
C0	Sleep Medicine
C1	Centralized Flu
C2	Indirect Payment Procedure
C3	Interventional Cardiology
C5	Dentist
C6	Hospitalist
C7	Advanced Heart Failure and Transplant Cardiology
C8	Medical Toxicology
	Hematopoietic Cell Transplantation and Cellular
C9	Therapy
D1	Medicare Diabetes Preventive Program
D3	Medical Genetics and Genomics
D4	Undersea and Hyperbaric Medicine

PHARM_PV_TAXONOMY	Code
Multi-Specialty	193200000X
Single Specialty	193400000X
Allergy & Immunology	207K00000X
Allergy	207KA0200X
Clinical & Laboratory Immunology	207KI0005X
Anesthesiology	207L00000X
Addiction Medicine	207LA0401X
Critical Care Medicine	207LC0200X
Hospice and Palliative Medicine	207LH0002X
Pain Medicine	207LP2900X

207QS1201X

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PHARM_PV_TAXONOMY	Code
Pediatric Anesthesiology	207LP3000X
Clinical Pharmacology	208U00000X
Colon & Rectal Surgery	208C00000X
Dermatology	207N00000X
Clinical & Laboratory Dermatological Immunology	207NI0002X
Dermatopathology	207ND0900X
MOHS-Micrographic Surgery	207ND0101X
Pediatric Dermatology	207NP0225X
Procedural Dermatology	207NS0135X
Electrodiagnostic Medicine	204R00000X
Emergency Medicine	207P00000X
Emergency Medical Services	207PE0004X
Hospice and Palliative Medicine	207PH0002X
Medical Toxicology	207PT0002X
Pediatric Emergency Medicine	207PP0204X
Sports Medicine	207PS0010X
Undersea and Hyperbaric Medicine	207PE0005X
Family Medicine	207Q00000X
Addiction Medicine	207QA0401X
Adolescent Medicine	207QA0000X
Adult Medicine	207QA0505X
Geriatric Medicine	207QG0300X
Hospice and Palliative Medicine	207QH0002X
Obesity Medicine	207QB0002X

Sleep Medicine

PHARM_PV_TAXONOMY	Code
Sports Medicine	207QS0010X
General Practice	208D00000X
Hospitalist	208M00000X
Independent Medical Examiner	202C00000X
Internal Medicine	207R00000X
Addiction Medicine	207RA0401X
Adolescent Medicine	207RA0000X
Adult Congenital Heart Disease	207RA0002X
Advanced Heart Failure and Transplant Cardiology	207RA0001X
Allergy & Immunology	207RA0201X
Cardiovascular Disease	207RC0000X
Clinical & Laboratory Immunology	207RI0001X
Clinical Cardiac Electrophysiology	207RC0001X
Critical Care Medicine	207RC0200X
Endocrinology, Diabetes & Metabolism	207RE0101X
Gastroenterology	207RG0100X
Geriatric Medicine	207RG0300X
Hematology	207RH0000X
Hematology & Oncology	207RH0003X
Hepatology	207RI0008X
Hospice and Palliative Medicine	207RH0002X
Hypertension Specialist	207RH0005X
Infectious Disease	207RI0200X
Interventional Cardiology	207RI0011X
Magnetic Resonance Imaging (MRI)	207RM1200X

PHARM PV TAXONOMY	Code

Medical Oncology	207RX0202X
Nephrology	207RN0300X
Obesity Medicine	207RB0002X
Pulmonary Disease	207RP1001X
Rheumatology	207RR0500X
Sleep Medicine	207RS0012X
Sports Medicine	207RS0010X
Transplant Hepatology	207RT0003X
Legal Medicine	209800000X
Clinical Biochemical Genetics	207SG0202X
Clinical Cytogenetics	207SC0300X
Clinical Genetics (M.D.)	207SG0201X
Clinical Molecular Genetics	207SG0203X
Molecular Genetic Pathology	207SM0001X
Ph.D. Medical Genetics	207SG0205X
Neurological Surgery	207T00000X
Neuromusculoskeletal Medicine & OMM	204D00000X
Neuromusculoskeletal Medicine, Sports Medicine	204C00000X
Nuclear Medicine	207U00000X
In Vivo & In Vitro Nuclear Medicine	207UN0903X
Nuclear Cardiology	207UN0901X
Nuclear Imaging & Therapy	207UN0902X
Obstetrics & Gynecology	207V00000X
Critical Care Medicine	207VC0200X

PHARM_PV_TAXONOMY	Code
Female Pelvic Medicine and Reconstructive Surgery	207VF0040X
Gynecologic Oncology	207VX0201X
Gynecology	207VG0400X
Hospice and Palliative Medicine	207VH0002X
Maternal & Fetal Medicine	207VM0101X
Obesity Medicine	207VB0002X
Obstetrics	207VX0000X
Reproductive Endocrinology	207VE0102X
Ophthalmology	207W00000X
Cornea and External Diseases Specialist	207WX0120X
Glaucoma Specialist	207WX0009X
Neuro-ophthalmology	207WX0109X
Ophthalmic Plastic and Reconstructive Surgery	207WX0200X
Pediatric Ophthalmology and Strabismus Specialist	207WX0110X
Retina Specialist	207WX0107X
Uveitis and Ocular Inflammatory Disease	207WX0108X
Oral & Maxillofacial Surgery	204E00000X
Orthopaedic Surgery	207X00000X
Adult Reconstructive Orthopaedic Surgery	207XS0114X
Foot and Ankle Surgery	207XX0004X
Hand Surgery	207XS0106X
Orthopaedic Surgery of the Spine	207XS0117X
Orthopaedic Trauma	207XX0801X
Pediatric Orthopaedic Surgery	207XP3100X

PHARM_PV_TAXONOMY	Code
Sports Medicine	207XX0005X
Otolaryngology	207Y00000X
Facial Plastic Surgery	207YS0123X
Otolaryngic Allergy	207YX0602X
Otolaryngology/Facial Plastic Surgery	207YX0905X
Otology & Neurotology	207YX0901X
Pediatric Otolaryngology	207YP0228X
Plastic Surgery within the Head & Neck	207YX0007X
Sleep Medicine	207YS0012X
Interventional Pain Medicine	208VP0014X
Pain Medicine	208VP0000X
Anatomic Pathology	207ZP0101X
Anatomic Pathology & Clinical Pathology	207ZP0102X
Blood Banking & Transfusion Medicine	207ZB0001X
Chemical Pathology	207ZP0104X
Clinical Informatics	207ZC0008X
Clinical Pathology	207ZC0006X
Clinical Pathology/Laboratory Medicine	207ZP0105X
Cytopathology	207ZC0500X
Dermatopathology	207ZD0900X
Forensic Pathology	207ZF0201X
Hematology	207ZH0000X
Immunopathology	207ZI0100X
Medical Microbiology	207ZM0300X
Molecular Genetic Pathology	207ZP0007X

	DV	TAXONOMY	Code
FILMINIVI	Гν	IAAOIVOIVII	Code

Neuropathology	207ZN0500X
Pediatric Pathology	207ZP0213X
Pediatrics	208000000X
Adolescent Medicine	2080A0000X
Child Abuse Pediatrics	2080C0008X
Clinical & Laboratory Immunology	2080I0007X
Developmental- Behavioral Pediatrics	2080P0006X
Hospice and Palliative Medicine	2080H0002X
Medical Toxicology	2080T0002X
Neonatal-Perinatal Medicine	2080N0001X
Neurodevelopmental Disabilities	2080P0008X
Obesity Medicine	2080B0002X
Pediatric Allergy/Immunology	2080P0201X
Pediatric Cardiology	2080P0202X
Pediatric Critical Care Medicine	2080P0203X
Pediatric Emergency Medicine	2080P0204X
Pediatric Endocrinology	2080P0205X
Pediatric Gastroenterology	2080P0206X
Pediatric Hematology-Oncology	2080P0207X
Pediatric Infectious Diseases	2080P0208X
Pediatric Nephrology	2080P0210X
Pediatric Pulmonology	2080P0214X
Pediatric Rheumatology	2080P0216X
Pediatric Transplant Hepatology	2080T0004X
Sleep Medicine	2080S0012X

PHARM_PV_TAXONOMY	Code
Sports Medicine	2080S0010X
Phlebology	202K00000X
Physical Medicine & Rehabilitation	208100000X
Brain Injury Medicine	2081P0301X
Hospice and Palliative Medicine	2081H0002X
Neuromuscular Medicine	2081N0008X
Pain Medicine	2081P2900X
Pediatric Rehabilitation Medicine	2081P0010X
Spinal Cord Injury Medicine	2081P0004X
Sports Medicine	2081S0010X
Plastic Surgery	208200000X
Plastic Surgery Within the Head and Ne	eck 2082S0099X
Surgery of the Hand	2082S0105X
Addiction Medicine	2083A0300X
Aerospace Medicine	2083A0100X
Clinical Informatics	2083C0008X
Medical Toxicology	2083T0002X
Obesity Medicine	2083B0002X
Occupational Medicine	2083X0100X
Preventive Medicine/Occupational Environmental Medicine	2083P0500X
Public Health & General Preventive Me	edicine 2083P0901X
Sports Medicine	2083S0010X
Undersea and Hyperbaric Medicine	2083P0011X
Addiction Medicine	2084A0401X
Addiction Psychiatry	2084P0802X

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PHARM_PV_TAXONOMY	Code
Behavioral Neurology & Neuropsychiatry	2084B0040X
Brain Injury Medicine	2084P0301X
Child & Adolescent Psychiatry	2084P0804X
Clinical Neurophysiology	2084N0600X
Diagnostic Neuroimaging	2084D0003X
Forensic Psychiatry	2084F0202X
Geriatric Psychiatry	2084P0805X
Hospice and Palliative Medicine	2084H0002X
Neurocritical Care	2084A2900X
Neurodevelopmental Disabilities	2084P0005X
Neurology	2084N0400X
Neurology with Special Qualifications in C Neurology	hild 2084N0402X
Neuromuscular Medicine	2084N0008X
Obesity Medicine	2084B0002X
Pain Medicine	2084P2900X
Psychiatry	2084P0800X
Psychosomatic Medicine	2084P0015X
Sleep Medicine	2084S0012X
Sports Medicine	2084S0010X
Vascular Neurology	2084V0102X
Body Imaging	2085B0100X
Diagnostic Neuroimaging	2085D0003X
Diagnostic Radiology	2085R0202X
Diagnostic Ultrasound	2085U0001X
Hospice and Palliative Medicine	2085H0002X

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PHARM_PV_TAXONOMY	Code
Neuroradiology	2085N0700X
Nuclear Radiology	2085N0904X
Pediatric Radiology	2085P0229X
Radiation Oncology	2085R0001X
Radiological Physics	2085R0205X
Therapeutic Radiology	2085R0203X
Vascular & Interventional Radiology	2085R0204X
Surgery	208600000X
Hospice and Palliative Medicine	2086H0002X
Pediatric Surgery	2086S0120X
Plastic and Reconstructive Surgery	2086S0122X
Surgery of the Hand	2086S0105X
Surgical Critical Care	2086S0102X
Surgical Oncology	2086X0206X
Trauma Surgery	2086S0127X
Vascular Surgery	2086S0129X
Thoracic Surgery (Cardiothoracic Vascu Surgery)	ular 208G00000X
Transplant Surgery	204F00000X
Urology	208800000X
Female Pelvic Medicine and Reconstru Surgery	2088F0040X
Pediatric Urology	2088P0231X
Assistant Behavior Analyst	106E00000X
Behavior Analyst	103K00000X
Behavior Technician	106S00000X

	DV	TAXONOMY	Code
FILMINIVI	Гν	IAAOIVOIVII	Code

Clinical Neuropsychologist 103G00000X

Clinical 103GC0700X

Counselor 101Y00000X

Addiction (Substance Use Disorder) 101YA0400X

Mental Health 101YM0800X

Pastoral 101YP1600X

Professional 101YP2500X

School 101YS0200X

Marriage & Family Therapist 106H00000X

Poetry Therapist 102X00000X

Psychoanalyst 102L00000X

Psychologist 103T00000X

Addiction (Substance Use Disorder) 103TA0400X

Adult Development & Aging 103TA0700X

Clinical 103TC0700X

Clinical Child & Adolescent 103TC2200X

Cognitive & Behavioral 103TB0200X

Counseling 103TC1900X

Educational 103TE1000X

Exercise & Sports 103TE1100X

Family 103TF0000X

Forensic 103TF0200X

Group Psychotherapy 103TP2701X

Health 103TH0004X

Health Service 103TH0100X

PHARM PV TAXONOMY	Code

Disabilities

Men & Masculinity 103TM1700X

Mental Retardation & Developmental 103TM1800X

Prescribing (Medical) 103TP0016X

Psychoanalysis 103TP0814X

Psychotherapy 103TP2700X

Rehabilitation 103TR0400X

School 103TS0200X

Women 103TW0100X

Social Worker 104100000X

Clinical 1041C0700X

School 1041S0200X

Chiropractor 111N00000X

Independent Medical Examiner 111NI0013X

Internist 111NI0900X

Neurology 111NN0400X

Nutrition 111NN1001X

Occupational Health 111NX0100X

Orthopedic 111NX0800X

Pediatric Chiropractor 111NP0017X

Radiology 111NR0200X

Rehabilitation 111NR0400X

Sports Physician 111NS0005X

Thermography 111NT0100X

Advanced Practice Dental Therapist 125K00000X

Dental Assistant 126800000X

PHARM_PV_TAXONOMY	Code
Dental Hygienist	124Q00000X
Dental Laboratory Technician	126900000X
Dental Therapist	125J00000X
Dentist	122300000X
Dental Public Health	1223D0001X
Dentist Anesthesiologist	1223D0004X
Endodontics	1223E0200X
General Practice	1223G0001X
Oral and Maxillofacial Pathology	1223P0106X
Oral and Maxillofacial Radiology	1223X0008X
Oral and Maxillofacial Surgery	1223S0112X
Orofacial Pain	1223X2210X
Orthodontics and Dentofacial Orthopedics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Denturist	122400000X
Oral Medicinist	125Q00000X
Dietary Manager	132700000X
Dietetic Technician, Registered	136A00000X
Dietitian, Registered	133V00000X
Nutrition, Gerontological	133VN1101X
Nutrition, Metabolic	133VN1006X
Nutrition, Obesity and Weight Management	133VN1201X
Nutrition, Oncology	133VN1301X

PHARM_PV_TAXONOMY	Code
Nutrition, Pediatric	133VN1004X
Nutrition, Pediatric Critical Care	133VN1401X
Nutrition, Renal	133VN1005X
Nutrition, Sports Dietetics	133VN1501X
Nutritionist	133N00000X
Nutrition, Education	133NN1002X
Emergency Medical Technician, Basic	146N00000X
Emergency Medical Technician, Intermediate	146M00000X
Emergency Medical Technician, Paramedic	146L00000X
Personal Emergency Response Attendant	146D00000X
Optometrist	152W00000X
Corneal and Contact Management	152WC0802X
Low Vision Rehabilitation	152WL0500X
Occupational Vision	152WX0102X
Pediatrics	152WP0200X
Sports Vision	152WS0006X
Vision Therapy	152WV0400X
Technician/Technologist	156F00000X
Contact Lens	156FC0800X
Contact Lens Fitter	156FC0801X
Ocularist	156FX1700X
Ophthalmic	156FX1100X
Ophthalmic Assistant	156FX1101X
Optician	156FX1800X
Optometric Assistant	156FX1201X

PHARM PV TAXONOMY	Code

Optometric Technician 156FX1202X

Orthoptist 156FX1900X

Licensed Practical Nurse 164W00000X

Licensed Psychiatric Technician 167G00000X

Licensed Vocational Nurse 164X00000X

Registered Nurse 163W00000X

Addiction (Substance Use Disorder) 163WA0400X

Administrator 163WA2000X

Ambulatory Care 163WP2201X

Cardiac Rehabilitation 163WC3500X

Case Management 163WC0400X

College Health 163WC1400X

Community Health 163WC1500X

Continence Care 163WC2100X

Continuing Education/Staff Development 163WC1600X

Critical Care Medicine 163WC0200X

Diabetes Educator 163WD0400X

Dialysis, Peritoneal 163WD1100X

Emergency 163WE0003X

Enterostomal Therapy 163WE0900X

Flight 163WF0300X

Gastroenterology 163WG0100X

General Practice 163WG0000X

Gerontology 163WG0600X

Hemodialysis 163WH0500X

PHARM	PV	TAXONOMY	Code

Home Health 163WH0200X

Hospice 163WH1000X

Infection Control 163WI0600X

Infusion Therapy 163WI0500X

Lactation Consultant 163WL0100X

Maternal Newborn 163WM0102X

Medical-Surgical 163WM0705X

Neonatal Intensive Care 163WN0002X

Neonatal, Low-Risk 163WN0003X

Nephrology 163WN0300X

Neuroscience 163WN0800X

Nurse Massage Therapist (NMT) 163WM1400X

Nutrition Support 163WN1003X

Obstetric, High-Risk 163WX0002X

Obstetric, Inpatient 163WX0003X

Occupational Health 163WX0106X

Oncology 163WX0200X

Ophthalmic 163WX1100X

Orthopedic 163WX0800X

Ostomy Care 163WX1500X

Otorhinolaryngology & Head-Neck 163WX0601X

Pain Management 163WP0000X

Pediatric Oncology 163WP0218X

Pediatrics 163WP0200X

Perinatal 163WP1700X

PHARM PV TAXONOMY	Code
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Plastic Surgery 163WS0121X Psychiatric/Mental Health 163WP0808X Psychiatric/Mental Health, Adult 163WP0809X Psychiatric/Mental Health, Child & Adolescent 163WP0807X Registered Nurse First Assistant 163WR0006X 163WR0400X Rehabilitation Reproductive Endocrinology/Infertility 163WR1000X School 163WS0200X Urology 163WU0100X Women's Health Care, Ambulatory 163WW0101X **Wound Care** 163WW0000X **Adult Companion** 372600000X **Chore Provider** 372500000X Day Training/Habilitation Specialist 373H00000X Doula 374J00000X Home Health Aide 374U00000X Homemaker 376J00000X Nurse's Aide 376K00000X **Nursing Home Administrator** 376G00000X **Religious Nonmedical Nursing Personnel** 374T00000X **Religious Nonmedical Practitioner** 374K00000X Technician 374700000X Attendant Care Provider 3747A0650X Personal Care Attendant 3747P1801X Acupuncturist 171100000X

405300000X

	DV	TAXONOMY	Code
FILMINIVI	Гν	IAACINOIVII	Code

Case Manager/Care Coordinator 171M00000X Clinical Ethicist 174V00000X Community Health Worker 172V00000X Contractor 171W00000X **Home Modifications** 171WH0202X Vehicle Modifications 171WV0202X Driver 172A00000X **Funeral Director** 176P00000X Genetic Counselor, MS 170300000X **Health Educator** 174H00000X Homeopath 175L00000X Interpreter 171R00000X Lactation Consultant, Non-RN 174N00000X Legal Medicine 173000000X Mechanotherapist 172M00000X Medical Genetics, Ph.D. Medical Genetics 170100000X Midwife 176B00000X Midwife, Lay 175M00000X Military Health Care Provider 171000000X **Independent Duty Corpsman** 1710I1002X **Independent Duty Medical Technicians** 1710I1003X Naprapath 172P00000X Naturopath 175F00000X Peer Specialist 175T00000X

Prevention Professional

PHARM_PV_TAXONOMY	Code
Reflexologist	173C00000X
Sleep Specialist, PhD	173F00000X
Specialist	174400000X
Graphics Designer	1744G0900X
Prosthetics Case Management	1744P3200X
Research Data Abstracter/Coder	1744R1103X
Research Study	1744R1102X
Veterinarian	174M00000X
Medical Research	174MM1900X
Pharmacist	183500000X
Ambulatory Care	1835P2201X
Critical Care	1835C0205X
General Practice	1835G0000X
Geriatric	1835G0303X
Nuclear	1835N0905X
Nutrition Support	1835N1003X
Oncology	1835X0200X
Pediatrics	1835P0200X
Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist	1835P0018X
Pharmacotherapy	1835P1200X
Psychiatric	1835P1300X
Pharmacy Technician	183700000X
Advanced Practice Midwife	367A00000X
Anesthesiologist Assistant	367H00000X
Clinical Nurse Specialist	364S00000X

364SP0809X

364SP0807X

PHARM_PV_TAXONOMY Code **Acute Care** 364SA2100X **Adult Health** 364SA2200X Chronic Care 364SC2300X Community Health/Public Health 364SC1501X Critical Care Medicine 364SC0200X **Emergency** 364SE0003X **Ethics** 364SE1400X Family Health 364SF0001X Gerontology 364SG0600X Holistic 364SH1100X Home Health 364SH0200X Informatics 364SI0800X Long-Term Care 364SL0600X Medical-Surgical 364SM0705X Neonatal 364SN0000X Neuroscience 364SN0800X Occupational Health 364SX0106X 364SX0200X Oncology Oncology, Pediatrics 364SX0204X **Pediatrics** 364SP0200X Perinatal 364SP1700X Perioperative 364SP2800X Psychiatric/Mental Health 364SP0808X

Psychiatric/Mental Health, Adult

Psychiatric/Mental Health, Child & Adolescent

363LP1700X

363LP2300X

363LP0808X

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PHARM_PV_TAXONOMY	Code
Psychiatric/Mental Health, Child & Family	364SP0810X
Psychiatric/Mental Health, Chronically III	364SP0811X
Psychiatric/Mental Health, Community	364SP0812X
Psychiatric/Mental Health, Geropsychiatric	364SP0813X
Rehabilitation	364SR0400X
School	364SS0200X
Transplantation	364ST0500X
Women's Health	364SW0102X
Nurse Anesthetist, Certified Registered	367500000X
Nurse Practitioner	363L00000X
Acute Care	363LA2100X
Adult Health	363LA2200X
Community Health	363LC1500X
Critical Care Medicine	363LC0200X
Family	363LF0000X
Gerontology	363LG0600X
Neonatal	363LN0000X
Neonatal, Critical Care	363LN0005X
Obstetrics & Gynecology	363LX0001X
Occupational Health	363LX0106X
Pediatrics	363LP0200X
Pediatrics, Critical Care	363LP0222X

Perinatal

Primary Care

Psychiatric/Mental Health

225XR0403X

DILABA	DI/	TAVONORAV	Cada
PHAKIVI	PV	TAXONOMY	Code

PHARM_PV_TAXONOMY	Code
School	363LS0200X
Women's Health	363LW0102X
Physician Assistant	363A00000X
Medical	363AM0700X
Surgical	363AS0400X
Assistant, Podiatric	211D00000X
Podiatrist	213E00000X
Foot & Ankle Surgery	213ES0103X
Foot Surgery	213ES0131X
General Practice	213EG0000X
Primary Podiatric Medicine	213EP1101X
Public Medicine	213EP0504X
Radiology	213ER0200X
Sports Medicine	213ES0000X
Anaplastologist	229N00000X
Art Therapist	221700000X
Clinical Exercise Physiologist	224Y00000X
Dance Therapist	225600000X
Developmental Therapist	222Q00000X
Kinesiotherapist	226300000X
Massage Therapist	225700000X
Mastectomy Fitter	224900000X
Music Therapist	225A00000X
Occupational Therapist	225X00000X

Driving and Community Mobility

	DV	TAXONOMY	Code
FILMINIVI	Гν	IAAOIVOIVII	Code

PHARM_PV_TAXONOMY	Code
Environmental Modification	225XE0001X
Ergonomics	225XE1200X
Feeding, Eating & Swallowing	225XF0002X
Gerontology	225XG0600X
Hand	225XH1200X
Human Factors	225XH1300X
Low Vision	225XL0004X
Mental Health	225XM0800X
Neurorehabilitation	225XN1300X
Pediatrics	225XP0200X
Physical Rehabilitation	225XP0019X
Occupational Therapy Assistant	224Z00000X
Driving and Community Mobility	224ZR0403X
Environmental Modification	224ZE0001X
Feeding, Eating & Swallowing	224ZF0002X
Low Vision	224ZL0004X
Orthotic Fitter	225000000X
Orthotist	222Z00000X
Pedorthist	224L00000X
Physical Therapist	225100000X
Cardiopulmonary	2251C2600X
Electrophysiology, Clinical	2251E1300X
Ergonomics	2251E1200X
Geriatrics	2251G0304X
Hand	2251H1200X

PHARM_PV_TAXONOMY	Code
Human Factors	2251H1300X
Neurology	2251N0400X
Orthopedic	2251X0800X
Pediatrics	2251P0200X
Sports	2251S0007X
Physical Therapy Assistant	225200000X
Prosthetist	224P00000X
Pulmonary Function Technologist	225B00000X
Recreation Therapist	225800000X
Recreational Therapist Assistant	226000000X
Rehabilitation Counselor	225C00000X
Assistive Technology Practitioner	225CA2400X
Assistive Technology Supplier	225CA2500X
Orientation and Mobility Training Provider	225CX0006X
Rehabilitation Practitioner	225400000X
Respiratory Therapist, Certified	227800000X
Critical Care	2278C0205X
Educational	2278E1000X
Emergency Care	2278E0002X
General Care	2278G1100X
Geriatric Care	2278G0305X
Home Health	2278H0200X
Neonatal/Pediatrics	2278P3900X
Palliative/Hospice	2278P3800X
Patient Transport	2278P4000X

PHARM_PV_TAXONOMY	Code
Pulmonary Diagnostics	2278P1004X
Pulmonary Function Technologist	2278P1006X
Pulmonary Rehabilitation	2278P1005X
SNF/Subacute Care	2278S1500X
Respiratory Therapist, Registered	227900000X
Critical Care	2279C0205X
Educational	2279E1000X
Emergency Care	2279E0002X
General Care	2279G1100X
Geriatric Care	2279G0305X
Home Health	2279H0200X
Neonatal/Pediatrics	2279P3900X
Palliative/Hospice	2279P3800X
Patient Transport	2279P4000X
Pulmonary Diagnostics	2279P1004X
Pulmonary Function Technologist	2279P1006X
Pulmonary Rehabilitation	2279P1005X
SNF/Subacute Care	2279S1500X
Specialist/Technologist	225500000X
Athletic Trainer	2255A2300X
Rehabilitation, Blind	2255R0406X
Audiologist	231H00000X
Assistive Technology Practitioner	231HA2400X
Assistive Technology Supplier	231HA2500X
Audiologist-Hearing Aid Fitter	237600000X

PHARM_PV_TAXONOMY	Code
Hearing Instrument Specialist	237700000X
Specialist/Technologist	235500000X
Audiology Assistant	2355A2700X
Speech-Language Assistant	2355S0801X
Speech-Language Pathologist	235Z00000X
Student in an Organized Health Care Education/Training Program	390200000X
Perfusionist	242T00000X
Radiologic Technologist	247100000X
Bone Densitometry	2471B0102X
Cardiac-Interventional Technology	2471C1106X
Cardiovascular-Interventional Technology	2471C1101X
Computed Tomography	2471C3401X
Magnetic Resonance Imaging	2471M1202X
Mammography	2471M2300X
Nuclear Medicine Technology	2471N0900X
Quality Management	2471Q0001X
Radiation Therapy	2471R0002X
Radiography	2471C3402X
Sonography	2471S1302X
Vascular Sonography	2471V0105X
Vascular-Interventional Technology	2471V0106X
Radiology Practitioner Assistant	243U00000X
Specialist/Technologist Cardiovascular	246X00000X
Cardiovascular Invasive Specialist	246XC2901X
Sonography	246XS1301X

PHARM_PV_TAXONOMY	Code
Vascular Specialist	246XC2903X
Specialist/Technologist, Health Information	246Y00000X
Coding Specialist, Hospital Based	246YC3301X
Coding Specialist, Physician Office Based	246YC3302X
Registered Record Administrator	246YR1600X
Specialist/Technologist, Other	246Z00000X
Art, Medical	246ZA2600X
Biochemist	246ZB0500X
Biomedical Engineering	246ZB0301X
Biomedical Photographer	246ZB0302X
Biostatistician	246ZB0600X
EEG	246ZE0500X
Electroneurodiagnostic	246ZE0600X
Geneticist, Medical (PhD)	246ZG1000X
Graphics Methods	246ZG0701X
Illustration, Medical	246ZI1000X
Nephrology	246ZN0300X
Orthopedic Assistant	246ZX2200X
Surgical Assistant	246ZC0007X
Surgical Technologist	246ZS0410X
Specialist/Technologist, Pathology	246Q00000X
Blood Banking	246QB0000X
Chemistry	246QC1000X
Cytotechnology	246QC2700X
Hemapheresis Practitioner	246QH0401X

252Y00000X

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PHARM_PV_TAXONOMY	Code
Hematology	246QH0000X
Histology	246QH0600X
Immunology	246QI0000X
Laboratory Management	246QL0900X
Laboratory Management, Diplomate	246QL0901X
Medical Technologist	246QM0706X
Microbiology	246QM0900X
Technician, Cardiology	246W00000X
Technician, Health Information	247000000X
Assistant Record Technician	2470A2800X
Technician, Other	247200000X
Biomedical Engineering	2472B0301X
Darkroom	2472D0500X
EEG	2472E0500X
Renal Dialysis	2472R0900X
Veterinary	2472V0600X
Technician, Pathology	246R00000X
Histology	246RH0600X
Medical Laboratory	246RM2200X
Phlebotomy	246RP1900X
Local Education Agency (LEA)	251300000X
Case Management	251B00000X
Community/Behavioral Health	251S00000X
Day Training, Developmentally Disable Services	d 251C00000X

Early Intervention Provider Agency

PHARM_PV_TAXONOMY	Code
Foster Care Agency	253J00000X
Home Health	251E00000X
Home Infusion	251F00000X
Hospice Care, Community Based	251G00000X
In Home Supportive Care	253Z00000X
Nursing Care	251J00000X
Program of All-Inclusive Care for the Elderly (PACE) Provider Organization	251T00000X
Public Health or Welfare	251K00000X
Supports Brokerage	251X00000X
Voluntary or Charitable	251V00000X
Clinic/Center	261Q00000X
Adolescent and Children Mental Health	261QM0855X
Adult Day Care	261QA0600X
Adult Mental Health	261QM0850X
Ambulatory Family Planning Facility	261QA0005X
Ambulatory Fertility Facility	261QA0006X
Ambulatory Surgical	261QA1903X
Amputee	261QA0900X
Augmentative Communication	261QA3000X
Birthing	261QB0400X
Community Health	261QC1500X
Corporate Health	261QC1800X
Critical Access Hospital	261QC0050X
Dental	261QD0000X
Developmental Disabilities	261QD1600X

PHARM_PV_TAXONOMY	Code
Emergency Care	261QE0002X
Endoscopy	261QE0800X
End-Stage Renal Disease (ESRD) Treatment	261QE0700X
Family Planning, Non-Surgical	261QF0050X
Federally Qualified Health Center (FQHC)	261QF0400X
Genetics	261QG0250X
Health Service	261QH0100X
Hearing and Speech	261QH0700X
Infusion Therapy	261QI0500X
Lithotripsy	261QL0400X
Magnetic Resonance Imaging (MRI)	261QM1200X
Medical Specialty	261QM2500X
Medically Fragile Infants and Children Day Care	261QM3000X
Mental Health (Including Community Mental Health Center)	261QM0801X
Methadone	261QM2800X
Migrant Health	261QM1000X
Military Ambulatory Procedure Visits Operational (Transportable)	261QM1103X
Military and U.S. Coast Guard Ambulatory Procedure	261QM1101X
Military Outpatient Operational (Transportable) Component	261QM1102X
Military/U.S. Coast Guard Outpatient	261QM1100X
Multi-Specialty	261QM1300X
Occupational Medicine	261QX0100X

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PHARM_PV_TAXONOMY	Code
Oncology	261QX0200X
Oncology, Radiation	261QX0203X
Ophthalmologic Surgery	261QS0132X
Oral and Maxillofacial Surgery	261QS0112X
Pain	261QP3300X
Physical Therapy	261QP2000X
Podiatric	261QP1100X
Primary Care	261QP2300X
Prison Health	261QP2400X
Public Health, Federal	261QP0904X
Public Health, State or Local	261QP0905X
Radiology	261QR0200X
Radiology, Mammography	261QR0206X
Radiology, Mobile	261QR0208X
Radiology, Mobile Mammography	261QR0207X
Recovery Care	261QR0800X
Rehabilitation	261QR0400X
Rehabilitation, Cardiac Facilities	261QR0404X
Rehabilitation, Comprehensive Outpat Rehabilitation Facility (CORF)	ient 261QR0401X
Rehabilitation, Substance Use Disorder	261QR0405X
Research	261QR1100X
Rural Health	261QR1300X
Sleep Disorder Diagnostic	261QS1200X
Student Health	261QS1000X
Urgent Care	261QU0200X

PHARM_PV_TAXONOMY	Code
VA	261QV0200X
Epilepsy Unit	273100000X
Medicare Defined Swing Bed Unit	275N00000X
Psychiatric Unit	273R00000X
Rehabilitation Unit	273Y00000X
Rehabilitation, Substance Use Disorder Unit	276400000X
Christian Science Sanitorium	287300000X
Chronic Disease Hospital	281P00000X
Children	281PC2000X
General Acute Care Hospital	282N00000X
Children	282NC2000X
Critical Access	282NC0060X
Rural	282NR1301X
Women	282NW0100X
Long Term Care Hospital	282E00000X
Military Hospital	286500000X
Community Health	2865C1500X
Military General Acute Care Hospital	2865M2000X
Military General Acute Care Hospital. Operational (Transportable)	2865X1600X
Psychiatric Hospital	283Q00000X
Rehabilitation Hospital	283X00000X
Children	283XC2000X
Religious Nonmedical Health Care Institution	282J00000X
Special Hospital	284300000X
Clinical Medical Laboratory	291U00000X

PHARM_PV_TAXONOMY	Code
Dental Laboratory	292200000X
Military Clinical Medical Laboratory	291900000X
Physiological Laboratory	293D00000X
Exclusive Provider Organization	302F00000X
Health Maintenance Organization	302R00000X
Point of Service	305S00000X
Preferred Provider Organization	305R00000X
Alzheimer Center (Dementia Center)	311500000X
Assisted Living Facility	310400000X
Assisted Living, Behavioral Disturbances	3104A0630X
Assisted Living, Mental Illness	3104A0625X
Christian Science Facility	317400000X
Custodial Care Facility	311Z00000X
Adult Care Home	311ZA0620X
Hospice, Inpatient	315D00000X
Intermediate Care Facility, Mental Illness	310500000X
Intermediate Care Facility, Mentally Retarded	315P00000X
Nursing Facility/Intermediate Care Facility	313M00000X
Skilled Nursing Facility	314000000X
Nursing Care, Pediatric	3140N1450X
Lodging	177F00000X
Meals	174200000X
Community Based Residential Treatment Facility, Mental Illness	320800000X

PHARM	PV	TAXONOMY	Code
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Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities	320900000X
Psychiatric Residential Treatment Facility	323P00000X
Residential Treatment Facility, Emotionally Disturbed Children	322D00000X
Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities	320600000X
Residential Treatment Facility, Physical Disabilities	320700000X
Substance Abuse Rehabilitation Facility	324500000X
Substance Abuse Treatment, Children	3245S0500X
Respite Care	385H00000X
Respite Care Camp	385HR2050X
Respite Care, Mental Illness, Child	385HR2055X
Respite Care, Mental Retardation and/or Developmental Disabilities	385HR2060X
Respite Care, Physical Disabilities, Child	385HR2065X
Blood Bank	331L00000X
Department of Veterans Affairs (VA) Pharmacy	332100000X
Durable Medical Equipment & Medical Supplies	332B00000X
Customized Equipment	332BC3200X
Dialysis Equipment & Supplies	332BD1200X
Nursing Facility Supplies	332BN1400X
Oxygen Equipment & Supplies	332BX2000X
Parenteral & Enteral Nutrition	332BP3500X
Emergency Response System Companies	333300000X

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PHARM_PV_TAXONOMY	Code
Eye Bank	332G00000X
Eyewear Supplier	332H00000X
Hearing Aid Equipment	332S00000X
Home Delivered Meals	332U00000X
Indian Health Service/Tribal/Urban Ind Health (I/T/U) Pharmacy	ian 332800000X
Medical Foods Supplier	335G00000X
Military/U.S. Coast Guard Pharmacy	332000000X
Non-Pharmacy Dispensing Site	332900000X
Organ Procurement Organization	335U00000X
Pharmacy	333600000X
Clinic Pharmacy	3336C0002X
Community/Retail Pharmacy	3336C0003X
Compounding Pharmacy	3336C0004X
Home Infusion Therapy Pharmacy	3336H0001X
Institutional Pharmacy	3336I0012X
Long Term Care Pharmacy	3336L0003X
Mail Order Pharmacy	3336M0002X
Managed Care Organization Pharmacy	3336M0003X
Nuclear Pharmacy	3336N0007X
Specialty Pharmacy	3336S0011X
Portable X-ray and/or Other Portable Diagnostic Imaging Supplier	335V00000X
Prosthetic/Orthotic Supplier	335E00000X
Air Carrier	344800000X
Ambulance	341600000X

PHARM_PV_TAXONOMY	Code
Air Transport	3416A0800X
Land Transport	3416L0300X
Water Transport	3416S0300X
Bus	347B00000X
Military/U.S. Coast Guard Transport	341800000X
Military or U.S. Coast Guard Ambulance, Air Transport	3418M1120X
Military or U.S. Coast Guard Ambulance, Ground Transport	3418M1110X
Military or U.S. Coast Guard Ambulance, Water Transport	3418M1130X
Non-emergency Medical Transport (VAN)	343900000X
Private Vehicle	347C00000X
Secured Medical Transport (VAN)	343800000X
Taxi	344600000X
Train	347D00000X
Transportation Broker	347E00000X

All Payer's Claims Data (APCD) - Product

***For details on how to link PHDAPCD.PRODUCT with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
PROD_ACTIVE	Product Active Flag	0= No 1= Yes 2= Other 8= Not Applicable 9= Unknown	Num
PROD_BENEFIT_TYPE	Product Benefit Type	1= Medical Only 2= Pharmacy Only 3= Medical and Pharmacy bundled 4= Dental 5= Behavioral Health 6= Vision 7= Accident Only 8= Medical Comprehensive 0= Other	Num
PROD_CARRIER_LICENSE	Carrier License Type	1= Blue Cross and Blue Shield Licensee 2= Commercial Carrier 3= Health Maintenance Organization 4= Medicare Advantage Organization 5= Pharmacy Benefit Manager 6= Senior Care Option 7= Third Party Administrator 8= Chapter 176 9= Other License Type (blank) = missing	Num
PROD_COORD_CARE	Coordinated Care Model	1= Yes, member's care is clinically coordinated/managed 2= No 3= Unknown 4= Other 5= Not Applicable	Num
PROD_END_DATE	Product End Date	SAS Date	Num

***For details on how to link PHDAPCD.PRODUCT with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
PROD_MARKET	Insurance Plan Market	1= Group - POS 2= Group COBRA 3= Group-Commonwealth Choice 4= Group-Employer 5= Group-Federal 6= Group-GIC 7= Group-Merged Market 8= Group-Municipality 9= Group-Senior Care Option 11= Group-Senior Care Option 11= Group-Union 12= Health Exchange 13= Individual - Commonwealth Care 14= Individual - Commonwealth Choice 15= Individual Closed 16= Individual COBRA 17= Individual Senior Care Option 18= Individual Young Adult 19= Medicare Part A 20= Medicare Part B 21= Medicare Part D 23= MediGap/Medicare Supplemental/Medex 24= Other 25= Other Medicare 26= Student 27= COBRA 28= Group	Num
PROD_ORGID	Variable to link product file into medical (MED_LINKORGIDPR), dental (DENT_LINKORGIDPR), and pharmacy (PHARM_LINKORGIDPR)		Char

***For details on how to link PHDAPCD.PRODUCT with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
PROD_PRODUCT_LINE	Product Line of Business Model	1= Preferred Provider Organization (PPO) 2= Point of Service (POS) 3= Exclusive Provider Organization (EPO) 4= Indemnity Insurance 5= Health Maintenance Organization (HMO) Medicare Advantage 6= Medicare Advantage PPO 7= Medicare Advantage Private Fee for Service 8= Accident Only 9= Basic Hospital 10= CHAMPUS 11= Dental Maintenance Organization 12= Disability 13= HMO - Closed 14= HMO - Open 15= Individual 16= Liability Medical 17= Medicaid FFS 18= Medicaid Managed Care Organization 19= Medicare Primary 20= Medicare 21= Medicare Secondary Plan 22= Other Federal Program (e.g. Black Lung) 23= Medicaid Primary Care Clinician Plan 24= Preferred Provider Organization (PPO) 25= Qualified Health Plan 26= Qualified Medicare Beneficiary/SLMB 27= Self-Administered Group 28= Senior Care Option 29= Supplemental Policy 30= HSN Trust Fund 31= Title V 32= Unemployment 33= Veterans Administration Plan 34= Vision 35= Workers' Compensation 36= Accountable Care Organizations (ACOs) MassHealth	

***For details on how to link PHDAPCD.PRODUCT with other PHD APCD datasets, please see Appendix 1 in the PHD_Key Facts for working with the data documentation. ***

Variable Name	Variable Description	Meta Data	Format
PROD_PRODUCT_LINKID	Variable to link product file into medical (MED_PRODUCT_LINKID), dental (DENT_PRODUCT_LINKID), and pharmacy (PHARM_PRODUCT_LINKID)		Char
PROD_RISK	Risk Type	1= Fully Insured 2= Self-Insured 3= Product available to risk and self-insured accounts 0= Other	Num
PROD_START_DATE	Product Start Date	SAS Date	Num

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All Payers Claims Database (APCD) - Provider

***For details on how to link PHDAPCD.PROVIDER with other PHD APCD datasets, please see Appendix 1: APCD Files

Linkage Table			
Variable Name	Variable Description	Meta Data	Format
PROV_ENTITY	Entity Code	1 =Academic Institution 2 =Adult Foster CareCondition 3 =Ambulance Services 4 =Hospital Based Clinic 5 =Stand-Alone, Walk-In/Urgent Care Clinic 6 =Other Clinic 7 =Community Health Center - General 8 =Community Health Center - Urgent Care 9 =Government Agency 10 =Health Care Corporation 11 =Home Health Agency 12 =Acute Hospital 13 =Chronic Hospital 14 =Rehabilitation Hospital 15 =Psychiatric Hospital 16 =DPH Hospital 17 =State Hospital 18 =Veterans Hospital 19 =DMH Hospital 20 =Sub-Acute Hospital 21 =Licensed Hospital Satellite Emergency Facility 22 =Hospital Emergency Center 23 =Nursing Home 24 =Freestanding Ambulatory Surgery Center 25 =Hospital Licensed Ambulatory Surgery Center 26 =Non-Health Corporation 27 =School Based Health Center 28 =Rest Home 29 =Licensed Hospital Satellite Facility 30 =Hospital Licensed Health Center 31 =Other Facility 40 =Physician (PV034 = 1) 50 =Physician (PV034 = 1) 50 =Physician (PV034 = 1) 70 =Clinician (PV034 = 1) 80 =Technician (PV034 = 1) 90 =Pharmacy / Site or Mail Order (PV034 = 4 or 5) 99 =Other Individual or Group (PV034 = 1 or 3) 10-character NPI	Num
PROV_NPI	National Provider ID		Char
PROV_NPI2	National Provider2 ID	10-character NPI	Char

***For details on how to link PHDAPCD.PROVIDER with other PHD APCD datasets, please see Appendix 1: APCD Files Linkage Table

Linkage Table			
Variable Name	Variable Description	Meta Data	Format
PROV_OFFICE_TYPE	Office Type	1 =Facility 2 =Doctors office 3 =Clinic 4 =Walk in Clinic 5 =Laboratory 8 =Other	Num
PROV_ORGID	Variable to link provider file into medical (MED_LINKORGIDPV), dental (DENT_LINKORGIDPV), and pharmacy (PHARM_LINKORGIDPV)		Char
PROV_PRESCRIBING	Prescribing Provider	1 =Yes 2 =No 4 =Other 8 =Not Applicable 9 =Unknown	Num
PROV_PROVIDER_LINKID	Variable to link provider file into medical (MED_SERVICEPROVIDER_LINKID, MED_BILLINGPROVIDER_LINKID, MED_RENDERINGPROVID ER_LINKID), dental (DENT_SERVICEPROVIDE R_LINKID), pharmacy (PHARM_PRESCRIBER_LINKID, PHARM_RECIPIENTPCP_LINKID), and MassHealth's (MHEE_ManagedCareProvider_LINKID, MHEE_PrimaryCareProvider_LINKID, MHEE_BehavHlthProvider_LINKID, MHEE_LTCProvider_LINKID, MHEE_LTCProvider_LINKID, MHEE_LTCProvider_LINKID, MHEE_LTCProvider_LINKID, MHEE_LTCProvider_LINKIDD)		
PROV SPECIALTY	Provider	See code list below	Num
PROV_TAXONOMY	Taxonomy	See code list below	Char

Birth Records Infant/Child: Registry of Vital Records and Statistics

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_Birth	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
BIRTH_LINK_ID	Project specific ID that links a mother and infant	8 character alphanumeric ID	Char
ANOMALY_ADACTY LY	Congenital anomalies - Adactyly	0=No 1=Yes 9=Unknown	Num
ANOMALY_ANENCE PHALY	Congenital anomalies - Anencephaly	0=No 1=Yes 9=Unknown	Num
ANOMALY_CHD_CY ANOTIC	Congenital anomalies - Cyanotic congenital heart disease	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CHROM_ DISORDER	Congenital anomalies - Suspected chromosomal disorder	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CHROM_ DISORDER_CONFIR MED	Congenital anomalies - suspected chromosomal disorder: Karyotype confirmed (chromosomal disorder)	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CHROM_ DISORDER_PENDIN G	Congenital anomalies - suspected chromosomal disorder: Karyotype pending (chromosomal disorder)	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
ANOMALY_CLEFT	Congenital anomalies - Cleft lip with or without cleft palate	0=No 1=Yes 9=Unknown	Num
ANOMALY_CLUB_F T	Congenital anomalies - Club foot	0=No 1=Yes 9=Unknown	Num
ANOMALY_DIAPHR AGMATIC_HERNIA	Congenital anomalies - Congenital diaphragmatic hernia	0=No 1=Yes 9=Unknown	Num
ANOMALY_DOWN	Congenital anomalies - Down syndrome	0=No 1=Yes 9=Unknown	Num
ANOMALY_DOWN_ CONFIRMED	Congenital anomalies - Down syndrome: Karyotype confirmed	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_DOWN_ PENDING	Congenital anomalies - Down syndrome: Karyotype pending	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CLEFT_ P	Congenital anomalies - Cleft palate alone	0=No 1=Yes 9=Unknown	Num
ANOMALY_GASTRO	Congenital anomalies - Gastroschisis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_HYDROC EPH	Congenital anomalies - Hydrocephaly	0=No 1=Yes 9=Unknown	Num
ANOMALY_HYPO	Congenital anomalies - Hypospadias	0=No 1=Yes 9=Unknown	Num
ANOMALY_LIMB_RE DUCTION	Congenital anomalies - Limb reduction defect (excluding dwarfing syndrome)	0=No 1=Yes 9=Unknown	Num
ANOMALY_MENI_S B	Congenital anomalies - Meningomyelocele/Spina bifida	0=No 1=Yes 9=Unknown	Num
ANOMALY_NONE	Congenital anomalies - None of the above	0=No 1=Yes 9=Unknown	Num
ANOMALY_OMPH	Congenital anomalies - Omphalocele	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_OTHER_ HEART	Congenital anomalies - Other heart malformations	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
ANOMALY_OTHER_ MUSC	Congenital anomalies - Other musculoskeletal anomalies	0=No 1=Yes 9=Unknown	Num
ANOMALY_POLYDA C	Congenital anomalies - Polydactyly	0=No 1=Yes 9=Unknown	Num
ANOMALY_RECTAL _ATRESIA	Congenital anomalies - Rectal atresia/stenosis	0=No 1=Yes 9=Unknown	Num
ANOMALY_RENAL_ AGENESIS	Congenital anomalies Renal agenesis	0=No 1=Yes 9=Unknown	Num
ANOMALY_SYNDAC TYLY	Congenital anomalies - Syndactyly	0=No 1=Yes 9=Unknown	Num
ANOMALY_TEF_EA	Congenital anomalies - Tracheoesophageal fistula/esophageal atresia	0=No 1=Yes 9=Unknown	Num
APGAR1	Apgar at 1 minute	1-10 99=unknown	Num
APGAR10	Apgar at 10 minutes	1-10 99=unknown	Num
APGAR5	Apgar at 5 minutes	1-10 99=unknown	Num
BIRTH_LENGTH	Birth length (inches)	XX.XX 99.99=Unknown Blank=N/A (MF Record)	Num
BIRTH_ORDER	Birth order of this infant	0=N/A (Singleton) 1=FIRST 2-7=SECOND, THIRD, ETC. 8=8TH OR MORE 9=UNKNOWN	Num
BIRTH_WEIGHT	Infant birthweight in grams	Grams 9999=Unknown	Num
CERT_TITLE_BIRTH	Certifier Title	1=MD 2=DO 3=CNM 4=OTHER MIDWIFE 5=OTHER 6=HOSPITAL ADMIN 8=NONE 9=Missing	Num
DISCH_DATE_BIRT H	Infant Discharge date	Date Proxy – count of days between discharge date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
DISCH_WITH_MOM	Is child being discharged home with mother?	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
DOB	Infant Date of birth	Date Proxy – count of days between birth date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
FACILITY_ID_BIRTH	Facility I.D.	4 digit number 0000-9999 2000s = Massachusetts hospitals 3000s = birthing centers 0000 = home births 0050 = doctor's office/clinic 0070 = enroute 0090 = other facility 9999 = unknown	Char
FACILITY_TYPE_BIR TH	Type of birthing facility	1=MA hospital 2=Birthing center 3=Home birth 4=Doctor's office/clinic 5=En route 6=Other facility 9=Unknown	Num
FATHER_ETH_AFRI CAN	Father's Ethnicity - African	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_AFRI CAN_AMER	Father's Ethnicity - African American	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_AME R	Father's Ethnicity - American	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_AME R_NATIVE	Father's Ethnicity - Native American/American Indian/Alaskan Native	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_ASIA N_INDIAN	Father's Ethnicity - Asian Indian	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_BRAZ ILIAN	Father's Ethnicity - Brazilian	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_CAM BODIAN	Father's Ethnicity - Cambodian	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_CAP E_VERDEAN	Father's Ethnicity - Cape Verdean	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_CARI BBEAN	Father's Ethnicity - Caribbean Islander	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_CEN_ AMER	Father's Ethnicity - Other Central American	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
FATHER_ETH_CHIN ESE	Father's Ethnicity - Chinese	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_COL OMBIAN	Father's Ethnicity - Colombian	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_CUB AN	Father's Ethnicity - Cuban	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_DOMI NICAN	Father's Ethnicity - Dominican	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_EUR OPEAN	Father's Ethnicity - European	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_FILIPI NO	Father's Ethnicity - Filipino	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_GUA TEMALAN	Father's Ethnicity - Guatemalan	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_ETH_HAITI AN	Father's Ethnicity - Haitian	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_HISP _OTH	Father's Ethnicity - Hispanic/Latino/Other	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_HON DURAN	Father's Ethnicity - Honduran	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_ETH_JAPA NESE	Father's Ethnicity - Japanese	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_KOR EAN	Father's Ethnicity - Korean	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_LAOT IAN	Father's Ethnicity - Laotian	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_MEX	Father's Ethnicity - Mexican, Mexican American, Chicano	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_MID_ EASTERN	Father's Ethnicity - Middle Eastern	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_OTH ER	Father's Ethnicity - Other	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
FATHER_ETH_PAC_ ISL_OT	Father's Ethnicity - Other Pacific Islander	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_POR TUGUESE	Father's Ethnicity - Portuguese	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_POR TUGUESE_OTH	Father's Ethnicity - Other Portuguese	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_PR	Father's Ethnicity - Puerto Rican	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_REF USED	Father's Ethnicity - Refused	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_RUS SIAN	Father's Ethnicity - Russian	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_ETH_S_A MER_OTH	Father's Ethnicity - Other South American	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_SAL	Father's Ethnicity - Salvadoran	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_UNK	Father's Ethnicity - Unknown	0=No 1=Yes 9=Unknown	Num
FATHER_ETH_VIET	Father's Ethnicity - Vietnamese	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_AM ER_NATIVE	Father's Race - American Indian/Alaska Native/Native American	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_ASI AN	Father's Race - Asian	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_ASI AN_OTH	Father's Race - Other Asian	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_RACE_BIR TH	Single race/Hispanic ethnicity for father	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = unknown	Num
FATHER_RACE_BLA CK	Father's Race - Black	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
FATHER_RACE_BLA CK	Father's Race - Black or African American	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_BLA CK_HISP	Father's Race - Hispanic/Latino/Black	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_RACE_GU AM_CHAM	Father's Race - Guamanian or Chamorro	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_RACE_HA WAIIAN	Father's Race - Native Hawaiian	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_RACE_OT H	Father's Race - Other	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_PI_ OTH	Father's Race - Other Pacific Islander	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_RACE_RE FUSED	Father's Race - Refused	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_SA MOAN	Father's Race - Samoan	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FATHER_RACE_UN	Father's Race - Unknown	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_WH	Father's Race - White	0=No 1=Yes 9=Unknown	Num
FATHER_RACE_WH ITE_HISP	Father's Race - Hispanic/Latino/White	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FETAL_PRESENTAT	Fetal presentation at delivery	1=Cephalic 2=Breech 3=Other 9=Unknown	Num
GESTATIONAL_AGE	Obstetric estimate of gestation at delivery (completed weeks)	Age in weeks 99.99=unknown	Num
HEAD_CIRC	Head circumference (centimeters)	99=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
HEARING_NOT_SC REENED	Hearing not screened because	1=DECEASED 2=MISSED 3=PARENTS REFUSED 4=TRANSFERRED 5=OTHER (SPECIFY) Blank=N/A (MF Record)	Num
HEARING_RESULTS	Hearing screening results	1=BOTH EARS DID NOT PASS 2=LEFT EAR DID NOT PASS 3=PASSED BOTH EARS 4=RIGHT EAR DID NOT PASS 5=SCREENED, RESULTS INCONCLUSIVE 6=NOT SCREENED	Num
ICOND_ACID	Abnormal conditions of the newborn - Acidosis	0=No 1=Yes 9=Unknown	Num
ICOND_ANEMIA	Abnormal conditions of the newborn -Anemia	0=No 1=Yes 9=Unknown	Num
ICOND_ANTIBIO	Abnormal conditions of the newborn -Antibiotics received by newborn for suspected neonatal sepsis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ICOND_CYAN	Abnormal conditions of the newborn - Cyanosis	0=No 1=Yes 9=Unknown	Num
ICOND_FAS	Abnormal conditions of the newborn - Fetal alcohol syndrome	0=No 1=Yes 9=Unknown	Num
ICOND_HYPOT	Abnormal conditions of the newborn - Hypotonia	0=No 1=Yes 9=Unknown	Num
ICOND_HYPOX	Abnormal conditions of the newborn - Hypoxia	0=No 1=Yes 9=Unknown	Num
ICOND_INFECT	Abnormal conditions of the newborn - Congenital infection	0=No 1=Yes 9=Unknown	Num
ICOND_INTRA_HEM	Abnormal conditions of the newborn - Intracranial hemorrhage	0=No 1=Yes 9=Unknown	Num
ICOND_INTUB	Abnormal conditions of the newborn - Intubation	0=No 1=Yes 9=Unknown	Num
ICOND_JAUND	Infant condition - Jaundice (bilirubin>10)	0=No 1=Yes 9=Unknown	Num
ICOND_MAS	Abnormal conditions of the newborn - Meconium aspiration syndrome	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
ICOND_NONE	Abnormal conditions of the newborn - None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ICOND_OTHER	Abnormal conditions of the newborn - Other	0=No 1=Yes 9=Unknown	Num
ICOND_RDS	Abnormal conditions of the newborn - Hyaline membrane disease/RDS	0=No 1=Yes 9=Unknown	Num
ICOND_SEIZ	Abnormal conditions of the newborn - Seizure or serious neurologic dysfunction	0=No 1=Yes 9=Unknown	Num
ICOND_TACH	Abnormal conditions of the newborn - Tachypnea	0=No 1=Yes 9=Unknown	Num
ICOND_TOX	Abnormal conditions of the newborn - Positive toxicology screen	0=No 1=Yes 9=Unknown	Num
INC_CODE_BIRTH	City/town that birth occurred	1-351 999=Unknown	Num
INF_BREAST_FED	Was infant breastfed during hospital stay?	0=No 1=Yes 9=Unknown	Num
INF_VAC_HBIG	HBIG vaccine given	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
INF_VAC_HEPB	HEPB vaccine given	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
INF_VAC_NONE	No vaccines given	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
INTERNAL_TRANSF ER_BIRTH	Was infant transferred internally?	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
INTERNAL_TRANSF ER_TO_BIRTH	Transferred internally to?	1=NICU 2=SCN 3=SCU 8=N/A (not transferred) Blank=N/A (MF Record)	Num
MONTH_BIRTH	Month of birth (1-12)	Months 1-12	Num
NAS_BC	NAS indicated on birth certificate?	0=No 1=Yes	Num

