

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Dictionary	Chapter: 1.0
	Version: 1.0
Subject: Cover Page	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

Department of Social and Health Services
Health and Recovery Services Administration
Mental Health Division

**Consumer Information System
(MHD-CIS)
RSN Data Dictionary**

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Dictionary Introduction	Chapter: 1.1
	Version: 1.0
Subject: Introduction and Table of Contents	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

This data dictionary describes the data that is required to be submitted by the Regional Support Networks to the Mental Health Division's Consumer Information System. It provides definitions of each data element contained in each transaction, defines transaction structure and methods of transmission to the MHD. This data dictionary is considered as an attachment to the contract with each RSN.

Table of Contents:

Chapter 1

- Data Dictionary Introduction
- Reporting Expectations
- Data Dictionary Changes
- Summary of Transactions
- List of Data Definitions
- HIPAA Transactions Not Covered By Trading Partner Agreement

Chapter 2

- Definitions of Transactions

Chapter 3

- Definitions of Data Elements Contained in Transactions

Chapter 4

- 837P Trading Partner Agreement and Companion Guide for Encounters via 837P Transaction

Chapter 5

- 837I Trading Partner Agreement and Companion Guide for Inpatient services via 837I Transaction

Chapter 6

- Other Data Transfers

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 6
Title: Data Dictionary Introduction	Chapter: 1.2
	Version: 1.0
Subject: Reporting Expectations and Instructions for Data Submission	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

1. Reporting Expectations

Refer to the MIS section of the contract for reporting expectations.

2. Submission of transactions to MHD-CIS, both “native” and HIPAA National Standard Transactions

MHD supports a server site where RSN’s shall submit batches containing each of the transactions described in the Data Dictionary. The site has a number of folders where transaction batches may be placed and exception (error) reports may be picked up.

A. BATCH PROCESSING: MHD executes a ‘daily process’ each evening where all RSN transactions are obtained from submission folders and processed. Processing is done in order by RSN then by Batch number. Native transactions are processed first in the order entered within the batch. HIPAA transaction batches will be converted to native transactions but the order of the converted transactions may be different than the order within the HIPAA batch.

B. SECURITY/ENCRYPTION: MHD has a licensed server using Secure Shell (SSH) for receipt of RSN batches and Transfer of Exception Reports, 997 & other files via an encrypted format. For the IP of the server, contact MHD IT staff.

SSH client software can be obtained from select vendors and from open source distributors. Some vendors can be found at <http://www.chiark.greenend.org.uk/~sgtatham/putty/> and at <http://ssh.com>. Some RSNs have had success using open source client software. However, DSHS takes no responsibility for vendor software selection or functioning .

C. PRODUCTION and TEST TRANSACTIONS. MHD maintains a Production Database and a Developmental/Test Database. The Production Database has Mental Health Consumer and Service data going back to 1993, when the current MHD-CIS system was developed. A smaller developmental database is for MHD and RSN testing. The contents of this database may be periodically removed or reset. RSNs are encouraged to develop and maintain a set of test data transactions to allow them to establish or re-establish test records. MHD recommends test sets include: one or more Consumer Demographic Transactions; one or more Case Manager Transactions; one or more Consumer’s Case Manager Transactions; and one or more Consumer Periodic Transactions. These transactions can then be followed by any other transactions needing testing. There must be an established Consumer Identifier (CID) and Consumer Demographic record on the database in order to process any encounter oriented transactions related to that consumer.

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 6
Title: Data Dictionary Introduction	Chapter: 1.2
	Version: 1.0
Subject: Reporting Expectations and Instructions for Data Submission	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

For non-HIPAA transactions, production vs. test is determined based on which folder the transaction batch is placed. HIPAA transactions have a "P" vs. "T" flag as part of the ISA Control Header to denote Test or Production settings and these are used rather than folder placement.

D. FOLDER USE and NAMING CONVENTIONS There are three sets of folders that can be used by RSNs. The first set of folders is for native MHD-CIS non-HIPAA Production Transactions, the second set for MHD-CIS non-HIPAA test Transactions, and a third set for HIPAA Transactions (test and production). The names and content of these folders as well as context is part of the discussion below.

FOLDER Name	Content	Comment
ArchiveBatch	Where production native transaction files will be archived after processing through CIS system.	
BadBatch	Where production native transaction files will be placed if transaction fails CIS processing	
BatchError	Where errors in native production transactions from CIS system will be made available	
BatchReport	Where reports on native and HIPAA production batches will be made available	File naming convention; RSN+BATCH# +.RPT
Elig	Where information about Title 5 and Medicaid eligibility will be provided	
HIPAA	HIPAA File naming convention; RSN+BATCH# +.TXT	Example: 40700021.txt = Batch 21 for RSN 407
Acknowledgement	Where HIPAA functional acknowledgement transaction 997 will be made available	
ArchiveBatch	Where production HIPAA 837 transactions submitted will be archived after passing HIPAA standards edits	
BadBatch	Where production HIPAA 837 transaction files will be placed if transaction fails EDI standard edits or has bad batch numbers	Submission is not recognized as being in EDI format
	Where production HIPAA 837	File names based on

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 6
Title: Data Dictionary Introduction	Chapter: 1.2
	Version: 1.0
Subject: Reporting Expectations and Instructions for Data Submission	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

BadTransactions	transaction files will be placed if transaction fails HIPAA standards edits	original batch file name plus extensions. i.e. 40700021_A.txt
ConvTxn	Where production HIPAA 837 transactions converted to MHD-CIS native transactions will be placed for processing by the MHD daily process.	
NewBatch	Where HIPAA 837 production and HIPAA 837 test transaction files will be submitted by RSN	HIPAA Production vs. Test Transactions is determined by a flag setting within the ISA segment.
ZipBatch	MHD will unzip any files every 10 minutes and place the unzipped file into the NewBatch folder.	Applies to HIPAA only. When a file, or series of files is zipped into one file, the folder where the origination of those files must not be included. Therefore, when the file is unzipped, it should not create a folder with the unzipped files in it. The preferred way is to zip each file into it's own unique filename.
Suspended	Where a transaction file will placed if fails HIPAA process and discontinues to run	Error condition: Notify MHD if this occurs
TestArchiveBatch	Where test HIPAA 837 Transactions will be archived	
TestConvTxn	Where 837 test transactions converted to native transactions will be placed for subsequent processing by MHD	
NewBatch	Where native production transaction batches are submitted.	

DSHS-Mental Health Division: RSN Data Dictionary	Page 4 of 6
Title: Data Dictionary Introduction	Chapter: 1.2
	Version: 1.0
Subject: Reporting Expectations and Instructions for Data Submission	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

Test	Native Transaction TEST folders – Processes against a developmental database.	
ArchiveBatch	Where submitted native test transaction files will be archived after processing through CIS system.	
BadBatch	Where errors from CIS system native test transaction will be made available	
BatchError	Where errors in native test transactions from CIS system will be made available	
BatchReport	Where reports on native and HIPAA test batches will be made available	
Elig	Where information about Title 5 and Medicaid eligibility may be provided.	Used for consistent file format structure. MHD does not consistently provide any information in this test folder.
New Batch	Where native test transaction batches are submitted.	

E. BATCH NUMBERING: In order to combine the new HIPAA Transaction processing into a legacy system's normal processing cycles, there were some special design consideration for batch numbering. HIPAA Transactions and Native Transactions each have their own batch numbering conventions. The native transaction processing batch numbers are sequential, range from 1 to 99,999 and are edited against the next expected sequence number. Batches are processed sequentially by RSN, then by Batch Number. Within a non-HIPAA batch, the transactions are processed in order entered rather than by Transaction ID. This means that if there is reporting on a new consumer, the Consumer Demographics transaction should precede other transactions in that batch related to that consumer.

HIPAA transaction batch numbers are not subject to the same restrictions. HIPAA Batch number may range from 1 to 99,999. MHD recommends HIPAA Transaction batch numbering to be sequential. MHD however does not enforce a sequence number edit. The RSN may determine their own HIPAA batch number use and sequence. It is the RSN's responsibility to not reuse HIPAA batch numbers.

DSHS-Mental Health Division: RSN Data Dictionary	Page 5 of 6
Title: Data Dictionary Introduction	Chapter: 1.2
	Version: 1.0
Subject: Reporting Expectations and Instructions for Data Submission	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

It is necessary to allow separate HIPAA and native transaction batch numbering yet process all transactions with a single update process. This single process also needs to ensure native transaction batches are processed prior to HIPAA transactions to ensure consumer demographics transactions are run before HIPAA service encounter transactions.

The approach adopted by MHD was to pre-process HIPAA batches and internally assign a high order bit to the HIPAA Batch number. A HIPAA Transaction with batch number 00123 would be processed internally by MHD as batch number 100123. RSNs are **not** to submit batches with numbers greater than 99,999. This is for system internal use is basically transparent to the RSN. It will be seen when referring to Batch and Error reports where HIPAA Batch and HIPAA Transactions will show the high order bit to differentiate them from standard transactions. The 'higher' batch numbering ensures native transactions are processed before HIPAA encounter transactions.

F. HIPAA PRE-PROCESSING: When a HIPAA transaction batch is placed in the HIPAA NewBatch folder it will be pre-processed as soon as resources are available. (See section on folder use and naming conventions).

- If the batch file name doesn't match the expected format or the batch isn't in EDI format it will be moved to the HIPAA BadBatch folder
- If EDI readable the batch will be copied to the HIPAA ArchiveBatch folder

The batch will then be read and processed by a BizTalk HIPAA translator. This will break the HIPAA transaction batch into individual service transactions in MHD-CIS native format.

- Converted transactions are then placed in the ConvTxn folder.
- A 997 transaction is generated showing acceptance or rejection of the batch in part or in whole. (See the HIPAA Implementation Guide on Functional Acknowledgement). There are 997s responses for the batch, each functional group, and each ST/SE set within the entire transaction. AN EDI error within an ST/SE segment will reject all the service lines within that segment. For this reason MHD has recommended that there be only one service per claim and one claim per ST/SE. The HIPAA Implementation Guide suggests a limit of Claims per ST/SE be considered. MHD system testing has shown that a limit of 5000 should be followed.
- If there are HIPAA service lines that are readable but can't be correctly translated, they will be placed in the BadTransactions file but will be formatted within their own functional group and ISA. The BadTransaction folder entries will be named the same as the batch submission name. If there are more than one, the batch number will have an alphabetic extension. These files can not be resubmitted but provide some degree of information that may be used to determine the error condition.
- When the MHD-CIS Daily Process is executed, the converted transactions are run and a BatchReport is generated showing the number of transactions processed and

DSHS-Mental Health Division: RSN Data Dictionary	Page 6 of 6
Title: Data Dictionary Introduction	Chapter: 1.2
	Version: 1.0
Subject: Reporting Expectations and Instructions for Data Submission	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date: 4/1/2004

identifying any MHD-CIS errors or warnings. This batch report is placed in the BatchReport folder. Note: Native transactions and HIPAA transactions both use the same BatchReport folders. There are separate BatchReport folders for Production and Test.

