Source Data Mapping Approach to CDMV5.0.1

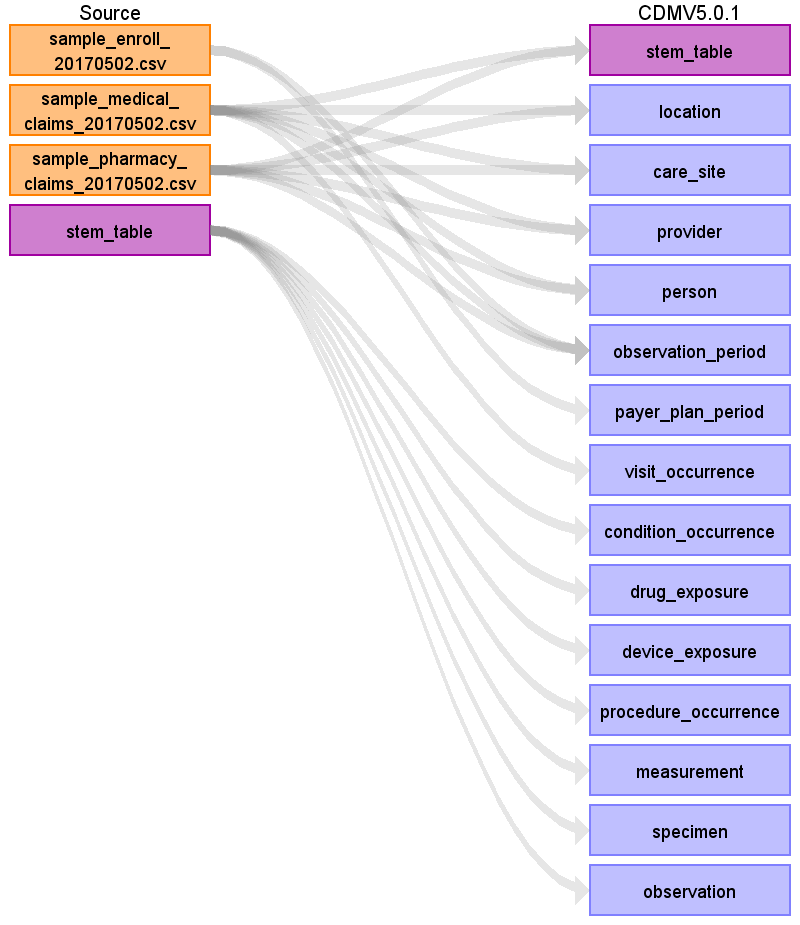


Table name: stem\_table

Reading from sample\_medical\_claims\_20170502.csv

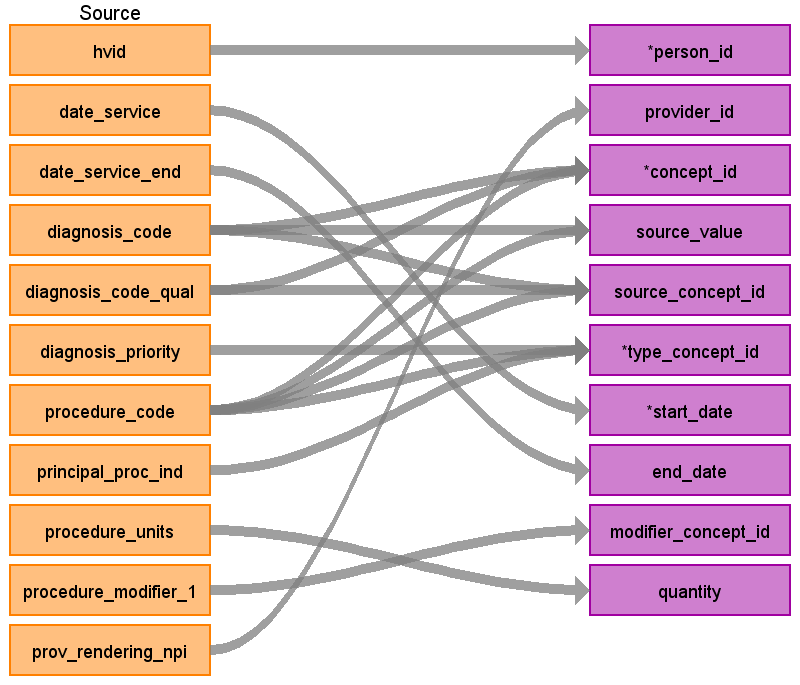
We pull all data into the STEM and we then allow the Vocabulary to decide which CDM table the data lands in.

EXTRA COLUMNS FOR STEM

========================

In addition, create new column STEM\_ID as DATA\_FEED+"-"+CLAIM\_ID+"-"+RECORD\_ID to act as a lookup for VISIT\_OCCURRENCE\_ID.

We can also leverage DATA\_FEED, CLAIM\_ID and RECORD\_ID to help with sorting.



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| domain\_id |  |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Default domain = CONDITION from unless udpated by a Vocabulary mapping from CONCEPT\_ID  PROCEDURE\_CODE:  ================  Default domain = PROCEDURE from unless updated by a Vocabulary mapping from CONCEPT\_ID  =====PHARMACY\_CLAIMS=====  ==========================  Default domain = DRUG from unless updated by a Vocabulary mapping from CONCEPT\_ID |
| person\_id | hvid |  | Lookup in PERSON based on |
| visit\_occurrence\_id |  |  | TBD |
| provider\_id | prov\_rendering\_npi |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE & PROCEDURE\_CODE:  ================  Lookup in the PROVIDER table leveraging NPI  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  ==========  Lookup in the PROVIDER table leveraging NPI |
| id |  |  | Autogenerate |
| concept\_id | diagnosis\_code  diagnosis\_code\_qual  procedure\_code |  | If no map, map to 0.  =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  01 = ICD9  02 = ICD10  Use the code in Section 3.1.2.  If diagnosis\_code\_qual=01 use the filter  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9CM')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  If diagnosis\_code\_qual=02 use the filter  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD10CM')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  PROCEDURE\_CODE:  ================  Use the code in Section 3.1.2.  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  AND TARGET\_CONCEPT\_CLASS\_ID NOT IN ('HCPCS Modifier','CPT4 Modifier','CPT4 Hierarchy', 'ICD10PCS Hierarchy')  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  Use the code in Section 3.1.2.  WHERE SOURCE\_VOCABULARY\_ID IN ('NDC')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  AND SVCDATE BETWEEN SOURCE\_VALID\_START\_DATE AND SOURCE\_VALID\_END\_DATE  When mapping prescription drug, try map the 11-digit NDC code to SOURCE\_CODE in OMOP vocab first to see if you make a map. If no mapping found, try the first 9 digits of NDC code to SOURCE\_CODE to see if you make a map. To be considered a valid mapping DATE\_SERVICE must fall between SOURCE\_VALID\_START\_DATE and SOURCE\_VALID\_END\_DATE |
| source\_value | diagnosis\_code  procedure\_code |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  DIAGNOSIS\_CODE  PROCEDURE\_CODE:  ================  PROCEDURE\_CODE  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  ==========  NDC\_CODE  Do not change source value if a 9 digit NDC is used over 11 digit. |
| source\_concept\_id | diagnosis\_code  diagnosis\_code\_qual  procedure\_code |  | If no map, map to 0.  =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Use the code in Section 3.1.1.  If diagnosis\_code\_qual=01 use the filter: WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9CM')  AND TARGET\_VOCABULARY\_ID IN ('ICD9CM')  If diagnosis\_code\_qual=02 use the filter: WHERE SOURCE\_VOCABULARY\_ID IN ('ICD10CM')  AND TARGET\_VOCABULARY\_ID IN ('ICD10CM')  PROCEDURE\_CODE:  ================  Use the code in Section 3.1.1.  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_CONCEPT\_CLASS\_ID NOT IN ('HCPCS Modifier','CPT4 Modifier', 'CPT4 Hierarchy', 'ICD10PCS Hierarchy')  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  Use the code in Section 3.1.1.  WHERE SOURCE\_VOCABULARY\_ID IN ('NDC')  AND TARGET\_VOCABULARY\_ID IN ('NDC')  AND SVCDATE BETWEEN SOURCE\_VALID\_START\_DATE AND SOURCE\_VALID\_END\_DATE  To be considered a valid mapping DATE\_SERVICE must fall between SOURCE\_VALID\_START\_DATE and SOURCE\_VALID\_END\_DATE |
| type\_concept\_id | diagnosis\_priority  procedure\_code  principal\_proc\_ind |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Using DIAGNOSIS\_PRIORITY:  1 = 44786627 - Primary Condition  2+ = 44786629 - Secondary Condition  PROCEDURE\_CODE:  ================  Using PRINCIPAL\_PROC\_IND  1= 44786630 Primary Procedure  NULL/'' = 44786631-Secondary Procedure  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  When DATA\_VENDOR = "WebMD" then 38000175 /\*Prescription dispensed in pharmacy\*/  When DATA\_VENDOR = "Private Source 17" then 38000177 /\*Prescription written\*/  ELSE 0  For "Private Source 17" we are requesting a new data type of "Drug from Claim" |
| start\_date | date\_service |  |  |
| end\_date | date\_service\_end |  |  |
| start\_time |  |  | NULL |
| days\_supply |  |  | =====MEDICAL\_CLAIMS=====  ========================  NULL  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  DAYS\_SUPPLY |
| dose\_unit\_concept\_id |  |  | 0 |
| dose\_unit\_source\_value |  |  | NULL |
| effective\_drug\_dose |  |  | NULL |
| lot\_number |  |  | NULL |
| modifier\_concept\_id | procedure\_modifier\_1 |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  0  PROCEDURE\_CODE:  ================  Using PROCEDURE\_MODIFIER\_1  Use the code in Section 3.1.1.  When mapping PROCEDURE\_CODE determine what the VOCABULARY\_ID is, then you'll need to use the "Modifier" vocabulary for that same VOCABULARY. Example, if you the PROCEDURE\_CODE's VOCABULARY\_ID is CPT4 then the MODIFIER\_CONCEPT\_ID should use the following map:  WHERE SOURCE\_CONCEPT\_CLASS\_ID IN ('CPT4 Modifier')  AND TARGET\_CONCEPT\_CLASS\_ID IN ('CPT4 Modifier')  The list of modifiers are:  --CPT4 Modifier  --HCPC modifier  It is limitation that we are not pulling over PROCEDURE\_MODIFIER\_2-4 however they are only used about 3% of the time.  =====PHARMACY\_CLAIMS=====  ==========================  0 |
| operator\_concept\_id |  |  | 0 |
| qualifier\_concept\_id |  |  | 0 |
| qualifier\_source\_value |  |  | NULL |
| quantity | procedure\_units |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  NULL  PROCEDURE\_CODE:  ================  Use PROCEDURE\_UNITS as is  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  =========  DISPENSED\_QUANTITY |
| range\_high |  |  | NULL |
| range\_low |  |  | NULL |
| refills |  |  | =====MEDICAL\_CLAIMS=====  ========================  NULL  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  =========  REFILL\_AUTH\_AMOUNT |
| route\_concept\_id |  |  | 0 |
| route\_source\_value |  |  | NULL |
| sig |  |  | NULL |
| stop\_reason |  |  | NULL |
| unique\_device\_id |  |  | NULL |
| unit\_concept\_id |  |  | 0 |
| unit\_source\_value |  |  | NULL |
| value\_as\_concept\_id |  |  | 0 |
| value\_as\_number |  |  | NULL |
| value\_as\_string |  |  | NULL |
| value\_source\_value |  |  | NULL |
| anatomic\_site\_concept\_id |  |  | 0 |
| disease\_status\_concept\_id |  |  | 0 |
| specimen\_source\_id |  |  | NULL |
| anatomic\_site\_source\_value |  |  | NULL |
| disease\_status\_source\_value |  |  | NULL |

