

**Mental Health Division
Consumer Information System
(MHD-CIS)
Data Dictionary**

Effective: January 1, 2002

Department of Social and Health Services
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This Data Dictionary documents transactions submitted by the Regional Support Networks to the Mental Health Division's Consumer Information System.

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For several months in the spring and summer of 2001 the Performance Indicator (PI) workgroup and the Information System Data Evaluation Committee (ISDEC) met separately and then in joint meetings to review MHD/RSN data and reporting requirements. The combined groups reviewed and discussed a number of issues including JLARC recommendations, the need for new Performance Indicators, HIPAA standard codes (HIPAA is a set of federal regulations and standards relative to health care information), and some new proposed business practices for direct hospital billing. There was also a lot of work to provide better definitions and guidelines for reporting consistency. The 2002 Data Dictionary is one of the outcomes of those meetings and discussions.

There are five new transactions, two modified transactions and two transactions that will be phased out after January 2002. Twenty new data elements have been added, seven data elements were redefined, fifteen were slightly modified, and eight were deleted.

The Dictionary now contains information about all possible transaction errors specifically the error message number and the full error message text. This should aid in diagnosis of transaction problems.

Temporary mental health oriented CPT codes that may be used pending their acceptance as HIPAA standards (used only when an existing CPT code is not appropriate) and the proposed MHD reporting rollup criteria are also included in the Dictionary as tables.

Thanks and appreciation should go to the PI and ISDEC members for their hard work and cooperation in creating this 2002 MHD-CIS Data Dictionary.

Implementation Schedule

Note: The MHD-CIS database server will be powered down at 5:00 PM on December 28, 2001. All transactions under the old formats must be submitted before midnight December 27, 2001. The MHD-CIS will be powered up after 8:00 AM on January 2, 2002. MHD-CIS will start processing new transactions on the morning of January 3, 2002.

Transaction	ID	Comments
Cascade Delete	131.01	No change.
Cascade Merge	130.02	No change.
Case Manager	100.01	No change.
CDMHP Investigation	160.02	No change
Clear Month of Service	077.01	New transaction. This allows the removal of inpatient and/or outpatient services for a given month so the RSN can resubmit a given month.
Community Hospital Authorization	076.01	New transaction that partially replaces transaction 070.03, Inpatient Services. It allows more flexibility when reporting authorized community hospitals stays.
Community Hospital Payment Summary	075.01	New transaction. This transaction will capture all community hospital stays and expenditures when the RSN pays the community hospital directly for a given stay.
Consumer Demographics	020.05	Transaction has been modified from version 020.04. which has been replaced. The County of Residence and Impairment Kind data fields have been removed.
Consumer Periodics	035.05	New transaction. This transaction replaces the transaction 035.04, Monthly Case Status.
Consumer's Case Manager	011.01	No change.
ET Inpatient Service	070.04	New transaction that partially replaces transaction 070.03, Inpatient Services. It allows more flexibility when reporting Evaluation and Treatment inpatient stays.
Header	000.01	No change.
Inpatient Services	070.03	This version will be phased out of use. It will be used to report inpatient services started prior to January 1, 2002 and may not be used after March of 2002. Use new transactions to report services started on or after January 1, 2002.
ITA Hearing	162.02	No change.
Monthly Case Status	035.04	Discontinued for consumers who receive outpatient services after January 1, 2002. Continue using for any outpatient service provided prior to January 1, 2002.

Outpatient Service	120.02	This version has been changed. Continue using for any outpatient service provided prior to January 1, 2002. Use new version for services rendered on or after January 1, 2002.
Outpatient Service	120.03	New version of transaction. Use this transaction to report all outpatient encounter services on or after January 1, 2002.

Module: MHD CIS Data Dictionary

Date last update: Aug 28 2001

Object: Transaction Detail

Sub Object	Status	Version	ID
Cascade Delete (Full/Partial)	Production	1	10018
Cascade Merge	Production	1.01	10015
Case Manager	Production	1.01	10003
CDMHP Investigation	Production	2	10007
Clear Month of Service	Production	1	200137
Community Hospital Authorization	Production	1	200136
Community Hospital Payment Summary	Production	1	200106
Consumer Demographics	Production	1.03	10006
Consumer Periodics	Production	1.02	10012
Consumer's Case Manager	Production	1.01	10005
ET Inpatient Service	Production	1.02	10009
Header	Production	1.01	10001
ITA Hearing	Production	1	10017
Outpatient Service	Production	1.2	10013

Status: Production	Version: 1	ID: 10018
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Transaction: Cascade Delete (Full/Partial)

Effective Date: 1/1/2000

Definition:

This transaction allows for the mass deletion of records for a given consumer. There are two types of cascade delete. The first will eliminate all information previously reported. This is referred to as a "Full Cascade Delete". The second type will delete that information which pertains to a specific agency. This is referred to as a "Partial Cascade Delete".

Full Cascade Delete: This type of delete will remove all information about a consumer. Once processed, the Consumer ID will be voided and not available for future processing. This type of delete requires the authorization of the RSN Administrator and the MHD Chief of Information Services. The RSN Administrator may delegate his/her authority to authorize Full Cascade Deletes to someone who maintains their information system. The authorization must be presented to the MHD Chief of Information Services. This authorization must contain the reason for the deletes, the number of deletes that will be processed, a timeframe when the delete transactions will be submitted, and a contact for coordinating the actual processing of these delete transactions. Upon approval by the MHD Chief of Information Services, the RSN will be contacted and a time frame will be coordinated for the actual processing of this transaction.

Partial Cascade Delete: This type of delete will not require prior authorization. It is limited to a single agency as identified by the Reporting Unit ID. Partial delete will delete a specific consumer's records for the following transactions: 1) Consumer's Case Manager; 2) Inpatient Service; and 3) Outpatient Service.

NOTE: There is no action code in this transaction!

• **Transaction ID:**

Value "131.01"

• **Primary Key:**

Reporting Unit ID (*RSN ID*)
 Consumer ID (*The ID to be deleted*)

• **Body:**

Reporting Unit ID (*Leave blank or null for a Full Cascade Delete; enter the Agency ID for a Partial Cascade Delete*)

Edits:

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23306	Soft Error: Consumer ID for Contractor has been previously voided. Transaction not posted.

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Status: Production	Version: 1.01	ID: 10015
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Transaction: Cascade Merge

Effective Date: 1/1/1998

Definition:

This transaction will void a Consumer ID and bar its use in the future. A Consumer ID is voided when two different identifiers have been established by the Contractor for a single person. The Contractor must identify the Consumer ID to be voided and also identify the Consumer ID to reference in its place.

NOTE: There is no action code in this transaction!

• **Transaction ID:**

Value "130.02"

• **Primary Key:**

Reporting Unit ID (*RSN*)
 Consumer ID (*The ID to be voided*)

• **Body:**

Referenced Consumer ID (*Required - The ID for future reference*)

Edits:

Message Number	Message
23008	Error: Date of Birth for RUID, CID not found or invalid. Transaction not posted.
22007	Error: Referenced Consumer ID cannot be blank or null. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23306	Soft Error: Consumer ID for Contractor has been previously voided. Transaction not posted.
23307	Soft Error: Referenced Consumer ID for Contractor has been previously voided. Transaction not posted.
23313	Error: CID and Referenced CID are equal. Transaction not posted.

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Status: Production	Version: 1.01	ID: 10003
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Transaction: Case Manager

Effective Date: 1/1/2000

Definition:

This transaction allows the Regional Support Networks (RSN) to describe how an authorized person accessing the Case Manager Locator System (CMLS) can contact them by telephone when making an inquiry on a person who received a documented outpatient service within the most recent 12 months. The purpose is to provide a telephone number that is answered 24 hours a day, 7 days a week, by someone who can authenticate the caller and place them in contact with either a case manager or a clinician who has information about a specific consumer. The password is used by the RSN to authenticate the caller and is used by the RSN as a safeguard to prevent unauthorized release of information.

This information is used to support the Case Manager Locator System (CMLS). This transaction may be linked to any number of consumers identified by an RSN. *(See Consumer Case Manager Transaction for more details on how to link this transaction to a specific consumer.)*

Minimum Requirements: Each RSN will maintain one Case Manager transaction for each agency providing outpatient services within the most recent 12 months. Each RSN will also maintain a default Case Manager transaction to contact the RSN within any 24 hour day. The "Case Manager ID" for these default records will be "-AGENCY". The word agency must be in all upper case and be prefixed with a hyphen.

• **Transaction ID:**

Value "100.01"

• **Action Code:**

Value:

"A" Add
"C" Change
"D" Delete

• **Primary Key:**

Reporting Unit ID *(Agency providing Case Management)*
Case Manager ID *(Unique ID assigned by the Agency or RSN - see minimum requirements above for default value.)*

• **Body:**

Case Manager Phone *(Primary - enter 10 digits including Area Code then extension or other)*
Case Manager Comment *(Primary)*
Case Manager Phone *(Secondary)*
Case Manager Comment *(Secondary)*
Case Manager Password

Notes:

Two sets of telephone numbers and comments are allowed. When the telephone numbers and comments are displayed on the Case Manager Locator System screen, the primary telephone number is aligned with the primary comment; the secondary telephone number is aligned with the secondary comment. The telephone numbers should include the area code. If no area code is given, then someone using the Case Manager Locator System may not be able to contact the RSN if they trying to call from outside the RSN's area code.

Edits:

23100	Soft Error: No CaseManager row found for RUID %s and CaseManagerID %s. Delete not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23003	Error: Reporting Unit ID %s unknown. Transaction not posted.
23038	Error: Case Manager Primary Phone cannot be blank or null. Transaction not posted.
23039	Error:Error: Case Manager Password cannot be blank or null. Transaction not posted.
30037	Warning: Invalid primary phone number - Need full 10 digits including Area Code.

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Status: Production	Version: 2	ID: 10007
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Transaction: CDMHP Investigation

Effective Date: 1/1/2000

Definition:

A designated Community Mental Health Professional (CDMHP) is the only person who can perform an ITA investigation that results in a detention and revocation. This investigation can be initiated by a crisis worker who is not a CDMHP but in order for a detention to take place, it is mandated (RCW 71.05 for adults, RCW 71.34 for children 13 and over) that the CDMHP investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a CDMHP. Do not report investigative findings of the crisis worker unless the crisis worker is also a CDMHP.

The intent of this transaction is to record CDMHP investigations only. Activities performed by a CDMHP including crisis intervention, case management, or other activities, while important are not collected by this transaction. Each RSN determines which specific actions come under an investigation. The MHD recommended criteria for when a CDMHP activity becomes an 'investigation' is when the decision to detain has been made and the CDMHP reads the person his/her rights.

This transaction identifies all investigations by the CDMHP, even if the CDMHP is also classified as a crisis worker. An investigation can result in: a detention, which is 72 hours; a return to inpatient facility with a revocation of a court ordered less restrictive alternative (LRA) petition filed; a filing of a petition recommending an LRA extension; a referral for voluntary in-patient or outpatient mental health services, a referral to other community resources; or no action based on mental health needs.

• Transaction ID:

Value "160.02"

• Action Code:

Value

"A" Add
 "C" Change
 "D" Delete

• Primary Key:

Reporting Unit ID (*Contractor or RSN*)
 Consumer ID
 Investigation Date
 Investigation Start Time

• Body:

Investigation County
 Investigation Outcome
 Reporting Unit ID (*State Hospital, Community Hospital or Freestanding Evaluation and Treatment Center where consumer was placed for inpatient services. Leave blank or null if not placed for inpatient services.*)

Legal Reason for Detention/Commitment

Return to Inpatient/Revocation Authority

Note:

This transaction is not used to report "crisis services". These services are reported by using the "Outpatient Service" transaction.