- The same processes as described above apply to HIPAA Test transactions except the folders used are different. . (See section on folder use and naming conventions).

2. SYSTEM SOFTWARE/HARDWARE CONSTRAINTS

MHD has some physical limitations on HIPAA batch file processing due to the nature of its computer configuration and software. **HIPAA 837I and 837P batches should have no more than 10,000 service lines.** The file size itself will be larger since there are many other line types. If this amount is exceeded it is possible that MHD's BizTalk server has resource problems. It will complete processing the batch but will not accept other HIPAA transaction batches from the RSN pending action by MHD to reset the BizTalk receipt functions.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Dictionary Introduction	Chapter: 1.3
	Version: 1.0
Subject: Data Dictionary Changes	Initial Effective Date: 02/01/2006
	Date Revised:
	Effective Date:

This section catalogs all changes made to the data dictionary. This page will have a new version and effective date for each change made to the data dictionary, in order to assist in understanding and in updating contractor documentation.

Data Dictionary Changes

Document Title	New version #	New Effective Date	Change
Technical changes below just apply to those RSNs participating in "Integrated Crisis Services Pilot Project"	--	--	----
Transaction DMHP Investigation- Integrated Crisis Services Pilot Project	1.0	03/01/2006	Added new transaction, 161.01 to transmit new and added data elements to be sent in from pilot RSNs. Other RSNs should continue to use 160.02 for CDMHP Investigations.
Transaction ITA Hearing	1.1	03/01/2006	In body of transaction, included Secure Detoxification Facilities as valid RUIDs to indicate where the consumer was ordered to inpatient care.
Transaction DMHP Investigation	1.1	02/01/2006	Simple changing of wording for existing 160.02 transaction from CDMHP to DMHP, to reflect changes in RCW and WAC.
DD Hearing Outcome	1.1	03/01/2006	Added codes 9 and 10 to indicate commitments to secure detox facilities in ITA Hearing transaction. Changed data type from char(1) to char(2) right justify. Other RSNs will not be affected by this change.
DD Investigation Outcome	1.1	03/01/2006	Added codes 7 and 10-16 to indicate other locations to which consumer could be detained. Changed data type from char(1) to char(2) right justify. Other RSNs will not be affected by this change. Added reference that element also used in transaction 161.01 DMHP Investigation- Integrated Crisis Services Pilot Project
DD Investigation Reason	1.0	03/01/2006	Added new element for DMHP Investigation- Integrated Crisis Services Pilot Project to indicate the main reason for, or focus of a DMHP investigation.
DD Referral Source	1.0	03/01/2006	Added new element for DMHP Investigation- Integrated Crisis Services Pilot Project to indicate the main source of the referral of a consumer to a DMHP for investigation.

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Dictionary Introduction	Chapter: 1.3
	Version: 1.0
Subject: Data Dictionary Changes	Initial Effective Date: 02/01/2006
	Date Revised:
	Effective Date:

DD Reporting Unit ID aka RSN RUID	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
DD Consumer ID	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
DD Investigation Date	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
DD Investigation Start Time	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
DD Investigation County	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
DD Legal reasons for Detention or Commitment	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
DD Return to Inpatient or Revocation Authority	1.1	02/01/2006	Added reference that element also used in transaction 161.01 DMHP Investigation-Integrated Crisis Services Pilot Project
Changes that apply to all RSNs	--	--	----
None	--	--	----

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Dictionary Introduction	Chapter: 1.4
	Version: 1.0
Subject: Summary of Transactions	Initial Effective Date: 1/1/2004
	Date Revised: 01/01/2006
	Effective Date: 03/01/2006

This chapter summarizes all of the transactions that RSNs can send in to the MHD, based on the scope of their service delivery.

Transaction	ID	All RSNs	RSNs operating or contract with E&T Facilities	Added transactions for RSNs participating in pilot projects
Consumer Demographics : such as name, date of birth, gender, etc	020.05	X	X	
Consumer Periodics : such as activities concerning employment, current living situation, etc	035.05	X	X	
Consumer's Case Manager : last known case manager.	011.01	X	X	
Case Manager : All case managers associated with an RSN	100.01	X	X	
Outpatient Services : (via 837P encounter transaction, translated into native 120.04 and reported as such in exception report)	837P (120.04)	X	X	
E&T Inpatient Services : (via 837I transaction translated into native 070.04 and reported as such in exception report)	837I (070.04)		X	
DMHP Investigation	160.02	X	X	
ITA Hearing	162.02	X	X	
Cascade Delete (Full/Partial)	131.02	X	X	
Cascade Merge	130.02	X	X	
Clear Month of Service	077.01	X	X	
Clear Month of Service V2	077.02	X	X	
Header	000.01	X	X	
DMHP Investigation- Integrated Crisis Services Pilot Project	161.01			X

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 3
Title: Data Definitions	Chapter: 1.5
	Version: 1.0
Subject: Alphabetical List of Data Definitions	Initial Effective Date: 01/01/2002
	Date Revised: 01/01/2006
	Effective Date: 03/01/2006

Data Definitions are listed alphabetically below. Those that have been impacted by HIPAA have been annotated but their full HIPAA definition will not be reproduced here. For HIPAA specific data definitions, refer to the appropriate HIPAA Transaction Implementation Guides.

Attribute	Impacted by HIPAA
Action Code	HIPAA aka Claim Frequency Type Code
Admission Date	HIPAA aka Date Time Period
Annual Gross Income	
Batch Date	
Batch Number	
Case Manager Comment	
Case Manager ID	
Case Manager Password	
Case Manager Phone	
CGAS	
Claim Submit Identifier	HIPAA aka CSI + Service Line Reference
Consumer ID	
County Code	
County of Residence	
CPT Code	HIPAA aka Procedure Code
Date of Birth	
DC03	
Diagnosis	HIPAA Definition
Discharge Date	HIPAA aka Date Time Period
Education	

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 3
Title: Data Definitions	Chapter: 1.5
	Version: 1.0
Subject: Alphabetical List of Data Definitions	Initial Effective Date: 01/01/2002
	Date Revised: 01/01/2006
	Effective Date: 03/01/2006

Employment Status	
EPSDT Indicator	HIPAA Definition
Ethnicity	
GAF Score	
Gender	
Given Names	
Grade Level	
HCPCS Code	HIPAA aka Procedure Code
Health Care Service Location	HIPAA Definition
Hearing County	
Hearing Date	
Hearing Outcome	
Hispanic Origin	
Impairment Kind	
Investigation County	
Investigation Date	
Investigation Outcome	
Investigation Reason	
Investigation Start Time	
Legal Reasons for Detention/Commitment	
Legal Status	HIPAA aka Admission Source Code
Living Situation	
Minutes of Service	HIPAA aka Quantity
Month of Periodic	

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 3
Title: Data Definitions	Chapter: 1.5
	Version: 1.0
Subject: Alphabetical List of Data Definitions	Initial Effective Date: 01/01/2002
	Date Revised: 01/01/2006
	Effective Date: 03/01/2006

Month of Service	
Number of Dependents	
Person Identifier Code	HIPAA aka Identification Code – Subscriber Primary Identifier
Preferred Language	
Priority Code	
Provider Type	
Race	
Referral Source	
Reporting Unit ID	
Return to Inpatient/Revocation Authority	
Service Date	HIPAA Definition
Sexual Orientation	
Social Security Number	
Surname	
Transaction ID	
Type of Service Transaction	

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 1.6
	Version: 1.0
Subject: HIPAA Transactions Not Covered In Companion Guide	Initial Effective Date: 3/31/2004
	Date Revised:
	Effective Date:

HIPAA TRANSACTIONS NOT COVERED BY COMPANION GUIDE

(Previously known as the “Trading Partner Agreement”)

- **Health Care Eligibility Inquiry (270)**
- **Health Care Eligibility Response (271)**
- **Claim Status Request (276)**
- **Claim Status Response (277)**
- **Health Care Services Review – Request for Review and Response (278)**
- **Payroll Deducted and Other Group Premium Payment for Insurance Products (820)**
- **Benefit Enrollment and Maintenance (834)**
- **Health Care Claim Payment/Advice (835)**
- **Health Care Claim – Dental (837 - D)**
- **Functional Acknowledgment (997)**
 - Although not required, MHD will provide 997 Acknowledgement at the batch submission level, for each erroneous GS loop, and for each ST/SE combination with recognized EDI errors. MHD recommends one claim per ST/SE to allow for 997 error processing. RSNs may however have up to 5000 claims per ST/SE. If there is an EDI format error in any one of the individual claims, the entire ST/SE is rejected and processing will continue on the next ST/SE loop
 - Note that if the transaction is not in EDI format it will be rejected without a 997.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Cascade Delete (Full/Partial)	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

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

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

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

NOTE: There is no action code in this transaction!

Transaction ID: Value "131.02"

Primary Key: [Reporting Unit ID](#) (RSN ID)
[Consumer ID](#) (The ID to be deleted)

Body: [Reporting Unit ID](#) (Leave blank or null for a Full Cascade Delete; enter the Agency ID for a Partial Cascade Delete)

Edits:

Message Number	Message
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23306	Soft Error: Consumer ID for Contractor has been previously voided. Transaction not posted.
30042	Full Cascade delete requires prior MHD authorization. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Cascade Delete (Full/Partial)	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Cascade Merge	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

NOTE: There is no action code in this transaction!

Transaction ID: Value "130.02"

Primary Key: [Reporting Unit ID](#) (RSN)
[Consumer ID](#) (The ID to be voided)

Body: (Referenced) Consumer ID (Required - The ID for future reference)

Edits:

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Case Manager	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

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

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

Transaction ID: Value "100.01"

Action Code: Value:
 "A" Add
 "C" Change
 "D" Delete

Primary Key: [Reporting Unit ID](#) (Agency providing Case Management)
[Case Manager ID](#) (Unique ID assigned by the Agency or RSN - see minimum requirements above for default value.)

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Case Manager	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

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

Edits:

Message Number	Message
23003	Error: Reporting Unit ID%s unknown. Transaction not posted.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23038	Error: Case Manager Primary Phone cannot be blank or null. Transaction not posted.
23039	Error: Case Manager Password cannot be blank or null. Transaction not posted.
23089	Error: RUID not in Contractor service area. Transaction not posted.
23100	Soft Error: No Case Manager row found for RUID %s and CaseManagerID%s. Delete not posted.
30037	Warning: Invalid primary phone number - Need full 10 digits including Area Code.