Reading from sample\_pharmacy\_claims\_20170502.csv

=====PHARMACY\_CLAIMS=====

==========================

Only keep rows where LOGICAL\_DELETE\_REASON NOT IN ("Reversed Claim","Reversal")

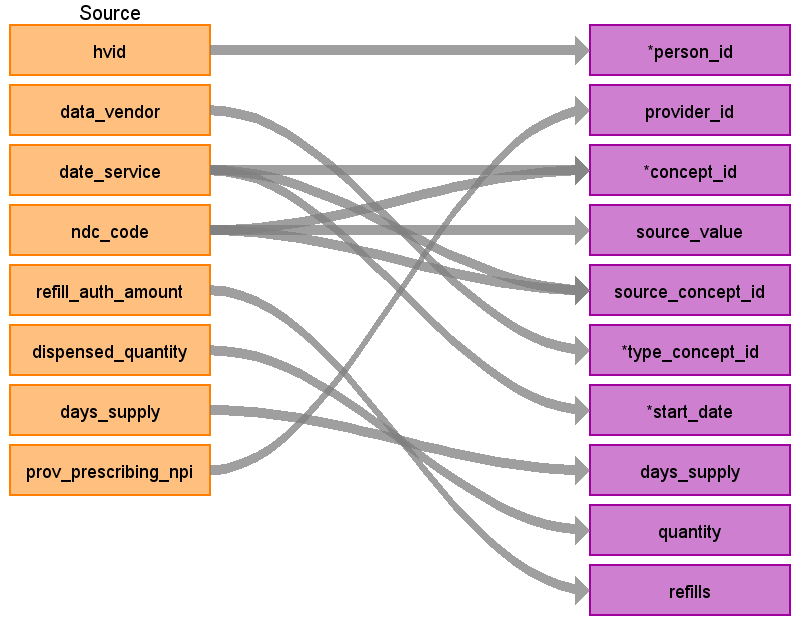
We pull all data into the STEM and we then allow the Vocabulary to decide which CDM table the data lands in.

EXTRA COLUMNS FOR STEM

========================

In addition, create new column STEM\_ID as DATA\_FEED+"-"+CLAIM\_ID+"-"+RECORD\_ID to act as a lookup for VISIT\_OCCURRENCE\_ID.

We can also leverage DATA\_FEED, CLAIM\_ID and RECORD\_ID to help with sorting.



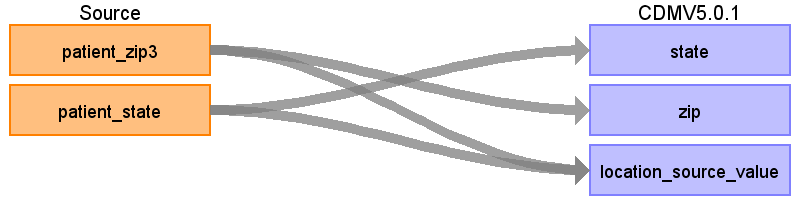
|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| domain\_id |  |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Default domain = CONDITION from unless udpated by a Vocabulary mapping from CONCEPT\_ID  PROCEDURE\_CODE:  ================  Default domain = PROCEDURE from unless updated by a Vocabulary mapping from CONCEPT\_ID  =====PHARMACY\_CLAIMS=====  ==========================  Default domain = DRUG from unless updated by a Vocabulary mapping from CONCEPT\_ID |
| person\_id | hvid |  | Lookup in PERSON based on |
| visit\_occurrence\_id |  |  | TBD |
| provider\_id | prov\_prescribing\_npi |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE & PROCEDURE\_CODE:  ================  Lookup in the PROVIDER table leveraging NPI  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  ==========  Lookup in the PROVIDER table leveraging NPI |
| id |  |  | Autogenerate |
| concept\_id | ndc\_code  date\_service |  | If no map, map to 0.  =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  01 = ICD9  02 = ICD10  Use the code in Section 3.1.2.  If diagnosis\_code\_qual=01 use the filter  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9CM')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  If diagnosis\_code\_qual=02 use the filter  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD10CM')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  PROCEDURE\_CODE:  ================  Use the code in Section 3.1.2.  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  AND TARGET\_CONCEPT\_CLASS\_ID NOT IN ('HCPCS Modifier','CPT4 Modifier','CPT4 Hierarchy', 'ICD10PCS Hierarchy')  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  Use the code in Section 3.1.2.  WHERE SOURCE\_VOCABULARY\_ID IN ('NDC')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  AND SVCDATE BETWEEN SOURCE\_VALID\_START\_DATE AND SOURCE\_VALID\_END\_DATE  When mapping prescription drug, try map the 11-digit NDC code to SOURCE\_CODE in OMOP vocab first to see if you make a map. If no mapping found, try the first 9 digits of NDC code to SOURCE\_CODE to see if you make a map. To be considered a valid mapping DATE\_SERVICE must fall between SOURCE\_VALID\_START\_DATE and SOURCE\_VALID\_END\_DATE |
| source\_value | ndc\_code |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  DIAGNOSIS\_CODE  PROCEDURE\_CODE:  ================  PROCEDURE\_CODE  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  ==========  NDC\_CODE  Do not change source value if a 9 digit NDC is used over 11 digit. |
| source\_concept\_id | ndc\_code  date\_service |  | If no map, map to 0.  =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Use the code in Section 3.1.1.  If diagnosis\_code\_qual=01 use the filter: WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9CM')  AND TARGET\_VOCABULARY\_ID IN ('ICD9CM')  If diagnosis\_code\_qual=02 use the filter: WHERE SOURCE\_VOCABULARY\_ID IN ('ICD10CM')  AND TARGET\_VOCABULARY\_ID IN ('ICD10CM')  PROCEDURE\_CODE:  ================  Use the code in Section 3.1.1.  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_CONCEPT\_CLASS\_ID NOT IN ('HCPCS Modifier','CPT4 Modifier', 'CPT4 Hierarchy', 'ICD10PCS Hierarchy')  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  Use the code in Section 3.1.1.  WHERE SOURCE\_VOCABULARY\_ID IN ('NDC')  AND TARGET\_VOCABULARY\_ID IN ('NDC')  AND SVCDATE BETWEEN SOURCE\_VALID\_START\_DATE AND SOURCE\_VALID\_END\_DATE  To be considered a valid mapping DATE\_SERVICE must fall between SOURCE\_VALID\_START\_DATE and SOURCE\_VALID\_END\_DATE |
| type\_concept\_id | data\_vendor |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Using DIAGNOSIS\_PRIORITY:  1 = 44786627 - Primary Condition  2+ = 44786629 - Secondary Condition  PROCEDURE\_CODE:  ================  Using PRINCIPAL\_PROC\_IND  1= 44786630 Primary Procedure  NULL/'' = 44786631-Secondary Procedure  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  When DATA\_VENDOR = "WebMD" then 38000175 /\*Prescription dispensed in pharmacy\*/  When DATA\_VENDOR = "Private Source 17" then 38000177 /\*Prescription written\*/  ELSE 0  For "Private Source 17" we are requesting a new data type of "Drug from Claim" |
| start\_date | date\_service |  |  |
| end\_date |  |  |  |
| start\_time |  |  | NULL |
| days\_supply | days\_supply |  | =====MEDICAL\_CLAIMS=====  ========================  NULL  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  DAYS\_SUPPLY |
| dose\_unit\_concept\_id |  |  | 0 |
| dose\_unit\_source\_value |  |  | NULL |
| effective\_drug\_dose |  |  | NULL |
| lot\_number |  |  | NULL |
| modifier\_concept\_id |  |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  0  PROCEDURE\_CODE:  ================  Using PROCEDURE\_MODIFIER\_1  Use the code in Section 3.1.1.  When mapping PROCEDURE\_CODE determine what the VOCABULARY\_ID is, then you'll need to use the "Modifier" vocabulary for that same VOCABULARY. Example, if you the PROCEDURE\_CODE's VOCABULARY\_ID is CPT4 then the MODIFIER\_CONCEPT\_ID should use the following map:  WHERE SOURCE\_CONCEPT\_CLASS\_ID IN ('CPT4 Modifier')  AND TARGET\_CONCEPT\_CLASS\_ID IN ('CPT4 Modifier')  The list of modifiers are:  --CPT4 Modifier  --HCPC modifier  It is limitation that we are not pulling over PROCEDURE\_MODIFIER\_2-4 however they are only used about 3% of the time.  =====PHARMACY\_CLAIMS=====  ==========================  0 |
| operator\_concept\_id |  |  | 0 |
| qualifier\_concept\_id |  |  | 0 |
| qualifier\_source\_value |  |  | NULL |
| quantity | dispensed\_quantity |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  NULL  PROCEDURE\_CODE:  ================  Use PROCEDURE\_UNITS as is  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  =========  DISPENSED\_QUANTITY |
| range\_high |  |  | NULL |
| range\_low |  |  | NULL |
| refills | refill\_auth\_amount |  | =====MEDICAL\_CLAIMS=====  ========================  NULL  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  =========  REFILL\_AUTH\_AMOUNT |
| route\_concept\_id |  |  | 0 |
| route\_source\_value |  |  | NULL |
| sig |  |  | NULL |
| stop\_reason |  |  | NULL |
| unique\_device\_id |  |  | NULL |
| unit\_concept\_id |  |  | 0 |
| unit\_source\_value |  |  | NULL |
| value\_as\_concept\_id |  |  | 0 |
| value\_as\_number |  |  | NULL |
| value\_as\_string |  |  | NULL |
| value\_source\_value |  |  | NULL |
| anatomic\_site\_concept\_id |  |  | 0 |
| disease\_status\_concept\_id |  |  | 0 |
| specimen\_source\_id |  |  | NULL |
| anatomic\_site\_source\_value |  |  | NULL |
| disease\_status\_source\_value |  |  | NULL |

Table name: location

The only locations we actually have are on the patient.

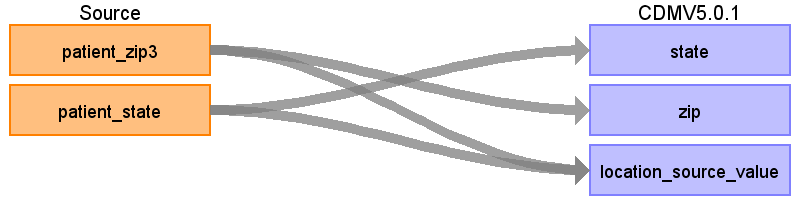
Pull all values from all described source tables and only keep distinct record of them.

Reading from sample\_medical\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| location\_id |  |  |  |
| address\_1 |  |  |  |
| address\_2 |  |  |  |
| city |  |  |  |
| state | patient\_state |  |  |
| zip | patient\_zip3 |  |  |
| county |  |  |  |
| location\_source\_value | patient\_zip3  patient\_state |  | patient\_state + '\_' + patient\_zip3 |

Reading from sample\_pharmacy\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| location\_id |  |  |  |
| address\_1 |  |  |  |
| address\_2 |  |  |  |
| city |  |  |  |
| state | patient\_state |  |  |
| zip | patient\_zip3 |  |  |
| county |  |  |  |
| location\_source\_value | patient\_state  patient\_zip3 |  | patient\_state + '\_' + patient\_zip3 |

Table name: care\_site

Reading from sample\_medical\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| care\_site\_id |  |  | Autogenerate |
| care\_site\_name |  |  | NULL |
| place\_of\_service\_concept\_id |  |  | 0 |
| location\_id |  |  | NULL |
| care\_site\_source\_value | prov\_facility\_npi |  |  |
| place\_of\_service\_source\_value |  |  | NULL |

Reading from sample\_pharmacy\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| care\_site\_id |  |  | Autogenerate |
| care\_site\_name |  |  | NULL |
| place\_of\_service\_concept\_id |  |  | 0 |
| location\_id |  |  | NULL |
| care\_site\_source\_value | pharmacy\_npi |  |  |
| place\_of\_service\_source\_value |  |  | NULL |

Table name: provider

Take the distinct NPI values from across MEDICAL\_CLAIMS and PHARMACY\_CLAIMS.