If the Legal Reason for Detention/Commitment contains contradictory code values (e.g. AZ) the "Z" will be discarded and a warning will be produced in the exception report.

Edits:

Message Number	Message
23098	Soft Error: Record does not exist. Delete rejected.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
22172	Warning: Time is invalid. Time should be HHMM and between 0000 and 2400
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30001	Error: Investigation Outcome required. Transaction not processed.
23154	Error: RUID not valid for Inpatient facility. Transaction not posted.
23155	Error: Invalid Return to Inpatient/RevocationAuthority Code.
30038	Error: Invalid Investigation County Code. Transaction not processed.
30039	Error: Invalid Legal Reason for Detention/Commitment. Transaction not posted.

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Status: Production	Version: 1	ID: 200137
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Transaction: Clear Month of Service

Effective Date: 1/1/2002

Definition:

This transaction is used to remove all outpatient/inpatient service transactions for a given RSN and month of service. Use this transaction when you intend to resubmit all inpatient or outpatient services for a given month.

Please consult with MHD IS staff before submitting this transaction.

Transaction ID:

Value: "077.01"

Primary Key:

Reporting Unit ID (for the RSN)
Month of Service (CCYYMM)

Body:

Type of Service Transaction
("O" = All OP Service; "ET" = All E&T Service; "CHA" = All Community Hospital Authorizations; "CHB" = All

*Community Hospital Payment Summary")***Edits:**

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
30015	Error: Month of Service is invalid date format. Transaction not processed.

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Status: Production	Version: 1	ID: 200136
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Transaction: Community Hospital Authorization**Effective Date:** 1/1/2002**Definition:**

This transaction is for those RSNs authorizing a Community Hospital stay who do not pay hospital bills directly.

There are instances in King and Pierce RSNs where the hospital is owned by the RSN or there is a separate contract to pay the hospital directly. Those RSNs and only those RSNs will use the Community Hospital Hospital Payment Summary Transaction instead of this one.

If a person is admitted to multiple hospitals or the same hospital multiple times in the same day, treat it as a single episode and report it just once. MHD is interested in the fact that the consumer was hospitalized rather than the number of times. The authorization number will appear in later hospital billings so MHD can tell determine the specific hospital involved in the reported episode.

Transaction ID:

Value: "076.01"

Action Code:

Value

"A" Add
 "C" Change
 "D" Delete

Primary Key:

Reporting Unit ID (*the RSN Authorizing Stay*)
 Consumer ID
 Admission Date (*CCYYMMDD*)
 Authorization Number

Body:

Discharge Date (*CCYYMMDD - if known*)
 Discharge Disposition (*Is an RSN expected to provide follow up services?*)
 RSN at Discharge (*the RSN expected to provide for outpatient services after discharge, if Discharge Disposition is Yes*)
 Person Identification Code (*used by hospital to bill state or direct billing to RSN - report only if known*)

Note: This transaction will be valid for admissions on or after 1/1/2002**Edits:**

Message Number	Message
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23048	Error: Discharge Date is prior to Admission Date. Transaction not posted.
23088	Error: CID is voided. Transaction not posted.
30010	Error: Invalid PIC. If entered, a PIC must be in valid format. Transaction not posted.
30011	Warning: Could not find PIC in MHD Eligibility files.
23072	Error: Contractor not permitted to alter transaction for this RUID, CID.
23071	Soft Error: No Inpatient Service data found for transaction.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23056	Error: Admission or Discharge date is beyond current date. Transaction not posted.
30033	Error: Discharge Disposition coded 'Y' but there is no identified RSN at Discharge.
30035	Error: Discharge Disposition must be value 'Y' or 'N'.

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Status: Production	Version: 1	ID: 200106
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Transaction: Community Hospital Payment Summary

Effective Date: 1/1/2002

Definition:

This is a special transaction for those RSNs who pay inpatient community hospital bills directly.

There are instances in King and Pierce RSNs where the hospital is owned by the RSN or there is a separate contract to pay the hospital directly. Only these RSNs should use this transaction.

This transaction supplements the information used by MHD to determine complete community hospital mental health stays that normally are reported through DSHS, Provider Services. Submit one record for the total length of stay and update the record as needed.

Transaction ID:

Value: "075.01"

Action Code:

Value

- "A" Add
- "C" Change
- "D" Delete

Primary Key:

Reporting Unit ID *(of the RSN)*
 Claim Submit Identifier *(assigned by RSN to uniquely identify this bill)*

Body:

Consumer ID
 Admission Date *(CCYYMMDD)*
 Discharge Date *(CCYYMMDD)*

Person Identification Code (as identified by MAA)
 Provider Number
 Date Paid (CCYYMMDD)
 Total Claim Charge
 Total Third Party Payment Amount
 Total Recipient Payment
 Amount Paid by Medicare
 Reimbursement Amount by RSN
 Legal Status
 DRG Code
 Diagnosis (up to 9 may be submitted each separated by a tab character)

Note: This transaction will be valid for direct pay admissions on or after 1/1/2002

Edits:

Message Number	Message
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23072	Error: Contractor not permitted to alter transaction for this RUID, CID.
30008	Soft Error: Provider number is unknown to MHD. Please contact MHD to report new provider Number.
30009	Error: Need a valid provider number.
30007	Error: A valid Diagnosis is required. Transaction not posted.
30010	Error: Expected a valid PIC.
30011	Warning: Could not find PIC in MHD Eligibility files.
30012	Soft Error: The "date paid" is an invalid date.
30032	Error: Legal Status not 'V' or 'I'. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23056	Error: Admission or Discharge date is beyond current date. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23048	Error: Discharge Date is equal or greater than Admission Date. Transaction not posted.
23088	Error: CID is voided. Transaction not posted.
23152	Error: Diagnosis null or blank. Transaction not posted.
30041	Soft Error: No record found to delete. Transaction not posted

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Status: Production	Version: 1.03	ID: 10006
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Transaction: Consumer Demographics

Effective Date: 1/1/2002

Definition:

The information contained in this record is used to identify a person. Most information stored in the MHD-CIS is aggregated by identifying unique person records. This transaction allows for establishing in the MHD-CIS a unique identifier, the "Consumer ID", for a person by the Regional Support Network and to provide limited information that describes the person - such as name, birth date, SSN, etc. This transaction must be successfully processed before any other transaction referencing the "Consumer ID" will be accepted.

• **Transaction ID:**

Value: "020.05"

• **Action Code:**

Value:

"A" Add
 "C" Change

• **Primary Key:**

Reporting Unit ID (*Contractor or RSN*)
 Consumer ID

• **Body:**

Surname
 Given Names
 Gender
 Date of Birth
 Race
 Ethnicity
 Hispanic Origin
 Preferred Language
 Social Security Number
 Sexual Orientation

Edits:

Message Number	Message
23096	Soft Error: Consumer ID for RSN ID has been voided. Add/Change not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23024	Error: Surname is blank or null. Transaction not posted.
23023	Error: Given Name is blank or null. Transaction not posted.
22121	Warning: Date of Birth is blank or null.
22120	Warning: Date of Birth is not valid. should be 8 digits in format CCYYMMDD.
30040	Error: Date of Birth can not be beyond current date. Transaction not posted.
22130	Warning: Gender is invalid, set to 3 - Unknown.
22131	Warning: Gender is blank or null, set to 3 - Unknown.
23026	Error: Ethnicity Code is null or blank. Transaction not posted.
23025	Error: Ethnicity Code is not valid. Transaction not posted.
24725	Warning: Ethnicity Code submitted is no longer in use. Please correct and submit again.
23028	Error: Hispanic Origin code is null or blank. Transaction not posted.
23027	Error: Hispanic Origin code is not valid. Transaction not posted.
23032	Error: Language code is null or blank. Transaction not posted.
23029	Error: Language code is not valid. Transaction not posted.
22000	Warning: Social Security Number is blank.
22001	Warning: Social Security Number is not valid. Set to blank.
23036	Error: Sexual Orientation Code is blank. Transaction not posted.
23035	Error: Sexual Orientation Code is invalid. Transaction not posted.

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Status: Production	Version: 1.02	ID: 10012
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Transaction: Consumer Periodics

Effective Date: 1/1/2002

Definition:

Consumer periodics are collected at intake, and reported at least every 3 months, or on change. Please note that a warning message will be posted for outpatient service transactions where there does not exist a Consumer Periodics within the last 3 months of service.

Transaction ID:

Value "035.05"

Action Code:

Value

- "A" Add
- "C" Change
- "D" Delete

Primary Key:

- Reporting Unit ID (*Contractor or RSN*)
- Consumer ID
- Month of Periodic (*CCYYMM*) (*Please note that the day is not included*)

Body:

- Employment Status
- Education
- Grade Level
- Living Situation
- County of Residence
- Priority Code
- Diagnosis - Four occurrences
 - Axis I - Primary Diagnosis ICD9 (*to 5th digit, if applicable*)
 - Note: (*See HIPAA Transaction 837 pg 265 - Primary ICD9 Diagnosis is required on all claims/encounters except claims for which there are no diagnoses - e.g., taxi claims*)
 - Axis I - Secondary Diagnosis ICD9
 - Axis II - Primary Diagnosis ICD9 (*to 5th digit, if applicable*)
 - Axis II - Secondary Diagnosis ICD9
- Impairment Kind
- Annual Gross Income
- Number of Dependents
- GAF - (*Global Assessment of Functioning*)
- CGAS - (*Children Global Assessment Scale*)
- DC03 - (*Assessment for Children 5 years of age or younger*)

Edits:

Message Number	Message
23092	Error: Contractor ID provided not valid. Transaction not posted
23305	Error: Consumer Demographic transaction not found for Contractor ID. CID. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
30031	Error: CID has been merged or deleted. Transaction not posted.
30014	Error: GAF, CGAS and/or DC03 contains invalid values. Transaction not posted.
30018	Error: Non Numeric Gross Income. (Money field and Nulls are allowed) Transaction not posted.
30019	Error: Non Numeric Number of Dependents. Transaction not posted.
22192	Warning: Impairment Kind codes field is blank or null. Set to Z (None).
30020	Error: One or more Impairment Kind code is invalid. Transaction not posted.
30021	Warning: Priority Code is blank or null. Set to 'O'.

30022	Error: Invalid Priority Code. Transaction not posted.
30023	Warning: Living Situation blank or null. Set to '99' = Unknown.
30024	Error: Invalid Living Situation Code. Transaction not posted.
30025	Warning: Grade is blank or null. Set to '99' = Unknown.
30026	Error: Invalid Grade. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
30028	Error: Invalid Education code. Transaction not posted.
30029	Warning: Employment is blank or null. Set to '9' = Unknown.
30030	Error: Invalid Employment code. Transaction not posted.
30034	Error: Must have at least one assessment: GAF, CGAS, or DC03. Transaction not posted

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Status: Production	Version: 1.01	ID: 10005
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Transaction: Consumer's Case Manager

Effective Date: 1/1/2000

Definition:

Each consumer identified by a Regional Support Network (RSN) may be assigned to a "Case Manager" for use within the Case Manager Locator System (CMLS). This transaction associates the "Case Manager" with the "Consumer Demographic" transaction. Each consumer identified by a "Consumer Demographic" record may reference one and only one "Case Manager" record; however, each "Case Manager" record may be referenced by many "Consumer Demographic" records.

Note: If a consumer has on file, with MHD/CIS, any outpatient services within the past 12 months, then the demographic information will be made available through CMLS. If no Case Manager has been assigned to that consumer by this transaction, then CMLS will try to locate the default Case Manager for the agency that provided the most recent outpatient service. In the event there is no default Case Manager record documented for that agency, then CMLS will use the default Case Manager for the RSN.

