Procedures

Procedures done during utilization encounters.

This table lists all procedures performed. A record is a procedure code/original procedure code/performing provider/procedure date combination unique to an index variable ENC_ID combination. Include denied claims if you consider the utilization to be valid.

Includes all performed procedures from all settings including lab, radiology and immunization procedure codes. Lab, radiology, immunization and other procedure codes may exist without a linked record in the encounter file. Require that the procedure file contain each type of procedure code when available: CPT, HCPCS, ICD9, Revenue Code. Exclude procedures that were ordered by not performed.

Include procedures from professional and inpatient rounding services (outpatient providers who visit their patients in the hospital) in inpatient encounters. Identify the professional/inpatient rounding provider in the "performingprovider" variable and the procedure date in the "procdate" variable.

Ensure that the codetype variable is correct for each procedure value (px). Consider using the SAS compress option to reduce the size of the file and improve I/O processing

Variable name	Variable Definition	Values	Comments
MRN	Identifier unique to an individual	Character. Length unique to each HMO	Used to link across files
PROVIDER	Identifier unique to a provider	Character. Length unique to each HMO	Provider code for the provider who is most responsible for this encounter. Usually physician, nurse practitioner, physician assistant, optometrist, etc. Use Same coding scheme as RXMD in RX table. For encounters with multiple providers and there isn't a clear one in charge, please choose one arbitrarily so the encounter can be linked to the diagnosis and procedure files If there is no provider code for an encounter, then specify the value for provider as "UNK".
ENC_ID	Character. Length Unique to each health plan	Encounter ID. Identifies unique encounters	Use to link across files. The encounter id must be unique for each encounter and should be permanently assigned (otherwise old and new versions of the files couldn't be joined). The encounter id can not contain PHI (such as MRN and dates). For EPIC/Clarity source data, recommend using the contact serial number. For other source data, sites should create a unique id that can be permanently assigned each unique combination of the following variables: MRN, Adate, EncType, Provider, Encounter_Subtype, Facility_Code and

			appointment time (if available). Suggest creating a separate crosswalk file between these variables and the encounter_id value. This crosswalk file would be updated with new encounters each time the utilization data is updated.
PerformingProvider	Performing Provider	Character. Length unique to each HMO	Provider that performed the procedure. If this provider is unknown, set equal to the provider variable.
ADATE	Encounter date or admit date	Numeric (4)	SAS date. Encounter date or admit date for an inpatient or institutional stay. If the encounter date or admit date is unknown from a claim, then use the first date of a claim.
PROCDATE	Actual date when the procedure was done. Missing values are allowed if the actual date when the procedure was performed is unknown.	Numeric (4)	SAS date.
EncType	Encounter Type	char (2)	Encounter Type. Valid Encounter Subtype values are in brackets "[]" **IP** = Acute Inpatient Hospital Stay: Inpatient stays, same-day hospital discharges, hospital transfers where the patient was admitted into the hospital. Includes acute inpatient psych and detox hospital stays. [Encounter_subtype=AI] **ED** =Emergency Department Encounter: Excludes urgent care visits. [Encounter_subtype=HA,OC] **AV**= Ambulatory Visit: Outpatient clinics, same day surgeries, observation beds, urgent care visits, and other same-day ambulatory hospital encounters. Excludes emergency department encounters). [Encounter_subtype= OC, OB, SD,HA,UC, RH, DI, OT] **TE** = Telephone Encounters: [Encounter_subtype=OT, HH] **EM** = E-mail Encounters: [Encounter_subtype=OT, HH]

			IS=Non-Acute Institutional Stays: Hospice, SNF, rehab, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays. [Encounter_subtype=HS, SN, NH, RH,DI, OT] **OE**=Other Encounters (not overnight): Hospice visits, home health visits, SNF visits, other non-hospital visits. [Encounter_subtype=HS, HH, SN, RH, DI, OT] **LO**=Lab Only Encounter: Optional. Lab encounters that cannot be matched to another encounter. Include to link variables from utilization file to procedure file. [Encounter_subtype=OC,OT] **RO**=Radiology Only Encounter: Optional. Radiology encounter that cannot be matched to another encounter. Include to link variables from utilization file to procedure file. [Encounter_subtype=OC,OT]
PX	Procedure code	Char (7+) Sites may have local codes that are longer than the longest standard procedure code. Truncation could occur on local codes.	##.## or ##.# ICD-9, $$$$$$$ ICD-10, ##### or ####A CPT-4, A#### for HCPCS, ### or #### for Revenue Codes (match source data) # = Numeric Digit, A=Alphabet Letter $=Alpha or Numeric Convert local codes to standard codes if possible.
ORIGPX	Original procedure code from source data	Character. Length unique to each HMO because of home grown codes. At least 5 digits.	
Px_Codetype	Code type flag	Char (2)	**0 9**=ICD-9-CM

			10 =ICD-10-CM
			11=ICD-11-CM
			C4 = CPT-4
			H4 = HCPCS-4
			RV= Revenue code
			LO= Local homegrown
			OT= Other
PXCNT	Number of times the procedure was performed during the encounter	Numeric (4)	The usual value is 1 unless the procedure was performed multiple times during the encounter.
CPTMOD1	CPT Modifier Code1	Char (2)	CPT Modifier Code 1 as found in the source data
CPTMOD2	CPT Modifier Code2	Char (2)	CPT Modifier Code 2 as found in the source data
CPTMOD3	CPT Modifier Code3	Char (2)	CPT Modifier Code 3 as found in the source data

The prior spec

Can be found here.

Please contact the VDW Utilization working group for questions and suggestions.

Related content
    Procedures (V2)
    Utilization QA Workplan

Comments (1)

Hart, Gene Mar 09, 2012 01:05 PM
Why allow revenue codes to be either length 3 or 4? Can't all length 3 codes be made into valid length 4 codes by adding a 0 in front? When I am now using revenue codes I need to specify each code twice.
331|PX-Rev | "331-Chemotherapyadministration--injected "|ChemoTherapy|
332|PX-Rev | "332-Chemotherapy--oral "|ChemoTherapy|
335|PX-Rev | "335-Chemotherapyadministration--IV "|ChemoTherapy|
0331|PX-Rev | "0331-Chemotherapyadministration--injected "|ChemoTherapy|
0332|PX-Rev | "0332-Chemotherapy--oral "|ChemoTherapy|
0335|PX-Rev | "0335-Chemotherapyadministration--IV "|ChemoTherapy|