Reading from sample\_medical\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| provider\_id |  |  | Autogenerate. |
| provider\_name |  |  | NULL |
| npi | prov\_rendering\_npi |  |  |
| dea |  |  | NULL |
| specialty\_concept\_id |  |  | 0 |
| care\_site\_id |  |  | NULL |
| year\_of\_birth |  |  | NULL |
| gender\_concept\_id |  |  | 0 |
| provider\_source\_value | prov\_rendering\_npi |  |  |
| specialty\_source\_value |  |  | NULL |
| specialty\_source\_concept\_id |  |  | 0 |
| gender\_source\_value |  |  | NULL |
| gender\_source\_concept\_id |  |  | 0 |

Reading from sample\_pharmacy\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| provider\_id |  |  | Autogenerate. |
| provider\_name |  |  | NULL |
| npi | prov\_dispensing\_npi |  |  |
| dea |  |  | NULL |
| specialty\_concept\_id |  |  | 0 |
| care\_site\_id |  |  | NULL |
| year\_of\_birth |  |  | NULL |
| gender\_concept\_id |  |  | 0 |
| provider\_source\_value | prov\_dispensing\_npi |  |  |
| specialty\_source\_value |  |  | NULL |
| specialty\_source\_concept\_id |  |  | 0 |
| gender\_source\_value |  |  | NULL |
| gender\_source\_concept\_id |  |  | 0 |

Table name: cdm\_source

CDM\_SOURCE\_NAME

==================

HealthVerity WebMD and Pharmacy Section 17 Database

CDM\_SOURCE\_ABBREVIATION

=========================

WEBMD\_PBM

CDM\_HOLDER

============

Janssen R&D

SOURCE\_DESCRIPTION

===================

NULL

SOURCE\_DOCUMENTATION\_REFERENCE

==================================

NULL

CDM\_ETL\_REFERENCE

===================

NULL

SOURCE\_RELEASE\_DATE

=====================

2017.05.26

CDM\_RELEASE\_DATE

==================

SELECT CONVERT(VARCHAR(10), GETDATE(),102)

CDM\_VERSION

=============

5.0.1

VOCABULARY\_VERSION

====================

SELECT VOCABULARY\_VERSION

FROM vocabulary

WHERE VOCABULARY\_ID = 'None'

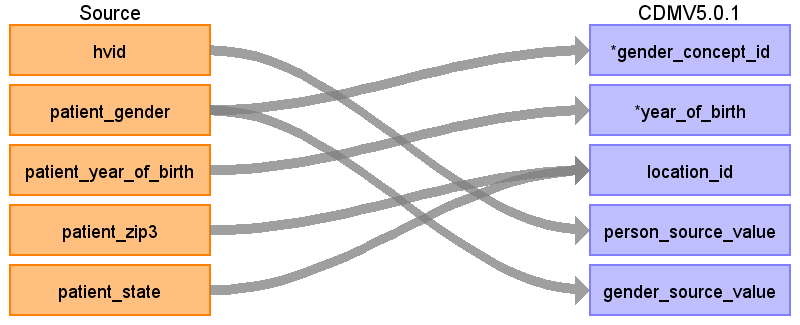
Table name: person

Data about people comes from both PHARMACY\_CLAIMS and MEDICAL\_CLAIMS. There are multiple rows per person, so we will select one to populate the PERSON table.

row\_number() over (PARTITION BY hvid order by date\_service\_end desc, record\_id desc) as row\_num

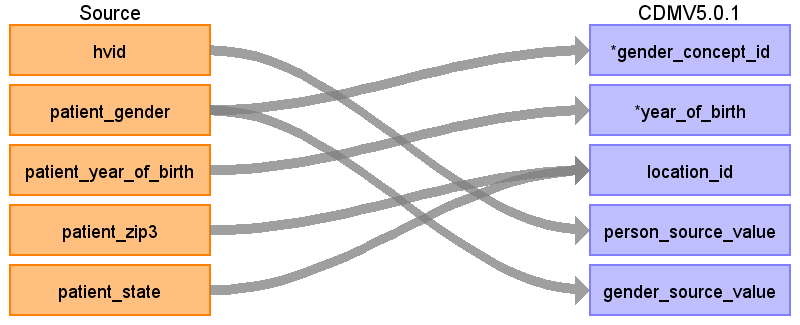
take row\_num = 1

Reading from sample\_medical\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| person\_id |  |  | Autogenerate. |
| gender\_concept\_id | patient\_gender |  | if patient\_gender in ('F','M')  case  when 'F' then 8532  when 'M' then 8507  end as gender\_concept\_id  If gender is unknown exclude. |
| year\_of\_birth | patient\_year\_of\_birth |  | Only take the first 4 digits of the as the data sometimes comes as YYYYMMDD.  When year of birth is NULL or YEAR <= 0 exclude patient. |
| month\_of\_birth |  |  | NULL |
| day\_of\_birth |  |  | NULL |
| time\_of\_birth |  |  | NULL |
| race\_concept\_id |  |  | 0 |
| ethnicity\_concept\_id |  |  | 0 |
| location\_id | patient\_zip3  patient\_state |  | Look up location\_id by patient\_zip3 and patient\_state |
| provider\_id |  |  | NULL |
| care\_site\_id |  |  | NULL |
| person\_source\_value | hvid | Exclude where HVID is NULL |  |
| gender\_source\_value | patient\_gender |  |  |
| gender\_source\_concept\_id |  |  | 0 |
| race\_source\_value |  |  | NULL |
| race\_source\_concept\_id |  |  | 0 |
| ethnicity\_source\_value |  |  | NULL |
| ethnicity\_source\_concept\_id |  |  | 0 |

Reading from sample\_pharmacy\_claims\_20170502.csv



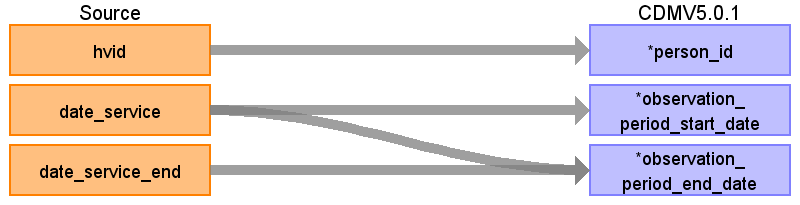
|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| person\_id |  |  | Autogenerate. |
| gender\_concept\_id | patient\_gender |  | if patient\_gender in ('F','M')  case  when 'F' then 8532  when 'M' then 8507  end as gender\_concept\_id  If gender is unknown exclude. |
| year\_of\_birth | patient\_year\_of\_birth |  | Only take the first 4 digits of the as the data sometimes comes as YYYYMMDD.  When year of birth is NULL or YEAR <= 0 exclude patient. |
| month\_of\_birth |  |  | NULL |
| day\_of\_birth |  |  | NULL |
| time\_of\_birth |  |  | NULL |
| race\_concept\_id |  |  | 0 |
| ethnicity\_concept\_id |  |  | 0 |
| location\_id | patient\_zip3  patient\_state |  | Look up location\_id by patient\_zip3 and patient\_state |
| provider\_id |  |  | NULL |
| care\_site\_id |  |  | NULL |
| person\_source\_value | hvid |  |  |
| gender\_source\_value | patient\_gender |  |  |
| gender\_source\_concept\_id |  |  | 0 |
| race\_source\_value |  |  | NULL |
| race\_source\_concept\_id |  |  | 0 |
| ethnicity\_source\_value |  |  | NULL |
| ethnicity\_source\_concept\_id |  |  | 0 |

Table name: observation\_period

OBSERVATION\_PERIOD\_START\_DATE = MIN(MIN\_MEDICAL\_CLAIMS\_DATE, MIN\_PHARMACY\_CLAIMS\_DATE,MIN\_ENROLL\_DATE)

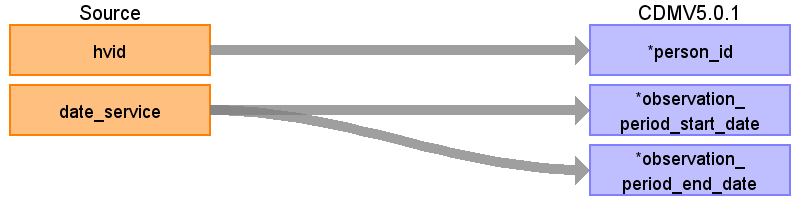
OBSERVATION\_PERIOD\_END\_DATE = MAX(MAX\_MEDICAL\_CLAIMS\_DATE, MAX\_PHARMACY\_CLAIMS\_DATE,MAX\_ENROLL\_DATE)

Reading from sample\_medical\_claims\_20170502.csv



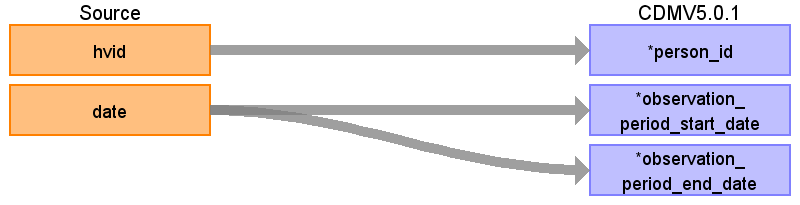
|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| observation\_period\_id |  |  | Autogenerate |
| person\_id | hvid |  | Lookup in PERSON based on |
| observation\_period\_start\_date | date\_service |  | =====MEDICAL\_CLAIMS=====  ========================  MIN(DATE\_SERVICE) AS MIN\_MEDICAL\_CLAIMS\_DATE  =====PHARMACY\_CLAIMS=====  ==========================  MIN(DATE\_SERVICE) AS MIN\_PHARMACY\_CLAIMS\_DATE  =====ENROLL=====  =================  MIN(DATE) AS MIN\_ENROLL\_DATE |
| observation\_period\_end\_date | date\_service\_end  date\_service |  | =====MEDICAL\_CLAIMS=====  ========================  MAX(DATE\_SERVICE, DATE\_SERVICE\_END) AS MAX\_MEDICAL\_CLAIMS\_DATE  =====PHARMACY\_CLAIMS=====  ==========================  MAX(DATE\_SERVICE) AS MAX\_PHARMACY\_CLAIMS\_DATE  =====ENROLL=====  =================  MAX(DATE) AS MAX\_ENROLL\_DATE |
| period\_type\_concept\_id |  |  | 44814724-Period covering healthcare encounters |

Reading from sample\_pharmacy\_claims\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| observation\_period\_id |  |  | Autogenerate |
| person\_id | hvid |  | Lookup in PERSON based on |
| observation\_period\_start\_date | date\_service | WHERE DATA\_VENDOR = 'WEBMD' | =====MEDICAL\_CLAIMS=====  ========================  MIN(DATE\_SERVICE) AS MIN\_MEDICAL\_CLAIMS\_DATE  =====PHARMACY\_CLAIMS=====  ==========================  MIN(DATE\_SERVICE) AS MIN\_PHARMACY\_CLAIMS\_DATE  =====ENROLL=====  =================  MIN(DATE) AS MIN\_ENROLL\_DATE |
| observation\_period\_end\_date | date\_service | WHERE DATA\_VENDOR = 'WEBMD' | =====MEDICAL\_CLAIMS=====  ========================  MAX(DATE\_SERVICE, DATE\_SERVICE\_END) AS MAX\_MEDICAL\_CLAIMS\_DATE  =====PHARMACY\_CLAIMS=====  ==========================  MAX(DATE\_SERVICE) AS MAX\_PHARMACY\_CLAIMS\_DATE  =====ENROLL=====  =================  MAX(DATE) AS MAX\_ENROLL\_DATE |
| period\_type\_concept\_id |  |  | 44814724-Period covering healthcare encounters |