• **Transaction ID:**

Value: "011.01"

• **Action Code:**

Value:

- "A" Add
- "C" Change
- "D" Delete

• **Primary Key:**

Reporting Unit ID (*Contractor ID or RSN ID*)
Consumer ID

• **Body:**

Case Manager ID (*Unique ID assigned by the RSN or Agency - must first be recorded with Case Manager transaction*)
Reporting Unit ID (*Agency providing Case Management*)

Edits:

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23314	Error: Case Manager transaction not found for CaseMgrID and CaseMgrRUID. Transaction not
23011	Error: No Consumer Case Manager data found for RUID %s. CID %s. Delete not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.

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Status: Production	Version: 1.02	ID: 10009
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Transaction: ET Inpatient Service

Effective Date: 1/1/2002

Definition:

This transaction identifies a consumer's stay in a Evaluation and Treatment Facility.

Transaction ID:

Value: "070.04"

Action Code:

Value:

- "A" Add
- "C" Change
- "D" Delete

Primary Key:

- Reporting Unit ID (*RSN ID or Contractor ID*)
- Consumer ID
- Reporting Unit ID (*Freestanding Evaluation and Treatment Center*)
- Admission Date

Body:

- Discharge Date
- Legal Status
- Diagnoses (*Primary ICD 9 - Axis I*)
- Diagnoses (*Secondary ICD 9 - Axis I*)
- Diagnoses (*Primary ICD 9 - Axis II*)
- Diagnoses (*Secondary ICD 9 - Axis II*)

Edits:

Message Number	Message
23109	Error: Admission Date is prior to Jan 1, 1997. Transaction not posted.
23072	Error: Contractor not permitted to alter transaction for this RUID, CID.
23071	Soft Error: No Inpatient Service data found for transaction.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23053	Error: Reporting Unit is not valid for Community Hospital or E&T. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.

23056	Error: Admission or Discharge date is beyond current date. Transaction not posted.
30006	Soft Error: Date(s) are more than 6 months old.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23048	Error: Discharge Date is equal or greater than Admission Date. Transaction not posted.
23156	Error: Invalid Legal Status codes. Transaction not posted.
23088	Error: CID is voided. Transaction not posted.
23152	Error: Diagnosis null or blank. Transaction not posted.
30007	Error: A valid Diagnosis is required.

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Status: Production	Version: 1.01	ID: 10001
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Transaction: Header

Proposed Effective Date: 1/1/2000

Definition:

This transaction is an identifier and is the first record that goes in a batch file. The Header tells what number the batch is, the originator, and the date sent.

• **Transaction ID:**

Value: "000.01"

• **Body:**

Batch Date
Submitting Reporting Unit ID
Batch Number

Note: This transaction is required as the first record of each batch and all batches are processed in Batch Number order.

Edits:

Message Number	Message
23300	SAID %s is not a valid reporting unit ID.
23301	Batch number %s does not exist for SAID %s.

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Status: Production	Version: 1	ID: 10017
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Transaction: ITA Hearing

Effective Date: 1/1/2000

Definition: This transaction documents each hearing under the Involuntary Treatment Act filed in a specific county. This excludes filings at a State Hospital. If multiple hearings are held for the same person on the same day, record the decision of the court for the most recent hearing. If no decision is made at a hearing and the case is continued to another day, do not record the result of that hearing. Record only those hearings where a court makes a decision such as to detain, revoke, conditionally release, or dismiss.

• **Transaction ID:**

Value "162.02"

• **Action Code:**

Value

"A" Add
 "C" Change
 "D" Delete

• **Primary Key:**

Reporting Unit ID (*Contractor or RSN*)
 Consumer ID
 Hearing Date

• **Body:**

Hearing Outcome
 Reporting Unit ID (*Community/State Hospital or Evaluation and Treatment Center number where the consumer was ordered to inpatient; otherwise leave blank or null*)
 Hearing County

Edits:

Message Number	Message
23098	Soft Error: Record does not exist. Delete rejected.
30005	Error: Invalid RUID for Eval and Treatment Ctr or Hospital. Transaction not processed.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23003	Error: Reporting Unit ID %s unknown. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
30003	Error: Hearing Outcome Code is invalid. Transaction not processed.
30004	Error: Invalid Hearing County Code. Transaction not processed.

References:

REVOCATION - *Outpatient Treatment or Care - Conditional Release - Procedures for Revocation* - As provided in RCW 71.05.340(3) - " If the hospital or facility designated to provide outpatient care, the designated county mental health professional or the secretary determines that a conditionally released person is failing to adhere to the terms and conditions of his or her release, or that substantial deterioration in the person's functioning has occurred, then, upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated county mental health professional or the secretary may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment until such time, not exceeding five days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released. "

PETITION - *Petition for Initial Detention* - As provided in RCW 71.05.160 - " Any facility receiving a person pursuant to RCW 71.05.150 shall require a petition for initial detention stating the circumstances under which the person's condition was made known and stating that such officer or person has evidence, as a result of his personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm to himself or others, or that he is gravely disabled, and stating the specific facts known to him as a result of his personal observation or investigation, upon which he bases the belief that such person should be detained for the purposes and under the authority of this chapter. "

Petition for Involuntary Treatment or Alternative Treatment - As provided in RCW 71.05.240 - " If a petition is filed for fourteen day involuntary treatment or ninety days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two hours of the initial detention of such person as determined in RCW 71.05.180, as now or hereafter amended. "

Petition for Additional Confinement - As provided in RCW 71.05.290 - " At any time during a person's fourteen day intensive treatment period, the professional person in charge of a treatment facility or his professional designee or the designated county mental health professional may petition the superior court for an order requiring such person to undergo an additional period of treatment."

Petition for Release - As provided in RCW 71.05.480 - " Nothing contained in this chapter shall prohibit the patient from petitioning by writ of habeas corpus for release."

DETENTION - Detention of Mentally Disordered Persons for Evaluation and Treatment - As provided in RCW 71.05.150 - " When a mental health professional designated by the county receives information alleging that a person, as a result of a mental disorder, presents a likelihood of serious harm to others or himself, or is gravely disabled, such mental health professional, after investigation and evaluation of the specific facts alleged, and of the reliability and credibility of the person or persons, if any, providing information to initiate detention, may, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. "

Detention Period for Evaluation and Treatment - As provided in RCW 71.05.180 - " If the evaluation and treatment facility admits the person, it may detain him for evaluation and treatment for a period not to exceed seventy-two hours from the time of acceptance as set forth in RCW 71.05.170. The computation of such seventy-two hour period shall exclude Saturday, Sundays, and holidays. "

COMMITMENT ORDER - Definitions - As provided in RCW 71.05.020(5) - " 'Judicial Commitment' means a commitment by a court pursuant to the provisions of this chapter. " (i.e., dangerous to self, others, or gravely disabled).

INVESTIGATION - (The only reference to " investigation" in RCW 71.05 is found in RCW71.05.150 - see ***Detention*** above).

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Status: Production	Version: 1.2	ID: 10013
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Transaction: Outpatient Service

Effective Date: 1/1/2002

Definition:

This transaction documents outpatient services for a specific consumer . Up to 1440 minutes may be reported for a single service such as residential. A consumer may have more than 1440 minutes per day if more than one service is given in one day and they are reported under a separate Outpatient Transaction. MHD will include residential services in the MHD-CIS but will break them out as a separate reporting category. Respite services should be treated as outpatient services.

Note: The way MHD receives information on residential services is through the RSN reporting system which is why they are reported by the Outpatient Service Transaction.

The intent is to align this transaction with the HIPAA requirements so that transition to HIPAA requirements may be less painful in 2002.

Note: This transaction replaces Transaction ID 120.02 Service Detail.

Transaction ID:

Value: "120.03"

Action Code:

Value:

"A" = Add
 "C" = Change
 "D" = Delete

Primary Key:

Reporting Unit ID

(RSN/PHP ID) Compliant with HIPAA until Fed Ids are available.

Reporting Unit ID

(Subcontractor or agency who provided service) Compliant with HIPAA until Fed Ids are available.

Claim Submit Identifier

(See HIPAA Transaction 837 pg 171)

This identifier is used to identify a specific contact and claim made by a subcontractor to a Regional Support Network. It is determined by either the RSN or contractor at time of claim submittal. It is the responsibility of the RSN to maintain accurate records to track any claim submitted back to their electronic documents and paper medical records kept on the consumer identified within this transaction.

Body:

Consumer ID

(Compliant with HIPAA until universal IDs are available.)

The RSN is responsible for uniquely identifying a consumer by the RSN Consumer ID.

Service Date

(CCYYMMDD) HIPAA Compliant

Health Care Service Location

Required by HIPAA (See HIPAA transaction 837 pgs 173;404 - situational)

CPT Code

Minutes of Service

(See HIPAA Transaction 837 pg 403 - required)

EPSDT Indicator

(See HIPAA Transaction 837 pg 406.)

Person Identification Code (Hint PIC - Enter only if known.)

(PIC code used to authorize service. This code is optional and is used by MHD to link Eligibility Records to this service event. It is used to determine Title XIX eligibility and to determine the Program, Match and Medical code on file at time of service.)

Edits:

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23089	Error: RUID not in Contractor service area. Transaction not posted.
24728	Warning: Cannot delete outpatient service record because it was not found.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
24730	Error: Service Date is invalid or post dated.
23077	Error: Health Care Service Location code is blank or null. Transaction not posted.
23076	Error: Health Care Service Location code is not valid. Transaction not posted.
24732	Error: CPT Code cannot be blank or null.
24733	Error: Invalid CPT Code.
24729	Warning: Service Record is more than six months old. May not be counted in RSN totals.
30017	Warning: EPSDT contains invalid value. Set to 'N'.
30002	Error: Minutes of Service contains unusual value (must be between 1 and 1440). Transaction not
30036	Warning: Missing Consumer Periodic report within last 3 months.

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**2002 Data dictionary Changes
Data Element Summary**

Data Element	Type of Change			Summary of Change
	Sharpen Focus	Discard Element	Add Element	
Admission Date	X			Minor changes. Updated the "Where used" information.
Amount Paid by Medicare			X	Provides support to fiscal when the RSN directly pays for community hospitalization.
Annual Gross Income			X	New requirement based on input from Performance Indicator Workgroup.
Authorization Number	X			Minor changes. Updated the "Where used" information.
CGAS			X	New requirement based on input from Performance Indicator Workgroup.
Claim Submit Identifier			X	New requirement based on interpretation of HIPAA definitions.
Consumer ID	X			Minor changes. Updated the "Where used" information.
County of Residence	X			Moved from the Consumer Demographic transaction to the Consumer Periodics transaction as requested by the Performance Indicator Workgroup.
CPT Code			X	New requirement based on interpretation of HIPAA definitions.
Date Paid			X	New requirement for inpatient billing information when the RSN pays the community hospital directly.
DC03			X	New requirement based on input from Performance Indicator Workgroup.
Diagnosis	X			Modified definition based on interpretation of HIPAA definitions and Performance Indicator Workgroup.
Discharge Date	X			Minor modifications. Updated the "Where used" information.
Discharge Disposition			X	New requirement based on input from Performance Indicator Workgroup.
DRG Code			X	Provides support to fiscal when the RSN directly pays for community hospitalization.
Education	X			Modified definition based on input from the Performance Indicator Workgroup.
Employment Status	X			Modified definition based on input from the Performance Indicator Workgroup.