Variable Name	Variable Description	Meta Data	Format
NEONAT_AVEN1	Neonatal procedures - Assisted ventilation required immediately following delivery	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
NEONAT_AVEN6	Neonatal procedures - Assisted ventilation required for more than six hours	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
NEONAT_PROC_NO NE	Neonatal procedures - None of the above	0=No 1=Yes 9=Unknown	Num
NEONAT_PROC_OT HER	Neonatal procedures - Other	0=No 1=Yes 9=Unknown	Num
NEONAT_PROC_PH OTO	Neonatal procedures - Phototherapy	0=No 1=Yes 9=Unknown	Num
NEONAT_PROC_SU RF	Neonatal procedures - Newborn given surfactant replacement therapy	0=No 1=Yes 9=Unknown	Num
PLURALITY	Plurality	Count 99=Unknown	Num
Res_Code_Birth	City/town	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RES_ZIP_BIRTH	Zip code	5 digit zip code 99999=Unknown	Char
SEX_BIRTH	Infant Sex	1=M 2=F 9=Unknown	Num
YEAR_BIRTH	Year of birth	Years, YYYY format (starts 2011)	Num

Registry of Vital Records and Statistics Birth File Analytic Data Dictionary (PHDBIRTH.BIRTH_MOM)

Birth Records MOM: Registry of Vital Records and Statistics

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_Birth	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
BIRTH_LINK_ID	Project specific ID that links a mother and infant	8 character alphanumeric ID	Char
AGE_BIRTH	Maternal age in years	Age in years 9999=Unknown	Num
ALC_BEFORE	Did mother drink three months before or during pregnancy?	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ALC_DURING	Any alcohol consumption during pregnancy?	0=No 1=Yes 9=Unknown	Num
ALC_NUM_TRI1	First three months of pregnancy - number of drinks	# of drinks 99=Unknown Blank=N/A (MF Record)	Num
ALC_NUM_TRI2	Second three months of pregnancy - number of drinks	# of drinks 99=Unknown Blank=N/A (MF Record)	Num
ALC_NUM_TRI3	Third trimester of pregnancy - number of drinks	# of drinks 99=Unknown Blank=N/A (MF Record)	Num
BMI_BIRTH	Mother's pre-pregnancy BMI	XX.X 99.9 = Unknown	Num
CENSUS_IND_BIRT H	Bureau of census industry code (mother)	4 digit bureau of census industry code	Num
CENSUS_OCC_BIRT H	Bureau of census occupation code (mother)	4 digit bureau of census industry code	Num
CIG_DURING_PREG	Any tobacco use during pregnancy?	0=No 1=Yes	Num

Registry of Vital Records and Statistics Birth File Analytic Data Dictionary (PHDBIRTH.BIRTH_MOM)

Variable Name	Variable Description	Meta Data	Format
CIG_NUM_TRI1	First three months of pregnancy - # of cigarettes	0-98 99=Unknown Blank=N/A (MF Record)	Num
CIG_NUM_TRI2	Second three months of pregnancy - # of cigarettes	0-98 99=Unknown Blank=N/A (MF Record)	Num
CIG_NUM_TRI3	Third trimester of pregnancy - # of cigarettes	0-98 99=Unknown Blank=N/A (MF Record)	Num
DELIV_METHOD	Final route and method of delivery	1= Vaginal 2= VBAC 3= Primary CS 4= Repeated CS 9= Unknown	Num
DENTAL_CLEANING	Teeth cleaned by a dentist or dental hygienist during this pregnancy?	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_AI_HOSP	Pregnancy resulted from Artificial insemination	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_AI_MOM	Mother reported artificial insemination during month of conception	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_ART_HOSP	Pregnancy resulted from Assisted reproductive technology	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_ART_MOM	Mother reported use of Assisted Reproductive Technology during month of conception	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_DRUG_HOSP	Pregnancy resulted from Fertility-enhancing drugs	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_DRUG_MOM	Mother reported use of fertility enhancing drugs during month of conception	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_EGG_MOM	Mother reported that "anonymous egg donor" applied during this pregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_HOSP	Did this pregnancy result from infertility treatment	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Registry of Vital Records and Statistics Birth File Analytic Data Dictionary (PHDBIRTH.BIRTH_MOM)

Variable Name	Variable Description	Meta Data	Format
FERT_IUI_HOSP	Pregnancy resulted from Intrauterine insemination	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_IUI_MOM	Mother reported intrauterine insemination during month of conception	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_MOM	Mother reported fertility drugs/medical procedures	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_MONTH_MO	Mother checked the box, "I was not using fertility treatment during the month that I got pregnant	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_NONE_MOM	Mother reported "None of these" (anonymous egg donor, anonymous sperm donor, surrogacy) apply during this pregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_OTHER_MOM	Mother reported Other fertility-related medical treatment during month of conception	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_SPERM_MOM	Mother reported that "anonymous sperm donor" applied during this pregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_SURROGATE _MOM	Mother reported that "surrogacy" applied during this pregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FETAL_PRESENTAT	Fetal presentation at delivery	1=Cephalic 2=Breech 3=Other 9=Unknown	Num
FIRST_PRENATAL_ DATE	Date of first prenatal care	Date Proxy – count of days between first prenatal visit date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred Blank = No PNC	Num
FOREIGN_BORN_BI RTH	Mother's country of birth	0=US born 1=Foreign born 9=Unknown	Num

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Variable Name	Variable Description	Meta Data	Format
GRAVIDITY	Total number of times a woman has been pregnant, including the index birth. GRAVIDITY CALCULATION IS NUMBER OF LIVE BIRTHS LIVING + NUMBER OF LIVE BIRTHS NOW DEAD + NUMBER OF TERMINATIONS + 1.	Count 99=Unknown	Num
HOME_BIRTH_PLAN NED	Planned to deliver at home?	0=No 1=Yes 8=N/A 9=Unknown	Num
KOTELCHUCK	Adequacy of Prenatal Care Utilization Index	0=Missing/Unknown 1= Inadequate 2= Intermediate 3= Adequate 4=Intensive	Num
LAD_COMP_ABRUP TIO	Complications of Labor & Delivery - Abruptio placenta	0=No 1=Yes 9=Unknown	Num
LAD_COMP_ANEST HETIC	Complications of Labor & Delivery - Anesthetic complications	0=No 1=Yes 9=Unknown	Num
LAD_COMP_ANTIBI OTIC	Complications of Labor & Delivery - Antibiotics received by the mother during labor	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_COMP_BLEED	Complications of labor & delivery - Other excessive bleeding	0=No 1=Yes 9=Unknown	Num
LAD_COMP_CEPHA LOPELVIC_DISP	Complications of Labor & Delivery - Cephalo pelvic disproportion	0=No 1=Yes 9=Unknown	Num
LAD_COMP_CHORI OAMNIONITIS	Complications of Labor & Delivery - Clinical chorioamnionitis/maternal temp.>= 38C (100.4F)	0=No 1=Yes 9=Unknown	Num
LAD_COMP_CORD_ PROLAPSE	Complications of Labor & Delivery - Cord prolapse	0=No 1=Yes 9=Unknown	Num
LAD_COMP_DYSFU NC	Complications of Labor & Delivery - Dysfunctional labor	0=No 1=Yes 9=Unknown	Num
LAD_COMP_LONGS TAGE2	Complications of labor & delivery - Prolonged 2nd stage	0=No 1=Yes 9=Unknown	Num
LAD_COMP_NONE	Complications of labor & delivery - None of the above	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
LAD_COMP_OTHER	Complications of labor & delivery - Other	0=No 1=Yes 9=Unknown	Num
LAD_COMP_PLAC_ PREV	Complications of labor & delivery - Placenta previa	0=No 1=Yes 9=Unknown	Num
LAD_COMP_RUPT_ PROLONG	Complications of labor & delivery - Rupture of membrane - prolonged (>24 hours)	0=No 1=Yes 9=Unknown	Num
LAD_COMP_SEIZUR E	Complications of labor & delivery - Seizures during labor	0=No 1=Yes 9=Unknown	Num
LAD_PROCECV_F	Labor and delivery procedures - External cephalic version: Failed	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROCECV_S	Labor and delivery procedures - External cephalic version: Successful	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROC_ECV	Labor and delivery procedures - External cephalic version	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROC_ESAN	Labor & Delivery procedures - Epidural or spinal anesthesia during labor	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROC_FETAL_ MON_E	Labor & Delivery procedures - Electronic fetal monitoring (external)	0=No 1=Yes 9=Unknown	Num
LAD_PROC_FETAL_ MON_I	Labor & Delivery procedures - Electronic fetal monitoring (internal)	0=No 1=Yes 9=Unknown	Num
LAD_PROC_HYS	Labor & Delivery procedures - Unplanned hysterectomy	0=No 1=Yes 9=Unknown	Num
LAD_PROC_ICU	Labor & Delivery procedures - Admission to intensive care unit	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROC_INDUCT ION	Labor & Delivery procedures - Induction of labor	0=No 1=Yes 9=Unknown	Num
LAD_PROC_LACER ATE	Labor & Delivery procedures - Third or fourth degree perineal laceration	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
LAD_PROC_MATER NAL_TRANFUSION	Labor & Delivery procedures - Maternal transfusion	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROC_NONE	Labor & Delivery procedures - None of the above	0=No 1=Yes 9=Unknown	Num
LAD_PROC_OTHER	Labor & Delivery procedures - Other	0=No 1=Yes 9=Unknown	Num
LAD_PROC_RUPT_ UTERUS	Labor & Delivery procedures - Ruptured uterus	0=No 1=Yes 9=Unknown	Num
LAD_PROC_STEROID	Labor & Delivery procedures - Steroids (glucocorticoids)	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_PROC_STIM_L ABOR	Labor & Delivery Procedures Stimulation/augmentation of labor	0=No 1=Yes 9=Unknown	Num
LANGUAGE_SPOKE N	Language preferred for speaking about health	1=English 2=Spanish 3=Portuguese 4=Cape Verdean Creole 5=Haitian Creole 6=Khmer, 7=Vietnamese 8=Cambodian 9=Somali 10=Arabic 11=Albanian 12=Chinese 13=Russian 14=American Sign Language 15=Other 88=Refused 99=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
LANGUAGE_WRITT EN	Language preferred for reading about health	1=English 2=Spanish 3=Portuguese 4=Cape Verdean Creole 5=Haitian Creole 6=Khmer, 7=Vietnamese 8=Cambodian 9=Somali 10=Arabic 11=Albanian 12=Chinese 13=Russian 14=Other 88=Refused 99=Unknown Blank=N/A (MF Record)	Num
LAST_LIVE_BIRTH_ DATE	Date of last live birth	Date Proxy – count of days between last live birth date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
LAST_MENSES_DA TE	Date last normal menses began	Date Proxy – count of days between last menses date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
LAST_OTHER_OUT COME_DATE	Date of last other pregnancy outcome	Date Proxy – count of days between last menses date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred Blank = No other birth outcomes	Num
LD_PAY	N/A	1=Public 2=Private 9=Unknown	Num
MARITAL_BIRTH	Marital status at time of birth	1 = Unmarried 2 = Married 9 = Missing/Unknown	Num
MATINF_CHLAM	Maternal infections - Chlamydia	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_GON	Maternal infections - Gonorrhea	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_HEPB	Maternal infections - Hepatitis B	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
MATINF_HEPC	Maternal infections - Hepatitis C	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_NONE	Maternal Infections - None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_RUBELLA	Maternal Infections - Rubella infection during pregnancy	0=No 1=Yes 9=Unknown	Num
MATINF_SYPH	Maternal Infections - Syphilis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_DIABETE S_G	Maternal risk factors - Gestational diabetes	0=No 1=Yes 9=Unknown	Num
MATRISK_DIABETE S_P	Maternal risk factors - Diabetes, prepregnancy	0=No 1=Yes 9=Unknown	Num
MATRISK_ANEMIA	Maternal risk factors - Anemia (HCT < 30, HGB < T10)	0=No 1=Yes 9=Unknown	Num
MATRISK_C_SEC	Maternal risk factors - Previous cesarean delivery	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_C_SEC_N UM	Maternal risk factors - If previous cesarean, how many?	Count 99=Unknown 88 = Not applicable Blank=N/A (MF Record)	Num
MATRISK_CANCER S	Maternal risk factors - Maternal cancers	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_CARDIAC	Maternal risk factors - Cardiac disease	0=No 1=Yes 9=Unknown	Num
MATRISK_CERVIX	Maternal risk factors - Incompetent cervix	0=No 1=Yes 9=Unknown	Num
MATRISK_HEMOGL OB	Maternal risk factors - Hemoglobinopathy, non- sickle cell anemia	0=No 1=Yes 9=Unknown	Num
MATRISK_HYDRAM NIOS	Maternal risk factors - Hydramnios	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_HYPER_E	Maternal risk factors - Hypertension, eclampsia	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
MATRISK_HYPER_G	Maternal risk factors - Hypertension, gestational	0=No 1=Yes 9=Unknown	Num
MATRISK_HYPER_P	Maternal risk factors - Hypertension, prepregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_HYPER_C	Maternal risk factors - Hypercoagulable conditions	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_HYPER_P RE_E	Maternal risk factors - Hypertension, pre- eclampsia	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_LARGE_I NF	Maternal risk factors - Previous infant 4000+ grams	0=No 1=Yes 9=Unknown	Num
MATRISK_LUNG	Maternal risk factors - Acute or chronic lung disease	0=No 1=Yes 9=Unknown	Num
MATRISK_NONE	Maternal risk factors - None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_OLIGOHY DRAMNIOS	Maternal risk factors - Oligohydramnios	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_OTHER	Maternal Risk Factors - Other	0=No 1=Yes 9=Unknown	Num
MATRISK_PKU	Maternal Risk Factors - Maternal PKU	0=No 1=Yes 9=Unknown	Num
MATRISK_PRE_DIA BETES	Maternal Risk Factors - Pre-diabetes	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_PRE_LAB OR	Maternal Risk Factors - Pre-term labor this pregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_PREV_PR ETERM	Maternal Risk Factors - Previous preterm birth	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_PREV_BD	Maternal Risk Factors - Previous infant with birth defects	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
MATRISK_RENAL	Maternal Risk Factors - Renal disease	0=No 1=Yes 9=Unknown	Num
MATRISK_RH	Maternal Risk Factors - RH sensitization	0=No 1=Yes 9=Unknown	Num
MATRISK_SEIZURE	Maternal Risk Factors - Seizure disorders	0=No 1=Yes 9=Unknown	Num
MATRISK_SICKLE	Maternal Risk Factors - Sickle cell anemia	0=No 1=Yes 9=Unknown	Num
MATRISK_WT_GAIN	Maternal Risk Factors - Weight gain inappropriate for mother	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_WT_LOSS	Maternal Risk Factors - Weight loss inappropriate for mother	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_LUPUS	Maternal risk factors - Lupus erythematosus	0=No 1=Yes 9=Unknown	Num
MOTHER_EDU	Highest grade of elementary or secondary school that the mother completed.	1=No HS degree 2=HS degree or GED 3=Associate or Bachelor degree 4=Post graduate 5=Other 8=Refused 9=Unknown/Unobtainable 10=Special Education	Num
MOTHER_ETH_AFRI	Mother's Ethnicity - African	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_AFRI CAN_AMER	Mother's Ethnicity - African American	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_AME R	Mother's Ethnicity - American	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_ASIA N_INDIAN	Mother's Ethnicity - Asian Indian	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_BRA ZILIAN	Mother's Ethnicity - Brazilian	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_CAM BODIAN	Mother's Ethnicity - Cambodian	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_CAP E_VERDEAN	Mother's Ethnicity - Cape Verdean	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
MOTHER_ETH_CAR IBBEAN	Mother's Ethnicity - Caribbean Islander	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_CEN _AMER	Mother's Ethnicity - Other Central American	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_CHI NESE	Mother's Ethnicity - Chinese	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_COL OMBIAN	Mother's Ethnicity - Colombian	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_CUB AN	Mother's Ethnicity - Cuban	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_DOM INICAN	Mother's Ethnicity - Dominican	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_EUR OPEAN	Mother's Ethnicity - European	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_FILI PINO	Mother's Ethnicity - Filipino	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_GUA TEMALAN	Mother's Ethnicity - Guatemalan	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_ETH_HAIT	Mother's Ethnicity - Haitian	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_HISP _OTH	Mother's Ethnicity - Hispanic/Latina/Other	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_HON DURAN	Mother's Ethnicity - Honduran	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_ETH_JAP ANESE	Mother's Ethnicity - Japanese	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_KOR EAN	Mother's Ethnicity - Korean	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_LAO TIAN	Mother's Ethnicity - Laotian	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_MEX	Mother's Ethnicity - Mexican, Mexican American, Chicana	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
MOTHER_ETH_MID _EASTERN	Mother's Ethnicity - Middle Eastern	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_OTH ER	Mother's Ethnicity - Mother's Ethnicity - Other	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_PAC _ISL_OT	Mother's Ethnicity - Other Pacific Islander	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_POR TUGUESE	Mother's Ethnicity - Portuguese	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_POR TUGUESE_OTH	Mother's Ethnicity - Other Portuguese	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_PR	Mother's Ethnicity - Puerto Rican	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_REF USED	Mother's Ethnicity - Refused	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_RUS SIAN	Mother's Ethnicity - Russian	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_ETH_S_A MER_OTH	Mother's Ethnicity - Other South American	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_SAL	Mother's Ethnicity - Salvadoran	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_UNK	Mother's Ethnicity - Unknown	0=No 1=Yes 9=Unknown	Num
MOTHER_ETH_VIET	Mother's Ethnicity - Vietnamese	0=No 1=Yes 9=Unknown	Num
MOTHER_HEIGHT	Mother's height (feet)	One digit integer Blank=N/A (MF Record)	Num
MOTHER_HEIGHT_I	Mother's height (inches)	Two digit integer Blank=N/A (MF Record)	Num
MOTHER_RACE_AM ER_NATIVE	Mother's Race - American Indian/Alaska Native/Native American	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_AS IAN	Mother's Race - Asian	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_AS IAN_OTH	Mother's Ethnicity - Other Asian	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
MOTHER_RACE_BI RTH	Single race/Hispanic ethnicity for mother	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = unknown	Num
MOTHER_RACE_BL ACK	Mother's Race - Black	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_BL ACK_HISP	Mother's Race - Hispanic/Latina/Black	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_RACE_GU AM_CHAM	Mother's Race - Guamanian or Chamorro	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_RACE_HA WAIIAN	Mother's Ethnicity - Native Hawaiian	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_RACE_OT H	Mother's Race - Other	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_PI_ OTH	Mother's Race - Other Pacific Islander	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_RACE_RE FUSED	Mother's Race - Refused	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_SA MOAN	Mother's Race - Samoan	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_RACE_UN	Mother's Race - Unknown	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_W HITE	Mother's Race - White	0=No 1=Yes 9=Unknown	Num
MOTHER_RACE_W HITE_HISP	Mother's Race - Hispanic/Latina/White	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_WEIGHT_ NOW	Weight at admission for delivery (pounds)	Integer 999=Missing Blank=N/A (MF Record)	Num
MOTHER_WEIGHT_ PRIOR	Pre-pregnancy weight (pounds)	Integer 999=Missing Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
NAICS_BIRTH	North American Industry Classification System	6 digit North American Industry code	Char
NAICS_YEAR_BIRT H	Coding year for NAICS	4 digit year	Num
OTHER_OUTCOME_ NUM	Total number of other pregnancy outcomes	Count 99=Unknown	Num
PARITY	PARITY CALCULATION IS NUMBER OF LIVE BIRTHS LIVING+NUMBER OF LIVE BIRTHS NOW DEAD+1	Count 99=Unknown	
PRENAT_AMNIO	Prenatal tests of procedures - Amniocentesis	0=No 1=Yes 9=Unknown	Num
PRENAT_CVS	Prenatal tests of procedures - CVS (Chorionic villus sampling), a procedure for first-trimester prenatal diagnosis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
PRENAT_FETAL_SU RG	Prenatal tests of procedures -Fetal surgery	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
PRENAT_HOSP	Prenatal tests of procedures - Hospitalization (prenatal for this pregnancy)	0=No 1=Yes 9=Unknown	Num
PRENAT_NONE	Prenatal Tests and Procedures - None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
PRENAT_OTHER	Prenatal Tests and Procedures - Other	0=No 1=Yes 9=Unknown	Num
PRENAT_SITE	Primary prenatal care site	1 = Private Physician's Office 2 = Community Health Center 3 = HMO 4 = Hospital Clinic 5 = Other 9 = Unknown	Num
PRENAT_ULTRAS	Prenatal Tests and Procedures - Ultrasound	0=No 1=Yes 9=Unknown	Num
PRENATAL_CARE	Prenatal care?	0=No 1=Yes 8=Refused 9=Unknown Blank=N/A (MF Record)	Num
PRENATAL_CARE_ COUNT	Total number of prenatal care visits	Count 99=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
PRENATAL_PAY	Source of payment for prenatal care	1=Public 2=Private 9=Unknown	Num
PREVIOUS_LIVE_D EAD	Number of live births now dead	Count 88 = Refused 99=Unknown	Num
PREVIOUS_LIVE_LI VING	Number now living	Count 88 = Refused 99=Unknown	Num
RES_CODE_BIRTH	City/town	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RES_ZIP_BIRTH	Zip code	5 digit zip code 99999=Unknown	Char
SPOUSE_IS_FATHE R	Is the spouse or deceased spouse the father/parent?	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
SOC_BIRTH	SOC code	XX-XXXX	Char
WIC_BIRTH	Did mother receive WIC food for herself?	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
SYSTEM	Is the record from MainFrame or VIP?	1=MF 2=VIP	Num
YEAR_BIRTH	Year of birth (2011-2018)	Years 2011-2018	Num

Bureau of Substance Addiction Services (BSAS)

Variable Name	Variable Description	Meta Data	Format
ID	Project specific ID	9 character alphanumeric ID	Char
Match_level_BSAS	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness.	Num
AGE_BSAS	Client's age in years at enrollment (calculated from DOB and enrollment date)	Age in years (from 12 yrs old) Blank=missing	Num
Education level at enrollment 1 = Not of School Age 2 = No Formal Education 3 = Some Schooling 4 = Some High School 5 = High School Diploma / GED 6 = Some College 7 = Associates Degree 8 = College Degree or Higher 9 = Other Credentials 95 = Unknown 99 = Missing		Num	

Variable Name	Variable Description	Meta Data	Format
CLT_ENR_EMPLOYMENT	Employment status at enrollment	1 = Working Full Time 2 = Working Part Time 3 = Unemployed - Looking 4 = Unemployed - Not Looking 5 = Not In Labor Force - Student 6 = Not In Labor Force - Retired 7 = Not In Labor Force - Disabled 8 = Not In Labor Force - Homemaker 9 = Not In Labor Force - Other 10 = Not In Labor Force - Incarcerated 11 = Volunteer 13 = Maternity/Family Leave 14 = Refused 15 = Unable to Work 94 = Other 95 = Unknown 99 = Missing	Num
CLT_ENR_HAS_CHILDREN	Does the client have children at enrollment?	0 = Does Not Have Children 1 = Has Children 8 = Refused 9 = Missing	Num
CLT_ENR_HEAR_IMPAIR	Did client have hearing impairment at enrollment?	0 = None 1 = Slight 2 = Moderate 3 = Severe 9 = Missing	Num
CLT_ENR_LIVES_6TO18	Client lives with children 6 - 18 years of age at Enrollment?	0 = Does Not Live with a Child 6-18 1 = Lives with a Child 6-18 9 = Missing	Num
CLT_ENR_LIVES_OVER18	Client lives with children over 18 years of age at enrollment?	0 = Does Not Live with a Child over 18 1 = Lives with a Child over 18 9 = Missing	Num
CLT_ENR_LIVES_UNDER6	Client lives with children under 6 years of age at enrollment?	0 = Does Not Live with a Child Under 6 1 = Lives with a Child Under 6 9 = Missing	Num
CLT_ENR_MARITAL_STATUS	Marital status at enrollment	1 = Never Married 2 = Married 3 = Separated 4 = Divorced 5 = Widowed 6 = Partnership 9 = Missing	Num

Variable Name	Variable Description	Meta Data	Format
CLT_ENR_DEVEL_DIS	Did client have a developmental disability at enrollment?	0 = None 1 = Slight 2 = Moderate 3 = Severe 9 = Missing	Num
CLT_ENR_MHTX	Reported prior mental health treatment at enrollment	0 = No Prior History 1 = Prior Counseling 2 = One Prior Hospitalization 3 = Two or More Prior Hospitalizations 9 = Missing	Num
CLT_ENR_MOB_AID_CRUT CHES	Was client using a mobility aid at enrollment? crutches	0 = Not Using Crutches at Enrollment 1 = Using Crutches at Enrollment 9 = Missing	Num
CLT_ENR_MOB_AID_MAN_ WC	Was client using a mobility aid at enrollment? manual wheelchair	0 = Not Using a Manual Wheelchair at Enrollment 1 = Using a Manual Wheelchair at Enrollment 9 = Missing	Num
CLT_ENR_MOB_AID_NONE	Was client using a mobility aid at enrollment? none	0 = Using Some Mobility Aid at Enrollment 1 = Not Using Any Mobility Aid at Enrollment 9 = Missing	Num
CLT_ENR_MOB_AID_WALK ER	Was client using a mobility aid at enrollment? Walker	0 = Not Using a Walker at Enrollment 1 = Using a Walker at Enrollment 9 = Missing	Num
CLT_ENR_MOB_AID_WC	Was client using a mobility aid at enrollment? electric wheelchair	0 = Not Using an Electric Wheelchair at Enrollment 1 = Using an Electric Wheelchair at Enrollment 9 = Missing	Num
RES_CODE_BSAS	Client's city/town at enrollment (Boston neighborhoods collapsed into Boston)	1-351 for valid MA city/town 999=Unknown	Num
CLT_ENR_OVERDOSES_LI FE	Number of drug overdoses in the client's lifetime	This is a continuous variable with values >= 0. 999 = SAS system missing values	Num
CLT_ENR_PRIMARY_DRUG	client's primary substance at enrollment	See code list	Num
CLT_ENR_SECONDARY_D RUG	Client's secondary substance at enrollment	See code list	Num

Variable Name	Variable Description	Meta Data	Format
CLT_ENR_SELF_CARE_IMP AIR	Did client have self- care/activities of daily living (ADL) skills impairment at enrollment?	0 = None 1 = Slight 2 = Moderate 3 = Severe 9 = Missing	Num
CLT_ENR_TERTIARY_DRU G	Client's tertiary substance at enrollment	See code list	Num
CLT_ENR_VISION_IMPAIR	Did Client have vision impairment at enrollment?	0 = None 1 = Slight 2 = Moderate 3 = Severe 9 = Missing	Num
CLT_ENR_ZIP_CODE	Client's zip code at enrollment	5-digit zip code	Char
CLT_HOMELESS_AT_ENR	Identifies if client is homeless	0 = No 1 = Yes 8 = Unable to Determine 9 = Missing	Num
CLT_ENR_CHRONIC_HOME LESS	homeless?	0 = No 1 = Yes 9 = Missing/invalid	
DIS_DATE_YEAR	Calendar year of the end date for the enrollment	Year, yyyy	Num
DIS_DATE_MONTH	Month of the end date for the enrollment	Month, 1-12	Num
DIS_DATE_BSAS	Number representing days	Date Proxy – count of days between disenrollment date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
DIS_REASON_TYP	Disenrollment reason type	1 = Completed 2 = Dropout 3 = Administrative Discharge 4 = Hospitalized 6 = Moved 7 = Assessment Only 8 = Incarcerated 12 = Relapsed 14 = ACA/AMA 15 = Transferred 94 = Other 99 = Missing	Num
ENR_DATE_YEAR	Calendar year of the start date for the enrollment	Year, yyyy	Num
ENR_DATE_MONTH	Month of the start date for the enrollment	Month, 1-12	Num

Variable Name	Variable Description	Meta Data	Format
ENR_DATE_BSAS	Number representing days between event and random date in the future	Date Proxy – count of days between enrollment date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
PDM_PRV_SERV_CAT	Treatment service category	See code list	Num
PDM_PRV_SERV_TYPE	Treatment service type	See code list	Num
PREG_ENH	Pregnant Enhancement (service in residential program)	0=No 1=Yes 9=Missing	Num
POSTPARTUM_ENH	Postpartum Enhancement (service in residential program)	0=No 1=Yes 9=Missing	Num
POSTPARTUM_ENH_MBHP	Postpartum Enhancement MBHP only (service in residential program)	0=No 1=Yes 9=Missing	Num
RACE_BSAS	Client race (derived)	1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Missing	Num
SEX_BSAS	Intake reported gender	1 = Male 2 = Female 9 = Missing	Num
CLT_TYPE_VETERAN_BSA S	Client type at enrollment: Veteran	0 = No 1 = Yes 9 = Missing	Num

clt_enr_drug (all types)
0=None
1=Alcohol
2=Cocaine
3=Crack
4=Marijuana
5=Heroin
6=Non-Rx Methadone
7=Other Opiates
8=PCP
9=Other Hallucinogens
10=Methamphetamine
11=Other Amphetamines
12=Other Stimulants
13=Benzodiazepines
14=Other Tranquilizers
15=Barbiturates
16=Other Sedatives
17=Inhalants
18=OTC
19=Club Drugs
21=Oxycodone
22=Non-Rx Suboxone
23=Rx Opiates
24=Non-Rx Opiates
25=K2marij
94=Other
99=Missing

pdm_prv_serv_cat
2=Post Detox Stabilization
3=Outpatient
4=Residential
5=Case Management
6=Recovery Support Services
7=Opioid Treatment
8=Statewide Services and Coordination
10=Youth Treatment Programs
11=Family Treatment Services
13=Acute Treatment Services
14=County Corrections
15=Intervention
16=Recovery High School

pdm_prv_serv_cat
17=Youth Program
18=Recovery Support
19=Engagement, Assessment and Referral
94=Other
99=Missing

pdm_prv_serv_type
1=1st Offender Drunk Driver
2=2nd Offender Aftercare
3=2nd Offender Residential
4=Acupuncture Detoxification
5=Acute Treatment Services
6=Methadone Treatment
8=ATR-Recovery Support Services
10=Case Management
12=Clinical Stabilization Services
13=Community Based Case Management
14=Compulsive Gambling
15=County Corrections
16=Day Treatment
17=Drug Court Program
18=Drug Court Case Management
19=Expanded Treatment Services
20=Family Intervention
21=Family Oriented Case Management
22=Family Residential
24=Intensive Outpatient Treatment
26=Office Based Opioid Treatment Services
28=Outpatient Case Management
29=Outpatient Counseling
30=Outpatient Detox
31=Outpatient Services
32=Partnership For Success
33=Permanent Housing
34=Prevention Services
35=Recovery High Schools
36=Recovery Home
37=Recovery Support Centers
38=Recovery Support Outpatient Services
39=Social Model House
40=Statewide Housing Support
41=Statewide Services and Coordination
42=Street Outreach/ Housing Stabilization

(111003)	73.0373
pdm_prv_serv_type	
43=Substance Abuse Prevention Collaborative (SAPC)	
44=Tewksbury Stabilization	
45=Therapeutic Community	
46=Transitional Housing	
47=Transitional Support Services	
48=Young Adult Residential	
49=Youth Intervention	
50=Youth Residential	
52=Youth Stabilization	
53=Section 35	
54=Jail Diversion - Residential Component	
55=CHINS - Substance Abuse Services	
56=Housing Options Program	
57=Crim Just Collab-Youth	
58=ATARP	
59=Opioid Urgent Care Centers	
61=Low Threshold Housing	
62=SYT-I Project A-CRA	
63=SYT-I Project MAT	
64=Supportive Case Management	
65=Crim Just Collab-Adult	
66=Young Adult Residential Case Management	
67=Family Intervention - Clinical Support	
68=CJ Diversion	
69=State Parole Board	
70=Jail Diversion - Case Management Component	
71=DYS Residential	
72=ER Visit	
73=Inpatient Hospital Stay	
76=Observation	
80=Death Record	
81=Youth Program	
82=BSAS-STR-HOC	
83=Heroin Education Aware Task	
84=Post Detox Pre-Recovery	
85=Family Intervention - Family Support	
86=State Funded Earmarks	
87=Enhanced OBOT	
88=Medication Assisted Re-Entry Initiative	
89=Collaborative and Transitional Models for MAT	
90=Moms Do Care	
91=Transitional Addiction Treatment	
92=SOR Home Visit Initiative	
93=Co-Occurring Enhanced Residential Rehab Services	
·	

pdm prv serv type
94=Low Threshold
95=Other
99=Missing

<u>clt_enr_nbhd</u>
1=Abington
2=Acton
3=Acushnet
4=Adams
5=Agawam
6=Alford
7=Amesbury
8=Amherst
9=Andover
10=Arlington
11=Ashburnham
12=Ashby
13=Ashfield
14=Ashland
15=Athol
15=Athor
17=Auburn
18=Avon
19=Ayer
20=Barnstable
21=Barre
22=Becket
23=Bedford
24=Belchertown
25=Bellingham
26=Belmont
27=Berkley
28=Berlin
29=Bernardston
30=Beverly
31=Billerica
32=Blackstone
33=Blandford
34=Bolton
35=Boston
36=Bourne
37=Boxboro
38=Boxford
39=Boylston
40=Braintree
41=Brewster
42=Bridgewater
43=Brimfield
44=Brockton
45=Brookfield
46=Brookline
47=Buckland
48=Burlington
49=Cambridge

clt_enr_nbhd
50=Canton
51=Carlisle
52=Carver
53=Charlemont
54=Charlton
55=Chatham
56=Chelmsford
57=Chelsea
58=Cheshire
59=Chester
60=Chesterfield
61=Chicopee
62=Chilmark
63=Clarksburg
64=Clinton
65=Cohasset
66=Colrain
67=Concord
68=Conway
69=Cummington
70=Dalton
71=Danvers
72=Dartmouth
73=Dedham
74=Deerfield
75=Dennis
76=Dighton
77=Douglas
78=Dover
79=Dracut
80=Dudley
81=Dunstable
82=Duxbury
83=East Bridgewater
84=East Brookfield
85=East Longmeadow
86=Eastham
87=Easthampton
88=Easton
89=Edgartown
90=Egremont
91=Erving
92=Essex
93=Everett
94=Fairhaven
95=Fall River
96=Falmouth
97=Fitchburg
98=Florida

<u>clt_enr_nbhd</u>
99=Foxboro
100=Framingham
101=Franklin
102=Freetown
103=Gardner
104=Aquinnah
105=Georgetown
106=Gill
107=Gloucester
108=Goshen
109=Gosnold
110=Grafton
111=Granby
112=Granville
113=Great Barrington
114=Greenfield
115=Groton
116=Groveland
117=Hadley
118=Halifax
119=Hamilton
120=Hampden
121=Hancock
122=Hanover
123=Hanson
124=Hardwick
125=Harvard
126=Harwich
127=Hatfield
128=Haverhill
129=Hawley
130=Heath
131=Hingham
132=Hinsdale
133=Holbrook
134=Holden
135=Holland
136=Holliston
137=Holyoke
138=Hopedale
139=Hopkinton
140=Hubbardston
141=Hudson
142=Hull
143=Huntington
144=lpswich
145=Kingston
146=Lakeville
147=Lancaster
147-Lancaster

<u>clt_enr_nbhd</u>
148=Lanesboro
149=Lawrence
150=Lee
151=Leicester
152=Lenox
153=Leominster
154=Leverett
155=Lexington
156=Leyden
157=Lincoln
158=Littleton
159=Longmeadow
160=Lowell
161=Ludlow
162=Lunenberg
163=Lynn
164=Lynnfield 165=Malden
166=Manchester
167=Mansfield
168=Marblehead
169=Marion
170=Marlborough
171=Marshfield
172=Mashpee
173=Mattapoisett
174=Maynard
175=Medfield
176=Medford
177=Medway
178=Melrose
179=Mendon
180=Merrimac
181=Methuen
182=Middleboro
183=Middlefield
184=Middleton
185=Milford
186=Millbury
187=Millis
188=Millville
189=Milton
190=Monroe
191=Monson
192=Montague
193=Monterey
194=Montgomery
195=Mount Washington
196=Nahant

<u>clt_enr_nbhd</u>
197=Nantucket
198=Natick
199=Needham
200=New Ashford
201=New Bedford
202=New Braintree
203=New Marlboro
204=New Salem
205=Newbury
206=Newburyport
207=Newton
208=Norfolk
209=North Adams
210=North Andover
211=North Attleboro
212=North Brookfield
213=North Brookfield 213=North Reading
214=Northampton
215=Northboro
216=Northbridge
217=Northfield
218=Norton
219=Norwell
220=Norwood
221=Oak Bluffs
222=Oakham
223=Orange
224=Orleans
225=Otis
226=Oxford
227=Palmer
228=Paxton
229=Peabody
230=Pelham
231=Pembroke
232=Pepperell
233=Peru
234=Petersham
235=Phillipston
236=Pittsfield
237=Plainfield
238=Plainville
239=Plymouth
240=Plympton
241=Princeton
242=Provincetown
243=Quincy
244=Randolph
245=Raynham

<u>clt_enr_nbhd</u>
246=Reading
247=Rehoboth
248=Revere
249=Richmond
250=Rochester
251=Rockland
252=Rockport
253=Rowe
254=Rowley
255=Royalston
256=Russell
257=Rutland
258=Salem
259=Salisbury
260=Sandisfield
261=Sandwich
262=Saugus
263=Savoy
264=Scituate
265=Seekonk
266=Sharon
267=Sheffield
268=Shelbourne
269=Sherborn
270=Shirley
271=Shrewsbury
272=Shutesbury
273=Somerset
274=Somerville
275=South Hadley
276=Southampton
277=Southboro
278=Southbridge
279=Southwick
280=Spencer
281=Springfield
282=Sterling
283=Stockbridge
284=Stoneham
285=Stoughton
286=Stow
287=Sturbridge
288=Sudbury
289=Sunderland
290=Sutton
291=Swampscott
292=Swansea
293=Taunton
294=Templeton

clt_enr_nbhd
295=Tewksbury
296=Tisbury
297=Tolland
298=Topsfield
299=Townsend
300=Truro
301=Tyngsboro
302=Tyringham
303=Upton
304=Uxbridge
305=Wakefield
306=Wales
307=Walpole
308=Waltham
309=Ware
310=Wareham
311=Warren
312=Warreit
313=Washington
314=Watertown
315=Wayland
316=Webster
317=Wellesley
318=Wellfleet
319=Wendell
320=Wenham
321=West Boylston
322=West Bridgewater
323=West Brookfield
324=West Newbury
325=West Springfield
326=West Stockbridge
327=West Tisbury
328=Westboro
329=Westfield
330=Westford
331=Westhampton
332=Westminster
333=Weston
334=Westport
335=Westwood
336=Weymouth
337=Whatley
338=Whitman
339=Wilbraham
340=Williamsburg
341=Williamstown
342=Wilmington
343=Winchendon

clt_enr_nbhd
344=Winchester
345=Windsor
346=Winthrop
347=Woburn
348=Worcester
349=Worthington
350=Wrentham
351=Yarmouth

Casemix Emergency Department Diagnostic (ED_DIAG) Analytic Data Dictionary (PHDCASEMIX.CASEMIX_ED_DIAG)

Casemix Emergency Department Diagnostic (ED_DIAG) Result

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_ED_DIAG	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
ED_ID	Unique key to link from Visit table.	11 digit ID	Num
ED_CONDITIONPRESE NT	Indicates the onset of a diagnosis preceded or followed admission. There is a present on admission (POA) indicator for every diagnosis and E-code.	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
ED_DIAG	ICD code for each diagnosis reported by the facility. Excludes the decimal point.	Valid ICD code, no decimals	Char
ED_PRINCIPLE_DIAG	Indicates if the diagnosis code was principal or secondary. Each diagnosis record has this field.	1=Principal 2=Not Principal	Num

Casemix Emergency Department (ED) Visit

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_ED_ADMI T	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are	Num
		considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
ED_ADMIT_DATE	Date of admission to the ED	Date Proxy – count of days between admission date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
ED_ADMIT_MONTH	Month of Admission	Months, 1-12	Num
ED_ADMIT_YEAR	Year of Admission	Years, yyyy	Num
ED_AGE	Age at Admission	0=Less than 1 (see ED_NEWBORNAGE) 1-120 999=Unknown/missing	Num
ED_CAREGIVER	Primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife	1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant	Num
ED_CHARGES	The grand total of charges associated with the patient's emergency room visit. A charge of \$0 is not permitted unless the patient has a special Departure Status. Reported by facility. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care.	The total charge amount, rounded to the nearest dollar	Num

Variable Name	Variable Description	Meta Data	Format
ED_CITY	Municipality in which the emergency room is located.	1-351 for valid MA city/towns 999=Out of state or unknown	Num
ED_DAYSBETWEEN	This CHIA calculated field indicates the number of days between each ED Visit for applicable patients.	Integer	Num
ED_DIAG1	The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care. Determined by the ED.	Valid ICD code, no decimals	Char
ED_DISCHARGE_DA TE	Date patient left emergency department.	Date Proxy – count of days between discharge date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
ED_DISCHARGE_MO NTH	Discharge month	Months, 1-12	Num
ED_DISCHARGE_YE AR	Discharge year	Years, yyyy	Num
ED_DISPOSITION	This field identifies the disposition and destination of the patient after discharge from the ED.	1= Routine (i.e. to home or usual place of residence) 2 = Transferred to Other Facility 3= AMA 4= Eloped 5= Within Hospital Clinic Referral 6= Dead on Arrival (with or without resuscitative efforts in the ED) 7= Died during ED Visit 8= Patient met personal physician in the emergency department (not seen by staff) 9=Missing	Num
ED_FACILITY	The Organization ID for the main facility affiliation.	See code list	Num
ED_HOMELESS	This flag indicates that the patient was homeless at the time of visit.	0= Patient is not known to be homeless 1= Patient is known to be homeless	Num
ED_ID	Unique key to link from Visit table.	11 digit ID	Num
ED_LOS_HOURS	Count of hours between the admitting and discharge time for an ED visit.	Integer	Num
ED_NEWBORNAGE	Age in weeks for children younger than 53 weeks of age who are admitted to the ED.	Weeks, 0-52	Num

Variable Name	Variable Description	Meta Data	Format
ED_PAYERNAME	A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers.	See code list	Num
ED_PAYERTYPE	Indicates the type of organization or individual who is payer.	0=None (Valid only for Secondary Payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net	Num
ED_PAYSOURCE1	Primary payer for the ED Visit	See code list	Num
ED_PAYSOURCE2	Secondary payer for this visit	See code list	Num
ED_PHYSICIAN_NUM BER	Physician's state license number (BORIM #) for 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 facility's electronic information systems	Alphanumeric Encrypted BORIM ID	Char
ED_PRIMARYCONDIT ION_PRESENT	Flag indicating that principal condition was present on admission	0=condition not present 1=condition present 3=clinically undetermined 8=not applicable 9=unknown	Num

Variable Name	Variable Description	Meta Data	Format
ED_PRINCIPLE_ECO DE	Describes the principal external cause of injuries, poisonings, and adverse effects using codes. ED determined. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes. The E-Code that led to the admission to the ED.	Valid E-Code	Char
ED_PRINCIPLE_ECO DEP	Flag indicating that principal e-code condition was present on admission. Determined by the emergency department	0=condition not present 1=condition present 3=clinically undetermined 8=not applicable 9=unknown	Num
ED_PROC_TYPE	Indicates if the code is an ICD-10 code, Current Procedural Terminology code, or Healthcare Common Procedure Code System (HCPCS) code.	1=ICD-10 2=Current Procedural Terminology code (CPT) 3=Healthcare Common Procedure Code System (HCPCS) code	Num
ED_PROC1	The chief procedure performed in the ED as determined by the emergency department - ICD code. In general visits do not need to have a principal procedure. Some visits will only have secondary procedures. These codes should not be Current Procedural Terminology (CPT) Codes.	Valid ICD code, no decimals	Char
ED_RACE	Combined race and Hispanic ethnicity	1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
ED_SEVERITY	Patient's score on the Emergency Severity Index, as described in "Reliability and Validity of a New Fivelevel Triage Instrument." Wooers, R. et al. Academic Emergency Medicine 2000; 7:236-242. Must range from 1 to 5. Where 1 is highest severity and 5 is lowest severity.	0=missing 1=most severe - patient requires immediate life-saving intervention 2=patient is in a high risk situation, vitals are in danger zone 3=multiple resources required to stabilize patient, but vitals not in danger zone 4=one resource needed to stabilize patient 5=least severe, patient does not require any resources to stabilize	Num

Variable Name	Variable Description	Meta Data	Format
ED_SEX	Sex flag as assigned by emergency department.	1= Male 2= Female 3= Unknown	Num
ED_SITE	The Organization ID for site where the patient received ED care.	See code list	Num
ED_TRANSFERFROM	The Organization ID for the site where the patient was transferred from. If the patient is transferred from outside of Massachusetts, then the value will be.	See code list 9999999=Transferred from facility outside of MA	Num
ED_TRANSPORT	The patient's mode of transport to the emergency department	1=Ambulance 2=Helicopter 3=Law Enforcement 4=Walk-in (incl. private or public transport) 5=Other 9=Unknown	Num
ED_VISITSOURCE1	How a patient reached the Observation unit.	See code list	Char
ED_VISITSOURCE2	Secondary cause of stay	See code list	Char
ED_VISITTYPE	Type of stay	1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 9=Unknown	Num
RES_CODE_ED	Permanent city of residence for the patient	1-351 for valid MA city/towns 999=Out of state or unknown	Num
RES_ZIP_ED	First five digits of patient's permanent zip code.	5 digit zip code 99999=Unknown	Char

SITE		Ova Name
TRANSFERFROM	FACILITY	Org Name
1	1	Anna Jaques Hospital
2	2	Athol Memorial Hospital
3	345	North Shore Medical Center - Union Campus
4	4	Baystate Medical Center
5	5	Baystate Franklin Medical Center
6	6	Baystate Mary Lane Hospital
7	6309	Berkshire Medical Center - Berkshire Campus
8	8	Fairview Hospital
10	8702	Beth Israel Deaconess Medical Center - East Campus
16	3107	Boston Medical Center - Menino Pavilion Campus
22	22	Brigham and Women's Hospital
25	25	Signature Healthcare Brockton Hospital
27	3108	Cambridge Health Alliance - Cambridge Hospital Campus
39	39	Cape Cod Hospital
40	40	Falmouth Hospital
41	41	Steward Norwood Hospital, Inc.
42	42	Steward Carney Hospital, Inc.
46	46	Boston Children's Hospital
49	3110	MetroWest Medical Center - Framingham Campus
50	50	Cooley Dickinson Hospital
51	51	Dana-Farber Cancer Institute
53	53	Beth Israel Deaconess Hospital - Needham
57	57	Emerson Hospital
59	59	Brigham and Women's Faulkner Hospital
62	8701	Steward Good Samaritan Medical Center - Brockton Campus
66	3111	Hallmark Health - Lawrence Memorial Hospital Campus
68	68	Harrington Memorial Hospital
73	73	Heywood Hospital
75	75	Steward Holy Family Hospital, Inc.
77	77	Holyoke Medical Center
79	79	Beth Israel Deaconess Hospital - Plymouth
81	6546	Lahey Hospital & Medical Center, Burlington
83	83	Lawrence General Hospital
85	85	Lowell General Hospital
88	88	Martha's Vineyard Hospital
89	89	Massachusetts Eye and Ear Infirmary
91	91	Massachusetts General Hospital
97	97	Milford Regional Medical Center
98	98	Beth Israel Deaconess Hospital - Milton
99	99	Morton Hospital, A Steward Family Hospital, Inc.
100	100	Mount Auburn Hospital
101	101	Nantucket Cottage Hospital
103	103	New England Baptist Hospital
104	104	Tufts Medical Center

SITE TRANSFERFROM	FACILITY	Org Name
105	105	Newton-Wellesley Hospital
106	106	Noble Hospital
109	3112	Lahey Health - Addison Gilbert Hospital
110	3112	Lahey Health - Beverly Hospital
112	112	Quincy Medical Center, A Steward Family Hospital, Inc.
114	114	Steward Saint Anne's Hospital, Inc.
115	85	Lowell General Hospital Saints Campus
116	345	North Shore Medical Center - Salem Campus
118	6547	Mercy Medical Center - Providence Behavioral Health Hospital Campus
119	6547	Mercy Medical Center - Springfield Campus
122	122	South Shore Hospital
123	3113	Southcoast Hospitals Group - Charlton Memorial Campus
124	3113	Southcoast Hospitals Group - St. Luke's Campus
126	126	Steward St. Elizabeth's Medical Center
127	127	Saint Vincent Hospital
129	129	Sturdy Memorial Hospital
130	3115	UMass Memorial Medical Center - Memorial Campus
131	3115	UMass Memorial Medical Center - University Campus
132	132	Clinton Hospital - A member of the UMASS Memorial Health Center
133	133	Marlborough Hospital - A member of the UMASS Memorial Health Center
138	138	Lahey Health - Winchester Hospital
139	139	Baystate Wing Hospital
141	3111	Hallmark Health - Melrose-Wakefield Hospital Campus
142	3108	Cambridge Health Alliance - WEDDen Hospital Campus
145	3113	Southcoast Hospitals Group - Tobey Hospital Campus
457	3110	MetroWest Medical Center - Leonard Morse Campus
4448	6546	Lahey Medical Center, Peabody
4460	8701	Steward Good Samaritan Medical Center - NORCAP Lodge Campus
6963	6963	Shriners Hospitals for Children Boston
8509	71	HealthAlliance Hospital - Leominster Campus
11466	75	Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc.
11467	11467	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.
11718	11718	Shriners Hospitals for Children Springfield

PAYERNAME	(FIIDCASLIVIIA.CASLIVIIA_LD)
PAYSOURCE1	Name
PAYSOURCE2	
1	Harvard Community Health Plan HMO
2	Bay State - a product of HMO Blue Blue Cross Managed Care
3	Network Blue (PPO) Blue Cross Managed Care
4	Fallon Community Health Plan HMO
7	Tufts Associated Health Plan HMO
8	Pilgrim Health Care HMO
9	United Health Plan of New England (Ocean State) HMO
10	Pilgrim Advantage - PPO PPO and Other Managed Care Plans Not Elsewhere Classified
11	Blue Care Elect Blue Cross Managed Care
13	Community Health Plan Options (New York) Point-of-Service Plan
14	Health New England Advantage POS Point-of-Service Plan
17	Prudential Healthcare POS Commercial Managed Care
18	Prudential Healthcare PPO Commercial Managed Care
19	Matthew Thornton HMO
20	HCHP of New England (formerly RIGHA) HMO
21	Commonwealth PPO PPO and Other Managed Care Plans Not Elsewhere Classified
22	Aetna Open Choice PPO Commercial Managed Care
23	Guardian Life Insurance Company PPO Commercial Managed Care
24	Health New England HMO
25	Pioneer Plan HMO
27	First Allmerica Financial Life Insurance PPO Commercial Managed Care
28	Great West Life PPO Commercial Managed Care
30	CIGNA (Indemnity) Commercial Insurance
31	One Health Plan HMO (Great West Life) Commercial Managed Care
33	Mutual of Omaha PPO Commercial Managed Care
34	New York Life Care PPO Commercial Managed Care
35	United Healthcare Insurance Company - HMO Commercial Managed Care
36	United Healthcare Insurance Company - PPO Commercial Managed Care
37	HCHP-Pilgrim HMO (integrated product) HMO
38	Health New England Select (self-funded) HMO
39	Pilgrim Direct HMO
40	Kaiser Foundation HMO
42	ConnectiCare Of Massachusetts HMO
43	MEDTAC HMO
44	Community Health Plan HMO
45	Health Source New Hampshire HMO
46	Blue CHiP (BCBS Rhode Island) HMO
47	Neighborhood Health Plan HMO
48	US Healthcare HMO
49	Healthsource CMHC Plus PPO PPO and Other Managed Care Plans Not Elsewhere Classified
50	Blue Health Plan for Kids Blue Cross
51	Aetna Life Insurance Commercial Insurance
52	Boston Mutual Insurance Commercial Insurance

PAYERNAME	(TIDEASEWIX.EASEWIX_LD)
PAYSOURCE1	Name
PAYSOURCE2	
54	Continental Assurance Insurance Commercial Insurance
55	Guardian Life Insurance Commercial Insurance
56	Hartford L&A Insurance Commercial Insurance
57	John Hancock Life Insurance Commercial Insurance
58	Liberty Life Insurance Commercial Insurance
59	Lincoln National Insurance Commercial Insurance
62	Mutual of Omaha Insurance Commercial Insurance
63	New England Mutual Insurance Commercial Insurance
64	New York Life Care Indemnity Commercial Insurance
65	Paul Revere Life Insurance Commercial Insurance
66	Prudential Insurance Commercial Insurance
67	First Allmerica Financial Life Insurance Commercial Insurance
69	Corporate Health Insurance Liberty Plan Commercial Insurance
70	Union Labor Life Insurance Commercial Insurance
71	ADMAR PPO and Other Managed Care Plans Not Elsewhere Classified
72	Healthsource New Hampshire Commercial Insurance
73	United Health and Life Commercial Insurance
74	United Healthcare Insurance Company Commercial Insurance
75	Prudential Healthcare HMO Commercial Managed Care
77	Options for Healthcare PPO PPO and Other Managed Care Plans Not Elsewhere Classified
78	Phoenix Preferred PPO Commercial Managed Care
79	Pioneer Health Care PPO PPO and Other Managed Care Plans Not Elsewhere Classified
80	Tufts Total Health Plan PPO PPO and Other Managed Care Plans Not Elsewhere Classified
81	HMO Blue Blue Cross Managed Care
82	John Hancock Preferred Commercial Managed Care
83	US Healthcare Quality Network Choice- PPO PPO and Other Managed Care Plans Not Elsewhere Classified
84	Private Healthcare Systems PPO PPO and Other Managed Care Plans Not Elsewhere Classified
85	Liberty Mutual Commercial Insurance
86	United Health & Life PPO PPO and Other Managed Care Plans Not Elsewhere Classified
87	CIGNA PPO Commercial Managed Care
88	Freedom Care PPO and Other Managed Care Plans Not Elsewhere Classified
89	Great West/NE Care Commercial Insurance
90	Healthsource Preferred (self-funded) PPO and Other Managed Care Plans Not Elsewhere Classified
91	New England Benefits Commercial Insurance
93	Psychological Health Plan PPO and Other Managed Care Plans Not Elsewhere Classified
94	Time Insurance Co Commercial Insurance
95	Pilgrim Select - PPO PPO and Other Managed Care Plans Not Elsewhere Classified
96	Metrahealth (United Health Care of NE) Commercial Insurance
97	UniCare Commercial Insurance
98	Healthy Start Free Care
99	
	Other POS (not listed elsewhere) Point-of-Service Plan
100	Transport Life Insurance Commercial Insurance

