Source Data Mapping Approach to CDMV5.0.1

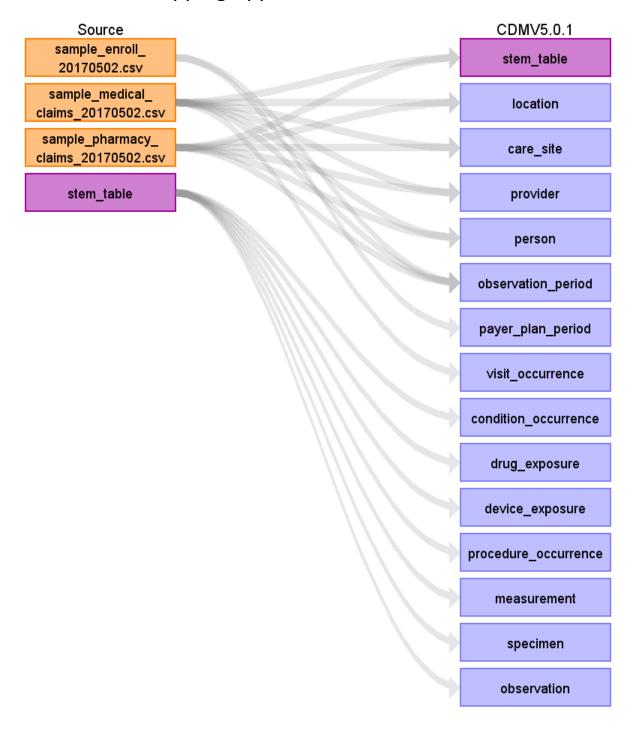


Table name: stem_table

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	Lo	Comment
		gic	
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
			DUADMACV CLAIMS
			====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 If no map, map to 0. diagnosis_code_qua ====MEDICAL_CLAIMS===== procedure_code _____ DIAGNOSIS_CODE: ========== 01 = ICD902 = ICD10Use 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

source_value	diagnosis_code	====MEDICAL_CLAIMS=====
	procedure_code	=======================================
		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	If no map, map to 0.
	diagnosis_code_qua I procedure_code	=====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=====
		=======================================

type_concept_id	diagnosis_priority	====MEDICAL_CLAIMS=====
	procedure_code	=======================================
	principal_proc_ind	
		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=====

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_valu e	NULL
disease_status_source_val ue	NULL
Reading from sample_pharmacy_claims_201	70502.csv
====PHARMACY_CLAIMS=====	

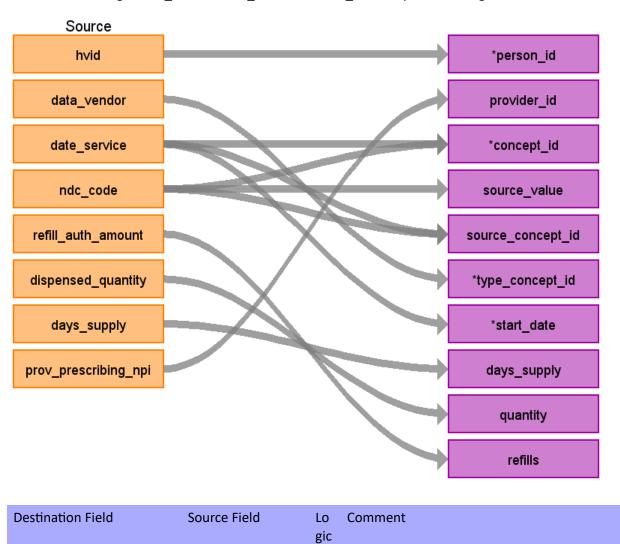
Only keep rows where LOGICAL_DELETE_REASON NOT IN ("Reversed Claim", "Reversal")

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.



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_n pi	====MEDICAL_CLAIMS=====
		DIAGNOSIS_CODE & PROCEDURE_CODE: =========== Lookup in the PROVIDER table leveraging NPI
		====PHARMACY_CLAIMS=====
id		NDC_CODE: ======= Lookup in the PROVIDER table leveraging NPI Autogenerate

If no map, map to 0.

date_service

====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

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	If no map, map to 0.
	date_service	
		====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

type_concept_id	data_vendor	====MEDICAL_CLAIMS=====
		=======================================
		DIACNOSIS CODE.
		DIAGNOSIS_CODE:
		LISTS DIACNOSIS DRIODITY
		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*/

For "Private Source 17" we are requesting a new data type of "Drug from Claim"

ELSE 0

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=====

operator_concept_id		0
qualifier_concept_id		0
qualifier_source_value		NULL
quantity	dispensed_quantit	====MEDICAL_CLAIMS=====
	У	=======================================
		DIAGNOSIS_CODE:
		=======================================
		NULL
		PROCEDURE_CODE:
		===========
		Use PROCEDURE_UNITS as is
		====PHARMACY_CLAIMS=====
		=======================================
		NDC_CODE:
		=======
		DISPENSED_QUANTITY
range_high		NULL
range_low		NULL

refills	refil

refill_auth_amount

====MEDICAL_CLAIMS=====

NULL

====PHARMACY_CLAIMS=====

NDC_CODE:

=======

REFILL_AUTH_AMOUNT

route_concept_id
route_source_value

sig

stop_reason

unique_device_id

unit_concept_id

unit_source_value

value_as_concept_id

 $value_as_number$

value_as_string

value_source_value

 $an atomic_site_concept_id$

 $disease_status_concept_id$

specimen_source_id

anatomic_site_source_val

ue

disease_status_source_val

ue

NULL

0

NULL

NULL

NULL

0

NULL

0

NULL

NULL

NULL

0

0

NULL

NULL

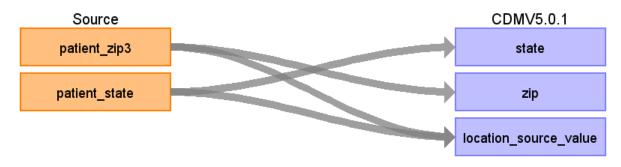
NULL

Table name: location

The only locations we actually have are on the patient.

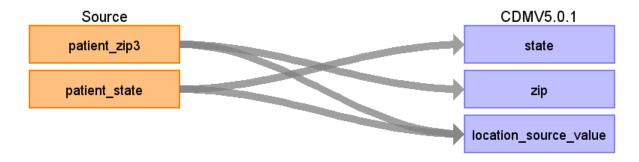
Pull all values from all described source tables and only keep distinct record of them.

Reading from sample_medical_claims_20170502.csv



Destination Field	Source	Lo	Comment
	Field	gic	
location_id			
location_id			
address_1			
address_2			
city			
state	patient_sta		
	te		
zip	patient_zip		
ΖΙΡ	3		
	3		
county			
location_source_val	patient_zip		patient_state + '_' +
ue – –	3		patient_zip3
			· - ·
	patient_sta		
	te		

Reading from sample_pharmacy_claims_20170502.csv



Destination Field	Source Field	Lo gic	Comment
location_id			
address_1			
address_2			
city			
state	patient_sta te		
zip	patient_zip 3		
county			
location_source_val ue	patient_sta te		patient_state + '_' + patient_zip3
	patient_zip 3		

Table name: care_site

Reading from sample_medical_claims_20170502.csv



Destination Field	Source Field	Lo gic	Comment
care_site_id			Autogenera te
care_site_name			NULL
place_of_service_concept_id			0
location_id			NULL
care_site_source_value	prov_facility_n pi		
place_of_service_source_value			NULL

Reading from sample_pharmacy_claims_20170502.csv



Destination Field	Source Field	Lo gic	Comment
care_site_id			Autogenera te
care_site_name			NULL
place_of_service_concept_id			0
location_id			NULL
care_site_source_value	pharmacy_n pi		
place_of_service_source_val ue			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	Lo gic	Comment
provider_id			Autogenerat e.
provider_name			NULL
npi	prov_rendering_n pi		
dea			NULL
specialty_concept_id			0
care_site_id			NULL
year_of_birth			NULL
gender_concept_id			0
provider_source_value	prov_rendering_n pi		
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	Lo gic	Comment
provider_id			Autogenerat e.
provider_name			NULL
npi	prov_dispensing_n pi		
dea			NULL
specialty_concept_id			0
care_site_id			NULL
year_of_birth			NULL
gender_concept_id			0
provider_source_value	prov_dispensing_n pi		
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 ${\sf WEBMD_PBM}$ CDM_HOLDER ========= Janssen R&D SOURCE_DESCRIPTION NULL SOURCE_DOCUMENTATION_REFERENCE _____ NULL

CDM_ETL_REFERENCE

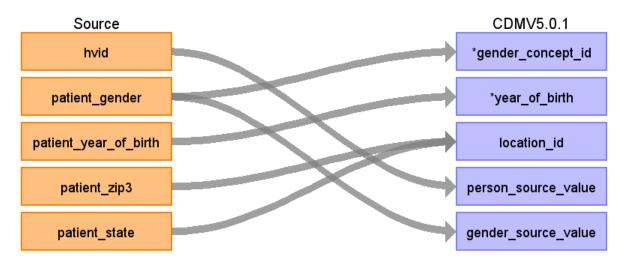
CDM_RELEASE_DATE
SELECT CONVERT(VARCHAR(10), GETDATE(),102)
CDM_VERSION
========
5.0.1
VOCABULARY_VERSION
SELECT VOCABULARY_VERSION
FROM vocabulary
WHERE VOCABULARY_ID = 'None'

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

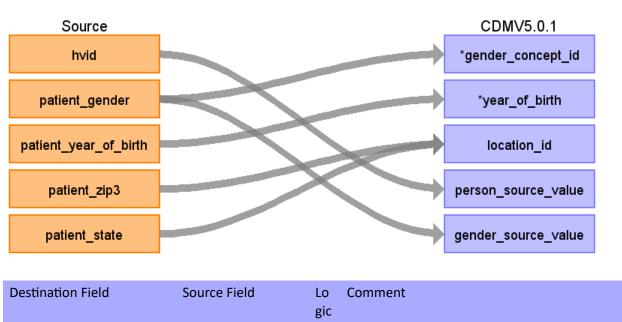
Reading from sample_medical_claims_20170502.csv