Reading from sample\_enroll\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| observation\_period\_id |  |  | Autogenerate |
| person\_id | hvid |  | Lookup in PERSON based on |
| observation\_period\_start\_date | date |  | =====MEDICAL\_CLAIMS=====  ========================  MIN(DATE\_SERVICE) AS MIN\_MEDICAL\_CLAIMS\_DATE  =====PHARMACY\_CLAIMS=====  ==========================  MIN(DATE\_SERVICE) AS MIN\_PHARMACY\_CLAIMS\_DATE  =====ENROLL=====  =================  MIN(DATE) AS MIN\_ENROLL\_DATE |
| observation\_period\_end\_date | date |  | =====MEDICAL\_CLAIMS=====  ========================  MAX(DATE\_SERVICE, DATE\_SERVICE\_END) AS MAX\_MEDICAL\_CLAIMS\_DATE  =====PHARMACY\_CLAIMS=====  ==========================  MAX(DATE\_SERVICE) AS MAX\_PHARMACY\_CLAIMS\_DATE  =====ENROLL=====  =================  MAX(DATE) AS MAX\_ENROLL\_DATE |
| period\_type\_concept\_id |  |  | 44814724-Period covering healthcare encounters |

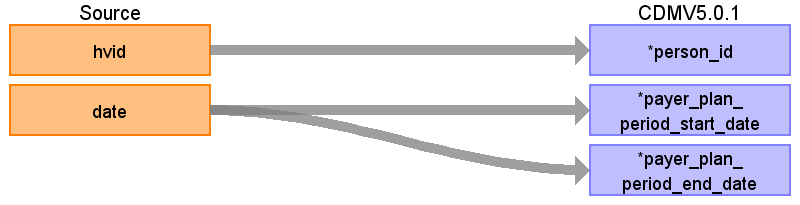
Table name: payer\_plan\_period

Enrollment entries are consolidated by combining records that indicate continuous enrollment over a period. Consolidation is done through the following steps:

[1] ENROLL records for each person are sorted in ascending order by DATE.

[2] Periods of continuous enrollment are consolidated by combining daily records as long as the time between the end of one enrollment period and the start of the next is 32 days or less (<=32).

Reading from sample\_enroll\_20170502.csv



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| payer\_plan\_period\_id |  |  | Autogenerate |
| person\_id | hvid |  | Lookup in PERSON based on |
| payer\_plan\_period\_start\_date | date |  |  |
| payer\_plan\_period\_end\_date | date |  |  |
| payer\_source\_value |  |  | Private Source 17 |
| plan\_source\_value |  |  |  |
| family\_source\_value |  |  |  |

Table name: visit\_occurrence

Reading from sample\_medical\_claims\_20170502.csv

Note: This work will be process along with the STEM table

PART 1 - Assign IP, OP, ER, or LTC to claim lines based on REVENUE\_CODE, PROCEDURE\_CODE, and PLACE\_OF\_SERVICE\_STD\_ID.

* Start with PLACE\_OF\_SERVICE\_STD\_ID -> 13,31,32,34 claim line is LTC
* If PLACE\_OF\_SERVICE\_STD\_ID = 21 OR
  + REVENUE\_CODE between 0100 and 0219
  + REVENUE\_CODE between 0720 and 0729
  + REVENUE\_CODE between 0800 and 0809
  + Then claim line is IP
* Otherwise, if PLACE\_OF\_SERVICE\_STD\_ID = 23 OR
  + REVENUE\_CODE between 0450 and 0459
  + REVENUE\_CODE = 0981
  + PROCEDURE\_CODE = 99281, 99282, 99283, 99284, 99285
  + Then claim line is ER
* All else are OP

PART 2 - Generate visits by:

-For claim type = ‘LTCP’:

---Sort data in ascending order by PERSON\_ID, VISIT\_START\_DATE, VISIT\_END\_DATE, STEM.ID

---Then by PERSON\_ID, collapse lines of claim as long as the time between the VISIT\_END\_DATE of one line and the VISIT\_START\_DATE of the next is <=32. Each consolidated long term care claim is considered as one long term care visit, set

------MIN(VISIT\_START\_DATE) as VISIT\_START\_DATE

------MAX(VISIT\_END\_DATE) as VISIT\_END\_DATE

------‘LTCP’ as PLACE\_OF\_SERVICE\_SOURCE\_VALUE

---As you are collapsing records take the PROV\_RENDERING\_NPI from the first claim line of each visit as VISIT\_PROV\_RENDERING\_NPI, this will be used later to assign providers associated to a visit.

-For claim type = ‘IP’:

---Sort data in ascending order by PERSON\_ID, VISIT\_START\_DATE, VISIT\_END\_DATE, STEM.ID.

---Then by PERSON\_ID, collapse lines of claim as long as the time between the VISIT\_END\_DATE of one line and the VISIT\_START\_DATE of the next is <=1.

---Then each consolidated inpatient claim is considered as one inpatient visit, set

------MIN(VISIT\_START\_DATE) as VISIT\_START\_DATE

------MAX(VISIT\_END\_DATE) as VISIT\_END\_DATE

------‘IP’ as PLACE\_OF\_SERVICE\_SOURCE\_VALUE

---As you are collapsing records take the PROV\_RENDERING\_NPI from the first claim line of each visit as VISIT\_PROV\_RENDERING\_NPI, this will be used later to assign providers associated to a visit.

---See if any ‘OP’ or ‘ER’ records occur during an ‘IP’ visit. These should be consolidated into that ‘IP’ visit, unless it is an ‘ER’ visit that starts and ends on the first day of the ‘IP’ visit. Types of OP visits not collapsed: [1] if an OP starts before an IP but ends during an IP or [2] if an OP starts before and ends after an IP visit. If an OP is collapsed into an IP and its VISIT\_END\_DATE is greater than the IP's VISIT\_END\_DATE it does not change the IP VISIT\_END\_DATE.

-For claim type = ‘ER’

---Sort data in ascending order by PERSON\_ID, VISIT\_START\_DATE, VISIT\_END\_DATE, STEM.ID.

---Then by PERSON\_ID, collapse all ‘ER’ claims that start on the same day as one ER visit, then take VISIT\_START\_DATE as VISIT\_START\_DATE, MAX (VISIT\_END\_DATE) as VISIT\_END\_DATE, and ‘ER’ as PLACE\_OF\_SERVICE\_SOURCE\_VALUE.

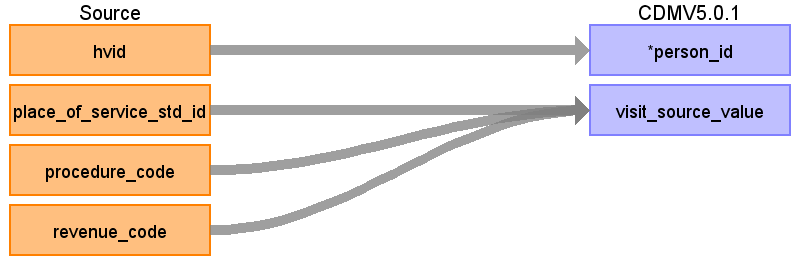
---As you are collapsing records take the PROV\_RENDERING\_NPI from the first claim line of each visit as VISIT\_PROV\_RENDERING\_NPI, this will be used later to assign providers associated to a visit.

-For claim type = ‘OP’

---Sort data in ascending order by PERSON\_ID, VISIT\_START\_DATE, VISIT\_END\_DATE, STEM.ID.

---Then by PERSON\_ID and VISIT\_START\_DATE, collapse all ‘OP’ claims that have the same PROV\_RENDERING\_NPI as one OP visit, then take VISIT\_START\_DATE as VISIT\_START\_DATE, MAX (VISIT\_END\_DATE) as VISIT\_END\_DATE, and ‘OP’ as PLACE\_OF\_SERVICE\_SOURCE\_VALUE.

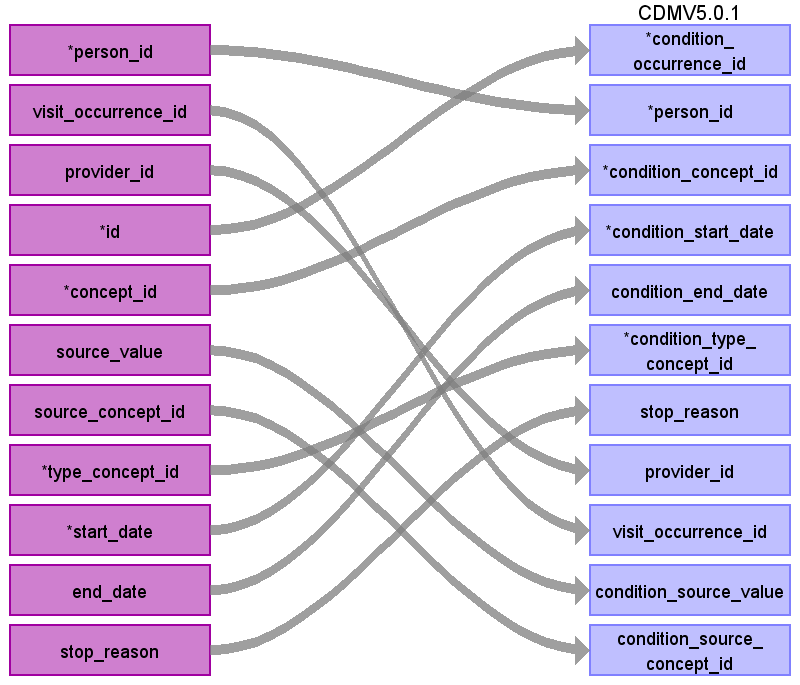
---As you are collapsing records take the PROV\_RENDERING\_NPI from the first claim line of each visit as VISIT\_PROV\_RENDERING\_NPI, this will be used later to assign providers associated to a visit.