PAYSOURCES PAYSOURCES Of Commercial Insurance 101 102 Quarto Claims Commercial Insurance 103 Medicaid (Includes MassHealth) Medicaid 104 Medicaid Managed Care-Primary Care Clinician Medicaid Managed Care 105 Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care 106 Medicaid Managed Care-Central Mass Health Plan Medicaid Managed Care 107 Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care 108 Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care 109 Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care 110 Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care 111 Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care 112 Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care 113 Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care 114 Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care 115 Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care 116 Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care 117 Medicaid Managed Care - Onlited Health Plan Medicaid Managed Care 118 Medicaid Managed Care - Onlited Health Plan Medicaid Managed Care 119 Medicaid Managed Care - Onlited Health Plan Medicaid Managed Care 110 Medicaid Managed Care - Onlited Health Plan Medicaid Managed Care 111 Medicaid Managed Care - North Sabstance Abuse Plan - Mass Behavioral Health Partne 119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 110 Medicare Medicare Medicare Medicare Managed Care 111 Medicare Medicare Medicare Medicare Managed Care 112 Medicare HMO - Health New England Medicare Managed Care 113 Medicare HMO - Health New England Medicare Managed Care 114 Medicare HMO - Health New England Medicare Managed Care 115 Medicare HMO - Health New England Medicare Managed Care 116 Medicare HMO - Holls New Fore Seniors Medicare Managed Care 117 Medicare HMO - Holls New Fore Seniors Medicare Managed Care 118 Medicare	PAYERNAME	<u> </u>
101 Quarto Claims Commercial Insurance 102 Wausau Insurance Company Commercial Insurance 103 Medicaid (Includes MassHealth) Medicaid 104 Medicaid Managed Care-Primary Care Clinician Medicaid Managed Care 106 Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care 107 Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care 108 Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care 109 Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care 110 Medicaid Managed Care - Health New England Medicaid Managed Care 111 Medicaid Managed Care - Health New England Medicaid Managed Care 112 Medicaid Managed Care - Horn Blue Medicaid Managed Care 113 Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care 114 Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care 115 Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care 116 Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care 117 Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care 118 Medicaid Managed Care - Turts Associated Health Plan Medicaid Managed Care 119 Medicaid Managed Care - Turts Associated Health Plan Medicaid Managed Care 110 Medicaid Managed Care - Turts Associated Health Plan Medicaid Managed Care 1110 Medicaid Managed Care - Turts Associated Health Plan Medicaid Managed Care 1120 Out-of-State Medicaid Other Government Payment 1121 Medicare Medicare 1122 Medicare HMO - Health New England Medicare Managed Care 1123 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 1124 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 1125 Medicare HMO - Health New England Medicare Managed Care 1126 Medicare HMO - Health New England Medicare Managed Care 1130 Medicare HMO - Health New England Medicare Managed Care 129 Medicare HMO - Health New England Medicare Managed Care 130 Medicare HMO - Hilly Film Enhance 65 Medicare Managed Care 131 Medicare HMO - Hilly Film Enhance 65 Medicare Managed		Name
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Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care Medicaid Managed Care - Harvard Community Health Plan Medicaid Managed Care Medicaid Managed Care - Health New England Medicaid Managed Care Medicaid Managed Care - Hab Dis Medicaid Managed Care Medicaid Managed Care - Maiser Foundation Plan Medicaid Managed Care Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care Medicaid Managed Care - Other (not listed elsewhere) Medicaid Managed Care Medicare Medicare Medicare Medicare Medicare Medicare HMO - Fallon Senior Plan Medicare Managed Care Medicare HMO - Health New England Medicare Wrap Medicare Managed Care Medicare HMO - Health New England Medicare Wrap Medicare HMO - Halth New England Medicare Managed Care Medicare HMO - HMO Blue for Seniors Medicare Managed Care Medicare HMO - Hillo Blue for Seniors Medicare Managed Care Medicare HMO - Hillo Blue for Seniors Medicare Managed Care Medicare HMO - Haiser Medicare Plus Plan Medicare Managed Care Medicare HMO - Nastiew Medicare Plus Plan Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Me	106	Medicaid Managed Care-Central Mass Health Care Medicaid Managed Care
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Medicaid Managed Care - Health New England Medicaid Managed Care Medicaid Managed Care - HMO Blue Medicaid Managed Care Medicaid Managed Care - Kaiser Foundation Plan Medicaid Managed Care Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care Medicaid Managed Care - Titts Associated Health Plan Medicaid Managed Care Medicaid Managed Care - Titts Associated Health Plan Medicaid Managed Care Medicaid Managed Care - Titts Associated Health Plan Medicaid Managed Care Medicaid Managed Care - Titts Associated Health Plan Medicaid Managed Care Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care Medicare Mano - Fallon Senior Plan Medicare Managed Care Medicare HMO - Health New England Medicare Wrap Medicare Managed Care Medicare HMO - Health New England Medicare Wrap Medicare HMO - Hollo Blue for Seniors Medicare HMO - Hollo Blue for Seniors Medicare Medicare Plus Plan Medicare Managed Care Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care Medicare HMO - Naiser Medicare Plus Plan Medicare Manoged Care Medicare HMO - Naithew Thornton Senior Plan Medicare Managed Care Medicare HMO - Other Medicare Supplement (TMS) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Commercial Insurance	108	Medicaid Managed Care - Fallon Community Health Plan Medicaid Managed Care
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Medicaid Managed Care - Kaiser Foundation Plan Medicaid Managed Care Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partne Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care Dut-of-State Medicaid Other Government Payment Medicare Medicare Medicare Medicare Medicare Medicare Medicare HMO - Fallon Senior Plan Medicare Managed Care Medicare HMO - Health New England Medicare Wrap Medicare Managed Care Medicare HMO - Health New England Medicare Wrap Medicare HMO - HMO Blue for Seniors Medicare Managed Care Medicare HMO - HMO Blue for Seniors Medicare Managed Care Medicare HMO - Mino Blue for Seniors Medicare Managed Care Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care Medicare HMO - Saiser Medicare Plus Plan Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare Managed Ca	110	Medicaid Managed Care - Health New England Medicaid Managed Care
113 Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care 114 Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care 115 Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care 116 Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care 118 Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care 119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 122 Medicare HMO - Fallon Senior Plan Medicare Managed Care 123 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 124 Medicare HMO - Health New England Medicare Wrap 128 Medicare HMO - Health New England Medicare Wrap 129 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - HMO Blue for Seniors 129 Medicare HMO - Seniors Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 130 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Fufts Medicare Supplement (TMS) Medicare Managed Care 132 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 133 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America Commercial Insurance	111	Medicaid Managed Care - HMO Blue Medicaid Managed Care
114 Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care 115 Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care 116 Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care 118 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 122 Medicare HMO - Fallon Senior Plan Medicare Managed Care 123 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 124 Medicare HMO - Health New England Medicare Wrap 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 130 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Tufts Medicare Seniors Medicare Managed Care 132 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 133 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex 137 AARP/Medigap supplement 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	112	Medicaid Managed Care - Kaiser Foundation Plan Medicaid Managed Care
115 Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care 116 Medicaid Managed Care - Tufts Associated Health Plan Medicaid Managed Care 118 Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partne 119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 122 Medicare HMO - Fallon Senior Plan Medicare Managed Care 123 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 124 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 125 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 126 Medicare HMO - HMO Blue for Seniors 127 Medicare HMO - HMO Blue for Seniors 128 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan 131 Medicare HMO - Kaiser Medicare Plus Plan 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance 139 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	113	Medicaid Managed Care - Neighborhood Health Plan Medicaid Managed Care
116 Medicaid Managed Care -Tufts Associated Health Plan Medicaid Managed Care 118 Medicaid Mental Health & Substance Abuse Plan -Mass Behavioral Health Partne 119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 122 Medicare HMO - Fallon Senior Plan Medicare Managed Care 123 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 124 Medicare HMO - Health New England Medicare Wrap 125 Medicare HMO - Halth New England Medicare Wrap 126 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 127 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 128 Medicare HMO - HMO Blue for Seniors 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Rigrim Enhance 65 Medicare Managed Care 130 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 132 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 133 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	114	Medicaid Managed Care - United Health Plans of NE Medicaid Managed Care
118 Medicaid Mental Health & Substance Abuse Plan -Mass Behavioral Health Partne 119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 125 Medicare HMO - Fallon Senior Plan Medicare Managed Care 127 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 128 Medicare HMO - Health New England Medicare Wrap 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - HMO Blue for Seniors 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 130 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Banker's Life and Casualty Insurance 139 Banker's Multiple Line Commercial Insurance 140 Combined Insurance Company of America Commercial Insurance	115	Medicaid Managed Care - Pilgrim Health Care Medicaid Managed Care
119 Medicaid Managed Care Other (not listed elsewhere) Medicaid Managed Care 120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 125 Medicare HMO - Fallon Senior Plan Medicare Managed Care 127 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 130 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 132 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 133 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 136 BCBS Medex Blue Cross 137 AARP/Medigap Supplement 138 BCBS Medex 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Banker Multiple Line Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	116	Medicaid Managed Care -Tufts Associated Health Plan Medicaid Managed Care
120 Out-of-State Medicaid Other Government Payment 121 Medicare Medicare 125 Medicare HMO - Fallon Senior Plan Medicare Managed Care 127 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 128 Medicare HMO - Health New England Medicare Wrap 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - HMO Blue for Seniors 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 130 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex Blue Cross 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Banker's Life and Casualty Insurance 139 Banker's Multiple Line Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	118	Medicaid Mental Health & Substance Abuse Plan -Mass Behavioral Health Partne
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127 Medicare HMO - Health New England Medicare Wrap Medicare Managed Care 128 Medicare HMO - Halth New England Medicare Wrap 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	121	Medicare Medicare
127 Medicare HMO - Health New England Medicare Wrap 128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	125	Medicare HMO - Fallon Senior Plan Medicare Managed Care
128 Medicare HMO - HMO Blue for Seniors Medicare Managed Care 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO- Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO- Filgrim Enhance 65 Medicare Managed Care 131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 150 Other Medigap (not listed elsewhere) Commercial Insurance	127	Medicare HMO - Health New England Medicare Wrap Medicare Managed Care
128 Medicare HMO -HMO Blue for Seniors 129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO-Kaiser Medicare Plus Plan 131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	127	Medicare HMO -Health New England Medicare Wrap
129 Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care 129 Medicare HMO-Kaiser Medicare Plus Plan 131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	128	Medicare HMO - HMO Blue for Seniors Medicare Managed Care
Medicare HMO-Kaiser Medicare Plus Plan Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Medicare HMO - Other (not listed elsewhere) Medicare Managed Care Dut-of-State Medicare Medicare BCBS Medex Blue Cross BCBS Medex ARP/Medigap supplement Commercial Insurance ARP/Medigap Supplement Banker's Life and Casualty Insurance Commercial Insurance Banker's Life and Casualty Insurance Banker's Multiple Line Commercial Insurance Bankers Multiple Line Combined Insurance Company of America Commercial Insurance Combined Insurance Company of America Other Medigap (not listed elsewhere) Commercial Insurance	128	Medicare HMO -HMO Blue for Seniors
131 Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care 132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex Blue Cross 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	129	Medicare HMO - Kaiser Medicare Plus Plan Medicare Managed Care
132 Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care 133 Medicare HMO - Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	129	Medicare HMO-Kaiser Medicare Plus Plan
133 Medicare HMO -Tufts Medicare Supplement (TMS) Medicare Managed Care 134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	131	Medicare HMO - Pilgrim Enhance 65 Medicare Managed Care
134 Medicare HMO - Other (not listed elsewhere) Medicare Managed Care 135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	132	Medicare HMO - Matthew Thornton Senior Plan Medicare Managed Care
135 Out-of-State Medicare Medicare 136 BCBS Medex Blue Cross 136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	133	Medicare HMO -Tufts Medicare Supplement (TMS) Medicare Managed Care
136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	134	Medicare HMO - Other (not listed elsewhere) Medicare Managed Care
136 BCBS Medex 137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	135	Out-of-State Medicare Medicare
137 AARP/Medigap supplement Commercial Insurance 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	136	BCBS Medex Blue Cross
137 AARP/Medigap Supplement 138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	136	BCBS Medex
138 Banker's Life and Casualty Insurance Commercial Insurance 138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	137	AARP/Medigap supplement Commercial Insurance
138 Banker's Life and Casualty Insurance 139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	137	AARP/Medigap Supplement
139 Bankers Multiple Line Commercial Insurance 139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	138	Banker's Life and Casualty Insurance Commercial Insurance
139 Bankers Multiple Line 140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	138	Banker's Life and Casualty Insurance
140 Combined Insurance Company of America Commercial Insurance 140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	139	Bankers Multiple Line Commercial Insurance
140 Combined Insurance Company of America 141 Other Medigap (not listed elsewhere) Commercial Insurance	139	Bankers Multiple Line
141 Other Medigap (not listed elsewhere) Commercial Insurance	140	Combined Insurance Company of America Commercial Insurance
	140	Combined Insurance Company of America
142 Blue Cross Indemnity Blue Cross	141	Other Medigap (not listed elsewhere) Commercial Insurance
	142	Blue Cross Indemnity Blue Cross
143 Free Care Free Care	143	Free Care Free Care

PAYERNAME	(I IIDGASEIVIIX.GASEIVIIX_ED)
PAYSOURCE1	Name
PAYSOURCE2	
144	Other Government Other Government Payment
145	Self-Pay Self-Pay
146	Worker's Compensation Worker's Compensation
147	Other Commercial (not listed elsewhere) Commercial Insurance
148	Other HMO (not listed elsewhere) HMO
149	PPO and Other Managed Care PPO and Other Managed Care Plans Not Elsewhere Classified
150	Other Non-Managed Care (not listed elsewhere) Other Non-Managed Care Plans
151	CHAMPUS Other Government Payment
152	Foundation Other Non-Managed Care Plans
153	Grant Other Non-Managed Care Plans
154	BCBS Other (Not listed elsewhere) Blue Cross
155	Blue Cross Managed Care Other Blue Cross Managed Care
156	Out of state BCBS Blue Cross
157	Metrahealth - PPO (United Health Care of NE) Commercial Managed Care
158	Metrahealth - HMO (United Health Care of NE) Commercial Managed Care
159	None (Valid only for Secondary Source of Payment)
160	Blue Choice (includes Healthflex Blue) - POS Blue Cross Managed Care
161	Aetna Managed Choice POS Commercial Managed Care
162	Great West Life POS Commercial Managed Care
163	United Healthcare Insurance Company - POS Commercial Managed Care
164	Healthsource CMHC Plus POS Point-of-Service Plan
165	Healthsource New Hampshire POS (self-funded) Point-of-Service Plan
166	Private Healthcare Systems POS Point-of-Service Plan
167	Fallon POS Point-of-Service Plan
169	Kaiser Added Choice Point-of-Service Plan
170	US Healthcare Quality POS Point-of-Service Plan
171	CIGNA POS Commercial Managed Care
172	Metrahealth - POS (United Health Care of NE) Commercial Managed Care
173	Aetna Medicare Open Medicare Managed Care
174	Aetna Health Inc Quality POS HMO
175	Aetna Health, Inc HMO HMO
176	Carelink (CIGNA & Tufts) Commercial Insurance
177	Chesapeake Life Insurance Company Commercial Insurance
178	Children's Medical Security Plan (CMSP) Government
179	First Health Life and Health Insurance Company Commercial Insurance
180	Fresenius Medical Care Health Plan (Medicare Advantage Plan) Medicare Manage
181	First Allmerica Financial Life Insurance EPO Commercial Managed Care
182	UniCare Preferred Plus Managed Access EPO Commercial Managed Care
183	Pioneer Health Care EPO Exclusive Provider Organization
184	Private Healthcare Systems EPO Exclusive Provider Organization
185	Connecticut General Life - Indemnity Commercial Insurance
103	,

PAYERNAME	(FIIDCASLIVIIA.CASLIVIIA_LD)
PAYSOURCE1	Name
PAYSOURCE2	
187	Connecticut General Life - PPO PPO
188	Fallon Flex POS POS
189	Fallon Major Medical - Indemnity Commercial Insurance
190	Fallon Preferred Care - PPO Commercial Managed Care
191	Genworth Preferred PPO Commercial Managed Care
192	Guarantee Trust Life Insurance Company - PPO Commercial Managed Care
193	Harvard Pilgrim - Indemnity Commercial Insurance
194	Harvard Pilgrim - POS HMO
195	Harvard Pilgrim - PPO HMO
196	Harvard Pilgrim Health Care, Inc. (HMO) HMO
197	Health Insurance Plan of New York (HIP) Commercial Insurance
198	John Alden Life Insurance Company Commercial Insurance
199	Other EPO (not listed elsewhere) Exclusive Provider Organization
200	Hartford Life Insurance Co Commercial Insurance
200	Hartford Life Insurance co.
201	Mutual of Omaha Commercial Insurance
202	New York Life Insurance Commercial Insurance
203	Principal Financial Group (Principal Mutual Life) Commercial Insurance
204	Christian Brothers Employee Commercial Insurance
205	Health New England Select Premier PPO PPO
206	Health New England Guaranteed Issue - Individual Plans Commercial Insurance
207	Network Health (Cambridge Health Alliance MCD Program) Medicare Managed Care
208	HealthNet (Boston Medical Center MCD Program) Medicaid Managed Care
209	Mid-West National Life Insurance Company of Tennessee Commercial Insurance
210	Medicare HMO - Pilgrim Preferred 65 Medicare Managed Care
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus Medicare Managed
212	Medicare HMO - Healthsource CMHC Central Care Supplement Medicare Managed Ca
212	Medicare HMO - Healthsource CMHC Central Care Supplement
213	Medicare HMO - Medicare Complete Plans offered by SecureHorizons Medicare Ma
214	Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance Medicare Manag
215	Tufts Medicare HMO - Medicare Preferred Medicare Managed Care
216	Medicare Special Needs Plan - Commonwealth Care Alliance Medicare Managed Ca
217	Medicare Special Needs Plan - Fallon Community Health Plan Medicare Managed
218	Medicare Special Needs Plan - Senior Whole Health Medicare Managed Care
219	Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Eve
220	Medicare HMO - Blue Care 65 Medicare Managed Care
221	Medicare HMO - Harvard Community Health Plan 65 Medicare Managed Care
222	Medicare HMO - Healthsource CMHC Medicare Managed Care
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus Medicare
224	Medicare HMO - Tufts Secure Horizons Medicare Managed Care
225	Medicare HMO - US Healthcare Medicare Managed Care
226	United Health Care of New England, Inc. Commercial Managed Care
227	Northeast Health Direct - PPO PPO

PAYERNAME	(I TIDEASEIVIIA EASEIVIIA
PAYSOURCE1	Name
PAYSOURCE2	
228	Oxford Health Plans Commercial Insurance
229	Professional Insurance Company (Indemnity) Commercial Insurance
230	Medicare HMO - HCHP First Seniority Medicare Managed Care
231	Medicare HMO - Pilgrim Prime Medicare Managed Care
232	Medicare HMO - Seniorcare Direct Medicare Managed Care
233	Medicare HMO - Seniorcare Plus Medicare Managed Care
234	Medicare HMO - Managed Blue for Seniors Medicare Managed Care
235	Trustmark Life Insurance Company Commercial Insurance
236	Tufts Health Maintenance Organization, Inc. (TAHMO) HMO
237	Tufts Insurance Company PPO PPO
238	Tufts Associated Health Maintenance Organization, Inc. PPO HMO
239	Tufts Associated Health Maintenance Organization, Inc. POS Plan HMO
240	Unicare PPO PPO
241	Union Security Insurance Company Commercial Insurance
242	Wellcare Health Plans, Inc. Commercial Insurance
243	Pioneer Health Network HMO
244	Tufts Medicare Complement (TMC) Commercial Insurance
245	Trail Blazer Health Enterprises, LLC Medicare Managed Care
246	Preferred Blue PPO Blue Cross Managed Care
247	Humana Insurance Company ** Commercial Insurance
248	Mail Handlers Benefit Plan Commercial Insurance
249	MEGA Life and Health Insurance Company Commercial Insurance
250	CIGNA HMO Commercial Managed Care
251	Healthsource CMHC HMO HMO
252	Health New England (HNE) Medicare Advantage Plan Medicare Managed Care
253	Blue Medicare PFFS Medicare Managed Care
254	Cigna Medicare Access Plans Medicare Managed Care
255	Health Net Pearl Medicare Managed Care
256	Humana Gold PFFS Medicare Managed Care
257	Today's Options Premier from Universal American Medicare Managed Care
258	Unicare Security Choice Medicare Managed Care
259	CeltiCare Health Plan of Massachusetts Commercial Insurance
270	UniCare Preferred Plus PPO Commercial Managed Care
271	Hillcrest HMO HMO
272	Auto Insurance Auto Insurance
273	MassHealth Senior Care Options**** Medicare Managed Care
274	Medicaid Managed Care - Network Health Medicaid Managed Care
275	Medicare SCO - NaviCare (HMO) Medicare Managed Care
276	Medicare SCO - Tufts Senior Care Options Medicare Managed Care
277	Medicare SCO - United Health Care Medicare Managed Care
278	Medicare SCO - Commonwealth Care Alliance Medicare Managed Care
279	Medicare One Care - Fallon Total Care Medicare Managed Care
280	Medicare One Care - Network Health Medicare Managed Care
	<u> </u>

PAYERNAME	
PAYSOURCE1	Name
PAYSOURCE2 281	Medicare One Care, Commonwealth Care Alliance Medicare Managed Care
282	Medicare One Care - Commonwealth Care Alliance Medicare Managed Care BMC MassHealth CarePlus Medicaid Managed Care
283	Fallon MassHealth CarePlus Medicaid Managed Care
284	NHP MassHealth CarePlus Medicaid Managed Care
285	Network Health MassHealth CarePlus Medicaid Managed Care
286	Celticare MassHealth CarePlus Medicaid Managed Care
287	MassHealth CarePlus Medicaid Managed Care
288	Boston Medical Center HealthNet ConnectorCare Commonwealth Care Plans
289	CeltiCareConnectorCare Commonwealth Care Plans
290	Fallon ConnectorCare Commonwealth Care Plans
291	Health New England ConnectorCare Commonwealth Care Plans
292	Minuteman Health ConnectorCare Commonwealth Care Plans
293	Neighborhood Health ConnectorCare Commonwealth Care Plans
294	Network Health ConnectorCare Commonwealth Care Plans
295	Meritain HMO
300	CommCare: BMC HealthNet Plan/Commonwealth Care— General Classification Commo
301	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I Commonwealth Ca
302	CommCare: BMC HealthNet Plan/Commonwealth Care— Plan Type II Commonwealth Ca
303	CommCare: BMC HealthNet Plan/Commonwealth Care— Plan Type III Commonwealth C
304	CommCare: BMC HealthNet Plan/Commonwealth Care— Plan Type IV Commonwealth Ca
400	CommCare: Cambridge Network Health Forward –General Classification Commonwea
401	CommCare: Cambridge Network Health Forward – Plan Type I Commonwealth Care P
402	CommCare: Cambridge Network Health Forward – Plan Type II Commonwealth Care
403	CommCare: Cambridge Network Health Forward – Plan Type III Commonwealth Care General Classification Commonwealth Care Plans
404	CommCare: Cambridge Network Health Forward – Plan Type IV Commonwealth Care Plan 1 (Group No.
404	4445077) Commonwealth Care Plans
500	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 2 (Group No. 4455220) Commonwealth Care Plans
501	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) Commonwealth Care Plans
502	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –Plan 4 (Group No. 4455222) Commonwealth Care Plans
503	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care Plans
504	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care –I (9CC1) Commonwealth Care Plans
600	CommCare: Neighborhood Health Plan– General Classification Commonwealth Care II (9CC2) Commonwealth Care Plans
601	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) Commonwealth Care Plans
602	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4) Commonwealth Care Plans
603	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Classification Commonwealth Care Plans

PAYERNAME	
PAYSOURCE1	Name
PAYSOURCE2	
604	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type Commonwealth Care Plans
700	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Commonwealth Care Plans
701	CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 1 Commonwealth Care Plans
702	CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 2 Commonwealth Care Plans
703	CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care - Plan 3
704	CommCare: Celticare Health Plan of Massachusetts /Commonwealth Care Bridge P
800	Aetna Dental Commercial Managed Care
801	Aflac Commercial Insurance
802	AllState Commercial Insurance
803	Altus Dental Commercial Managed Care
804	Ameritas Life Insurance Corp Commercial Insurance
805	Anthem Blue Cross Blue Shield Blue Cross Managed Care
806	Assurant PPO and Other Managed Care Plans Not Elsewhere Classified
807	Blue Cross Blue Shield of MA Blue Cross Managed Care
808	Blue Cross Blue Shield of RI Blue Cross Managed Care Not Elsewhere Classified
809	Children's Medical Security Government
810	Cigna Dental PPO and Other Managed Care Plans Not Elsewhere Classified
811	Creative Plan Dental Administrators PPO and Other Managed Care Plans Not Elsewhere Classified
812	Delta Dental of MA Commercial Managed Care
813	Delta Dental - Other Commercial Managed Care
814	Delta Dental of New York Commercial Managed Care
815	DentaQuest Commonwealth Care Commonwealth Care Plans
816	DentaQuest MassHealth Medicare Managed Care
817	DentaQuest Senior Whole Health PPO and Other Managed Care Plans Not Elsewher
818	EverCare Dental PPO and Other Managed Care Plans Not Elsewhere Classified
819	Fallon Health Plan Commercial Insurance
820	Great West Dental PPO and Other Managed Care Plans Not Elsewhere Classified
821	Guardian Dental Medicaid
822	Harvard Pilgrim Health Care PPO and Other Managed Care Plans Not Elsewhere C
823	MetLife Dental PPO and Other Managed Care Plans Not Elsewhere Classified
824	Principal Plan Dental Medicare Managed Care
825	Unicare Dental PPO and Other Managed Care Plans Not Elsewhere Classified
826	United Concordia Other Government Payment
827	United HealthCare: Dental PPO and Other Managed Care Plans Not Elsewhere Cla
828	Alicare Commercial Insurance
829	Adventist Risk Management INC Commercial Insurance
830	Blue Cross Blue Shield of Texas Blue Cross Managed Care
831	Brokers National Life insurance Commercial Insurance
832	Cba Blue Dental Blue Cross Managed Care
833	Chesterfield Resources Commercial Insurance

PAYERNAME PAYSOURCE1 PAYSOURCE2	Name
834	Companion Life insurance Commercial Insurance
835	Dental Health Alliance Commercial Insurance
836	EBS Benefit Solutions Commercial Insurance
837	Empire Blue Cross Blue Cross Managed Care
838	Excellus Blue cross Blue Cross Managed Care
839	Fortis Commercial Insurance
840	GEHA Connection Dental Commercial Insurance
841	GHI Commercial Insurance
842	Lincoln Financial Group Commercial Insurance
843	London Health Administrators Commercial Insurance
844	Midwest Life Insurance Commercial Insurance
845	Premier Access Dental Plans Commercial Insurance
846	Sentry Life Insurance Commercial Insurance
847	Sonoco Commercial Insurance
848	Sun Life Dental Benefits Commercial Insurance
849	Symetra Life Insurance Company Commercial Insurance
850	Tricare Dental PPO and Other Managed Care Plans Not Elsewhere Classified
851	Dentemax Insurance Commercial Insurance
990	Free Care - Co-pay, Deductible, or Co-Insurance Free Care
995	Health Safety Net Office HSNO
996	Charity Care Other Free Care (Charity Care)

VISITSOURCE1	
VISITSOURCE2	
0	Information Not Available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral
4	Transfer from Acute Care Hospital
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
10	Transfer from a Hospice Facility
11	Outside Hospital Clinic Referral
12	Walk-In/Self-Referral
13	Inside Hospital ER Transfer
14	Transfer from Another Institution's Ambulatory Surgery (SDS)
15	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)
16	EMS Transport Decision
17	Information Not Available - Newborn
18	Normal Delivery
19	Premature Delivery
20	Sick Baby
21	Extramural Birth
22	Observation

Disposition	Description
1	Discharged/transferred to home or self-care (routine discharge)
2	Discharged/transferred to another short-term general hospital for inpatient care
3	Discharged, transferred to Skilled Nursing Facility (SNF)
4	Discharged/transferred to an Intermediate Care Facility (ICF)
5	Discharged/transferred to a Designated cancer Center or Children's Hospital.
6	Discharged/transferred to home under care of organized home health service organization
7	Left against medical advice (AMA)
8	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
9	Not allowed in the MA Hospital Inpatient Discharge Data
10	Discharge Other
11	Discharge/transfer to rehab hospital
12	Discharge/transfer to rest home
13	Discharge to Shelter
14	20 Expired (or did not recover - Christian Science Patient)
15	Discharged/transferred to federal healthcare facility
16	Discharged to Hospice - Home
17	Discharged to Hospice Medical Facility
18	Discharged/transferred within this institution to a hospital-based Medicare- approved swing bed

Disposition	Description
	Discharged/transferred to an inpatient rehabilitation facility (IRF) including
19	rehabilitation distinct part units of a hospital.
20	Discharge/transfer to a Medicare certified long term care hospital.
	Discharged/transferred to a nursing facility certified under Medicaid but not
21	certified under Medicare
22	Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a
22	hospital.
23	Discharged/transferred to a Critical Access Hospital (CAH).
24	Discharged/transferred to another Type of Health Care Institution not defined
24	elsewhere
	Discharged to home or self-care with a planned acute care hospital inpatient
25	readmission
	Discharged/transferred to a short term general hospital for inpatient care with a
26	planned acute care hospital inpatient readmission
	Discharged/transferred to a skilled nursing facility (SNF) with Medicare
27	certification with a planned acute care hospital inpatient readmission
	Discharged/transferred to a facility that provides custodial or supportive care
28	with a planned acute care hospital inpatient readmission
	Discharged/transferred to a designated cancer center or children's hospital with a
29	planned acute care hospital inpatient readmission
	Discharged/transferred to home under care of organized home health service
30	organization with a planned acute care hospital inpatient readmission
	Discharged/transferred to court/law enforcement with a planned acute care
31	hospital inpatient readmission
	Discharged/transferred to a federal health care facility with a planned acute care
32	hospital inpatient readmission
	Discharged/transferred to a hospital-based Medicare approved swing bed with a
33	planned acute care hospital inpatient readmission
	Discharged/transferred to an inpatient rehabilitation facility (IRF) including
	rehabilitation distinct part units of a hospital with a planned acute care hospital
34	inpatient readmission
	Discharged/transferred to a Medicare certified long term care hospital (LTCH)
35	with a planned acute care hospital inpatient readmission
33	Discharged/transferred to a nursing facility certified under Medicaid but not
36	certified under Medicare with a planned acute care hospital inpatient readmission
30	Discharged/transferred to a psychiatric distinct part unit of a hospital with a
37	planned acute care hospital inpatient readmission
	Discharged/transferred to a critical access hospital (CAH) with a planned acute
38	care hospital inpatient readmission
	Discharged/transferred to another type of health care institution not defined
	elsewhere in this code list with a planned acute care hospital inpatient
39	readmission

Inpatient Hospital Discharge Diagnosis Table Analytic Data Dictionary (PHDCASEMIX.CASEMIX_HD_DIAG)

Casemix Emergency Department Procedure (CASEMIX_ED_PROC)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_ED_PR OC	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
ED_ID	Unique key to link from Visit table.	11 digit ID	Num
ED_PROC	The ICD-10 or Current Procedural Terminology (CPT) code corresponding to procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.	Valid ICD or CPT code	Char

Inpatient Hospital Discharge Diagnosis Table Analytic Data Dictionary (PHDCASEMIX.CASEMIX_HD_DIAG)

Casemix Inpatient Hospital Discharge Diagnosis (CASEMIX_HD_DIAG)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_HD_DIAG		1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
HD_ID	Unique key to link from Visit table.	11 digit ID	Num
HD_DIAG_IND	Indicates if the diagnosis was primary, secondary, admitting, or discharge	1=Admitting 2=Discharge 3=Principal 4=Secondary	Num
HD_CONDITIONPRES ENT	Flag indicating that diagnosis was present on admission	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
HD_DIAG	ICD Associated Diagnosis. Excludes the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present.	Valid ICD-9 or ICD-10 code	Char

Casemix Inpatient Hospital Discharge (CASEMIX_HD_HD)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_HD	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
HD_ADMIT_DATE	the date the patient was admitted to the hospital as an inpatient for this episode of care	Date Proxy – count of days between admission date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
HD_ADMIT_MONTH	Month of admission	Months, 1-12	Num
HD_ADMIT_YEAR	Year of admission	Years, yyyy	Num
HD_ADMITDAY	Week day that the patient was admitted to the hospital	1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday	Num
HD_AGE	Age	0=Less than 1 (please see ED_NEWBORNAGE) 1-120 999=Unknown/missing	Num
HD_CAREGIVER	This data element indicates the type of primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife	1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant	Num

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Variable Name	Variable Description	Meta Data	Format
HD_CHARGES	The grand total of charges associated with the patient's HD visit. A charge of \$0 is not permitted unless the patient has a special Departure Status. Reported by facilitate. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care.	The total charge amount, rounded to the nearest dollar	Num
HD_CITY	Name of the municipality in which the emergency room is located.	1-351 for valid MA city/towns 999=Out of state or unknown	Num
HD_DAYSBETWEEN	calculated field that indicates the number of days between each consecutive admission	Integer	Num
HD_DIAG1	The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.	Valid ICD code, no decimals	Char
HD_DISCHARGE_D ATE	date the patient was discharged from inpatient status	Date Proxy – count of days between discharge date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
HD_DISCHARGE_M ONTH	Discharge month	Months, 1-12	Num
HD_DISCHARGE_Y EAR	Discharge year	Years, yyyy	Num
HD_DISPOSITION	A code indicating the patient's status upon discharge and/or the destination to which the patient was referred or transferred upon discharge	See code list	Num
HD_ECODE	ICD external cause code	Valid ICD code, no decimals	Char
HD_ECODEPRESEN T	Flag indicating that e-code was present on admission	1=present at time of admission 2=not present at time of admission 3=documentation insufficient to determine if present at time of admission 4= Unable to clinically determine if present at time of admission 5=Unreported/Not used. Exempt from POA reporting	Num

Variable Name	Variable Description	Meta Data	Format
HD_EDADMIT	indicates if admission began in the ED	0=Not admitted from the ED, no ED visit reflected in this record 1=Not admitted from the ED, but ED visit(s) reflected in this record 2= Admitted from the ED	Num
HD_FACILITY	The Organization ID for the main facility affiliation.	See code list	Num
HD_HOMELESS	This flag indicates that the patient was homeless at the time of visit.	0= Patient is not known to be homeless 1= Patient is known to be homeless	Num
HD_ID	unique key to help link CHIA information	11 digit ID	Num
HD_LOS	Count of days between the admitting and discharge time for an HD visit.	Integer	Num
HD_NEWBORNAGE	Age in weeks for children younger than 53 weeks of age who are admitted to the ED.	Weeks, 0-52	Num
HD_PAYERNAME1	A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers.	See code list	Num
HD_PAYERNAME2	A description for use with standardized payer codes. Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers.	See code list	Num

Variable Name	Variable Description	Meta Data	Format
HD_PAYERTYPE1	Indicates the type of organization or individual who is payer.	0=None (valid only for secondary payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net	Num
HD_PAYERTYPE2	Indicates the type of organization or individual who is payer.	0=None (Valid only for Secondary Payer) 1=Self-Pay 2=Worker's Compensation 3=Medicare 4=Medicare Managed Care 5=Medicaid 6=Medicaid Managed Care 7=Other Government Payment 8=Blue Cross 9=Blue Cross Managed Care 10=Commercial Insurance 11=Commercial Managed Care 12=HMO 13=Free Care 14=Other Non-Managed Care Plans 15=PPO and Other Managed Care Plans Not Elsewhere Classified 16=Point-of-Service Plan 17=Exclusive Provider Organization 18=Auto Insurance 19= Commonwealth Care/ConnectorCare Plans 20= Dental Plans 21=Health Safety Net	Num

Variable Name	Variable Description	Meta Data	Format
Variable Name		Meta Data	Tormat
HD_PHYSICIAN_NU MBER	Physician's state license number (BORIM #) for the HD Physician who provided services related to this visit. Report if the physician's involvement in the patient's HD Visit is captured in the facility's electronic information systems	Alphanumeric Encrypted BORIM ID	Char
HD_PRIMARYCONDI TION_PRESENT	Flag indicating that principal condition was present on admission	0=condition not present 1=condition present 2=clinically undetermined 8=not applicable 9=unknown	Num
HD_PROC1	The chief procedure performed in the HD as determined by the hospital - ICD code. In general visits do not need to have a principal procedure. Some visits will only have secondary procedures. These codes should not be Current Procedural Terminology (CPT) Codes.	Valid ICD code, no decimals	Char
HD_PROC1_DATE	date the principal procedure was performed	Date Proxy – count of days between principal procedure date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
HD_PROC1_MONTH	Principal procedure month	Months, 1-12	Num
HD_PROC1_YEAR	Principal procedure year	Years, yyyy	Num
HD_RACE	Combined race and Hispanic ethnicity	1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
HD_RES_CODE	Permanent city of residence for the patient	1-351 for valid MA city/towns 999=Out of state or unknown	Num
HD_RES_ZIP	First five digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a ninedigit zip code.	5 digit zip code 99999=Unknown	Char
HD_SEX	Sex flag as assigned by HD	1= Male 2= Female 3= Unknown	Num

Variable Name	Variable Description	Meta Data	Format
HD_SITE	The Organization ID for site where the patient received ED care.	See code list	Num
HD_SOURCE1	How a patient entered the hospital	See code list	Num
HD_SOURCE2	How a patient entered the hospital	See code list	Num
HD_VETERANSTAT US	indicates veteran status	0=No (includes never in military, currently inactive duty, national guard or reservist with 6 months or less active duty) 1=Yes 8= Not applicable 9= Unknown	Num
HD_VISITTYPE	type of stay	1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 5 =Information Unavailable	Num

Casemix - Inpatient Hospital Discharge Procedure (HD_PROC)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_HD_PR OC	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
HD_PROC_IND	Indicates if the procedure was primary, secondary, admitting, or discharge	1=Admitting 2=Discharge 3=Principal 4=Secondary	Num
HD_PROC	The ICD-10 or Current Procedural Terminology (CPT) code corresponding to procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.	Valid ICD or CPT code	Char
HD_PROC_DATE	date the procedure was performed	Date Proxy – count of days between procedure date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
HD_PROC_MONTH	Procedure month	Months, 1-12	Num
HD_PROC_YEAR	Procedure year	Years, yyyy	Num
HD_ID	Unique key to link from Visit table.	11 digit ID	Num

Casemix - Hospital Outpatient Observation (00) Visit

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_OO	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
OO_ADMIT_DATE	Date of admission to the Observation unit	Date Proxy – count of days between admission date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
OO_ADMIT_MONTH	Admission month	Months, 1-12	Num
OO_ADMIT_YEAR	Admission year	Years, yyyy	Num
OO_AGE	Age	0=Less than 1 (please see ED_NEWBORNAGE) 1-120 999=Unknown/missing	Num
OO_CAREGIVER	This data element indicates the type of primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife	1= Resident 2= Intern 3= Nurse Practitioner 4= Physician Assistant	Num
OO_CHARGES	The grand total of charges associated with the patient's OD visit. A charge of \$0 is not permitted unless the patient has a special Departure Status. Reported by facilitate. Does not include allowed or negotiated amounts. Not the actual dollars paid to the facility for care.	The total charge amount, rounded to the nearest dollar	Num

Variable Name	Variable Description	Meta Data	Format
OO_CONDITIONPRES ENT1	Flags whether the diagnosis was present on admission to Observation unit.	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
OO_CONDITIONPRES ENT2	Flags whether the diagnosis was present on admission to Observation unit.	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
OO_CONDITIONPRES ENT3	Flags whether the diagnosis was present on admission to Observation unit.	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
OO_CONDITIONPRES ENT4	Flags whether the diagnosis was present on admission to Observation unit.	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
OO_CONDITIONPRES ENT5	Flags whether the diagnosis was present on admission to Observation unit.	0=Condition not present 1=Condition present 2=Clinically undetermined 8=not applicable 9=Unknown	Num
OO_CPT1	CPT code for each significant procedure reported by the facility.	HCPCS or CPT codes	Char
OO_CPT2	CPT code for each significant procedure reported by the facility.	HCPCS or CPT codes	Char
OO_CPT3	CPT code for each significant procedure reported by the facility.	HCPCS or CPT codes	Char
OO_CPT4	CPT code for each significant procedure reported by the facility.	HCPCS or CPT codes	Char
OO_CPT5	CPT code for each significant procedure reported by the facility.	HCPCS or CPT codes	Char
OO_DAYSBETWEEN	Calculated field that indicates the number of days between each consecutive Observation stay	Integer	Num

Variable Name	Variable Description	Meta Data	Format
OO_DIAG1	The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care. Determined by the ED.	Valid ICD code, no decimals	Char
OO_DIAG2	ICD Associated Diagnosis.	Valid ICD code. Excludes the decimal point.	Char
OO_DIAG3	ICD Associated Diagnosis.	Valid ICD code. Excludes the decimal point.	Char
OO_DIAG4	ICD Associated Diagnosis.	Valid ICD code. Excludes the decimal point.	Char
OO_DIAG5	ICD Associated Diagnosis.	Valid ICD code. Excludes the decimal point.	Char
OO_DIAG6	ICD Associated Diagnosis.	Valid ICD code. Excludes the decimal point.	Char
OO_DISCHARGEDATE	Date of discharge from Observation	Date Proxy – count of days between discharge date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
OO_DISCHARGESTAT	This field identifies the disposition and destination of the patient after discharge from the Observation.	1=Routine 2=Admission to Hospital 3=Transferred 4=Against medical advice (AMA) 5=Expired	Num
OO_EDADMIT	indicates whether an Observation stay began in the ED	0=Not admitted from the ED, no ED visit reflected in this record 1=Not admitted from the ED, but ED visit(s) reflected in this record 2= Admitted from the ED	Num
OO_FACILITY	The Organization ID for the main facility affiliation.	See code list	Num
OO_HOMELESS	This flag indicates that the patient was homeless at the time of visit.	0= Patient is not known to be homeless 1= Patient is known to be homeless	Num
OO_LOS_HOURS	Count of hours between the admitting and discharge time for an Observation visit.	999.99 = Unknown	Num
OO_NEWBORNAGEW EEK	Age in weeks for children younger than 53 weeks of age who are admitted to the ED. Weeks are calculated from the Admitting Date - the DOB, and then rounded to the nearest week. Only values between 0 and 52 are valid. All other values are invalid.	Weeks, 0-52	Num

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Variable Name	Variable Description	Meta Data	Format
OO_PAYSOURCE1	Primary payer for the OD Visit. Please note that the values are in "text" format, therefore, there may have duplicate numbers because of spaces in the field	See code list	Num
OO_PAYSOURCE2	Secondary payer for this visit. Please note that the values are in text format and may have duplicates due to spaces and capitalization.	See code list	Num
OO_PHYSICIAN_NUMB ER	Physician's state license number (BORIM #) for the OD Physician who provided services related to this visit. Report if the physician's involvement in the patient's OD Visit is captured in the facility's electronic information systems		TBD
OO_PRIMARYCONDITI ONPRESENT	Flag indicating that principal condition was present on admission	0=condition not present 1=condition present 3=clinically undetermined 8=not applicable 9=unknown	Num
OO_PROC1	ICD code for the most important procedure in the Observation unit stay	Valid ICD code, no decimals	Char
OO_PROC1_DATE	date of the principle procedure	Date Proxy – count of days between procedure date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
OO_PROC2	Patient's significant procedure	Valid ICD or CPT code. Excludes the decimal point.	Char
OO_PROC2_DATE	Date on which this procedure was performed	Date Proxy – count of days between procedure date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
OO_PROC2_MONTH	Procedure month	Months, 1-12	Num
OO_PROC2_YEAR1	Procedure year	Years, yyyy	Num
OO_PROC3	Patient's significant procedure	Valid ICD or CPT code. Excludes the decimal point.	Char
OO_PROC3_DATE	date on which this procedure was performed	Date Proxy – count of days between procedure date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num

Variable Name	Variable Description	Meta Data	Format
OO_PROC3_MONTH	Procedure month	Months, 1-12	Num
OO_PROC3_YEAR	Procedure year	Years, yyyy	Num
OO_PROC4	Patient's significant procedure	Valid ICD or CPT code. Excludes the decimal point.	Char
OO_PROC4_DATE	date on which this procedure was performed	Date Proxy – count of days between procedure date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
OO_PROC4_MONTH	Procedure month	Months, 1-12	Num
OO_PROC4_YEAR	Procedure year	Years, yyyy	Num
OO_RACE	Combined race and Hispanic ethnicity	1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
OO_RES_CODE	Permanent city of residence for the patient	1-351 for valid MA city/towns 999=Out of state or unknown	Num
OO_RES_ZIP	First five digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code.	5 digit zip code 99999=Unknown	Char
OO_SEX	Sex flag as assigned by Observation unit	1= Male 2= Female 3= Unknown	Num
OO_SITE	The Organization ID for site where the patient received ED care.	See code list	Num
OO_SURGEONPROC1	ICD or CPT code for each significant procedure reported by the facility	Valid ICD or CPT code. Excludes the decimal point.	Char
OO_SURGEONPROC2	ICD or CPT code for each significant procedure reported by the facility	Valid ICD or CPT code. Excludes the decimal point.	Char
OO_SURGEONPROC3	ICD or CPT code for each significant procedure reported by the facility	Valid ICD or CPT code. Excludes the decimal point.	Char
OO_TRANSFERFROM	The Organization ID for the site where the patient was transferred from. If the patient is transferred from outside of Massachusetts, then the value will be.	See code list 9999999=Transferred from facility outside of MA	Num

Variable Name	Variable Description	Meta Data	Format
OO_VISITSOURCE1	The first source of visit code indicating the source of originating, referring, or transferring the patient to the Observation. Please note that the terms "visit" and "stay" are used interchangeably for Observation services.	See code list	Char
OO_VISITSOURCE2	The second source of visit code indicating the source of originating, referring, or transferring the patient to the Observation. Please note that the terms "visit" and "stay" are used interchangeably for Observation services.	See code list	Char
OO_VISITTYPE	type of stay	1= Emergency 2= Urgent 3= Non-Urgent 4= Newborn 9 = Unknown	Num

Census

There are nine Population datasets in the PHD:

- 1. POP_TOWNTOTAL: Total population by city/town 2011 to 2019
- 2. POP_TOWN_11AGE: Total Population by 11 age groups by city/town 2011-2019
- 3. POP TOWN 19AGE: Total Population by 19 age groups by city/town 2011-2019
- 4. POP_STATETOTAL: Statewide Total Population by gender and race/ethnicity 2011-2019
- 5. POP_STATE_11AGE: Statewide 2011-2019 Population by 11 age groups, gender and race/ethnicity
- 6. POP_STATE_19AGE: Statewide 2011-2019 Population by 19 age groups, gender and race/ethnicity
- **7.** POP_ACS_ZCTA: Dataset downloaded from The Public Health Disparities Geocoding Project https://www.hsph.harvard.edu/thegeocodingproject/
- **8.** POP_ACS_COUNTY: Dataset downloaded from The Public Health Disparities Geocoding Project https://www.hsph.harvard.edu/thegeocodingproject/
- 9. POP_ACS_TOWN: Data by city and town from the 2014-2018 American Community Survey 5-Year

Sets 1 through 6 are based on Donahue Population files estimates created by Malena Hood

Population Estimates 2011-2019: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health. Version 2018 years 2016-2019 apply updates from U.S. Census Bureau's County Population by Characteristics, vintage 2018; all previous years apply updates from U.S. Census Bureau's County Population by Characteristics, vintage 2017. Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

1.POP_TOWNTOTAL Total population by city/town 2011 to 2019

Veriable Name	Becaution	F = 1112 = 4
Variable Name	Description	Format
RESCODE	Code for city/town (1-351)	Num
COMMUNITY	Name of city/town	Char
P2011	2011 Total population	Num
P2012	2012 Total population	Num
P2013	2013 Total population	Num
P2014	2014 Total population	Num
P2015	2015 Total population	Num
P2016	2016 Total population	Num
P2017	2017 Total population	Num
P2018	2018 Total population	Num
P2019	2019 Total population	Num

2. POP_TOWN_11AGES - Total Population by 11 age groups by city/town 2011-2019

3. POP_TOWN_19AGES - Total Population by 19 age groups by city/town 2011-2019

Variable Name	Description	Format
RESCODE	code for city/town (1-351)	Num
AGEGRP	Age Group11 19 ages	Num
COMMUNITY	Name of city/town	Char
P2011	2011 Total population	Num
P2012	2012 Total population	Num
P2013	2013 Total population	Num
P2014	2014 Total population	Num
P2015	2015 Total population	Num
P2016	2016 Total population	Num
P2017	2017 Total population	Num
P2018	2018 Total population	Num
P2019	2019 Total population	Num

4. POP_STATETOTAL Statewide Total Population by gender and race/ethnicity 2011-2019

Variable Name	Description	Format
FEMALE	Female Population	Num
HISP	Total Hispanic Population	Num
HISPF	Total Female Hispanic Population	Num
HISPM	Total Male Hispanic Population	Num
MALE	Male Population	Num
NHAI	Total American Indian Non-Hispanic Population	Num
NHAIF	Total Female American Indian Non-Hispanic Population	Num
NHAIM	Total Male American Indian Non-Hispanic Population	Num
NHAP	Total Asian/Pacific Islander Non-Hispanic Population	Num
NHAPF	Total Female Asian/Pacific Islander Non-Hispanic Pop	Num
NHAPM	Total Asian/Pacific Islander Non-Hispanic Population	Num
NHB	Total Black Non-Hispanic Population	Num
NHBF	Total Female Black Non-Hispanic Population	Num
NHBM	Total Male Black Non-Hispanic Population	Num
NHW	Total White Non-Hispanic Population	Num
NHWF	Total Female White Non-Hispanic Population	Num
NHWM	Total Male White Non-Hispanic Population	Num
TOTAL	TOTAL Population	Num
YEAR	Year (2011-2019)	Num

5. POP_STATE_11AGE Statewide: 2011-2019 Population by 11 age groups, gender and race/ethnicity **6.** POP_STATE_19AGE Statewide: 2011-2019 Population by 19 age groups, gender and race/ethnicity

Variable Name	Description	Format
FEMALE	Female Population	Num
HISP	Total Hispanic Population	Num
HISPF	Total Female Hispanic Population	Num
HISPM	Total Male Hispanic Population	Num
MALE	Male Population	Num
NHAI	Total American Indian Non-Hispanic Population	Num
NHAIF	Total Female American Indian Non-Hispanic Population	Num
NHAIM	Total Male American Indian Non-Hispanic Population	Num
NHAP	Total Asian/Pacific Islander Non-Hispanic Population	Num
NHAPF	Total Female Asian/Pacific Islander Non-Hispanic Population	Num
NHAPM	Total Asian/Pacific Islander Non-Hispanic Population	Num
NHB	Total Black Non-Hispanic Population	Num
NHBF	Total Female Black Non-Hispanic Population	Num
NHBM	Total Male Black Non-Hispanic Population	Num
NHW	Total White Non-Hispanic Population	Num
NHWF	Total Female White Non-Hispanic Population	Num
NHWM	Total Male White Non-Hispanic Population	Num
TOTAL	TOTAL Population	Num
YEAR	Year (2011-2019)	Num
AGEGRP	Age group (1-11) or Age group 19 ages	Num

19 a	ges
------	-----

		1	<1
		2	1-4
11 ages		3	5-9
	<1	4	10-14
2	1-4	5	15-19
3	5-14	6	20-24
4	15-24	7	25-29
5	25-34	8	30-34
6	35-44	9	35-39
7	45-54	10	40-44
8	55-64	11	45-49
9	65-74	12	50-54
10	75-84	13	55-59
11	85+	14	60-64
		15	65-69
		16	70-74
		17	75-79
		18	80-84
		19	85+

Sets 7 and 8 (POP_ACS_ZCTA and POP_ACS_COUNTY) use Datasets downloaded from The Public Health Disparities Geocoding Project

https://www.hsph.harvard.edu/thegeocodingproject/

Based on U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates.

The Index of Concentration at the Extremes [12] measure captures the extent to which the population in a given area is concentrated at either extreme of a social metric and ranges from -1 (everyone in the worst category) to 1 (everyone in the best category). For our analyses, we set the extremes for this ICE as: (a) high-income White Non-Hispanic population, versus (b) low-income population of color (i.e. not white non-Hispanic) [12]. For analysis purposes, we defined categories of ABSMs using *a priori* cutpoints for % below poverty (0-4.9%, 5-9.9%, 10-14.9%, 15-19.9%, and 20-100%) and quintile cut-points based on the distribution of ZCTA or city/town attributes in Massachusetts (weighted by population size).