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_bir th		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		Look up location_id by patient_zip3
	patient_state		and patient_state
provider_id			NULL
care_site_id			NULL
person_source_value	hvid	Exclude where HVID is NULL	
gender_source_value	patient_gender		
<pre>gender_source_concept_i d</pre>			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



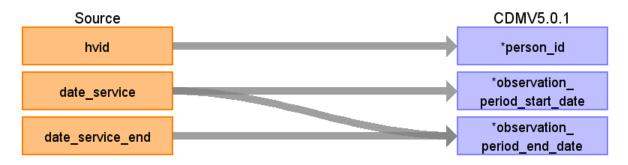
person_id		Autogenerate.	
gender_concept_id	patient_gender	if patient_gender in ('F','M')	
		case	
		when 'F' then 8532	
		when 'M' then 8507	
		end as gender_concept_id	
		If gender is unknown exclude.	
year_of_birth	patient_year_of_bir th	Only take the first 4 digits of the as the data sometimes comes 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	Look up location_id by patient_zip3 and	
	patient_state	patient_state	
provider_id		NULL	
care_site_id		NULL	
person_source_value	hvid		
gender_source_value	patient_gender		
gender_source_concept_i d		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	Lo gic	Comment
observation_period_id			Autogenerate
person_id	hvid		Lookup in PERSON based on
observation_period_start_da	date_service		====MEDICAL_CLAIMS=====
te			
			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_dat date_service_e ====MEDICAL_CLAIMS===== _____ date_service 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 44814724-Period covering healthcare period_type_concept_id 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_da te	date_servi ce	WHERE DATA_VENDOR = 'WEBMD'	=====MEDICAL_CLAIMS===== ==============================
			====PHARMACY_CLAIMS=====
			MIN(DATE_SERVICE) AS MIN_PHARMACY_CLAIMS_DATE
			====ENROLL=====
			MIN(DATE) AS MIN_ENROLL_DATE
observation_period_end_dat	date servi	WHERE	====MEDICAL CLAIMS=====
e	ce	DATA_VENDOR =	=======================================
		'WEBMD'	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	Lo gic	Comment
observation_period_id			Autogenerate
person_id	hvid		Lookup in PERSON based on
observation_period_start_da	date		====MEDICAL_CLAIMS=====
te			
			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

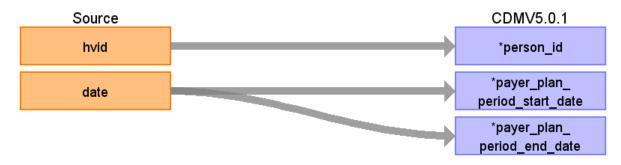
observation_period_end_dat e	date	====MEDICAL_CLAIMS=====
		MAX(DATE_SERVICE, DATE_SERVICE_END) AS MAX_MEDICAL_CLAIMS_DATE
		====PHARMACY_CLAIMS=====
		=======================================
		MAX(DATE_SERVICE) AS
		MAX_PHARMACY_CLAIMS_DATE
		====ENROLL=====
		MAX(DATE) AS MAX_ENROLL_DATE
period_type_concept_id		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	Lo gic	Comment
payer_plan_period_id			Autogenerate
person_id	hvid		Lookup in PERSON based on
<pre>payer_plan_period_start_da te</pre>	date		
payer_plan_period_end_dat e	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
 - o REVENUE_CODE between 0100 and 0219
 - o REVENUE_CODE between 0720 and 0729
 - o REVENUE_CODE between 0800 and 0809
 - o Then claim line is IP
- Otherwise, if PLACE_OF_SERVICE_STD_ID = 23 OR
 - o REVENUE_CODE between 0450 and 0459
 - o REVENUE_CODE = 0981
 - PROCEDURE_CODE = 99281, 99282, 99283, 99284, 99285
 - o 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	Lo gic	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

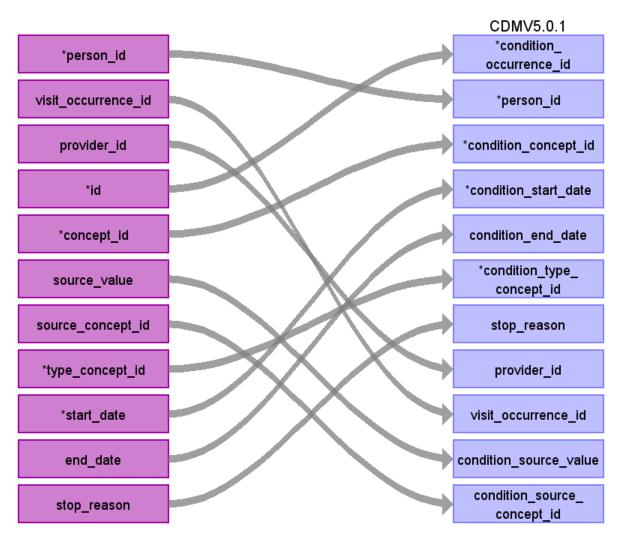
('99281','99282','99283','99284','99285')

THEN CLAIM TYPE= 'ER';