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| visit\_occurrence\_id |  |  | Autogenerate |
| person\_id | hvid |  | Lookup in PERSON based on |
| visit\_concept\_id |  |  |  |
| visit\_start\_date |  |  |  |
| visit\_start\_time |  |  |  |
| visit\_end\_date |  |  |  |
| visit\_end\_time |  |  |  |
| visit\_type\_concept\_id |  |  |  |
| provider\_id |  |  |  |
| care\_site\_id |  |  |  |
| visit\_source\_value | revenue\_code  place\_of\_service\_std\_id  procedure\_code |  | IF (REVENUE\_CODE >= '0100' AND REVENUE\_CODE <= '0219') /\* Room and Board Charges \*/  OR (REVENUE\_CODE >= '0720' AND REVENUE\_CODE <= '0729') /\* Labor Room and Delivery \*/  OR (REVENUE\_CODE >= '0800' AND REVENUE\_CODE <= '0809') /\* Inpatient Renal Dialysis \*/  THEN  IF PLACE\_OF\_SERVICE\_STD\_ID IN (13,31,32,34) THEN CLAIM\_TYPE = 'LTC'  ELSE CLAIM\_TYPE = 'IP';  ELSE IF PLACE\_OF\_SERVICE\_STD\_ID IN (23)  OR (REVENUE\_CODE >= '0450' AND REVENUE\_CODE <= '0459')  OR REVENUE\_CODE ='0981'  OR PROCEDURE\_CODE IN ('99281','99282','99283','99284','99285')  THEN CLAIM\_TYPE= 'ER';  ELSE CLAIM\_TYPE = 'OP'; |
| visit\_source\_concept\_id |  |  |  |

Table name: condition\_occurrence

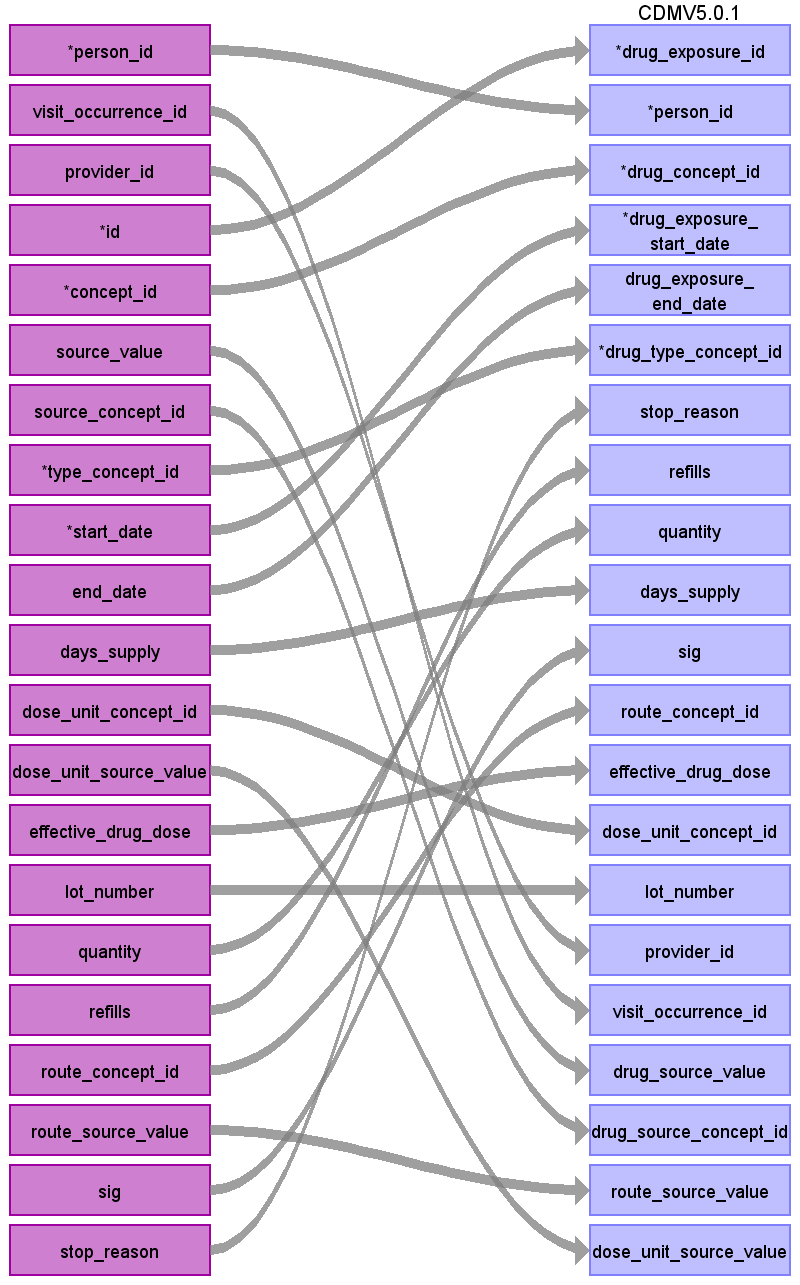
Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| condition\_occurrence\_id | id |  |  |
| person\_id | person\_id |  |  |
| condition\_concept\_id | concept\_id |  |  |
| condition\_start\_date | start\_date |  |  |
| condition\_end\_date | end\_date |  |  |
| condition\_type\_concept\_id | type\_concept\_id |  |  |
| stop\_reason | stop\_reason |  |  |
| provider\_id | provider\_id |  |  |
| visit\_occurrence\_id | visit\_occurrence\_id |  |  |
| condition\_source\_value | source\_value |  |  |
| condition\_source\_concept\_id | source\_concept\_id |  |  |

Table name: drug\_exposure

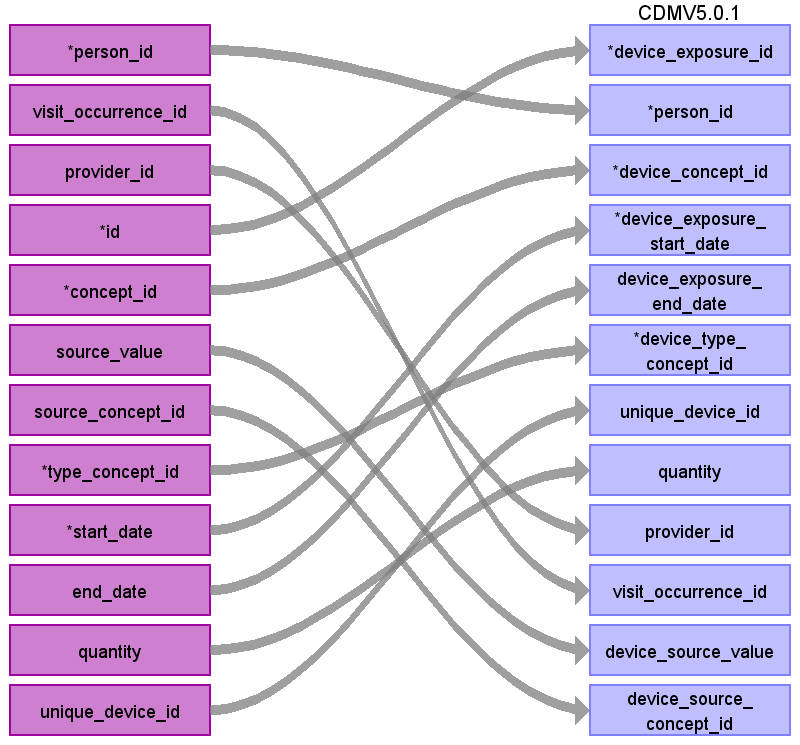
Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| drug\_exposure\_id | id |  |  |
| person\_id | person\_id |  |  |
| drug\_concept\_id | concept\_id |  |  |
| drug\_exposure\_start\_date | start\_date |  |  |
| drug\_exposure\_end\_date | end\_date |  |  |
| drug\_type\_concept\_id | type\_concept\_id |  |  |
| stop\_reason | stop\_reason |  |  |
| refills | refills |  |  |
| quantity | quantity |  |  |
| days\_supply | days\_supply |  |  |
| sig | sig |  |  |
| route\_concept\_id | route\_concept\_id |  |  |
| effective\_drug\_dose | effective\_drug\_dose |  |  |
| dose\_unit\_concept\_id | dose\_unit\_concept\_id |  |  |
| lot\_number | lot\_number |  |  |
| provider\_id | provider\_id |  |  |
| visit\_occurrence\_id | visit\_occurrence\_id |  |  |
| drug\_source\_value | source\_value |  |  |
| drug\_source\_concept\_id | source\_concept\_id |  |  |
| route\_source\_value | route\_source\_value |  |  |
| dose\_unit\_source\_value | dose\_unit\_source\_value |  |  |

Table name: device\_exposure

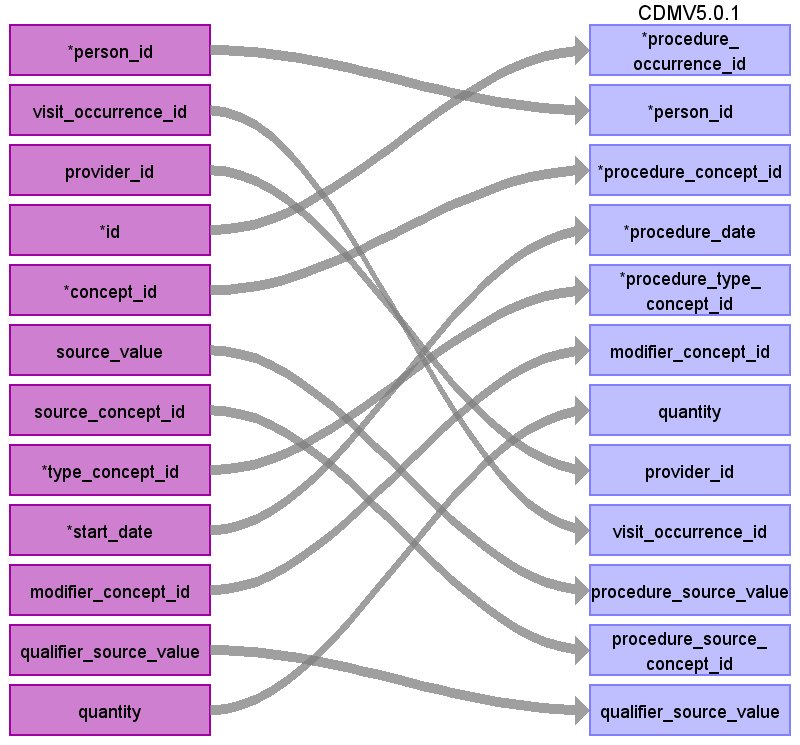
Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| device\_exposure\_id | id |  |  |
| person\_id | person\_id |  |  |
| device\_concept\_id | concept\_id |  |  |
| device\_exposure\_start\_date | start\_date |  |  |
| device\_exposure\_end\_date | end\_date |  |  |
| device\_type\_concept\_id | type\_concept\_id |  |  |
| unique\_device\_id | unique\_device\_id |  |  |
| quantity | quantity |  |  |
| provider\_id | provider\_id |  |  |
| visit\_occurrence\_id | visit\_occurrence\_id |  |  |
| device\_source\_value | source\_value |  |  |
| device\_source\_concept\_id | source\_concept\_id |  |  |

Table name: procedure\_occurrence

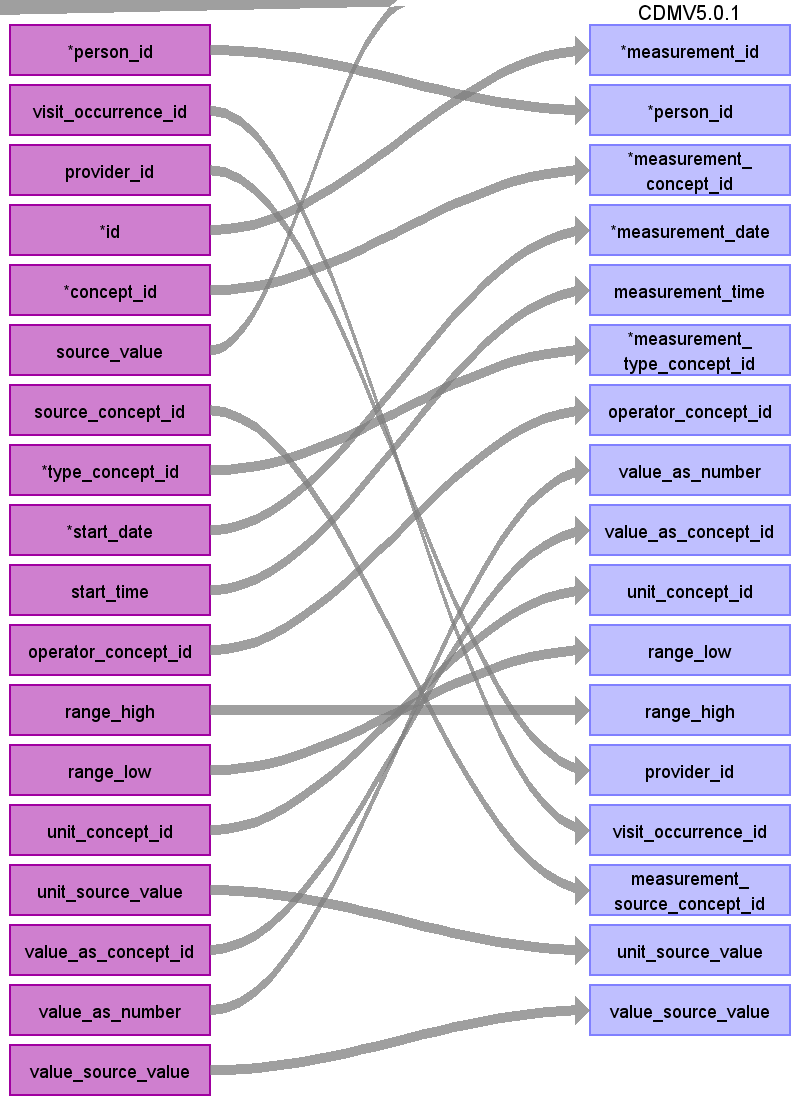
Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| procedure\_occurrence\_id | id |  |  |
| person\_id | person\_id |  |  |
| procedure\_concept\_id | concept\_id |  |  |
| procedure\_date | start\_date |  |  |
| procedure\_type\_concept\_id | type\_concept\_id |  |  |
| modifier\_concept\_id | modifier\_concept\_id |  |  |
| quantity | quantity |  |  |
| provider\_id | provider\_id |  |  |
| visit\_occurrence\_id | visit\_occurrence\_id |  |  |
| procedure\_source\_value | source\_value |  |  |
| procedure\_source\_concept\_id | source\_concept\_id |  |  |
| qualifier\_source\_value | qualifier\_source\_value |  |  |