7. POP_ACS_ZCTA MA American Community Survey Population 2014-2018

Variable Name	Variable Description	Format
GEOID	5-digit ZCTA	Char
POP_TOTAL	Total population count	Num
POP_WHITE	Total white population count	Num
POP_BLACK	Total black population count	Num
POP_AMIND	Total American Indian/Alaskan Native population count	Num
POP_API	Total Asian Pacific Islander population count	Num
POP_HISP	Total Hispanic population count	Num
POP_WNH	Total white non-Hispanic population count	Num
ICEWBINC	Index of Concentration at the Extremes for white, high income vs. black low income	Num
ICEWNHINC	Index of Concentration at the Extremes for white non- Hispanic high income vs. people of color low income	Num
POVERTY	% below poverty	Num
CROWDING	% crowded households	Num
YEA	2018	Num
APINDPOV	Categorical poverty variable (0-4.9%, 5-9.9%, 10-19.9%, 20-100%)	Char
QINDPOV	Quintiles of poverty At ZCTA geography, weighted by population size	Char
QICEWNHINC	Quintiles of Index of Concentration at the Extremes for white non-Hispanic high income vs. people of color low income At ZCTA geography, weighted by population size	Char
QICEWBINC	Quintiles of Index of Concentration at the Extremes for white high income vs, black low income. At ZCTA geography, weighted by population size	Char

8. POP_ACS_COUNTY MA American Community Survey Population at County Level 2014-2018

Variable Name	Variable Description	Format
COUNTY	Name of County	Char
GEOID	3 digit FIPS code Barnstable 001 Berkshire 003 Bristol 005 Dukes 007 Essex 009 Franklin 011 Hampden 013 Hampshire 015 Middlesex 017 Nantucket 019 Norfolk 021 Plymouth 023 Suffolk 025 Worcester 027	Num
POP_TOTAL	Total population count	Num
POP_WHITE	Total white population count	Num
POP_BLACK	Total black population count	Num
POP_AMIND	Total American Indian/Alaskan Native population count	Num
POP_API	Total Asian Pacific Islander population count	Num
POP_HISP	Total Hispanic population count	Num
POP_WNH	Total white non-Hispanic population count	Num
ICEWBINC	Index of Concentration at the Extremes for white, high income vs. black low income	Num
ICEWNHINC	Index of Concentration at the Extremes for white non- Hispanic high income vs. people of color low income	Num
POVERTY	% below poverty	Num
CROWDING	% crowded households (>1 person per room)	Num
YEAR	YYYY 2014-2018	Num
APINDPOV	0-4.9%, 5-9.9%, 10-19.9%, 20-100%	Num
QINDPOV	Quintiles of poverty (at geography, weighted by population size)	Char

Dataset #9 created by Malena Hood is based on Donahue Population files as well as the U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates and BEH Estimates

9. POP_ACS_town_city

Variable Name	Description	Format
rescode	Code for city/town (1-351)	Num
Townname	Name of city/town	Char
POP1980	1980 Population	Num
POP1990	1990 Population	Num
POP2000	2000 Population	Num
POP2010	2010 Population	Num
POP2018	2018 Population (using BEH estimates)	Num
Area	Area in square miles	Num
Pop_ Density	Calculated: Area/2018 Population	Num
Rural	Rural towns are also classified into two categories of rurality. Towns in level one and level two are both rural. 1= Towns classified as rural level one meet fewer rural criteria than towns considered rural at level two. 2= Towns in level two are less densely populated and more remote and isolated from urban core areas. 0= Towns considered urban	Num
Percent_NonWhite	% population that is non-White (using BEH estimates)	Num
Percent_Male	% population that is male (using BEH estimates)	Num
Pecent_Ages65+	% population ages 65 years and older (using BEH estimates)	Num
Old_age_dependency_ratio	Old-age dependency ratio is defined as the number of individuals aged 65 and over per 100 people of working age defined as those aged between 20 and 64.	Num
Median_age	Median age in years	Num
Percent_limited_English	% limited English Households	Num
Percent_renters	% renters	Num
Percent_owner _under35	% owner-occupied housing units Under 35 years	Num
Percent_renter_2015orlater	% renter-occupied housing units-Moved in 2015 or later	Num
Percent_Foreign_Born	% foreign born	Num
Percent_25_bachelor	% of individuals 25 years or older who have a bachelor's degree or higher	Num
Percent_25_9thgrade	% of individuals 25 years or older who have a Less than 9th grade education	Num

Variable Name	Description	Format
Median_household_income	Median household income in the past 12 months (in 2018 inflation-adjusted dollars)	Num
Mean_household_income	Mean household income in the past 12 months (in 2018 inflation-adjusted dollars)	Num
Per_capita_income	Per capita income in the past 12 months (in 2018 inflation-adjusted dollars)	Num
mean_cash_public_assistance	Mean cash public assistance	Num
mean_family_income	Mean family income	Num
mean_retirement_income	Mean retirement income	Num
percent_with_retirement_income	% Income and Benefits (IN 2018 INFLATION- ADJUSTED DOLLARS) Households with retirement income	Num
mean_ss	Mean Social Security income	Num
percent_income_with_ss	% Income and Benefits (IN 2018 INFLATION- ADJUSTED DOLLARS) Households with Social Security	Num
mean_ssi	Mean Supplemental Security Income	Num
percent_with_ssi	% Income and Benefits (IN 2018 INFLATION- ADJUSTED DOLLARS) Households with Supplemental Security Income	Num
median_earnings_female_workers	Median earnings female full-time, year-round workers	Num
median_earnings_male_workers	Median earnings for male full-time, year-round workers	Num
median_earnings_workers	Median earnings workers	Num
median_family_income	Median family income	Num
percent_cash_public_assistance	% Households with cash public assistance income. Public assistance includes cash and noncash benefits (e.g. TANF, SNAP) to low-income families or individuals, Income and Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_foodstamp_snap	% Households with Food Stamp/SNAP benefits in the past 12 months, Income and Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_less_than_10000	% Households Less than \$10,000, Income and Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_10000_to_14999	% Households with \$10,000 to \$14,999, Income and Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_15000_to_24999	% Households with \$15,000 to \$24,999, Income and Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_25000_to_34999	% Households with \$25,000 to \$34,999, Income and Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num

Variable Name	Description	Format
percent_35000_to_49999 percent_50000_to_74999	% Households with \$35,000 to \$49,999, Income and	Num
	Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	INGIII
	% Households with \$50,000 to \$74,999, Income and	Num
	Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_75000_to_99999	% Households with \$75,000 to \$99,999, Income and	Num
percent_/3000_to_33333	Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	Num
percent_100000_to_149999	% Households with \$100,000 to \$149,999, Income	Num
	and Benefits (IN 2018 INFLATION-ADJUSTED	T COLL
	DOLLARS)	
percent_150000_to_199999	% Households with \$150,000 to \$199,999, Income	Num
	and Benefits (IN 2018 INFLATION-ADJUSTED	
	DOLLARS)	
percent_200000_or_more	% Households with \$200,000 or more, Income and	Num
 	Benefits (IN 2018 INFLATION-ADJUSTED DOLLARS)	
Percent_Below_Poverty	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level	-
below_poverty_18plus	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level _18 Years And	
	Over	
below_poverty_18to64	% Families And People Whose Income In The Past 12	Num
, ,	Months Is Below The Poverty Level_18 To 64 Years	
below_poverty_65plus	% Families And People Whose Income In The Past 12	Num
, , ,	Months Is Below The Poverty Level_All People_65	
	Years And Over	
below_poverty_all_people	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level_All People	
below_poverty_all_under18	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level_All People Under	
	18 Years	
below_poverty_children_5to17	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level_Related Children	
	Of The Householder 5 To 17 Years	
below_poverty_children_under5	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level_Related Children	
	Of The Householder Under 5 Years	
below_poverty_children_under_18	% Families And People Whose Income In The Past 12	Num
	Months Is Below The Poverty Level_Related Children	
	Of The Householder Under 18 Years	
below_poverty_female_householder	% Families And People Whose Income In The Past 12	Num
	Months Is Below The	
	Poverty Level_Female Householder, No Husband	
	Present	

Variable Name	Description	Format
below_poverty_female_withchildre	% Families And People Whose Income In The Past 12 Months Is Below The Poverty Level_Female Householder, No Husband Present_With Related Children Of The Householder Under 18 Years	Num
below_poverty_married_couple_chi	% Families And People Whose Income In The Past 12 Months Is Below The Poverty Level_Married Couple Families_With Related Children Of The Householder Under 18 Years	Num
below_poverty_married_couples	% Families And People Whose Income In The Past 12 Months Is Below The Poverty Level_Married Couple Families	Num
percent_workedathome	% worked at home, workers 16 years	Num
percent_carpooled_towork	% carpooled to work in car, truck, or van, workers 16 years	Num
percent_drovealone_towork	% drove alone to work in car, truck, or van, workers 16 years	Num
percent_publictransp_towork	% using public transportation (excluding taxicab) for work, workers 16 years	Num
percent_other_means_towork	% using other means of transportation to work, workers 16 years	Num
percent_walked_towork	% walked to work, workers 16 years	Num
Mean_travel_time_work	Mean travel time to work (minutes) for workers 16 years and over who did not work at home	Num
health_insurance	% with health insurance coverage , civilian noninstitutionalized population	Num
health_insurance_19to64	% With health insurance coverage, civilian noninstitutionalized population 19 to 64 years_In labor force_Employed	Num
no_health_insurance	% No health insurance coverage , civilian noninstitutionalized population	Num
no_health_insurance_19to64	% No health insurance coverage, civilian noninstitutionalized population 19 to 64 years_In labor force_Employed	Num
not_in_labor_force_insurance	% With health insurance coverage, civilian noninstitutionalized population 19 to 64 years_Not in labor force	Num
not_in_labor_force_privateins	% With private health insurance, civilian noninstitutionalized population 19 to 64 years_Not in labor force	Num
not_in_labor_force_publicins	With public health coverage, civiliannoninstitutionalized population 19 to64 years_Not in labor force	Num

Variable Name	Description	Format
not_in_laborforce_noinsurance	% No health	Num
	insurance coverage, civilian noninstitutionalized	
	population 19 to 64 years_Not in labor force_	
private_health_insurance	% With private health insurance, civilian	Num
	noninstitutionalized population	
private_healthinsurance_19to64	% With private health insurance, civilian	Num
	noninstitutionalized population 19 to 64 years	
	employed, in labor force	
public_insurance	% With public health coverage, civilian	Num
	noninstitutionalized population	
public_insurance_19to64	% With public coverage, civilian noninstitutionalized	Num
_	population 19 to 64 years_In labor force_Employed_	
under19_no_health_insurance	% No health insurance coverage, civilian	Num
	noninstitutionalized population under 19 years	
unemployed no insurance	% No health	Num
	insurance coverage, civilian noninstitutionalized	
	population 19 to	
	64 years_In labor force_Unemployed	
unemployed_private_insurance	% With private health insurance , civilian	Num
anemployed_private_msurance	noninstitutionalized population 19 to	IVUIII
	64 years_In labor force_Unemployed	
unemployed_with_insurance	% With health insurance coverage , civilian	Num
unemployed_with_insurance	noninstitutionalized population 19 to	Nulli
	64 years_in labor force_Unemployed	
aalddd.		Nivon
unemployed_with_public_insurance	% With public coverage, civilian noninstitutionalized	Num
	population 19 to	
	64 years_In labor force_Unemployed	
industry_agriculture_fishing	% Agriculture, forestry, fishing and hunting, and	Num
	mining, civilian employed population 16 years and	
	over (industry)	
industry_arts_entertainment	% Arts, entertainment, and recreation, and	Num
	accommodation and food services, civilian employed	
	population 16 years and over (industry)	
industry_construction	% Construction, civilian employed population 16	Num
	years and over (industry)	
industry_educ_health_social	% Educational services, and health care and	Num
	social assistance, civilian employed population 16	
	years and over (industry)	
industry_finance_and_insurance	% Finance and insurance, and real estate and rental	Num
·= - -	and leasing, civilian employed population 16 years	
	and over (industry)	
industry_information	% Information, civilian employed population 16	Num
<i>,_</i>	years and over (industry)	

Variable Name	Description	Format
industry_manufacturing	% Manufacturing, civilian employed population 16 years and over (industry)	Num
industry_other	% Other services, except public administration, civilian employed population 16 years and over (industry)	Num
industry_professional	% Professional, scientific, and management, and administrative and waste management services, civilian employed population 16 years and over (industry)	Num
industry_publicadministration	% Public administration, civilian employed population 16 years and over (industry)	Num
industry_retailtrade	% Retail trade, civilian employed population 16 years and over (industry)	Num
industry_transportation	% Transportation and warehousing, and utilities, civilian employed population 16 years and over (industry)	Num
industry_wholesaletrade	% Wholesale trade, civilian employed population 16 years and over (industry)	Num
percent_16plus_unemployed	% unemployed, 16 years and over in civilian labor force	Num
percent_civilian_labor_force	% in civilian labor force , population 16 years and over	Num
percent_employed	% employed, population 16 years and over in civilian labor force	Num
percent_females_inlaborforce	% in labor force, females 16 years and over	Num
percent_inlabor_force	% in labor force, population 16 years and over	Num
percent_not_inlaborforce	% not in labor force, population 16 years and over	Num
percent_unemployed	% unemployed, population 16 years and over in civilian labor force	Num
percent_private_wage_and_salary	% private wage and salary workers, civilian labor force, 16 years and over (class of worker)	Num
percent_unpaid_family_workers	% self-employed in own not incorporated business workers and unpaid family workers, civilian labor force, 16 years and over (class of worker)	Num
percent_government_workers	% government workers, civilian labor force, 16 years and over (class of worker)	Num
percent_self_employed	% self-employed in own incorporated business workers, civilian labor force, 16 years and over (class of worker)	Num
percent_occupation_construction	% Natural resources, construction, and maintenance, , civilian employed population 16 years and over	Num

Variable Name	Description	Format
percent_occupation_management	% Management, business, science, and arts occupations, civilian employed population 16 years and over	Num
percent_occupation_production_tr	% Production, transportation, and material moving occupations, civilian employed population 16 years and over	Num
percent_occupation_sales	% Sales and office occupations, civilian employed population 16 years and over	Num
percent_occupation_service	% Service occupations, civilian employed population 16 years and over	Num

Death Records - Registry of Vital Records and Statistics Mortality

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_DEATH	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are	Num
		considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
AGE_DEATH	Age at time of death	1-199 in years 2XX = months 1-11 (i.e. 201 = 1 month) 3XX = days 1-27 (i.e. 301 = 1 day) 4xx=hours 1-23 (i.e. 401 = 1 hour) 5xx = minutes (i.e. 501=1 minute) 999=Unknown	Num
AGE_DEATH_UNITS	Units for age variable	1.00=Minutes 2.00=Hours 3.00=Days 4.00=Weeks 5.00=Months 6.00=Years 9.00=Unknown Age	Num with 2 decimals
AUTOPSY	Was an autopsy performed?	0=No 1=Yes 9=Unknown	Num
CENSUS_IND_DEATH	Bureau of census industry code	4 digit bureau of census industry code	Num
CENSUS_OCC_DEATH	Bureau of census occupation code	4 digit bureau of census industry code	Num
CONTRIB_CAUSE1	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char

Variable Name	Variable Description	Meta Data	Format
CONTRIB_CAUSE10	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE11	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE12	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE13	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE14	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE15	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE2	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE3	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char

Variable Name	Variable Description	Meta Data	Format
CONTRIB_CAUSE4	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE5	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE6	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE7	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE8	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
CONTRIB_CAUSE9	ICD codes for underlying and other mentionable causes of death	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
DOD	Date of death	Date Proxy – count of days between death date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
EDU_DEATH	Education level	1 = HS or less 2 = 13+ years 9 = Unknown 10=Special Education	Num
FOREIGN_BORN_DEATH	Was decedent US or foreign born?	0=US born 1=Foreign born 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
HOMELESS_DEATH	N/A	0=No indication of homeless 1=Homeless based on address match only 2=Homeless based on OCME intake only 3=Homeless based on both address and OCME intake	Num
INC_CODE_DEATH	Text for city/town where death occurred	1-351 = valid MA city/town 888=Known, but not MA 999 = missing/unknown/invalid	Num
MANNER	Manner of death	1 = Natural 2 = Accident 3 = Homicide 4 = Suicide 5 = Could not be Determined 6 = Pending Investigation 7 = Other 8 = Therapeutic Complication 9=Unknown	Num
MARITAL_DEATH	Marital status at time of death	1 = Single, Never married 2 = Married or separated 3 = Widowed 4 = Divorced 9 = Missing/Unknown	Num
MONTH_DEATH	Month of death	Months, 1-12	Num
MONTH_SEQ	When in the month did the death occur?	1= Death occur beginning of month (days 1,2,3,4) 2= Death occur middle of month (days 13,14,15,16) 3= Death occur end of month (days 28,29,30,31) 4= Everything else	Num
NAICS_DEATH	North American Industry Classification System	6 digit North American Industry code	Char
NAICS_YEAR_DEATH	Coding year for NAICS	4 digit year	Num
OCME_8TERMS	Medical Examiner Narrative text search for 8 terms: fentanyl, opioid, opiate, overdose, od, heroin, syringe, and needle	0=No 1=Yes Blanks= Not in OCME	Num
OCME_PREGNANT	Medical Examiner Past Medical History text search for: Pregnant, Pregnancy	0=No 1=Yes Blanks= Not in OCME	Num
OCME_SA	Medical Examiner Past Medical History text search for: Opioid, Heroin, opiate, probable od, od, overdose, possible O/D	0=No 1=Yes Blanks= Not in OCME	Num

Variable Name	Variable Description	Meta Data	Format
OCME_TOX	Medical Examiner toxicology collected	0=No 1=Yes Blanks= Not in OCME	Num
OPIOID_DEATH	Opioid death based on ICD10 codes or literal search	0=No 1=Yes Blanks= Not in OCME	Num
PLACE_DEATH	Type of place where death occurred	1=Hospital 2=Residence 3=Other 9=Unknown	Num
PREGNANT_DEATH	Pregnancy checkbox	1=Not pregnant in last year 2= Pregnant at death 3=No, But within 42 days 4=No, But Within 43 days-1 yr 7=Not on certificate (for out-of-state records only) 8=NA 9=Unknown Blank= MF Record	Num
PREGNANCY	Combination of literal search and pregnancy checkbox- literal search for terms: Peripartum, Pregnancy, Pregnant, Ectopic, Chorioamnionitis, Amniotic, Intrauterine fetal demise, peripartum cardiomyopathy, uterine rupture, placental, postpartum, and eclampsia	1= Yes, checkbox alone 2= Yes, literal search alone 3= Both 4= No 5= Unknown Blank= MF Record	Num
Pregnancy_Associated_de ath	Is this death pregnancy- associated? In Maternal Mortality Review Information Application (MMRIA)system	1=Yes 0=No Blanks= Not in system yet	Num
Pregnancy_Related_Deat h	Was death found to be pregnancy related after review by the Maternal Mortality and Morbidity Review Committee	1=Yes 0=No 2=Possibly 3=Undetermined/injury 4=Unknown Blanks= not in MMRIA	Num
RACE_DEATH	Race/ethnicity of the decedent	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = unknown	Num

Variable Name	Variable Description	Meta Data	Format
RES_CODE_DEATH	Code for city/town of residence at time of death	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RES_ZIP_DEATH	Resident zip code at time of death	5 digit zip 99999=Unknown	Char
SEX_DEATH	Gender	1 = male 2 = female 9 = unknown	Num
SOC_DEATH	Standard Occupation code	XX-XXXX	Char
UNDERLYING_CAUSE_D EATH	ICD codes for underlying cause of death (coded to ICD-10)	ICD 10 code. Characters 1-3 = Indicate the category of the diagnosis Characters 4-6 = Indicate etiology, anatomic site, severity, or other clinical detail	Char
VETERAN_DEATH	Veteran's Status	0=No 1=Yes 9=Unknown	Num
WEEKEND_DEATH	Did the death occur on a weekend?	0=No 1=Yes 9=Missing day of death	Num
YEAR_DEATH	Year of death	Years, YYYY format (starts 2011)	Num

* OPIOID: Searching literal text for 45 opioid-related terms *;

OPIOID

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DOLOPHINE

MPHINE

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LTAB

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PENTAZOCINE

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VICODIN

OXYCODONE

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ULTRAM

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Analytic Data Dictionary PHDDHCD.DHCD

Family Homelessness - Department of Housing and Community Development (DHCD)

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9 character alphanumeric ID	Char
Match_level_DHCD	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within	Num
		the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first name. These candidates are included for completeness.	
CHRON_HEALTH_DHCD	Chronic health condition.	0=No 1=Yes 9=Unknown	Num
DESTINATION_DHCD	Identifies where a client will stay just after exiting a project	See code list below	Num
DEV_DISABILITY_DHCD	Developmental disability	0=No 1=Yes 9=Unknown	Num
DISABILITY_DHCD	Indicate whether or not clients have a disabling condition.	0=No 1=Yes 9=Unknown	Num
EXIT_AGE_DHCD	Age in years at exit from DHCD	Integer age in years	Num
EXIT_DATE_DHCD	The project exit date indicates a client has left the project. For residential projects this is the date of move out.	Count of days between project exit date and a random date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
EXIT_MONTH_DHCD	Month of exit from project	Months, 1-12	Num
EXIT_YEAR_DHCD	Year of exit from project	Years, YYYY format	Num
HOH_RELATION_DHCD	Identifies one person to whom all other household members can be linked to at the time they enter a project	1=Self 2=Head of household's child 3=Head of household's spouse/partner 4=Head of household's other relation member 5=Other; non-relation member	Num
HOMELESS_COUNT_LA ST3YRS	Number of times the client has been on the streets, in	1=One time 2=Two times	Num

Analytic Data Dictionary PHDDHCD.DHCD

Variable Name	Variable Description	Meta Data	Format
	ES, or SH in the past three years including today. For persons entering HMIS Project Type: Street Outreach, Emergency Shelter, & Safe Haven	3=Three times 4=Four or more times 8=Client doesn't know 9=Client refused 99=Data not collected	
HOMELESS_MONTHS_L AST3YRS	Total number of months homeless on the street, in ES, or SH in the past three years. For persons entering HMIS Project Type: Street Outreach, Emergency Shelter, & Safe Haven	1=One month (this time is first month) 2-12 13=More than 12 months 88=Client doesn't know 98=Client refused 99=Data not collected	Num
HOMELESS_START_DAT E	The beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places. For persons entering HMIS Project Type: Street Outreach, Emergency Shelter, & Safe Haven	Count of days between first homeless date and a random date in the past NOTE: The larger the date proxy, the more recently the event occurred Please note: this data element was created by HUD in 2017. For clients entering prior to 2017 data are sporadic depending on if the record was updated after the data element was created.	Num
HOMELESS_MONTH	The month of the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places.	Months, 1-12. Please note: this data element was created by HUD in 2017. For clients entering prior to 2017 data are sporadic depending on if the record was updated after the data element was created.	Num
HOMELESS_YEAR	The year of the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places.	Years, YYYY format Please note: this data element was created by HUD in 2017. For clients entering prior to 2017 data are sporadic depending on if the record was updated after the data element was created.	Num
LENGTH_PRIOR_DHCD	Length of time the client was residing in their previous place of stay. For persons entering HMIS Project Type: Street Outreach, Emergency Shelter, & Safe Haven	1=One night or less 2=Two to six nights 3=One week or more, but less than one month 4=One month or more, but less than 90 days 5=90 days or more, but less than one year 6=One year or longer 8=Client doesn't know 9=Client refused 99=Data not collected	Num

Analytic Data Dictionary PHDDHCD.DHCD

Variable Name Variable Description **Meta Data Format** Please note: this data element was created by HUD in 2017. For clients entering prior to 2017 data are sporadic depending on if the record was updated after the data element was created. PHYS DISABILITY DHC Physical disability 0=No Num 1=Yes 9=Unknown RACE DHCD 1 = White non-Hispanic Client's race/ethnicity Num 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown RES TYPE DHCD Type of Residence that Num most closely matches See code list below where the client was living prior to project start. For Please note: this data element was persons entering HMIS created by HUD in 2017. For clients Project Type: Street entering prior to 2017 data are sporadic Outreach, Emergency depending on if the record was updated Shelter, & Safe Haven after the data element was created. SEX DHCD Client's sex 1 = Male Num 2 = Female 9 = Unknown or transgender START AGE DHCD Age in years at entry to Integer age in years Num DHCD START DATE DHCD The project start date Count of days between project start date Num and a random date in the past indicates a client is now being assisted by the NOTE: The larger the date proxy, the project more recently the event occurred START MONTH DHCD The project start month Months, 1-12 Num Years, YYYY format START YEAR DHCD The project start year Num VETERAN DHCD Indicates whether clients 0=No Num are veterans of the United 1=Yes States armed forces 9=Unknown

Analytic Data Dictionary PHDDHCD.DHCD

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Department of Industrial Accidents (DIA) - Worker's Compensation

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9-character alphanumeric ID	Char
Match_level_DIA	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness.	
ANSI_BODY1	ANSI Body part affected (first listed)	See code list 999=missing	Num
ANSI_BODY2	ANSI Body part affected (2nd listed)	See code list 999=missing	Num
ANSI_BODY3	ANSI Body part affected (3rd listed)	See code list 999=missing	Num
ANSI_NATURE1	1st nature of injury on the first report of injury	See code list 999=missing	Num
ANSI_NATURE2	2nd nature of injury on the first report of injury	See code list 999=missing	Num
ANSI_NATURE3	3rd nature of injury on the first report of injury	See code list 999=missing	Num
BLS_OCC_DIA	BLS Occupation code	XX-XXXX See BLS webpage 99-9999 = missing/unknown	Char
CENSUS_OCC_DIA	Census Occupation code	4 digit code See webpage 9999=missing	Num
COMPANY_ZIP	Zip code of employer	5 digit zip code 99999=missing/unknown	Char
DOD_DIA	Worker DOD	Date Proxy – count of days between death date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num

Variable Name	Variable Description	Meta Data	Format
DOD_MONTH_DIA	Month of death	Months, 1-12 99=missing/unknown	Num
DOD_YEAR_DIA	Year of death	YYYY 9999=missing/unknown	Num
DOI_DIA	Date Worker injured	Date Proxy – count of days between injury date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
DOI_MONTH_DIA	Month of injury	Months, 1-12 99=missing/unknown	Num
DOI_YEAR_DIA	Year of injury	YYYY 9999=missing/unknown	Num
INC_ZIP_DIA	Zip where the accident or injury occurred	5 digit zip code 99999=missing/unknown	Char
INSURANCE_DIA	Insurer's/Payer's name	text field	Char
NAICS_DIA	NAICS Industry Code submitted by data reporters (e.g. insurers) through EDI	6-digit code See code list 999999=missing/unknown	Num
RES_CODE_DIA	City/town of worker's residence	1-351 999=missing/uknown	Num
RETURN_TO_OCC	Has employee returned to regular occupation?	0=No 1=Yes 9=missing/unknown	Num
RETURN_TO_WORK	Has employee returned to work?	0=No 1=Yes 9=missing/unknown	Num
SELF_INSURER	Self-insured employer?	0=No 1=Yes 9=missing/unknown	Num
SEX_DIA	Worker's sex	1 = male 2 = female 9 = missing/unknown	Num
WEEKLY_WAGE	Weekly average wage	XXXX.XX	Num

ANSI_BODY1, ANSI_BODY2, ANSI_BODY3		
100=Head, UNS*	320=Wrist(s)	
110=Brain	330=Hand(s), Not Wrists or Fingers	
120=Ear(s), UNS*	340=Finger(s)	
121=Ear(s), External	398=Upper Extremities, Multiple	
124=Ear(s), Internal	400=Trunk, UNS*	
130=Eye(s), UNS*	410=Abdomen, Internal Organs, Inguinal	
	Hernia	
140=Face, UNS*	420=Back	
141=Jaw, Chin	430=Chest, Ribs, Breastbone, Internal	
	Organs	
144=Mouth and Throat (vocal chords, larynx)	440=Hip, Pelvis, Organs and Buttocks	
146=Nose	450=Shoulder(s)	
148=Face, Multiple Parts	498=Trunk, Multiple	
149=Face, NEC**	500=Lower Extremities	
150=Scalp	510=Leg(s), UNS*	
160=Skull	513=Knee(s)	
198=Head Multiple	515=Lower Leg(s)	
200=Neck & Cervical Vertebrae	518=Leg(s), Multiple	
300=Upper Extremities, NEC**	519=Leg(s), NEC**	
310=Arm(s), UNS*	520=Ankle(s)	
311=Upper Arm	530=Foot or Feet, Not Ankle	
313=Elbow(s)	540=Toe(s)	
315=Forearm(s)	598=Lower Extremities, Multiple	
318=Arm(s), Multiple	700=MULTIPLE PARTS. Applies when more	
	than one major body part has been affected	
	such as an arm and a leg	
319=Arm(s), NEC**	998=NON-CLASSIFIABLE - Insufficient	
	information to identify part of body effected.	
	Includes damage to prosthetic devices	
	999=missing/unknown	

ANSI_NATURE1, ANSI_NA	TURE2, ANSI_NATURE3
100=Amputation or Erucloation	283=Asbestosis
110=Asphyxia or Strangulation Etc.	284=Byssinosis
120=Burns (Heat)	285=Siderosis
130=Burns (Chemical)	286=Silicosis
140=Concussion	287=Other Pneumoconioses
150=Infective or Parasitic Disease, UNS*	289=Pneumoconiosis and Tuberculosis
151=Amebiasis	290=Radiation Effects, UNS*
152=Anthrax	291=Non-Ionizing Radiation
153=Brucellosis	292=Microwaves
154=Conjunctivitis and Opthalmia	293=Ionizing Radiation - X-Ray
156=Tetanus	294=Ionizing Radiation - Isotopes
157=Tuberculosis	295=Welder's Flash
159=Other Infective or Parasitic Diseases	300=Scratches, Abrasions
160=Contusion, Crushing, Bruise	310=Sprains, Strains
170=Cut, Laceration, Puncture	320=Hemorrhoids
180=Dermatitis, UNS*	330=Hepatitis, Serum and Infective
183=Primary Infections of the Skin	400=Multiple Injuries
184=Other Skin Conditions	500=Effects of Changes in Atmospheric Pressure
185=Dermatitis, Allergenic or Contact	510=Cardiovascular and Other Conditions of the Circulatory System

ANSI_NATURE1, ANSI_NATURE2, ANSI_NATURE3		
189=Skin Condition, NEC**	520=Complications Peculiar to Medical	
103-0Kiii Golidilioli, NEG	Care	
190=Dislocation	530=Eye, other Diseases of the Eye	
200=Electric Shock, Electrocution	540=Mental Disorders	
210=Fracture	550=Neoplasm Tumor, UNS*	
220=Effects of Exposure to Low Temperature	551=Malignant	
230=Hearing Loss or Impairment	552=Benign	
240=Effects of Environmental Heat	560=Nervous System, Conditions of - NEC**	
250=Hernia, Rupture	561=Diseases of the Central Nervous System	
260=Inflammation of Joints, Etc.	562=Diseases of the Nerves and Peripheral Ganglia	
265=Carpal Tunnel Syndrome	570=Respiratory Systems, Conditions of	
270=Poisoning, Systemic, UNS*	571=Upper Respiratory	
271=Due to Toxic Materials other than Lead	572=Asthma, Influenza, Pneumonia	
272=Diseases of the Blood and Blood Forming Organs	580=Symptoms and III-defined Conditions	
273=Upper Respiratory Conditions	900=No Illness	
274=Influenza, Pneumonia, Etc.	900=No Injury	
275=Hepatitis, Toxic	950=Damage to Prosthetic Devices	
276=Other Diseases of the Gastro-Intestinal Tract	990=Occupational Disease, NEC**	
278=Effects of Lead	991=Heart Condition, excludes Heart Attack	
279=Other Toxic Effects of One System Only	995=No Other Injury, NEC**	
280=Pneumoconiosis	998=Non-classifiable	
281=Aluminosis	999=missing/unknown	
282=Anthracosis		

NAICS Sector Codes
11 Agriculture, Forestry, Fishing and Hunting
21 Mining, Quarrying, and Oil and Gas Extraction
22 Utilities
23 Construction
31-33 Manufacturing
42 Wholesale Trade
44-45 Retail Trade
48-49 Transportation and Warehousing
51 Information
52 Finance and Insurance
53 Real Estate and Rental and Leasing
54 Professional, Scientific, and Technical Services
55 Management of Companies and Enterprises
56 Administrative, Support, Waste Management, Remediation
Svcs.
61 Educational Services
62 Health Care and Social Assistance
71 Arts, Entertainment, and Recreation
72 Accommodation and Food Services
81 Other Services (except Public Administration)
92 Public Administration

NAICS Subsector Codes
111 Crop Production
112 Animal Production and Aquaculture
113 Forestry and Logging
114 Fishing, Hunting and Trapping
115 Support Activities for Agriculture and Forestry
211 Oil and Gas Extraction
212 Mining (except Oil and Gas)
213 Support Activities for Mining
221 Utilities
236 Construction of Buildings
237 Heavy and Civil Engineering Construction
238 Specialty Trade Contractors
311 Food Manufacturing
312 Beverage and Tobacco Product Manufacturing
313 Textile Mills
314 Textile Product Mills
315 Apparel Manufacturing
316 Leather and Allied Product Manufacturing
321 Wood Product Manufacturing
322 Paper Manufacturing
323 Printing and Related Support Activities

NAICS Subsector Codes
NAICS Subsector Codes
324 Petroleum and Coal Products Manufacturing
325 Chemical Manufacturing
326 Plastics and Rubber Products Manufacturing
327 Nonmetallic Mineral Product Manufacturing
331 Primary Metal Manufacturing
332 Fabricated Metal Product Manufacturing
333 Machinery Manufacturing
334 Computer and Electronic Product Manufacturing
335 Electrical Equipment, Appliance, and Component Manufacturing
336 Transportation Equipment Manufacturing
337 Furniture and Related Product Manufacturing
339 Miscellaneous Manufacturing
423 Merchant Wholesalers, Durable Goods
424 Merchant Wholesalers, Nondurable Goods
425 Wholesale Electronic Markets and Agents and Brokers
441 Motor Vehicle and Parts Dealers
442 Furniture and Home Furnishings Stores
443 Electronics and Appliance Stores
444 Building Material and Garden Equipment and Supplies Dealers
445 Food and Beverage Stores
446 Health and Personal Care Stores
447 Gasoline Stations
448 Clothing and Clothing Accessories Stores
451 Sporting Goods, Hobby, Musical Instrument, and Book Stores
452 General Merchandise Stores
453 Miscellaneous Store Retailers
454 Nonstory Retailers
481 Air Transportation
482 Rail Transportation
483 Water Transportation
484 Truck Transportation
485 Transit and Ground Passenger Transportation
486 Pipeline Transportation
487 Scenic and Sightseeing Transportation
488 Support Activities for Transportation
491 Postal Service
492 Couriers and Messengers
493 Warehousing and Storage
511 Publishing Industries (except Internet)
512 Motion Picture and Sound Recording Industries
515 Broadcasting (except Internet)
517 Telecommunications
518 Data Processing, Hosting, and Related Services
519 Other Information Services
521 Monetary Authorities-Central Bank
522 Credit Intermediation and Related Activities
523 Securities, Commodity Contracts, and Other Financial Investments and Related Activities
524 Insurance Carriers and Related Activities
525 Funds, Trusts, and Other Financial Vehicles
525 - arias, rrasta, and other rindred vertices

NAICS Subsector Codes
531 Real Estate
532 Rental and Leasing Services
533 Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)
541 Professional, Scientific, and Technical Services
551 Management of Companies and Enterprises
561 Administrative and Support Services
562 Waste Management and Remediation Services
611 Educational Services
621 Ambulatory Health Care Services
622 Hospitals
623 Nursing and Residential Care Facilities
624 Social Assistance
711 Performing Arts, Spectator Sports, and Related Industries
712 Museums, Historical Sites, and Similar Institutions
713 Amusement, Gambling, and Recreation Industries
721 Accommodation
722 Food Services and Drinking Places
811 Repair and Maintenance
812 Personal and Laundry Services
813 Religious, Grantmaking, Civic, Professional, and Similar Organizations
814 Private Households
921 Executive, Legislative, and Other General Government Support
922 Justice, Public Order, and Safety Activities
923 Administration of Human Resource Programs
924 Administration of Environmental Quality Programs
925 Administration of Housing Programs, Urban Planning, and Community Development
926 Administration of Economic Programs
927 Space Research and Technology
928 National Security and International Affairs

Department of Corrections (DOC)

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9 character alphanumeric ID	Char
Match_level_DOC	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and zip code. These candidates are included for completeness	
ADMISSION_AGE_DOC	Age at admission	Age in years	Num
ADMISSION_MONTH_DOC	Admission month	Months, 1-12	Num
ADMISSION_YEAR_DOC	Admission year	Years, YYYY format	Num
ADMIT_DATE_DOC	Admission date for most recent release	Count of years between admission date and a random date in the future	Num
CUSTODY_DOC	Custody includes all inmates who are incarcerated in a MA DOC facility. CFI stands for "county/federal/interstate" and includes inmates housed in correctional facilities outside of the MA DOC (i.e. MA HOCs, other state's correctional facilities, and federal bureau of prisons	1= Custody 2= CFI (County, Federal, Interstate)	Num
GOV_OFFENSE_DOC	Reported offence of a criminally sentenced inmate that carries the longest max sentence. A criminally sentenced inmate as one governing offense.	1=Property 2=Drug 3=Person 4=Sex 5=Other	Num
INMATE_TYPE_DOC	The status of an inmate admitted to prison	1=Pretrial 2=Criminal 3=Civil	Num
INSITUTION DOC		See code list	Num

	· · · · · · · · · · · · · · · · · · ·		
Variable Name	Variable Description	Meta Data	Format
MATH_LEVEL_DOC	Highest grade equivalent math level	1= Less than 6th grade 2=6th through less than 9th grade 3=9th grade and above	Num
PRERELEASE_MATRI	Participated in Medication Assisted Treatment Reentry Initiative (MATRI) during this incarceration	0=No 1=Yes	Num
RACE_DOC	Self-reported. Inmates who report a Hispanic ethnicity are reported as Hispanic	1 = White Non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
READING_LEVEL_DOC	Highest grade equivalent reading level	1= Less than 6th grade 2=6th through less than 9th grade 3=9th grade and above	Num
RELEASE_AGE_DOC	Age at release	Age in years	Num
RELEASE_CODE_DOC	Release code	See code list	Num
RELEASE_DATE_DOC	Release date	Count of days between release date and a random date in the future	Num
RELEASE_MONTH_DOC	Release month	Months, 1-12	Num
RELEASE_TO_COMMUNI TY	Indicator that release was to community	0=No 1=Yes	N/A
RELEASE_YEAR_DOC	Release year	Years, YYYY format	Num
RELEASE_ZIP_DOC	Release zip code - self- reported	5 digit zip code 99999=Unknown	Char
SECTION35_DOC	Was commitment the result of Section 35?	0=No 1=Yes	Num
SECURITY_LEVEL	Security level designation of the releasing facility	1=Pre-Release 2=Minimum 3=Medium 4=Maximum 5=ELMO (Massachusetts Probation Service's Electronic Monitoring Program)	Num
SEX_DOC	Gender	1=Male 2=Female	Num
SMI_DOC	Serious mental illness?	0=No 1=Yes	Num
VIOLENT_CRIME	Reported offence of a criminally sentenced inmate that carries the longest max sentence. A criminally sentenced inmate as one governing offense.	0=No (non-violent) 1=Yes (violent)	Num

Code Lists

Ins	titution Codes
1	Baystate Correctional Center
2	Boston Pre-Release Center
3	Bridgewater State Hospital
4	Brooke House
5	CFI County/Fed/Interstate (DOC)
6	Lemuel Shattuck Hospital Correctional Center
7	MA Alcohol & Subst Abuse Correctional Center
8	MA Treatment Center
9	MASAC at Plymouth
10	MCI Cedar Junction
11	MCI Concord
12	MCI Framingham
13	MCI Norfolk
14	MCI Plymouth
15	MCI Shirley
16	MCI Gardner
17	Northeastern Correctional Center
18	Old Colony Correctional Center
19	Pondville Correctional Center
20	South Middlesex Correctional Center
21	Souza-Baranowski Correctional Center
22	Spectrum Women Children Prg

RELEASE_CODE	RELEASE DESC	RELEASE_TO_COMMUNITY
131	Transfer to House of Correction	
132	Transfer to Out of State	
133	NON-DOC Inmate to HOC/FED/PD/OTHER STATE	
135	Transfer to Federal Authority	
136	*Transfer to Other Authority	
137	HABEAS to Court - Sentenced	
138	HABEAS to Court - Did not Return	
139	HABEAS to Court - Ret'd with new Case #	
141	HABEAS to Court - Rec'd Forthwith Sent.	
144	Escape	
145	Death	
146	*HABED to Court - Escaped	
150	Court Release - Sent REVOKE/STAY/VACATED	YES
151	*Court Release - Sent VACATED	
152	*Court Release - Await Trial	
153	*Court Release - BAILED	
154	*Court Release - Sent STAYED	
155	*Released to PV Warrant	
156	*Released on Pers Recognizance	
157	Crime Lab Court Release/JP	YES
158	*Released from Out of State Detainer	
159	Release from Out of STATE/FED Detainer	
160	*Unconditional Discharge	
161	*Experation of Sentence to Street	
162	*Voluntary Commitment Discharge	
163	*Alcohal Commitment Discharge	
164	*Release by Federal Authority	
165	*Release by Out of STATE/FED Authority	
166	Pardon/Commutation	
167	*Voluntary Release Own Request	
168	*Expiration - to DOC/HOC Sentence	
169	*Expiration to Warrant	
170	*Paroled - Need to research	
171	Bailed/Rel on Personal Recognizance	
172	Bailed/Rel on Personal Recog to Warrant	
173	*Bailed to PV Warrant	
174	*Bailed to a Police Department	
175	International Transfer	
178	Release - to Correct Error	
179	Release from MA Parole Detainer	YES
180	Parole to Street	YES
181	Parole to Out of State Sentence	123
182	Parole to Gut of State Sentence	
183	Parole to Immigration	
185	Revised Sentence Crime Lab/Hampden	YES
186	Revised Sentence Crime Lab/Hampden	YES
187	Parole to From & After HOC Sentence	1LJ

RELEASE_DESC	RELEASE_DESC Code Table				
RELEASE_CODE	RELEASE_DESC	RELEASE_TO_COMMUNITY			
188	Parole to Warrant				
189	Parole to From & After DOC Sentence				
190	GCD/EXP/REL to Street	YES			
191	GCD/EXP/REL to Out of State Sentence				
192	GCD/EXP/REL to Federal Authority				
193	GCD/EXP/REL to Immigration				
196	Crime Lab Court Release/Hampden	YES			
197	GCD/EXP/REL to F&A/CC HOC Sentence				
198	GCD/EXP/REL to Warrant				
199	GCD/EXP/REL to From & After/CC at DOC				
223	*Expiration to Civil Commitment				
229	GCD/EXP/REL to Civil Commitment				
230	*GCD to CC at HOC				
234	Parole to Civil Commitment				
235	Release from Weekend Sentence				
239	*Release from Civil Comm. to a Warrant				
240	*Release from Civil Commitment				
242	Transfer to Other Authority				
244	Payment of Fine	YES			
245	Payment of Fine to a Warrant				
246	Expiration of Fine	YES			
247	Expiration of Fine to a Warrant				
255	Parole to Transitional Treatment Prog	YES			
261	Crime Lab Court Release/Western	YES			

Department of Mental Health (DMH)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_DMH	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These	Num
Admit_Legal_DMH	Admitting Legal Status	candidates are included for completeness 1=Forensic Eval, 2=Forensic Treatment, 3=Civil	Num

Variable Name	Variable Description	Meta Data	Format		
Admit_Source_DMH	Referred from	1 ACUTE MEDICAL FACILITY 2 ADMIN D/C RETURN-MED FACILITY 3 ASSISTED LIVING 4 BRIDGEWATER STATE HOSPITAL 5 CASE MANAGEMENT 6 CHILD/ADOL INTENSIVE RESI TX 7 CLINIC REFERRED 8 COMM BASED ACUTE TX-ADOL 9 CORRECTIONAL FACILITY 10 COURT/LAW 11 DISCHARGE/RETAIN CUSTODY 12 DMH FACILITY 13 EMERGENCY ROOM 14 EMERGENCY SERVICES 15 GROUP HOME 16 HMO REFERRAL 17 HOME 18 NON-DMH PSYCHIATRIC FACILITY 19 NURSING HOME 20 OUTPATIENT PROVIDER 21 PHYSICIAN REFERRED 22 PRISON 23 PRIVATE INPT PSYCH FACILITY 24 PRIVATE PARTIAL HOSPITAL 25 REHAB FACILITY 26 RESIDENTIAL 27 SCHOOL 28 SELF/FAMILY/FRIEND 29 SKILLED NURSING FACILITY 30 STATE INPT PSYCH FACILITY 31 STATE OP OUTPATIENT 32 STATE OP PARTIAL HOSP 33 STATE OP PRESIDENTIAL 34 TRANSFER - ANOTHER HC FAC 35 TRANSFER FROM/TO OOS FACIL 36 TRANSFER SNF 37 TRANSFER SNF	Num		
Age_DMH	Age at enrollment	Age in years	Num		
Area_DMH	DMH area client was assigned to for services Area Mnemonic	1 = Metro Boston Area 2 = Central Massachusetts Area 3 = Northeast Area 4 = Southeast Area 5 = Western Massachusetts Area	Num		
Citizen_DMH	Flag indicating clients US Citizenship	0=No 1=Yes	Num		
Dep_Minors_DMH	Number of Dependent Minors		Num		
Diagnosis_Date_DMH	Date of diagnosis	Date Proxy – Count of days between diagnosis date and a random date in the future NOTE: The larger the date proxy, the more recently the event occurred	Num		

(TIDDIVITI.DIVITI)					
Variable Name	Variable Description		Meta Data	Format	
Discharge_Disp_DMH	Discharge Disposition	1	ACCS	Num	
			ACCS SERVICE TYPE TRANSITION		
			ACUTE MEDICAL FACILITY		
			ACUTE RESI TX ADULT DUAL DX		
			ACUTE RESIDENTIAL TX CHILD		
			AGAINST MEDICAL ADVICE		
			ASSISTED LIVING FACILITY		
			BRIDGEWATER TREATMENT CTR		
			Brief Intervention Referral to TX		
			CLINICAL STABILIZATION SVCS		
		11	Closed State Mental Hospital		
			COMM BASED ACUTE TX-CHILD		
		13	Community Mental Health Clinic		
			CORRECTIONAL CT		
		15	COURT/LAW		
		16	CRISIS STABILIZATION SERVICE		
		17	DETOXIFICATION FACILITY		
		18	DMH COMMUNITY RESIDENCE C/A		
		19	DMH GROUP/CONG LIVING-ADULT		
		20	DMH RESPITE SERVICE		
		21	DMH Unit DPH Hospital		
		22	DSS RESIDENTIAL		
		23	DYS RESIDENTIAL		
		24	EXPIRED		
		25	GAMBLING PROGRAM		
		26	HALFWAY HOUSE		
			HOME ALONE		
			HOME WITH FAMILY		
			HOME WITH NON-FAMILY		
			HOME with SERVICE		
			HOSPICE		
		_	INCARCERATED OVER 18 MONTHS		
			INCARCERATED UNDER 18 MONTHS		
			Inpatient Facility Adult		
			Inpatient Facility Child/Adolescent		
			INTERMEDIATE CARE FACILITY		
		_	LONG TERM CARE FACILITY		
			MEDICAL UNIT/DRH Hospital		
			MEDICAL UNIT/DPH Hospital Mental Health Clinic		
			Mental Health Residential Clinic		
			MOVED OUT OF AREA		
			NON-DMH COMMUNITY RES.		
			NURS HOME / SNF (NON-REHAB)		
			O4 OUTPATIENT PROVIDER		
			OOS PSYCHIATRIC FACILITY		
			OOS RESIDENTIAL PROGRAM		
			OPIOID TREATMENT		
			OTHER FACILITY		
		45	OTTIEN FACILITY		

Variable Name	Variable Description	Meta Data	Format		
		50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAIL TREATMENT 57 RESIDENTIAL SCHOOL 58 REST HOME 59 SHELTER 60 SHORT TERM HOSP 61 Short Term Transfer 62 SKILL NURS FAC/NURS HOME 63 SOBER HOUSE 64 State Contracted Mental Health Hosp 65 State Operated Mental Health Clinic 66 State Operated Mental Health Hosp 67 State Operated MH Service 68 SUB. ABUSE TX (NOT DETOX) 69 SUBSTANCE ABUSE FACILITY/HOSP 70 TERMINATED BY PROGRAM 71 TRANSFER TO ANOTHER PGM/SERV 72 TRANSITIONAL SUPPORT SVCS 73 VETERANS ADMIN. HOSPITAL 74 WRAP 99 Unknown/NO CONTACT/ WHEREABOUTS UNK/status not a			
Discharge_Legal_DMH	Description of Discharge Disposition	disposition 1=Forensic Eval 2=Forensic Treatment 3= Civil	Num		
Disenrolled_Date_DMH	Date Client was dis- enrolled	Date Proxy – Count of days between disenrollment date and a random date in the future NOTE: The larger the date proxy, the more recently the event occurred	Num		
Education_DMH	Reported Level of Education	1 = Not of School Age 2 = No Formal Education 3 = Less than High School 4 = High School Diploma / GED 5 = Some College/Post-Secondary 6 = Associate/Certificate 7 = College Degree or Higher 8 = Other Credentials 95 = Unknown 99 = Missing	Num		
Eligibility_DMH	Status of Registration in DMH services	0=No 1=Yes	Num		

Variable Name	Variable Description	Meta Data	Format
Employ_End_DMH	Date employment ended	Date Proxy – Count of days between employment end date and a random date in the future NOTE: The larger the date proxy, the more recently the event occurred	Num
Employment_Status_DMH	ID Description	1=Competitively Employed (Self-Sufficient) 2=Competitively Employed 3 = Transitional Employment 4 = Agency Sponsored Employment 5 = Unemployed, but in the Labor Force 6 = Not in Labor Force, but Engaged in Work-Related Activity 7 = Not in Labor Force and not Engaged in any Work-Related Activity 8 = Chooses Not to Disclose	Num
Employ_Start_DMH	Date employment started	Date Proxy – Count of days between employment start date and a random date in the future NOTE: The larger the date proxy, the more recently the event occurred	Num
Enrolled_Date_DMH	Date Client was enrolled	Date Proxy – Count of days between enrollment date and a random date in the future NOTE: The larger the date proxy, the more recently the event occurred	Num

Variable Name	Variable Description	Meta Data	Format
Ethnicity_DMH	Ethnicity	1=African	Num
		2=African American	
		3=American	
		4=Armenian	
		5=Asian Indian	
		6=Brazilian	
		7=Cambodian	
		8=Cape Verdean	
		9=Caribbean Islander	
		10=Chinese	
		11=Colombian	
		12=Cuban	
		13=Dominican	
		14=English	
		15=Filipino	
		16=French	
		17=German	
		18=Greek	
		19=Guatemalan	
		20=Haitian	
		21=Honduran	
		22=Irish	
		23=Italian	
		24=Japanese	
		25=Korean	
		26=Laotian	
		27=Mexican, Mexican American, Chicano	
		28=Middle Eastern	
		29=Polish	
		30=Portuguese	
		31=Puerto Rican	
		32=Russian	
		33=Salvadoran	
		34=Ukrainian	
		35=Vietnamese	
		36=Hispanic, Other	
		37=Other	
		38=Unknown	

Department of Mental Health

Analytic Data Dictionary

(PHDDMH.DMH)

	1		·
Facility_DMH	DMH facility that a	1	Acton Site Office
	client is enrolled to for	2	Arlington Site Office
	inpatient or outpatient	3	Bay Cove Site Office
	services	4	Berkshire Site Office
	3GI VICG3	5	Brockton Multi Service Center
		6	Brockton Site Office
		7	Cambridge/Somerville Site Off.
		8	Canton Site Office
		9	Cape Cod & Islands Site Office
		10	Cape Cod/Islands CMHC
		11	Care Manager
		12	
			Centerpoint IRTP
		13	Central Mass Area Shared
		14	Central Office
		15	Central Office Area Shared
		16	Chauncy Hall IRTP
		17	Corrigan CMHC
		18	Dr. Solomon Carter Fuller CMHC
		19	East Suburban Site Office
		20	Eric Lindemann CMHC
		21	Essex North Site Office
		22	Everett House
		23	Fall River Site Office
		24	Franklin/North Quabbin Site Of
		25	Fuller Site Office
		26	Hampshire Site Office
		27	Haverhill/Newburyport Site Off
		28	Holyoke/Chicopee Site Office
		29	Lindemann Site Office
		30	Lowell Site Office
		31	Lynn Site Office
		32	Mass Mental CMHC
		33	Mass Mental Site Office
		34	Medfield State Hospital
		35	Metro Boston Area Shared
		36	Metro North Site Office
		37	Metro Suburban Area Shared
		38	
			New Bedford Site Office
		39	North County Site Office
		40	North East Area Shared
		41	North Shore Site Office
		42	ParkView Specialty Hospital
		43	Plymouth Site Office
		44	Quincy CMHC
		45	Quincy Site Office
		46	Quincy Site Office SQY
		47	Shattuck Hospital
		48	Solomon Carter Fuller IRTP
		49	Solomon CMHC
		50	South County Site Office
		51	South Suburban Site Office
		52	Southeastern Mass Area Shared
		53	Southwest Suburban Site Office
		54	Springfield Site Office
		55	Statewide
		56	Statewide (CMHCs)
		57	Statewide (State Hospitals)
		58	Taunton IRTP
		59	Taunton State Hospital
		60	Taunton State Hospital Taunton/Attleboro Site Office
		61	
		62	Tewksbury Hospital
	l	02	The Merrimack Center

Variable Name	Variable Description	Meta Data	Format
		63 Three Rivers 64 Vibra Hospital of Western Mass 65 West Suburban Site Office 66 Westboro State Hospital 67 Westborough Site Office 68 Western Mass Area Shared 69 Westfield Site Office 70 Worcester 1 71 Worcester 2 72 Worcester Recovery Center 73 Worcester Site Office	
In_School_DMH	Flag indicating clients educational status	0=No 1=Yes	Num
Interpreter_DMH	Flag indicating whether a client requires a language interpreter	0=No 1=Yes	Num
Hours_DMH	Number of hours client works per week		Num
Interim_Legal_DMH		1=Forensic Eval, 2=Forensic Treatment, 3= Civil	Num
Language_DMH	Client preferred language	1 ALBANIAN 2 AMERICAN SIGN LANGUAGE 3 AMHARIC, SOMALI 4 ARABIC 5 ARMENIAN 6 CAMBODIAN 7 CANTONESE 8 CAPE VERDEAN 9 CHINESE 10 CREOLE 11 ENGLISH 12 FRENCH 13 GERMAN 14 GREEK 15 HAITIAN CREOLE 16 HINDI 17 HMONG 18 HUNGARIAN 19 ICELANDIC 20 IGBO, YORUBA, TWI 21 ITALIAN 22 JAPANESE 23 KHMER/CAMBODIAN 24 KOREAN 25 LAO 26 POLISH 27 PORTUGUESE 28 ROMANIAN 29 RUSSIAN 30 SPANISH 31 TURKISH 32 UKRAINIAN 33 VIETNAMESE 34 OTHER 35 UNKNOWN	Num

Variable Name	Variable Description	Meta Data	Format
variable Name	Variable Description	ivieta Data	Format
Living_Arrangement_DMH	Living Arrangement of address	1= Lives Alone 2=Assisted Living 3=Foster Home 4=Group Living Environment 5=Inpatient Facility 6=Jail/Correctional Facility 7=Lives With Adult Relatives 8= Lives With Non-Relatives 9=Lives With Minor Dependents 10=Nursing Home/Skilled Nursing 11=Shelter 12=Homeless Shelter 13=Lives On The Street 14=Temporary Living 15=Homeless 16=Homeless Stabilization Service 17=Hotel/Motel No Shelter Voucher 18=Bridgewater State Hospital 19=Bridgewater Treatment Center 20=Bureau Of Infectious Disease 21=C/A Comm Based Resi Treatment 22=C/A Resi Treatment Facility 23=C/A Residential School 24=Chronic Hospital 25=Dmh Residential Care 26=Dmh Unit Dph Hospital 27=Dph - 11 North Larc Program 28=Hospice 29=Intensive Care Unit 30=Mass Alcohol & Sub Abuse Ctr 31=Non Dmh Inpatient Facility 32=Oth Residential/Instit-Nondmh, Other Residential/Institution 33=Other (Hud) 34=Private Household W/Dmh Svcs 35=Private Household W/O Dmh Svcs 36=Home Services 37=Private Residence/Household 38=Respite Program 39=Rest Home 40=Sober House, Skilled Nursing Facilityroom/Boarding, 41=Halfway House 42=Substance Abuse/Detox Ctr 43=Tewskbury S/H 44=Wellness Clinic 99=Unknown/Unavailable/Not Collected	Num