Note % signs above replaced by actual ID values when message sent.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Clear Month of Service 077.01	Initial Effective Date:
	Date Revised:
	Effective Date: 1/1/2002

Definition:

This transaction is used to remove all outpatient/inpatient service transactions for a given RSN and month of service. Use this transaction when you intend to resubmit all inpatient or outpatient services for a given month. Please consult with MHD IS staff before submitting this transaction. Special processing will be required to deal with data from HIPAA transactions, which can be reset to initial values but not deleted.

Transaction ID: Value: "077.01"

Primary Key: [Reporting Unit ID](#) (for the RSN)
[Month of Service](#) (CCYYMM)

Body: Type of Service Transaction
 "O" = All OP Service transactions <**including all integrated data items**> from 837P HIPAA transactions. <Refer to Transaction: Outpatient Service (120.03 and 120.04).>
 "ET" = All E&T Service transactions <**including all integrated data items from**> 837I transactions. <Refer to Transaction: E&T Inpatient Service (070.04)>.

Edits:

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Clear Month of Service 077.02	Initial Effective Date: 3/16/2004
	Date Revised:
	Effective Date:

Definition:

This transaction is used to remove all outpatient/inpatient service transactions for a given RSN and month of service. **When a specific provider's RUID is given, the transaction will remove all outpatient/inpatient services for that RSN's specific provider and month of service only.**

Removal of specific provider records is restricted to outpatient ('O') and E&T services ('ET'). Use this transaction when you intend to resubmit all inpatient or outpatient services for a given month. Please consult with MHD IS staff before submitting this transaction. Special processing will be required to deal with data from HIPAA transactions, which may be voided but not deleted.

Transaction ID: Value: "077.02"

Primary Key: [Reporting Unit ID](#) (for the RSN)
[Month of Service](#) (CCYYMM)

Body:

RUID (provider id)

When all the RSN's services indicated by Type of Service Transaction are to be removed, omit RUID and use a tab to skip

Type of Service Transaction

"O" = All OP Service transactions <including all integrated data items> from 837P HIPAA transactions. <Refer to Transaction: Outpatient Service (120.04).>

"ET" = All E&T Service transactions <including all integrated data items from> 837I transactions. <Refer to Transaction: E&T Inpatient Service (070.04).>

Edits:

Message Number	Message
23089	Error: RUID not in Contractor service area. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
30015	Error: Month of Service is invalid date format. Transaction not processed.
30049	Error: Invalid RUID for transaction. Transaction not posted.
30050	Error: Type of Service is blank. Transaction not posted
30051	Error: Type of Service is invalid. Transaction not posted

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Consumer Demographics	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date: 1/1/2002

Definition:

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

Transaction ID: Value: "020.05"

Action Code: Value:
 "A" Add
 "C" Change

Primary Key: [Reporting Unit ID](#) (Contractor or RSN)
[Consumer ID](#)

Body: [Surname](#)
[Given Names](#)
[Gender](#)
[Date of Birth](#)
[Race](#)
[Ethnicity](#)
[Hispanic Origin](#)
[Preferred Language](#)
[Social Security Number](#)
[Sexual Orientation](#)

Edits:

Message Number	Message
22000	Warning: Social Security Number is blank.
22001	Warning: Social Security Number is not valid. Set to blank.
22120	Warning: Date of Birth is not valid, should be 8 digits in format CCYYMMDD.
22121	Warning: Date of Birth is blank or null.
22130	Warning: Gender is invalid, set to 3 - Unknown.
22131	Warning: Gender is blank or null, set to 3 - Unknown.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Consumer Demographics	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date: 1/1/2002

23023	Error: Given Name is blank or null. Transaction not posted.
23024	Error: Surname is blank or null. Transaction not posted.
23025	Error: Ethnicity Code is not valid. Transaction not posted.
23026	Error: Ethnicity Code is null or blank. Transaction not posted.
23027	Error: Hispanic Origin code is not valid. Transaction not posted.
23028	Error: Hispanic Origin code is null or blank. Transaction not posted.
23029	Error: Language code is not valid. Transaction not posted.
23032	Error: Language code is null or blank. Transaction not posted.
23035	Error: Sexual Orientation Code is invalid. Transaction not posted.
23036	Error: Sexual Orientation Code is blank. Transaction not posted.
23096	Soft Error: Consumer ID for RSN ID has been voided. Add/Change not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
24725	Warning: Ethnicity Code submitted is no longer in use. Please correct and submit again.
30040	Error: Date of Birth can not be beyond current date. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Consumer Periodics	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Transaction ID: Value "035.05" and "035.06"
Transaction 035.05 requires a Principle Diagnosis.
Transaction 035.06 makes Diagnosis optional.

Action Code: Value
"A" Add
"C" Change
"D" Delete

Primary Key: [Reporting Unit ID](#) (Contractor or RSN)
[Consumer ID](#)
[Month of Periodic](#) (CCYYMM) (Please note that the day is not included)

Body: [Employment Status](#)
[Education](#)
[Grade Level](#)
[Living Situation](#)
[County of Residence](#)
[Priority Code](#)
[Diagnosis](#) - Four occurrences - use ICD9 format
(May tab over for optional entries)
[Impairment Kind](#)
[Annual Gross Income](#)
[Number of Dependents](#)
[GAF](#) - (Global Assessment of Functioning)
[CGAS](#) - (Children Global Assessment Scale)
[DC03](#) - (Assessment for Children 5 years of age or younger)

Edits:

Message Number	Message
22192	Warning: Impairment Kind codes field is blank or null. Set to Z (None).
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23033	Error: County code is invalid. Transaction not posted.
23081	Error: Date is outside dictionary requirements. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Consumer Periodics	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

23092	Error: Contractor ID provided not valid. Transaction not posted
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30013	Soft Error: Consumer Periodics transaction does not exist. Delete rejected.
30014	Error: GAF, CGAS and/or DC03 contain invalid values. Transaction not posted.
30018	Error: Non Numeric Gross Income. (Money field and Nulls are allowed) Transaction not posted.
30019	Error: Non Numeric Number of Dependents. Transaction not posted.
30020	Error: One or more Impairment Kind code is invalid. Transaction not posted.
30021	Warning: Priority Code is blank or null. Set to 'O'.
30022	Error: Invalid Priority Code. Transaction not posted.
30023	Warning: Living Situation blank or null. Set to '99' = Unknown.
30024	Error: Invalid Living Situation Code. Transaction not posted.
30025	Warning: Grade is blank or null. Set to '99' = Unknown.
30026	Error: Invalid Grade. Transaction not posted.
30027	Warning: Education is blank or null. Set to '9' = Unknown
30028	Error: Invalid Education code. Transaction not posted.
30029	Warning: Employment is blank or null. Set to '9' = Unknown.
30030	Error: Invalid Employment code. Transaction not posted.
30031	Error: CID has been merged or deleted. Transaction not posted.
30034	Warning: Should have at least one non-zero assessment: GAF, CGAS, or DC03.
30045	Error: Diagnosis is missing. (Applies to 035.05 transaction only)
30046	Error: Diagnosis is invalid.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Consumer's Case Manager	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

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

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

Transaction ID: Value: "011.01"

Action Code: Value:
 "A" Add
 "C" Change
 "D" Delete

Primary Key: [Reporting Unit ID](#) (Contractor ID or RSN ID)
[Consumer ID](#)

Body: [Case Manager ID](#) (Unique ID assigned by the RSN or Agency - must first be recorded with Case Manager transaction)
[Reporting Unit ID](#) (Agency providing Case Management)

Edits:

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

Note % signs above replaced by actual ID values when message sent.

Status: Phased Out Replaced by HIPAA 837I	Version: 2	ID: 10009
---	-------------------	------------------

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Consumer's Case Manager	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.1
Subject: DMHP Investigation	Initial Effective Date: 1/1/2000
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

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

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

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

Transaction ID: Value "160.02"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: [Reporting Unit ID](#) (Contractor or RSN)
[Consumer ID](#)
[Investigation Date](#)
[Investigation Start Time](#)

Body: [Investigation County](#)
[Investigation Outcome](#)
[Reporting Unit ID](#) (State Hospital, Community Hospital, Non Certified Detention Facility (as identified by RSN designated RUIDs) or Freestanding Evaluation and Treatment Center where consumer was placed for inpatient services. Report final facility placement. Leave blank or null if not placed for inpatient services
[Legal Reason for Detention/Commitment](#)
[Return to Inpatient/Revocation Authority](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.1
Subject: DMHP Investigation	Initial Effective Date: 1/1/2000
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Note: This transaction is not used to report "crisis services". These services are reported by using the "HIPAA 837P Outpatient Service" transaction.

Note: There are some code value dependencies based on the Investigation Outcome. The following table attempts to clarify those dependencies.

Investigation Outcome*		Legal Reason for Detention/ Commitment*	Return to Inpatient/ Revocation Authority	Inpatient Reporting Unit ID
CODE	Meaning	(Up to 4 characters)		
1	Detention (72 hrs)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient	Z	9	Blank/Null
3	Referred to Voluntary Inpatient	Z	9	Required
4	Return to Inpatient Facility	A-D or X at least one required	1 or 2 Required	Required
5	Filed petition recommending LRA extension	A-D or X at least one required	9	Blank/Null
6	Referred to non- mental health community resources	Z	9	Blank/Null
9	Other	Z	9	Blank/Null

Edits:

Message Number	Message
22172	Warning: Time is invalid. Time should be HHMM and between 0000 and 2399
23098	Soft Error: Record does not exist. Delete rejected.
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23154	Error: RUID not valid for Inpatient facility. Transaction not posted.
23155	Error: Invalid Return to Inpatient/Revocation Authority Code.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30001	Error: Investigation Outcome required. Transaction not processed.
30038	Error: Invalid Investigation County Code. Transaction not processed.
30039	Error: Invalid Legal Reason for Detention/Commitment. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 3
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: DMHP Investigation- Integrated Crisis Services Pilot Project	Initial Effective Date: 03/01/2006
	Date Revised:
	Effective Date:

Definition:

NOTE: This transaction is to be used only by Pierce RSN and North Sound RSN, the two pilot sites for the Integrated Crisis Services pilot project, allowing for detention under the ITA to either a mental health facility or to a secure detoxification facility.

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

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

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

Transaction ID: Value "161.01"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: [Reporting Unit ID](#) (Contractor or RSN)
[Consumer ID](#)
[Investigation Date](#)
[Investigation Start Time](#)

Body: [Investigation County](#)
[Investigation Outcome](#)
[Reporting Unit ID](#) (State Hospital, Community Hospital, Non Certified Detention Facility (as identified by RSN designated RUIDs), Freestanding

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 3
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: DMHP Investigation- Integrated Crisis Services Pilot Project	Initial Effective Date: 03/01/2006
	Date Revised:
	Effective Date:

Evaluation and Treatment Center, or secure detoxification facility where consumer was placed for inpatient services. Report final facility placement. Leave blank or null if not placed for inpatient services)

[Legal Reason for Detention/Commitment](#)

[Return to Inpatient/Revocation Authority](#)

[Referral Source](#)

[Investigation Reason](#)

Note: This transaction is not used to report "crisis services". These services are reported by using the "HIPAA 837P Outpatient Service" transaction.