Table name: measurement

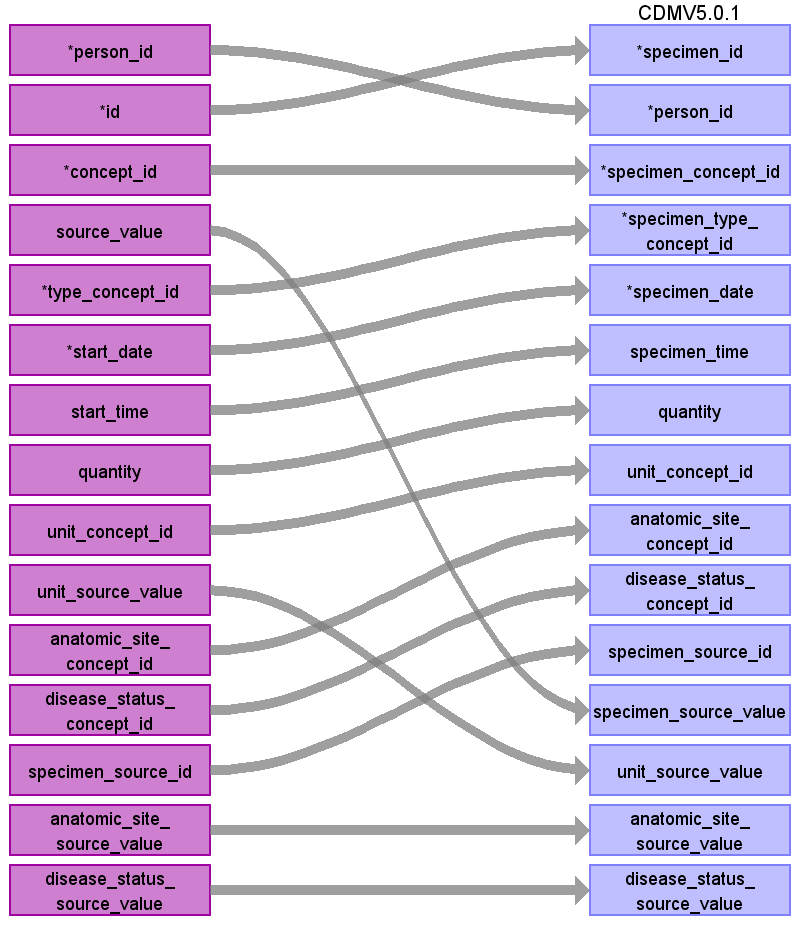
Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| measurement\_id | id |  |  |
| person\_id | person\_id |  |  |
| measurement\_concept\_id | concept\_id |  |  |
| measurement\_date | start\_date |  |  |
| measurement\_time | start\_time |  |  |
| measurement\_type\_concept\_id | type\_concept\_id |  |  |
| operator\_concept\_id | operator\_concept\_id |  |  |
| value\_as\_number | value\_as\_number |  |  |
| value\_as\_concept\_id | value\_as\_concept\_id |  |  |
| unit\_concept\_id | unit\_concept\_id |  |  |
| range\_low | range\_low |  |  |
| range\_high | range\_high |  |  |
| provider\_id | provider\_id |  |  |
| visit\_occurrence\_id | visit\_occurrence\_id |  |  |
| measurement\_source\_value |  |  |  |
| measurement\_source\_concept\_id | source\_concept\_id |  |  |
| unit\_source\_value | unit\_source\_value |  |  |
| value\_source\_value | value\_source\_value |  |  |

Table name: specimen

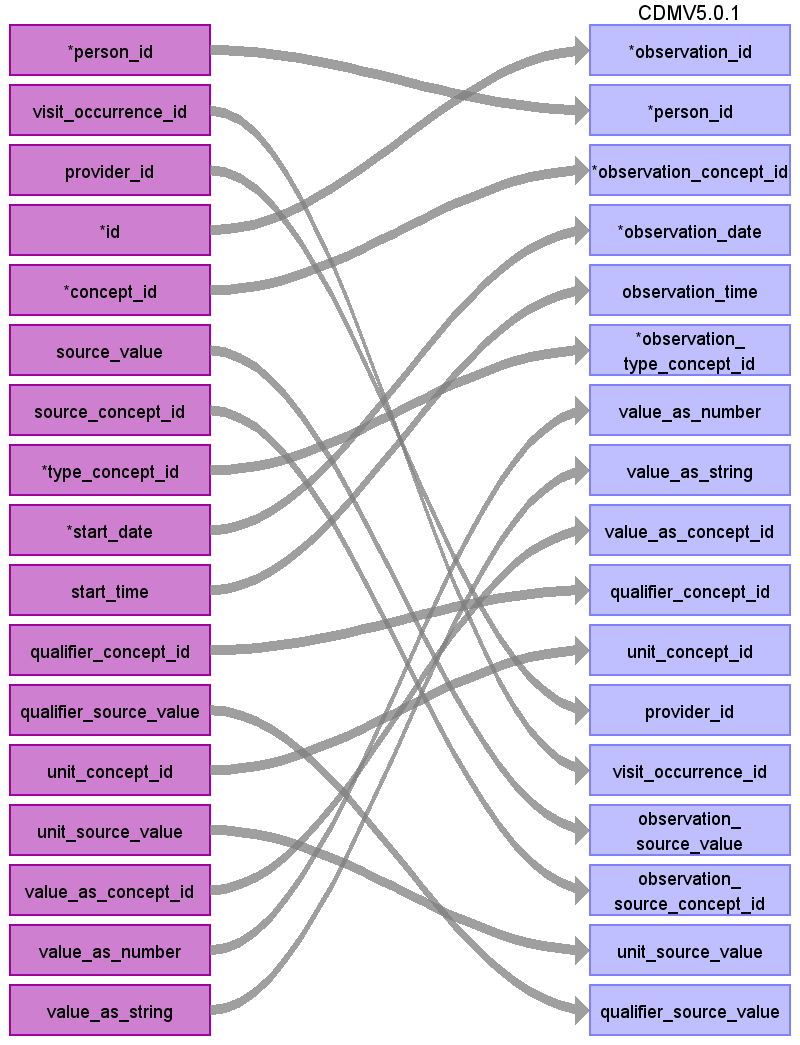
Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| specimen\_id | id |  |  |
| person\_id | person\_id |  |  |
| specimen\_concept\_id | concept\_id |  |  |
| specimen\_type\_concept\_id | type\_concept\_id |  |  |
| specimen\_date | start\_date |  |  |
| specimen\_time | start\_time |  |  |
| quantity | quantity |  |  |
| unit\_concept\_id | unit\_concept\_id |  |  |
| anatomic\_site\_concept\_id | anatomic\_site\_concept\_id |  |  |
| disease\_status\_concept\_id | disease\_status\_concept\_id |  |  |
| specimen\_source\_id | specimen\_source\_id |  |  |
| specimen\_source\_value | source\_value |  |  |
| unit\_source\_value | unit\_source\_value |  |  |
| anatomic\_site\_source\_value | anatomic\_site\_source\_value |  |  |
| disease\_status\_source\_value | disease\_status\_source\_value |  |  |

Table name: observation

Reading from stem\_table



|  |  |  |  |
| --- | --- | --- | --- |
| Destination Field | Source Field | Logic | Comment |
| observation\_id | id |  |  |
| person\_id | person\_id |  |  |
| observation\_concept\_id | concept\_id |  |  |
| observation\_date | start\_date |  |  |
| observation\_time | start\_time |  |  |
| observation\_type\_concept\_id | type\_concept\_id |  |  |
| value\_as\_number | value\_as\_number |  |  |
| value\_as\_string | value\_as\_string |  |  |
| value\_as\_concept\_id | value\_as\_concept\_id |  |  |
| qualifier\_concept\_id | qualifier\_concept\_id |  |  |
| unit\_concept\_id | unit\_concept\_id |  |  |
| provider\_id | provider\_id |  |  |
| visit\_occurrence\_id | visit\_occurrence\_id |  |  |
| observation\_source\_value | source\_value |  |  |
| observation\_source\_concept\_id | source\_concept\_id |  |  |
| unit\_source\_value | unit\_source\_value |  |  |
| qualifier\_source\_value | qualifier\_source\_value |  |  |

Table name: note

Table name: death

Table name: fact\_relationship

Table name: drug\_era

https://github.com/OHDSI/Era-Constructor/tree/master/v5/PostgreSQL

https://gist.github.com/chrisknoll/64da3ee06b271763d1be

https://gist.github.com/chrisknoll/c820cc12d833db2e3d1e

Table name: dose\_era

Table name: condition\_era

Table name: cohort

Table name: cohort\_definition

Table name: cohort\_attribute

Table name: attribute\_definition

Table name: cost

Appendix: source tables

Table: sample\_enroll\_20170502.csv

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Type | Most freq. value | Comment |
| data\_feed | int | 16 |  |
| hvid | int | List truncated... |  |
| date | varchar | List truncated... |  |
| coverage\_ind | varchar | List truncated... |  |