Variable Name	Variable Description	Meta Data	Format
Living_Arrangement_Client _DMH	Living Arrangement for client	1= Lives Alone 2= Assisted Living 3= Foster Home 4= Group Living Environment 5= Inpatient Facility 6= Jail/Correctional Facility 7= Lives with Adult Relatives 8= Lives with Non-Relatives 9= Lives with Minor Dependents 10=Nursing Home/Skilled Nursing 11=Rest Home 12=Homeless Shelter 13=Lives on the street 14=Temporary living 99=Unknown/Unavailable	Num
LOS_DMH	Length of stay to date or as of dis-enrollment		Num
Marital_DMH	Marital Status of Client	1 = Unmarried 2 = Married 3 = Domestic Partner/Significant Partnership 4 = Legally separated 9 = Missing/Unknown	Num
Any_Diag_DMH	Any Diagnosis (A)dmit (D)ischarge I(nterim). Could be admit, interim or discharge diagnosis.	See diagnosis_id	Num
PrimaryDiagnosis_DMH	Primary Diagnosis (A)dmit (D)ischarge I(nterim). Could be admit, interim or discharge diagnosis.	See diagnosis_id	Num
DiagnosisType_DMH	Primary Diagnosis (A)dmit (D)ischarge I(nterim). Could be admit, interim or discharge diagnosis.	1= Admit 2= Interim 3= Discharge	Num
Race_DMH	Combined race/ethnicity of the decedent	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = unknown	Num
Rate_DMH	Hourly Rate clubhouse member receives		Num
Res_Code_DMH	City client resides in	1-351 999=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
Res_Zip_DMH	Zip code of the address of client	5 digit zip 99999=Unknown	Char
Service_DMH	Type of DMH Service a Client is Receiving	1=CMS - Case Management Services 2=COM - Community 3=EMG - Emergency 4=INP - Inpatient 5=OUT - Outpatient 6=RES - Residential	Num
Sex_DMH	Gender of Client	1 = male 2 = female 9 = unknown	Num
Site_DMH	DMH Site client was assigned to for services	1=METRO BOSTON AREA SHARED 2=BAY COVE (historical) 3=METRO BOSTON CYF SITE 4=CAMBRIDGE/SOMERVILLE 5=FULLER 6=LINDEMANN,CAMBRIDGE,SOMERVILLE 7=MASS MENTAL 8=CENTRAL MASS AREA SHARED 9=CANTON 10=NORTH COUNTY 11=SOUTH COUNTY 11=SOUTH COUNTY 12=WESTBOROUGH 13=WORCESTER 14=EAST SUBURBAN 15=SOUTH SUBURBAN 16=SOUTHWEST SUBURBAN 17=WEST SUBURBAN 18=ACTON 19=NORTHEAST AREA SHARED 20=NORTH SHORE 21=ESSEX NORTH 22=HAVERHILL/NEWBURYPORT 23=LOWELL 24=LYNN 25=METRO NORTH 26=NON-RESIDENT 27=METRO NORTH 28=SOUTHEASTERN MASS AREA SHARED 29=BROCKTON 30=FALL RIVER 31=CAPE COD & ISLANDS 32=NEW BEDFORD 33=PLYMOUTH 34=QUINCY 35=TAUNTON/ATTLEBORO 36=WESTERN MASS AREA SHARED 37=BERKSHIRE 38=FRANKLIN/NORTH QUABBIN 39=HAMPSHIRE 40=HOLYOKE/CHICOPEE 41=SPRINGFIELD	Num
DART_DMH	Yes/no flag for DART status	0=No 1=Yes	Num

Variable Name	Variable Description	Meta Data	Format
RAP_DMH	Yes/no flag for RAP status. There is a plan to expand this program to include men. I am using "Recovery from Addiction" or "RAP" to be inclusive of this anticipated expansion.	0=No 1=Yes	Num
Visit_Type_DMH	Community, Inpatient, Outpatient	1=Community 2=Inpatient 3=Outpatient	Num
Veteran_DMH	Veteran Status of Client	0=No 1=Yes	Num
Visit_Status_DMH	Status of enrollment	1= Inpatient Admission 2= ER Outpatient Reg Cancelled 3= Ref Outpatient Reg Cancelled 4= ER Outpatient Departure 5= Ref Outpatient Departure 6= Inpatient Discharge 7= Recurring Outpatient Reg Discharge 8= ER Outpatient Pre Reg 9= ER Outpatient Reg 10= Recurring Outpatient Reg 11= Referred Outpatient Reg 12= Recurring Outpatient Schedule 13= Referred Outpatient Schedule	Num

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
1	CHOLERA D/T VIB CHOLERAE	Y
1.1	CHOLERA D/T VIB EL TOR	Y
1.9	CHOLERA NOS	Y
2	TYPHOID FEVER	Y
2.1	PARATYPHOID FEVER A	Y
2.2	PARATYPHOID FEVER B	Y
2.3	PARATYPHOID FEVER C	Y
2.9	PARATYPHOID FEVER NOS	Y
3	SALMONELLA ENTERITIS	Y
3.1	SALMONELLA SEPTICEMIA	Y
3.2	LOCAL SALMONELLA INF NOS	Y
3.21	SALMONELLA MENINGITIS	Y
3.22	SALMONELLA PNEUMONIA	Y
3.23	SALMONELLA ARTHRITIS	Y
3.24	SALMONELLA OSTEOMYELITIS	Y
3.29	LOCAL SALMONELLA INF NEC	Y
3.8	SALMONELLA INFECTION NEC	Y
3.9	SALMONELLA INFECTION NOS	Y
4	SHIGELLA DYSENTERIAE	Y
4.1	SHIGELLA FLEXNERI	Y
4.2	SHIGELLA BOYDII	Y
4.3	SHIGELLA SONNEI	Y
4.8	SHIGELLA INFECTION NEC	Y

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
4.9	SHIGELLOSIS NOS	Υ
5	STAPH FOOD POISONING	Y
5.1	BOTULISM FOOD POISONING	Υ
5.2	FOOD POIS D/T C. PERFRIN	Υ
5.3	FOOD POIS: CLOSTRID NEC	Υ
5.4	FOOD POIS: V. PARAHAEM	Y
5.8	BACT FOOD POISONING NEC	N
5.81	FOOD POIS:VIBRIO VULNIFICUS	Υ
5.89	OTH BACTERIAL FOOD POISONING	Υ
5.9	FOOD POISONING NOS	Υ
6	AC AMEBIASIS W/O ABSCESS	Y
6.1	CHR AMEBIASIS W/O ABSCES	Y
6.2	AMEBIC NONDYSENT COLITIS	Y
6.3	AMEBIC LIVER ABSCESS	Y
6.4	AMEBIC LUNG ABSCESS	Y
6.5	AMEBIC BRAIN ABSCESS	Y
6.6	AMEBIC SKIN ULCERATION	Y
6.8	AMEBIC INFECTION NEC	Y
6.9	AMEBIASIS NOS	Y
7	BALANTIDIASIS	Y
		Y
7.1	GIARDIASIS	
7.2	COCCIDIOSIS	Y
7.3	INTEST TRICHOMONIASIS	Y
7.4	OTH PROTOZOAL INTEST DISEASES, CRYPTOSPORIDIOSIS	Y
7.5	CYCLOSPORIASIS	Y
7.8	PROTOZOAL INTEST DIS NEC	Y
7.9	PROTOZOAL INTEST DIS NOS	Y
8	INTESTINAL INFECTION DUE TO UNSPECIFIED E. COLI	Y
8.01	INT INF E COLI ENTRPATH	Y
8.02	INT INF E COLI ENTRTOXGN	Υ
8.03	INTESTINAL INFECTION DUE TO ENTEROINVASIVE E. COLI	Υ
8.04	INT INF E COLI ENTRHMRG	Υ
8.09	INT INF E COLI SPCF NEC	Υ
8.1	ARIZONA ENTERITIS	Υ
8.2	AEROBACTER ENTERITIS	Y
8.3	PROTEUS ENTERITIS	Υ
8.4	BACTERIAL ENTERITIS NEC * DO NOT USE *	N
8.41	STAPHYLOCOCC ENTERITIS	Υ
8.42	PSEUDOMONAS ENTERITIS	Υ
8.43	INTESTINAL INFECTION DUE TO CAMPYLOBACTER	Υ
8.44	INTESTINAL INFECTION DUE TO YERSINIA ENTEROCOLITIC	Υ
8.45	INTESTINAL INFECTION DUE TO CLOSTRIDIUM DIFFICILE	Y
8.46	INTESTINAL INFECTION DUE TO OTHER ANAEROBES	Y
8.47	ENTERITIS DUE TO OTHER GRAM-NEGATIVE BACTERIA	Y
8.49	BACTERIAL ENTERITIS NEC	Y
8.5	BACTERIAL ENTERITIS NOS	Υ
8.6	VIRAL ENTERITIS NEC	N
8.61	ENTERITIS DUE TO ROTAVIRUS	Y
8.62	ENTERITIS DUE TO ADENOVIRUS	Y
8.63	ENTERITIS DUE TO NORWALK VIRUS	Y
8.64	ENTERITIS DUE TO OTH SMALL ROUND VIRUSES [SRV'S]	Y
8.65	ENTERITIS DUE TO CALICIVIRUS	Y
8.66	ENTERITIS DUE TO CALICIVIRUS ENTERITIS DUE TO ASTROVIRUS	Y
8.67	ENTERITIS DUE TO ENTEROVIRUS NEC	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
8.8	VIRAL ENTERITIS NOS	Υ
9	INFECTIOUS ENTERITIS NOS	Υ
9.1	ENTERITIS OF INFECT ORIG	Υ
9.2	INFECTIOUS DIARRHEA NOS	Υ
9.3	DIARRHEA OF INFECT ORIG	Υ
10	PRIM TB COMPLEX-UNSPEC	Y
10.01	PRIM TB COMPLEX-NO EXAM	Υ
10.02	PRIM TB COMPLEX-EXM UNKN	Υ
10.03	PRIM TB COMPLEX-MICRO DX	Y
10.04	PRIM TB COMPLEX-CULT DX	Y
10.05	PRIM TB COMPLEX-HISTO DX	Y
10.06	PRIM TB COMPLEX-OTH TEST	Y
10.1	PRIM TB PLEURISY-UNSPEC	Y
10.11	PRIM TB PLEURISY-NO EXAM	Y
10.12	PRIM TB PLEUR-EXAM UNKN	Y
10.13	PRIM TB PLEURIS-MICRO DX	Y
10.14	PRIM TB PLEURISY-CULT DX	Y
10.15	PRIM TB PLEURIS-HISTO DX	Y
10.16	PRIM TB PLEURIS-OTH TEST	Υ
10.8	PRIM PROG TB NEC-UNSPEC	Υ
10.81	PRIM PROG TB NEC-NO EXAM	Υ
10.82	PRIM PR TB NEC-EXAM UNKN	Υ
10.83	PRIM PRG TB NEC-MICRO DX	Υ
10.84	PRIM PROG TB NEC-CULT DX	Υ
10.85	PRIM PRG TB NEC-HISTO DX	Y
10.86	PRIM PRG TB NEC-OTH TEST	Y
10.9	PRIMARY TB NOS-UNSPEC	Υ
10.91	PRIMARY TB NOS-NO EXAM	Υ
10.92	PRIMARY TB NOS-EXAM UNKN	Υ
10.93	PRIMARY TB NOS-MICRO DX	Υ
10.94	PRIMARY TB NOS-CULT DX	Y
10.95	PRIMARY TB NOS-HISTO DX	Y
10.96	PRIMARY TB NOS-OTH TEST	Υ
11	TB LUNG INFILTR-UNSPEC	Υ
11.01	TB LUNG INFILTR-NO EXAM	Υ
11.02	TB LUNG INFILTR-EXM UNKN	Y
11.03	TB LUNG INFILTR-MICRO DX	Y
11.04	TB LUNG INFILTR-CULT DX	Y
11.05	TB LUNG INFILTR-HISTO DX	Y
11.06	TB LUNG INFILTR-OTH TEST	Y
11.1	TB LUNG NODULAR-UNSPEC	Y
11.11	TB LUNG NODULAR-NO EXAM	Y
11.12	TB LUNG NODUL-EXAM UNKN	Y
11.13	TB LUNG NODULAR-MICRO DX	Y
11.14	TB LUNG NODULAR-CULT DX	Y
11.15	TB LUNG NODULAR-HISTO DX	Y
11.16	TB LUNG NODULAR-OTH TEST	Y
11.2	TB LUNG W CAVITY-UNSPEC	Y
11.21	TB LUNG W CAVITY-NO EXAM	Y
11.22	TB LUNG CAVITY-EXAM UNKN	Υ
11.23	TB LUNG W CAVIT-MICRO DX	Υ
11.24	TB LUNG W CAVITY-CULT DX	Υ
11.25	TB LUNG W CAVIT-HISTO DX	Υ
11.26	TB LUNG W CAVIT-OTH TEST	Υ
	TB OF BRONCHUS-UNSPEC	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
11.31	TB OF BRONCHUS-NO EXAM	Υ
11.32	TB OF BRONCHUS-EXAM UNKN	Y
11.33	TB OF BRONCHUS-MICRO DX	Υ
11.34	TB OF BRONCHUS-CULT DX	Υ
11.35	TB OF BRONCHUS-HISTO DX	Υ
11.36	TB OF BRONCHUS-OTH TEST	Υ
11.4	TB LUNG FIBROSIS-UNSPEC	Υ
11.41	TB LUNG FIBROSIS-NO EXAM	Υ
11.42	TB LUNG FIBROS-EXAM UNKN	Υ
11.43	TB LUNG FIBROS-MICRO DX	Y
11.44	TB LUNG FIBROSIS-CULT DX	Y
11.45	TB LUNG FIBROS-HISTO DX	Y
11.46	TB LUNG FIBROS-OTH TEST	Y
11.5	TB BRONCHIECTASIS-UNSPEC	Y
11.51	TB BRONCHIECT-NO EXAM	Y
11.52	TB BRONCHIECT-EXAM UNKN	Y
11.53	TB BRONCHIECT-EXAM ON (N	Y
11.54	TB BRONCHIECT-WIGNO DX	Y
11.54	TB BRONCHIECT-HISTO DX	Y
	TB BRONCHIECT-OTH TEST	Y
11.56		Y
11.6	TB PNEUMONIA-UNSPEC	
11.61	TB PNEUMONIA-NO EXAM	Y
11.62	TB PNEUMONIA-EXAM UNKN	Y
11.63	TB PNEUMONIA-MICRO DX	Y
11.64	TB PNEUMONIA-CULT DX	Y
11.65	TB PNEUMONIA-HISTO DX	Υ
11.66	TB PNEUMONIA-OTH TEST	Υ
11.7	TB PNEUMOTHORAX-UNSPEC	Υ
11.71	TB PNEUMOTHORAX-NO EXAM	Υ
11.72	TB PNEUMOTHORX-EXAM UNKN	Υ
11.73	TB PNEUMOTHORAX-MICRO DX	Υ
11.74	TB PNEUMOTHORAX-CULT DX	Υ
11.75	TB PNEUMOTHORAX-HISTO DX	Υ
11.76	TB PNEUMOTHORAX-OTH TEST	Υ
11.8	PULMONARY TB NEC-UNSPEC	Υ
11.81	PULMONARY TB NEC-NO EXAM	Y
11.82	PULMON TB NEC-EXAM UNKN	Υ
11.83	PULMON TB NEC-MICRO DX	Υ
11.84	PULMON TB NEC-CULT DX	Υ
11.85	PULMON TB NEC-HISTO DX	Υ
11.86	PULMON TB NEC-OTH TEST	Υ
11.9	PULMONARY TB NOS-UNSPEC	Υ
11.91	PULMONARY TB NOS-NO EXAM	Υ
11.92	PULMON TB NOS-EXAM UNKN	Υ
11.93	PULMON TB NOS-MICRO DX	Y
11.94	PULMON TB NOS-CULT DX	Y
11.95	PULMON TB NOS-HISTO DX	Y
11.96	PULMON TB NOS-OTH TEST	Y
12	TB PLEURISY-UNSPEC	Y
12.01	TB PLEURISY-NO EXAM	Y
12.02	TB PLEURISY-EXAM UNKN	Y
12.02	TB PLEURISY-MICRO DX	Y
12.03	TB PLEURISY-CULT DX	Y
12.05	TB PLEURISY-HISTOLOG DX	Y
12.06	TB PLEURISY-OTH TEST	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
12.1	TB THORACIC NODES-UNSPEC	Υ
12.11	TB THORAX NODE-NO EXAM	Υ
12.12	TB THORAX NODE-EXAM UNKN	Υ
12.13	TB THORAX NODE-MICRO DX	Υ
12.14	TB THORAX NODE-CULT DX	Υ
12.15	TB THORAX NODE-HISTO DX	Y
12.16	TB THORAX NODE-OTH TEST	Y
12.2	ISOL TRACHEAL TB-UNSPEC	Υ
12.21	ISOL TRACHEAL TB-NO EXAM	Υ
12.22	ISOL TRACH TB-EXAM UNKN	Y
12.23	ISOLAT TRACH TB-MICRO DX	Y
12.24	ISOL TRACHEAL TB-CULT DX	Y
12.25	ISOLAT TRACH TB-HISTO DX	Y
12.26	ISOLAT TRACH TB-OTH TEST	Y
12.3	TB LARYNGITIS-UNSPEC	' Y
12.31	TB LARYNGITIS-ION EXAM	Y
12.32	TB LARYNGITIS-NO EXAM	Y
12.32		
7.7	TB LARYNGITIS-MICRO DX	Y
12.34	TB LARYNGITIS-CULT DX	Y
12.35	TB LARYNGITIS-HISTO DX	Y
12.36	TB LARYNGITIS-OTH TEST	Y
12.8	RESP TB NEC-UNSPEC	Y
12.81	RESP TB NEC-NO EXAM	Y
12.82	RESP TB NEC-EXAM UNKN	Υ
12.83	RESP TB NEC-MICRO DX	Υ
12.84	RESP TB NEC-CULT DX	Y
12.85	RESP TB NEC-HISTO DX	Υ
12.86	RESP TB NEC-OTH TEST	Υ
13	TB MENINGITIS-UNSPEC	Υ
13.01	TB MENINGITIS-NO EXAM	Υ
13.02	TB MENINGITIS-EXAM UNKN	Υ
13.03	TB MENINGITIS-MICRO DX	Υ
13.04	TB MENINGITIS-CULT DX	Y
13.05	TB MENINGITIS-HISTO DX	Υ
13.06	TB MENINGITIS-OTH TEST	Υ
13.1	TUBRCLMA MENINGES-UNSPEC	Υ
13.11	TUBRCLMA MENING-NO EXAM	Υ
13.12	TUBRCLMA MENIN-EXAM UNKN	Υ
13.13	TUBRCLMA MENING-MICRO DX	Y
13.14	TUBRCLMA MENING-CULT DX	Y
13.15	TUBRCLMA MENING-HISTO DX	Y
13.16	TUBRCLMA MENING-OTH TEST	Υ
13.2	TUBERCULOMA BRAIN-UNSPEC	Y
13.21	TUBRCLOMA BRAIN-NO EXAM	Y
13.22	TUBRCLMA BRAIN-EXAM UNKN	Y
13.23	TUBRCLOMA BRAIN-MICRO DX	<u>'</u> Ү
13.24	TUBRCLOMA BRAIN-CULT DX	Y
13.25	TUBRCLOMA BRAIN-HISTO DX	Y
13.26	TUBRCLOMA BRAIN-OTH TEST	Y
13.20	TB ABSCESS OF BRAIN * DO NOT USE *	N
	TB BRAIN ABSCESS-UNSPEC	
13.3		Y
13.31	TB BRAIN ABSCESS-NO EXAM	Y
13.32	TB BRAIN ABSC-EXAM UNKN	Y
13.33	TB BRAIN ABSC-MICRO DX	Y
13.34	TB BRAIN ABSCESS-CULT DX	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
13.35	TB BRAIN ABSC-HISTO DX	Y
13.36	TB BRAIN ABSC-OTH TEST	Y
13.4	TUBERCULOMA SPINAL CORD * DO NOT USE *	N
13.4	TUBRCLMA SP CORD-UNSPEC	Y
13.41	TUBRCLMA SP CORD-NO EXAM	Y
13.42	TUBRCLMA SP CD-EXAM UNKN	Y
13.43	TUBRCLMA SP CRD-MICRO DX	Y
13.44	TUBRCLMA SP CORD-CULT DX	Y
13.45	TUBRCLMA SP CRD-HISTO DX	Y
13.46	TUBRCLMA SP CRD-OTH TEST	Υ
13.5	TB ABSCESS SPINAL CORD * DO NOT USE *	N
13.5	TB SP CRD ABSCESS-UNSPEC	Υ
13.51	TB SP CRD ABSC-NO EXAM	Υ
13.52	TB SP CRD ABSC-EXAM UNKN	Υ
13.53	TB SP CRD ABSC-MICRO DX	Υ
13.54	TB SP CRD ABSC-CULT DX	Υ
13.55	TB SP CRD ABSC-HISTO DX	Υ
13.56	TB SP CRD ABSC-OTH TEST	Υ
13.6	TB ENCEPHALITIS/MYELITIS * DO NOT USE *	N
13.6	TB ENCEPHALITIS-UNSPEC	Υ
13.61	TB ENCEPHALITIS-NO EXAM	Υ
13.62	TB ENCEPHALIT-EXAM UNKN	Υ
13.63	TB ENCEPHALITIS-MICRO DX	Υ
13.64	TB ENCEPHALITIS-CULT DX	Υ
13.65	TB ENCEPHALITIS-HISTO DX	Υ
13.66	TB ENCEPHALITIS-OTH TEST	Υ
13.8	CNS TUBERCULOSIS NEC * DO NOT USE *	N
13.8	CNS TB NEC-UNSPEC	Υ
13.81	CNS TB NEC-NO EXAM	Υ
13.82	CNS TB NEC-EXAM UNKN	Υ
13.83	CNS TB NEC-MICRO DX	Υ
13.84	CNS TB NEC-CULT DX	Υ
13.85	CNS TB NEC-HISTO DX	Υ
13.86	CNS TB NEC-OTH TEST	Υ
13.9	CNS TUBERCULOSIS NOS * DO NOT USE *	N
13.9	CNS TB NOS-UNSPEC	Y
13.91	CNS TB NOS-NO EXAM	Υ
13.92	CNS TB NOS-EXAM UNKN	Y
13.93	CNS TB NOS-MICRO DX	Υ
13.94	CNS TB NOS-CULT DX	Υ
13.95	CNS TB NOS-HISTO DX	Υ
13.96	CNS TB NOS-OTH TEST	Υ
14	INTESTINAL TB * DO NOT USE *	N
14	TUBERCULOUS PERITONITIS * DO NOT USE *	N
14	TB PERITONITIS-UNSPEC	Y
14.01	TB PERITONITIS-NO EXAM	Υ
14.02	TB PERITONITIS-EXAM UNKN	Υ
14.03	TB PERITONITIS-MICRO DX	Υ
14.04	TB PERITONITIS-CULT DX	Υ
14.05	TB PERITONITIS-HISTO DX	Υ
14.06	TB PERITONITIS-OTH TEST	Υ
14.8	INTESTINAL TB NEC * DO NOT USE *	N
14.8	INTESTINAL TB NEC-UNSPEC	Υ
14.81	INTESTIN TB NEC-NO EXAM	Υ
14.82	INTEST TB NEC-EXAM UNKN	Y

DIAGNOSIS ID	DESCRIPTION	ACTIVE
14.83	INTESTIN TB NEC-MICRO DX	Y
14.84	INTESTIN TB NEC-CULT DX	Y
14.85	INTESTIN TB NEC-HISTO DX	Y
14.86	INTESTIN TB NEC-OTH TEST	' Y
15	TB OF BONE AND JOINT * DO NOT USE *	N
15	TB OF VERTEBRAL COLUMN * DO NOT USE *	N
15	TB OF VERTEBRA-UNSPEC	Y
15.01	TB OF VERTEBRA-NO EXAM	Y
15.02	TB OF VERTEBRA-EXAM UNKN	<u>.</u> Y
15.03	TB OF VERTEBRA-MICRO DX	Y
15.04	TB OF VERTEBRA-CULT DX	Y
15.05	TB OF VERTEBRA-HISTO DX	Y
15.06	TB OF VERTEBRA-OTH TEST	Y
15.1	TB OF HIP * DO NOT USE *	N N
15.1	TB OF HIP-UNSPEC	Y
15.11	TB OF HIP-NO EXAM	Y
15.12	TB OF HIP-EXAM UNKN	Y
15.13	TB OF HIP-MICRO DX	Y
15.14	TB OF HIP-CULT DX	Y
15.15	TB OF HIP-HISTO DX	Y
15.16	TB OF HIP-OTH TEST	Y
15.2	TB OF KNEE * DO NOT USE *	N
15.2	TB OF KNEE-UNSPEC	Υ
15.21	TB OF KNEE-NO EXAM	Υ
15.22	TB OF KNEE-EXAM UNKN	Y
15.23	TB OF KNEE-MICRO DX	Y
15.24	TB OF KNEE-CULT DX	Y
15.25	TB OF KNEE-HISTO DX	Y
15.26	TB OF KNEE-OTH TEST	Y
15.5	TB OF LIMB BONES * DO NOT USE *	N
15.5	TB OF LIMB BONES-UNSPEC	Y
15.51	TB LIMB BONES-NO EXAM	Υ
15.52	TB LIMB BONES-EXAM UNKN	Υ
15.53	TB LIMB BONES-MICRO DX	Υ
15.54	TB LIMB BONES-CULT DX	Υ
15.55	TB LIMB BONES-HISTO DX	Υ
15.56	TB LIMB BONES-OTH TEST	Υ
15.6	TB OF MASTOID-UNSPEC	Υ
15.61	TB OF MASTOID-NO EXAM	Υ
15.62	TB OF MASTOID-EXAM UNKN	Υ
15.63	TB OF MASTOID-MICRO DX	Υ
15.64	TB OF MASTOID-CULT DX	Y
15.65	TB OF MASTOID-HISTO DX	Υ
15.66	TB OF MASTOID-OTH TEST	Y
15.7	TB OF BONE NEC-UNSPEC	Y
15.71	TB OF BONE NEC-NO EXAM	Υ
15.72	TB OF BONE NEC-EXAM UNKN	Υ
15.73	TB OF BONE NEC-MICRO DX	Υ
15.74	TB OF BONE NEC-CULT DX	Υ
15.75	TB OF BONE NEC-HISTO DX	Υ
15.76	TB OF BONE NEC-OTH TEST	Υ
15.8	TB OF JOINT NEC-UNSPEC	Υ
15.81	TB OF JOINT NEC-NO EXAM	Υ
15.82	TB JOINT NEC-EXAM UNKN	Υ
15.83	TB OF JOINT NEC-MICRO DX	Υ

TB OF JOINT NEC-CULT DX TB OF JOINT NEC-HISTO DX TB OF JOINT NEC-OTH TEST TB BONE/JOINT NOS-UNSPEC TB BONE/JT NOS-NO EXAM TB BONE/JT NOS-EXAM UNKN TB BONE/JT NOS-EXAM UNKN TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HISTO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST TB OF KIDNEY-OTH TEST TB OF BLADDER-UNSPEC	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TB OF JOINT NEC-OTH TEST TB BONE/JOINT NOS-UNSPEC TB BONE/JT NOS-NO EXAM TB BONE/JT NOS-EXAM UNKN TB BONE/JT NOS-MICRO DX TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TB BONE/JOINT NOS-UNSPEC TB BONE/JT NOS-NO EXAM TB BONE/JT NOS-EXAM UNKN TB BONE/JT NOS-MICRO DX TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HISTO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TB BONE/JT NOS-NO EXAM TB BONE/JT NOS-EXAM UNKN TB BONE/JT NOS-MICRO DX TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TB BONE/JT NOS-EXAM UNKN TB BONE/JT NOS-MICRO DX TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TB BONE/JT NOS-MICRO DX TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y Y Y Y Y Y Y Y Y
TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-RAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y
TB BONE/JT NOS-CULT DX TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-RAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HISTO DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y
TB BONE/JT NOS-HISTO DX TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y
TB BONE/JT NOS-OTH TEST TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-HICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y Y Y
TB OF KIDNEY-UNSPEC TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y
TB OF KIDNEY-NO EXAM TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y Y
TB OF KIDNEY-EXAM UNKN TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y Y Y
TB OF KIDNEY-MICRO DX TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y
TB OF KIDNEY-CULT DX TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	Y
TB OF KIDNEY-HISTO DX TB OF KIDNEY-OTH TEST	
TB OF KIDNEY-OTH TEST	'
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TB URINARY NEC-EXAM UNKN	Υ
TB URINARY NEC-MICRO DX	Υ
TB URINARY NEC-CULT DX	Υ
TB URINARY NEC-HISTO DX	Υ
TB URINARY NEC-OTH TEST	Υ
TB EPIDIDYMIS-UNSPEC	Υ
TB EPIDIDYMIS-NO EXAM	Υ
TB EPIDIDYMIS-EXAM UNKN	Υ
TB EPIDIDYMIS-MICRO DX	Υ
TB EPIDIDYMIS-CULT DX	Υ
TB EPIDIDYMIS-HISTO DX	Υ
TB EPIDIDYMIS-OTH TEST	Υ
TB MALE GENIT NEC-UNSPEC	Υ
TB MALE GEN NEC-NO EXAM	Y
TB MALE GEN NEC-EX UNKN	Y
TB MALE GEN NEC-MICRO DX	Y
	Y
	Y
	Y
	Y
	Y
	TB OF BLADDER-NO EXAM TB OF BLADDER-EXAM UNKN TB OF BLADDER-MICRO DX TB OF BLADDER-GULT DX TB OF BLADDER-HISTO DX TB OF BLADDER-HISTO DX TB OF BLADDER-OTH TEST TB OF BLADDER-OTH TEST TB OF URETER-UNSPEC TB OF URETER-NO EXAM TB OF URETER-EXAM UNKN TB OF URETER-EXAM UNKN TB OF URETER-HISTO DX TB OF URETER-OTH TEST TB URINARY NEC-UNSPEC TB URINARY NEC-NO EXAM TB URINARY NEC-NO EXAM TB URINARY NEC-WICRO DX TB URINARY NEC-CULT DX TB URINARY NEC-CULT DX TB URINARY NEC-OTH TEST TB URINARY NEC-OTH TEST TB URINARY NEC-OTH TEST TB URINARY NEC-OTH TEST TB EPIDIDYMIS-UNSPEC TB EPIDIDYMIS-UNSPEC TB EPIDIDYMIS-NO EXAM TB EPIDIDYMIS-NO EXAM TB EPIDIDYMIS-CULT DX TB EPIDIDYMIS-CULT DX TB EPIDIDYMIS-CULT DX TB EPIDIDYMIS-CULT DX TB EPIDIDYMIS-HISTO DX TB EPIDIDYMIS-HISTO DX TB EPIDIDYMIS-HISTO DX TB EPIDIDYMIS-OTH TEST TB MALE GENIT NEC-UNSPEC TB MALE GEN NEC-NO EXAM TB MALE GEN NEC-EX UNKN

DIAGNOSIS ID	DESCRIPTION	ACTIVE
16.63	TB OVARY & TUBE-MICRO DX	Y
16.64	TB OVARY & TUBE-CULT DX	Y
16.65	TB OVARY & TUBE-HISTO DX	Y
16.66	TB OVARY & TUBE-OTH TEST	Y
16.7	TB FEMALE GEN NEC-UNSPEC	Y
16.71	TB FEM GEN NEC-NO EXAM	Y
16.72	TB FEM GEN NEC-EXAM UNKN	Y
16.73	TB FEM GEN NEC-MICRO DX	Υ
16.74	TB FEM GEN NEC-CULT DX	Υ
16.75	TB FEM GEN NEC-HISTO DX	Υ
16.76	TB FEM GEN NEC-OTH TEST	Υ
16.9	GU TB NOS-UNSPEC	Υ
16.91	GU TB NOS-NO EXAM	Υ
16.92	GU TB NOS-EXAM UNKN	Υ
16.93	GU TB NOS-MICRO DX	Υ
16.94	GU TB NOS-CULT DX	Υ
16.95	GU TB NOS-HISTO DX	Υ
16.96	GU TB NOS-OTH TEST	Υ
17	TB SKIN/SUBCUTAN-UNSPEC	Υ
17.01	TB SKIN/SUBCUT-NO EXAM	Y
17.02	TB SKIN/SUBCUT-EXAM UNKN	Y
17.03	TB SKIN/SUBCUT-MICRO DX	Y
17.04	TB SKIN/SUBCUT-CULT DX	Y
17.05	TB SKIN/SUBCUT-HISTO DX	Y
17.06	TB SKIN/SUBCUT-OTH TEST	Y
17.00	ERYTHEMA NODOS TB-UNSPEC	Y
17.11	ERYTHEM NODOS TB-NO EXAM	Y
17.12	ERYTHEM NOD TB-EXAM UNKN	Y
17.13	ERYTHEM NOD TB-MICRO DX	Y
17.14	ERYTHEM NODOS TB-CULT DX	Y
17.15	ERYTHEM NOD TB-HISTO DX	Υ
17.16	ERYTHEM NOD TB-OTH TEST	Υ
17.2	TB PERIPH LYMPH-UNSPEC	Υ
17.21	TB PERIPH LYMPH-NO EXAM	Υ
17.22	TB PERIPH LYMPH-EXAM UNK	Υ
17.23	TB PERIPH LYMPH-MICRO DX	Υ
17.24	TB PERIPH LYMPH-CULT DX	Υ
17.25	TB PERIPH LYMPH-HISTO DX	Υ
17.26	TB PERIPH LYMPH-OTH TEST	Υ
17.3	TB OF EYE-UNSPEC	Υ
17.31	TB OF EYE-NO EXAM	Y
17.32	TB OF EYE-EXAM UNKN	Υ
17.33	TB OF EYE-MICRO DX	Y
17.34	TB OF EYE-CULT DX	Y
17.35	TB OF EYE-HISTO DX	Y
17.36	TB OF EYE-OTH TEST	Y
17.4	TB OF EAR-UNSPEC	Y
	TB OF EAR-NO EXAM	Y
17.41		-
17.42	TB OF EAR MODO DY	Y
17.43	TB OF EAR-MICRO DX	Y
17.44	TB OF EAR-CULT DX	Υ
17.45	TB OF EAR-HISTO DX	Υ
17.46	TB OF EAR-OTH TEST	Υ
17.5	TB OF THYROID-UNSPEC	Υ
17.51	TB OF THYROID-NO EXAM	Υ

TB OF THYROID-EXAM UNKN	Υ
	'
TB OF THYROID-MICRO DX	Y
TB OF THYROID-CULT DX	Y
TB OF THYROID-HISTO DX	Υ
TB OF THYROID-OTH TEST	Υ
TB OF ADRENAL-UNSPEC	Υ
TB OF ADRENAL-NO EXAM	Y
	Y
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	Υ
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	Υ
TB OF ORGAN NEC-CULT DX	Υ
TB OF ORGAN NEC-HISTO DX	Υ
TB OF ORGAN NEC-OTH TEST	Υ
ACUTE MILIARY TB-UNSPEC	Υ
ACUTE MILIARY TB-NO EXAM	Υ
AC MILIARY TB-EXAM UNKN	Y
AC MILIARY TB-MICRO DX	Y
ACUTE MILIARY TB-CULT DX	Υ
AC MILIARY TB-HISTO DX	Υ
AC MILIARY TB-OTH TEST	Υ
MILIARY TB NEC-UNSPEC	Υ
MILIARY TB NEC-NO EXAM	Υ
MILIARY TB NEC-EXAM UNKN	Y
MILIARY TB NEC-MICRO DX	Υ
MILIARY TB NEC-CULT DX	Υ
	Y
	Y
	N .
	Y
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	Y
	TB OF THYROID-OTH TEST TB OF ADRENAL-UNSPEC TB OF ADRENAL-NO EXAM TB OF ADRENAL-SAM UNKN TB OF ADRENAL-MICRO DX TB OF ADRENAL-GULT DX TB OF ADRENAL-HISTO DX TB OF ADRENAL-HISTO DX TB OF ADRENAL-OTH TEST TB OF SPLEEN-UNSPEC TB OF SPLEEN-NO EXAM TB OF SPLEEN-WICRO DX TB OF SPLEEN-WICRO DX TB OF SPLEEN-HISTO DX TB OF SPLEEN-HISTO DX TB OF SPLEEN-OTH TEST TB ESOPHAGUS-UNSPEC TB ESOPHAGUS-WAM TB ESOPHAGUS-WAM TB ESOPHAGUS-WAM TB ESOPHAGUS-WAM TB ESOPHAGUS-WAM TB ESOPHAGUS-WAM TB ESOPHAGUS-ULT DX TB ESOPHAGUS-HISTO DX TB ESOPHAGUS-HISTO DX TB ESOPHAGUS-OTH TEST TB OF ORGAN NEC-UNSPEC TB OF ORGAN NEC-NO EXAM TB OF ORGAN NEC-WAM TB OF ORGAN NEC-WAM TB OF ORGAN NEC-CULT DX TB OF ORGAN NEC-WAM TB OF ORGAN NEC-WITH DX TB OF ORGAN NEC-WAM TB OF ORGAN NEC-WAM TB OF ORGAN NEC-WITH DX ACUTE MILIARY TB-UNSPEC ACUTE MILIARY TB-WICRO DX ACUTE MILIARY

DIAGNOSIS ID	DESCRIPTION	ACTIVE
20	PLAGUE * DO NOT USE *	N
20	BUBONIC PLAGUE	Y
20.1	CELLULOCUTANEOUS PLAGUE	Y
20.2	SEPTICEMIC PLAGUE	Y
20.3	PRIMARY PNEUMONIC PLAGUE	Y
20.4	SECONDARY PNEUMON PLAGUE	Y
20.5	PNEUMONIC PLAGUE NOS	Y
20.8	OTHER TYPES OF PLAGUE	Y
20.9	PLAGUE NOS	Y
21	TULAREMIA * DO NOT USE * ULCEROGLANDUL TULAREMIA	N
21		Y
21.1	ENTERIC TULAREMIA	Y
21.2	PULMONARY TULAREMIA	Y
21.3	OCULOGLANDULAR TULAREMIA	Υ
21.8	TULAREMIA NEC	Υ
21.9	TULAREMIA NOS	Υ
22	ANTHRAX * DO NOT USE *	N
22	CUTANEOUS ANTHRAX	Υ
22.1	PULMONARY ANTHRAX	Υ
22.2	GASTROINTESTINAL ANTHRAX	Υ
22.3	ANTHRAX SEPTICEMIA	Υ
22.8	OTHER ANTHRAX MANIFEST	Υ
22.9	ANTHRAX NOS	Υ
23	BRUCELLOSIS * DO NOT USE *	N
23	BRUCELLA MELITENSIS	Υ
23.1	BRUCELLA ABORTUS	Y
23.2	BRUCELLA SUIS	Y
23.3	BRUCELLA CANIS	Y
23.8	BRUCELLOSIS NEC	Y
23.9	BRUCELLOSIS NOS	Y
24	GLANDERS	Y
25	MELIOIDOSIS	Y
26	RAT-BITE FEVER * DO NOT USE *	N
26	SPIRILLARY FEVER	Y
26.1	STREPTOBACILLARY FEVER	Υ
26.9	RAT-BITE FEVER NOS	Υ
27	OTHER BACTERIAL ZOONOSES * DO NOT USE *	N
27	LISTERIOSIS	Υ
27.1	ERYSIPELOTHRIX INFECTION	Υ
27.2	PASTEURELLOSIS	Υ
27.8	ZOONOTIC BACT DIS NEC	Υ
27.9	ZOONOTIC BACT DIS NOS	Υ
30	LEPROSY * DO NOT USE *	N
30	LEPROMATOUS LEPROSY	Υ
30.1	TUBERCULOID LEPROSY	Υ
30.2	INDETERMINATE LEPROSY	Υ
30.3	BORDERLINE LEPROSY	Y
30.8	LEPROSY NEC	Y
30.9	LEPROSY NOS	Y
31	OTHER MYCOBACTERIAL DIS * DO NOT USE *	N
		Y
31	PULMONARY MYCOBACTERIA	
31.1	CUTANEOUS MYCOBACTERIA	Υ
31.2	DISEASE DUE TO DMAC DISSEMIN MYCOBACTER AVIUM-INTRACELL COM	Y
31.8	MYCOBACTERIAL DIS NEC	Υ

DIAGNOCIC ID	(I IIDDIAIII.DIAIII)	A OTIVE
DIAGNOSIS_ID	DESCRIPTION	ACTIVE
31.9	MYCOBACTERIAL DIS NOS	Y
32	DIPHTHERIA * DO NOT USE *	N
32	FAUCIAL DIPHTHERIA	Υ
32.1	NASOPHARYNX DIPHTHERIA	Υ
32.2	ANT NASAL DIPHTHERIA	Υ
32.3	LARYNGEAL DIPHTHERIA	Υ
32.8	OTHER DIPHTHERIA * DO NOT USE *	N
32.81	CONJUNCTIVAL DIPHTHERIA	Υ
32.82	DIPHTHERITIC MYOCARDITIS	Υ
32.83	DIPHTHERITIC PERITONITIS	Υ
32.84	DIPHTHERITIC CYSTITIS	Υ
32.85	CUTANEOUS DIPHTHERIA	Υ
32.89	DIPHTHERIA NEC	Υ
32.9	DIPHTHERIA NOS	Υ
33	WHOOPING COUGH * DO NOT USE *	N
33	BORDETELLA PERTUSSIS	Υ
33.1	BORDETELLA PARAPERTUSSIS	Υ
33.8	WHOOPING COUGH NEC	Υ
33.9	WHOOPING COUGH NOS	Υ
34	STREP THROAT/SCARLET FEV * DO NOT USE *	N
34	STREP SORE THROAT	Y
34.1	SCARLET FEVER	Y
35	ERYSIPELAS	Y
36	MENINGOCOCCAL INFECTION * DO NOT USE *	N
36	MENINGOCOCCAL MENINGITIS	Y
36.1	MENINGOCOCC ENCEPHALITIS	Y
36.2	MENINGOCOCCEMIA MENINGOCOCCEMIA	Y
36.3	MENINGOCOCC ADRENAL SYND	Y
36.4	MENINGOCOCCAL CARDITIS * DO NOT USE *	
36.4	MENINGOCOCC CARDITIS DO NOT USE MENINGOCOCC CARDITIS NOS	N Y
36.41	MENINGOCOCC PERICARDITIS	Y
36.42	MENINGOCOCC ENDOCARDITIS	Y
36.43	MENINGOCOCC MYOCARDITIS	Y
36.8	OTHER MENINGOCOCCAL INF * DO NOT USE *	N
36.81	MENINGOCOCC OPTIC NEURIT	Υ
36.82	MENINGOCOCC ARTHROPATHY	Υ
36.89	MENINGOCOCCAL INFECT NEC	Υ
36.9	MENINGOCOCCAL INFECT NOS	Υ
37	TETANUS	Υ
38	SEPTICEMIA * DO NOT USE *	N
38	STREPTOCOCCAL SEPTICEMIA	Υ
38.1	STAPHYLOCOCC SEPTICEMIA	N
38.1	STAPHYLOCOCCAL SEPTICEMIA, NOS	Υ
38.11	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS SEPTICEMIA	Υ
38.12	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA	Υ
38.19	STAPHYLOCOCCAL SEPTICEMIA, NEC	Υ
38.2	PNEUMOCOCCAL SEPTICEMIA	Υ
38.3	ANAEROBIC SEPTICEMIA	Υ
38.4	GRAM-NEG SEPTICEMIA NEC * DO NOT USE *	N
38.4	GRAM-NEG SEPTICEMIA NOS	Υ
38.41	H. INFLUENAE SEPTICEMIA	Υ
38.42	E COLI SEPTICEMIA	Υ
38.43	PSEUDOMONAS SEPTICEMIA	Υ
38.44	SERRATIA SEPTICEMIA	Y
38.49	GRAM-NEG SEPTICEMIA NEC	Y

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
38.8	SEPTICEMIA NEC	Υ
38.9	SEPTICEMIA NOS	Υ
39	ACTINOMYCOTIC INFECTIONS * DO NOT USE *	N
39	CUTANEOUS ACTINOMYCOSIS	Υ
39.1	PULMONARY ACTINOMYCOSIS	Υ
39.2	ABDOMINAL ACTINOMYCOSIS	Υ
39.3	CERVICOFAC ACTINOMYCOSIS	Y
39.4	MADURA FOOT	Υ
39.8	ACTINOMYCOSIS NEC	Υ
39.9	ACTINOMYCOSIS NOS	Υ
40	OTHER BACTERIAL DISEASES * DO NOT USE *	N
40	GAS GANGRENE	Y
40.1	RHINOSCLEROMA	Y
40.2	WHIPPLE'S DISEASE	Y
40.3	NECROBACILLOSIS	Y
40.41	INFANT BOTULISM	Y
40.41	WOUND BOTULISM	Y
40.8	BACTERIAL DISEASES NEC * DO NOT USE *	N
40.81	TROPICAL PYOMYOSITIS	Y
40.82	TOXIC SHOCK SYNDROME	Y
40.89	BACTERIAL DISEASES NEC	Y
41	BACT INF IN OTH DIS/NOS * DO NOT USE *	N
41	STREPTOCOCCUS INFECT NOS	N
41	BACTERIAL INFEC DUE TO UNSPECIFIED STREPTOCOCCUS	Υ
41.01	BACTERIAL INFECTION DUE TO STREPTOCOCCUS, GROUP A	Υ
41.02	BACTERIAL INFECTION DUE TO STREPTOCOCCUS, GROUP B	Υ
41.03	BACTERIAL INFECTION DUE TO STREPTOCOCCUS, GROUP C	Y
41.04	STREPTOCOCCUS INFECTION NOS, GROUP D (ENTEROCOCCUS)	Υ
41.05	BACTERIAL INFECTION DUE TO STREPTOCOCCUS, GROUP G	Y
41.09	BACTERIAL INFECTION DUE TO OTHER STREPTOCOCCUS	Υ
41.1	STAPH INFECTION NOS	N
41.1	BACTERIAL INFEC DUE TO UNSPEC STAPHYLOCOCCUS	Υ
41.11	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS CLASS ELS/NOS	Y
41.12	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS ELSEWHERE/NOS	Y
41.19	BACTERIAL INFECTION DUE TO OTHER STAPHYLOCOCCUS	Y
41.2	PNEUMOCOCCUS INFECT NOS	Υ
41.3	KLEBSIELLA PNEUMONIAE	Υ
41.4	E. COLI INFECT NOS	N
41.41	SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC) 0157	Y
41.42	OTHER SPECIFIED SHIGA TOXIN-PRODUCING E. COLI (STEC)	Y
41.43	SHIGA TOXIN-PRODUCING E. COLI (STEC), UNSPECIFIED	Y
41.49	OTHER AND UNSPECIFIED ESCHERICHIA COLI [E. COLI]	Y
41.5	H. INFLUENZAE INFECT NOS	Y
41.6	PROTEUS INFECTION NOS	Y
41.6	PSEUDOMONAS INFECT NOS	Y
41.8	BACTERIAL INFECTION BUE TO MYCORI ASMA	N
41.81	BACTERIAL INFECTION DUE TO MYCOPLASMA	Y
41.82	BACTEROIDES FRAGILIS	Y
41.83	BACTERIAL INFECTION DUE TO CLOSTRIDIUM PERFRINGENS	Y
41.84	BACTERIAL INFECTION DUE TO OTHER ANAEROBES	Y
41.85	BACTERIAL INFEC DUE TO OTH GRAM-NEG ORGANISMS	Υ
41.86	HELICOBACTER PYLORI [H. PYLORI]	Υ
41.89	BACTERIAL INFECTION DUE TO OTHER SPECIFIED BACTERI	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
41.9	BACTERIAL INFECTION NOS	Υ
42	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	Υ
42	HIV W/SPEC INF	N
42.1	HIV CAUS OT SP INF	N
42.2	HIV W/SPEC MG NEO	N
42.9	AIDS W/WO OT COND	N
43	HIV INFECTION CAUS OTHER SP CONDS * DO NOT USE *	N
43	HIV CAUS LYMPHADPY	N
43.1	HIV CAUS SP DS CNS	N
43.2	HIV CAUS OT DS IMM	N
43.3	HIV CAUS OT ST CON	N
43.9	ARC W/WO OTH COND	N
44	OTH HIV INFECTION * DO NOT USE *	N
44	HIV CAUS SP AC INF	N
44.9	HIV NOS	N
45	ACUTE POLIOMYELITIS * DO NOT USE *	N
45	ACUTE BULBAR POLIO * DO NOT USE *	N
45	AC BULBAR POLIO-TYPE NOS	Y
45.01	AC BULBAR POLIO-TYPE 1	Y
45.02	AC BULBAR POLIO-TYPE 2	Y
45.03	AC BULBAR POLIO-TYPE 3	Y
45.1	AC PARALYTIC POLIO NEC * DO NOT USE *	N .
45.1	PARAL POLIO NEC-TYPE NOS	Y
45.11	PARAL POLIO NEC-TYPE 1	Y
45.12	PARAL POLIO NEC-TYPE 2	Y
45.13	PARAL POLIO NEC-TYPE 3	Y
45.2	ACUTE NONPARALYTIC POLIO * DO NOT USE *	N
45.2	NONPARALY POLIO-TYPE NOS	Y
45.21	NONPARALYT POLIO-TYPE NOS NONPARALYT POLIO-TYPE 1	Y
45.21	NONPARALYT POLIO-TYPE 1	Y
45.22	NONPARALYT POLIO-TYPE 2	Y
45.9	ACUTE POLIOMYELITIS NOS * DO NOT USE *	N
45.9	AC POLIO NOS-TYPE NOS	Y
45.91	AC POLIO NOS-TYPE 1	Y
45.92	AC POLIO NOS-TYPE 2	Y
45.93	AC POLIO NOS-TYPE 3	Y
46	CNS SLOW VIRUS INFECTION * DO NOT USE *	N
46	KURU	Y
46.1	JAKOB-CREUTZFELDT DIS	N
46.11	VARIANT CREUTZFELDT-JAKOB DISEASE	Υ
46.19	OTHER AND UNSPECIFIED CREUTZFELDT-JAKOB DISEASE	Υ
46.2	SUBAC SCLEROS PANENCEPH	Υ
46.3	PROG MULTIFOC LEUKOENCEP	Υ
46.71	GERSTMANN-STRAUSSLER-SCHEINKER SYNDROME	Υ
46.72	FATAL FAMILIAL INSOMNIA	Υ
46.79	OTHER & UNSPECIFIED PRION DISEASE OF CENTRAL NERVOUS SYSTEM	Y
46.8	CNS SLOW VIRUS INFEC NEC	Υ
46.9	CNS SLOW VIRUS INFEC NOS	Y
47	ENTEROVIRAL MENINGITIS * DO NOT USE *	N
47	COXSACKIE VIRUS MENING	Υ
47.1	ECHO VIRUS MENINGITIS	Y
47.8	VIRAL MENINGITIS NEC	Y
47.9	VIRAL MENINGITIS NOS	Υ
48	OTH ENTEROVIRAL CNS DIS	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
49	OTH NONARTHROPOD CNS VIR * DO NOT USE *	N
49	LYMPHOCYTIC CHORIOMENING	Υ
49.1	ADENOVIRAL MENINGITIS	Υ
49.8	VIRAL ENCEPHALITIS NEC	Υ
49.9	VIRAL ENCEPHALITIS NOS	Υ
50	SMALLPOX * DO NOT USE *	N
50	VARIOLA MAJOR	Υ
50.1	ALASTRIM	Υ
50.2	MODIFIED SMALLPOX	Υ
50.9	SMALLPOX NOS	Υ
51	COWPOX AND PARAVACCINIA * DO NOT USE *	N
51	COWPOX	N
51.01	COWPOX	Υ
51.02	VACCINIA NOT FROM VACCINATION	Y
51.1	PSEUDOCOWPOX	Y
51.2	CONTAGIOUS PUSTULAR DERM	Y
51.9	PARAVACCINIA NOS	 Y
52	CHICKENPOX * DO NOT USE *	N
52	POSTVARICELLA ENCEPHALIT	Y
52.1	VARICELLA PNEUMONITIS	Y
52.2	POSTVARICELLA MYELITIS	Y
52.7	VARICELLA COMPLICAT NEC	Y
52.8	VARICELLA COMPLICAT NOS	Y
52.9	VARICELLA UNCOMPLICATED	Y
53	HERPES ZOSTER MENINGITIS	Y
53.1	OTH H ZOSTER NERV SYST * DO NOT USE *	N
53.1	H ZOSTER NERV SYST NOS	Y
53.11	GENICULATE HERPES ZOSTER	Y
53.12	POSTHERPES TRIGEM NEURAL	Y
53.13	POSTHERPES POLYNEUROPATH	Y
53.14	HERPES ZOSTER MYELITIS	Y
53.19	H ZOSTER NERV SYST NEC	Y
53.2	HERPES ZOSTER OF EYELID	Υ
53.21	H ZOSTER KERATOCONJUNCT	Υ
53.22	H ZOSTER IRIDOCYCLITIS	Υ
53.29	HERPES ZOSTER OF EYE NEC	Υ
53.7	OTH COMPLICATED H ZOSTER * DO NOT USE *	N
53.71	H ZOSTER OTITIS EXTERNA	Υ
53.79	H ZOSTER COMPLICATED NEC	Υ
53.8	H ZOSTER COMPLICATED NOS	Υ
53.9	HERPES ZOSTER NOS	Υ
54	ECZEMA HERPETICUM	Υ
54.1	GENITAL HERPES NOS	Υ
54.11	HERPETIC VULVOVAGINITIS	Υ
54.12	HERPETIC ULCER OF VULVA	Υ
54.13	HERPETIC INFECT OF PENIS	Υ
54.19	GENITAL HERPES NEC	Υ
54.2	HERPETIC GINGIVOSTOMAT	Υ
54.3	HERPETIC ENCEPHALITIS	Υ
54.4	HERPES SIMPLEX EYE NOS	Υ
54.41	HERPES SIMPLEX OF EYELID	Υ
54.42	DENDRITIC KERATITIS	Y
54.43	H SIMPLEX KERATITIS	Y
54.44	H SIMPLEX IRIDOCYCLITIS	Y
54.49	HERPES SIMPLEX EYE NEC	 Y

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
54.5	HERPETIC SEPTICEMIA	Υ
54.6	HERPETIC WHITLOW	Y
54.7	OTH COMPLICAT H SIMPLEX * DO NOT USE *	N
54.71	VISCERAL HERPES SIMPLEX	Y
54.72	H SIMPLEX MENINGITIS	Y
54.73	H SIMPLEX OTITIS EXTERNA	Υ
54.74	HERPES SIMPLEX MYELITIS	Υ
54.79	H SIMPLEX COMPLICAT NEC	Y
54.8	H SIMPLEX COMPLICAT NOS	Y
54.9	HERPES SIMPLEX NOS	Y
55	POSTMEASLES ENCEPHALITIS	Y
55.1	POSTMEASLES PNEUMONIA	Y
55.2	POSTMEASLES OTITIS MEDIA	Y
55.7	OTH MEASLES COMPLICATION * DO NOT USE *	N N
55.71	MEASLES KERATITIS	Y
55.79	MEASLES COMPLICATION NEC	Y
55.8	MEASLES COMPLICATION NOS	Y
	MEASLES UNCOMPLICATED	Y
55.9 56	RUBELLA NERVE COMPL NOS	Y
56.01	RUBELLA ENCEPHALITIS	Y
56.09	RUBELLA NERVE COMPL NEC	Y
56.7	OTH RUBELLA COMPLICATION * DO NOT USE *	N
56.71	ARTHRITIS DUE TO RUBELLA	Y
56.79	RUBELLA COMPLICATION NEC	Y
56.8	RUBELLA COMPLICATION NOS	Y
56.9	RUBELLA UNCOMPLICATED	Υ
57	ERYTHEMA INFECTIOSUM	Υ
57.8	VIRAL EXANTHEMATA NEC	Υ
57.9	VIRAL EXANTHEMATA NOS	Υ
58.1	ROSEOLA INFANTUM, UNSPECIFIED	Υ
58.11	ROSEOLA INFANTUM DUE TO HUMAN HERPES VIRUS 6	Y
58.12	ROSEOLA INFANTUM DUE TO HUMAN HERPES VIRUS 7	Υ
58.21	HUMAN HERPES VIRUS 6 ENCEPHALITIS	Y
58.29	OTHER HUMAN HERPES VIRUS ENCEPHALITIS	Υ
58.81	HUMAN HERPES VIRUS 6 INFECTION	Y
58.82	HUMAN HERPES VIRUS 7 INFECTION	Y
58.89	OTHER HUMAN HERPES VIRUS INFECTION	Y
59	ORTHOPOXVIRUS INFECTION, UNSPECIFIED	Υ
59.01	MONKEYPOX	Y
59.09	OTHER ORTHOPOXVIRUS INFECTIONS	Υ
59.1	PARAPOXVIRUS INFECTION, UNSPECIFIED	Υ
59.11	BOVINE STOMATITIS	Y
59.12	SEALPOX	Y
59.19	OTHER PARAPOXVIRUS INFECTIONS	Y
59.2	YATAPOXVIRUS INFECTION, UNSPECIFIED	Y
59.21	TANAPOX	Y
59.22	YABA MONKEY TUMOR VIRUS	Y
59.8	OTHER POXVIRUS INFECTIONS	Y
59.9	POXVIRUS INFECTIONS, UNSPECIFIED	Y
60	SYLVATIC YELLOW FEVER	Y
60.1	URBAN YELLOW FEVER	Y
60.9	YELLOW FEVER NOS	Y
61	DENGUE	Y
62	JAPANESE ENCEPHALITIS, MOSQUIT-BORNE VIR ENCEPH	Y
62.1	WEST EQUINE ENCEPHALITIS	Υ