Note: There are some code value dependencies based on the Investigation Outcome. The following table attempts to clarify those dependencies.

Investigation Outcome		Legal Reason for Detention/Commitment (Up to 4 characters)	Return to Inpatient/Revocation Authority	Inpatient Reporting Unit ID
CODE	Meaning			
1	Detention (72 hrs)	A-D at least one required	9	Required
2	Referred to Voluntary Outpatient	Z	9	Blank/Null
3	Referred to Voluntary Inpatient	Z	9	Required
4	Return to Inpatient Facility	A-D or X at least one required	1 or 2 Required	Required
5	Filed petition recommending LRA extension	A-D or X at least one required	9	Blank/Null
6	Referred to non-mental health community resources	Z	9	Blank/Null
7	Detention to Secure Detox facility	A-D at least one required	9	Required: Only pilot RSNs can use secure detox RUID
9	Other	Z	9	Blank/Null
10	Referred to acute detox	Z	9	Blank/Null
11	Referred to sub acute detox	Z	9	Blank/Null
12	Referred to sobering unit	Z	9	Blank/Null
13	Referred to crisis triage	Z	9	Blank/Null

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 3
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: DMHP Investigation- Integrated Crisis Services Pilot Project	Initial Effective Date: 03/01/2006
	Date Revised:
	Effective Date:

14	Referred to chemical dependency intensive outpatient program	Z	9	Blank/Null
15	Referred to chemical dependency inpatient program	Z	9	Blank/Null
16	Referred to chemical dependency residential program	Z	9	Blank/Null

Edits:

Message Number	Message
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23010	Error: Date is out of range or invalid. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23154	Error: RUID not valid for Inpatient facility. Transaction not posted.
23155	Error: Invalid Return to Inpatient/Revocation Authority Code.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30001	Error: Investigation Outcome required. Transaction not processed.
	Error: Invalid Investigation Outcome. Transaction not posted.
	Error: Invalid Investigation Outcome for Reporting Unit ID- Only for use by pilot project RSNs. Transaction not posted.
30038	Error: Invalid Investigation County Code. Transaction not processed.
30039	Error: Invalid Legal Reason for Detention/Commitment. Transaction not posted.
	Error: Invalid RUID for Reporting Unit ID- Only for use by pilot project RSNs. Transaction not posted.
	Error: Referral Source required. Transaction not posted.
	Error: Invalid Referral Source. Transaction not posted.
	Error: Invalid Referral Source for Reporting Unit ID- Only for use by pilot project RSNs. Transaction not posted.
	Error: Investigation Reason required. Transaction not posted.
	Error: Invalid Investigation Reason. Transaction not posted.
	Error: Invalid Investigation Reason for Reporting Unit ID- Only for use by pilot project RSNs. Transaction not posted.
	Error: Transaction not valid for investigation date. Transaction not posted.
22172	Warning: Time is invalid. Time should be HHMM and between 0000 and 2399
23098	Soft Error: Record does not exist. Delete rejected.
23088	Error: CID is voided. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 3
Title: Data Definitions	Chapter: 2.0
	Version: 1.1
Subject: E&T Inpatient Service 070.04	Initial Effective Date: 10/16/2003
	Date Revised:
	Effective Date:

Definition:

HIPAA 837I Institutional transactions are used to report Evaluation and Treatment Facility treatment episodes. MHD translates the 837I into this transaction used by MHD. The only time RSNs will see the transaction is as part of Batch or Error reports from the MHD-CIS system to denote the transaction was derived from a HIPAA 837I or when an RSN downloads a data extract for E&T Services. The fields are listed here to assist with understanding the native transaction reproduced in the exception report when an error or warning occurs.

Transaction ID
Action Code

Primary Key:

[Reporting Unit ID](#) (RSN ID or Contractor ID)
[Consumer ID](#)
[Reporting Unit ID](#) (Freestanding Evaluation and Treatment Center
[Admission Date](#)

Body:

[Discharge Date](#)
[Legal Status](#)
Diagnoses (Principle Diagnosis)
Diagnoses (Other Diagnosis1)
Diagnoses (Admitting Diagnosis)
Diagnoses (Other Diagnosis2)

Edits:

Message Number	Message
23008	Error: Primary key fields cannot be blank or null. Transaction not posted
23010	Error: Date is out of range or invalid. Transaction not posted.
23048	Error: Discharge Date is equal or greater than Admission Date. Transaction not posted.
23053	Error: Reporting Unit is not valid for Community Hospital or E&T. Transaction not posted.
23056	Error: Admission or Discharge date is beyond current date. Transaction not

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 3
Title: Data Definitions	Chapter: 2.0
	Version: 1.1
Subject: E&T Inpatient Service 070.04	Initial Effective Date: 10/16/2003
	Date Revised:
	Effective Date:

	posted
23071	Soft Error: No Inpatient Service data found for transaction.
23072	Error: Contractor not permitted to alter transaction for this RUID, CID.
23081	Error: Date is outside dictionary requirements. Transaction not posted.
23088	Error: CID is voided. Transaction not posted.
23109	Error: Admission Date is prior to Jan 1, 1997. Transaction not posted.
23152	Error: Diagnosis null or blank. Transaction not posted.
23156	Error: Invalid Legal Status codes. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
30006	Soft Error: Date(s) are more than 6 months old.
30007	Error: A valid Diagnosis is required.

HIPAA 837I data field conversion/map to Native Transaction 70.04 (E&T Inpatient) data requirements

2002 Data Dictionary Data Name	837 Loop	837 Segment	Industry Name or Alias	Value/Comment
Batch Number	ISA	ISA13	Interchange Control Number	9 character Leading zero-last five digits sequential starting at 1 and reset after 99999
Action Code	<2300>	CLM05-3	Claim Frequency Type Code	Values 1,7,or 8 - Converted from A,C,D by MHD
RSN or Contractor ID	GS	GS02	Application Senders Code	3 digit RUID of the RSN
Consumer ID	<2000B>	SBR03	Reference Identification - Subscriber Primary Identifier	RSN Unique Consumer ID, Not the PIC Code
RUID (of Provider)	<2010AA>	REF02	Billing Provider Additional Identified	3-4 digit RUID of the E&T Provider
Admission	<2300>	DPT03	Date Time Period	DPT01 = 435 & DPT02 =

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 3
Title: Data Definitions	Chapter: 2.0
	Version: 1.1
Subject: E&T Inpatient Service 070.04	Initial Effective Date: 10/16/2003
	Date Revised:
	Effective Date:

Date				DT the first eight characters are the CCYYMMDD Admission Date
Discharge Date	<2300>	DPT03	Date Time Period	DPT01 = 434 & DPT02 = RD8 then characters 10-17 are the CCYYMMDD Discharge Date Note first eight characters should match Admission Date
Legal Status	<2300>	CL102	Admission Source Code (UB92)	Use code "8" for Involuntary and code "2" for voluntary
Diagnoses Primary ICD9	<2300>	HI 01-2	Industry Code (ICD9)	If HI01-1 = BK , This is Principal Diagnosis
Diagnoses - Other Diagnosis1	<2300>	HI 01-2	Industry Code (ICD9)	If HI01-1 = BF, This is Other Diagnosis
Diagnoses Admitting	<2300>	HI 02-2	Industry Code (ICD9)	If HI02-1 = BJ, This is Admitting Diagnosis
Diagnoses Other Diagnosis2	<2300>	HI 02-2	Industry Code (ICD9)	If HI02-1 = BF, This is Other Diagnosis

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Header	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

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

Transaction ID: Value: "000.01"

Body: [Batch Date](#)
 [Submitting Reporting Unit ID](#)
 [Batch Number](#)

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

Edits:

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

Note % signs above replaced by actual ID values when message sent.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.1
Subject: ITA Hearing	Initial Effective Date: 1/1/2000
	Date Revised: 11/01/2005
	Effective Date: 03/01/2006

Definition:

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

Transaction ID: Value "162.02"

Action Code: Value
 "A" Add
 "C" Change
 "D" Delete

Primary Key: [Reporting Unit ID](#) (Contractor or RSN)
[Consumer ID](#)
[Hearing Date](#)

Body: [Hearing Outcome](#)
[Reporting Unit ID](#) (Community/State Hospital, Evaluation and Treatment Center or Secure Detoxification Facility number where the consumer was ordered to inpatient; otherwise leave blank or null)

[Hearing County](#)

Edits:

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.1
Subject: ITA Hearing	Initial Effective Date: 1/1/2000
	Date Revised: 11/01/2005
	Effective Date: 03/01/2006

	Error: Invalid RUID for Reporting Unit ID (Facility)- Only for use by pilot project RSNs
	Error: Hearing Outcome is invalid for RSN Reporting Unit ID- Only for use by pilot project RSNs
	Error: Hearing Outcome is invalid for Facility Reporting Unit ID- Only for use by pilot project RSNs

Note:

% signs above replaced by actual ID values when message sent.

It is the responsibility of the RSN where the investigation occurred to ensure that if they report an investigation resulting in a detention, where a petition for a hearing also occurred for that consumer, that the associated ITA Hearing is also reported to the Mental Health Division. The ITA Hearing transaction should be submitted by the RSN in which the hearing occurred. This may be different than the RSN who reported the ITA Investigation.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 5
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Outpatient Service 120.04	Initial Effective Date: 3/31/2004
	Date Revised:
	Effective Date:

Definition:

HIPAA 837 Professional transactions are used to report outpatient encounters. MHD translates the 837P into the 120.04 transaction used by MHD. The only time RSNs will see this transaction is as part of Batch or Error reports from the MHD-CIS system to denote the transaction was derived from a HIPAA 837P or when an RSN downloads a data extract for Outpatient Services. The fields are listed here to assist with understanding the native transaction reproduced in the exception report when an error or warning occurs.

Transaction ID
Action Code

Primary Key:

[RSN Reporting Unit ID](#)
[Subcontractor Reporting Unit ID](#) (or Rendering Provider Reporting Unit ID if no rendering provider loop in the service line detail of the 837P)
Claim Submit

Body:

[Consumer ID](#)
[Service Date](#)
[Health Care Service Location](#)
[CPT Code](#) or [HCPCS Code](#)
[Minutes of Service](#)
[EPSDT Indicator](#)
[Person Identification Code](#)
[Provider Type](#)
[Diagnoses](#) – up to 4 Occurrences
Rendering Provider [Reporting Unit ID](#) (if a rendering provider loop occurs in the service line detail of the 837P. Use for per-diem services)

Edits:

Message Number	Message
23008	Error: Primary key fields cannot be blank or null. Transaction not posted.
23076	Error: Health Care Service Location code is not valid. Transaction not posted.
23077	Error: Health Care Service Location code is blank or null. Transaction not posted.
23081	Error: Date is outside dictionary requirements. Transaction not posted.

