



Virginia Metadata 2019

Field #	Field Name	Core	Data Type	Description/Example	Example	CCS3 Equivalent	CCS3 No.
1	COMP	X	TEXT	Organization/Component Code from CCS3 lkpAgency Agency Code	NJ07	lkpAgency	2
2	CASE	X	TEXT	Local case number. Usually a 5-9 digit alphanumeric assigned by your organization	ACB123456		
3	AlternateID		TEXT	PLACEHOLDER ONLY Do not populate until further notice	1234567890		
4	DOB	X	TEXT	Service Recipient's Date of Birth in Short Date format	1/1/2001	DateOfBirth	16
5	Gender	X	TEXT	Service Recipient's Gender Code Per CCS Lookup Table (Valid values = 01, 02, 97, 98)	01	lkpGender	17
6	DIV	X	TEXT	This field is the highest level of organizational division. Usually describes the major parts of the organization such as: Mental Health, Dev Disabilities, SUD, Emergency, etc. (100,200,300,400)	100	lkpProgram	3
7	UNITNo		TEXT	Number/code identifier associated with the organization's organizational units. See field 8 below.	5001		
8	UNIT	X	TEXT	This is the program unit as described by the organization. Typically a cost center identifier in the local MIS. May be RU or OU in local system. Should be a text description of the program/unit.	Central Clinic		
9	SUBUNITNo		TEXT	Number/code identifier associated with the organization's subunits. See field 10 below.	522		
10	SUBUNIT		TEXT	This field is only for use by organizations which further breakdown the description of their organizational units. Should be a text description per above. Will be blank for many organizations.	Meds		
11	SERVER		TEXT	The reporting code assigned to individual staff members and/or contract providers. Also known as "Staff ID"	2546		
12	LAST	X	TEXT	Last name of the server/staff member who provided the service	Jones		
13	FIRST	X	TEXT	First name of the server/staff member who provided the service	Susie		
14	STAFFTYPE		TEXT	Describes the credential of the server indicated above. (Example: MD,RN,PA,LPC,QMHP, etc.) Academic or positional descriptions are OK	LMSW		
15	SVCODE	X	TEXT	The organization's alphanumeric service code associated with service described below. AKA local service code	336		
16	SERVICE	X	TEXT	Text description of the service as defined by the organization.	Med Check		
17	DATE	X	TEXT	The date the service occurred in short date (MM/DD/YYYY) format. Please be sure to use four digit year.	01/05/2013		
18	START	X	TEXT	The time of day the service began. (hh:mm A/PM or military time)	15:00		
19	STOP		TEXT	The time of day the service ended. (hh:mm A/PM or military time)	16:05		
20	CLIENTIME	X	TEXT	Describes the amount of time client received the service. Submitted in mmm format (integer minutes)	65		
21	APPT		TEXT	Your organization's alpha/numeric code that describes whether the service occurred, if client no showed, etc. (Example: 1=Scheduled; 2=Unscheduled; 3=Canceled; 4=No Show) Also known as attendance or disposition code. If this information is recorded as a type of Service in your transaction system, please contact us for instructions.	4		
22	APPOINTMENT	X	TEXT	The text description of the APPT code above	No Show		
23	MDCD		TEXT	Indicate if the client has Medicaid benefits during the reporting month. (Y or N)	Y		
24	CPT	X	TEXT	CPT/HCPCS Code associated with the procedure. May include modifiers	99211		
25	PAYORBILLED	X	TEXT	Payor code associated with the primary payor for this service encounter per lkpInsuranceType1 lookup table (01-98)	1	lkpInsuranceType1	71
26	SUPERVISOR		TEXT	Name of assigned supervisor for the staff member who provided the service	Collins, Joe		
27	DX1	X	TEXT	ICD-10 Diagnosis Code. Primary Diagnosis	F3111	ReportedDiagnosisCode	93
28	DX2		TEXT	Additional ICD-10 Diagnosis of Record Code.	F410		
29	DX3		TEXT	Additional ICD-10 Diagnosis of Record Code.	F4310		
30	DX4		TEXT	Additional ICD-10 Diagnosis of Record Code.	F607		
31	DX5		TEXT	Additional ICD-10 Diagnosis of Record Code.	E1352		
32	DX6		TEXT	Additional ICD-10 Diagnosis of Record Code.	E079		
33	DX7		TEXT	Additional ICD-10 Diagnosis of Record Code.	G35		
34	DX8		TEXT	Additional ICD-10 Diagnosis of Record Code.	H540		
35	EnhancedCM		TEXT	Indicates if Service Recipient receives Enhanced CM Y, N or A This is for DD populations.	Y	EnhancedCM	90
36	Billable		TEXT	Indicates whether this transaction is billable or not (Y or N)	Y		
37	MilitaryStatus	X	TEXT	Current Military Status from CCS lkpMilitaryStatus table (Valid values = 01,02,03,04,05,06,96,97,98)	01	lkp MilitaryStatus	66
38	EmploymentStatus	X	TEXT	Employment Status from CCS lkpEmployment table (Valid values = 01,02,03,06,07,08,09,10,11,12,13,97,98)	10	lkpEmployment	22
39	Race	X	TEXT	Service recipient's Race from CCS lkpRace table (Valid values = 01,02,03,04,05,06,13,23,31,32,33,34,35,97,98)	23	lkpRace	18
40	CoreServicesCode	X	TEXT	Core Service Code from CCS3 Appendix F. Three digits.	310	ServiceCode	10

Flat file should be submitted as delimited text. Organizations submitting comma delimited files should further define with double quotes any columns which include commas within the column. We recommend submitting the Field/Column Names as the first row of data submitted if possible. Please note that the column ordering, including empty columns/placeholders for missing data is essential. Raw data file naming convention: ShortOrgName followed by Month(s) and Year represented in file. Example CMHC 07-2018.txt or CMHC 1-7 2018.txt Please direct any questions to rolove@intelliprocess.com (512) 420-8110