EPSDT Indicator			X	New requirement based on input from Performance Indicator Workgroup.
Ethnicity	X			Aligned the coding structure to meet minimum State and Federal requirements. Not a HIPAA requirement. For HIPAA, see Race.
GAF			X	New definition based on input from the Performance Indicator Workgroup.
Grade Level			X	New definition based on input from the Performance Indicator Workgroup.
Health Care Service Location			X	New definition based on interpretation of HIPAA definitions and Performance Indicator Workgroup.
Impairment Kind	X			Modified codes and definitions and moved from Consumer Demographic transaction to the Consumer Periodics transaction.
Legal Status	X			Minimum change. Modified the "Where used" information.
Living Situation			X	New definition based on input from the Performance Indicator Workgroup.
Month of Periodic			X	New definition to support the Consumer Periodics transaction.
Month of Service			X	New definition to support the Clear Month of Service transaction.
Number of Dependents			X	New requirement based on input from Performance Indicator Workgroup.
Person Identifier Code			X	Reintroduced from earlier published data dictionaries. Used to support the Community Hospital payment summary.
Preferred Language	X			Minor Modifications. No code changes.
Priority Code	X			Major modification to definitions and way it is used per the Performance Indicator Workgroup.
Provider Number			X	Used to identify the community hospital who provided an inpatient service billed and directly paid for by the RSN.
Race			X	New data element to support HIPAA requirements.
Reimbursement Amount			X	New requirement for inpatient billing information when the RSN pays the community hospital directly.
Reporting Unit ID	X			Minor modifications. Updated the "Where used" information.
RSN at Discharge			X	New requirement based on input from Performance Indicator Workgroup.
Total Claim Charge			X	New requirement for inpatient billing information when the RSN pays the community hospital directly.
Total Recipient Payment			X	New requirement for inpatient billing information when the RSN pays the community hospital directly.
Total Third Party Payment Amount			X	New requirement for inpatient billing information when the RSN pays the community hospital directly.

Transaction ID	X			Modified the "Where used" information.
Type of Service Transaction			X	New element to support the Clear Month of Service transaction.
EPSDT			X	New element to describe outpatient services related to EPSDT. Supported by HIPAA.
Acute Indicator		X		See Priority Code
Case Status Month		X		Replaced by Month of Periodic
Discharge Diagnoses		X		Replaced by Diagnoses definition.
Face to Face Indicator		X		Not supported by HIPAA
Homeless Indicator		X		See Residential Arrangement
Outpatient Service Type		X		Not supported by HIPAA
Service Location		X		Not supported by HIPAA
Title XIX Indicator		X		MHD will determine based on look-up in eligibility table.

Module: MHD CIS Data Dictionary

Date last update: Aug 28 2001

Object: Data Definitions

Sub Object	Status	Version	ID
Action Code	Production	1.01	101001
Admission Date	Production	1.02	101039
Amount Paid by Medicare	Production	1	200118
Annual Gross Income	Production	1	200123
Authorization Number	Production	1.02	101083
Batch Date	Production	1.01	101003
Batch Number	Production	1.01	101004
Case Manager Comment	Production	1.01	101005
Case Manager ID	Production	1.01	101006
Case Manager Password	Production	1.01	101007
Case Manager Phone	Production	1.01	101008
Case Manager Reporting Unit ID	Production	1.01	101041
CGAS	Production	1	200143
Claim Submit Identifier	Production	1	200140
Consumer ID	Production	1.02	101010
County Code	Production	1.01	101011
County of Residence	Production	1.02	200130
CPT Code	Production	1	200142
Date of Birth	Production	1.01	101014
Date Paid	Production	1	200110
DC03	Production	1	200147
Diagnosis	Production	1	200131
Discharge Date	Production	1.02	101050
Discharge Disposition	Production	1	200148
DRG Code	Production	1	200143
Education	Production	1.02	101051
Employment Status	Production	1.02	101053
EPSDT Indicator	Production	1	200146
Ethnicity	Production	1.02	101017
GAF Score	Production	1	200135
Gender	Production	1.01	101019
Given Names	Production	1.01	101020
Grade Level	Production	1	200128
Health Care Service Location	Production	1	200126
Hearing County	Production	1	101077
Hearing Date	Production	1	101076
Hearing Outcome	Production	1	101078
Hispanic Origin	Production	1.01	101021
Impairment Kind	Production	1.02	101022

Investigation County	Production	1.01	101058
Investigation Date	Production	1.01	101059
Investigation Outcome	Production	1.01	101060
Investigation Start Time	Production	1.01	101061
Legal Reasons for Detention/Commitment	Production	1	101088
Legal Status	Production	1.02	101062
Living Situation	Production	1	200129
Minutes of Service	Production	1.01	101063
Month of Periodic	Production	1	200141
Month of Service	Production	1	200138
Number of Dependents	Production	1	200124
Person Identifier Code	Production	1.01	101018
Preferred Language	Production	1.02	101024
Priority Code	Production	1.02	101026
Provider Number	Production	1	200109
Race	Production	1	200144
Reimbursement Amount	Production	1	200116
Reporting Unit ID	Production	1.02	101027
Return to Inpatient/Revocation Authority	Production	1	101087
RSN at Discharge	Production	1	200149
Service Date	Production	1.01	101067
Sexual Orientation	Production	1.01	101068
Social Security Number	Production	1.01	101033
Surname	Production	1.01	101071
Total Claim Charge	Production	1	200113
Total Recipient Payment	Production	1	200115
Total Third Party Payment Amount	Production	1	200114
Transaction ID	Production	1.02	101073
Type of Service Transaction	Production	1	200139

Status: Production	Version: 1.01	ID: 101001
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DD: Action Code

Effective Date: 1/1/2000

Definition:

Most batch transactions sent to the Regional Support Network/Consumer Information System contain a code which indicates that a given action takes place. Actions allowed on a given transaction are defined below.

Note:

The Action Code is used in most transactions. The exceptions are listed below. These exceptions should not have a "Tab" inserted in the transaction to delineate the location of an Action Code.

1. Cascade Merge
2. Cascade Delete (Full/Partial)
3. Header

Maximum character length: 1

Code	Definition
A	Add a Record. If the record already exists as defined by the transaction's primary key, then replace the existing information with the new information contained in the body.
C	Change a Record. If the record does not already exist based on the transaction's primary key, then add a new record to the file.
D	Delete. If the record as identified by the transaction's primary key does not exist, then inform the Contractor that the MHD/CIS has no record to delete.

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Status: Production	Version: 1.02	ID: 101039
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DD: Admission Date

Effective Date: 1/1/2002

Definition:

Date a person was admitted to a facility.

Maximum character length: 8

Format: CCYYMMDD

Where used:

ET Inpatient Service
Community Hospital Authorization
Community Hospital Payment Summary

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Status: Production	Version: 1	ID: 200118
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DD: Amount Paid by Medicare

Effective Date: 1/1/2002

Definition:

The portion of the Total Claim Charge that was paid by Medicare.

Format: This is a money field allowing \$, commas and a period.

Where used:

Community Hospital Payment Summary

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Status: Production	Version: 1	ID: 200123
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DD: Annual Gross Income

Effective Date: 1/1/2002

Definition:

Average annual family income. Family defined as members who normally share living environment who share income. Does not include income of group home members, other shelter members or inpatient roommates. Use the information available or best estimation in determining this element. If the person is on SSI, or is eligible for Washington State medical assistance, assume that the person is below the Federal Poverty level. For inpatients this represents the income of family of residence. For foster children report the child's annual income (benefit). This is to be reported annually or if changed. Change represents an amount that would change the designated poverty level of the consumer or change to the sliding fee scales used by RSNs.

Format: This is a money field allowing \$. commas and a period. Null values allowed if amount not reported.

Where used:

Consumer Periodics

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Status: Production	Version: 1.02	ID: 101083
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DD: Authorization Number

Effective Date: 1/1/2002

Definition:

A code issued by the RSN to authorize a community hospital stay. The community hospital billings contain a 9 character field which identifies both the RSN issuing the authorization number and the authorization number.

Maximum character length: 9

Note:

The community hospital authorization number is 9 characters in length. The first 2 characters are always "88". The last two characters identify the RSN. The middle 5 characters represent the authorization number issued by the RSN. *These 5 digits should be left zero fill.* If reported using all nine digits, the middle 5 will be extracted.

Where used:

Community Hospital Authorization

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Status: Production	Version: 1.01	ID: 101003
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DD: Batch Date

Effective Date: 1/1/1998

Definition:

Date a batch file of transactions was created by a submitting agency.

Maximum character length: 8

Format: CCYYMMDD

Where used:

Header

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Status: Production	Version: 1.01	ID: 101004
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DD: Batch Number

Effective Date: 1/1/1998

Definition:

A sequential number assigned to the batch file by the submitting agency. When the batch number exceeds 99999 the submitting agency will reset the batch number to 00001.

Maximum character length: 5 Fill with leading zeros.

Where used:

Header

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Status: Production	Version: 1.01	ID: 101005
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DD: Case Manager Comment

Effective Date: 1/1/2000

Definition:

Free-form field for commenting on the phone numbers (e.g. daytime, nighttime, beeper, etc.) or for entering other case manager information.

This information is stored at the State for the purposes of supporting the Case Manager Locator System.

Maximum character length: 255 Variable Length

Note: Problems have been detected with posting long comments. At this time, please keep comments short while this problem is being resolved.

Where used:

Case Manager

[Go to index](#)

Status: Production	Version: 1.01	ID: 101006
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DD: Case Manager ID

Effective Date: 1/1/1998

Definition:

A code established by a Contractor to uniquely identify the case manager or case management team for a given consumer. A case management team may consist of one or more case management staff who share responsibility for the care of a consumer. Case Manager

ID can be established only by the Contractor through the RSN/PHP.

Maximum character length: 10 Variable Length

Where used:

- Case Manager
- Consumer's Case Manager

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Status: Production	Version: 1.01	ID: 101007
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DD: Case Manager Password

Effective Date: 1/1/1998

Definition:

A keyword which identifies that the requester has authority to inquire about a consumer. The password is updated in accordance with the RSN's Policy on Security of Consumer Information. This password is used in the Case Manager Locator System (CMLS) on the MHD-CIS Intranet.

Maximum character length: 30 Variable Length

Where used:

- Case Manager

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Status: Production	Version: 1.01	ID: 101008
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DD: Case Manager Phone

Effective Date: 1/1/1998

Definition:

The phone number where the appointed case manager can be reached. It is important the the area code be included so that someone calling from outside a given RSN's area can reach the appropriate contact point. The recommended format is the full ten (10) digit phone number including the area code then any extension if known. This telephone number will be displayed in the Case Management Locator System exactly as entered.

Maximum character length: Minimum 10 - 20 Variable Length

Where used:

- Case Manager

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Status: Production	Version: 1.01	ID: 101041
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DD: Case Manager Reporting Unit ID**Effective Date:** 1/1/1998**Definition:**

Agency assigned by the Contractor to provide 24 hour crisis line. (See Reporting Unit IDs published on the MHD Intranet for valid IDs for your RSN.)

Maximum character length: 3 left zero fill[Go to index](#)

Status: Production	Version: 1	ID: 200145
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DD:CGAS**Effective Date:** 1/1/2002**Definition:**

Global Assessment Scale for Children 6 to 17 Years of Age. Specified Time Period: 1 month

Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g. 35, 58, 62). Rate actual functioning regardless of treatment or prognosis.

Maximum character length: 3 - (left zero fill)

The examples of behavior provided are only illustrative and are not required for a particular rating.