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 5
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Outpatient Service 120.04	Initial Effective Date: 3/31/2004
	Date Revised:
	Effective Date:

23089	Error: RUID not in Contractor service area. Transaction not posted.
23107	Error: RSN or Contractor ID not valid. Transaction not posted.
23305	Error: Consumer Demographic transaction not found for Contractor ID, CID. Transaction not posted.
24728	Warning: Cannot delete outpatient service record because it was not found
24729	Warning: Service Record is more than six months old. May not be counted in RSN totals.
24730	Error: Service Date is invalid or post dated.
24732	Error: CPT or HCPCS Code cannot be blank or null. Transaction not processed
24733	Error: Invalid CPT or HCPCS Code. Transaction not processed
30002	Error: Minutes of Service contains unusual value (must be between 0 and 1440). Transaction not posted.
30007	Error: A valid Diagnosis is required. Transaction not posted.
30017	Warning: EPSDT contains invalid value. Set to 'N'.
30036	Warning: Missing Consumer Periodic report within last 3 months.
30045	Error: Diagnosis is Missing. Transaction not posted.
30046	Error: Diagnosis is invalid. Transaction not posted
30047	Warning: Service Provider Type Code is Blank (for services prior to 3/1/04)
30048	Error: Service Provider Type Code is Invalid. Transaction not posted
30053	Error: PerDiem Service Unit contains unusual value (must be 1). Transaction not posted.
30054	Error: Non-behavioral health CPT or HCPCS Code. Transaction not posted
30055	Error: RUID not valid for residential facility. Transaction not posted
30056	Error: Rendering provider not valid for this service code. Transaction not posted
30057	Error: No rendering provider RUID provided. Transaction not posted
30058	Error: RUID for transaction must be a CMHA. Transaction not posted

**HIPAA 837P data field conversion/map to MHD-CIS Transaction 120.04
(Outpatient Service) data requirements**

MHD Data Dictionary Data Name	837 Loop	837 Segment	Industry Name or Alias	Value/Comment
Batch Number	ISA	ISA13	Interchange Control Number	9 character leading zeros- last five digits sequential starting at 1 and reset after 99999

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 5
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Outpatient Service 120.04	Initial Effective Date: 3/31/2004
	Date Revised:
	Effective Date:

Action Code	<2300>	CLM05-3	Claim Frequency Type Code	Values 1,7,or 8
CONID (RUID of RSN)	GS	GS02	Application Senders Code	3 digit RUID of the RSN
RUID (of Provider)	<2010AA>	REF02	Billing Provider Additional Identified	3-4 digit RUID of the Provider
Claim Submit Identifier	<2300> <2400>	CLM01 REF02	Claim Number +Line Item Control Number	68 Character Unique Number
Consumer ID	<2000B>	SBR03	Reference Identification - Subscriber Primary Identifier	RSN Unique Consumer ID, Not the PIC Code
Service Date	<2400>	DPT03	Service Date	CCYYMMDD
Health Care Service Location	<2400>	SV105	Place of Service Code - Health Care Service Location	
CPT Code (and HCPCS)	<2400>	SV101-2	Product Service ID – Procedure Code	CPT or HCPCS code
Minutes of	<2400>	SV104	Quantity -	Values from 0 to 1440.

DSHS-Mental Health Division: RSN Data Dictionary	Page 4 of 5
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Outpatient Service 120.04	Initial Effective Date: 3/31/2004
	Date Revised:
	Effective Date:

Service			Minutes	Per Diem Services are a special case where the value represents days rather than minutes. If more than one day of Per Diem Service is reported it should represent consecutive days from the start of a month or start of service and not cross months so the maximum value for these services would be 31.
EPSDT	<2400>	SV111	Response Code – EPSDT Indicator	Any value except "Y" is treated as "N"
Person Identification Code	<2010BA>	NM109	Identification Code – Subscriber Primary Identifier	Use PIC if Medicaid and known else "Unknown"
Provider Type	<2400>	NTE02	Line Note Text	Use "ADD" for NTE01 Values 1=RN/ LPN, 2=ARNP 3=Psychiatrist/MD, 4=MA/Ph.D 5=Below Masters Degree 6=Peer Counselor 7=Mental Health Specialist 8=Not Applicable
Diagnoses (Principle)	<2300>	HI 01-2	Industry Code (ICD9)	If HI01-1 = BK , This is Principal Diagnosis
Diagnoses (Additional)	<2300>	HI 02-2	Industry Code (ICD9)	If HI02-1 = BF, This is Additional Diagnosis2
Diagnoses (Additional)	<2300>	HI 03-2	Industry Code (ICD9)	If HI03-1 = BF, This is Additional Diagnosis3
Diagnoses (Additional)	<2300>	HI 04-2	Industry Code (ICD9)	If HI04-1 = BF, This is Additional Diagnosis4
RUID (of rendering)	<2310B> or	REF02	Rendering Provider	Primarily for per-diem residential services, the 3-4 digit RUID of the

DSHS-Mental Health Division: RSN Data Dictionary	Page 5 of 5
Title: Transactions and Definitions	Chapter: 2.0
	Version: 1.0
Subject: Outpatient Service 120.04	Initial Effective Date: 3/31/2004
	Date Revised:
	Effective Date:

Provider)	<2420B>			“rendering provider “, the residential facility RUID
-----------	---------	--	--	--

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Admission Date	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Date a person was admitted to a facility. For HIPAA Definition see pages 167-170 of the 837 Institutional Guide 004010X096 For HIPAA reporting see Trading Partner Agreements

Maximum character length: 8

Format: CCYYMMDD

Where used: [HIPAA 837I](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Annual Gross Income	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

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

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Batch Date	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 8

Format: CCYYMMDD

Where used: [Header](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Batch Number	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Note: HIPAA transaction submission uses different batch numbering than standard transactions. On the HIPAA 837 the Transaction Batch Number is ISA13. Since the ISA13 field is nine digits, additional leading zeros should be entered. Only the last five digits entered in the ISA 13 will be used. For example, HIPAA Batch two would be entered as '000000002'

Maximum character length: 5 (Fill with leading zeros).

Where used: [Header](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Case Manager Comment	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

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

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

Maximum character length: 255 Variable Length

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

Where used: [Case Manager](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Case Manager Password	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 30 Variable Length

Where used: [Case Manager](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Case Manager Phone	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: Minimum 10 - 20 Variable Length

Where used: [Case Manager](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: CGAS	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g. 35, 58, 62). Rate actual functioning regardless of treatment or prognosis. Use code 000 for inadequate information

Maximum character length: 3 - (left zero fill)

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

Code	Definition
91-100	Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc): likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
81-90	Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally 'blowups" with siblings parents, or peers).
71-80	No more than slight impairment in functioning at home, at school; or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
61-70	Some difficulty in a single area, but generally functioning pretty well (e.g. sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: CGAS	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

	well might express concern.
51-60	Variable functioning with sporadic difficulties or symptoms in several but not all-social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
41-50	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
31-40	Major impairment in functioning in several areas and unable to function in one of these areas, e.g. disturbed at home, at school, with peers or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent: such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
21-20	Unable to function in almost all areas, e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
11-20	Needs considerable supervision to prevent hurting others or self (e.g. frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestured communication, marked social aloofness, stupor, etc.
01-10	Needs Constant supervision (24-hr care) due to severely aggressive or destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Claim Submit Identifier	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

An identifier when used in combination with the Reporting Unit ID will be unique to a given outpatient/inpatient service transaction as stated in the transaction definition. It must uniquely identify an individual service within the RSN. For outpatient service transactions, the agency providing the service may create this unique identifier. For HIPAA Definition see the discussion below and pages 170-179 of the 837 Professional Guide 004010X098. For HIPAA reporting see Trading Partner Agreements

Maximum character length: 68.

When initially implemented for a non HIPAA Outpatient Service transaction on 1/1/2002 the maximum length was set as 20. This was based on HIPAA Implementation Guide suggestion and a one claim per encounter reporting expectation. The HIPAA Implementation Guides however allows multiple services per claim. Since multiple services are allowed per claim, the Claim Submit Identifier (CSI) alone on a HIPAA transaction is insufficient to uniquely identify the service encounter. On the HIPAA 837P, the Claim Submit Identifier (CSI) used at the 2300 CLM level is the CSI for the total claim. (See page 171 of the 837P Implementation Guide.) The Claim Submit Identifier for the service itself is the Reference Identification at the 2400 level, which is the Line Item Control Number. (See page 473 of the 837P Implementation Guide.) Merging of these two fields was necessary to produce a unique identifier.

Where used: [HIPAA 837P](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Consumer ID	Initial Effective Date: 1/1/2002
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

The identifier established by a Contractor, which uniquely identifies a consumer. Once a Consumer ID has been submitted to the MHD-CIS, it is never deleted. Use this ID on all transactions that require the identification of a consumer. On a HIPAA 837 this is referred to as SBR03 Reference Identification - Subscriber Primary Identifier

Maximum character length: 20 Variable Length

Note: A Consumer ID is established in the MHD-CIS by submitting a Consumer Demographic transaction.

Where used: [Consumer Demographics](#)
[Cascade Delete](#) (Full/Partial)
[Cascade Merge](#)
[DMHP Investigation](#)
[DMHP Investigation- Integrated Crisis Services Pilot Project](#)
[Consumer Periodics](#)
[Consumer's Case Manager](#)
[HIPAA 837 Institutional](#) and [837Pprofessional](#)
[ITA Hearing](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: County Code	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 2 (left zero fill).

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: County Code	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

19	Kittitas	39	Yakima
20	Klickitat	40	Unknown or out of state

Where used: [Consumer Periodics](#) (County of Residence)
[CDMHP Investigations](#) (Investigation County)
[ITA Hearing](#) (Hearing County)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: County of Residence	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 2 (left zero fill).

Note: See County Code for values.

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: CPT Code	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Current Procedural Terminology (CPT) codes found in the current CPT manual as published by the American Medical Association. For HIPAA Definition see pages 400-407 of the 837 Institutional Guide 004010X096 and pages 55-57 of the 837P Addenda 004010X098A1 For HIPAA reporting see Trading Partner Agreements. Known as Procedure Code under HIPAA. See also Health Care Financing Administration Common Procedure Coding System HCPCS Codes.

Historical Note: Prior to HIPAA, the National Association of State Mental Health Program Directors (NASMHPD) proposed a new set of CPT Codes for specific Mental Health Procedures. Pending assignment (or disapproval) of NASMHPD proposed CPT codes, the MHD Research unit provided a set of NASMHPD temporary codes be used for reporting under the Outpatient Service Transaction 120.03. These codes may not be used in HIPAA Transactions and will not be supported after the 120.03 Outpatient Service Transaction is phased out of service no later than March of 2004. These codes and rollups were published in the MHD-CIS 2002 Data Dictionary and are currently available from the MHD Research Unit under separate cover.