ELSE CLAIM TYPE = 'OP';

visit_source_concept_ id

Table name: condition_occurrence



Destination Field	Source Field	Lo gic	Comme nt
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

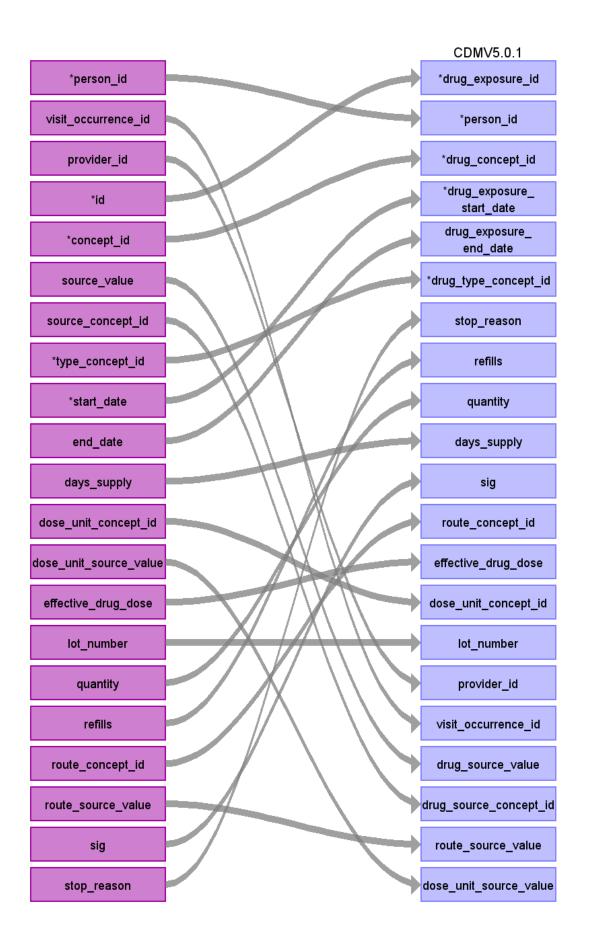
visit_occurrence_id visit_occurrence_

id

condition_source_value source_value

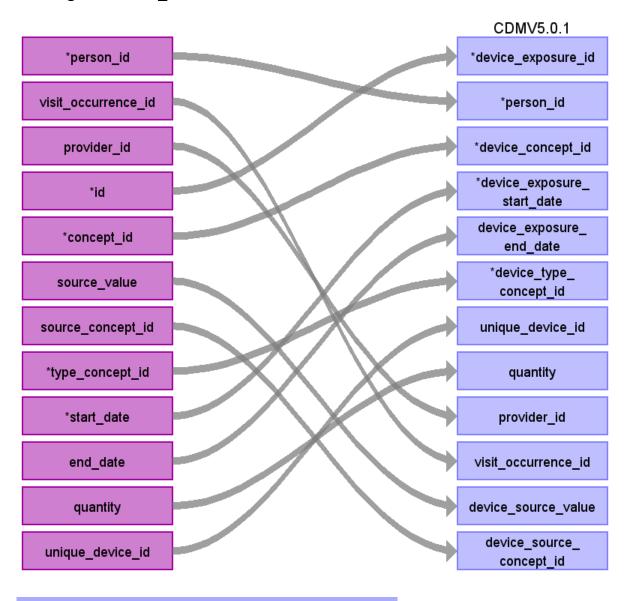
id d

Table name: drug_exposure



Destination Field	Source Field	Lo	Commerce
Destination Field	Source Field	Lo gic	Comme nt
drug_exposure_id	id		
person_id	person_id		
drug_concept_id	concept_id		
drug_exposure_start_da te	start_date		
drug_exposure_end_dat e	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		

Table name: device_exposure



Destination Field	Source Field	Lo gic	Comme nt
device_exposure_id	id		
person_id	person_id		
device_concept_id	concept_id		
device_exposure_start_da te	start_date		

device_exposure_end_dat end_date

e

device_type_concept_id type_concept_id unique_device_id unique_device_id

quantity quantity provider_id provider_id

visit_occurrence_id visit_occurrence_

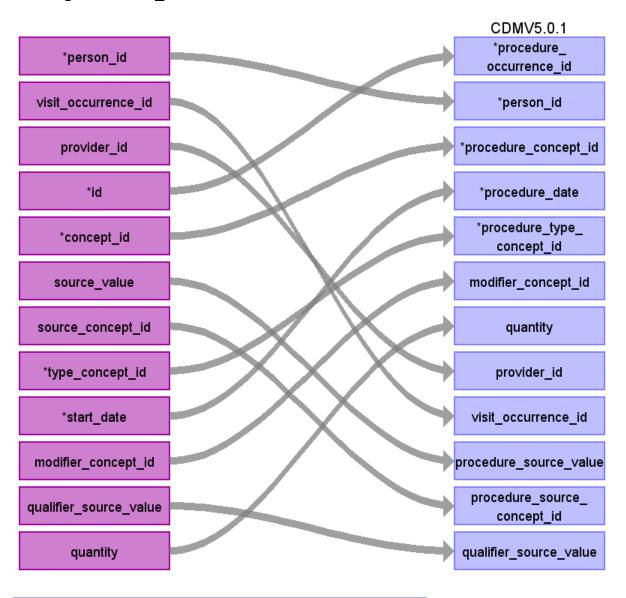
id

device_source_value source_value

device_source_concept_id source_concept_i

d

Table name: procedure_occurrence



Destination Field	Source Field	Lo gic	Comme nt
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