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
62.2	EAST EQUINE ENCEPHALITIS	Υ
62.3	ST LOUIS ENCEPHALITIS	Υ
62.4	AUSTRALIAN ENCEPHALITIS	Y
62.5	CALIFORNIA ENCEPHALITIS	
62.8	MOSQUIT-BORNE ENCEPH NEC	Υ
62.9	MOSQUIT-BORNE ENCEPH NOS	Y
63	RUSSIA SPR-SUMMER ENCEPH; TICK-BORNE VIRAL ENCEPH	Y
63.1	LOUPING ILL	Y
63.2	CENT EUROPE ENCEPHALITIS	Y
63.8	TICK-BORNE ENCEPH NEC	Y
63.9	TICK-BORNE ENCEPH NOS	Y
64	VIR ENCEPH ARTHROPOD NEC	Y
65	CRIMEAN HEMORRHAGIC FEV; ARTHROPOD HEMORRHAG FEV	Y
65.1	OMSK HEMORRHAGIC FEVER	Y
65.2	KYASANUR FOREST DISEASE	Y
65.3	TICK-BORNE HEM FEVER NEC	Y
65.4	MOSQUITO-BORNE HEM FEVER	Y
65.8	ARTHROPOD HEM FEVER NEC	Y
65.9	ARTHROPOD HEM FEVER NOS	Y
66	PHLEBOTOMUS FEVER	Υ
66.1	TICK-BORNE FEVER	Υ
66.2	VENEZUELAN EQUINE FEVER	Υ
66.3	MOSQUITO-BORNE FEVER NEC	Υ
66.4	WEST NILE FEVER, UNSPECIFIED	Υ
66.41	WEST NILE FEVER WITH ENCEPHALITIS	Υ
66.42	WEST NILE FEVER WITH OTHER NEUROLOGIC MANIFESTATION	Y
66.49	WEST NILE FEVER WITH OTHER COMPLICATIONS	Υ
66.8	ARTHROPOD VIRUS NEC	Υ
66.9	ARTHROPOD VIRUS NOS	Υ
70	HEPATITIS A WITH COMA	Υ
70.1	HEPATITIS A W/O COMA	Y
70.2	VIR HEPAT B W HEPATIC COMA, ACU/UNSPEC W/O HEPAT DL	Y
70.21	VIR HEPATITIS B W HEPAT COMA, ACU/UNSPEC W HEPAT DL	Y
70.22	CHRONIC VIRAL HEPATITIS B HEP COMA W/O HEP DELTA	Y
70.23	CHRONIC VIRAL HEPATITIS B HEP COMA WITH HEP DELTA	Y
70.3	VIR HEPATITIS B W/O HEP COMA,ACU/UNSPEC W/O HEP DL	Y
70.31	VIR HEPATITIS B W/O HEP COMA,ACU/UNSPEC W HEP DL	Y
70.32	CHRONIC VIRAL HEP B W/O HEP COMA W/O HEP DELTA	Y
70.33	CHRONIC VIRAL HEP B W/O HEP COMA WITH HEP DELTA	Y
70.4	VIRAL HEPAT NEC W COMA	N
70.41	ACUTE HEPATITIS C WITH HEPATIC COMA	Y
70.42	HEPATITIS DELTA W/O ACTIVE HEPAT B W HEP COMA	Y
70.42	HEPATITIS E WITH HEPATIC COMA	Y
70.44	CHRONIC HEPATITIS C WITH HEPATIC COMA	Y
70.49	OTHER SPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA	Y
70.5	VIRAL HEPAT NEC W/O COMA	N
70.51	ACUTE HEPATITIS C WITHOUT MENTION OF HEPATIC COMA	Υ
70.52	HEPATITIS DELTA W/O ACTIVE HEPAT B W/O HEP COMA	Υ
70.53	HEPATITIS E WITHOUT MENTION OF HEPATIC COMA	Υ
70.54	CHRONIC HEPATITIS C W/O HEPATIC COMA	Υ
70.59	OTH SPEC VIRAL HEPATITIS W/O MENT HEPATIC COMA	Υ
70.6	VIRAL HEPAT NOS W COMA	Y
70.7	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Υ
70.71	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA	Υ
70.9	VIRAL HEPAT NOS W/O COMA	Y

DIAGNOSIS_ID	DESCRIPTION	ACTIVE
71	RABIES	Y
72	MUMPS ORCHITIS	Y
72.1	MUMPS MENINGITIS	Υ
72.2	MUMPS ENCEPHALITIS	Y
72.3	MUMPS PANCREATITIS	Y
72.7	OTH MUMPS COMPLICATIONS * DO NOT USE *	N
72.71	MUMPS HEPATITIS	Υ
72.72	MUMPS POLYNEUROPATHY	Υ
72.79	MUMPS COMPLICATION NEC	Y
72.8	MUMPS COMPLICATION NOS	Υ
72.9	MUMPS UNCOMPLICATED	Υ
73	ORNITHOSIS PNEUMONIA	Υ
73.7	ORNITHOSIS COMPLICAT NEC	Y
73.8	ORNITHOSIS COMPLICAT NOS	Y
73.9	ORNITHOSIS NOS	Y
74	COXSACKIE VIRAL DISEASE * DO NOT USE *	N

	DispositionName
1	ACCS
2	ACCS SERVICE TYPE TRANSITION
3	ACUTE MEDICAL FACILITY
4	ACUTE RESI TX ADULT DUAL DX
5	ACUTE RESIDENTIAL TX CHILD
6	AGAINST MEDICAL ADVICE
7	ASSISTED LIVING FACILITY
8	BRIDGEWATER TREATMENT CTR
9	Brief Intervention Referral to Treatment
10	CLINICAL STABILIZATION SVCS
11	Closed State Mental Hospital
12	COMM BASED ACUTE TX-CHILD
13	Community Mental Health Clinic
14	CORRECTIONAL CT
15	COURT/LAW
16	CRISIS STABILIZATION SERVICE
17	DETOXIFICATION FACILITY
18	DMH COMMUNITY RESIDENCE C/A
19	DMH GROUP/CONG LIVING-ADULT
20	DMH RESPITE SERVICE
21	DMH Unit DPH Hospital
22	DSS RESIDENTIAL
23	DYS RESIDENTIAL
24	EXPIRED
25	GAMBLING PROGRAM
26	HALFWAY HOUSE
27	HOME ALONE
28	HOME WITH FAMILY
29	HOME WITH NON-FAMILY
30	HOME with SERVICE
31	HOSPICE
32	INCARCERATED OVER 18 MONTHS
33	INCARCERATED UNDER 18 MONTHS

DispositionName 34 Inpatient Facility Adult 35 Inpatient Facility Child/Adolescent 36 INTERMEDIATE CARE FACILITY 37 LONG TERM CARE FACILITY 38 MEDICAL HOSPITALIZATION 39 MEDICAL UNIT/DPH Hospital 40 Mental Health Clinic 41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAL TREATMENT 57 RESIDENTIAL TREATMENT
35 Inpatient Facility Child/Adolescent 36 INTERMEDIATE CARE FACILITY 37 LONG TERM CARE FACILITY 38 MEDICAL HOSPITALIZATION 39 MEDICAL UNIT/DPH Hospital 40 Mental Health Clinic 41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAL TREATMENT
36 INTERMEDIATE CARE FACILITY 37 LONG TERM CARE FACILITY 38 MEDICAL HOSPITALIZATION 39 MEDICAL UNIT/DPH Hospital 40 Mental Health Clinic 41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAIL TREATMENT
37 LONG TERM CARE FACILITY 38 MEDICAL HOSPITALIZATION 39 MEDICAL UNIT/DPH Hospital 40 Mental Health Clinic 41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAIL TREATMENT
38 MEDICAL HOSPITALIZATION 39 MEDICAL UNIT/DPH Hospital 40 Mental Health Clinic 41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAL TREATMENT
39 MEDICAL UNIT/DPH Hospital 40 Mental Health Clinic 41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAL TREATMENT
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41 Mental Health Residential Clinic 42 MOVED OUT OF AREA 43 NON-DMH COMMUNITY RES. 44 NURS HOME / SNF (NON-REHAB) 45 O4 OUTPATIENT PROVIDER 46 OOS PSYCHIATRIC FACILITY 47 OOS RESIDENTIAL PROGRAM 48 OPIOID TREATMENT 49 OTHER FACILITY 50 OTHER INPATIENT FACILITY 51 OTHER OUTPATIENT CLINIC 52 PRIV. PSYCHIATRIC FAC-INPAT 53 PROG FOR ASSERT COMM TREATM 54 PSYCHIATRIC HOSPITIALIZATION 55 REHAB FACILITY 56 RESIDENTAIL TREATMENT
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55 REHAB FACILITY 56 RESIDENTAIL TREATMENT
56 RESIDENTAIL TREATMENT
57 RESIDENTIAL SCHOOL
58 REST HOME
59 SHELTER
60 SHORT TERM HOSP
61 Short Term Transfer
62 SKILL NURS FAC/NURS HOME
63 SOBER HOUSE
64 State Contracted Mental Health Hospital
65 State Operated Mental Health Clinic
66 State Operated Mental Health Hospital
67 State Operated MH Service
68 SUB. ABUSE TX (NOT DETOX)
69 SUBSTANCE ABUSE FACILITY/HOSP
70 TERMINATED BY PROGRAM
71 TRANSFER TO ANOTHER PGM/SERV
72 TRANSITIONAL SUPPORT SVCS
73 VETERANS ADMIN. HOSPITAL
74 WRAP
99 Unknown/NO CONTACT/WHEREABOUTS UNK/status not a
disposition

SNAP Benefit Program - Department of Transitional Assistance (DTA)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_DTA	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
AGE_DTA	Age	Age in years	Num
BENEFIT_AMOUNT_DTA	Benefit Amount	Numeric full dollar amount	Num
BENEFIT_EFFECTIVE_DA TE_DTA	Benefit Status Effective Date (use with CASE_STATUS_DTA) to determine what status this date represents	Date Proxy – count of days between benefit effective date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
CASE_ID_DTA	Case identification number	3-7 digit integer	Num
CASE_SIZE_DTA	Case size (include all active members)	Integer, 0-14	Num
CASE_STATUS_DTA	Status of the case at the monthly snapshot	1=Active 2=Closed 3=Denied 4=Pending	Num
CLOSED_IN_MONTH	Flag to indicate whether case closed within the month	0=No 1=Yes 9=missing/unknown	Num
DISABILITY_DTA	Indicate whether the client is disabled	0=No 1=Yes 9=missing/unknown	Num

Variable Name	Variable Description	Meta Data	Format
EARNED_INCOME	Total earned income for case	Numeric full dollar amount	Num
EDU_DTA	Highest level of education	1 = No School at all 2 = 1-8 years 3 = 9-11 (attended but not compl) 4 = Completed 12(high school dip.) 5 = GED 6 = Some college 7 = Completed 2-year college 8 = Completed 4-year college 9=missing/unknown	Num
HEAD_OF_CASE_FLAG	Member Role ('Grantee' if Head of Case, otherwise Null)	0=No 1=Yes 9=missing/unknown	Num
HIP	Whether case participated in HIP within month	0=No 1=Yes 9=missing/unknown	Num
HIP_CAP	If participated in HIP, whether maxed cap	0=No 1=Yes 9=missing/unknown	Num
HOMELESS_DTA	Homeless	0=No 1=Yes 9=missing/unknown	Num
IN_SCHOOL_DTA	Currently in school?	0=No 1=Yes 9=missing/unknown	Num
INELIGIBILITY_REASON	Ineligibility Reason Code (i.e. Closing Reason)	See code list	Num

Variable Name	Variable Description	Meta Data	Format
7 5	Canada 2 conputati		
LANGUAGE_DTA	Spoken language	1=Amharic 2=American Sign Language 3=Arabic 4=Armenian 5=Cambodian 6=Chinese (Cantonese) 7=Chinese (Mandarin) 8=Chinese 9=Croatian 10=English 11=French 12=Greek 13=Haitian Creole 14=Italian 15=Laotian 16=Polish 17=Portuguese 18=Russian 19=Serbian Cyrillic 20=Slovenian 21=Somali 22=Spanish 23=Tagalog 24=Vietnamese	
		88=Other 99=missing/unknown 1=Married 2=Not Married	
MARITAL_DTA	Marital Status	8=Not Applicable 9=Unknown	Num
MILITARY_SVC_FLG_DTA	Flag to indicate person self- reports ever serving in the military	1 = Served in the Military, Self-Reported (begun 2019) 2 = Not served in the military 9=Unknown	Char
MONTH_DTA	Month	Months, 1-12	Num
OPENED_IN_MONTH	Flag to indicate whether case opened within the month	0=No 1=Yes 9=missing/unknown	Num

Variable Name	Variable Description	Meta Data	Format
RACE_DTA	Race/Hispanic Ethnicity	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = unknown	Num
RELATIONSHIP_DTA	Client relationship to the Grantee	See code list	Num
RES_CODE_DTA	City Name	1-351 for valid MA city/town 999=Unknown	Num
RES_ZIP_DTA	Postal Code	5 digit zip 99999=Unknown	Char
SEX_DTA	AP Gender Indicator Should Gender CO - B2.0 - Eff Dated	1=Male 2=Female 9=missing/unknown	Num
SSN_LAST_DIGIT	Social Security Number (Last Digit Only)	0-9	Num
UNEARNED_INCOME	Total unearned income for case	Numeric full dollar amount	Num
YEAR_DTA	Year	Year yyyy	Num

	INELIGIBILITY_REASON		
100	Failure to keep an Assessment/Reassesment Interview	234	Change in Recoupments
1000	Required to be in another TAFDC AU	235	Change in Support Expenses
1001	Adult Member no longer in home	236	Change in Rent Allowance
1003	Ineligible Noncitizen	237	Medical Deduction Change
1004	Institutionalized, including incarceration	238	Change in Household Utility Expense
1005	Required to be in another SNAP AU	239	Change in Vendor Payment
1006	Residence in mental institution for more than 60 days	240	Change in \$50.00 DEFRA Disregard
1007	Currently in another SNAP AU	241	Cash Benefit Change
1008	Dependent child(ren) no longer in AU	242	Change in Dependent Care Expenses
1009	Eligible dependent(s) no longer in AU	243	Change in AU Size
101	Your TAFDC Assistance has been terminated	244	Receipt of veterans' benefits
1010	No longer MA resident	245	Loss of the Dependent Disregard
1011	Death	246	EBT Cash High Balance in excess of asset limit
1012	Whereabouts Unknown	247	Failure to register with SORB
1013	Striker	3000	Teen Parent not in school nor in Teen Living arrangement
1014	No longer participating with MRC	3003	Failure to comply with Employment Development Plan

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	INELIGIBILITY_REASON		
	Boarder or resident in an unlicensed halfway		
1018	house	3004	Failure to register with DET
			Failure to cooperate with Direct Deposit
1019	Did not cooperate with Quality Control	3005	requirements
102	Your SNAP Assistance has been terminated	3008	Refused a job offer without Good Cause
	Depd 18 or 19 yrs old and does not meet		
1020	age/school rqmts	3009	Voluntarily quit job(1st time)
1021	Dependent >	3010	Failed Teen Parent education requirement
			Failed Teen Parent living arrangement
1022	No longer meets age rules	3011	requirements
1023	No longer pregnant	3012	Failed child immunization requirements
			Fail to comply with Work Program
1024	Did not apply for / verify SSN	3014	requirements
1025	Institutionalized, including incarceration	3015	Fleeing felon
1026	Foster care child	3016	Drug Felon
			<u> </u>
1027	Adoption assistance child	3017	Multiple cash and/or SNAP benefit applications Failed to meet SNAP HH composition
1028	Family Cap Child	3019	requirements
1029	MA eligible TAFDC dependent < 1 year old	3020	Failure to assign Child Support Rights
103	Failure to meet your EDP Requirements	3021	Outstanding default warrant
	TAFDC dependent temporarily absent < 120		Failed to comply with FS ET requirements (first
1030	days	3022	time)
1025	Not mosting CNAD All requirements	2024	Failed to comply with FS ET requirements
1035	Not meeting SNAP AU requirements	3024	(second time) Failed to comply with FS ET requirements
1037	In school higher than secondary level	3025	(third time)
104	Your Employment Development Plan has ended	3027	
104	Tour Employment Development Plan has ended	3021	Failed to meet TEMP requirements Failed to provide information on a required
1042	Fail to submit the required verifications	3028	person
10.12		10020	Ineligible for SNAP beyond initial expedited
1043	Application Withdrawn	3029	issuance
			Fail to comply with SNAP Work Program
1044	Fail to complete a family cap review	3030	requirements
			TAFDC Disqualification for Intentional Program
1045	Requested closure (Cash Only)	3031	Violation
1010	Fail to schedule a review at end of	2020	EAEDC Disqualification for Intentional Program
1046	disqualification period Fail to meet Learnfare school attendance	3032	Violation SNAP Disqualification for Intentional Program
1047	requirements	3033	Violation
1047	Toquilotto	0000	Disqualification for Fraud Court Conviction >
105	Your EAEDC Assistance has been terminated	3034	\$1000
1053	Special Projects	3035	Fail to comply with ESP Requirements
1000	Openial i Tojenia	0000	SNAP Disqualification for Trading more than
1054	Voluntarily quit job(2nd time)	3036	\$500 in SNAP
	, , , ,/	1	SNAP Disqualification for Trading SNAP for
1055	Voluntarily quit job(3rd time)	3037	Drugs
	You did not request a TAFDC 24 Month		SNAP Disqualification for Trading SNAP for
1056	Extension	3038	Guns
	Your request for a TAFDC Extension has been		
1057	denied	3039	Parole or Probation Violations

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	INELIGIBILITY_REASON		
1058	Your TAFDC Extension has ended	3040	Failed to cooperate with TPL Disclosure Requirements
1059	Your ESP Continuation has ended	3041	Disqualified from SNAP due to a Cash IPV
106	You are no longer Work Program Required	3042	Disqualification for Fraud Court Conviction < \$1000
1060	Your certification period has ended	3043	Fail to comply with Work Program Participation Requirements
1061	You are an Ineligible Grantee	3044	Fail to keep a Work Program Appointment
1063	Optional Assistance Unit Closed	3045	Failed Teen Parent Participation Requirement
1064	Requested closure	3046	Fail to keep a Teen Parent Appointment
	•		EBT Disqualification for Intentional Program
1065	Required to be in another EAEDC AU	3048	Violation
1066	Failure to complete SNAP application process	3049	Fraudulently Receiving Duplicate Benefits
1067	Fraudulent Statement to SSA	400	Fail to cooperate with EAEDC disability determination req
1068	Initiated but Failed to Recertify	4003	You failed to accept employment or training for employment
1069	Failure to complete Interim Report process	4004	No child living in the home
1070	Failure to Complete an Interim Report	4005	No relationship to child
1071	Incarcerated	4006	Property transfer to become EA eligible w/i past 12 months
1072	Your reevaluation period has ended	4009	No longer pregnant and no other child
1073	Initiated but failed to reevaluate	401	DRU not disabled
1074	Failure to comply with the Work Ready Requirement	4010	EA benefits provided-no other benefits pending
1075	Failure to comply with the Initial Job Search Requirement	4011	Refused shelter placement
1142	You did not submit required verification for recertification after reinstatement	4012	Shelter benefits terminated-noncompliance rules
	You did not complete SNAP recertification		
1166	process after reinstatement	4013	Shelter benefits terminated-criminal activity
1266	You did not complete the Interim Report process after reinstatement	4014	Shelter benefits terminated-abandoned placement
1200	You did not submit required verifications for an	7017	Shelter benefits terminated-alternative feasible
1342	application after reinstatement	4015	housing
	You did not submit required verifications for a		Not eligible for shelter benefits-reason for
1442	case maintenance reinstatement	4016	homeless
150	Child Care is not available for your ESP Component	4017	Not living in household
	·		
151	Your child's age is greater than program limits There are no eligible children in your Assistance	4018	EA provided within past 12 months Quit job within 90 days of app month-no Good
152	Unit	4019	Cause
153	Your Employment Services Program has been terminated	402	Do not meet disability requirements
154	You have no ESP Component Activity planned to start	4020	Reduced earnings w/i 90 days of app month-no Good Cause
155	Child Care Resources are being provided by another agency	4021	Quit Job-no Good Cause
100	The Child Care Resource Agency has no	1021	Quit 000 110 0000 00000
156	available slots	4022	Reduced Earnings-no Good Cause

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	INELIGIBILITY_REASON		
157	Your Child Care Authorization has ended	4023	Does not meet relationship requirement
158	You have requested that your Child Care be terminated	4024	Failure to Meet Escrow Requirements
		4024	·
159	You are not employed Your TAFDC Assistance was closed more than a	4025	End of EA-Six Month Escrow Period Fail to submit the required verifications for EA-
160	year ago	4026	Presumptive
161	Your child is no longer under Court Supervision	4027	Income in Excess of Grant amount for EA Presumptive
400	Your child is no longer Mentally or Physically	400	BBH to
162	Disabled	403	DRU not unable to work
163	Your child is no longer eligible for TAFDC	404	Medical Report states able to work
164	Your child is no longer receiving SSI	405	Medical examination more than 30 days old
165	You are an Ineligible Grantee	406	Medical Report more than 30 days old
166	Not living in household	407	Fail to file Medical Report and Supplement
175	Failed to attend scheduled shelter interview	408	Medical Report states no disability
176	Behaved unreasonably at interview at family shelter	411	Failed to file Disability Supplement Form
177	Did not make all efforts to obtain permanent housing	412	Eligibility for SSI
178	Did not meet weekly with housing search worker	413	Fail to cooperate with TAFDC disability determination req
179	Failed to do housing search at least 4 days/week	414	Person receiving care does not meet disability standards
180	Rejected 3 opportunities for safe permanent housing	415	Disability duration < 60 days
181	Asked to leave shelter for three rules violations	416	Receipt of SSI
182	Asked to leave shelter for threating health and safety	417	Failure to apply for SSI
183	Asked to leave shelter for criminal activity	418	Failure to cooperate with the SSI application process
2001	Administrative Closure	600	Approved request on existing active SNAP AU
2002	Failed to keep appointment for review	601	Not in Receipt of SSI
2003	Institutionalized, including incarceration	602	Invalid SDX Living Arrangement
2005	Bureau of Special Investigation determined fraud	603	Invalid Marital Status
2006	Fail to keep appointment to discuss computer match info	604	Invalid Date of Birth
2007	Ineligibility reason removed	605	Ineligible Noncitizen
2008	Non-citizen resident for less than 6 months	606	Existence of SDX Earnings
2009	Non-citizen resident for less than 60 days	607	More than one member in SNAP AU
201	Loss of 1/3 disregard	608	Active member of another SNAP AU
202	Loss of \$30 disregard	609	Requested end to CAP
203	Support payments in excess of grant amount		
205	Unearned Income in excess of grant amount	6010	CAP failure to access EBT
206	Assets in excess of asset limit	6011	Currently in active/pending Cash AU
207	Asset transfer	6019	Not in Receipt of Federal SSI
209	Fail to apply for other benefit(s)		

	INELIGIBILITY_REASON		
210	Failure to verify income and/or asset		
211	Refuses to comply with lien procedures		
213	Receipt Lump Sum payment in excess of grant amount		
214	Failed to cooperate with bank match procedures		
215	Receiving assistance from another State or County		
216	Excess countable income of parents or spouse		
217	Excess Income and/or assets of child and/or their parent(s)	611	Greater benefit from Regular SNAP
218	Continuing ineligibility because of lump sum payment	612	Extend Recertification Period from SDX
219	Excess earnings and support payments	613	Benefit Amount Change - SDX Shelter
220	Countable earned income in excess of grant	614	Benefit Amount Change - SDX Unearned Income
221	Fail to correct an incomplete Monthly Report	615	Change in BEACON Expenses
222	Fail to return a complete Monthly Report	616	BEACON Recertification
223	Grant diverted due to MR noncompliance	617	SDX Fleeing Felon
224	Income/assets of person receiving care exceeds limits	618	Extend Recertification Period
225	Eligible for unemployment benefits	619	Not in Receipt of Federal SSI
226	Eligible for veterans' services benefits	9000	Work Program Not Required
227	Fail to correct an inadequate Monthly Report	9001	Work Program Required
228	Income and/or asset transfer	9002	Pregnant Woman
229	Change in unearned income	9003	Eligible Teen Parent
230	Change in earned income	9004	FSET Required
231	Change in Disregards	9005	FSET Not Required
232	Change in Exempt/Non Exempt	9006	Work Program Required - Job Search
233	Change in EAEDC Budget Type	999	Missing/unknown

	RELATIONSHIP_DTA			
1	Aunt	20	Great Uncle	
2	Brother-in-Law	21	Half-Sibling	
3	Child	22	Mother	
4	Daughter-in-Law	23	Mother-in-Law	
5	Father	24	Nephew	
6	Father-in-Law	25	Niece	
7	First Cousin	26	Other Relationship	
8	First Cousin Once Removed	27	Sibling	

9	Great Granddaughter	28	Sister-in-Law
10	Great Grandson	29	Son-in-Law
11	Great Aunt	30	Spouse of a Related Person
12	Granddaughter	31	Spouse
13	Grandfather	32	Stepchild
14	Great Grandfather	33	Stepfather
15	Great Grandmother	34	Stepmother
16	Grandmother	35	Step-Sibling
17	Grandnephew	36	Uncle
18	Grandniece	37	Unrelated
19	Grandson		

Department of Veterans' Services Benefit Program Analytic Data Dictionary PHDDVS.DVS

Veteran's Benefits - Department of Veterans' Services (DVS)

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9 character alphanumeric ID	Char
Match_level_DVS	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first name. These candidates are included for completeness.	
AGE_DVS	Age	Age in years	Num
BENEFIT_DATE_DV S	Date of payment	Date Proxy – count of days between date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
HOUSE_DVS	Payment received for housing services?	0=No 1=Yes	Num
MED_DVS	Payment received for medical services?	0=No 1=Yes	Num
OTH_DVS	Payment received for other services?	0=No 1=Yes	Num
RACE_DVS	Race of benefit recipient	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown/missing	Num
RES_CODE_DVS	City of residence	1-351 for valid MA city/town 999=Unknown	Num
RES_ZIP_DVS	Zip code of residence	5 digit zip 99999=Unknown	Char
SEX_DVS	Sex of the benefit recipient	1=Male 2=Female 9=Unknown	Num

Department of Veterans' Services Benefit Program Analytic Data Dictionary PHDDVS.DVS

DVS Supplement

Housing Payments Include:

8	Rent Arrears
9	Mortgage Arrears
10	Moving Expenses
27	Trans. Shelter
30	Rent Deposits(1st/last)
40	VASH-(1st, Last, Sec)
41	Hotel*PA ONLY*

Medical Payments Include:

1	Nursing Home	14	Misc Medical
2	Medicare Part "B"	15	*Don't USE* - Aetna
3	Medicare Part "C"	16	Medical Ins.
4	Ambulance	17	Commonwith Care
5	Durable medical equipment	19	*Don't USE* - Blue Cross/Shield
6	Medicare Part "D"	25	Other Med. Ins.
11	Eye Glasses	33	MEDIGAP
12	Hearing Aids	39	HHA-Home Health Aide

Other Payments Include:

0	Unknown	31	Utility Arrears
7	Emergency Cash	32	*Don't USE* - Tufts Med Ins
13	Shelter Repairs	34	ONA- Natural Disaster Assistance
18	AutoRepair	35	Ch115_'OB'_Retro
20	Burials	36	Ch115_'Fuel'_ Retro
21	Flags	37	DVS ONLY (OVP)
22	Fuel Assistance	38	IME (Ind Med Exam Submissions)
26	Repayment	42	Federal Furlough
28	Ch115_Retro Ben.	43	Misc Other
29	TBA (C O L A only)		

Early Intervention Clients Analytic Data Dictionary (PHDEI.EI_CLIENTS)

Early Intervention Clients (EI_CLIENTS)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_EI_CLIENTS	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
CUSTODY_EI	Legal custody for this child	1=Both parents (same household) 2=Mother 3=Father 4=Joint (separate households) 5=DCF 6=Other legal guardian 8=Child's grandparents 9=Unknown	Num
MOTHER_EMP_EI	Mother's employment status (primary family)	See code list	Num
FATHER_EMP_EI	Mother's employment status (primary family)	See code list	Num
PRIMARY_LANGUAGE_EI	Primary language spoken at home	1=English 2=Spanish 3=Portuguese 4=Crioula (Cape Verdean) 5=Creole (Haitian) 6=Khmer 7=Chinese 8=Laotian 9=Vietnamese 10=ASL 88=Other 99=Unknown	Num

Early Intervention Clients Analytic Data Dictionary (PHDEI.EI_CLIENTS)

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Variable Name	Variable Description	Meta Data	Format					
RACE_EI	Client's race/Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown		Num					
REF_DATE_EI	Referral date (date of 1st contact with the referral caller)	Date Proxy – count of days between referral date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num					
REF_SUGESTOR_EI	Who suggested that the family contact this EI program?	See code list	Num					
RES_CODE_EI	City/town of child's 1-351 for valid MA		Num					
RES_ZIP_EI	Child's zip code	5 digit zip code 9999=Unknown	Char					
RES_TYPE_EI	Child's residence type	1=Family Home 2=Relative's Home 3=Foster Home 4=Shelter 5=Grandparent (non-foster) 6=Other relative's home (non-foster) 7=Foster home (kinship) 8=Foster home (non-relative) 88=Other 99=Unknown	Num					
SEX_EI	Sex of the child	1=Male 2=Female 9=Unknown	Num					
REF_YEAR_EI	Year of Referral date (date of 1 st contact with the referral caller)	2011-2019	Num					
REF_MONTH_EI	Month of Referral date (date of 1st contact with the referral caller)	1-12	Num					
BIRTH_YEAR_EI	Year of birth of child	2011-2019	Num					
BIRTH_MONTH_EI	Month of birth of child	1-12	Num					
HOMELESS_NOW_EI Currently homeless		0=No 1=Yes 9=Unknown	Num					
IOMELESS_Recently_EI homeless in last 12 1		0=No 1=Yes 9=Unknown	Num					

RE	F_SUGESTOR_EI
0	Missing
1	Another MA EI Program (transferred)
2	Comm Health Center/Clinic
	Comm/Social Sv Agency (incl. shelter, residential
3	trtmt ctr)
4	Day Care/Educ Instit
5	Adolescent Parenting Program
6	DPH Care Coordination
7	DPH Family TIES
8	DPH Healthy Start
9	DPH Hearing Aid Program
10	Newborn Hearing Screening Prg
11	DPH MassCare
12	DPH Pediatric Primary Care
13	DPH WIC
14	DSS
15	FIRSTLink
16	Friend/Relative
17	HMO or HMO Physician
18	Home Health Svs/VNA
19	Hospital/NICU staff/Medical facility
20	Primary Care Provider
21	Public Information Ad
22	SSI
23	El Partnerships
27	DPH Lead Poisoning Program
28	FOR Families
29	Healthy Families
30	Self-referred/Prev or current EI involvmt
31	Pediatrician/Physician/PCP/HMO
32	Hospital NICU staff
33	Hospital/Medical facility (not NICU)
34	Other allied health (incl. SP,PT,OT,RN)
35	Other allied mental health
36	Self-referred/Prev or current EI involvmt
88	Other
99	Unknown

Em	Employment Status			
1	Full-time, outside home			
2	Self-employed, full-time, in the home			
3	Not in Labor Force: Homemaker, full-time			
4	Employed: Part-time (in or out of home)			
5	Employed: Maternity/Paternity/Family leave			
6	Not in Labor Force: Unemployed			
7	Not in Labor Force: Student			
8	Other			
9	Unknown			
10	Employed: Full time (incl uniformed svs)			
11	Not in Labor Force: Retired			
12	Not in Labor Force: Volunteer			
13	Not in Labor Force: Disabled			
14	Not in Labor Force: Incarcerated			
88	Other			
99	Unknown			

Early Intervention (EI) Discharge

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
BATTELLE_ADP_DQ_DIS CHARGE	Battelle: ADAPTIVE (ADP) Development Quotient (DQ)	55-145	Num
BATTELLE_AI_DISCHAR GE	Battelle: PERSONAL- SOCIAL (P-S) - Adult Interaction (AI) raw score	0-60	Num
BATTELLE_AM_DISCHA RGE	Battelle: COGNITIVE (COG) - Attention and Memory (AM) raw score	0-60	Num
BATTELLE_COG_DQ_DI SCHARGE	Battelle: COGNITIVE (COG) Development Quotient (DQ)	55-145	Num
BATTELLE_COM_DQ_DI SCHARGE	Battelle: COMMUNICATION (COM) Development Quotient (DQ)	55-145	Num
BATTELLE_ED_DISCHAR GE	Battelle: COMMUNICATION (COM) - Expressive communication (EC) raw score	0-90	Num
BATTELLE_FM_DISCHA RGE	Battelle: MOTOR (MOT) - Fine motor (FM) raw score	0-60	Num
BATTELLE_GM_DISCHA RGE	Battelle: MOTOR (MOT) - Gross motor (GM) raw score	0-90	Num
BATTELLE_MOT_DQ_DI SCHARGE	Battelle: MOTOR (MOT) Development Quotient (DQ)	55-145	Num
BATTELLE_PC_DISCHAR GE	Battelle: COGNITIVE (COG) - Perception and Concepts (PC) raw score	0-80	Num
BATTELLE_PI_DISCHAR GE	Battelle: PERSONAL- SOCIAL (P-S) - Peer Interaction (PI) raw score	0-50	Num
BATTELLE_PM_DISCHA RGE	Battelle: MOTOR (MOT) - Perceptual motor (PM) raw score	0-50	Num
BATTELLE_PR_DISCHAR GE	Battelle: ADAPTIVE (ADP) - Personal Responsibility (PR) raw score	0-50	Num
BATTELLE_PS_DQ_DISC HARGE	Battelle: PERSONAL- SOCIAL (P-S) Development Quotient (DQ)	55-145	Num
BATTELLE_RA_DISCHAR GE	Battelle: COGNITIVE (COG) - Reasoning and Academic Skills (RA) raw score	0-70	Num

Variable Name	Variable Description	Meta Data	Format
BATTELLE_RC_DISCHA RGE	Battelle: COMMUNICATION (COM) - Receptive communication (RC) raw score	0-80	Num
BATTELLE_SC_DISCHAR GE	Battelle: ADAPTIVE (ADP) - Self-Care (SC) raw score	0-70	Num
BATTELLE_SR_DISCHAR GE	Battelle: PERSONAL- SOCIAL (P-S) - Self- Concept and Social Role (SR) raw score	0-90	Num
DiagnosisID_EI	First ICD Medical diagnosis at discharge	El diagnoses code correspond to Valid ICD9 or ICD10 code	Num
DISCHARGE_REASON_E	Reason for discharge	See code list	Num
LAST_DATE_EI	Last service date	Date Proxy – count of days between last service date and randomly chosen date in the past NOTE: The smaller the date proxy, the more recently the event occurred	Num
REFERRALS_ANOTHER_ EI	Recommended referrals at discharge: Another El program	0=No 1=Yes	Num
REFERRALS_CHILD_CA RE	Recommended referrals at discharge: Family or center child care	0=No 1=Yes	Num
REFERRALS_COMMUNI TY_PLAY	Recommended referrals at discharge: Community playgroup	0=No 1=Yes	Num
REFERRALS_DPH_CARE _COORD	Recommended referrals at discharge: DPH Case Management	0=No 1=Yes	Num
REFERRALS_HEADSTAR T	Recommended referrals at discharge: Headstart	0=No 1=Yes	Num
REFERRALS_LEA_SPED	Recommended referrals at discharge: Public school-LEA/SPED	0=No 1=Yes	Num
REFERRALS_NONE	Recommended referrals at discharge: None	0=No 1=Yes	Num

Code DischargeReason 1 3 Years of Age 2 Under 3 - Services Deemed Unnecessary 3 Transferred to Another El Program	
2 Under 3 - Services Deemed Unnecessary	
i i	
3 Transferred to Another El Program	
4 Family Moved from Area	
5 Referred to Other Services	
6 Unable to Contact Family	
7 Family Refused Services	
9 Ineligible	
10 Child Died	
11 Incomplete Intake (No EVAL) - family seen	
12 Incomplete Intake (No EVAL) - family not seen	
13 Family moved out of state	
14 Family moved within the state	
15 Family decided on another El program	
16 Prolonged hospitalization	
No shows/Unable to	
17 contact/Cancels/UnResponsive	
18 Family Inactive	
20 Transferred/Family decided on another EI prg	
21 Ineligible according to eligibility assessment	
22 Family choice-due to the Family Fee	
Family choice-not interested in eligibility	
23 evaluation	
24 Family choice-not interested in services	
25 EIPP CHA svs only	
26 IFSP Goals Reached	
30 Family Choice: Declined services	
31 Child Died	
32 3 Years: Family opt out of LEA referral	
33 3 Years: Referral to LEA	
34 Child Moved out of State	
35 No Contact/Lost Contact	
36 Under 3: Not Eligible	
37 3 Years: Not eligible for LEA-Referred elsewher	e
38 3 Years: Not eligible for LEA-No other referrals	
39 Transferred to another MA EI program	
88 Other	
96 Data Entry Error	
99 Unknown	

	T	
Diagnosis	ICD10Code	DISCHARGE_ICD_EI1/DISCHARGE_ICD_EI2
1D	070.0	DISCHARGE_ICD_EI1/DISCHARGE_ICD_EI2
197	Q73.0	Absence of limb
422	Q77.4	Achondroplasia
423	P02.9	ADAM Complex
184	Q04.0	Aicardi syndrome
481	B20	AIDS
476	Q44.7	Alagille Syndrome
482	E72.9	Amino acid metabolism disorder
132	Q00.0	Anencephaly
483	Q93.5	Angelman Syndrome
209	Q87.0	Apert Syndrome
79	D61.9	Aplastic anemia
212	M08.00	Arthritis, juvenile rheumatoid
113	Q74.3	Arthrogryposis
484	G11.3	Ataxia-Telangiectasia
220	Q21.2	Atrioventricular canal defect
503	F84.0	Autism spectrum disorder
458	Q87.40	Beals Syndrome
183	Q87.3	Beckwith-Wiedemann Syndrome
224	D61.01	Blackfan-Diamond Syndrome
225	H54.0	Blindness, both eyes
226	H54.40	Blindness, one eye
227	Q82.3	Bloch-Sulzberger Syndrome
235	G37.9	Brain Sclerosis
239	G12.22	Bulbar palsy
240	C80.1	Cancer, Other (not included on this list)
109	142.9	Cardiomyopathy
432	Q93.4	Cat Cry Syndrome (Cri-du-Chat)
433	Q92.8	Cat Eye Syndrome
243	Q04.9	Cerebral atrophy, congenital
24	G80.9	Cerebral palsy
245	161.9	Cerebrovascular accident (CVA)
182	Q89.8	CHARGE Syndrome
501	Q99.9	Chromosomal anomaly (e.g., trisomies)
247	Q37.9	Cleft lip and palate
136	Q37.9 Q35.9	Cleft palate
494	Q74.0	Cleidocranial Dysostosis
		Coarctation of the aorta
138 249	Q25.1	
	Q87.1	Cockayne Syndrome
260	P35.1	Congenital CMV - Cytomegalovirus
469 436	E88.1	Congenital Sphizopeophely
436	Q04.6	Congenital Schizencephaly
141	Q89.4	Conjoined twin
186	Q87.1	Cornelia De Lange Syndrome
255	H47.619	Cortical Blindness/Cortical Vision
056	075.0	Impairment
256	Q75.0	Craniostenosis
257	Q75.1	Crouzon's Syndrome

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Diagnosis ID	ICD10Code	DISCHARGE_ICD_EI1/DISCHARGE_ICD_EI2
62	E84.9	Cystic fibrosis
148	Q03.1	Dandy-Walker malformation
265	D82.1	DiGeorge Syndrome
266	G80.1	Diplegia
142	Q90.9	Down Syndrome
277	Q79.6	Ehlers-Danlos Syndrome
278	G04.90	Encephalitis
143	Q01.9	Encephalocele
27	G93.40	Encephalopathy
485	D22.9	Epidermal Nevus Syndrome
457	Q81.9	Epidermolysis Bullosa
281	G40.901	Epilepsy
282	N04.9	Epstein's Syndrome
283	P14.0	Erb's palsy (Brachial Plexis injury)
44	R62.51	Failure to Thrive
438	D61.09	Fanconi Anemia
289	P04.3	Fetal Alcohol effects
146	Q86.0	Fetal Alcohol Syndrome
293	Q99.2	Fragile X Syndrome
477	E74.21	Galactosemia
19	E75.10	Gangliosidosis
166	Q79.3	Gastroschisis
69	E74.00	Glycogen storage disease
171	Q87.0	Goldenhar Syndrome
441	H91.93	Hearing impairment, bilateral
512	H91.92	Hearing impairment, left ear
513	H91.91	Hearing impairment, right ear
443	Q67.4	Hemifacial Microsomia
497	G81.90	Hemiparesis/Hemiplegia
498	P35.2	Herpes, congenital
504	Q04.2	Holoprosencephaly
63	E76.1	Hunter syndrome
150	Q04.3	Hydranencephaly
	P83.2	
316 318	127.0	Hydrops-Fetalis Hypertension, pulmonary
72	E83.39	Hypophosphatasia
505	Q04.3	Hypoplasia of the brain
		Hypoplastic left heart syndrome
151	Q23.4	, · ·
326	E03.1	Hypothyroidism, congenital
323	G40.401	Hypsarrhythmia
152	P52.21	Intraventricular hemorrhage (grade 3)
502	P52.22	Intraventricular hemorrhage (grade 4)
487	P57.9	Kernicterus
475	Q76.1	Klippel-Feil Syndrome
167	Q74.8	Larsen Syndrome
444	E71.310	LCHAD (Long Chain Acyl CoA
00	004.00	Dehydrogenase Deficiency)
32	G31.82	Leigh's Disease
118	C95.90	Leukemia

Diagnosis ID IDD10Code ID DISCHARGE_ICD_E11/DISCHARGE_ICD_E12 18 E75.25 Leukodystrophy/Canavan disease 474 Q04.3 Lissencephaly 335 K76.9 Liver disease and/or dysfunction 488 H54.2 Low vision, both eyes 506 H54.52 Low vision, left eye, normal vision left eye 507 H54.51 Low vision, right eye, normal vision left eye 121 C82.50 Lymphoma 480 Q24.9 Major cardiac anomaly, other (not included on this list) 120 C71.9 Malignant neoplasm of brain 125 C64.9 Malignant neoplasm of kidney 70 E71.0 Maple syrup urine disease 342 G03.9 Meningitis with negative long-term effects 189 E83.09 Menkes Syndrome 173 Q78.5 Metaphyseal dysplasia 473 E71.120 Methylmalonic acidemia 177 Q02 Microcephaly 33 Q87.0 Mobius sequence 85 I67.5 Moyanoya dise	<u> </u>		(I IIDEI:EI_EVALOATION)
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455 T74.4XXA Shaken Baby Syndrome			

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Diagnosis ID	ICD10Code	DISCHARGE_ICD_EI1/DISCHARGE_ICD_EI2
181	E78.72	Smith-Lemli-Optiz Syndrome
472	Q93.88	Smith-Magenis Syndrome
74	Q87.3	Sotos Syndrome
386	G40.401	Spasms, infantile
500	Q05.9	Spina bifida/Myelomenigocele
175	P11.5	Spinal Cord Injury at birth
508	S14.109A	Spinal Cord Injury not at birth, cervical spinal cord
509	S34.109A	Spinal Cord Injury not at birth, lumbar spinal cord
510	S34.139A	Spinal Cord Injury not at birth, sacral spinal cord
511	S24.109A	Spinal Cord Injury not at birth, thoracic spinal cord
456	Q05.9	Spinal Lipomeningocele
179	Q89.8	Stickler Syndrome
30	Q85.8	Sturge-Weber disease
20	E75.02	Tay-Sachs disease
159	Q21.3	Tetralogy of Fallot
398	Q68.0	Torticollis, congenital
399	P37.1	Toxoplasmosis, congenital
405	Q20.3	Transposition of great vessels
416	S06.1X0A	Traumatic Head Injury
406	Q75.4	Treacher Collins Syndrome
168	Q85.1	Tuberous Sclerosis
180	Q87.2	VACTER Syndrome
412	Q79.8	Waardenburg-Klein Syndrome
413	Q87.89	Williams Syndrome
493	D82.0	Wiskott-Aldrich Syndrome

Early Intervention Evaluation

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
ADOPTION_EI	Adoption status	0=No 1=Yes 2=In process 9=Unknown	Num
ADOPTION_INTERNATIONAL EI	International adoption	0=No 1=Yes	Num
ASD_DIAG_DATE	Date of ASD diagnosis	Date Proxy – count of days between ASD diagnosis and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
AUTISM_EI	Child has an autism diagnosis or is in the autism file	1=Yes 0=No	Num
BATTELLE_ADP_DQ_EVAL	Battelle: ADAPTIVE (ADP) Development Quotient (DQ)	55-145	Num
BATTELLE_AI_EVAL	Battelle: PERSONAL-SOCIAL (P-S) - Adult Interaction (AI) raw score	0-60	Num
BATTELLE_AM_EVAL	Battelle: COGNITIVE (COG) - Attention and Memory (AM) raw score	0-60	Num
BATTELLE_COG_DQ_EVAL	Battelle: COGNITIVE (COG) Development Quotient (DQ)	55-145	Num
BATTELLE_COM_DQ_EVAL	Battelle: COMMUNICATION (COM) Development Quotient (DQ)	55-145	Num
BATTELLE_DATE_EVAL	Date that tool (Battelle) was first used	Date Proxy – count of days between Batelle administration date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
BATTELLE_EC_EVAL	Battelle: COMMUNICATION (COM) - Expressive communication (EC) raw score	0-90	Num
BATTELLE_FM_EVAL	Battelle: MOTOR (MOT) - Fine motor (FM) raw score	0-60	Num
BATTELLE_GM_EVAL	Battelle: MOTOR (MOT) - Gross motor (GM) raw score	0-90	Num
BATTELLE_MOT_DQ_EVAL	Battelle: MOTOR (MOT) Development Quotient (DQ)	55-145	Num

Variable Name	Variable Description	Meta Data	Format
BATTELLE_PC_EVAL	Battelle: COGNITIVE (COG) - Perception and Concepts (PC) raw score	0-80	Num
BATTELLE_PI_EVAL	Battelle: PERSONAL-SOCIAL (P-S) - Peer Interaction (PI) raw score	0-50	Num
BATTELLE_PM_EVAL	Battelle: MOTOR (MOT) - Perceptual motor (PM) raw score	0-50	Num
BATTELLE_PR_EVAL	Battelle: ADAPTIVE (ADP) - Personal Responsibility (PR) raw score	0-50	Num
BATTELLE_PS_DQ_EVAL	Battelle: PERSONAL-SOCIAL (P-S) Development Quotient (DQ)	55-145	Num
BATTELLE_RA_EVAL	Battelle: COGNITIVE (COG) - Reasoning and Academic Skills (RA) raw score	0-70	Num
BATTELLE_RC_EVAL	Battelle: COMMUNICATION (COM) - Receptive communication (RC) raw score	0-80	Num
BATTELLE_SC_EVAL	Battelle: ADAPTIVE (ADP) - Self- Care (SC) raw score	0-70	Num
BATTELLE_SR_EVAL	Battelle: PERSONAL-SOCIAL (P-S) - Self-Concept and Social Role (SR) raw score	0-90	Num
BLOOD_LEAD_EI	Child's blood lead levels measured 15 micrograms/dl?	0=No 1=Yes 9=Unknown	Num
CNS_ABNORMAL_EI	Suspected central nervous system abnormality?	0=No 1=Yes 9=Unknown	Num
DiagnosisID_EI	First ICD Medical diagnosis at evaluation	El diagnoses code correspond to Valid ICD9 or ICD10 code	Num
DV_EI	Domestic violence in the home?	0=No 1=Yes 9=Unknown	Num
ELIGIBILITY_TYPE_EI	Eligibility category	0=Ineligible 1=Established Conditions 2=Established Delays 3=At Risk Conditions 4=Est Cond/Est Delay 5=Est Cond/At Risk 6=Est Delay/At Risk 7=All 3 8=Clinical judgment 99=Undetermined (missing DOB/DOE)	Num
EvaluationNo_El	Evaluation number	Integer	Num
FAMILY_ADULTS_EI	# of parent(s)/caregiver(s) in the household	Integer	Num

Variable Name	Variable Description	Meta Data	Format
FAMILY_CHILDREN_EI	# of children in the household	Integer	Num
FEEDING_DIFFICULTY_EI	Does this child have chronic feeding difficulties?	0=No 1=Yes 9=Unknown	Num
FIRST_DATE_EI	First service date	Date Proxy – count of days between first service date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
GESTATIONAL_AGE_EI	Child's gestational age	Integer	Num
HOMELESSNESS_EI	Do any of the following conditions exist in the Biological or Primary Family? Homelessness?	0=No 1=Yes 9=Unknown	Num
HOSP_EI	Was child hospitalized for more than 25 days during a 6-month period of time?	0=No 1=Yes 9=Unknown	Num
HV_BABYSITTER	Location of home visit: Babysitter's home	0=No 1=Yes	Num
HV_CHILD_CARE_CENTER	Location of home visit: Child care center	0=No 1=Yes	Num
HV_FAMILY_DAY_CARE	Location of home visit: Family day care center	0=No 1=Yes	Num
HV_HOME	Location of home visit: Home	0=No 1=Yes	Num
HV_OTHER_FAMILY_HOME	Location of home visit: Other family member's home	0=No 1=Yes	Num
IFSP_DATE	Individual Family Service Plan (IFSP) signature date	Date Proxy – count of days between IFSP date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
INCOME_EI	Annual gross family income	Integer	Num
INSECURE_ATTACHMENT_EI	Does this child experience insecure attachment/interactional difficulty?	0=No 1=Yes 9=Unknown	Num
IUGR_SGA	Was child diagnosed at birth with IUGR or SGA?	0=No 1=Yes 9=Unknown	Num
LACKING_GOODS_EI	Family lacking adequate food and clothing	0=No 1=Yes 9=Unknown	Num
LACKING_SUPPORT_EI	Family lacking social supports?	0=No 1=Yes 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
MOM_AGE_EI	Biological mother's age at delivery	Age in years 999=Unknown	Num
MOM_EDU_EI	Biological mother's years of formal education	Integer	Num
MOM_PARITY_EI	Has the biological mother had 3 or more children before the age of 20?	0=No 1=Yes 9=Unknown	Num
MULTIPLE_TRAUMA_EI	Multiple trauma/losses experienced by the child?	0=No 1=Yes 9=Unknown	Num
NICU_DAYS_EI	# of days this child was in the NICU (if answered "Yes" to NICU Stay)	Integer 888=N/A	Num
NICU_EI	Was child in the NICU?	0=No 1=Yes 9=Unknown	Num
NOTIFIED_DATE_EI	Date Notified if Eligible or Ineligible	Date Proxy – count of days between notification date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
PARENT_CONDITION_EI	Parental chronic illness or disability?	0=No 1=Yes 9=Unknown	Num
PRIMARY_SETTING_EI	Primary setting	1=Home setting 2=Community-based setting 3=Hospital setting 4=Residential treatment center setting 5=Other setting	Num
PROTECTIVE_SERVICES_EI	Open/confirmed protective service investigation	0=No 1=Yes 9=Unknown	Num
SMALL_SIZE_EI	Is this child's weight, weight for height or height for age less than the 5th percentile or child's weight for age dropped 2 or more major centiles?	0=No 1=Yes 9=Unknown	Num
SUBSTANCE_ABUSE_EI	Substance abuse in the home?	0=No 1=Yes 9=Unknown	Num

Early Intervention DiagnosesTable -Analytic Data Dictionary <u>Reference table only</u> (PHDEI.EI_PHD_DiagnosesTable)

Early Intervention Diagnosis Reference

Variable Name	Variable Description	Meta Data	Format
begdateicd9			MMDDYYYY
begdateicd10			MMDDYYYY
diagnosisid			Num
elig_timeframe			Char
enddateicd9			MMDDYYYY
enddateicd10			MMDDYYYY
icd10code			Char
icd10description			Char
icd9code			Char
icd9description			Char

Fetal Deaths - Registry of Vital Records and Statistics

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_FD	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
ALC_DURING_FD	Any alcohol consumption during pregnancy?	0=No 1=Yes 9=Unknown	Num
ALC_NUM_FD_TRI1	# of drinks first 3 mos of pregnancy	# of drinks 99=Unknown Blank=N/A (MF Record)	Num
ALC_NUM_FD_TRI2	# of drinks second 3 mos of pregnancy	# of drinks 99=Unknown Blank=N/A (MF Record)	Num
ALC_NUM_FD_TRI3	# of drinks third trimester of pregnancy	# of drinks 99=Unknown Blank=N/A (MF Record)	Num
ANOMALY_ANENCEPHA LY_FD	Congenital anomalies - Anencephaly	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CHD_CYANO TIC_FD	Congenital anomalies - Cyanotic congenital heart disease	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CHROM_DIS _CONFIRMED_FD	Congenital anomalies - suspected chromosomal disorder: Karyotype confirmed (chromosomal disorder)	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CHROM_DIS ORDER_FD	Congenital anomalies - Suspected chromosomal disorder	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
ANOMALY_CHROM_DIS _PENDING_FD	Congenital anomalies - suspected chromosomal disorder: Karyotype pending (chromosomal disorder)	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CLEFT_FD	Congenital anomalies - Cleft lip with or without cleft palate	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_CLEFT_PALA TE	Congenital anomalies - Cleft palate alone	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_DIAPHRAGM ATIC_HERNIA_FD	Congenital anomalies - Congenital diaphragmatic hernia	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_DOWN_CON FIRMED_FD	Congenital anomalies - Down syndrome: Karyotype confirmed	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_DOWN_FD	Congenital anomalies - Down syndrome	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_DOWN_PEN DING_FD	Congenital anomalies - Down syndrome: Karyotype pending	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_GASTRO_FD	Congenital anomalies - Gastroschisis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_HYPO_FD	Congenital anomalies - Hypospadias	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_LIMB_REDUC TION_FD	Congenital anomalies - Limb reduction defect (excluding dwarfing syndrome)	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_MENI_SB_FD	Congenital anomalies - Meningomyelocele/Spina bifida	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_NONE_FD	Congenital anomalies - None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
ANOMALY_OMPH_FD	Congenital anomalies - Omphalocele	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
ATTENDANT_TITLE_FD	Attendant title	1=MD 2=DO 3=CNM/CM 4=Other Midwife 5=Other (specify) 9=Unknown	Num
AUTOP_FD	Was an autopsy performed?	0=No 1=Yes 3=Planned Blank = MF record that wasn't Yes or No (planned was not an option)	Num
AUTOP_USED_FD	VIP: Were autopsy or histological placental examination results used in determining the cause of fetal death? MF: Were findings available prior to cause	0=No 1=Yes 8=Not applicable	Num
BIRTH_ORDER_FD	Birth Order	1=first born 2=second born 3=third born 4=fourth born 8=N/A (not a multiple birth) 9=unknown	Num
CENSUS_IND_FD	Bureau of census industry code (mother)	4 digit bureau of census industry code	Num
CENSUS_OCC_FD	Bureau of census occupation code (mother)	4 digit bureau of census industry code	Num
CERT_TITLE_FD	Certifier title	1=MD 2=DO 3=ME 5=NP (not available on MF records) 9=Unknown	Num
CIG_DURING_PREG_FD	Any tobacco use during pregnancy?	0=No 1=Yes	Num
CIG_NUM_FD_TRI1	# of cigarettes smoked first 3 mos of pregnancy	0-98 99=Unknown Blank=N/A (MF Record)	Num
CIG_NUM_FD_TRI2	# of cigarettes smoked second 3 mos of pregnancy	0-98 99=Unknown Blank=N/A (MF Record)	Num
CIG_NUM_FD_TRI3	# of cigarettes smoked third trimester of pregnancy	0-98 99=Unknown Blank=N/A (MF Record)	Num
DEATH_BDA_LABOR	When did baby die?	1=Before 2=During 3=After 9=Unknown	Num