Code	Definition
91-100	Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc); likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
81-90	Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally "blowups" with siblings, parents, or peers).
71-80	No more than slight impairment in functioning at home, at school, or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
61-70	Some difficulty in a single area, but generally functioning pretty well (e.g. sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
51-60	Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
41-50	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
31-40	Major impairment in functioning in several areas and unable to function in one of these areas, e.g. disturbed at home, at school, with peers or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
21-20	Unable to function in almost all areas, e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
	Needs considerable supervision to prevent hurting others or self (e.g. frequently violent, repeated suicide attempts) or to maintain

11-20	personal hygiene or gross impairment in all forms of communication. e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
01-10	Needs Constant supervision (24-hr care) due to severely aggressive or destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Where used:

Consumer Periodics

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Status: Production	Version: 1	ID: 200140
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DD: Claim Submit Identifier**Effective Date:** 1/1/2002**Definition:**

An identifier when used in combination with the Reporting Unit ID will be unique to a given outpatient/inpatient service transaction as stated in the transaction definition. It must uniquely identify an individual service within the RSN. For outpatient, the agency providing the service may create this unique identifier.

Maximum character length: 38.**Where used:**

Community Hospital Payment Summary
Outpatient Service

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Status: Production	Version: 1.02	ID: 101010
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DD: Consumer ID**Effective Date:** 1/1/2002**Definition:**

The identifier established by a Contractor which uniquely identifies a consumer. Once a Consumer ID has been submitted to the MHD/CIS, it is never deleted. Use this ID on all transactions which require the identification of a consumer.

Maximum character length: 20 Variable Length**Note:** A Consumer ID is established in the MHD/CIS by submitting an Consumer Demographic transaction.**Where used:**

Consumer Demographics
Cascade Delete (Full/Partial)
Cascade Merge
CDMHP Investigation
Community Hospital Authorization
Community Hospital Payment Summary

Consumer Periodics
 Consumer's Case Manager
 ET Inpatient Service
 ITA Hearing
 Outpatient Service

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Status: Production	Version: 1.01	ID: 101011
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DD: County Code

Effective Date: 1/1/1998

Definition:

A code ranging from '01' through '40'. Codes '01' through '39' identify the 39 counties in alphabetical order. Code '40' represents an unknown county.

Maximum character length: 2 Left zero fill.

Codes	Definition	Codes	Definition
01	Adams	21	Lewis
02	Asotin	22	Lincoln
03	Benton	23	Mason
04	Chelan	24	Okanogan
05	Clallam	25	Pacific
06	Clark	26	Pend Oreille
07	Columbia	27	Pierce
08	Cowlitz	28	San Juan
09	Douglas	29	Skagit
10	Ferry	30	Skamania
11	Franklin	31	Snohomish
12	Garfield	32	Spokane
13	Grant	33	Stevens
14	Grays Harbor	34	Thurston
15	Island	35	Wahkiakum
16	Jefferson	36	Walla Walla
17	King	37	Whatcom
18	Kitsap	38	Whitman
19	Kittitas	39	Yakima
20	Klickitat	40	Unknown

Where used:

Consumer Periodics (County of Residence)
 CDMHP Investigations (Investigation County)
 ITA Hearing (Hearing County)

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Status: Production	Version: 1.02	ID: 200130
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DD: County of Residence

Effective Date: 1/1/2002

Definition:

A code indicating the county where a person lives (or unknown). Do not change if the consumer is placed in an institutional setting.

Maximum character length: 2 Left zero fill.

Note:

See County Code for values.

Where used:

Consumer Periodics

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Status: Production	Version: 1	ID: 200142
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DD: CPT Code

Effective Date: 1/1/2002

Definition:

First use one of the Current Procedural Terminology (CPT) codes found in the current CPT (2001 and beyond) manual as published by the American Medical Association. If a relevant CPT code can not be found, refer to one of the NASMHPD temporary codes as listed below. The codes in the table may be used pending assignment (or disapproval) of proposed CPT codes for specific MH procedures:

Code	Description	Definition
00001	Mental Health Assessment	An assessment by a mental health professional of a client's mental status, functional capacity, and service needs. The assessment produces information required for a client diagnosis, but is not limited to diagnosis alone.
00002	MH Preadmission Screening (PASARR- Level 1)	Screening and evaluation of the mental health status and service needs for clients considering admission into nursing facilities, as required under OBRA87.
00003	MH Preadmission Screening (PASARR Level 2)	Screening and evaluation of the mental health status and service needs for clients considering admission into nursing facilities, as required under OBRA87.
00004	MH Preadmission Screening (IP/Residential)	Screening or evaluation of the mental status and service needs of clients for consideration of admission to inpatient hospital psychiatric programs, partial psychiatric hospital programs, or residential treatment. This service is subject to definition within the states and is not the same as PASARR.
00005	MH Service Plan Development	Activities to develop, evaluate, or modify a client's treatment or service plan. This would include the statement of treatment or service goals and the evaluation of progress toward those goals.
00006	MH Medication Administration	The administration of oral prescribed psychotropic medication.
00007	MH Medication Training	Activities to instruct clients, families, and/or significant others in the correct procedures for maintaining a prescription medication regimen.
00008	MH Medication Support	Activities to assist clients in maintaining a prescribed drug regimen.
		This service distinction is essential primarily for correct pricing. Crisis intervention requires different

00009	MH Crisis Intervention	reimbursement considerations from other services because of the variety of sites in which it is provided, the need for travel to these locations, differences in client:staff ratios, and the requirement that staff be on call 24 hours a day, seven days a week.
00010	MH Crisis Residential	Services provided to stabilize clients experiencing a psychiatric emergency with a duration of 24 hours or longer. This service is often offered as an alternative to admission into an inpatient psychiatric setting.
00011	MH Mobile Crisis	Intervention activities of a duration of less than 24 hours to stabilize a client in a psychiatric emergency.
00012	MH Crisis Hotline	Crisis hotline is a telephone service staffed by mental health professionals providing triage, referral and telephone-based support to individuals in crisis. Crisis Hotline services operate 24/7 and often provide the first place of access to a mental health service system.
00013	Partial Hospitalization	Treatment of less than 24 hours per day provided as an alternative to inpatient psychiatric hospitalization. This service does not apply to an inpatient or residential setting.
00014	MH Treatment/Counseling	The provision of counseling or psychotherapy in any its forms. The service may be provided in a range of sites, by a wide range of mental health professionals, and in a variety of formats to clients, groups of clients, and persons related to or associated with clients
00015	MH Day Treatment	Activities designed to assist clients with a reduction of symptoms and the development of functioning capacity in a therapeutic social context offered in intervals of one-half to one day from three to five days per week.
00016	MH Case Management	A range of activities to monitor, facilitate, and, if necessary, intervene to improve access to and the continuity and effectiveness of treatment. This may include service coordination and linking clients with other social and economic resources, including mental health services, medical care, housing, employment, education, and other community services. These activities may be performed without the client present and may be conducted with other persons important to the client's treatment (i.e. collaterals).
00017	MH Case Management - Linkage/Brokerage	Rehabilitative and personal support activities to assist a person with a psychiatric illness in achieving the highest possible level of functioning and symptom management, and which focus on linking the person with and coordinating the provision of needed mental health, medical treatment, housing, educational, vocational, and other community services.
00018	MH Case Management - Community Skill Development	Rehabilitative and personal support activities to assist a person with a psychiatric illness in achieving the highest possible level of functioning and symptom management, and which focus on assisting the person increase the performance of daily living and social skills necessary for living in a community.
00019	MH Case Management - Monitoring/Intervention	Rehabilitative and personal support activities to assist a person with a psychiatric illness in achieving the highest possible level of functioning and symptom management, and which focus on monitoring the person's functioning and psychiatric symptoms and providing appropriate interventions to achieve the highest possible level of functioning and symptom management.
00020	MH Case Management - Svc Planning/Coordination	Rehabilitative and personal support activities to assist a person with a psychiatric illness in achieving the highest possible level of functioning and symptom management, and which focus on the assessment of and planning for mental health and related services.
00021	Community Support	A wide range of activities to assist clients to receive treatment in non-institutional, community-based settings.
00022	Self Help Peer-Run Services	These include a wide range of supports, services, and advocacy provided by peers to peers. These services may include but are not limited to: self-help support groups, telephone support lines, drop-in centers, residential programs, outreach services, education, and advocacy.
00023	Assertive Community Treatment (ACT)	A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care.
00024	Personal Assistance	Rehabilitative and support activities to assist a person with psychiatric illness in carrying out daily living tasks and other activities essential for living in a community.
00025	MH Residential Treatment	Treatment activities provided to clients in a residential setting which is not a private home or an inpatient hospital setting.
00026	MH Residential - In Home	pending
00027	MH Residential - Home Like	pending
00028	MH Residential - Congregate Living	pending

00029	MH Residential - Respite	Overnight services to temporary substitute for primary care givers to maintain clients in outpatient setting.
00030	MH Residential - Foster Care	Provision of a living arrangement in a household other than that of the client's family.
00031	MH Residential - Therapeutic Foster Care	A service which provides treatment for troubled children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturant family home.
00032	MH Residential - Room and Board	The provision of room and board in a non-institutional and non-hospital setting for clients receiving treatment for a mental disorder.
00033	Psychiatric Facility	Psychiatric Health Facility Services are therapeutic and/or rehabilitation services provided in a non-hospital 24-hour inpatient setting, on either a voluntary or involuntary basis. Services are provided to clients experiencing an acute psychiatric episode or crisis, whose physical health needs can be met in an affiliated hospital or in outpatient settings. Must be licensed as a Psychiatric Health Facility. Service activities include assessment, evaluation, therapy, rehabilitation, medication support, and crisis intervention.
00034	Skilled Nursing Facility (SNF) - Psychiatric	pending
00035	MH Supported Housing	Services to assist individuals in finding and maintaining appropriate housing arrangements.
00036	MH Respite - (Non-Residential)	Services to temporary substitute for primary care givers to maintain clients in outpatient settings, provided in a client's home.
00037	Cash Assistance	pending
00038	MH Daily Living/Community Integration Skills	Activities to develop a client's skills for independent living in the community.
00039	Comprehensive MH Services	Activities to assist a client in improving his or her adaptive functioning deficits identified in the treatment or service plan.
00040	MH Psychosocial Rehabilitation Services	Comprehensive mental health rehabilitation services.
00041	MH Rehabilitation Services - Employment Oriented	A range of activities designed to develop and / or restore client's abilities to obtain employment and to maintain functioning in the workplace environment.
00042	MH Rehabilitation Services - Education Oriented	A range of activities designed to develop and / or restore client's abilities to obtain education and to maintain functioning in an educational environment.
00043	Therapeutic Behavioral Services	Therapeutic Behavioral Services are the same as collateral and Mental Health Services, except they consist of one-to-one therapeutic contacts with a mental health provider and a beneficiary for a specified short-term period of time (shadowing), which are designed to maintain a person's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals.
00044	Wrap Around Services	A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process individualized for the child and family to achieve a positive set of outcomes.
00045	MH Supported Employment	Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client:staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.
00046	MH Outgoing Support to Maintain Employment	Rehabilitative employment support and maintenance services for persons with mental illnesses. Assisting in the implementation of a plan for assuring client income maintenance, including the provision of both supportive counseling and problem-focused interventions in whatever setting is required, to enable the client to manage the symptoms of their illness that affect their performance at a work-site. These interventions will fall primarily in the areas of achieving required levels of concentration and task orientation and facilitating the establishment and maintenance of effective communications with employers, supervisors and co-workers These services are designed to assist

		persons with mental illnesses in maintaining their employment through regular rehabilitative supports.
00047	MH Employment Assessment Services	Rehabilitative employment support, evaluation, and identification services.
00048	MH Job Development	Rehabilitative employment support access, development and employment development support services.
00049	MH Supported Employment - Job Integration	Rehabilitative employment support work, introduction and integration services.
00050	Psychoeducational Services	Activities to provide information and education to clients, families, and significant others regarding mental disorders and their treatment.
00051	MH Transportation	Providing transport for a person with psychiatric illness to receive needed MH, medical, social or other services to support treatment compliance and attainment of treatment plan goals.
00052	MH Consultation	Consultation with a mental health professional pertaining to client treatment, service or treatment planning, or the coordination of care.
00053	MH Prevention Services	Activities such as education and screening that reduce the incidence or severity of mental illness by addressing the causes of disorders or improving access to early intervention/treatment and are directed to the general population, to at-risk populations, or to people with early symptoms of a disorder.
00054	MH Family Support Services	Range of activities to provide family support groups, advocacy and respite services, including after school, summer, family recreation and residential camp services, to families in which there is a seriously disturbed child or adolescent.
00055	Integrated MH/Substance Abuse Services	pending
00056	MH Sexual Offender Treatment Services	Services designed to assist sexual offenders in rehabilitation.
00057	Psychiatric Hospital Inpatient	Psychiatric inpatient services provided in a hospital.