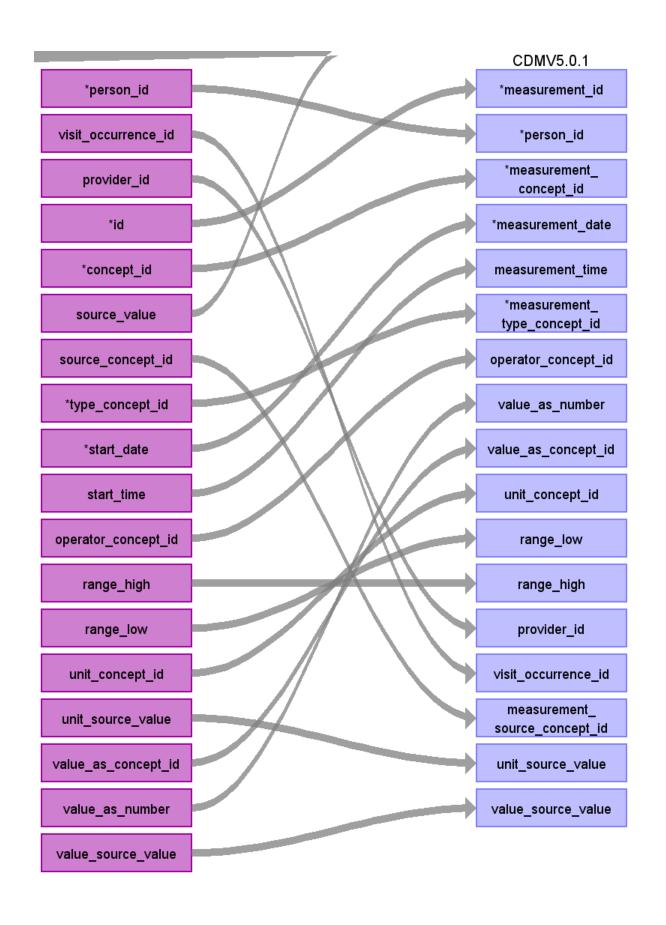
procedure_source_concept_ source_concept_id