Variable Name	Variable Description	Meta Data	Format
DELIV_METHOD_FD	Delivery method	1=Vaginal/spontaneous 2=Vaginal/forceps 3=Vaginal/vacuum 4=Cesarean 9=Unknown Blank=N/A (MF Record)	Num
DELIVERY_WEIGHT	Delivery weight	350 grams or greater 9999=unknown	Num
FACILITY_ID_FD	Facility Number	4 digit number 0000-9999	Char
FACILITY_TYPE_FD	Place Where Delivery Occurred	1=Hospital 2=Clinic/Doctor's Office 3=Freestanding birthing center 4=Planned Home Delivery 5=Unplanned Home Delivery 6=Other 7= home delivery (unknown if planned) option is only for MF 9=Unknown	Num
FATHER_RACE_FD	Single race/Hispanic ethnicity for father	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
FERT_AI_FD	Artificial insemination	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_ART_FD	Assisted Reproductive Technology	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_DRUG_FD	Fertility-enhancing drugs	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_EGG_FD	Anonymous egg donor	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_FD	Pregnancy resulted from infertility treatment	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_IUI_FD	Intrauterine insemination	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
FERT_NONE_FD	Birth Trends and Technologies-None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_OTHER_FD	Other medical treatment	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_SPERM_FD	Anonymous sperm donor	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FERT_SURROGATE_FD	Surrogacy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
FETAL_DEATH_DATE	Date of fetal death	Date Proxy – count of days between fetal death date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
FETAL_DEATH_LINK_ID	Project specific ID that links a mother and infant	10 character alphanumeric ID	Char
FETAL_DEATH_MONTH	N/A	Months, 1-12	Num
FETAL_DEATH_YEAR	N/A	Years (YYYY)	Num
FETAL_PRESENTATION _FD	Fetal presentation at delivery	1=Cephalic 2=Breech 3=Other Blank = N/A (MF record)	Num
FIRST_PRENATAL_DAT E_FD	Date of first prenatal care visit	Date Proxy – count of days between date of first prenatal care visit and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
FOREIGN_BORN_FD	Mother's country of birth	0=US born 1=Foreign born 9=Unknown	Num
GESTATIONAL_AGE_FD	VIP: Obstetric Estimate of Gestation at Delivery MF: Calculated gestational weeks	Age in weeks (20 or more) 99.99=unknown	Num
HIST_PLAC_EXAM	Was a histological placental examination performed?	0=No 1=Yes 2=Planned Blank = N/A (MF record)	Num
HOME_BIRTH_PLANNED _FD	Place Where Delivery Occurred: Home Delivery Planned Home Delivery?	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
	Initiation Course/Condition	0=No	
ICC_ABRUPTIO	Initiating Cause/Condition: Abruptio placenta	1=Yes 9=Unknown	Num
_	Abruptio piacenta		
		Blank=N/A (MF Record) 0=No	
	Initiating Cause/Condition:	1=Yes	
ICC_CHOR	Chorioamnionitis	9=Unknown	Num
	Chonoaminomus	Blank=N/A (MF Record)	
		0=No	
	Initiating Cause/Condition:	1=Yes	
ICC_CORD	Prolapsed Cord	9=Unknown	Num
	Totapood Cord	Blank=N/A (MF Record)	
		0=No	
	Initiating Cause/Condition:	1=Yes	
ICC_FETAL_ANOM	Fetal Anomaly	9=Unknown	Num
		Blank=N/A (MF Record)	
		0=No	
	Initiating Cause/Condition:	1=Yes	
ICC_FETAL_INFECT	Fetal Infection	9=Unknown	Num
		Blank=N/A (MF Record)	
		0=No	
	Initiating Cause/Condition:	1=Yes	
ICC_FETAL_INJ	Fetal Injury	9=Unknown	Num
		Blank=N/A (MF Record)	
		0=No	
ICC MAT COND	Initiating Cause/Condition:	1=Yes	Ni
ICC_MAT_COND	Maternal Condition/Disease	9=Unknown	Num
		Blank=N/A (MF Record)	
	Initiating Cause/Candition	0=No	
ICC_OTH_COMPLICATIO	Initiating Cause/Condition: Other Obstetrical or	1=Yes	Num
N	Pregnancy Complications	9=Unknown	INUITI
	Fregulaticy Complications	Blank=N/A (MF Record)	
	Initiating Cause/Condition:	0=No	
ICC_OTH_CONDITION	Other Fetal	1=Yes	Num
	Conditions/Disorders	9=Unknown	Num
	Conditions/Disorders	Blank=N/A (MF Record)	
		0=No	
ICC_OTHER	Initiating Cause/Condition:	1=Yes	Num
100_0111210	Complications Other	9=Unknown	T GITT
		Blank=N/A (MF Record)	
		0=No	
ICC_OTHER_SP	Initiating Cause/Condition:	1=Yes	Num
100_0111211_01	Complications Other specify	9=Unknown	1144
		Blank=N/A (MF Record)	
	1.35 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	0=No	
ICC_PLAC_INSUFF	Initiating Cause/Condition:	1=Yes	Num
	Placental insufficiency	9=Unknown	
		Blank=N/A (MF Record)	
ICC BURTURE PRICE	Initiating Cause/Condition:	0=No	
ICC_RUPTURE_PRIOR_ LABOR	Rupture of membranes prior	1=Yes	Num
	to onset of labor	9=Unknown	
		Blank=N/A (MF Record)	

Variable Name	Variable Description	Meta Data	Format
ICC_UNKNOWN	Initiating Cause/Conditions: Unknown	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
INC_CODE_FD	City/town of fetal death	1-351 999=Unknown	Num
INC_ZIP_FD	Birth facility zip code	5 digit zip code 99999=Unknown Blank = N/A (MF record)	Char
LAD_COMP_HYS	Labor & Delivery complications - Unplanned hysterectomy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_COMP_ICU	Complications of labor & delivery - Admission to intensive care unit	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_COMP_MAT_TRAN SFUSE	Complications of labor & delivery - Maternal transfusion	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_COMP_NONE_FD	Maternal Morbidity-None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_COMP_OR	Labor & Delivery complications - Unplanned operating room procedure following delivery	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAD_COMP_RUPT_UTE RUS	Labor & Delivery complications - Ruptured uterus	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
LAST_MENSES_DATE_F	Date of last menses	Date Proxy – count of days between date of last menses and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
MARITAL_FD	Mother's Marital Status	1=Married 2=Not married 9=Unknown	Num
MATINF_CHLAM_FD	Maternal infection - Chlamydia	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_CMV	Maternal infection - Cytomegalovirus	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
MATINF_GON_FD	Maternal infections - Gonorrhea	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_GRB_STREP	Maternal infections - Group B Streptococcus	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_LISTERIA	Maternal infections - Listeria	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_NONE_FD	Infections-None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_OTHER	Maternal infections - other	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_PARO	Maternal infections - Parvovirus	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_SYPH_FD	Maternal infections - Syphilis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATINF_TOXOPLAS	Maternal infections - Toxoplasmosis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_DIABETES_G_ FD	Maternal risk factors - Gestational diabetes	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_DIABETES_P_ FD	Maternal risk factors - Diabetes, prepregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_C_SEC_FD	Maternal risk factors - Previous cesarean delivery	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_C_SEC_NUM_ FD	Maternal risk factors - If previous cesarean, how many?	Count 99=Unknown 88 = Not applicable Blank=N/A (MF Record)	Num
MATRISK_HYPER_E_FD	Maternal risk factors - Hypertension, eclampsia	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
MATRISK_HYPER_G_FD	Maternal risk factors - Hypertension, gestational	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_HYPER_P_FD	Maternal risk factors - Hypertension, prepregnancy	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_NONE_FD	Risk Factors-None of the above	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MATRISK_PREV_PRETE RM_FD	Maternal Risk Factors - Previous preterm birth	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_AGE_FD	Mother Calculated Age	Age in years	Num
MOTHER_EDU_FD	Highest level of maternal education	1=No HS degree 2=HS degree or GED 3=Associate or Bachelor's degree 4=Post graduate 5=Other 8=Refused 9=Unknown/Unobtainable	Num
MOTHER_HEIGHT_FD	Mother's Height (ft)	1-8 9=Unknown Blank=N/A (MF Record)	Num
MOTHER_HEIGHT_IN_F	Mother's Height (in)	00-11 99=Unknown Blank=N/A (MF Record)	Num
MOTHER_RACE_FD	Single race/Hispanic ethnicity for MOTHER	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
MOTHER_TRANSFER	Was mother transferred for maternal medical or fetal indications for delivery?	0=No 1=Yes 9=No	Num
MOTHER_WEIGHT_NOW FD	Mother's Weight at Delivery	Weight in pounds Blank=N/A (MF Record)	Num
MOTHER_WEIGHT_PRIOR_FD	Mother's Prepregnancy Weight	Weight in pounds Blank=N/A (MF Record)	Num
NAICS_FD	North American Industry Classification System	6 digit North American Industry code	Char
NAICS_YEAR_FD	Coding year for NAICS	4 digit year	Num
OSCC_ABRUPTIO	Other Significant Causes or Conditions: Abruptio placenta	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
OSCC_CHOR	Other Significant Causes or Conditions: Chorioamnionitis	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_CORD	Other Significant Causes or Conditions: Prolapsed Cord	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_FETAL_ANOM	Other Significant Causes or Conditions: Fetal Anomaly	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_FETAL_CONDITI ON	Other Significant Causes or Conditions: Other Fetal Conditions/Disorders	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_FETAL_INFECT	Other Significant Causes or Conditions: Fetal Infection	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_FETAL_INJ	Other Significant Causes or Conditions: Fetal Injury	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_MATERNAL_CON DITION	Other Significant Causes or Conditions: Maternal Conditions/Diseases	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_OTHER	Other Significant Causes or Conditions: Other	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_OTHER_COMPLICATION	Other Significant Causes or Conditions: Other Obstetrical or Pregnancy Complications	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_OTHER_SP	Other Significant Causes or Conditions: Other Specify	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_PLAC_INSUFF	Other Significant Causes or Conditions: Placental insufficiency	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_RUPTURE_PRIO R_LABOR	Other Significant Causes or Conditions: Rupture of membranes prior to onset of labor	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num
OSCC_UNK	Other Significant Causes or Conditions: Unknown	0=No 1=Yes 9=Unknown Blank=N/A (MF Record)	Num

Variable Name	Variable Description	Meta Data	Format
OTHER_OUTCOME_NU M_FD	Number of other pregnancy outcomes	Count 99=Unknown Blank=N/A (MF Record)	Num
PLACE_FD	Type of place where fetal death occurred	1=Inpatient 2=Emergency room 3=Dead on arrival 5=Residence 6=Other Blank = N/A (VIP record)	Num
PLURALITY_FD	Plurality	1=Single 2=Twin 3=Triplet + 9=Unknown	Num
PRENATAL_CARE_COU NT_FD	Total # of prenatal care visits	Integer 99=Unknown	Num
PRENATAL_PAY_FD	PNC Insurance	1=Public 2=Private 3=Other 9=Unknown Blank=N/A (MF Record)	Num
PREVIOUS_LIVE_DEAD_ FD	# of previous live births: now dead	Integer 99=Unknown	Num
PREVIOUS_LIVE_LIVING _FD	# of previous live births: now living	Integer 99=Unknown	Num
REF_ME_FD	Was case referred to ME?	0=No 1=Yes 9=Unknown	Num
RES_CODE_FD	Residence of Mother: City	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RES_ZIP_FD	Residence of Mother: Zip Code	5 digit zip code 99999=Unknown	Char
SEX_FD	Sex	1=Male 2=Female 9=Unknown or undetermined	Num
SOC_FD	SOC code	xx-xxxx	Char
UC01_FD	immediate cause of death	Valid ICD-10 code	Char
UC02_FD	other cause of death 1	Valid ICD-10 code	Char
UC03_FD	other cause of death 2	Valid ICD-10 code	Char
UC04_FD	other cause of death 3	Valid ICD-10 code	Char
UC05_FD	other cause of death 4	Valid ICD-10 code	Char
UC06_FD	other cause of death 5	Valid ICD-10 code Note: MF only includes 4 other causes	Char
UC07_FD	other cause of death 6	Valid ICD-10 code Note: MF only includes 4 other causes	Char
UC08_FD	other cause of death 7	Valid ICD-10 code Note: MF only includes 4 other causes	Char
WIC_FD	Did mother get WIC food?	0=No 1=Yes 9=Unknown/refused Blank=N/A (MF Record)	Num

House of Correction (HOC) Analytic Data Dictionary (PHDHOC.HOC)

House of Correction (HOC)

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9 character alphanumeric ID	Char
		1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight.	
Match_level_HOC	CHIA Match level	2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and zip code. These candidates are included for completeness.	Num
AGE_HOC	Age in years at time of release	Age in years	Num
SEX_HOC	Sex	1=Male 2=Female 9=Other or unknown	Num
RES_ZIP_HOC	Zip code of most recent residence	5 digit zip code 99999=Unknown	Char
ADMIT_DATE_HOC	Admission date for this incarceration	Date Proxy: Count of days between admission date and a random date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num

House of Correction (HOC) Analytic Data Dictionary (PHDHOC.HOC)

Variable Name	Variable Description	Meta Data	Format
RELEASE_DATE_HOC	Release date	Date Proxy: Count of days between release date and a random date in the past	Num
		NOTE: The larger the date proxy, the more recently the event occurred	Num
COUNTY_HOC	County	1=Barnstable 2=Berkshire 3=Bristol 4=Dukes 5=Essex 6=Franklin 7=Hampden 8=Hampshire 9=Middlesex 10=Norfolk 11=Plymouth 12=Suffolk 13=Worcester	Num
ADJ_STATUS_HOC	Adjudication status	1=Pre-trial 2=Sentenced 3=Safekeep	Num
RACE_HOC	Race/Hispanic Ethnicity	1 = White non-Hispanic 2 = Black non-Hispanic	Num
ADMIT_YEAR_HOC	Year of admission for this incarceration	Years, YYYY format	Num
ADMIT_MONTH_HOC	Month of admission for this incarceration	Months, 1-12	Num
RELEASE_YEAR_HOC	Year of release for this incarceration	Years, YYYY format	Num
RELEASE_MONTH_HOC	Month of release for this incaraceration	Months, 1-12	Num

Massachusetts Ambulance Trip Record Information System (MATRIS)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9-character alphanumeric ID	Char
Match_level_MATRIS	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
AGE_MATRIS	The patient's age (either calculated from date of birth or best approximation) ***CHECK AGE_UNITS_MATRIS NOT ALWAYS IN YEARS***	Integer (limited between 0-110 for years)	Num
AGE_UNITS_MATRIS	The units which the age is documented in (Hours, Days, Weeks, Months, Years)	1=Minutes 2=Hours 3=Days 4=Weeks 5=Months 6=Years 9=Unknown Age Units	Num
CHIEF_COMPLAINT1-CHIEF_COMPLAINT3	The statement of the problem by the patient or the history provider in one or two words	free text	char
DEST_TYPE_MATRIS	The type of destination the patient was delivered or transferred to	1=Home 2=Hospital 3=Medical Office/Clinic 4=Morgue 5=Nursing Home 6=Hospice 7=Other 8=Other EMS Responder (air) 9=Other EMS Responder (ground) 10=Police/Jail	Num

(I IIDIALINIS:IAINIS)			
Variable Name	Variable Description	Meta Data	Format
		99=Not Applicable, Not Available, Not Known, Not Recorded, Not Reporting, Not Transported	
DRUG_USE_MATRIS1 - DRUG_USE_MATRIS5	Indicators for the potential use of Alcohol or Drugs by the patient. Patients can have more than one value, only one value per variable	1= No Apparent Alcohol/Drug Use 2=Patient Admits to Alcohol Use 3=Smell of Alcoholic Beverage on Breath/About Person 4=Patient Admits to Drug Use 5=Alcohol and/or Drug Paraphernalia at Scene 6=Patient Denies Alcohol/Drug Use 7=Patient refuses drug or alcohol test 8= Positive Level (of drug or alcohol) known from Law Enforcement or Hospital Record 9=Not Applicable, Not Available, Not Known, Not Recorded, Not Reporting	Num
EMS_SERVICE	The state-assigned provider Number of the responding agency	4 digit code	Num
FENTANYL_EMS	fentanyl given by EMS	1=Yes 0=No	Num
HEROIN_OD_MATRIS	Heroin-related EMS event?	1=Yes 0=No	Num
HOMELESS_MATRIS	Was there an indication that the patient is homeless?	0=No indication of homeless 1=Homeless based on address match only 2=Homeless based on narrative only 3=Homeless based on both address and narrative	Num
INC_CODE_MATRIS	The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
INC_DATE_MATRIS	Incident date	Date Proxy – count of days between incident date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
INC_LOC_TYPE_MAT RIS	The kind of location where the incident happened	1=Airport 2=Farm 3=Health Care Facility (clinic, hospital 4=Home/Residence 5=Industrial Place and Premises 6=Lake, River, Ocean 7=Mine or Quarry 8=Other Location 9=Place of Recreation or Sport 10=Public Building (schools, gov, offices) 11=Residential Institution (nursing home, jail/prison 12=Street or Highway 13=Trade or Service (Business, bars,	Num

(1.1.2.111.1111.00)			
Variable Name	Variable Description	Meta Data	Format
		restaurants, etc 14=Unspecified place 99=Not Applicable, Not Available, Not Known, Not Recorded, Not Reporting, Missing	
INC_MONTH_MATRIS	Month the incident occurred	Months, 1-12	Num
INC_YEAR_MATRIS	Year the incident occurred	Years, YYYY format (starts 2013)	Num
INC_ZIP_MATRIS	The ZIP code of the incident location	5 digit zip 99999=Unknown	char
INCARCERATED_MAT	Was there an indication that the person was incarcerated?	0=No indication of incarceration 1=Incarcerated based on address match only 2=Incarcerated based on narrative only 3=Incarcerated based on both address and narrative	Num
GROUPED_MATRIS	Severity grouping of opioid- related EMS event. Please refer to full documentation titled - EMS Opioid Incidents Categorization (see below)	0=(variable opioid_od_matris=0) 1=DOA of opioid 2=acute overdose 3=opioid intoxicated 4=opioid withdrawal 5=opioid implicated	Num
MORPHINE_EMS	Was morphine given by EMS?	0=No 1=Yes	Num
NARCAN_MATRIS	Final flag for incident involving naloxone administration in either the medication administered, prior aid, or narrative report fields	1=Yes 0=No	Num
NARCAN_PRIOR_AID	Final flag that naloxone was administered prior to EMS arrival	1=Yes 0=No	Num
OPIOID_OD_MATRIS	Opioid-related EMS event?	1=Yes 0=No	Num
OTC_PAIN_EMS	Was acetaminophen or ibuprofen (advil, motrin) given by EMS?	0=No 1=Yes	Num
PAYMENT_TYPE_MA TRIS	The primary method of payment or type of insurance associated with this EMS encounter	1=Insurance 2=Medicaid 3=Medicare 4=Other Government 5=Self Pay 6=Workers Comp 7=Not Billed 8=Not Applicable 9=Unknown	Num
PRIMARY_IMPRESSI ON	The EMS personnel's impression of the patient's primary problem or most significant condition which	Text field. See appendix for list of text values. Also can contain ICD 10 codes, which are not included in the appendix list	char

Variable Name	Variable Description	Meta Data	Format
	led to the management given to the patient (treatments, medications, or procedures).		
PT_DISP_MATRIS	Type of disposition treatment and/or transport of the patient.	1=No Treatment Required 2=Obvious Signs of Death 3=Patient Refused Care 4=Treated and Released 5=Treated, Transferred Care 6=Treated, Transported by EMS 7=Treated, Transported by Law Enforcement 8=Treated, Transported by Private Vehicle 9=Not Applicable or missing	Num
RACE_MATRIS		1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown/missing	Num
RES_CODE_MATRIS	The patient's home city or township or residence	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RES_ZIP_MATRIS	The patient's home ZIP code of residence	5 digit zip 99999=Unknown	char
RX_NSAID_EMS	Was Ketorolac (toradol) given by EMS?	0=No 1=Yes	Num
SECOND_COMPLAIN T1- SECOND_COMPLAIN T12	Additional statement(s) of the problem by the patient or the history provider in one or two words	Free text	char
SECOND_IMPRESSIO N1- SECOND_IMPRESSIO N11	The EMS personnel's impression of the patient's secondary problem or which led to the management given to patient (treatments, medications, or procedures).	Text field. See appendix for list of text values. Also can contain ICD 10 codes, which are not included in the appendix list	char
SEX_MATRIS	Patient's gender	1=Male 2=Female 9=Unknown	Num
TYPE_REQ_MATRIS	The type of service or category of service requested of the EMS service responding for this specific EMS incident.	1=911 Response (Scene) 2=Flagdown/Walk-in 3=Intercept 4=Mutual Aid 5=Standby 9=Missing	Num
VA_MATRIS		0=No indication of VA use 1=Indication of VA use	Num

Appendix

"Primary_Impression" and
"Second_Impression"
abdominal aortic aneurysm
abdominal pain/problems
acute abdomen
acute pain, not elsewhere classifie
airway obstruction
alcohol dependence with withdrawal,
alcohol use, unspecified
alcohol use, unspecified with intox
allergic reaction
altered level of consciousness
altered mental status
anaphylactic shock
aspiration pneumonia
asthma
back pain
back pain (non-traumatic)
behavioral / psychiatric disorder
behavioral/psychiatric disorder
bowel obstruction
cancer
cardiac arrest
cardiac arrhythmia/dysrhythmia
cardiac rhythm disturbance
chest pain
chest pain, other [non-cardiac]
chest pain/discomfort
chf (congestive heart failure)
chronic pain, not elsewhere classif
cocaine related disorders
common cold.
copd (emphysema/chronic bronchitis)
copd with exacerbation
dehydration
diabetes with hyperglycemia (1); or
diabetic hyperglycemia
diabetic symptoms (hypoglycemia)
diarrhea
electrocution
epistaxis (non-traumatic)
etoh abuse
evaluation request
exposure to excessive natural cold
febrile seizure
fever
flank pain
flu like symptoms
· ·

	111
"Primary_Impression" and	
"Second_Impression"	
foreign body in digestive system, p	
g.i. bleed	
general malaise	
generalized abdominal pain	
hallucinogen related disorders	
head bleed	
headache	
heat exhaustion/stroke	
heroin overdose	
hypertension	
hyperthermia	
hypotension	
hypothermia	
hypovolemia/shock	
influenza, unspecified	
inhalant related disorders	
inhalation injury (toxic gas)	
injury of ankle	
injury of face	
injury of finger	
injury of foot	
injury of forearm	
injury of head	
injury of knee	
injury of lower back	
injury of lower leg	
injury of neck	
injury of nose	
injury of shoulder or upper arm	
injury of thorax (upper chest)	
laceration of arm	
malaise	
migraine	
nausea/vomiting (unknown etiology)	
near syncope	
no apparent illness/injury	
no patient complaint (adult)	
no patient complaint (addit)	
non-specified sedative, hypnotic, o	
not applicable	
not available	
not known	
not recorded	
not reporting	
ob/delivery	
obvious signs of death	
opioid related disorders	
other	

	1
"Primary_Impression" and	
"Second_Impression"	
other abdominal/gi problem	
other cardiovascular problem	
other cns problem	
other endocrine/metabolic problem	
other gu problems	
other illness/injury	
other ob/gyn	
other reduced mobility	
overdose of ecstasy	
pain	
paraplegia	
patient assist only	
pneumonia, unspecified	
pneumothorax, traumatic	
poisoning by cannabis derivatives/s	
poisoning by cannabis inhaled/smoke	
poisoning/drug ingestion	
polysubstance overdose	
pregnancy with contractions	
pregnancy/ob delivery	
psychoactive substance related diso	
pulmonary edema, acute	
pulmonary embolism	
respiratory arrest	
respiratory condition due to chemic	
respiratory disorder, unspecified	
respiratory distress	
respiratory distress, acute	
seizure	
seizures with status epilepticus seizures without status epilepticus	
sepsis	
septicemia (1); or sepsis (2)	
sexual assault/rape	
smoke inhalation	
stings/venomous bites	
stroke	
stroke/cva	
substance/drug abuse	
sudden death non-viable	
suicidal ideations	
suicide attempt	
syncope and collapse	
syncope/fainting	
tia (transient ischemic attack)	
toxic exposure	
traumatic injury	
unconscious	

"Primary_Impression" and	
"Second_Impression"	
unknown problem	
unspecified infectious disease	
vaginal hemorrhage	
weakness	

EMS Opioid Incidents Categorization

Documentation reviewing the 5 buckets of Opioid-Involved EMS cases in MATRIS that DPH currently tracks and reports on. Last update Sept 18, 2019

Please note – buckets are filled in a cascade. Once a case is filtered into a bucket (which are searched for in the order presented below) it is not re-examined for another bucket EXCEPT for Acute ODs that are <u>only found</u> by a positive response to naloxone – those can be re-categorized to Intoxicated or Withdrawal depending on symptom presentation

1. DOA Bucket

- a. Covers opioid overdoses in which the patient is declared dead on arrival, dies before transport, or where resuscitative efforts are terminated (because the patient is nonviable)
- b. It is important to note that BLS can only declare death when there are obvious signs (such as rigor mortis or dependent lividity) or conditions inconsistent with life, so they may transport patients who would otherwise have been declared dead by another care provider (i.e. transport to a hospital does not mean the patient is still alive)
- c. Search terms:

PT_DISPOSITION=2 (this means the patient is DOA) OR

Narrative report contains one of the following
And patient cannot have a destination_type of
"Hospital"
Doa, d.o.a, dead on arrival
Time of death, determination of death, time of
declaration
deceased
order(s) for (field) termination, permission to stop
effort, cessation of resuscitation
Obvious signs of death, obvious death
Nonviable, non viable, non-viable
Medical examiner

OR

Narrative report contains one from Column A and one from Column B:

And patient cannot have a destination_type of "Hospital".

Column A Column B

cardiac arrest, no pulse, pulse less, pulseless, Dead (excludes 'dead end')

asystole, asystolic

cold to (the) touch Death (excludes 'risk(s) of refusal', 'refusal

obtain')

Apneic, apneic

mottl, rigor, mortis, livid (excludes 'no mottl', 'no rigor', 'no mortis', 'no livid')

2. Acute Overdose Bucket

- a. Covers acute opioid overdoses, which are defined as opioid overdoses in which the patient would not likely survive on their own without intervention (whether bystander or EMS intervention).
 - i. Please note Acute Overdoses do not necessarily survive even with intervention, and transport to hospital does not mean the patient is still alive
- b. Symptoms can include respiratory failure, loss of consciousness, blue/pale/cold skin, and cardiac failure
- c. Search terms:

If the patient gets naloxone from the EMS and has a positive improvement (please note, if this is the only identifying feature for Acute OD that is found for the patient then the patient would be regrouped to Intoxicated or Withdrawal if it meets those search terms)

OR

If the patient has opioid intoxication symptoms (outlined in section 3) and had naloxone administered by prior aid

OR

Narrative contains one of the following inclusion terms (and none of its corresponding exclusion

terms)

Inclusion terms Exclusion terms

cardiac arrest no cardiac arrest, not in cardiac arrest no pulse, pulse less, pulseless, asystole, not pulse less, not pulseless, not asystolic

asystolic

apenic, apneic, agonal, aganol not apenic, not apneic, not agonal, not aganol respiratory arrest no respiratory arrest, no respiratory arrest

not breathing

cyanotic, cyanosis, cynotic not cyanotic, no cyanosis, not cynotic

aed no aed, items brought on scene, items brought o/s

cpr, chest compression no cpr, no chest compression

intubation no intubation, did not require intubation

Bagging, bagged no bagging, did not require bagging, not bagged

mouth to mouth, mouth-to-mouth no mouth to mouth, did not require mouth to mouth, no

mouth-to-mouth, did not require mouth-to-mouth

uncons AND (nalox OR narcan) not uncons

unrespons AND (nalox OR narcan) not go unrespons, not unrespons

pea no pea, not in pea

rescue breath

[respiratory rate OR rr] [is OR was] 1-7

Bvm, opa

GCS 3, GCS=3, GCS = 3, GCS of 3, GCS is 3,

GCS was 3

Epinephrine, epi Epi-pen, epi pen, hives, allerg, Benadryl, asthma,

injection pen, epi gastric

3. Opioid Intoxicated Bucket

a. Patients who are on opioids and displaying symptoms including bradycardia, hypothermia, sedation, pinpoint pupils, slurred speech, and head nodding

- i. Intoxication is distinguished from acute overdose in that patients are likely to survive even without intervention
- b. Will override acute OD cases that were only selected because of positive response to naloxone and regroup them to intoxicated if the search terms are met
- c. Search terms:

Narrative contains one of the following inclusion terms (and none of its corresponding exclusion			
terms)			
Inclusion terms	Exclusion terms		
nodding, on the nod, nod off, nodded off			
Somnolent, somulant, somnolence			
[slurr OR garbl OR incomprehens OR unintelligi]	- slurring of speech, no slurring of speech, no		
AND [speech, speach, word, talk]	slurred speech, without slurred		
incoherent, not coherent			
small pupil			
pupil AND [pinpoint, pin-point, pin point,	not pinpoint, not pin-point, not pin point, not		
constricted]	constricted		
miosis	neg miosis, no miosis, - miosis		
semi cons, semicons, semi-cons, semi awake,			
semiawake, semi-awake			
sternal rub			

letharg, grogg	
drows	not drows, non-drows, nondrows, non drows
hypoxic, hypoxia	no signs of hypoxia, not hypoxic, no hypoxia,
	neg hypoxia, hypoxic brain injur
uncons	not uncons
unrespons, nonrespons, non-respons, non	not go unrespons, not unrespons
respons, not respons	
arousable	
hypotension, hypotensive	no hypotension, neg hypotension, negative
	hypotension, not hypotensive
loss of alert	no loss of alert
confused	not confused, tbi, brain injur
black out, pass out, passed out	drunk
decreased respiratory	no decreased respiratory
verbal stimu, painful stimu	
slugg	
decreased respiratory	no decreased respiratory
not breath	allerg
shallow AND breath	No shallow breath
npa	
Naltrexone AND [chill, tremor, vomit, nausea,	
sweat, shake, OR seizure]	
GCS 4-9, GCS=4-9, GCS =4-9, GCS of 4-9, GCS is 4-9,	
GCS was 4-9	

4. Opioid Detox Bucket

- a. Patients in the opioid detox bucket include those who intentionally or unintentionally are experiencing symptoms of opioid withdrawal
- b. These symptoms include tachycardia, tachypnea, chills, tremors, vomiting, nausea, sweating, shaking, hypertension, and anxiety.
- c. This will override acute ODs only found by naloxone improvement or cases of opioid intoxication and regroup them to detox if the search terms are met
- d. Search terms

Chief Complaint or Secondary Complaint contains one of the following inclusion terms (and none of		
its corresponding exclusion terms)		
Inclusion terms	Exclusion terms	
Detox, withdraw	Alcohol, etoh	

OR

Narrative contains one of the following inclusion terms (and none of its corresponding exclusion terms)		
Inclusion terms	Exclusion terms	
withdraw		
tachyp	Not tachyp, no tachyp	

5. Opioid Implicated Bucket

- a. This remaining bucket covers all other EMS calls in which opioids were involved but they do not fall into one of the above categories.
- b. Some examples of the most common types of calls that are in this bucket include:
 - i. Suicide attempts in which opioids are used
 - ii. Calls where patient symptoms involve multiple or unknown drug mixes
 - iii. Mental health-related calls where substance use is a comorbidity

MAVEN – Hepatitis A Case Reports Analytic Data Dictionary (PHDHEPA.HAV)

Hepatitis A - MAVEN

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_HAV	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
AGE_HAV	Age in years at time of event	Age in years Blank = missing (question not asked)	Num
EVENT_DATE_HAV	Date case counted for surveillance purposes. Based on hierarchy of available dates: 1) symptom onset, 2) earliest specimen collection date, 3) diagnosis date, 4) create date. If no symptom onset date, then event date based on earliest specimen collection date & so on	Date Proxy – count of days between event date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
EVENT_MONTH_HAV	Month case was counted	Months, 1-12	Num
EVENT_YEAR_HAV	Year case counted	Years, 2011-2018	Num
HOMELESS_HAV	Indicates if either address_status = "homeless shelter" or "homeless", cur_housing_status = "homeless", or homeless = "yes".	0=No 1=Yes	Num

MAVEN – Hepatitis A Case Reports Analytic Data Dictionary (PHDHEPA.HAV)

Variable Name	Variable Description	Meta Data	Format
IDU_INCUBATION_HAV	During the incubation period, did the case inject drugs not prescribed by a doctor?	0=no 1=yes 9=unknown Blank = missing (question not asked)	Num
NON_US_BORN_HAV	Born outside the US?	0=no 1=yes 9=unknown	Num
RACE_HAV		1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = Other, non-Hispanic 9 = Unknown Blank = missing (question not asked)	Num
RES_CODE_HAV	City of residence received when the case was reported	1-351 = valid MA city/town 999 = missing/unknown/invalid Blank = missing (question not asked)	Num
RES_ZIP_HAV	Zip code of residence	5 character zip code	Char
SEX_HAV	Sex	1=Male 2=Female 9=Unknown or transgender	Num

MAVEN – Hepatitis C Case Reports Analytic Data Dictionary (PHDHEPC.HCV)

Hepatitis C - MAVEN

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_HCV	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first name. These candidates are included for completeness.	Num
AGE_HCV	Age in years at time of event	Age in years Blank = missing (question not asked)	Num
DISEASE_STATUS_HCV	Cases are classified according to appropriate CSTE case definition	1=Confirmed 2=Probable	Num
DISEASE_TYPE_HCV	Acute or chronic disease type	1=Acute 2=Chronic 9=Missing or Perinatal	Num
EVENT_DATE_HCV	The date we count a case for surveillance purposes. This is based on a hierarchy of available dates: 1) symptom onset, 2) earliest specimen collection date, 3) diagnosis date, 4) create date. If there is no symptom onset date, then the event date would be based off earliest specimen collection date and so on.	Date Proxy – count of days between event date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
EVENT_MONTH_HCV	Month case was counted	Months, 1-12	Num
EVENT_YEAR_HCV	Year case was counted	Years, YYYY format	Num

MAVEN – Hepatitis C Case Reports Analytic Data Dictionary (PHDHEPC.HCV)

Variable Name	Variable Description	Meta Data	Format
EVER_HOMELESS_HCV	Indicates if "homeless" was ever checked as a unique address condition.	0=No 1=Yes Note, 92% of records had none of the potential unique address conditions checked	Num
EVER_IDU_HCV	Has the case ever injected drugs not prescribed by a doctor?	0=no 1=yes 9=unknown Blank = missing (question not asked)	Num
NON_US_BORN_HCV	Born outside of the US?	0=no 1=yes 9=unknown Note: This is a checkbox option for Country of Birth: US or Other and ~70% of records have nothing checked	Num
RACE_HCV		1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = Other, non-Hispanic 9 = Unknown Blank = missing (question not asked)	Num
RES_CODE_HCV	City of residence received when the case was initially reported	1-351 = valid MA city/town 999 = missing/unknown/invalid Blank = missing (question not asked)	Num
RES_ZIP_HCV	Zip code of residence	5 character zip code 99999 = missing	Char
SEX_HCV	Sex	1=Male 2=Female 9=Unknown or transgender	Num

MAVEN – HIV Incidence Case Reports Analytic Data Dictionary (PHDHIV.HIV_INC)

HIV_Incidence

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9-character alphanumeric ID	Char
Match_level_HIV_INC	CHIA Match level	1=These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2=This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
DIAGNOSIS_DATE_HIV	HIV disease diagnosis date. if month is missing then it is hardcoded to June. If day is missing then it is hardcoded to the 15th of the month.	Date Proxy=Count of days between event date and randomly chosen date in the past	Num
DIAGNOSIS_MONTH_HIV	HIV disease diagnosis MONTH. If month is missing then it is hardcoded to June.	Months, 1-12	Num
DIAGNOSIS_YEAR_HIV	Incidence cohort year	4-digit year	Num
SEX_HIV	Sex	1=Male 2=Female	Num
RES_ZIP_HIV_INC	ZIP code of residence at diagnosis. Homeless indicator is not complete	5-digit ZIP code 99999 = Unknown 88888 = Homeless indicator	Num
RES_CODE_HIV_INC	City/town of residence at diagnosis	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RACE_HIV	Race/Hispanic Ethnicity. The "Other/Unknown" category includes American Indian/Alaska	2=Black non-Hispanic 3=Asian/Pl non-Hispanic	Num

MAVEN – HIV Incidence Case Reports Analytic Data Dictionary (PHDHIV.HIV_INC)

	1	T T	
	Native, Multi-Race, and Unknown.	5=American Indian or Other 9=Unknown	
EXPOSURE_HIV	HIV exposure mode	1=MSM	
	category	2=IDU	
		3=MSM/IDU	
		4=Het Sex	Num
		5=Presumed Het	
		6=Other	
		7=No identified risk	
AGE_HIV_INC	Age in years at time of diagnosis	Age in years	Num
VIRAL_SUPPRESSED_HIV_INC	Viral suppression status in the 12-month period		
	after diagnosis among those diagnosed in 2018. Virally suppressed is defined as having a VL ≤200 copies/mL for the most recent VL drawn during the 12-month period after diagnosis.	0=Not virally suppressed 1=Virally suppressed 8=Not in care continuum 9=Viral suppression status unknown (no VL in time period of interest)	Num
ENGLISH_SPEAKING_HIV	Is the case English	0=No	
	speaking?	1=Yes	Num
		9=Unknown	
INCARCERATED_HIV_INC	Was the case	0=No	
	incarcerated at the time	1=Yes	Num
	of diagnosis?	9=Unknown	
HOMELESS_HIV_INC	Was the case homeless	0=No	
	at the time of	1=Yes	Num
	diagnosis?	9=Unknown	

MAVEN – HIV Prevalence Case Reports Analytic Data Dictionary (PHDHIV.HIV_PRE)

HIV Prevalence

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9-character alphanumeric ID	Char
Match_level_HIV_PREV	CHIA Match level	1=These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match. 2=This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	Num
PREV_YEAR_HIV	Year of prevalence	YYYY	Num
SEX_HIV	Sex at birth	1=Male 2=Female	Num
RACE_HIV	Race/Hispanic Ethnicity. The "Other/Unknown" category includes American Indian/Alaska Native, Multi-Race, and Unknown.	1=White Non-Hispanic 2=Black non-Hispanic 3=Asian/PI non-Hispanic 4=Hispanic 5=American Indian or Other 9=Unknown	Num
EXPOSURE_HIV	HIV exposure mode category	1=MSM 2=IDU 3=MSM/IDU 4=Het Sex 5=Presumed Het 6=Other 7=No identified risk	Num
AGE_HIV_PREV	Age as of 12/31/2019	Age in years	Num

MAVEN – HIV Prevalence Case Reports Analytic Data Dictionary (PHDHIV.HIV_PRE)

Variable Name	Variable Description	Meta Data	Format
RES_ZIP_HIV_PREV	ZIP code of residence as of 12/31 of the prevalence year indicator. Based on most recent residence data available. If we only have residence at diagnosis, then that information is pulled forward through future current residence variables. Homeless indicator is not complete	5-digit ZIP code 99999 = Unknown 88888 = Homeless indicator	Num
RES_CODE_HIV_PREV	City/town of residence as of 12/31 of the prevalence year indicator. Based on most recent residence data available. If we only have residence at diagnosis, then that information is pulled forward through future current residence variables.	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
DIAGNOSIS_DATE_AIDS	AIDS diagnosis date. If day of the month is missing then it is hardcoded to 15; if month is missing then it is hardcoded to June. Values exist for cases that have an AIDS diagnosis.	Date Proxy: count of days between event date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
DIAGNOSIS_YEAR_AIDS	Year of AIDS diagnosis	4-digit year	Num
DIAGNOSIS_MONTH_AIDS	Month of AIDS diagnosis	Months 1-12	Num

MAVEN – HIV Prevalence Case Reports Analytic Data Dictionary (PHDHIV.HIV_PRE)

Variable Name	Variable Description	Meta Data	Format
VIRAL_SUPPRESSED_PREV	Viral suppression among individuals diagnosed through 12/31 the year prior to the prevalence year, alive through 12/31 of the prevalence year, and living in Massachusetts based on last known address. Virally suppressed is defined as having a VL ≤200 copies/mL for the most recent VL drawn in the prevalence year.	0=Not virally suppressed 1=Virally suppressed 8 = Not in care continuum 9 = Viral suppression status unknown (no VL in time period of interest)	Num
CD4	Categorization of most recent CD4 count	1= <200 2=200-499 3=500+	Num
CD4_DATE_PREV	Date associated with most recent CD4 count	Date Proxy – count of days between event date and randomly chosen date in the past	Num
CD4_MONTH_PREV	Month of most recent CD4 count	Months, 1-12	Num
CD4_YEAR_PREV	Year of most recent CD4 count	4-digit year	Num
EARLIEST_OI_DATE	The earliest date of opportunistic illness (OI) diagnosis.	Date Proxy – count of days between event date and randomly chosen date in the past	Num
INCARCERATED_LAST12_HIV	Was the case incarcerated within the past 12 months?	0=No 1=Yes 9=Unknown/missing	Num
IDU_LAST12_HIV	Has the case reported injecting drugs within the past 12 months?	0=no 1=yes 9=unknown/missing	Num
CRACK_LAST12_HIV	Has the case used crack within the past 12 months?	0=no 1=yes 9=unknown/missing	Num
COCAINE_LAST12_HIV	Has the case used cocaine within the past 12 months?	0=no 1=yes 9=unknown/missing	Num
HEROIN_LAST12_HIV	Has the case used Heroin within the past 12 months?	0=no	Num
METH_LAST12_HIV	Has the case used methamphetamines within the past 12 months?	0=no 1=yes 9=unknown/missing	Num
FENTANYL_LAST12_HIV	Has the case used fentanyl within the past 12 months?	0=no 1=yes 9=unknown/missing	Num

Massachusetts Cancer Registry (MCR)

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9-character alphanumeric ID	Char
Match_level_MCR	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight. 2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness.	Num
AGE_MCR	Age at diagnosis	0= Less than 1 year old; diagnosed in utero 1=1 year old, but less than 2 years 2=120-age in years 999=Unknown	Num
BEHAVIOR_CODE	Code for the behavior of the tumor being reported using ICD-O-3	0=Benign 1=Uncertain whether benign or malignant; borderline malignancy; low malignant potential; uncertain malignant potential 2=Carcinoma in situ; intraepithelial; noninfiltrating; noninvasive 3=Malignant	Num
CANCER_TYPE	Seer standard cancer type	5 digit code 20010-37000 99999=Unknown See cancer_type codes below	Num
YEAR_MCR	Year of diagnosis	Years, 2013-2017	Num
DIAGNOSIS_DATE_ MCR	Date of diagnosis	Date Proxy – count of days between diagnosis date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num

Variable Name	Variable Description	Meta Data	Format
MARITAL_MCR	Marital status at diagnosis	1=Single (never married) 2=Married (including common law) 3=Separated 4=Divorced 5=Widowed 6=Unmarried or Domestic Partner (same sex or opposite sex, registered or unregistered, other than common law marriage) 9=Unknown	Num
MONTH_MCR	Month of diagnosis	Months, 1-12	Num
PAYER_MCR	Primary payer at diagnosis	1 Not insured 2 Not insured, self-pay 10 Insurance, NOS 20 Private Insurance: Managed care, HMO, or PPO 21 Private Insurance: Fee-for-Service 31 Medicaid 35 Medicaid - Administered through a Managed Care plan 60 Medicare/Medicare, NOS 61 Medicare with supplement, NOS 62 Medicare - Administered through a Managed Care plan 63 Medicare with private supplement 64 Medicare with Medicaid eligibility 65 TRICARE 66 Military 67 Veterans Affairs 68 Indian/Public Health Service 99 Insurance status unknown	Num
RACE_MCR	Race/ethnicity	1 = White non-Hispanic 2 = Black non-Hispanic 3 = Asian/PI non-Hispanic 4 = Hispanic 5 = American Indian or Other 9 = Unknown	Num
RES_ZIP_MCR	Zip code of residence at diagnosis	5 digit zip 99999=Unknown	Char
RESCODE_MCR	DPH code for city/town of residence	1-351 999=Unknown	Num
SEX_MCR	Gender	1 = Male 2 = Female 3 = Other 9 = Unknown	Num

Variable Name	Variable Description	Meta Data	Format
STAGE_MCR	This is a SEER Summary Stage 2000 code derived from the Collaborative Staging system	0=In-situ/Non-invasive 1=Localized 2=Regional by direct extension 3=Regional to lymph nodes 4=Regional by direct extension and to lymph nodes 5=Regional NOS 7=Distant or disseminated 8=Benign or borderline brain/CNS 9=Unknown	Num

Cancer_Typ	Site Group	
(Dral Cavity and Pharynx	
20010	Lip	
20020	Tongue	
20030	Salivary Gland	
20040	Floor of Mouth	
20050	Gum and Other Mouth	
20060	Nasopharynx	
20070	Tonsil	
20080	Oropharynx	
20090	Hypopharynx	
20100	Other Oral Cavity and Pharynx	
	Digestive System	
21010	Esophagus	
21020	Stomach	
21030	Small Intestine	
Colon excluding Rectum		
21041	Cecum	
21042	Appendix	
21043	Ascending Colon	
21044	Hepatic Flexure	
21045	Transverse Colon	
21046	Splenic Flexure	
21047	Descending Colon	
21048	Sigmoid Colon	
21049	Large Intestine, NOS	
Rectum and Rectosigmoid Junction		
21051	Rectosigmoid Junction	
21052	Rectum	
21060	Anus, Anal Canal and Anorectum	

Cancer_Type	Site Group		
	Corpus and Uterus, NOS		
27020	Corpus Uteri		
27030	Uterus, NOS		
27040	Ovary		
27050	Vagina		
27060	Vulva		
27070	Other Female Genital Organs		
	Male Genital System		
28010	Prostate		
28020	Testis		
28030	Penis		
28040	Other Male Genital Organs		
	Urinary System		
29010	Urinary Bladder		
29020	Kidney and Renal Pelvis		
29030	Ureter		
29040	Other Urinary Organs		
	Eye and Orbit		
30000	Eye and Orbit		
Bra	in and Other Nervous System		
31010	Brain		
31040	Cranial Nerves Other Nervous System		
22040	Endocrine System		
32010	Thyroid		
32020	Other Endocrine including Thymus		
22011	Hodgkin Lymphoma		
33011	Hodgkin - Nodal		
33012	Hodgkin - Extranodal		

Cancer_Typ e	Site Group
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Liver and Intrahepatic Bile Duct			
21071	Liver		
21072	Intrahepatic Bile Duct		
21080	Gallbladder		
21090	Other Biliary		
21100	Pancreas		
21110	Retroperitoneum		
21120	Peritoneum, Omentum and Mesentery		
21130	Other Digestive Organs		
	Respiratory System		
22010	Nose, Nasal Cavity and Middle Ear		
22020	Larynx		
22030	Lung and Bronchus		
22050	Pleura		
22060	Trachea, Mediastinum and Other Respiratory Organs		
	Bones and Joints		
23000	Bones and Joints		
Sc	oft Tissue including Heart		
24000	Soft Tissue including Heart		
Skin ex	Skin excluding Basal and Squamous		
25010	Melanoma of the Skin		
25020	Other Non-Epithelial Skin		
Breast			
26000	Breast		
	Female Genital System		
27010	Cervix Uteri		

Cancer_Type	Site Group
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Non-Hodgkin Lymphoma			
33041	NHL - Nodal		
33042	NHL - Extranodal		
	Myeloma		
34000	Myeloma		
	Lymphocytic Leukemia		
35011	Acute Lymphocytic Leukemia		
35012	Chronic Lymphocytic Leukemia		
35013	Other Lymphocytic Leukemia		
Мує	eloid and Monocytic Leukemia		
35021	Acute Myeloid Leukemia		
35031	Acute Monocytic Leukemia		
35022	Chronic Myeloid Leukemia		
35023	Other Myeloid/Monocytic Leukemia		
	Other Leukemia		
35041	Other Acute Leukemia		
35043	Aleukemic, subleukemic and NOS		
	Mesothelioma		
36010	Mesothelioma		
Kaposi Sarcoma			
36020	Kaposi Sarcoma		
Miscellaneous			
37000	Miscellaneous		
Invalid			
99999	Invalid		

Prescription Monitoring Program - PMP

Variable Name	Variable Description	Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_PMP	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
AGE_PMP	Age of patient	Age in years. If less than 1 age = 0 (120 is the max age, anything older was set to missing) 999=missing	Num
BENZO_PMP	Is prescription a benzodiazepine?	0=no 1= yes	Num
BUP_WAIVER	Is prescriber buprenorphine waivered?	0=No Waiver 1=Waivered	Num
BUPRENORPHINE_P MP	Is prescription a buprenorphine product? Inclusion criteria below	0=no 1= yes	Num
BUSINESS_ACTIVITY	Code for type of registrant (e.g., pharmacy, hospital, prescriber, manufacturer, etc.)	1=Pharmacy 2=Hospital/clinic 3=Practitioner 4=Teaching institution 5=Researcher or canine handler 6=Midlevels and Misc. 9=Missing	Num
DATE_FILLED	Date prescription was filled.	Date Proxy – count of days between fill date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
DATE_WRITTEN	Date Rx Written	Date Proxy – count of days between write date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num

	(<u>_</u>)				
Variable Name	Variable Description	Meta Data	Format		
DAYS SUPPLY	Estimated Number of days	Integer 1-999	Num		
DEA_CLASS	the medication will last. Indicates the class to which the Drug Enforcement Administration has assigned the product under the Controlled Substances Act of 1970.	2=Schedule 2 3=schedule 3 4=schedule 4 5=schedule 5 9=Other RX	Num		
DOSE_UNITS	Drug Dosage Units Code: Identifies the unit of measure for the quantity dispensed.	1=Each 2=Milliliters 3=Grams 9=missing	Num		
FORM_CODE	Designates the dosage form or the type of medical supply, with the following codes.	See code list	char		
GENERIC_NAME	Generic name of the product	Text field	char		
GFC_CODE	Generic Formulation Code: Supplies a unique 6-digit code identifying drugs with common active ingredients, master dosage form, strength, and route of administration. The GFC is not manufacturer or package size specific, and can therefore be used in preparation of drug utilization reports and analysis of generic alternatives for substitution and formulary development.	just Numbers, 6 digits	char		
HOMELESS_PMP	Did patient's residence address match a known homeless shelter or was prescription written by prescriber who primarily sees homeless patients?	0=No indication of homeless 1=Homeless based on address match only 2=Homeless based on prescriber only 3=Homeless based on both address and prescriber	Num		
MME_AVG	Average daily MME for the prescription	Strength_Per_Unit*(dose/dayssupply)*MM E_Factor range 0-46080 (no decimal points) Only calculated for opioids	Num		
MME_RX	Total MME for the prescription	Strength_Per_Unit*Dose*MME_Factor range 0-100000 (no decimal points) Only calculated for opioids	Num		
NDC	Product ID	Character field holding 11 digit Numeric string	char		
OPIOID_PMP	Inclusion and Exclusion criteria below	0=no 1= yes	Num		
PAYMENT_TYPE_PM P	Classification Code for Payment Type: Code	1=Private Pay (Cash, Charge, Credit Card)	Num		

Variable Name	Variable Description	Meta Data	Format	
	identifying the type of payment, i.e. how it was paid for, if required by the PMP	2=Medicaid 3=Medicare 4=Commercial Insurance 5=Military Installations and VA 6=Workers' Compensation 7=Indian Nations 99=Other		
PHARM_CITY_CODE	Pharmacy city	1-351 for valid MA city/town 999=Unknown	Num	
PHARM_DEA	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	9 character ID 2 alpha following by 7 Numeric i.e. AB1234567	char	
PHARM_NAME	Name of pharmacy	Text field	char	
PHARM_NCPDP	First 7 characters of the ASAP NCPDP/NABP Provider ID field. Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. Used if required by the PMP.	Character field holding 7 digit Numeric string	char	
PHARM_NPI	National Provider Identifier (NPI). Identifier assigned to the pharmacy by CMS. Used if required by the PMP.	Character field holding 10 digit Numeric string	char	
PHARM_STATE	Pharmacy state	2 character state abbreviation	char	
PHARM_ZIP	Pharmacy zip code	5 digit zip 99999=Unknown	char	
PREGABALIN_PMP		0=no 1= yes	Num	
PRESC_CITY_CODE	City	1-351 for valid MA city/town 999=Unknown	Num	
PRESC_DEA	Prescriber DEA Number.	9 character ID 2 alpha following by 7 Numeric i.e. AB1234567	char	
PRESC_DEGREE	Professional degree of the provider.	1=MD 2=DO 3=Dentist 4=Podiatrist 5=Pharmacist 6=Optometrist 7=Mid-level provider (NP, PA, APN, etc.) *If presc_degree is 7 but presc_role (in PHDPMP.PMP_RS) has a different value (like an MD), defer to presc_role. Missing values were assigned a value of 7 as they are almost always a midlevel provider, but presc_role may have additional information*	Num	

Variable Name	Variable Description	Meta Data	Format	
PRESC_ZIP	Zip code (First 5 characters)	5 digit zip 99999=Unknown	char	
PRODUCT_NAME	Supplies the name given to the product by the manufacturer.	Text field	char	
QUANTITY	Quantity Dispensed: Number of metric units dispensed in metric decimal format.	Numeric value (may include up to 2 decimal places)	Num	
REFILL_NUM	Refill Number: Number of the fill of the prescription.	0 indicates New Rx 1-99 is the refill Number.	Num	
REFILL_WRITTEN	The Number of refills authorized by the prescriber.	Integer 0-99	Num	
RELATION_TO_PATI ENT	Relationship of Person Dropping Off or Picking Up Rx. Code indicating the relationship of the person, if required by the PMP	1=Patient 2=Other	Num	
RES_CODE_PMP	City of patient	1-351 for valid MA city/town 999=Unknown	Num	
RES_ZIP_PMP	Abbreviated Zip code of patient	5 digit zip 99999=Unknown	char	
ROA_CODE	Route of Administration Code: Identifies the product's intake or application method. Following are the codes and their interpretation.	See code list	char	
RX_MONTH	Month the rx was filled	Months, 1-12	Num	
RX_YEAR	Year the rx was filled	Years, YYYY format	Num	
SEX_PMP	Sex of patient	1=Male 2=Female 9=Unknown	Num	
SOLID_LIQUID	Indicates the product's composition, and appears in all records.	1=Solid 2=Liquid 9=missing	Num	
STRENGTH_NAME	Supplies the strength of the product.	Text field	char	
SUBOPIOID_PMP		1= Butorphanol 2= Codeine 3= Difenoxin 4= Diphenoxylate 5= Eluxadoline 6= FENTANYL 7= Hydrocodone 8= Hydromorphone 9= Levorphanol 10= Meperidine 11= Methadone	Num	