Maximum character length: 5.

Where used:

Outpatient Service

The following table is the "roll up" of CPT Codes MHD proposes to use for reporting purposes. The rollups may change as NASMHPD codes are accepted. The table is accurate as of the Date of Publication for the MHD-CIS Data Dictionary.

MHD Roll-up	CPT Codes	NASMHPD Recommended codes
Hospital Inpatient		00033, 00057
Residential		00025,00026, 00027, 00028, 00030, 00032, 00034,
Adult Crisis Residential		00010,
Respite Care		00029, 00036
Therapeutic Foster Home		00031,
Care Coordination (Case Management)	99371, 99737	00016, 00017, 00018, 00019, 00020, 00021, 00024, 00037, 00038, 00039
Service Planning		00005, 00044

Individual	90804, 90806, 90808, 90810, 90812	00014,
	90814, 90845, 90875, 90876, 90880	
	97530, 97532, 97533, 99201-99215,	
	99372, 99401-99404	
Group	90849, 90853, 90857, 99411, 99412	
Family	90847,	00054,
Evaluation and Assessment	90801, 90802, 96100, 96110,	00001, 00002, 00003, 00004
	96115, 96117, 99420	
Medication Management	90805, 90807, 90809, 90811,	00006, 00007, 00008
	90813, 90815, 90862, 90882	
Psychoeducation		00050, 00053
Day Treatment		00015,
Club House/Peer counseling		00022,
Vocational Services	97545, 97537, 97535	00040, 00041, 00042, 00045,
		00046, 00047, 00048, 00049
Crisis Services		00009, 00011, 00012
Collateral Services	90846, 90887, 90889, 99361, 99362	00043, 00052,
Supported Housing		00035,
Assertive Community Treatment		00023,
Integrated Mental Health/Substance Abuse Services		00055,
Mental Health Sexual Offender Treatment Services		00056,

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Status: Production	Version: 1.01	ID: 101014
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DD: Date of Birth

Effective Date: 1/1/1998

Definition:

The date a person was reported born.

Submit the date in the format CCYYMMDD. November 26, 1933 would be submitted on the batch transaction as 19331126.

Maximum character length: 8

Format: CCYYMMDD

Note:

When a birth date is post (or greater than) a service date or the date is invalid, then all statistics related to these types of birth dates are usually attributed to the adult population.

Where used:

Consumer Demographics

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Status: Production	Version: 1	ID: 200110
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DD: Date Paid

Effective Date: 1/1/2002

Definition:

The date the RSN reimbursed the Community Hospital, or the date the claim was most recently adjusted.

Maximum character length: 8

Format: CCYYMMDD

Where used:

Community Hospital Payment Summary

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Status: Production	Version: 1	ID: 200147
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DD: DC03

Effective Date: 1/1/2002

Definition:

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) is a product of eight years of work by ZERO TO THREE'S multidisciplinary Diagnostic Classification Task Force. The task was to develop the first comprehensive guide to assessment, diagnosis and treatment planning for mental health problems in children, from infants to toddlers. (see <http://www.zerotothree.org>)

Zero to 100 scale describes the child's level of functioning. Complements DSM-IV. Original Source: Zero to Three/ National Center for Clinical Infant Programs, 1994 Current Codes available from the Washington Institute for Mental Illness Research & Training (WIMIRT).

Note: MHD will also use the DC03 for 4 and 5 year old children. CGAS is used for 6-17 year olds.

Maximum character length: 3 left zero fill

Where used:

Consumer Periodics

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Status: Production	Version: 1	ID: 200131
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DD: Diagnosis

Effective Date: 1/1/2002

Definition:

The diagnosis, ICD-9CM, for treatment.

In the Consumer Periodics Transaction, the Primary and Secondary diagnosis have both Axis I and II possible. There should be at least one Axis I or Axis II Primary Diagnosis. The Primary Diagnosis for either Axis I or Axis II is coded to the 5th digit if applicable.

Maximum character length: 3 to 6

Note: ICD-9CM may be coded as three digits with no period.

Where used:

Consumer Periodics
Community Hospital Payment Summary
ET Inpatient Service

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Status: Production	Version: 1.02	ID: 101050
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DD: Discharge Date

Effective Date: 1/1/2002

Definition:

Date a person was released from a facility.

Maximum character length: 8

Format: CCYYMMDD

Where used:

ET Inpatient Service
Community Hospital Authorization
Community Hospital Payment Summary

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Status: Production	Version: 1	ID: 200148
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DD: Discharge Disposition

Effective Date: 1/1/2002

Definition:

Indicator of RSN follow up. Yes or No.

If a determination has been made that a RSN will provide followup services for a client after discharge from inpatient services, this data element should be coded "Y". If no RSN involvement is expected i.e. discharge to out of state, it would be coded "N".

Maximum character length: 1

Where used:

Community Hospital Authorization

[Go to index](#)

Status: Production	Version: 1	ID: 200143
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DD: DRG Code

Effective Date: 1/1/2002

Definition:

A patient classification scheme that clusters patients into categories on the basis of patient's illness, diseases, and medical problems. Most hospitals provide DRG Codes. If provided, the DRG should be reported regardless of payment method. The expected ranges are codes "424" through "432" and codes "743" through "751". If not given, use code "000".

Maximum character length: 3 (left zero fill)

SOURCE OF CODES
Federal Register and Health Insurance Manual 15 (HIM 15)
AVAILABLE FROM
Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

Where used:

Community Hospital Payment Summary

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Status: Production	Version: 1.02	ID: 101051
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DD: Education

Effective Date: 1/1/2002

Definition:

Describes if a consumer is in a formal educational program. This includes home schooling.

Maximum character length: 1

Code	Definition
1	Full time education: (1-12 grade: 20+ hours a week; kindergarten and greater than 12th grade: 12+ hours a week)
2	Part time education: (1-12: less than 20 hours a week, K and greater than 12th grade: less than 12 hours a week)
8	Not in educational program
9	Unknown

Where used:

Consumer Periodics

[Go to index](#)

Status: Production	Version: 1.02	ID: 101053
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DD: Employment Status

Effective Date: 1/1/2002

Definition:

Employment status of the consumer during the Consumer Periodic time frame.

Guidelines:

This field is required to be reported as part of Consumer Periodics. This status may be recorded as "Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the time period reported.

Maximum character length: 1

Code	Definition
1	Employment Full-time: (35 hours or more paid employment per week)
3	Employment Part-time: (Less than 35 hours paid employment per week)
4	Supported Employment: (SE programs use a team approach for treatment, with employment specialists carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. Frequently coordinated with Vocational Rehabilitation benefits.
5	Employed sheltered workshops, onsite at SE or other treatment agency offices
6	Volunteer work: (1 or more hours per week volunteer work)
7	Retired
8	Not Employed
9	Unknown/Missing

Where used:

Consumer Periodics

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Status: Production	Version: 1	ID: 200146
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DD: EPSDT Indicator

Effective Date: 1/1/2002

Definition:

A code indicating a Yes or No condition or response. This code is used to flag a service or referral (into or out of an agency) that is related to an EPSDT (*Early and Periodic Screen for Diagnosis and Treatment of children*) screening: a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement. This code is required if Medicaid services are the result of a EPSDT screening referral for children (under 21 years of age).

Maximum character length: 1

Where used:

Outpatient Service

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Status: Production	Version: 1.02	ID: 101017
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DD: Ethnicity

Effective Date: 1/1/2002

Definition:

Taken from the Year 2000 census survey form as published by the Bureau of Census. Select one or more races to indicate what this person considers himself/herself to be.

If a person selects more than one code, enter each one in sequence. For example the selection of both White and Chinese would be coded as 010605. The first three digits (010) represents the first ethnicity, the second three digits (605) are the next ethnicity and so on. If the information is not available or unknown, then code as 999. Do not use code '999' with any other code combinations.

For reporting purposes, multi ethnicity coding will be combined into a single category. This is to prevent counting the same client multiple times.

Maximum character length: Variable Length of 3 or multiple of 3 characters

Codes	Definition
010	White
021	American Indian or Alaska Native
031	Asian Indian
032	Native Hawaiian
033	Other Pacific Islander
034	Other Asian
040	Black, African American, or Negro
050	Some other race
605	Chinese
608	Filipino
611	Japanese

612	Korean
619	Vietnamese
660	Guamanian or Chamorro
655	Samoan
999	Not reported/Unknown

Where used:

Consumer Demographics

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Status: Production	Version: 1	ID: 200135
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DD:GAF Score

Effective Date: 1/1/2002

Definition:

Global Assessment of Functioning.

Maximum character length: 3 - (left zero fill)

Use Axis V codes from DSM-IV.

Where used:

Consumer Periodics

[Go to index](#)

Status: Production	Version: 1.01	ID: 101019
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DD: Gender

Effective Date: 7/1/1998

Definition:

A code indicating either Male or Female. Indicate the gender of male or female.

Maximum character length: 1

Codes	Definition
1	Female
2	Male
3	Unknown

Note:

The value "3" for "Unknown" should be avoided. In statistical reports that look at gender as "Male" and "Female" exclusively, the "Unknown" *may be* included with the "Male" population.

Where used:

Consumer Demographics

[Go to index](#)

Status: Production	Version: 1.01	ID: 101020
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DD: Given Names

Effective Date: 1/1/1998

Definition:

The given/first/informal names of a consumer as provided by a Reporting Unit. (May include Title.)

In general, follow the rules of the appropriate culture when determining which name is the surname and which the given name. Consistency is important here, because the last name and given names are both used as elements to uniquely identify the person across the system.

The given name as recorded on significant documentation can be used to resolve contradictions. Use reasonable judgment to determine the best choice.

Maximum character length: 40 Variable Length

Where used:

Consumer Demographics

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Status: Production	Version: 1	ID: 200128
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DD: Grade Level

Effective Date: 1/1/2002

Definition:

Identifies the highest grade level completed by the consumer.

Maximum character length: 2 - left zero fill

Code	Definition
00	Preschool/kindergarten
01 - 12	List the specific grade completed, (Use 12 for GED)
13	Some College
14	2 year degree (AA, AS)
16	4 year degree (BA, BS)
18	Post-graduate education
99	Unknown

Where used:

Consumer Periodics

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Status: Production	Version: 1	ID: 200126
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DD: Health Care Service Location

Effective Date: 1/1/2002

Definition:

The following is the current code set proposed by HIPAA that MHD is implementing. They do not cover all options that were discussed in the joint PI/ISDEC meetings (*spring/summer 2001*) and there are some workgroup recommendations on use of potentially redundant codes. The recommendations include using codes 53 instead of code 11 and code 19 instead of code 80. Codes 11 and 80 will be merged for reporting purposes if they are entered in the MHD-CIS. Codes 21 and 51 are not expected to be used in an outpatient situation. Code 56 is expected. (*Note: MHD must be able to accept any of the HIPAA proposed Health Care Service Location Codes*).