id

qualifier_source_val

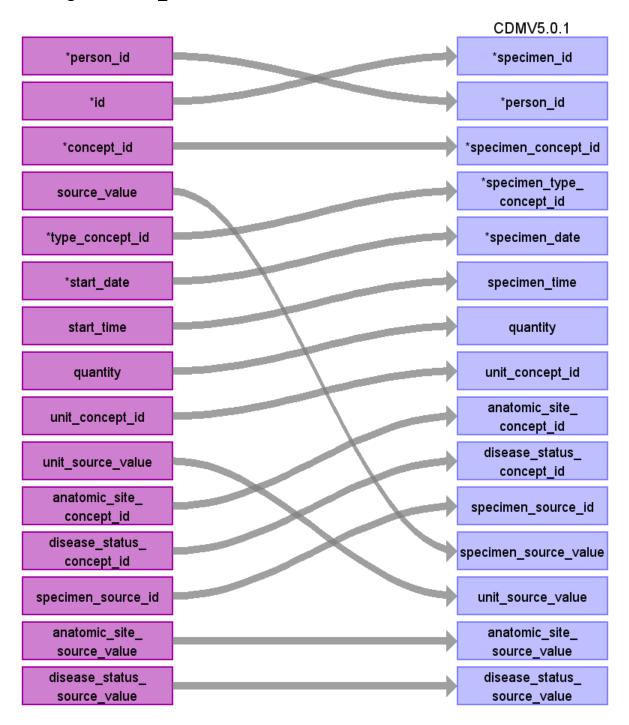
ue

Table name: measurement



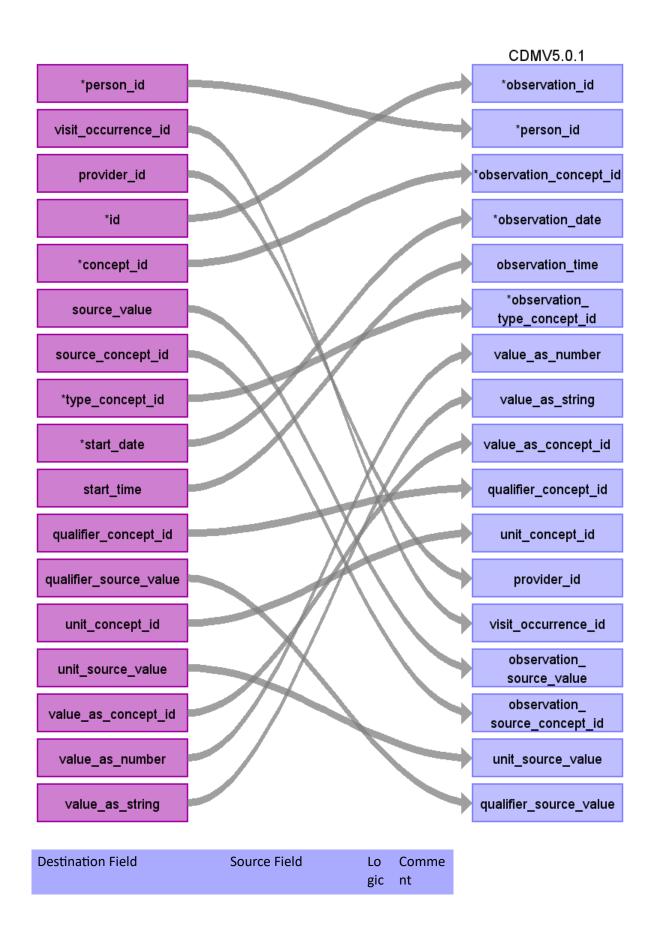
Destination Field	Source Field	Lo gic	Comme nt
measurement_id	id		
person_id	person_id		
measurement_concept_id	concept_id		
measurement_date	start_date		
measurement_time	start_time		
measurement_type_concept_id	type_concept_id		
operator_concept_id	operator_concept_ id		
value_as_number	value_as_number		
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_i d		
measurement_source_value			
measurement_source_concept_ id	source_concept_id		
unit_source_value	unit_source_value		
value_source_value	value_source_valu e		

Table name: specimen



Destination Field	Source Field	Lo gic	Comme nt
specimen_id	id		
person_id	person_id		
specimen_concept_id	concept_id		
specimen_type_concept_i d	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_valu e	anatomic_site_source_valu e		
disease_status_source_val ue	disease_status_source_val ue		

Table name: observation



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_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_ source_concept_id

id

unit_source_valueunit_source_valuequalifier_source_valqualifier_source_val

ue

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	Туре	Most freq. value	Comme nt
data_feed	int	16	
hvid	int	List truncated	
date	varch ar	List truncated	
coverage_i nd	varch ar	List truncated	

Table: sample_medical_claims_20170502.csv

Field	Туре	Most freq. value	Comment
record_id	int		
claim_id	varch ar		
hvid	int		
created	varch ar		
model_version	int		
data_set	varch ar		
data_feed	int		
data_vendor	varch ar		
source_version	varch ar		
patient_gender	varch ar		
patient_age	varch ar		
patient_year_of_birth	int		
patient_zip3	int		

patient_state	varch ar
claim_type	varch ar
date_received	varch ar
date_service	varch ar
date_service_end	varch ar
inst_date_admitted	varch ar
inst_date_discharged	varch ar
inst_admit_type_std_id	varch ar
inst_admit_type_vendor_id	varch ar
inst_admit_type_vendor_desc	varch ar
inst_admit_source_std_id	varch ar
inst_admit_source_vendor_id	varch ar
inst_admit_source_vendor_desc	varch ar
inst_discharge_status_std_id	varch ar
inst_discharge_status_vendor_id	varch ar
<pre>inst_discharge_status_vendor_de sc</pre>	varch ar
inst_type_of_bill_std_id	varch ar
inst_type_of_bill_vendor_id	varch ar
inst_type_of_bill_vendor_desc	varch ar

inst_drg_std_id	varch ar	
inst_drg_vendor_id	varch ar	
inst_drg_vendor_desc	varch ar	
place_of_service_std_id	int	
place_of_service_vendor_id	varch ar	
place_of_service_vendor_desc	varch ar	
service_line_number	int	
diagnosis_code	varch ar	
diagnosis_code_qual	int	
diagnosis_priority	int	
admit_diagnosis_ind	varch ar	Not currently in 5.0.1.
procedure_code	varch ar	
procedure_code_qual	varch ar	
principal_proc_ind	varch ar	
procedure_units	int	
procedure_modifier_1	varch ar	
procedure_modifier_2	varch ar	Not pulling in.
procedure_modifier_3	varch ar	Not pulling in.
procedure_modifier_4	varch ar	Not pulling in.
revenue_code	varch ar	Will be used to determine visit type.
ndc_code	varch ar	Will just use PROCEDURE_CODE mapping instead this helper.

medical_coverage_type	varch ar
line_charge	varch ar
line_allowed	varch ar
total_charge	varch ar
total_allowed	varch ar
prov_rendering_npi	varch ar
prov_billing_npi	varch ar
prov_referring_npi	varch ar
prov_facility_npi	varch ar
payer_vendor_id	varch ar
payer_name	varch ar
payer_parent_name	varch ar
payer_org_name	varch ar
payer_plan_id	varch ar
payer_plan_name	varch ar
payer_type	varch ar
prov_rendering_vendor_id	varch ar
prov_rendering_tax_id	varch ar
prov_rendering_dea_id	varch ar

We don't have a key for this data so will not use.