Variable Name	Variable Description	Meta Data	Format
		12= Morphine 13= Opium 14= Oxycodone 15= Oxymorphone 16= Pentazocine 17= Propoxyphene 18= Tapentadol 19= Tramadol 99= not an opioid	
THERA_CLASS_COD E	Supplies the therapeutic/pharmacologic category of the product.	See code list	Num
VA_PMP	Flag for whether or not prescription was filled via VA or had a VA provider	0=Not VA anything 1= VA Filled Script, VA provider, or VA paid	Num

CODE LISTS

Form Code	Form Desc	Form Code	Form Desc
AF	FOAM (GRAM)	KQ	PASTE (ML)
AJ	AEROSOL WITH ADAPTER (GRAM)	KW	CREAM WITH APPLICATOR
AL	AMPUL FOR NEBULIZATION (ML)	LK	TABLET, ORAL ONLY, IR AND ER, BIPHASIC
AN	VIAL, NEBULIZER (ML)	LP	LOZENGE ON A HANDLE
AO	AEROSOL, BREATH ACTIVATED	LY	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
AQ	AEROSOL, SPRAY (GRAM)	MA	MUCOADHESIVE SYSTEM, EXTEND. RELEASE 12 HR
AS	AEROSOL, SPRAY (ML)	MD	CAPSULE,ORAL ONLY, EXT. RELEASE PELLETS
AT	AEROSOL, SPRAY WITH PUMP (ML)	МН	CAPSULE,ORAL ONLY, EXTENDED RELEASE 12HR
AU	SPRAY, NON-AEROSOL (ML)	MJ	PATCH,TRANSDERMAL 3 DAY
AX	SPRAY, NON-AEROSOL (EA)	MS	TABLET,CHEW,IR AND ER BIPHASIC REL 24HR
AY	AEROSOL POWDER, BREATH ACTIVATED (EA)	MW	TABLET, DISINTEGRATING, ER BIPHASIC 24 HR
BJ	HFA AEROSOL WITH ADAPTER (GRAM)	MZ	SUSPENSION,IMMED,EXTEN REL BIPHASIC 24HR
ВК	SPRAY, SUSPENSION	NB	CREAM WITH PERINEAL APPLICATOR
BL	SUSP FOR RECON, DELAYED REL. IN A PACKET	NF	CAPSULE SPRINKLE, ER 12 HR (TAMPER RESIST)
BN	AEROSOL, SPRAY WITH PUMP (GRAM)	NI	CAPSULE (WITH DELAYED RELEASE TABLETS)
BQ	SPRAY, SUSPENSION (ML)	OA	OINTMENT (GRAM)
CA	CAPSULE	OM	TABLET, ORAL ONLY, EXTENDED RELEASE
СВ	CAPSULE, EXTENDED RELEASE 12 HR	OW	OINTMENT WITH APPLICATOR
CC	CAPSULE, EXT RELEASE 24 HR	PA	POWDER (GRAM)
CD	CAPSULE, WITH INHALATION DEVICE	PC	CRYSTALS
CE	CAPSULE, DELAYED RELEASE (ENTERIC COATED)	PG	GRANULES (GRAM)
CG	CAPSULE, EXTENDED RELEASE BIPHASIC 30-70	PI	SOLUTION, RECONSTITUTED, ORAL
CH	CAPSULE,EXTENDED RELEASE BIPHASIC 50-50	PJ	SUSPENSION, EXTENDED RELEASE 12 HR
CI	CAPSULE, EXTENDED RELEASE MULTIPHASE 12HR	PK	PATCH, TRANSDERMAL WEEKLY
CJ	CAPSULE, EXTENDED RELEASE MULTIPHASE 24HR	PL	CLEANSER (GRAM)
CK	CAPSULE, SPRINKLE	PP	PACKET (EA)
CN	CAPSULE, EXTENDED RELEASE PELLETS	PQ	PATCH, TRANSDERMAL SEMIWEEKLY
СР	CAPSULE, EXTENDED RELEASE PELLETS 24 HR	PR	PATCH, TRANSDERMAL 72 HOURS
CR	CAPSULE, EXTENDED RELEASE 24HR	PS	ADHESIVE PATCH, MEDICATED
CS	CAPSULE, EXTENDED RELEASE	PV	PATCH, TRANSDERMAL 24 HOURS
СТ	CAPSULE, EXTENDED-RELEASE 24HR DEGRADABLE	QA	SUPPOSITORY, RECTAL
CU	CAPSULE, ER SPRINKLE, BIPHASIC 40-60	QB	INSERT
CX	CAPSULE, DELAYED RELEASE, BIPHASIC	QC	SUPPOSITORY, VAGINAL
DB	DROPPERETTE, GEL	QV	RING, VAGINAL
DF	CAPSULE, DELAYED, AND EXTENDED RELEASE	QY	CAPSULE, EXTENDED RELEASE TRIPHASIC 24HR
DH	GEL, EXTENDED RELEASE (ML)	QZ	SUSPENSION, EXTENDED RELEASE, RECONST. 24HR
DJ	DROPS, GEL (ML)	RB	EMULSION (GRAM)
DL	CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75	RL	LIQUID (GRAM)
DN	CAPSULE,EXT.RELEASE 24 HR BIPHASIC 17-83	RP	DROPS, WITH APPLICATOR (ML)
DO	AEROSOL, SPRAY WITH PUMP (EA)	SA	SOLUTION, NON-ORAL
DP	DROPPERETTE, SINGLE-USE DROP DISPENSER	SC	SUSPENSION, ORAL (FINAL DOSE FORM)
EA	EACH	SE	ELIXIR
ET	PADS, MEDICATED (EA)	SF	ENEMA (ML)
EX	TABLET, EXTENDED RELEASE 24 HR	SJ	SOLUTION, ORAL
EY	SOLUTION IN METERED-DOSE PUMP WITH APPL.	SK	LOTION (ML)
FF	TABLET, EXTENDED RELEASE 12 HR	SL	LIQUID (ML)
FI	FILM, MEDICATED (EA)	SM	MOUTHWASH

Form Code	Form Desc	Form Code	Form Desc
FJ	TABLET, ORAL ONLY	SN	SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML)
FT	TABLET, ONAL ONE! TABLET, ORAL ONLY, EXTENDED RELEASE 12 HR	SO	DROPS
FZ	CAPSULE SPRINKLE, EXTENDED RELEASE 24 HR	SQ	OIL (ML)
GD .	SPACER (EA)	SS	SHAMPOO
GK	BLISTER, WITH INHALATION DEVICE	ST	SYRUP
GN GN	MIST INHALER (GRAM)	SW	SOLUTION, IRRIGATION
GQ GQ	CAPSULE, DELAYED RELEASE SPRINKLE	SX	TINCTURE
GR	DROPS, GEL (GRAM)	SY	CONCENTRATE, ORAL
GW	NASAL SPRAY SYRINGE (EA)	SZ	LOTION (GRAM)
GY	SYRINGE KIT (EA)	TA	TABLET
<u> </u>	AMPUL (ML)	ТВ	TABLET, SOLUBLE
HI	CARTRIDGE (EA)	TC	TABLET, CHEWABLE
HJ	CARTRIDGE (ML)	TE	TABLET, DELAYED RELEASE (ENTERIC COATED)
HJ	SYRINGE (ML)	TF	TABLET, EFFERVESCENT
HM	INTRAVENOUS SOLUTION	TG	GUM
HQ	SYRINGE (ML)	TH	TABLET, HYPODERMIC
HS	VIAL (EA)	TI	TABLET, EXTENDED RELEASE 24 HR
HV	VIAL (ML)	TL	LOZENGE
HX	SYRINGE (EA)	TM	TABLET, EXTENDED RELEASE 12 HR
HZ	PLASTIC BAG, INJECTION (ML)	TP	PELLET (EA)
IA	IMPLANT (EA)	TQ	TABLET, EXT RELEASE, PARTICLES/CRYSTALS
ID	PATIENT CONTROLLED ANALGESIA VIAL	TS	TABLET, EXTENDED RELEASE
IG	VIAL WITH THREADED PORT (ML)	TT	TROCHE
II	JELLY (ML)	TU	TABLET, SUBLINGUAL
IJ	PEN INJECTOR (ML)	UB	TABLET, EXTENDED RELEASE MULTIPHASE
IK	PEN INJECTOR KIT (EA)	UD	TABLET, DOSE PACK
10	INSULIN PEN (ML)	UH	TABLET, DOSE PACK, 3 MONTHS
IS	AUTO-INJECTOR (ML)	UJ	TABLET, DISINTEGRATING, DELAYED RELEASE
IT	AUTO-INJECTOR (EA)	UL	TABLET, DISINTEGRATING
JA	JELLY (GRAM)	UP	TABLET, EXTENDED RELEASE MULTIPHASE 24 HR
JC	GEL (ML)	UU	TABLET, CHEWABLE DISPERSIBLE
JG	GEL (GRAM)	VG	HFA AEROSOL, BREATH ACTIVATED (GRAM)
JL	POWDER IN PACKET (EA)	VK	SOLUTION, EXTENDED RELEASE SYRINGE (ML)
JP	GEL IN PACKET (GRAM)	VQ	SUSPENSION, EXTENDED RELEASE SYRINGE (EA)
JQ	GRANULES IN PACKET (EA)	VS	TABLET FOR SUSPENSION
JR	GEL IN METERED-DOSE PUMP	VX	TABLET,SUSTAINED-RELEASE 12 HR
JS	GEL-FORMING SOLUTION	YH	NEEDLE, DISPOSABLE
JV	GEL WITH APPLICATOR (GRAM)	YK	KIT
KA	CREAM (GRAM)	YL	SYRINGE, EMPTY DISPOSABLE
KH	CREAM IN PACKET (EA)	YR	STRIP
KP	PASTE (GRAM)		

ROA_Code	ROA_Code Description	ROA_Code	ROA_Code Description
ВС	Buccal mucosa	MM	Mucous Membrane
DE or DT	Dental	NA	Route Not Applicable
EP	Epidural	NS	Nasal
IC	Intracavernosal	OP	Ophthalmic
ID	Intradermal	OT	Otic
IH	Inhalation	PL	Intrapleural
IJ	Injection	PO	Oral
IL	Urinary bladder	PT	Intraperitoneal
IM	Intramuscular	RC	Rectal
IN	Intrathecal	SC	Subcutaneous
Ю	Intraocular	SG	Gingival
IP	Implantation	SL	Sublingual
IR	Irrigation	SQ	Subcutaneous
IT	Intratracheal	TD	Transdermal
IU	Intrauterine	TP	Topical application
IV	Intravenous	UR	Urethral
MC	Miscellaneous	VG	Vaginal

Thera_Class_Code	Desc
1	Amphetamine Derivatives
2	Amphetamines
3	Analgesics And Antipyretics, Misc.
4	Androgens
5	Anticonvulsants, Miscellaneous
6	Antidiarrhea Agents
7	Antiemetics, Miscellaneous
8	Antimuscarinics /Antispasmodics
9	Antitussives
10	Anxiolytics, Sedatives & Hypnotics, Misc.
11	Barbiturates (Anticonvulsants)
12	Barbiturates (Anxiolytic, Sedative/Hyp)
13	Benzodiazepines (Anticonvulsants)
14	Benzodiazepines (Anxiolytic,Sedativ/Hyp)
15	Central Nervous System Agents, Misc.
16	Centrally Acting Skeletal Muscle Relaxnt
17	General Anesthetics, Miscellaneous
18	Gi Drugs, Miscellaneous
19	Local Anesthetics (Eent)
20	Opiate Agonists
21	Opiate Partial Agonists
22	Respiratory And Cns Stimulants
23	Salicylates
24	Selective Serotonin Receptor Agonists
25	Trycyclics & Other NorepinephRu Inhib
26	Wakefulness-Promoting Agents
99	Missing

Appendix

Benzo PMP:

Includes: ALPRAZOLAM, CHLORDIAZEPOXIDE HCL, CHLORDIAZEPOXIDE
HCL/METHSCOPOLAMINE NITRATE, CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE, AMITRIPTYLINE
HCL/CHLORDIAZEPOXIDE, CLOBAZAM, CLONAZEPAM, CLORAZEPATE DIPOTASSIUM,
DIAZEPAM, ESTAZOLAM, FLURAZEPAM HCL, LORAZEPAM, MIDAZOLAM HCL, MIDAZOLAM
HCL/PF, OXAZEPAM, QUAZEPAM, TEMAZEPAM, TRIAZOLAM

Opioid PMP:

Excludes: BUPRENORPHINE, BUPRENORPHINE HCL, BUPRENORPHINE HCL/NALOXONE HCL

Includes: BUTORPHANOL TARTRATE, CODEINE PHOSPHATE; CODEINE SULFATE; CODEINE POLISTIREX; DIHYDROCODEINE BITARTRATE, DIFENOXIN HCI, DIPHENOXYLATE HCI, ELUXADOLINE, FENTANYL; FENTANYL CITRATE; FENTANYL CITRATE/PF, HYDROCODONE; HYDROCODONE BITARTRATE; HYDROCODONE POLISTIREX, HYDROMORPHONE HCL; HYDROMORPHONE HCL/PF, LEVORPHANOL TARTRATE, MEPERIDINE HCL; MEPERIDINE HCL/PF, METHADONE HCL, MORPHINE SULFATE, OPIUM/BELLADONNA ALKALOIDS; OPIUM TINCTURE; PAREGORIC, OXYCODONE HCL; OXYCODONE MYRISTATE, OXYMORPHONE HCL, PENTAZOCINE HCL, PROPOXYPHENE HCL; PROPOXYPHENE NAPSYLATE, TAPENTADOL HCL, TRAMADOL HCL

Prescription Monitoring Program Role and Specialty Lookup Analytic Data Dictionary (PHDPMP.PMP_RS)

Prescription Monitoring Program Role Spec (PMP_RS)

Variable Name	Variable Description	Meta Data	Format
PRESC_DEA	Prescriber DEA Number.	9-character ID 2 alpha following by 7 Numeric i.e. AB1234567 (Link this variable in PHDPMP.PMP_RS to same variable in PHDPMP.PMP)	Char
PRESC_ROLE	All current MassPAT users have assigned roles. Legacy users, users prior to MassPAT and not using MassPAT due to job change or other reasons will have no MassPAT role	Text field	Char
PRESC_SPEC1	Level 1 specialty of the prescriber	Text field	Char
PRESC_SPEC2	Level 2 specialty of the prescriber	Text field	Char
PRESC_SPEC3	Level 3 specialty of the prescriber	Text field	Char

Postmortem Toxicology File Analytic Data Dictionary (PHDTOX.TOX)

Postmortem Toxicology (TOX) Results

Variable Name Variable Description		Meta Data	Format
ID	PHD ID	9 character alphanumeric ID	Char
Match_level_tox	CHIA Match level	1= These are members within the APCD that received a high score against the DPH input record. Candidates in this group are those that perfectly matched all elements of the DPH input record and those that generally had only one element mismatch. The threshold applied to group 1 candidates has been optimized based upon the input elements and their overall weight in determining a unique individual match.	Num
		2= This group contains members within the APCD that received a lower score against the DPH input record yet are considered <i>possible</i> matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness	
TOX_ALCOHOL	Tox results included alcohol	0=No 1=Yes	Num
TOX_AMPHETAMINE	Tox results included an amphetamine	0=No 1=Yes	Num
TOX_ANTICONVULS ANT	Tox results included an anticonvulsant	0=No 1=Yes	Num
TOX_ANTIDEPRESSA NT	Tox results included an antidepressant	0=No 1=Yes	Num
TOX_ANTIPSYCHOTI	Tox results included an antipsychotic	0=No 1=Yes	Num
TOX_ANXIOLYTIC	Tox results included an anxiolytic	0=No 1=Yes	Num
TOX_BARBITURATE	Tox results included a barbiturate	0=No 1=Yes	Num
TOX_BENZODIAZEPI NE	Tox results included a benzodiazepine	0=No 1=Yes	Num
TOX_BUPRENORPHI	Tox results included buprenorphine	0=No 1=Yes	Num
TOX_CLONIDINE	Tox results included clonidine	0=No 1=Yes	Num
TOX_COCAINE	Tox results included cocaine	0=No 1=Yes	Num
TOX_CODEINE	Tox results included codeine	0=No 1=Yes	Num
TOX_ECSTASY	Tox results included ecstasy	0=No 1=Yes	Num
TOX_FENTANYL	Tox results included fentanyl or a fentanyl analog	0=No 1=Yes	Num

Postmortem Toxicology File Analytic Data Dictionary (PHDTOX.TOX)

Variable Name	Variable Description	Meta Data	Format
TOV CARADENITINI	Tox results included	0=No	Num
TOX_GABAPENTIN	gabapentin	1=Yes	Num
TOX HEROIN CONFI	Tox results included heroin	0=No	
RMED	(MAM or codeine +	1=Yes	Num
25	morphine)		
TOX_HEROIN_LIKEL	Tox results included heroin	0=No	N1
Υ	(morphine included as	1=Yes	Num
TOX_HYDROCODON	heroin) Tox results included	0=No	
E	hydrocodone	1=Yes	Num
TOX HYDROMORPH	Tox results included	0=No	
ONE	hydromorphone	1=Yes	Num
	Tox results included	0=No	
TOX_KETAMINE	ketamine	1=Yes	Num
TOX_MAM	Tox results include MAM		
_	Tox results included	0=No	
TOX_MARIJUANA	marijuana or THC	1=Yes	Num
TOV METUADONE	Tox results included	0=No	Ni
TOX_METHADONE	methadone	1=Yes	Num
TOX_METHYLPHENI	Tox results included	0=No	Num
DATE	methylphenidate	1=Yes	INUITI
TOX MORPHINE	Tox results included	0=No	Num
_	morphine	1=Yes	Italii
TOX_MUSCLERELAX	Tox results include a muscle	0=No	Num
ANT	relaxant	1=Yes	
TOX_NALOXONE	Tox results included	0=No 1=Yes	Num
_	naloxone Tox results included positive	0=No	
TOX_OPIATE	test for "opiates"	1=Yes	Num
	Tox results included	0=No	
TOX_OXYCODONE	oxycodone	1=Yes	Num
TOX OXYMORPHON	Tox results included	0=No	
E	oxymorphone	1=Yes	Num
TOX_PROMETHAZIN	Tox results included	0=No	Num
E	promethazine	1=Yes	Num
	Tox results included		
	codeine (without morphine),		
TOX RX OPI	hydromorphone,	0=No	Num
	oxymorphone,	1=Yes	1.13
	hydrocodone, oxycodone,		
	tramadol, or tapentadol Tox results included	0=No	
TOX_TAPENTADOL	tapentadol	1=Yes	Num
	Tox results included	0=No	
TOX_TRAMADOL	tramadol	1=Yes	Num
TOV 701 F:= -::	Tox results included	0=No	
TOX_ZOLPIDEM	zolpidem	1=Yes	Num

Women, Infants, and Children (WIC) Program Data – Kid's File Analytic Data Dictionary PHDWIC.WIC_KID

Women, Infants, and Children (WIC) Program - Infant/Child

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9-character alphanumeric ID	Char
Match_level_WIC_KID	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight. 2= This group contains CHIA members that received a lower matching score yet are considered <i>possible</i> matches. These candidates could match on as little as SSN or date of birth and first and last	Num
ADJUNCT_PROOF_KID	A code denoting the type of proof provided to be adjunctly eligible.	name are included for completeness. 1=MassHealth Internet 2=MassHealth Phone 3=MassHealth POS - DNU 4=SNAP Income Verification Letter 5=SNAP Printout 6=TAFDC Printout 7=Proof Pending - DNU 8=Active MassHealth EVS 9=DTA Connect App 99=Unknown	Num
AGE_EFFECTIVE_KID	Participant's age at time certification is effective	Age in years If less than 1 year, age = # days/365. (i.e 65 days = .18) Blank =missing or unknown	Num
AGE_EFFECTIVE_KID_U NIT	Unit of age, days or years	DY=days YR=years Blank=missing or unknown	Char
AGE_END_KID	Participant's age at time certification ends	Age in years If less than 1 year, age= days/365 days (i.e 300 days = .82) Blank=missing or unknown	Num
AGE_END_KID_UNIT	Unit of age, days or years	DY=days YR=years Blank=missing or unknown	Char
ANTHRO_MEAS_DATE_ KID	The date that anthropometric measurements were taken	Date Proxy – count of days between measurement date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
ANTHRO_MEAS_MONTH_ KID	The month that anthropometric measurements were taken	1-12 Blank=Unknown, missing	Num

Women, Infants, and Children (WIC) Program Data – Kid's File Analytic Data Dictionary PHDWIC.WIC_KID

_					
Variable Name	Variable Description	Meta Data	Format		
ANTHRO_MEAS_YEAR_KID	The year that				
	anthropometric	Year, yyyy	Num		
	measurements were taken	, , , , , , , , , , , , , , , , , , , ,			
	The length of the	Length in inches			
BIRTH_LENGTH_WIC	participant at birth	Blank=missing or unknown	Num		
BIRTH_WEIGHT_WIC	The weight of the	Weight in ounces	Num		
BITTI_WEIGHT_WIG	participant at birth	Blank=missing or unknown	Italii		
BLOOD_DATE_KID	The date the participant's bloodwork was taken	Date Proxy – count of days between bloodwork date and randomly chosen date in the past Blank = N/A (not tested) NOTE: The larger the date proxy, the more recently the event occurred	Num		
BLOOD_MONTH_KID	The month the participant's bloodwork was taken	1-12 Blank=Unknown/Missing	Num		
BLOOD_YEAR_KID	The year the participant's bloodwork was taken	уууу	Num		
BMI_KID	Body Mass Index	XX.XXXX	Num		
BREASTFED_EVER_WIC	An indicator denoting whether an infant or child has ever breastfed	0=No 1=Yes 9=Unknown or missing	Num		
BREASTFED_SUPP_WE EKS_WIC	The number of weeks the participant was when first supplemented breastfeeding	Number of weeks Blank=missing or unknown	Num		
BREASTFEED_TERM1_ WIC	A code denoting the reason why breastfeeding was stopped	See Codes"	Num		
BREASTFEED_TERM2_ WIC	A code denoting a secondary reason why breastfeeding was stopped	See Codes"	Num		
CATEGORY_KID	The participants category	2=Child 3=Infant 9=Unassigned	Num		
EFFECTIVE_DATE_KID	The date the participants certification became effective	Date Proxy – count of days between certification start date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num		
EFFECTIVE_MONTH_KID	The month the participants certification became effective	1-12 Blank=Unknown, missing	Num		
EFFECTIVE_YEAR_KID	The year the participants certification became effective	YYYY	Num		

Women, Infants, and Children (WIC) Program Data – Kid's File Analytic Data Dictionary PHDWIC.WIC_KID

Variable Name	Variable Description	Meta Data	Format
END_DATE_KID	The date the participants certification ended	Date Proxy – count of days between certification end date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
END_MONTH_KID	The month the participants certification ended	1-12 Blank=Unknown, missing	Num
END_YEAR_KID	The year the participants certification ended	YYYY	Num
ETHNICITY_WIC_KID	Ethnic affiliations of a participant	See Codes	Num
FIRST_DATE_KID	The date the participant was first certified	Date Proxy – count of days between first certification and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
FIRST_MONTH_KID	The month the participant was first certified	1-12 Blank=Unknown, missing	
FIRST_YEAR_KID	The year the participant was first certified	YYYY	
FOOD_STAMPS_KID	An indicator denoting whether or not the participant received food stamps at time of determination of WIC eligibility. This means that the proof of WIC eligibility was their receipt of food stamps	0=No 1=Yes 9=Unknown or missing	Num
FORMULA_SUPP_WEEK S_WIC	The number of weeks the infant first had a feeding supplement in the form of formula	Number of weeks, up to 52 Blank=missing or unknown	Num
FOSTER_CARE_WIC	An indicator denoting whether or not a participant is under foster care	0=No 1=Yes 9=Unknown or missing	Num
GUARDIAN_WIC	A code denoting the relationship a participant has to their caregiver	1=Birth Mother 2=Father 3=Adoptive Parent 4=Foster Parent 5=Grandparent 6=Aunt/Uncle 7=Self 8=Other 9=Unknown or missing	Num
HEALTH_CARE_SOURC E_KID	A code denoting the source of the participant's health care	See Codes"	Num

Variable Name	Variable Description	Meta Data	Format
HEIGHT_KID	The height of the participant in inches	Height in inches Blank=missing or unknown	Num
HISPANIC_KID	An indicator denoting whether or not this participant is Hispanic	0=No 1=Yes 9=Unknown or missing	Num
HOMELESS_KID	Final homeless indicator for WIC	0=No 1=Yes 9=Unknown or missing	Num
HOUSEHOLD_KID	The number of people in the participant's household on WIC	Count (1-12) Blank=missing or unknown	Num
HOUSEHOLD_SMOKE_KI	whether anyone in the household other than the participant smokes inside the home	0=No 1=Yes 9=Unknown or missing	Num
HOUSING_STATUS_KID	A code denoting the type of residency in which a participant is living	1=Permanent housing 2=Living with family/friend 3=Living in Shelter 4=No Housing 9=Unknown or missing	Num
INF_BIRTH_DATE_WIC	The date the infant(s) were born from a pregnant woman's pregnancy	Date Proxy – count of days between delivery date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
INF_BIRTH_MONTH_KID	The month the infant(s) were born from a pregnant woman's pregnancy	1-12 Blank=Unknown, missing	
INF_BIRTH_YEAR_KID	The year the infant(s) were born from a pregnant woman's pregnancy	YYYY	
INSURANCE_ADJUNCT_ KID	A code denoting the type of insurance the participant has that provides adjunct eligibility	1=Household Member Adjunctive Eligibility 2=Standard 3=Buy-In 4=DNU Prenatal - MassHealth 5=Limited 6=DNU Limited-Healthy Start - MassHealth 7=DNU Basic - MassHealth 8=DNU Essential - MassHealth 9=CommonHealth 10=Family Assistance: MassHealthDNU 11=Limited/CMSP 12=DNU Emergency Aid to Elderly, Disabled, and Children (EAEDC) 13=CarePlus 14=Commonwealth Care with Limited 99=Unknown or missing	Num

Variable Name	Variable Description	Meta Data	Format
INSURANCE_NO_ADJUN CT_KID	A code denoting the type of insurance the participant has that does not provide adjunct eligibility	1=Family Assistance 2=Premium Assistance 3=DNU Purchase of Medical Benefits - MassHealth 4=DNU Commonwealth Care 5=Children Medical Security Plan (CMSP) 6=Uncompensated Care Pool (Free Care) - MassHealth 7=Private Insurance:paid by self or employer 8=Government/Military 9=Workers' Compensation 10=No Health Insurance - Referred to MassHealth 11=No Health Insurance - Self Pay Medical Bills 12=Pending - MassHealth13=Common Health - MassHealth 14=Health Safety Net 15=ConnectorCare Plans 16=CommonHealth 99=Unknown or missing	Num
KID_ID_WIC	Randomized ID of the participant	12 digit number	Num
LEAD_DATE_WIC	The date the blood lead test was performed	Date Proxy – count of days between test date and randomly chosen date in the past Blank = N/A (not tested) NOTE: The larger the date proxy, the more recently the event occurred	Num
LEAD_MONTH_WIC	The month the blood lead test was performed	1-12 Blank=Missing	Num
LEAD_YEAR_WIC	The year the blood lead test was performed	YYYY	Num
LEAD_LEVEL_WIC	The amount of lead found in a participants blood	Micrograms per deciliter Integer, one decimal place possible Blank=N/A (not tested)	Num
LEAD_TEST_WIC	An indicator denoting whether or not the participant had a blood lead test	0=No 1=Yes 9=Unknown or missing	Num
MOM_ID_WIC	Randomized Participant ID of the participants mother	12 digit number	Num
MOM_ON_WIC	An indicator denoting whether or not the participant's mother is on WIC	0=No 1=Yes 9=Unknown or missing	Num

Variable Name	Variable Description	Meta Data	Format
Variable Name	Variable Description	Weta Data	Torritat
RACE_WIC_KID	The participant's race/ethnicity	1=White non-Hispanic 2=Black non-Hispanic 3=Asian non-Hispanic 4=Hispanic 5=American Indian or Alaskan Native 9=Unknown or missing	Num
RESCODE_KID	The participant's physical address city	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num
RES_ZIP_KID	The zip code where the participant lives	5 digit zip code 99999=Unknown	Char
SEX_KID	The participant's sex	1=Male 2=Female 9=Unknown or missing	Num
TAFDC_KID	An indicator denoting whether participant participates in TAFDC at the time of WIC eligibility determination. WIC eligibility based on TAFDC status	0=No 1=Yes 9=Unknown or missing	Num
TERM_CODE_KID	A code denoting the reason a participant's certification was terminated	See Codes	Num
TERM_DATE_KID	The date a participant's certification was terminated	Date Proxy: # days between termination date and randomly chosen future date NOTE: The larger the date proxy, the more recently the event occurred	Num
TERM_MONTH_KID	The month a participant's certification was terminated	1-12 Blank=Missing	
TERM_YEAR_KID	The year a participant's certification was terminated	YYYY	
VOC_KID	An indicator denoting whether a participant has had a VOC	0=No 1=Yes 9=Unknown or missing	Num
WEIGHT_KID	The participant's weight in ounces	Weight in ounces Blank=missing or unknown	Num
YEARLY_INCOME_KID	The total yearly income amount for an economic unit	Yearly income Blank=missing or unknown	Num

HEALTH_CARE_SOURCE

HEALTH_CA	RE_SOURCE
9=Bowdoin Street Community Health Center	57=Harbor Community Health Center
10=Baystate Medical Center Health Centers - Brightwood	58=Military Facility
11=Cambridge Health Alliance - Broadway Health Center	59=Neponset Health Center
12=Brockton Neighborhood Health Center	60=None
13=Brookside Community Health Center	61=North Cambridge Health Center
14=Community Health Center of Cape Cod	62=North Shore Community Health Center
15=Caring Health Center	63=Other Community Health Ctr/DPH Funded Program
16=Community Health Programs - Great Barrington	64=Outer Cape Health Services
17=City/Town Health Department	65=Private Physician/Group
18=Codman Square Health Center	66=Riverside Health Center - Cambridge
19=Community Health Center of Franklin County	67=Roxbury Comprehensive Community Health Center
20=Dimock Community Health Center	68=North Shore Community Health Center - Salem
21=Dorchester House Multi-Service Center	69=Cambridge Health Alliance - Somerville Women's Health Center
22=Duffy Health Center	70=South Boston Community Health Center
23=East Boston Neighborhood Health Center	71=South County Pediatrics
24=Cambridge Health Alliance - East Cambridge Health Center	72=South Cove Community Health Center - Quincy
25=East Somerville Health Center	73=South Cove Community Health Center - Boston
26=Community Health Connections Family Health Center - Fitchburg	74=South End Community Health Center
27=Family Health Center - Worcester	75=Southern Jamaica Plain Health Center
28=Framingham Community Health Center - DNU	76=Springfield Health Services for the Homeless
29=Geiger-Gibson Community Health Center	77=SSTAR Family Healthcare Center
30=Great Brook Valley Health Center - DNU	78=North Shore Community Health Center - Peabody
31=Greater Lawrence Family Health Center	79=Tri-River Family Health Center
32=Greater New Bedford Community Health Center	
33=Greater Roslindale Medical And Dental Center	81=Upham's Corner Health Center
34=Harbor Family Health Center	82=Wareham Health Center - DNU
35=Harvard Street Neighborhood Health Center	83=Whittier Street Health Center
36=Healthfirst Family Care Center	84=Cambridge Health Alliance - Windsor Street Health Center
37=Hilltown Community Health Centers	86=Edward M Kennedy Community Health Center –
37-millown Community nearth Centers	Framingham 87=Edward M Kennedy Community Health Center –
38=Holyoke Health Center - Holyoke	Worcester
39=Hospital/Outpatient Care	100=Community Health Connections Family Health Center – Gardner
40=Island Health Care - Edgartown	101=Community Health Connections Family Health Center – Leominster
41=Charles River Community Health Center	102=North Shore Community Health Center - Gloucester
42=Lowell Community Health Center	103=Holyoke Health Center - Chicopee
43=Lynn Community Health Center	104=Manet Community Health Center - Quincy Medical Center
44=Cambridge Health Alliance - Malden Family Medicine	10E-MCH Everett Healthears Contar
Center	105=MGH Everett Healthcare Center

HEALTH_CARE_SOURCE

45=Manet Community Health Center – Germantown	106=Cambridge Health Alliance - Revere Family Health Center
46=Manet Community Health Center – Hull	107=Community Health Programs - Lee
47=Manet Community Health Center - N. Quincy	108=Community Health Programs - Pittsfield
48=Manet Community Health Center – Quincy	109=Cambridge Health Alliance - Cambridge Family Health
49=Martha Eliot Health Center	110=Cambridge Health Alliance - Cambridge Family Health North
50=Baystate Medical Center Health Centers - Mason Square	111=Cambridge Health Alliance - Cambridge Teen Health Center
51=Mattapan Community Health Center	112=Cambridge Health Alliance - Everett Family Health Center
52=MGH Back Bay Healthcare Center	113=Cambridge Health Alliance - Everett Teen Health Center
53=MGH Charlestown Healthcare Center	114=Cambridge Health Alliance - Somerville Teen Connection
54=MGH Chelsea Healthcare Center	115=Cambridge Health Alliance - Union Square Family Health
55=MGH North End Community Health Center	116=Island Health Care - Martha's Vineyard
56=MGH Revere Healthcare Center	999=Unknown or Missing

BREASTFEED_TERM1_WIC
BREASTFEED_TERM2_WIC
1=Baby has teeth
2=Baby not gaining adequate weight
3=Baby refused breast
4=Breast problems (engorgement, etc)
5=Breastfeeding goal met
6=Baby weaned self
7=Embarrassment
8=Health care provider directed
9=Illness and/or medical condition
10=Inconvenient, felt tied down
11=Baby too hungry
12=Just didn't like it
13=Lack of support / encouragement
14=Medication/contraception
15=Milk supply concerns
16=Other
17=Returning to work or school
18=New pregnancy
20=Too tiring, stressful
99=Unknown, Missing

TERM_CODE
2=Over Income
3=Child Turning Age 5 (Auto)
4=Non-Breastfeeding Woman/6 Months Postpartum (Auto)
5=Breastfeeding Woman/1 Year Postpartum (Auto)
8=End of Certification (Auto)
9=Missed Checks (2 Months) (Auto)
10=Transferred Out of State
11=Participant Transferred To Another LP (Auto)
12=Voluntary Withdrawal
13=Deceased
14=Dual Participation
15=Disqualification
16=Error
17=Pregnancy Not Verified (Auto)
18=Miscarriage
19=Left Foster Care/Guardian
20=Severe Illness
21=No Benefactor Letter on File/Zero Income (Auto)
22=Preliminary Certification No Health Record (Auto)
23=EXBF Infant Terminated (Auto)
24=Infant to Child (Auto)
25=Pregnant Woman/6 Weeks Postpartum (Auto)
26=Breastfeeding Woman > 6 months Stops BF
27=Breastfeeding Woman < 6 months Stops BF (Auto)
28=Missed Benefits (2 Months) (Auto)

ETHNICITY_WIC_MOM
ETHNICITY_WIC_KID
1=African American
2=African
3=American
4=Asian Indian
5=Brazilian
6=Cambodian
7=Cape Verdean
8=Caribbean Islander
9=Central American (other)
10=Chinese
11=Cuban
12=Dominican
13=Eastern European
14=Filipino
15=Haitian
16=Japanese
17=Korean
18=Laotian
19=Mexican/Mex. Amer./Chicano
20=Middle Eastern
21=European (other)
22=Other
23=Portuguese
24=Puerto Rican
25=Russian
26=Salvadorian
27=South American
28=Vietnamese
29=Unknown
30=Albanian
31=Asian (other)
32=Bengali
33=Burmese
34=Eritrean
35=Ethiopian
36=Ghanaian
37=Nepali
38=Romanian
39=Somali
40=Thai
41=Ukrainian
42=Guatemalan
43=Honduran

Women, Infants, and Children (WIC) Program - Mom

Variable Name	Variable Description	Meta Data	Format
ID	Project Specific ID	9 character alphanumeric ID	Char
Match_level_WIC_MOM	CHIA Match level	1= These are CHIA members that received a high score against the DPH input record. This group includes those that matched all elements of the DPH input record and those that had only one element mismatch. The group 1 individual match determination has been optimized based upon the input elements and their overall weight. 2= This group contains members within the APCD that received a lower score against the DPH input record, yet are considered possible matches. Candidates in this group could match on as little as SSN or date of birth and first and last name. These candidates are included for completeness.	Num
ADJUNCT_PROOF_MOM	A code denoting the type of proof provided to be adjunctly eligible.	1=MassHealth Internet 2=MassHealth Phone 3=MassHealth POS - DNU 4=SNAP Income Verification Letter 5=SNAP Printout 6=TAFDC Printout 7=Proof Pending - DNU 8=Active MassHealth EVS 9=DTA Connect App	Num
AGE_EFFECTIVE_MOM	Participant's age at time of certification is effective	Age in years Blank=unknown	Num
AGE_END_MOM		Age in years Blank=unknown	Num
ALC_NUM_LAST3MTHS_WI	The average number of drinks per week during the last 3 months	Count Blank=unknown	Num
ALC_NUM_PREPREG_WIC	The average number of drinks per week during the 3 months prior to pregnancy	Count Blank=unknown	Num
ANTHRO_MEAS_DATE_MO M	The date that anthropometric measurements were taken	Date Proxy – count of days between measurement date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num

PHDWIC.WIC_IVIOIVI			
Variable Name	Variable Description	Meta Data	Format
ANTHRO_MEAS_MONTH_M OM	The month that anthropometric measurements were taken	1-12 Blank=missing/unknown	Num
ANTHRO_MEAS_YEAR_MO M	The year that anthropometric measurements were taken	YYYY	Num
BIRTH_YEAR_MOM	The year the participant was born	YYYY	Num
BIRTH_MONTH_MOM	The month the participant was born	1-12 Blank=missing/unknown	Num
BLOOD_DATE_MOM	The date the participant's bloodwork was taken	Date Proxy – count of days between bloodwork date and randomly chosen date in the past Blank = N/A (not tested) NOTE: The larger the date proxy, the more recently the event occurred	Num
BLOOD_MONTH_MOM	The month the participant's bloodwork was taken	1-12 Blank=missing/unknown	Num
BLOOD_YEAR_MOM	The year the participant's bloodwork was taken	YYYY	Num
BMI_MOM	Body Mass Index based on known height and weight – all ages included	XX.XXXX Blank=missing	Num
BREASTFEED_INTENT_WIC	A code denoting the mother's intentions when it comes to breastfeeding the baby	1=Breast Milk 2=Formula 3=Breast Milk and Formula 4=Not Sure 9=Unknown	Num
CATEGORY_MOM	The participants category	1=Pregnant woman 2=Breastfeeding woman 3=Non-breastfeeding woman 4=Infant 5=Child 9=Unassigned	Num
CIG_NUM_CURRENT_WIC	The average number of cigarettes currently smoked per day	Count Blank=unknown	Num
CIG_NUM_LAST3MTHS_WI	The average number of cigarettes smoked per day during the last 3 months	Count Blank=unknown	Num
CIG_NUM_PREPREG_WIC	The average number of cigarettes smoked per day during the 3 months prior to pregnancy	Count Blank=unknown	Num

	THEWIC.		
Variable Name	Variable Description	Meta Data	Format
EDUCATION_WIC	A code denoting the number of the grade of school completed by the mother participant	Years of education 0-18 Blank=unknown	Num
EFFECTIVE_DATE_MOM	The date the participants certification became effective	Date Proxy – count of days between certification start date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
EFFECTIVE_MONTH_MOM	The month the participants certification became effective	1-12 Blank=Unknown, missing	Num
EFFECTIVE_YEAR_MOM	The year the participants certification became effective	YYYY	Num
END_DATE_MOM	The date the participants certification ended	Date Proxy – count of days between certification end date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
END_MONTH_MOM	The month the participants certification ended	1-12 Blank=Unknown, missing	Num
END_YEAR_MOM	The year the participants certification ended	YYYY	Num
ETHNICITY_WIC_MOM	Ethnic affiliations of a participant	See code list	Num
EXPECTED_BIRTHS_WIC	The number of births expected from a pregnant woman's pregnancy	Count Blank=unknown	Num
FIRST_DATE_MOM	The date the participant was first certified	Date Proxy – count of days between first certification and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
FIRST_MONTH_MOM	The month the participant was first certified	1-12 blank=Unknown, missing	Num
FIRST_YEAR_MOM	The year the participant was first certified	YYYY	Num
FOOD_STAMPS_MOM	An indicator denoting whether or not the participant received food stamps at time of determination of WIC eligibility. This means that the proof of WIC eligibility was their receipt of food stamps.	0=No 1=Yes 9=unknown	Num

Variable Name	Variable Description	Meta Data	Format
GEST_DIAB_WIC	An indicator denoting whether or not the participant has gestational diabetes	0=No 1=Yes 9= unknown	Num
HEALTH_CARE_SOURCE_M OM	A code denoting the source of the participant's health care	See code list	Num
HEIGHT_MOM	The height of the participant in inches	Height in inches Blank=unknown	Num
HISPANIC_MOM	An indicator denoting whether or not this participant is Hispanic	0=No 1=Yes 9=unknown	Num
HOMELESS_MOM	Final homeless indicator for WIC	0=No 1=Yes 9=unknown	Num
HOUSEHOLD_MOM	The number of people in the participant's household on WIC	Count Blank= unknown	Num
HOUSEHOLD_SMOKE_MOM	An indicator denoting whether anyone in the household other than the participant smokes inside the home	0=No 1=Yes 9=unknown	Num
HOUSING_STATUS_MOM		1=permanent housing 2=living with family/friend 3=living in Shelter 4=no Housing 9=unknown	Num
HYPERTENSION_MOM	An indicator denoting whether the participant has hypertension	0=No 1=Yes 9=unknown	Num
INSURANCE_ADJUNCT_MO M	A code denoting the type of insurance the participant has that provides adjunct eligibility	1=Household Member Adjunctive Eligibility 2=Standard 3=Buy-In 4=DNU Prenatal - MassHealth 5=Limited 6=DNU Limited-Healthy Start - MassHealth 7=DNU Basic - MassHealth 8=DNU Essential - MassHealth 9=CommonHealth 10=Family Assistance - MassHealth - DNU 11=Limited/CMSP 12=DNU Emergency Aid to Elderly, Disabled, and Children (EAEDC) 13=CarePlus 14=Commonwealth Care with Limited 99=Unknown or missing	Num

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Variable Name	Variable Description	Meta Data	Format	
INSURANCE_NO_ADJUNCT _MOM	A code denoting the type of insurance the participant has that does not provide adjunct eligibility	1=Family Assistance 2=Premium Assistance 3=DNU Purchase of Medical Benefits - MassHealth 4=DNU Commonwealth Care 5=Children Medical Security Plan (CMSP) 6=Uncompensated Care Pool (Free Care) - MassHealth 7=Private Insurance - Paid By Self or Employer 8=Government/Military 9=Workers' Compensation 10=No Health Insurance - Referred to MassHealth 11=No Health Insurance - Self Pay Medical Bills 12=Pending - MassHealth13=Common Health - MassHealth 14=Health Safety Net 15=ConnectorCare Plans 16=CommonHealth 99=Unknown or missing	Num	
MOM_ID_WIC	Randomized Participant ID of the mom	12 digit number	Num	
PARTICIPANT_LIVE_BIRTH_ NUM	The total number of babies born alive to this participant	Count provided through participant questionnaire, accuracy not verified	Num	
PARTICIPANT_PREG_COUN T	The total number of times the participant has been pregnant including the current pregnancy	Count provided through participant questionnaire, accuracy not verified. Blank=unknown	Num	
PREG_OUTCOME_WIC	A code denoting the outcome of the pregnancy	1=Live birth 2=Twins 3=Triplets or more 4=Stillborn, Miscarriage, Abortion 5=Neonatal death 9=unknown	Num	
RACE_WIC_MOM	Participant's race/ethnicity	1=White non-Hispanic 2=Black non-Hispanic 3=Asian non-Hispanic 4=Hispanic 5=American Indian or Alaskan Native 9=Unknown	Num	
RESCODE_MOM	The City of the participants physical address	1-351 = valid MA city/town 999 = missing/unknown/invalid	Num	
RES_ZIP_MOM	The zip code component of an address	5 digit zip code 99999=unknown	Char	
SEX_MOM	A code denoting the sex of a participant	1=Male 2=Female 9=unknown	Num	

Variable Name	Variable Description	Meta Data	Format
CATEGORY_MOM	The participants category	1=Pregnant woman 2=Breastfeeding woman 3=Non-breastfeeding woman 4=Infant 5=Child 9=unassigned	Num
TAFDC_MOM	An indicator denoting whether a participant participates in TAFDC at the time of determination of WIC eligibility. This means that the reason for WIC eligibility was their TAFDC status	0=No 1=Yes 9=unknown	Num
TERM_CODE_MOM	A code denoting the reason why a participant's certification was terminated	See code list	Num
TERM_DATE_MOM	The date a participant's certification was terminated	Date Proxy – count of days between termination date and randomly chosen date in the past NOTE: The larger the date proxy, the more recently the event occurred	Num
TERM_MONTH_MOM	The month a participant's certification was terminated	1-12 blank=missing/unknown	
TERM_YEAR_MOM	The year a participant's certification was terminated	YYYY	Num
VOC_MOM	An indicator denoting whether or not a participant has had a VOC	0=No 1=Yes 9=unknown	Num
WEIGHT_MOM	The participant's weight in ounces	Weight in ounces Blank=missing	Num
YEARLY_INCOME_MOM	The total yearly income for an economic unit	Yearly income Blank=missing	Num

WIC Supplemental Tables

HEALTH_CARE_SOURCE			
9=Bowdoin Street Community Health Center	57=Harbor Community Health Center		
10=Baystate Medical Center Health Centers - Brightwood	58=Military Facility		
11=Cambridge Health Alliance - Broadway Health Center	59=Neponset Health Center		
12=Brockton Neighborhood Health Center	60=None		
13=Brookside Community Health Center	61=North Cambridge Health Center		
14=Community Health Center of Cape Cod	62=North Shore Community Health Center		
15=Caring Health Center	63=Other Community Health Ctr/DPH Funded Program		
16=Community Health Programs - Great Barrington	64=Outer Cape Health Services		
17=City/Town Health Department	65=Private Physician/Group		
18=Codman Square Health Center	66=Riverside Health Center - Cambridge		
19=Community Health Center of Franklin County	67=Roxbury Comprehensive Community Health Center		
20=Dimock Community Health Center	68=North Shore Community Health Center - Salem		
21=Dorchester House Multi-Service Center	69=Cambridge Health Alliance - Somerville Women's Health Center		
22=Duffy Health Center	70=South Boston Community Health Center		
23=East Boston Neighborhood Health Center	71=South County Pediatrics		
24=Cambridge Health Alliance - East Cambridge Health Center	·		
25=East Somerville Health Center	73=South Cove Community Health Center - Boston		
26=Community Health Connections Family Health Center - Fitchburg	74=South End Community Health Center		
27=Family Health Center - Worcester	75=Southern Jamaica Plain Health Center		
28=Framingham Community Health Center - DNU	76=Springfield Health Services for the Homeless		
29=Geiger-Gibson Community Health Center	77=SSTAR Family Healthcare Center		
30=Great Brook Valley Health Center - DNU	78=North Shore Community Health Center - Peabody		
31=Greater Lawrence Family Health Center	79=Tri-River Family Health Center		
32=Greater New Bedford Community Health Center	80=Unknown		
33=Greater Roslindale Medical And Dental Center	81=Upham's Corner Health Center		
34=Harbor Family Health Center	82=Wareham Health Center - DNU		
35=Harvard Street Neighborhood Health Center	83=Whittier Street Health Center		
36=Healthfirst Family Care Center	84=Cambridge Health Alliance - Windsor Street Health Center		
37=Hilltown Community Health Centers	86=Edward M Kennedy Community Health Center - Framingham		
38=Holyoke Health Center - Holyoke	87=Edward M Kennedy Community Health Center - Worcester		
39=Hospital/Outpatient Care	100=Community Health Connections Family Health Center - Gardner		
40=Island Health Care - Edgartown	101=Community Health Connections Family Health Center - Leominster		
41=Charles River Community Health Center	102=North Shore Community Health Center - Gloucester		
42=Lowell Community Health Center	103=Holyoke Health Center - Chicopee		
43=Lynn Community Health Center	104=Manet Community Health Center - Quincy Medical Center		

HEALTH_CARE_SOURCE		
44=Cambridge Health Alliance - Malden Family Medicine Center	105=MGH Everett Healthcare Center	
45=Manet Community Health Center - Germantown	106=Cambridge Health Alliance - Revere Family Health Center	
46=Manet Community Health Center - Hull	107=Community Health Programs - Lee	
47=Manet Community Health Center - N. Quincy	108=Community Health Programs - Pittsfield	
48=Manet Community Health Center - Quincy	109=Cambridge Health Alliance - Cambridge Family Health	
49=Martha Eliot Health Center	110=Cambridge Health Alliance - Cambridge Family Health North	
50=Baystate Medical Center Health Centers - Mason Square	111=Cambridge Health Alliance - Cambridge Teen Health Center	
51=Mattapan Community Health Center	112=Cambridge Health Alliance - Everett Family Health Center	
52=MGH Back Bay Healthcare Center	113=Cambridge Health Alliance - Everett Teen Health Center	
53=MGH Charlestown Healthcare Center	114=Cambridge Health Alliance - Somerville Teen Connection	
54=MGH Chelsea Healthcare Center	115=Cambridge Health Alliance - Union Square Family Health	
55=MGH North End Community Health Center	116=Island Health Care - Martha's Vineyard	
56=MGH Revere Healthcare Center		

TERM_CODE
2=Over Income
3=Child Turning Age 5 (Auto)
4=Non-Breastfeeding Woman/6 Months Postpartum (Auto)
5=Breastfeeding Woman/1 Year Postpartum (Auto)
8=End of Certification (Auto)
9=Missed Checks (2 Months) (Auto)
10=Transferred Out of State
11=Participant Transferred To Another LP (Auto)
12=Voluntary Withdrawal
13=Deceased
14=Dual Participation
15=Disqualification
16=Error
17=Pregnancy Not Verified (Auto)
18=Miscarriage
19=Left Foster Care/Guardian
20=Severe Illness
21=No Benefactor Letter on File/Zero Income (Auto)
22=Preliminary Certification No Health Record (Auto)
23=EXBF Infant Terminated (Auto)
24=Infant to Child (Auto)
25=Pregnant Woman/6 Weeks Postpartum (Auto)
26=Breastfeeding Woman > 6 months Stops BF
27=Breastfeeding Woman < 6 months Stops BF (Auto)
28=Missed Benefits (2 Months) (Auto)

BREASTFEED_TERM1_WIC
BREASTFEED_TERM2_WIC
1=Baby has teeth
2=Baby not gaining adequate weight
3=Baby refused breast
4=Breast problems (engorgement, etc)
5=Breastfeeding goal met
6=Baby weaned self
7=Embarrassment
8=Health care provider directed
9=Illness and/or medical condition
10=Inconvenient, felt tied down
11=Baby too hungry
12=Just didn't like it
13=Lack of support / encouragement
14=Medication/contraception
15=Milk supply concerns
16=Other
17=Returning to work or school
18=New pregnancy
20=Too tiring, stressful
21=Unknown

ETHNICITY_WIC				
1=African American	11=Cuban	21=European (other)	31=Asian (other)	41=Ukrainian
2=African	12=Dominican	22=Other	32=Bengali	42=Guatemalan
3=American	13=Eastern European	23=Portuguese	33=Burmese	43=Honduran
4=Asian Indian	14=Filipino	24=Puerto Rican	34=Eritrean	
5=Brazilian	15=Haitian	25=Russian	35=Ethiopian	
6=Cambodian	16=Japanese	26=Salvadorian	36=Ghanaian	
7=Cape Verdean	17=Korean	27=South American	37=Nepali	
8=Caribbean Islander	18=Laotian	28=Vietnamese	38=Romanian	
9=Central American (other)	19=Mexican/Mex. Amer./Chicano	29=Unknown	39=Somali	
10=Chinese	20=Middle Eastern	30=Albanian	40=Thai	

Appendix 1: APCD Files Linkage Table

APCD Files Linkage Table

Claims to Insurance Carriers

Dataset Name A	Variable Name A	Dataset Name B	Variable Name B
To link claims data (A	to the APCD PROVIDER data (B) at	the Insurance Carrier Level (i.e. linking claims to the
correct carrier) use th	e following:		
APCDPHD.DENTAL	DENT_LINKORGIDPV	APCDPHD.PROVIDER	PROV_ORGID
APCDPHD.MEDICAL	MED_LINKORGIDPV	APCDPHD.PROVIDER	PROV_ORGID
APCDPHD.PHARMACY	PHARM_LINKORGIDPV	APCDPHD.PROVIDER	PROV_ORGID
To link claims data (A) to the APCD PRODUCT data (B) at the Insurance Carrier Level (i.e. linking claims to the			
correct carrier) use the following:			
APCDPHD.DENTAL	DENT_LINKORGIDPR	APCDPHD.PRODUCT	PROD_ORGID
APCDPHD.MEDICAL	MED_LINKORGIDPR	APCDPHD.PRODUCT	PROD_ORGID
APCDPHD.PHARMACY	PHARM_LINKORGIDPR	APCDPHD.PRODUCT	PROD_ORGID
	1		1

Claims to Individual Products or Providers

Dataset Name A	Variable Name A	Dataset Name B	Variable Name B	
To link claims data (A) to the APCD PRODUCT data (B) at the Individual Insurance Product Level (i.e. linking				
claims to the correct p	roduct that covered that claim) use	the following:		
APCDPHD.DENTAL	DENT_PRODUCT_LINKID	APCDPHD.PRODUCT	PROD_PRODUCT_LINKID	
APCDPHD.MEDICAL	MED_PRODUCT_LINKID	APCDPHD.PRODUCT	PROD_PRODUCT_LINKID	
APCDPHD.PHARMACY	PHARM_PRODUCT_LINKID	APCDPHD.PRODUCT	PROD_PRODUCT_LINKID	
, ,	to the APCD PROVIDER data (B) at		(i.e. linking claims to the	
correct provider that of	covered that claim as categorized) u	se the following:		
APCDPHD.DENTAL	DENT_SERVICEPROVIDER_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MHEE	MHEE_BehavHlthProvider_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MHEE	MHEE_LTCProvider_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MHEE	MHEE_ManagedCareProvider_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MHEE	MHEE_PrimaryCareProvider_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MEDICAL	MED_BILLINGPROVIDER_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MEDICAL	MED_RENDERINGPROVIDER_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	
APCDPHD.MEDICAL	MED_SERVICEPROVIDER_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID	

Appendices

APCDPHD.PHARMACY	PHARM_PRESCRIBER_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID
APCDPHD.PHARMACY	PHARM_RECIPIENTPCP_LINKID	APCDPHD.PROVIDER	PROV_PROVIDER_LINKID