Maximum character length: 2

Place of Service Code(s)	Place of Service Name	Place of Service Description
11	Office (<i>Mental Health Outpatient Facility</i>)	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, E&T, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
19	School	Location, other than a hospital or other facility, where the patient receives care in a school.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
	Community Mental Health Center (<i>Mental</i>)	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at

53	Health Outpatient Facility)	a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
80	School	Location, other than a hospital or other facility, where the patient receives care in a school.
99	Other Unlisted Facility	Other service facilities not identified above including 'on the street'.

Where used:

Outpatient Services

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Status: Production	Version: 1	ID: 101077
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DD: Hearing County

Effective Date: 1/1/2000

Definition:

The county where a court hearing was held.

Maximum character length: 2

See County Code for code values. County code "40" for "Unknown" will be rejected.

Where Used:

ITA Hearing

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Status: Production	Version: 1	ID: 101076
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DD: Hearing Date

Effective Date: 1/1/2000

Definition:

The date of a court hearing

Maximum character length: 8

Format: (CCYYMMDD)

Where used:

ITA Hearing

[Go to index](#)

Status: Production	Version: 1	ID: 101078
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DD: Hearing Outcome

Effective Date: 1/1/2000

Definition: Code representing the number of days committed as a result of a court order.

Note: No distinction is made between initial commitments/LRA and extensions. If the court orders another time period, round up to nearest time period.

Special Note for Codes 7 and 8: These are court hearing outcomes based on petitions for revocation filed by the CDMHP. The CDMHP can return a person to inpatient status then file a petition for court determination. The court can revoke the LRA (Code 7) which substantiates the CDMHP's action and returns the person to inpatient for the remainder of their time. The court may also may return the person to the community on a less restricted alternative (Code 8) with the same or amended conditions.

Maximum character length: 1

Code	Meaning
0	Dismissed
1	14 Day Commitment
2	90 Day Commitment or extension
3	180 Day Commitment or extension
4	90 Day LRA or LRA extension
5	180 Day LRA or LRA extension
6	Agreed to Voluntary Treatment
7	Revoke LRA
8	Reinstate LRA

Where used:

ITA Hearing

[Go to index](#)

Status: Production	Version: 1.01	ID: 101021
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DD: Hispanic Origin

Effective Date: 1/1/1998

Definition:

A person of Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race. The code is for primary self-reported Hispanic type. Roll-up code "000" may only be used with ITA and Crisis one-time services.

Use the code that describes the person's identification with Hispanic culture, origin or descent, in addition to the race/ethnicity recorded under Race/Ethnicity. If the RSN/PHP has conflicting views from their providers, the RSN/PHP will submit the most recent reported.

Every person should have an entry for both Ethnicity and Hispanic Origin codes.

Maximum character length:

Codes	Definition
000	General Hispanic
709	Cuban
722	Mexican/Mexican-American/Chicano
727	Puerto Rican
799	Other Spanish/Hispanic
998	Not Spanish/Hispanic
999	Unknown

Where used:

Consumer Demographics

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Status: Production	Version: 1.02	ID: 101022
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DD: Impairment Kind

Effective Date: 1/1/2002

Definition:

The set of codes which identifies an individual's disability, in addition to the mental disorder for which they are being treated. The disability should have a major impact on the person and their ability to function. Multiple categories can be selected to describe the individual's impairment(s). Enter up to three applicable disability codes.

Maximum character length: 3 - Use up to 3 codes listed below (Variable Length).

THE DISABILITY SHOULD HAVE A MAJOR IMPACT ON THE PERSON AND THEIR ABILITY TO FUNCTION IN THE COMMUNITY AND TO PROCURE FOOD, CLOTHING, AND A SAFE PLACE TO LIVE.

Codes	Definition
A	Development or intelligence; i.e., mental retardation or developmental disorder, organic brain syndrome
C	Physical (unable to walk without assistance, unable to care for self, chronic illness)

D	Alcohol or drug dependence; i.e., dependence on alcohol or drugs which negatively affects the individual's ability to maintain a stable living arrangement, unable to remain in competitive employment, unable to provide adequate care for dependents, legal problems related to substance abuse.
E	Vision Impairments (does not include wearing glasses)
F	Hearing Impairments
G	Other communication difficulties (speech and language, language comprehension. Does not include non-native speakers)
X	Other - Medical or physical disabilities not listed above.
Y	Unknown
Z	None

Where used:

Consumer Periodics

[Go to index](#)

Status: Production	Version: 1.01	ID: 101058
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DD: Investigation County

Effective Date: 1/1/2000

Definition:

A code to indicate the county in which a person was investigated under the Involuntary Treatment Act.

Maximum character length: 2 Left zero fill.

See County Code for values.

Where used:

CDMHP Investigation

[Go to index](#)

Status: Production	Version: 1.01	ID: 101059
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DD: Investigation Date

Effective Date: 1/1/2000

Definition:

Date of an investigation under the Involuntary Treatment Act.

Maximum character length: 8

Format: CCYYMMDD

Where used:

CDMHP Investigation

[Go to index](#)

Status: Production	Version: 1.01	ID: 101060
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DD: Investigation Outcome

Effective Date: 1/1/2000

Definition:

A code indicating the outcome to a person investigated.

Maximum character length: 1

Code	Definition
1	Detention (72 hours as identified under the Involuntary Treatment Act. RCW 71.05)
2	Referred to voluntary Outpatient mental health services.
3	Referred to voluntary Inpatient mental health services.
4	Returned to Inpatient facility/filed revocation petition.
5	Filed petition recommending LRA
6	Referred to non-mental health community resources.
9	Other

Note: Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily. In this case, document this as code "2" or "3" for referral to a facility for either voluntary inpatient or outpatient mental health services.

Where used:

CDMHP Investigation

[Go to index](#)

Status: Production	Version: 1.01	ID: 101061
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DD: Investigation Start Time

Effective Date: 1/1/2000

Definition:

Time of day an investigation was started.

Maximum character length: 4

Format: HHMM

Note: This field is used to separate multiple investigations for the same person on the same day. It may be left blank if there is only one investigation, or the Contractor may specify any value up to 4 characters in length to uniquely identify multiple investigations on the same day. It is recommended that a time value be submitted using a 24-hour clock. If multiple investigations are reported for the same person on the same day and no start time is stated, then the new investigation will overwrite any old investigation without a start time.

Where used:

CDMHP Investigation

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Status: Production	Version: 1	ID: 101088
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DD: Legal Reasons for Detention/Commitment

Effective Date: 1/1/2000

Definition:

Identifies the basic reason for detaining a person for 72 hours or committing a person to inpatient treatment or a less restrictive alternative (LRA) under the Involuntary Treatment Act, RCW 71.05 for adults and RCW 71.34 for children 13 and over (Children under 13 may not be detained through the ITA process). If more than one reason applies, select all that apply.

Note: Up to 4 codes may be recorded if a detention took place.

Maximum character length: 4

Code	Meaning
A	Dangerous to self
B	Dangerous to others
C	Gravely disabled
D	Dangerous to property
Z	NA-person was not involuntarily detained under ITA

Where used:

CDMHP Investigation

Go to index

Status: Production	Version: 1.02	ID: 101062
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DD: Legal Status

Effective Date: 1/1/2002

Definition:

A code indicating the legal status of a person upon entering a facility. If a person changes the legal status during the admission, use only the status at time of admission.

Maximum character length: 1

Format	Definition
V	Voluntary
I	Involuntary (Committed via ITA or courts)

Where used:

ET Inpatient Service
Community Hospital Payment Summary

[Go to index](#)

Status: Production	Version: 1	ID: 200129
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DD: Living Situation

Effective Date: 1/1/2002

Definition:

Identifies the environment in which the client lives. Although reported on a 90 day cycle, the living situation for the last 30 days (where the consumer was the majority of the time) is the information to be reported.

Maximum character length: 2

Code	Definition
10	<p>Private Residence without support:</p> <p>Individual lives in a house, apartment, trailer, boat, hotel, dorm, barrack, Single Room Occupancy (SRO) and does not require routine or planned support to maintain his/her independence in the living situation. Includes children living with parents.</p>
20	<p>Private Residence receiving support:</p> <p>Individual lives in a house, apartment, trailer, boat, hotel, dorm, barrack, Single Room Occupancy (SRO) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home.</p>
30	<p>Foster Home:</p> <p>Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County Department to provide foster care to children and adolescents. This includes Therapeutic Foster Care Facilities and adults in AFH.</p>
40	<p>24-Hour Residential Care:</p> <p>Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis. Includes aggregate care and CCF facilities. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Crisis Residential, Residential Treatment, or Rehabilitation Center, or Residential Care/Treatment Facility and chemical dependency residential programs.</p>
50	<p>Institutional Setting:</p> <p>Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Institute of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, DD Facility, or State Hospital.</p>
60	<p>Jail/Juvenile Correction Facility:</p> <p>Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.</p>
	<p>Homeless/Shelter:</p> <p>A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists.</p>

70	<p>A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:</p> <p>A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations.</p> <p>B) an institution that provides a temporary residence for individuals intended to be institutionalized, or</p> <p>C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).</p>
80	Other
99	Unknown: Information on an individual's residence is not available.

Where used:

Consumer Periodics

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Status: Production	Version: 1.01	ID: 101063
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DD: Minutes of Service

Effective Date: 1/1/1998

Definition:

The number of minutes a specific service was provided..

Maximum character length: 4 Variable Length

Where used:

Outpatient Service

[Go to index](#)

Status: Production	Version: 1	ID: 200141
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DD: Month of Periodic

Effective Date: 1/1/2002

Definition:

The year and month of the periodic information as reported by the clinician. Format: CCYYMM

Maximum character length: 6.

Where used:

Consumer Periodics

[Go to index](#)

Status: Production	Version: 1	ID: 200138
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DD: Month of Service

Effective Date: 1/1/2002

Definition:

The year and month of service. Format: CCYYMM

Maximum character length: 6.

Where used:

Clear Month of Service

[Go to index](#)

Status: Production	Version: 1	ID: 200124
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DD: Number of Dependents

Effective Date: 1/1/2002

Definition:

List number of individuals, in addition to the consumer, who rely on the annual family income. Family defined as members who normally share residence and who share income. Does not include group home members, other shelter members or inpatient roommates. For inpatients this represents the number of dependents in the family of residence. For foster children report dependent of 1.

Maximum character length: 2

Where used:

Consumer Periodics

[Go to index](#)

Status: Production	Version: 1.01	ID: 101018
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DD: Person Identifier Code

Active Date: 1/1/2002

Definition:

A Personal Identifier Code (PIC) used by Division of Income Assistance to identify consumers eligible for state funded financial assistance as determined by the Division of Income Assistance. Also used by the Medical Assistance Administration to identify consumers eligible for Medical Assistance. There are two formats for this code. They are LLLLLHYMMDDT (First five characters of Last Name, First Initial, Middle Initial, Year, Month, Day of birth, Tie Breaker) or IIMDDYYLLLLLT (First Initial, Middle Initial, Month, Day, Year of Birth, First five characters of Last Name, Tie Breaker). Enter the PIC exactly as it is shown on the Medical ID Card.

Maximum character length: 14

Format: LLLLLHYMMDDT or IIMDDYYLLLLLT

The following are General Guidelines on how the PIC is formatted:

1. If the last name has five characters or more, enter the first five;
2. If the last name is hyphenated, enter the hyphen **IF** the hyphen comes before the first five characters or is the fifth character;
3. If the last name has less than five characters, space fill to make up five characters.
4. If there is no middle initial, enter as a hyphen (-).
5. If there is an apostrophe (') in the name, enter the apostrophe **IF** it is included on the Medical ID Card.