Maximum character length: 5.

Where used: [Outpatient Service](#)
[HIPAA 837 Professional](#) and [HIPAA 837 Institutional](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Date of Birth	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

The date a person was reported born.

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

Maximum character length: 8

Format: CCYYMMDD

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

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: DC03	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) is a product of eight years of work by ZERO TO THREE'S multidisciplinary Diagnostic Classification Task Force. The task was to develop the first comprehensive guide to assessment, diagnosis and treatment planning for mental health problems in children, from infants to toddlers. (See <http://www.zerotothree.org>) Zero to 100 scale describes the child's level of functioning. Complements DSM-IV. Original Source: Zero to Three/ National Center for Clinical Infant Programs, 1994 Current Codes available from the Washington Institute for Mental Illness Research & Training (WIMIRT). Use code 000 for inadequate information.

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

Maximum character length: 3 (left zero fill)

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Discharge Date	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Date a person was released from a facility.

For HIPAA Definition see pages 167-168 of the 837 Institutional Guide 004010X096. Discharge Date is assumed to be characters 10-17 of loop 2300 Statement Dates where DPT01 = 435 and DPT02 = RD8. For HIPAA reporting see Trading Partner Agreements

Maximum character length: 8

Format: CCYYMMDD

Where used: [ET Inpatient Service](#)
[HIPAA 837Institutional](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Education	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 1

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

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Employment Status	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Guidelines:

This field is required to be reported as part of Consumer Periodics. This status may be recorded as "Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the time period reported. MHD does not expect employment records for children under 16. However, if reported code 8 or code 9 could be used.

Maximum character length: 1

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

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: EPSDT Indicator	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

A code indicating a Yes or No condition or response. This code is used to flag a service or referral (into or out of an agency) that is related to an EPSDT (*Early and Periodic Screen for Diagnosis and Treatment of children*) screening; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement. This code is required if Medicaid services are the result of an EPSDT screening referral for children (under 21 years of age). For HIPAA Definition see page 406 SV111of the 837 Institutional Guide 004010X096. For HIPAA reporting see Trading Partner Agreements

Maximum character length: 1

Where used: [Outpatient Service](#)
[HIPAA 837P](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Ethnicity	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

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

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

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

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Ethnicity	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

660	Guamanian or Chamorro
655	Samoan
999	Not reported/Unknown

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: GAF Score	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Global Assessment of Functioning. Use code 000 for inadequate information.

Maximum character length: 3 - (left zero fill)

Use Axis V codes from DSM-IV.

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Gender	Initial Effective Date: 7/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 1

Code	Definition
1	Female
2	Male
3	Unknown

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

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Given Names	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

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

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

Maximum character length: 40 Variable Length

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Grade Level	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Identifies the highest-grade level completed by the consumer.

Maximum character length: 2 - (left zero fill)

Code	Definition
00	Preschool/kindergarten
01 - 12	List the specific grade completed, (Use 12 for GED)
13	Some College
14	2 year degree (AA, AS)
16	4 year degree (BA, BS)
18	Post-graduate education
99	Unknown, Never attended, or below pre-school

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: HCPCS Code	Initial Effective Date: 10/17/2003
	Date Revised:
	Effective Date:

Definition:

Health Care Financing Administration Common Procedure Coding (HCPCS). Current Health Care Procedural Terminology codes found in the current HCPCS manual as published by the American Medical Association. For HIPAA Definition see pages 400-407 of the 837 Institutional Guide 004010X096 and pages 55-57 of the 837P Addenda 004010X098A1 For HIPAA reporting see Trading Partner Agreements. Known as Procedure Code under HIPAA. See also Common Procedure Terminology (CPT) Codes.

As of HIPAA Implementation on 10/17/03 the Outpatient Service Transaction 120.03 was modified to also accept HCPCS codes in place of CPT Codes.

Maximum character length: 5.

Where used: [Outpatient Service](#)
[HIPAA 837 Professional](#) and [HIPAA 837 Institutional](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Health Care Service Location	Initial Effective Date: 10/17/2003
	Date Revised:
	Effective Date:

HIPAA Alias: Place of Service Code

Definition:

Codes used on professional claims/encounters to specify the entity where the service(s) were rendered. **NOTE:** MHD adopted an initial set of codes for use on services delivered prior to 10/17/03 as published in the 2003 Data Dictionary.

HIPAA 837P and Outpatient Service transactions with Date of Service after 10/17/03 should use code values as specified by reference to.

<http://www.cms.hhs.gov/states/posdata.pdf> for current code values. Since Health Care Service Location Codes are subject to change, the codes available from the HHS web site will not be re-published in this Data Dictionary. MHD transaction edits will refer to code effective dates as compared to dates of service.

Maximum character length: 2

Where used: [Outpatient Services](#) (Date of Service after 10/17/03)
[HIPAA 837](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Hearing County	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

The county where a court hearing was held.

Maximum character length: 2

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

Where Used: [ITA Hearing](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Hearing Date	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

The date of a court hearing.

Maximum character length: 8

Format: (CCYYMMDD)

Where used: [ITA Hearing](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Hearing Outcome	Initial Effective Date: 1/1/2000
	Date Revised: 11/01/2005
	Effective Date: 03/01/2006

Definition: Code representing the number of days and type of commitment as a result of a court order.

Notes:

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

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

For Codes 9 and 10: These codes are to be used only by those RSNs participating in the "integrated crisis response" pilot project.

For those RSNs participating in the "integrated crisis response" pilot project, for outcomes involving mental health facilities, continue to use codes 1, 2, 3, 4, 5, 6, 7 or 8.

Maximum character length: 2, (right justify)

Code	Definition
0	Dismissed
1	14 Day Commitment
2	90 Day Commitment or extension
3	180 Day Commitment or extension
4	90 Day LRA or LRA extension
5	180 Day LRA or LRA extension
6	Agreed to Voluntary Treatment
7	Revoke LRA
8	Reinstate LRA
9	14 Day Commitment to Secure Detox
10	60 Day Commitment to Secure Detox

Where used: [ITA Hearing](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Hispanic Origin	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

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

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

Maximum character length: 3 - (left zero fill)

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

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Impairment Kind	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

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

Code	Definition
A	Development or intelligence; i.e., mental retardation or developmental disorder, organic brain syndrome.
C	Physical (unable to walk without assistance, unable to care for self, chronic illness).
D	Alcohol or drug dependence; i.e., dependence on alcohol or drugs which negatively affects the individual's ability to maintain a stable living arrangement, unable to remain in competitive employment, unable to provide adequate care for dependents, legal problems related to substance abuse.
E	Vision Impairments (does not include wearing glasses).
F	Hearing Impairments.
G	Other communication difficulties (speech and language, language comprehension. Does not include non-native speakers).
X	Other - Medical or physical disabilities not listed above.
Y	Unknown.
Z	None.

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Investigation County	Initial Effective Date: 1/1/2000
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

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

Maximum character length: 2 (left zero fill). See County Code for values

Where used: [DMHP Investigation](#)
[DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Investigation Date	Initial Effective Date: 1/1/2000
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

Date of an investigation under the Involuntary Treatment Act.

Maximum character length: 8

Format: CCYYMMDD

Where used:

[DMHP Investigation](#)

[DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Investigation Outcome	Initial Effective Date: 1/1/2000
	Date Revised: 11/01/2005
	Effective Date: 03/01/2006

Definition: A code indicating the outcome of a DMHP investigation.

Maximum character length: 2 (right justify)

Code	Definition
1	Detention to MH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05)
2	Referred to voluntary Outpatient mental health services
3	Referred to voluntary Inpatient mental health services
4	Returned to Inpatient facility/filed revocation petition
5	Filed petition-recommending LRA extension
6	Referred to non-mental health community resources
7	Detention to Secure Detox facility (72 hours as identified under 70.96B)
9	Other
10	Referred to acute detox
11	Referred to sub acute detox
12	Referred to sobering unit
13	Referred to crisis triage
14	Referred to chemical dependency intensive outpatient program
15	Referred to chemical dependency inpatient program
16	Referred to chemical dependency residential program

Note: Code "1" or "7" (depending on detention facility type) if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily. In this case, document this as code 2, 3, or code 10 – 16.

Where used: [DMHP Investigation](#) and [DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Investigation Reason	Initial Effective Date: 03/01/2006
	Date Revised:
	Effective Date:

Definition:

This code can only be used by those RSNs participating in the “integrated crisis response” pilot project.

A code indicating the main reason for, or focus of a DMHP investigation.

Maximum character length: 1

Code	Definition
1	Investigation was mainly related to a mental disorder
2	Investigation was mainly related to a chemical dependency disorder
3	Investigation was related in some degree to both a mental and a chemical dependency disorder

Where used: [DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Investigation Start Time	Initial Effective Date: 1/1/2000
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

Time of day an investigation was started.

Maximum character length: 4

Format: HHMM

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

Where used:

[DMHP Investigation](#)

[DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Legal Reasons for Detention/Commitment	Initial Effective Date: 3/1/2005
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

Identifies the basic reason for detaining a person for 72 hours or committing a person to inpatient treatment or a less restrictive alternative (LRA) under the Involuntary Treatment Act, RCW 71.05 for adults and RCW 71.34 for children 13 and over (Children under 13 may not be detained through the ITA process). If more than one reason applies, select all that apply. If this is a return to inpatient situation, use code X if Codes A-D are inappropriate.

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

Maximum character length: 4

Code	Definition
A	Dangerous to self
B	Dangerous to others
C	Gravely disabled
D	Dangerous to property
X	Revoked for reasons other than above
Z	NA-person was not involuntarily detained under ITA

Where used: [DMHP Investigation](#)
[DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Legal Status	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 1

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

Where used: [ET Inpatient Service](#)

HIPAA 837I a.k.a. Admission Source Code (See the TPA). Note the HIPAA 837I input values "8" for Involuntary and code "2" for voluntary are converted to the above codes for data storage within MHD-CIS.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Living Situation	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 2

Code	Definition
10	<p>Private Residence without support:</p> <p>Individual lives in a house, apartment, trailer, boat, hotel, dorm, or barrack, Single Room Occupancy (SRO) and does not require routine or planned support to maintain his/her independence in the living situation. Includes children living with parents.</p>
20	<p>Private Residence receiving support:</p> <p>Individual lives in a house, apartment, trailer, boat, hotel, dorm, or barrack, Single Room Occupancy (SRO) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home.</p>
30	<p>Foster Home:</p> <p>Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County Department to provide foster care to children and adolescents. This includes Therapeutic Foster Care Facilities and adults in AFH.</p>
40	<p>24-Hour Residential Care:</p> <p>Individual resides in a residential care facility with care provided on a 24-hour, 7 day a week basis. Includes aggregate care and CCF facilities. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Crisis Residential, Residential Treatment, or Rehabilitation Center, or Residential Care/Treatment Facility and chemical dependency residential programs.</p>

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Living Situation	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

50	<p>Institutional Setting:</p> <p>Individual resides in an institutional care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Institute of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, DD Facility, or State Hospital.</p>
60	<p>Jail/Juvenile Correction Facility:</p> <p>Individual resides in a Jail and/or Correctional facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.</p>
70	<p>Homeless/Shelter:</p> <p>A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists.</p> <p>A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:</p> <ul style="list-style-type: none"> A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, B) an institution that provides a temporary residence for individuals intended to be institutionalized, or C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
80	Other
99	Unknown: Information on an individual's residence is not available.