prov_rendering_ssn	varch ar
prov_rendering_state_license	varch ar
prov_rendering_upin	varch ar
prov_rendering_commercial_id	varch ar
prov_rendering_name_1	varch ar
prov_rendering_name_2	varch ar
prov_rendering_address_1	varch ar
prov_rendering_address_2	varch ar
prov_rendering_city	varch ar
prov_rendering_state	varch ar
prov_rendering_zip	varch ar
prov_rendering_std_taxonomy	varch ar
prov_rendering_vendor_specialty	varch ar
prov_billing_vendor_id	varch ar
prov_billing_tax_id	varch ar
prov_billing_dea_id	varch ar
prov_billing_ssn	varch ar
prov_billing_state_license	varch ar
prov_billing_upin	varch ar

prov_billing_com	mercial_id	varch ar
prov_billing_nam	e_1	varch ar
prov_billing_nam	e_2	varch ar
prov_billing_addr	ress_1	varch ar
prov_billing_addr	ress_2	varch ar
prov_billing_city		varch ar
prov_billing_state	2	varch ar
prov_billing_zip		varch ar
prov_billing_std_	taxonomy	varch ar
prov_billing_vend	lor_specialty	varch ar
prov_referring_ve	endor_id	varch ar
prov_referring_ta	x_id	varch ar
prov_referring_d	ea_id	varch ar
prov_referring_ss	n	varch ar
prov_referring_st	ate_license	varch ar
prov_referring_u	oin	varch ar
prov_referring_co	ommercial_id	varch ar
prov_referring_na	ame_1	varch ar
prov_referring_na	ame_2	varch ar

prov_referring_address_1	varch ar
prov_referring_address_2	varch ar
prov_referring_city	varch ar
prov_referring_state	varch ar
prov_referring_zip	varch ar
prov_referring_std_taxonomy	varch ar
prov_referring_vendor_specialty	varch ar
prov_facility_vendor_id	varch ar
prov_facility_tax_id	varch ar
prov_facility_dea_id	varch ar
prov_facility_ssn	varch ar
prov_facility_state_license	varch ar
prov_facility_upin	varch ar
prov_facility_commercial_id	varch ar
prov_facility_name_1	varch ar
prov_facility_name_2	varch ar
prov_facility_address_1	varch ar
prov_facility_address_2	varch ar
prov_facility_city	varch ar

prov_facility_state	varch ar
prov_facility_zip	varch ar
prov_facility_std_taxonomy	varch ar
prov_facility_vendor_specialty	varch ar
cob_payer_vendor_id_1	varch ar
cob_payer_seq_code_1	varch ar
cob_payer_hpid_1	varch ar
cob_payer_claim_filing_ind_code _1	varch ar
cob_ins_type_code_1	varch ar
cob_payer_vendor_id_2	varch ar
cob_payer_seq_code_2	varch ar
cob_payer_hpid_2	varch ar
cob_payer_claim_filing_ind_code _2	varch ar
cob_ins_type_code_2	varch ar

Table: sample_pharmacy_claims_20170502.csv

Field	Туре	Most freq. value	Comme nt
record_id	int		
claim_id	varch ar		
hvid	varch ar		

created varch

ar

model_version int

data_set varch

ar

data_feed int

data_vendor varch

ar

source_version varch

ar

patient_gender varch

ar

patient_age varch

ar

patient_year_of_birth varch

ar

patient_zip3 varch

ar

patient_state varch

ar

date_service varch

ar

date_written varch

ar

date_injury varch

ar

date_authorized varch

ar

time_authorized varch

ar

transaction_code_std varch

ar

transaction_code_vendor varch

ar

response_code_std varch

ar

response_code_vendor varch

ar

reject_reason_code_1	varch ar
reject_reason_code_2	varch ar
reject_reason_code_3	varch ar
reject_reason_code_4	varch ar
reject_reason_code_5	varch ar
diagnosis_code_qual	varch ar
procedure_code	varch ar
procedure_code_qual	varch ar
ndc_code	int
product_service_id	varch ar
product_service_id_qual	varch ar
rx_number	varch ar
rx_number_qual	varch ar
bin_number	varch ar
processor_control_number	varch ar
fill_number	int
refill_auth_amount	int
dispensed_quantity	real
unit_of_measure	varch

days_supply

pharmacy_npi

ar

int

int

prov_dispensing_npi	varch ar
payer_id	varch ar
payer_id_qual	varch ar
payer_name	varch ar
payer_parent_name	varch ar
payer_org_name	varch ar
payer_plan_id	varch ar
payer_plan_name	varch ar
payer_type	varch ar
compound_code	varch ar
unit_dose_indicator	varch ar
dispensed_as_written	varch ar
prescription_origin	varch ar
submission_clarification	varch ar
orig_prescribed_product_service_code	varch ar
orig_prescribed_product_service_code_qu al	varch ar
orig_prescribed_quantity	varch ar
prior_auth_type_code	varch ar
level_of_service	int