Examples: For purposes of these examples, "T" is being used as the tie breaker character. The tie breaker character is a variable character assigned by the caseworker. Note that all the examples use the second format listed above, but the same principles apply to either format.

John E. Wellington, born November 8, 1963 is entered as JE110863WELLIT.

Jane A. Doe, (only three characters in LAST NAME), born October 23, 1940 is entered as JA102340DOE__T. The two underscore marks represent blank spaces. **Do NOT put in the underscore marks; these should be BLANK SPACES.**

Stephen Doe (only three characters in last name; no middle initial), born January 1, 1955, is entered as S-010155DOE__T. **Note that if there is no middle initial, it should be entered as a hyphen (-)**

Jerry A. Doe-Johnson (three characters before the hyphenated last name), born July 1, 1945, is entered as JA070145DOE-JT.

Judith Doe-Johnson (no middle initial, three characters before the hyphenated last name), born August 31, 1948, is entered as J-083148DOE-JT.

James E. Johnson-Doe, (more than five characters before the hyphenated last name) born April 3, 1967, is entered as JE040367JOHNST.

Jacob F. O'Brien (apostrophe showing on the Medical ID Card), born November 5, 1980, is entered as JF110580O'BRIT.

Jacob F. O'Brien (NO apostrophe showing on the Medical ID Card), born November 5, 1980, is entered as JF110580OBRIET.

Note: The PIC can change at any time.

Where used:

Community Hospital Payment Summary
Outpatient Services

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Status: Production	Version: 1.02	ID: 101024
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DD: Preferred Language

Effective Date: 1/1/2002

Definition:

This code identifies the language in which a person prefers to receive services.

Maximum character length: 2 Left zero fill.

Codes	Definition	Codes	Definition
00	Language Unknown	17	Hungarian
01	Japanese	18	Russian
02	Korean	19	Romanian
03	Spanish	20	Polish
04	Vietnamese	21	Greek

05	Laotian	22	Tigrigna
06	Cambodian	23	Amharic
07	Mandarin	24	Finnish
08	Hmong	25	Farsi
09	Samoan	26	Czech
10	Ilocano	27	Mien
11	Tagalog	28	Yakama
12	French	29	Salish
13	English	30	Puyallup
14	German	31	Thai
15	American Sign Language	99	Other Language
16	Cantonese		

Where used:

Consumer Demographics

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Status: Production	Version: 1.02	ID: 101026
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DD: Priority Code

Effective Date: 1/1/2002

Definition:

Refer to RCW 71.24.025. An indicator of the relative seriousness duration and intensity of the presenting mental disorder of a particular person as well as distinguishing whether the consumer is a member of a targeted group as established by legislative mandate. Adults and Children definitions are included below:

CODE	DEFINITION
A	Acutely Mentally Ill- a condition limited to a short-term severe crisis episode of a mental disorder, grave disability, or presenting a likelihood of serious harm. Not to be coded if the individual meets criteria for "chronic", "serious", or "seriously emotionally disturbed".
C	Chronically Mentally Ill Adult- an adult who has a mental disorder and meets at least one of the following criteria: -2 or more inpatient hospitalizations with the last 2 years, -continuous psychiatric hospitalization or residential treatment longer for more than 6 months out the preceding year, -because of mental disorder unable to engage in gainful activity for more that 1 year.
D	Seriously Disturbed person- a person who has a mental disorder which causes major impairment in several areas of daily living. If the person is a child, this is sufficient criteria. If they are an adult they must meet this ^{and} at least one of the following criteria: -is gravely disabled or presents a likelihood of serious harm to themselves or others, or to property; -has been on conditional release, or under a less restrictive alternative order at some time during the preceding two years; -has continuing suicidal preoccupation or attempts.
E	Severely emotionally disturbed child- is a child who has a mental disorder which is clearly interfering with their functioning in family, school or with peers, and meets one of the following criteria: -has undergone involuntary treatment or out of home placement related to a mental disorder within the last two years; -is currently served by juvenile justice, child-protection/welfare, special education, or developmental disabilities; -is at risk of escalating maladjustment due to: -chronic family dysfunction involving a mentally ill or inadequate caretaker

	<ul style="list-style-type: none"> -changes in custodial adult -going to, residing in, or returning from out of home placement -subject to repeated physical abuse or neglect -drug or alcohol abuse -homelessness.
0	Other- Does not meet the criteria for Acutely mentally ill, Chronically mentally ill, Seriously disturbed, or Severely Emotionally Disturbed.

Maximum character length: 1

Where used:

Consumer Periodics

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Status: Production	Version: 1	ID: 200109
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DD: Provider Number

Effective Date: 1/1/2002

Definition:

The number under which the Community Hospital has been licensed to bill.

Maximum character length: 11 (left 0 fill)

Where used:

Community Hospital Payment Summary

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Status: Production	Version: 1	ID: 200144
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DD: Race

Effective Date: 1/1/2002

Definition:

Code indicating the racial or ethnic background of a person as defined for reporting under HIPAA regulations. Under HIPAA this is "optional" unless specifically called for in contract.

NOTE: The data elements Ethnicity and Hispanic Origin will continue being used to satisfy the other federal (reporting, funding and managed care) requirements until such time as there is a clarification from the competing federal authorities.

Maximum character length: 1

Codes	Definition
7	Not Provided
A	Asian or Pacific Islander
B	Black

C	Caucasian
H	Hispanic
I	American Indian or Alaskan Native
N	Black (Non-Hispanic)
O	White (Non-Hispanic)

Where used:

Consumer Demographics

[Go to index](#)

Status: Production	Version: 1	ID: 200116
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DD: Reimbursement Amount

Effective Date: 1/1/2002

Definition:

The amount paid to the Community Hospital by the RSN.

Format: This is a money field allowing \$, commas and a period.

Where used:

Community Hospital Payment Summary

[Go to index](#)

Status: Production	Version: 1.02	ID: 101027
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DD: Reporting Unit ID

Effective Date: 1/1/2002

Definition: Unique identifier assigned to each unit reporting data on the MHD CIS System.

Maximum character length: 3 Left zero fill.

Note: This code is assigned by MHD to identify Reporting Unit. Since this list may change as Reporting Units are added or deleted over time, codes are kept on the MHD Intranet. For a complete list of centers or to establish a new ID, see instructions on the MHD Intranet.

Where used:

Header
 Clear Month of Service
 Cascade Delete (Full/Partial)
 Cascade Merge
 Case Manager
 CDMHP Investigation
 Community Hospital Authorization
 Community Hospital Payment Summary
 Consumer Demographics

Consumer Periodics
 Consumer's Case Manager
 ET Inpatient Service
 Outpatient Service
 ITA Hearing

Go to index

Status: Production	Version: 1	ID: 101087
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DD: Return to Inpatient/Revocation Authority

Effective Date: 1/1/2000

Definition:

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b).

Note: This element is specific to returning a consumer under LRA to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for person on LRA being returned to inpatient treatment. Use code "9" for all cases where the person is placed on LRA or not committed.

Maximum character length: 1

Codes	Definition
1	CDMHP determined detention during course of investigation per RCW 71.05.340(3)(a).
2	Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for kids.
9	N/A

Where used:

CDMHP Investigation

Go to index

Status: Production	Version: 1	ID: 200149
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DD: RSN at Discharge

Effective Date: 1/1/2002

Definition:

This is the Reporting Unit ID of the RSN that will provide followup services for a client after discharge from inpatient services.

Maximum character length: 3 Left zero fill

Where used:

Community Hospital Authorization

Go to index

DD: Service Date

Effective Date: 1/1/1998

Definition:

Date a service was provided.

Maximum character length: 8

Format: CCYYMMDD

Where used:

Outpatient Service

[Go to index](#)

Status: Production	Version: 1.01	ID: 101068
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DD: Sexual Orientation

Effective Date: 1/1/1998

Definition:

A code that describes a person's voluntarily stated sexual orientation. This code should not be inferred by the clinician. The information should be collected during assessment, on discharge or upon notification by the person. Do not collect this information from individuals under 13 years of age.

Maximum character length: 1

Code	Definition
1	The person states they are heterosexual
2	The person states they are gay, lesbian, or bisexual
9	Unknown/Not voluntarily given by person

Where used:

Consumer Demographics

[Go to index](#)

Status: Production	Version: 1.01	ID: 101033
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DD: Social Security Number

Effective Date: 1/1/2000

Definition:

A number assigned by the Social Security Administration which uniquely identifies a person.

Maximum character length: 9

SSN Citings for Federal Regulations:

The collection of SSN is required under the following Federal regulations:

- 42CFR433.138
- HCFA Intermediary Manual - Claims Process (Pub. 13-3) INT3 3502 - Health Insurance Claim Number (HICN)
- HCFA Hospital Manual (Pub. 10) HOSPT 304 - Obtaining the Health Insurance Claim Number (HICN)
- HCFA State Medical Manual (All Parts)(Pub. 45) SMM15 15802 - Use and Verification of Social Security Number (SSN)

The attempt should be made to collect the SSN whenever possible. The SSN however, may not always available for mental health consumers.

Where used:

Consumer Demographics

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Status: Production	Version: 1.01	ID: 101071
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DD: Surname

Effective Date: 1/1/1998

Definition:

The surname/family/last name of a consumer as provided by an RSN/PHP. In general, follow the rules of the appropriate culture when determining which name is the surname. Consistency is important here because the last name will be used as one element to uniquely identify the person across our system.

Maximum character length: 30 Variable Length

Where used:

Consumer Demographics

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Status: Production	Version: 1	ID: 200113
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DD: Total Claim Charge

Effective Date: 1/1/2002

Definition:

Total Claims submitted by the Community Hospital for an admission. This amount may be greater than or less than the total amount of reimbursement the Community Hospital receives for the admission (depends on the payment method specified in the RSN/Community Hospital contract).

Format: This is a money field allowing \$, commas and a period.

Where used:

Community Hospital Payment Summary

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Status: Production	Version: 1	ID: 200115
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DD: Total Recipient Payment**Effective Date:** 1/1/2002**Definition:**

The portion of the Total Claim Charge that was paid by the consumer (recipient).

Format: This is a money field allowing \$, commas and a period.**Where used:**

Community Hospital Payment Summary

[Go to index](#)

Status: Production	Version: 1	ID: 200114
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DD: Total Third Party Payment Amount**Effective Date:** 1/1/2002**Definition:**

The portion of the Total Claim Charge that was paid by other forms of insurance.

Format: This is a money field allowing \$, commas and a period.**Where used:**

Community Hospital Payment Summary

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Status: Production	Version: 1.02	ID: 101073
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DD: Transaction ID**Effective Date:** 1/1/2002**Definition:**

A code to indicate the type of transaction record to be processed in a batch file.

Maximum character length: 6**Where used:**

Transaction ID	Transaction Title
131.01	Cascade Delete (Full/Partial)
130.02	Cascade Merge
100.01	Case Manager
160.02	CDMHP Investigation
077.01	Clear Month of Service
076.01	Community Hospital Authorization
075.01	Community Hospital Payment Summary
020.04	Consumer Demographics
035.05	Consumer Periodics
011.01	Consumer's Case Manager
000.01	Header
070.04	ET Inpatient Service
162.02	ITA Hearing
120.03	Outpatient Service

Go to index

Status: Production	Version: 1	ID: 200139
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DD: Type of Service Transaction

Effective Date: 1/1/2002

Definition:

Identifies the type of service transactions that are to be removed based on a given month and year.

Maximum character length: 3.

Code	Description
O	All OP Services Transactions
ET	All E&T Services Transactions
CHA	All Community Hospital Authorizations Transactions
CHB	All Community Hospital Payment Summary Transactions

Where used:

Clear Month of Service

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