Table: sample\_medical\_claims\_20170502.csv

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Type | Most freq. value | Comment |
| record\_id | int |  |  |
| claim\_id | varchar |  |  |
| hvid | int |  |  |
| created | varchar |  |  |
| model\_version | int |  |  |
| data\_set | varchar |  |  |
| data\_feed | int |  |  |
| data\_vendor | varchar |  |  |
| source\_version | varchar |  |  |
| patient\_gender | varchar |  |  |
| patient\_age | varchar |  |  |
| patient\_year\_of\_birth | int |  |  |
| patient\_zip3 | int |  |  |
| patient\_state | varchar |  |  |
| claim\_type | varchar |  |  |
| date\_received | varchar |  |  |
| date\_service | varchar |  |  |
| date\_service\_end | varchar |  |  |
| inst\_date\_admitted | varchar |  |  |
| inst\_date\_discharged | varchar |  |  |
| inst\_admit\_type\_std\_id | varchar |  |  |
| inst\_admit\_type\_vendor\_id | varchar |  |  |
| inst\_admit\_type\_vendor\_desc | varchar |  |  |
| inst\_admit\_source\_std\_id | varchar |  |  |
| inst\_admit\_source\_vendor\_id | varchar |  |  |
| inst\_admit\_source\_vendor\_desc | varchar |  |  |
| inst\_discharge\_status\_std\_id | varchar |  |  |
| inst\_discharge\_status\_vendor\_id | varchar |  |  |
| inst\_discharge\_status\_vendor\_desc | varchar |  |  |
| inst\_type\_of\_bill\_std\_id | varchar |  |  |
| inst\_type\_of\_bill\_vendor\_id | varchar |  |  |
| inst\_type\_of\_bill\_vendor\_desc | varchar |  |  |
| inst\_drg\_std\_id | varchar |  |  |
| inst\_drg\_vendor\_id | varchar |  |  |
| inst\_drg\_vendor\_desc | varchar |  |  |
| place\_of\_service\_std\_id | int |  |  |
| place\_of\_service\_vendor\_id | varchar |  |  |
| place\_of\_service\_vendor\_desc | varchar |  |  |
| service\_line\_number | int |  |  |
| diagnosis\_code | varchar |  |  |
| diagnosis\_code\_qual | int |  |  |
| diagnosis\_priority | int |  |  |
| admit\_diagnosis\_ind | varchar |  | Not currently in 5.0.1. |
| procedure\_code | varchar |  |  |
| procedure\_code\_qual | varchar |  |  |
| principal\_proc\_ind | varchar |  |  |
| procedure\_units | int |  |  |
| procedure\_modifier\_1 | varchar |  |  |
| procedure\_modifier\_2 | varchar |  | Not pulling in. |
| procedure\_modifier\_3 | varchar |  | Not pulling in. |
| procedure\_modifier\_4 | varchar |  | Not pulling in. |
| revenue\_code | varchar |  | Will be used to determine visit type. |
| ndc\_code | varchar |  | Will just use PROCEDURE\_CODE mapping instead this helper. |
| medical\_coverage\_type | varchar |  | We don't have a key for this data so will not use. |
| line\_charge | varchar |  |  |
| line\_allowed | varchar |  |  |
| total\_charge | varchar |  |  |
| total\_allowed | varchar |  |  |
| prov\_rendering\_npi | varchar |  |  |
| prov\_billing\_npi | varchar |  |  |
| prov\_referring\_npi | varchar |  |  |
| prov\_facility\_npi | varchar |  |  |
| payer\_vendor\_id | varchar |  |  |
| payer\_name | varchar |  |  |
| payer\_parent\_name | varchar |  |  |
| payer\_org\_name | varchar |  |  |
| payer\_plan\_id | varchar |  |  |
| payer\_plan\_name | varchar |  |  |
| payer\_type | varchar |  |  |
| prov\_rendering\_vendor\_id | varchar |  |  |
| prov\_rendering\_tax\_id | varchar |  |  |
| prov\_rendering\_dea\_id | varchar |  |  |
| prov\_rendering\_ssn | varchar |  |  |
| prov\_rendering\_state\_license | varchar |  |  |
| prov\_rendering\_upin | varchar |  |  |
| prov\_rendering\_commercial\_id | varchar |  |  |
| prov\_rendering\_name\_1 | varchar |  |  |
| prov\_rendering\_name\_2 | varchar |  |  |
| prov\_rendering\_address\_1 | varchar |  |  |
| prov\_rendering\_address\_2 | varchar |  |  |
| prov\_rendering\_city | varchar |  |  |
| prov\_rendering\_state | varchar |  |  |
| prov\_rendering\_zip | varchar |  |  |
| prov\_rendering\_std\_taxonomy | varchar |  |  |
| prov\_rendering\_vendor\_specialty | varchar |  |  |
| prov\_billing\_vendor\_id | varchar |  |  |
| prov\_billing\_tax\_id | varchar |  |  |
| prov\_billing\_dea\_id | varchar |  |  |
| prov\_billing\_ssn | varchar |  |  |
| prov\_billing\_state\_license | varchar |  |  |
| prov\_billing\_upin | varchar |  |  |
| prov\_billing\_commercial\_id | varchar |  |  |
| prov\_billing\_name\_1 | varchar |  |  |
| prov\_billing\_name\_2 | varchar |  |  |
| prov\_billing\_address\_1 | varchar |  |  |
| prov\_billing\_address\_2 | varchar |  |  |
| prov\_billing\_city | varchar |  |  |
| prov\_billing\_state | varchar |  |  |
| prov\_billing\_zip | varchar |  |  |
| prov\_billing\_std\_taxonomy | varchar |  |  |
| prov\_billing\_vendor\_specialty | varchar |  |  |
| prov\_referring\_vendor\_id | varchar |  |  |
| prov\_referring\_tax\_id | varchar |  |  |
| prov\_referring\_dea\_id | varchar |  |  |
| prov\_referring\_ssn | varchar |  |  |
| prov\_referring\_state\_license | varchar |  |  |
| prov\_referring\_upin | varchar |  |  |
| prov\_referring\_commercial\_id | varchar |  |  |
| prov\_referring\_name\_1 | varchar |  |  |
| prov\_referring\_name\_2 | varchar |  |  |
| prov\_referring\_address\_1 | varchar |  |  |
| prov\_referring\_address\_2 | varchar |  |  |
| prov\_referring\_city | varchar |  |  |
| prov\_referring\_state | varchar |  |  |
| prov\_referring\_zip | varchar |  |  |
| prov\_referring\_std\_taxonomy | varchar |  |  |
| prov\_referring\_vendor\_specialty | varchar |  |  |
| prov\_facility\_vendor\_id | varchar |  |  |
| prov\_facility\_tax\_id | varchar |  |  |
| prov\_facility\_dea\_id | varchar |  |  |
| prov\_facility\_ssn | varchar |  |  |
| prov\_facility\_state\_license | varchar |  |  |
| prov\_facility\_upin | varchar |  |  |
| prov\_facility\_commercial\_id | varchar |  |  |
| prov\_facility\_name\_1 | varchar |  |  |
| prov\_facility\_name\_2 | varchar |  |  |
| prov\_facility\_address\_1 | varchar |  |  |
| prov\_facility\_address\_2 | varchar |  |  |
| prov\_facility\_city | varchar |  |  |
| prov\_facility\_state | varchar |  |  |
| prov\_facility\_zip | varchar |  |  |
| prov\_facility\_std\_taxonomy | varchar |  |  |
| prov\_facility\_vendor\_specialty | varchar |  |  |
| cob\_payer\_vendor\_id\_1 | varchar |  |  |
| cob\_payer\_seq\_code\_1 | varchar |  |  |
| cob\_payer\_hpid\_1 | varchar |  |  |
| cob\_payer\_claim\_filing\_ind\_code\_1 | varchar |  |  |
| cob\_ins\_type\_code\_1 | varchar |  |  |
| cob\_payer\_vendor\_id\_2 | varchar |  |  |
| cob\_payer\_seq\_code\_2 | varchar |  |  |
| cob\_payer\_hpid\_2 | varchar |  |  |
| cob\_payer\_claim\_filing\_ind\_code\_2 | varchar |  |  |
| cob\_ins\_type\_code\_2 | varchar |  |  |

Table: sample\_pharmacy\_claims\_20170502.csv

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Type | Most freq. value | Comment |
| record\_id | int |  |  |
| claim\_id | varchar |  |  |
| hvid | varchar |  |  |
| created | varchar |  |  |
| model\_version | int |  |  |
| data\_set | varchar |  |  |
| data\_feed | int |  |  |
| data\_vendor | varchar |  |  |
| source\_version | varchar |  |  |
| patient\_gender | varchar |  |  |
| patient\_age | varchar |  |  |
| patient\_year\_of\_birth | varchar |  |  |
| patient\_zip3 | varchar |  |  |
| patient\_state | varchar |  |  |
| date\_service | varchar |  |  |
| date\_written | varchar |  |  |
| date\_injury | varchar |  |  |
| date\_authorized | varchar |  |  |
| time\_authorized | varchar |  |  |
| transaction\_code\_std | varchar |  |  |
| transaction\_code\_vendor | varchar |  |  |
| response\_code\_std | varchar |  |  |
| response\_code\_vendor | varchar |  |  |
| reject\_reason\_code\_1 | varchar |  |  |
| reject\_reason\_code\_2 | varchar |  |  |
| reject\_reason\_code\_3 | varchar |  |  |
| reject\_reason\_code\_4 | varchar |  |  |
| reject\_reason\_code\_5 | varchar |  |  |
| diagnosis\_code\_qual | varchar |  |  |
| procedure\_code | varchar |  |  |
| procedure\_code\_qual | varchar |  |  |
| ndc\_code | int |  |  |
| product\_service\_id | varchar |  |  |
| product\_service\_id\_qual | varchar |  |  |
| rx\_number | varchar |  |  |
| rx\_number\_qual | varchar |  |  |
| bin\_number | varchar |  |  |
| processor\_control\_number | varchar |  |  |
| fill\_number | int |  |  |
| refill\_auth\_amount | int |  |  |
| dispensed\_quantity | real |  |  |
| unit\_of\_measure | varchar |  |  |
| days\_supply | int |  |  |
| pharmacy\_npi | int |  |  |
| prov\_dispensing\_npi | varchar |  |  |
| payer\_id | varchar |  |  |
| payer\_id\_qual | varchar |  |  |
| payer\_name | varchar |  |  |
| payer\_parent\_name | varchar |  |  |
| payer\_org\_name | varchar |  |  |
| payer\_plan\_id | varchar |  |  |
| payer\_plan\_name | varchar |  |  |
| payer\_type | varchar |  |  |
| compound\_code | varchar |  |  |
| unit\_dose\_indicator | varchar |  |  |
| dispensed\_as\_written | varchar |  |  |
| prescription\_origin | varchar |  |  |
| submission\_clarification | varchar |  |  |
| orig\_prescribed\_product\_service\_code | varchar |  |  |
| orig\_prescribed\_product\_service\_code\_qual | varchar |  |  |
| orig\_prescribed\_quantity | varchar |  |  |
| prior\_auth\_type\_code | varchar |  |  |
| level\_of\_service | int |  |  |
| reason\_for\_service | varchar |  |  |
| professional\_service\_code | varchar |  |  |
| result\_of\_service\_code | varchar |  |  |
| prov\_prescribing\_npi | varchar |  |  |
| prov\_primary\_care\_npi | varchar |  |  |
| cob\_count | varchar |  |  |
| usual\_and\_customary\_charge | varchar |  |  |
| sales\_tax | varchar |  |  |
| product\_selection\_attributed | varchar |  |  |
| other\_payer\_recognized | varchar |  |  |
| periodic\_deductible\_applied | varchar |  |  |
| periodic\_benefit\_exceed | varchar |  |  |
| accumulated\_deductible | varchar |  |  |
| remaining\_deductible | varchar |  |  |
| remaining\_benefit | varchar |  |  |
| copay\_coinsurance | varchar |  |  |
| basis\_of\_cost\_determination | varchar |  |  |
| submitted\_ingredient\_code | varchar |  |  |
| submitted\_dispensing\_fee | varchar |  |  |
| submitted\_incentive | varchar |  |  |
| submitted\_gross\_due | varchar |  |  |
| submitted\_professional\_service\_fee | varchar |  |  |
| submitted\_flat\_sales\_tax | varchar |  |  |
| submitted\_percent\_sales\_tax\_basis | varchar |  |  |
| submitted\_percent\_sales\_tax\_amount | varchar |  |  |
| submitted\_patient\_pay | varchar |  |  |
| submitted\_other\_claimed\_qual | varchar |  |  |
| submitted\_other\_claimed | varchar |  |  |
| basis\_of\_reimbursement\_determination | varchar |  |  |
| paid\_ingredient\_cost | varchar |  |  |
| paid\_dispensing\_fee | varchar |  |  |
| paid\_incentive | varchar |  |  |
| paid\_gross\_due | varchar |  |  |
| paid\_professional\_service\_fee | varchar |  |  |
| paid\_flat\_sales\_tax | varchar |  |  |
| paid\_percent\_sales\_tax\_basis | varchar |  |  |
| paid\_percent\_sales\_tax\_rate | varchar |  |  |
| paid\_percent\_sales\_tax | varchar |  |  |
| paid\_patient\_pay | varchar |  |  |
| paid\_other\_claimed\_qual | varchar |  |  |
| paid\_other\_claimed | varchar |  |  |
| tax\_exempt\_indicator | varchar |  |  |
| coupon\_type | varchar |  |  |
| coupon\_number | varchar |  |  |
| coupon\_value | varchar |  |  |
| pharmacy\_other\_id | varchar |  |  |
| pharmacy\_other\_qual | varchar |  |  |
| pharmacy\_postal\_code | varchar |  |  |
| prov\_dispensing\_id | varchar |  |  |
| prov\_dispensing\_qual | varchar |  |  |
| prov\_prescribing\_id | varchar |  |  |
| prov\_prescribing\_qual | varchar |  |  |
| prov\_primary\_care\_id | varchar |  |  |
| prov\_primary\_care\_qual | varchar |  |  |
| other\_payer\_coverage\_type | varchar |  |  |
| other\_payer\_coverage\_id | varchar |  |  |
| other\_payer\_coverage\_qual | varchar |  |  |
| other\_payer\_date | varchar |  |  |
| other\_payer\_coverage\_code | varchar |  |  |
| logical\_delete\_reason | varchar |  |  |