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Minutes of Service	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

The number of minutes a specific service was provided

For Per Diem (specific CPT/HCPCS codes) services, days are the unit of measure rather than minutes. Per Diem reporting does not cross months so the maximum value for Per Diem services would be 31. Reporting should represent contiguous days from the start of the month or the start of service.

Maximum character length: 4 Variable Length

Where used: [Outpatient Service](#)
[HIPAA 837](#) <2400>Professional Service SV104 Quantity

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Month of Periodic	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 6.

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Month of Service	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

The year and month of service. Format: CCYYMM

Maximum character length: 6.

Where used: [Clear Month of Service](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Number of Dependents	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

List number of individuals, in addition to the consumer, who rely on the annual family income. Family defined as members who normally share residence and who share income. Does not include group home members, other shelter members or inpatient roommates. For inpatients this represents the number of dependents in the family of residence. For foster children report dependent of 1. Example: A family of father, mother, two natural children and one foster child. a) Foster Child is client; number of dependents is '1'. b) Mother is client, Number of Dependents is '4'; Self = 1, husband = 1, two natural children = 2 for a total of 4.

Maximum character length: 2

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Preferred Language	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 2 (left zero fill).

Codes	Definition	Codes	Definition
00	Language Unknown	17	Hungarian
01	Japanese	18	Russian
02	Korean	19	Romanian
03	Spanish	20	Polish
04	Vietnamese	21	Greek
05	Laotian	22	Tigrigna
06	Cambodian	23	Amharic
07	Mandarin	24	Finnish
08	Hmong	25	Farsi
09	Samoan	26	Czech
10	Ilocano	27	Mien
11	Tagalog	28	Yakama
12	French	29	Salish
13	English	30	Puyallup
14	German	31	Thai
15	American Sign Language	99	Other Language
16	Cantonese		

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Preferred Language	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Person Identifier Code	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 14

Format: LLLLLIIYYMMDDT or IIMMDDYYLLLLLT

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

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

Examples: The following are examples to show how a PIC is formatted. **PIC codes are assigned. They should not be fabricated.** RSNs and providers should not attempt to create a PIC. For purposes of these examples, "T" is being used as the tie breaker character. The tie breaker character is a variable character assigned by the caseworker. Note that all the examples use the second format listed above, but the same principles apply to either format.

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

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

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

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

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Person Identifier Code	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

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

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

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

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

Note: The PIC can change at any time.

Where used: [Outpatient Services](#)
[HIPAA 837P](#) and [837I](#) in loop 2010BA

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Priority Code	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Refer to RCW 71.24.025. An indicator of the relative seriousness duration and intensity of the presenting mental disorder of a particular person as well as distinguishing whether the consumer is a member of a targeted group as established by legislative mandate. Priority code is expected for crisis services. Providers may not have enough information about an individual to make a 'chronic' determination, but the provider should have enough information to make a seriously disturbed or seriously emotionally disturbed rating. However if a crisis worker can not determine a priority of chronic or serious, the priority code should be reported as acute. If a person is determined by the RSN at their sole discretion to be at risk, code them as 'A' acute, otherwise code 'O' for other. See WAC 388-0865-0150 for definitions of adult and child. Currently a child is one who has not reached his/her eighteenth birthday unless Medicaid eligible in which case a child is one who has not reached his/her twenty first birthday. Adults and Children conditional definitions are included below:

Maximum character length: 1

CODE	DEFINITION
A	Acutely Mentally Ill- a condition limited to a short-term severe crisis episode of a mental disorder, grave disability, or presenting a likelihood of serious harm. Not to be coded if the individual meets criteria for "chronic". "serious", or "seriously emotionally disturbed".
C	Chronically Mentally Ill Adult- an adult who has a mental disorder and meets at least one of the following criteria: -2 or more inpatient hospitalizations with the last 2 years, -continuous psychiatric hospitalization or residential treatment longer for more than 6 months out the preceding year, -because of mental disorder for more than 1 year, unable to engage in gainful activity. Gainful activity is based on Public Law related to SSI and SSDI regulations for earned income. For WA State this translates to a monetary amount. Refer to SSA Publication No. 05-11015 February 2001
D	Seriously Disturbed person- a person who has a mental disorder that causes major impairment in several areas of daily living. If the person is a child, this is a sufficient

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Priority Code	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

	<p>criterion. If they are an adult they must meet this or at least one of the following criteria :</p> <ul style="list-style-type: none"> -is gravely disabled or presents a likelihood of serious harm to themselves or others, or to property; -has been on conditional release, or under a less restrictive alternative order at some time during the preceding two years; -has continuing suicidal preoccupation or attempts.
E	<p>Severely emotionally disturbed child- is a child who has a mental disorder which is clearly interfering with their functioning in family, school or with peers, and meets one of the following criteria:</p> <ul style="list-style-type: none"> -has undergone involuntary treatment or out of home placement related to a mental disorder within the last two years; -is currently served by juvenile justice, child-protection/welfare, special education, or developmental disabilities; -is at risk of escalating maladjustment due to: <ul style="list-style-type: none"> -chronic family dysfunction involving a mentally ill or inadequate caretaker; -changes in custodial adult; -going to, residing in, or returning from out of home placement; -subject to repeated physical abuse or neglect; -drug or alcohol abuse; -homelessness.
O	<p>Other- Does not meet the criteria for Acutely mentally ill, Chronically mentally ill, Seriously disturbed, or Severely Emotionally Disturbed.</p>

Where used: [Consumer Periodics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Provider Type	Initial Effective Date: 1/1/2004
	Date Revised:
	Effective Date:

Definition:

Identifies the professional level of a specific outpatient service provider. If a provider works as a counselor and a Mental Health Specialist, use code 7 only when that provider is providing a special population evaluation. Otherwise, they are to be listed by their credentials as shown below.

Maximum character length: 1

Code	Definition
1	RN/LPN
2	ARNP
3	Psychiatrist/MD
4	MA/Ph.D.
5	Below Masters Degree
6	Peer Counselor
7	Mental Health Specialist
8	Not Applicable

Where used: [Outpatient Services](#)
and as [HIPAA 837P](#) <2400>NTE02 (where NTE01 = ADD)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Race	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

Code indicating the racial or ethnic background of a person as initially defined for reporting under HIPAA regulations on the HIPAA 834 Plan Enrollment form. Since the 834 Transaction is not currently used in the MHD/RSN transaction environment this data element is retained in the MHD Consumer Demographics transaction as a place holder for potential future use. If not entered on a Consumer Demographics Transaction (blank), the value will be calculated from the reported Ethnicity and Hispanic Origin

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

Maximum character length: 1 (leave blank if not reported)

Codes	Definition
7	Not Provided
A	Asian or Pacific Islander
B	Black
C	Caucasian
H	Hispanic
I	American Indian or Alaskan Native
N	Black (Non-Hispanic)
O	White (Non-Hispanic)

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Referral Source	Initial Effective Date: 03/01/2006
	Date Revised:
	Effective Date:

Definition:

This code can only be used by those RSNs participating in the “integrated crisis response” pilot project.

A code representing the main source of the referral of a consumer to a DMHP for investigation.

Maximum character length: 2 (right justify)

Code	Definition
1	Community CD Provider
2	Community MH Agency
3	Crisis Triage
4	Individual Professional Staff
5	Self
6	Employer or Co-worker
7	Family or Friend
8	Hospital ER
9	Hospital Medical Unit
10	Hospital Psychiatric Unit
11	Law Enforcement Agency
12	MH Evaluation & Treatment Facility
13	Residential Facility
14	Sobering Center or Detox
15	Secure Detox Facility
16	Other

Where used: [DMHP Investigation](#)- Integrated Crisis Services Pilot Project (161.01)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Reporting Unit ID	Initial Effective Date: 1/1/2002
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

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

Maximum character length: 3-4 (left zero fill).

Note: There are Reporting Unit IDs (RUID) and also RSN identifiers which are a two digit text equivalent. This code is assigned by MHD to identify Reporting Unit. Since this list may change as Reporting Units are added or deleted over time, codes are kept on the MHD Intranet. For a complete list of centers or to establish a new ID, see instructions on the MHD Intranet. RSN IDs as of Dictionary publication are shown in the following table. Also note both values, RSN RUID and RSN ID are used in HIPAA 837 transactions.

RSN RUID	RSN ID	RSN Name
410	SP	Spokane RSN
411	KI	King RSN
412	NS	North Sound RSN
413	GC	Greater Columbia RSN
414	NC	North Central RSN
415	NE	Northeast RSN
416	PE	Peninsula RSN
417	CO	Southwest (Cowlitz) RSN
418	TM	Thurston / Mason RSN
419	PI	Pierce RSN
420	GH	Grays Harbor RSN
424	CL	Clark RSN
425	CD	Chelan / Douglas RSN
426	TI	Timberlands RSN

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Reporting Unit ID	Initial Effective Date: 1/1/2002
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Where used: [Header](#)
[Clear Month of Service](#)
[Clear Month of Service V2](#)
[Cascade Delete \(Full/Partial\)](#)
[Cascade Merge](#)
[Case Manager](#)
[DMHP Investigation](#)
[DMHP Investigation- Integrated Crisis Services Pilot Project](#)
[Consumer Demographics](#)
[Consumer Periodics](#)
[Consumer's Case Manager](#)
[HIPAA 837I](#) and [837P](#)
[ITA Hearing](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.1
Subject: Return to Inpatient/Revocation Authority	Initial Effective Date: 1/1/2000
	Date Revised: 02/01/2006
	Effective Date: 02/01/2006

Definition:

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

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

Maximum character length: 1

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

Where used:

[DMHP Investigation](#)

[DMHP Investigation- Integrated Crisis Services Pilot Project](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Service Date	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

Date a service was provided.