reason_for_service varch

ar

professional_service_code varch

ar

result_of_service_code varch

ar

prov_prescribing_npi varch

ar

prov_primary_care_npi varch

ar

cob_count varch

ar

usual_and_customary_charge varch

ar

sales_tax varch

ar

product_selection_attributed varch

ar

other_payer_recognized varch

ar

periodic_deductible_applied varch

ar

periodic_benefit_exceed varch

ar

accumulated_deductible varch

ar

remaining_deductible varch

ar

remaining_benefit varch

ar

copay_coinsurance varch

ar

basis_of_cost_determination varch

ar

submitted_ingredient_code varch

ar

submitted_dispensing_fee varch

ar

submitted_incentive	varch ar
submitted_gross_due	varch ar
submitted_professional_service_fee	varch ar
submitted_flat_sales_tax	varch ar
submitted_percent_sales_tax_basis	varch ar
submitted_percent_sales_tax_amount	varch ar
submitted_patient_pay	varch ar
submitted_other_claimed_qual	varch ar
submitted_other_claimed	varch ar
basis_of_reimbursement_determination	varch ar
paid_ingredient_cost	varch ar
paid_dispensing_fee	varch ar
paid_incentive	varch ar
paid_gross_due	varch ar
paid_professional_service_fee	varch ar
paid_flat_sales_tax	varch ar
paid_percent_sales_tax_basis	varch ar
paid_percent_sales_tax_rate	varch ar
paid_percent_sales_tax	varch ar

paid_patient_pay varch ar paid_other_claimed_qual varch ar paid_other_claimed varch ar tax_exempt_indicator varch ar coupon_type varch ar

coupon_number varch ar

coupon_value varch ar

pharmacy_other_id varch ar

pharmacy_other_qual varch

ar

pharmacy_postal_code varch

ar

prov_dispensing_id varch

ar

prov_dispensing_qual varch

ar

prov_prescribing_id varch

ar

prov_prescribing_qual varch

ar

prov_primary_care_id varch

ar

prov_primary_care_qual varch

ar

other_payer_coverage_type varch

ar

other_payer_coverage_id varch

ar

other_payer_coverage_qual varch

ar

other_payer_date	varch
	ar
other_payer_coverage_code	varch ar
logical_delete_reason	varch
	ar

Table: sample_stable_panel_med_claims_20170502.csv

Field	Туре	Most freq. value	Comme nt
data_feed	int		
prov_rendering_np i	int		
claim_type	varch ar		
svcmonth	varch ar		
specialty	varch ar		
pct_matched	real		
total_days	int		
avg_daily_claims	real		
stddev_daily_claim s	real		
total_below_pctile 1	varch ar		
total_below_pctile 5	varch ar		
total_below_pctile 10	varch ar		
total_above_pctile 90	varch ar		
total_above_pctile 95	varch ar		
total_above_pctile 99	varch ar		

```
spec_below_pctile
                   varch
                   ar
spec_below_pctile
                  varch
                   ar
spec_below_pctile
                   varch
                   ar
spec_above_pctile
                   varch
90
spec_above_pctile
                   varch
                   ar
spec_above_pctile
                   varch
                   ar
```

Table: sample_stable_panel_pharm_claims_20170502.csv

Field	Туре	Most freq. value	Comme nt
data_feed	int		
prov_pharmacy_np i	int		
svcmonth	varch ar		
specialty	varch ar		
pct_matched	real		
total_days	int		
avg_daily_claims	real		
stddev_daily_claim s	real		
total_below_pctile 1	varch ar		
total_below_pctile 5	varch ar		
total_below_pctile 10	varch ar		
total_above_pctile 90	varch ar		

total_above_pctile varch 95 ar total_above_pctile varch ar spec_below_pctile varch ar spec_below_pctile varch spec_below_pctile varch ar spec_above_pctile varch ar spec_above_pctile varch spec_above_pctile varch ar

Table: stem_table

Field	Туре	Mos Comment t freq
		valu e

domain_id	CHARACTE	====MEDICAL_CLAIMS=====	
	R VARYING	=======================================	
		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

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 Hierarchy', 'ICD10PCS Hierarchy')

source_value	CHARACTE R VARYING	====MEDICAL_CLAIMS=====	
		DIAGNOSIS_CODE:	
		DIAGNOSIS_CODE	
		PROCEDURE_CODE:	
		PROCEDURE_CODE	
		====PHARMACY_CLAIMS=====	
		=======================================	
		NDC_CODE:	

NDC_CODE

over 11 digit.

Do not change source value if a 9 digit NDC is used

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

=======

ty	/pe	C	on	ce	pt	_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	CHARACTE R VARYING	NULL
effective_drug_dose	FLOAT	NULL
lot_number	CHARACTE R 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=====

operator_concept_id	INTEGER	0
qualifier_concept_id	INTEGER	0
qualifier_source_value	CHARACTE R 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	CHARACTE	NULL
	R VARYING	
sig	CHARACTE R VARYING	NULL
stop_reason	CHARACTE R VARYING	NULL
unique_device_id	CHARACTE R VARYING	NULL
unit_concept_id	INTEGER	0
unit_source_value	CHARACTE R VARYING	NULL
value_as_concept_id	INTEGER	0
value_as_number	DECIMAL	NULL
value_as_string	CHARACTE R VARYING	NULL
value_source_value	CHARACTE R VARYING	NULL
anatomic_site_concept_id	INTEGER	0
disease_status_concept_id	INTEGER	0
specimen_source_id	INTEGER	NULL
anatomic_site_source_value	CHARACTE R VARYING	NULL

disease_status_source_val CHARACTE NULL ue R VARYING