Table: sample\_stable\_panel\_med\_claims\_20170502.csv

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Type | Most freq. value | Comment |
| data\_feed | int |  |  |
| prov\_rendering\_npi | int |  |  |
| claim\_type | varchar |  |  |
| svcmonth | varchar |  |  |
| specialty | varchar |  |  |
| pct\_matched | real |  |  |
| total\_days | int |  |  |
| avg\_daily\_claims | real |  |  |
| stddev\_daily\_claims | real |  |  |
| total\_below\_pctile1 | varchar |  |  |
| total\_below\_pctile5 | varchar |  |  |
| total\_below\_pctile10 | varchar |  |  |
| total\_above\_pctile90 | varchar |  |  |
| total\_above\_pctile95 | varchar |  |  |
| total\_above\_pctile99 | varchar |  |  |
| spec\_below\_pctile1 | varchar |  |  |
| spec\_below\_pctile5 | varchar |  |  |
| spec\_below\_pctile10 | varchar |  |  |
| spec\_above\_pctile90 | varchar |  |  |
| spec\_above\_pctile95 | varchar |  |  |
| spec\_above\_pctile99 | varchar |  |  |

Table: sample\_stable\_panel\_pharm\_claims\_20170502.csv

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Type | Most freq. value | Comment |
| data\_feed | int |  |  |
| prov\_pharmacy\_npi | int |  |  |
| svcmonth | varchar |  |  |
| specialty | varchar |  |  |
| pct\_matched | real |  |  |
| total\_days | int |  |  |
| avg\_daily\_claims | real |  |  |
| stddev\_daily\_claims | real |  |  |
| total\_below\_pctile1 | varchar |  |  |
| total\_below\_pctile5 | varchar |  |  |
| total\_below\_pctile10 | varchar |  |  |
| total\_above\_pctile90 | varchar |  |  |
| total\_above\_pctile95 | varchar |  |  |
| total\_above\_pctile99 | varchar |  |  |
| spec\_below\_pctile1 | varchar |  |  |
| spec\_below\_pctile5 | varchar |  |  |
| spec\_below\_pctile10 | varchar |  |  |
| spec\_above\_pctile90 | varchar |  |  |
| spec\_above\_pctile95 | varchar |  |  |
| spec\_above\_pctile99 | varchar |  |  |

Table: stem\_table

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Type | Most freq. value | Comment |
| domain\_id | CHARACTER VARYING |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Default domain = CONDITION from unless udpated by a Vocabulary mapping from CONCEPT\_ID  PROCEDURE\_CODE:  ================  Default domain = PROCEDURE from unless updated by a Vocabulary mapping from CONCEPT\_ID  =====PHARMACY\_CLAIMS=====  ==========================  Default domain = DRUG from unless updated by a Vocabulary mapping from CONCEPT\_ID |
| person\_id | INTEGER |  | Lookup in PERSON based on |
| visit\_occurrence\_id | INTEGER |  | TBD |
| provider\_id | INTEGER |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE & PROCEDURE\_CODE:  ================  Lookup in the PROVIDER table leveraging NPI  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  ==========  Lookup in the PROVIDER table leveraging NPI |
| id | INTEGER |  | Autogenerate |
| concept\_id | INTEGER |  | If no map, map to 0.  =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  01 = ICD9  02 = ICD10  Use the code in Section 3.1.2.  If diagnosis\_code\_qual=01 use the filter  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9CM')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  If diagnosis\_code\_qual=02 use the filter  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD10CM')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  PROCEDURE\_CODE:  ================  Use the code in Section 3.1.2.  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  AND TARGET\_CONCEPT\_CLASS\_ID NOT IN ('HCPCS Modifier','CPT4 Modifier','CPT4 Hierarchy', 'ICD10PCS Hierarchy')  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  Use the code in Section 3.1.2.  WHERE SOURCE\_VOCABULARY\_ID IN ('NDC')  AND TARGET\_STANDARD\_CONCEPT IS NOT NULL  AND TARGET\_INVALID\_REASON IS NULL  AND SVCDATE BETWEEN SOURCE\_VALID\_START\_DATE AND SOURCE\_VALID\_END\_DATE  When mapping prescription drug, try map the 11-digit NDC code to SOURCE\_CODE in OMOP vocab first to see if you make a map. If no mapping found, try the first 9 digits of NDC code to SOURCE\_CODE to see if you make a map. To be considered a valid mapping DATE\_SERVICE must fall between SOURCE\_VALID\_START\_DATE and SOURCE\_VALID\_END\_DATE |
| source\_value | CHARACTER VARYING |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  DIAGNOSIS\_CODE  PROCEDURE\_CODE:  ================  PROCEDURE\_CODE  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  ==========  NDC\_CODE  Do not change source value if a 9 digit NDC is used over 11 digit. |
| source\_concept\_id | INTEGER |  | If no map, map to 0.  =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Use the code in Section 3.1.1.  If diagnosis\_code\_qual=01 use the filter: WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9CM')  AND TARGET\_VOCABULARY\_ID IN ('ICD9CM')  If diagnosis\_code\_qual=02 use the filter: WHERE SOURCE\_VOCABULARY\_ID IN ('ICD10CM')  AND TARGET\_VOCABULARY\_ID IN ('ICD10CM')  PROCEDURE\_CODE:  ================  Use the code in Section 3.1.1.  WHERE SOURCE\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_VOCABULARY\_ID IN ('ICD9Proc','HCPCS','CPT4', 'ICD10PCS')  AND TARGET\_CONCEPT\_CLASS\_ID NOT IN ('HCPCS Modifier','CPT4 Modifier', 'CPT4 Hierarchy', 'ICD10PCS Hierarchy')  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  Use the code in Section 3.1.1.  WHERE SOURCE\_VOCABULARY\_ID IN ('NDC')  AND TARGET\_VOCABULARY\_ID IN ('NDC')  AND SVCDATE BETWEEN SOURCE\_VALID\_START\_DATE AND SOURCE\_VALID\_END\_DATE  To be considered a valid mapping DATE\_SERVICE must fall between SOURCE\_VALID\_START\_DATE and SOURCE\_VALID\_END\_DATE |
| type\_concept\_id | INTEGER |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  Using DIAGNOSIS\_PRIORITY:  1 = 44786627 - Primary Condition  2+ = 44786629 - Secondary Condition  PROCEDURE\_CODE:  ================  Using PRINCIPAL\_PROC\_IND  1= 44786630 Primary Procedure  NULL/'' = 44786631-Secondary Procedure  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  When DATA\_VENDOR = "WebMD" then 38000175 /\*Prescription dispensed in pharmacy\*/  When DATA\_VENDOR = "Private Source 17" then 38000177 /\*Prescription written\*/  ELSE 0  For "Private Source 17" we are requesting a new data type of "Drug from Claim" |
| start\_date | DATE |  |  |
| end\_date | DATE |  |  |
| start\_time | TIME |  | NULL |
| days\_supply | INTEGER |  | =====MEDICAL\_CLAIMS=====  ========================  NULL  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE  =========  DAYS\_SUPPLY |
| dose\_unit\_concept\_id | INTEGER |  | 0 |
| dose\_unit\_source\_value | CHARACTER VARYING |  | NULL |
| effective\_drug\_dose | FLOAT |  | NULL |
| lot\_number | CHARACTER VARYING |  | NULL |
| modifier\_concept\_id | INTEGER |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  0  PROCEDURE\_CODE:  ================  Using PROCEDURE\_MODIFIER\_1  Use the code in Section 3.1.1.  When mapping PROCEDURE\_CODE determine what the VOCABULARY\_ID is, then you'll need to use the "Modifier" vocabulary for that same VOCABULARY. Example, if you the PROCEDURE\_CODE's VOCABULARY\_ID is CPT4 then the MODIFIER\_CONCEPT\_ID should use the following map:  WHERE SOURCE\_CONCEPT\_CLASS\_ID IN ('CPT4 Modifier')  AND TARGET\_CONCEPT\_CLASS\_ID IN ('CPT4 Modifier')  The list of modifiers are:  --CPT4 Modifier  --HCPC modifier  It is limitation that we are not pulling over PROCEDURE\_MODIFIER\_2-4 however they are only used about 3% of the time.  =====PHARMACY\_CLAIMS=====  ==========================  0 |
| operator\_concept\_id | INTEGER |  | 0 |
| qualifier\_concept\_id | INTEGER |  | 0 |
| qualifier\_source\_value | CHARACTER VARYING |  | NULL |
| quantity | INTEGER |  | =====MEDICAL\_CLAIMS=====  ========================  DIAGNOSIS\_CODE:  ================  NULL  PROCEDURE\_CODE:  ================  Use PROCEDURE\_UNITS as is  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  =========  DISPENSED\_QUANTITY |
| range\_high | FLOAT |  | NULL |
| range\_low | FLOAT |  | NULL |
| refills | INTEGER |  | =====MEDICAL\_CLAIMS=====  ========================  NULL  =====PHARMACY\_CLAIMS=====  ==========================  NDC\_CODE:  =========  REFILL\_AUTH\_AMOUNT |
| route\_concept\_id | INTEGER |  | 0 |
| route\_source\_value | CHARACTER VARYING |  | NULL |
| sig | CHARACTER VARYING |  | NULL |
| stop\_reason | CHARACTER VARYING |  | NULL |
| unique\_device\_id | CHARACTER VARYING |  | NULL |
| unit\_concept\_id | INTEGER |  | 0 |
| unit\_source\_value | CHARACTER VARYING |  | NULL |
| value\_as\_concept\_id | INTEGER |  | 0 |
| value\_as\_number | DECIMAL |  | NULL |
| value\_as\_string | CHARACTER VARYING |  | NULL |
| value\_source\_value | CHARACTER VARYING |  | NULL |
| anatomic\_site\_concept\_id | INTEGER |  | 0 |
| disease\_status\_concept\_id | INTEGER |  | 0 |
| specimen\_source\_id | INTEGER |  | NULL |
| anatomic\_site\_source\_value | CHARACTER VARYING |  | NULL |
| disease\_status\_source\_value | CHARACTER VARYING |  | NULL |