Maximum character length: 8

Format: CCYYMMDD

Where used: [Outpatient Service](#)
[HIPAA 837P](#) as <2400> Service Date

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Sexual Orientation	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 1

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

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Social Security Number	Initial Effective Date: 1/1/2000
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 9

SSN Citing for Federal Regulations:

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

42CFR433.138

HCFA State Medical Manual (All Parts)(Pub. 45) SMM15 15802 - Use and Verification of Social Security Number (SSN)

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

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Surname	Initial Effective Date: 1/1/1998
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 30 Variable Length

Where used: [Consumer Demographics](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Transaction ID	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 6

Transaction ID	Transaction Title
131.02	Cascade Delete (Full/Partial)
130.02	Cascade Merge
100.01	Case Manager
160.02	CDMHP Investigation
077.02	Clear Month of Service
076.01	Community Hospital Authorization - May be used until HIPAA transaction implementation. Once phased out of service this transaction would only be used for historical data updates.
075.01	Community Hospital Payment Summary - May be used until HIPAA transaction implementation. Once phased out of service this transaction would only be used for historical data updates.
020.04	Consumer Demographics
035.06	Consumer Periodics
011.01	Consumer's Case Manager
000.01	Header
070.04	ET Inpatient Service - Used until phased out and replaced by HIPAA transactions. Once phased out of service this transaction would only be used for pre-HIPAA historical data updates.
162.02	ITA Hearing
120.03	Outpatient Service - Used until phased out and replaced by HIPAA transaction. Once phased out of service this transaction would

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 2
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Transaction ID	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

	only be used for pre-HIPAA historical data updates.
120.04	Outpatient Service transaction extracted from HIPAA837P transactions for update of the MHD-CIS SQL databases. Transparent to RSNs except on MHD-CIS transaction reports to indicate the HIPAA 837P source.

Where used: Transactions identified in the previous table.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Data Definitions	Chapter: 3.0
	Version: 1.0
Subject: Type of Service Transaction	Initial Effective Date: 1/1/2002
	Date Revised:
	Effective Date:

Definition:

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

Maximum character length: 3.

Code	Description
O	OP Services Transactions
ET	E&T Services Transactions
CHA	Community Hospital Authorization Transactions (historical-now phased out
CHB	Community Hospital Payment Summary Transactions (historical-now phased out

Where used: [Clear Month of Service](#)

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N Implementation Guides. The use of this document is for the purpose of clarification only, and does not contradict any requirements in the X12N Implementation Guides. Specifically, where the implementation guides allow the Trading Partners to make a choice, this document specifies the data elements and values to use in a standard HIPAA transaction. In terms of optional data elements as identified by the implementation guides, DSHS Mental Health Division (MHD) will only accept those optional elements identified below.

Transactions between other trading partners or covered entities are not covered by this trading partner agreement. Transaction content has been identified, however, this companion guide is subject to format revision as HIPAA Transaction requirements change.

837P FORMAT – See HIPAA Health Care Claim: Professional 837 ASC X12N 837 (004010X098) its successors and subsequent HIPAA Transaction Guide Addenda.

- Interchange Control Header
- Functional Group Header
- Transaction Set Header
- Beginning of Hierarchical Transaction
- Transmission Type Identification
 - <1000A> Submitter Name
 - <1000A> Submitter EDI Contact Information
 - <1000B> Receiver Name
 - <2000A> Billing/Pay-To Provider Hierarchical Level
 - <2010AA> Billing Provider Name
 - <2010AA> Billing Provider Address
 - <2010AA> Billing Provider City/State/ZIP
 - <2010AA> Billing Provider Secondary Identification
 - <2010AA> Billing Provider Contact Information
 - <2000B> Subscriber Hierarchical Level
 - <2010BA> Subscriber Name
 - <2010BB> Payer Name
 - <2300> Claim Level Information
 - <2300> Prior Authorization or Referral Number
 - <2300> Medical Record Number
 - <2300> Health Diagnosis Code
 - <2310> Rendering Provider Name
 - <2400> Service Line
 - <2400> Professional Service

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

- <2400> Date - Service Date
- <2400> Line Item Control Number
- <2400> Line Note
- <2420B> Rendering Provider Name
- Transaction Set Trailer
- Functional Group Trailer
- Interchange Control Trailer

General Requirements

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirements
1	General – Compression	General	NA	Compression of files using zip compression software is supported for transmissions between the submitter and DSHS.
2	General – Delimiters Allowed	Data Element Separator	A.4	The Data Element Separator is byte 4 of the ISA. Recommended use is the Asterisk '*'
		ISA16 – Component Element Separator	A.4	Sub Element Separator recommended use is the colon ':' character.
		Segment Terminator	A.4	Recommended to use Line Feed character as Segment Terminator. This character is defined in the ISA segment as the character following the Data Element Separator (ISA16). For display purposes only, throughout this Trading Partner Agreement, the tilde character '~' has been used.
3	General – Files Invalid in Syntax and Structure	All Segments and Elements	NA	Only loops, segments, and data elements valid for the applicable implementation guide will be translated. Non-implementation guide data will be dropped or will not be considered in processing.

Notation used

- Periods are used to fill spaces in fixed-width data
- Underlined text indicates hard-coded entries/values that do not change where there is only one choice per the implementation
- Items in {} are suggested mutually agreed to default values between RSNs & MHD
- {{}} Indicate default values for the RSN to MHD transmission
- <1234> indicates Implementation Loop
- [xxx] Indicates an ID field
- [xxx] Indicates an ID field

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
1	Interchange Control Header	<u>ISA*00*.....*00*.....*ZZ*RSN.</u> <u>.....*ZZ*</u> <u>{{400}}.....*YYMMDD*HHMM*</u> <u>U*00401*[ID1]*0*T*~</u>	B.3- B.6	The Interchange Sender ID ISA06 must be the same for all RSN to MHD transactions. The value used is RSN The Interchange Control Number, ISA13 [ID1], is the "Batch Number" and must be identical to the associated Interchange Trailer IEA02 [ID1]. This is a nine character leading zero field. MHD will use the last five digits (including leading zero) and expects sequential numbering starting at 00001 and reset when beyond 99999. ISA15 – Use 'T' for test data, 'P' for production data. The ISA segment is a 105 byte fixed length record.
2	Functional Group Header	<u>GS*HC*{3-digit RSN</u> <u>RUID}*{{400}}*CCYYMMDD*HHM</u> <u>M*[ID2]*X*004010X098A1~</u>	B.8- B.9 Ad. 85-86	
3	Transaction Set Header	<u>ST*837*[ID3]~</u>	62	ST/SE – Common ID code for txn Start/End
4	Beginning of Hierarchical Transaction	<u>BHT*0019*00*[ID4]*CCYYMMDD*</u> <u>HHMM*{RP}~</u>	63-65	BHT – std
5	Transmission Type Identification	<u>REF*87*004010X098A1~</u>	66, Ad. 13	The value of REF02 changes depending on whether the transaction is being piloted or in production mode. See Implementation Guide and Addenda for details.
6	Submitter Name <1000A>	<u>NM1*41*2*{2-char RSN ID e.g. PI</u> <u>for Pierce}*****46*{3-digit RSN</u> <u>RUID}~</u>	67-69	NM108 refers to ETIN as established by TPA. Suggestion is to have the ETIN be the 3-digit RUID. <ul style="list-style-type: none"> NM103 - Use 2-character RSN ID, e.g., PI for Pierce, NS for North Sound, etc. NM109 - use 3-digit RSN ID
7	Submitter EDI Contact Information <1000A>	<u>PER*IC*{IT Contact Person at</u> <u>RSN}*{TE}*{Ph# For It Contact</u> <u>Person at RSN}~</u>	71-73	PER – MHD wants IT Contact & Phone

DSHS-Mental Health Division: RSN Data Dictionary	Page 4 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
8	Receiver Name <1000B>	<u>NM1*40*2*{{MHD}}*****46*{{400}}~</u>	74-75	
9	Billing/Pay-To Provider Hierarchical Level <2000A>	<u>HL*1**20*1~</u>	77-78	
10	Billing Provider Name <2010AA>	<u>NM1*85*2*{ProviderName}*****24*{EIN of Provider}~</u>	84-86	<ul style="list-style-type: none"> NM1<2010AA> Billing Provider Name – Service Provider name
11	Billing Provider Address <2010AA>	<u>N3*AddressLine1*AddressLine2~</u>	88	
12	Billing Provider City/State/ZIP <2010AA>	<u>N4*City*State*ZIP~</u>	89-90	
13	Billing Provider Secondary Identification <2010AA>	<u>REF*{1J}*{Provider RUID}~</u>	91-93	Service Provider RUID unless overridden by a 2310B Claim Level Provider or 2420B Service level provider. Note, PerDiem providers can only be reported at the Claim or Service level. The billing provider must be a Mental Health Center
14	Billing Provider Contact Information <2010AA>	<u>PER*IC*{Billing Provider IS Contact Name}*TE*{Phone Number of contact}~</u>	96-98	<2010AA> Billing Provider (Agency) Unless overridden, everything from the Billing Provider (Agency) down is assumed to be the Agency Pay-to Provider (Agency) and Rendering Provider at Service Detail (Agency)
15	Subscriber Hierarchical Level <2000B>	<u>HL*[ID From Sender]*[Parent ID]*22*{0}~</u>	108-109	
16	Subscriber	<u>SBR*{{P}}*18*{RSN Unique</u>	110-	Use "P" for SBR01

DSHS-Mental Health Division: RSN Data Dictionary	Page 5 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
	Information <2000B>	Consumer ID}_{RSN RUID}****{ZZ}~	113	
17	Subscriber Name <2010BA>	<u>NM1*IL*1*LastName*FirstName*MiddleNameIfKnown**SuffixIfKnown*MIorZZ*{'P' if Medicaid, 'Unknown' if not Medicaid}</u> ~	117-119, Ad. 17	MHD recommends using MI only. ZZ may have transaction problems, as there may be expectation for the universal identifier in some translators.
18	Subscriber Address <2010BA>	<u>N3*Address1*Address2IfNecessary</u> ~	121	N3 <2010BA> - If client is homeless or address is unknown, use 'Unknown' on Address1
19	Subscriber City/State/ZIP Code <2010BA>	<u>N4*CityName*StateProvinceCd*PostalCode*CountryCodeIfOutsideUS</u> ~	122-123	N4 <2010BA> - if client is homeless or address unknown in N3 <2010BA>, in N4 use City, State & ZIP of service provider or client
20	Subscriber Demographic Information <2010BA>	<u>DMG*D8*DOB*Gender</u> ~	124-125	DMG <2010BA> - Default if DOB is unknown, CCYY0101 - use January 1st for month & day and best guess for year.
21	Payer Name <2010BB>	<u>NM1*PR*2*{{MHD}}****PI*{{400}}</u> ~	130-132	
22	Claim Information <2300>	<u>CLM*ClaimSubmitIdentifier*{{0}}***FacilityCode;ClaimFrequencyTypeCode*{{Y}}*{{A}}*{{Y}}*ROICode*PatientSignatureSourceCode</u> ~	170-179, Ad. 22-25	<p>CLM <2300> -</p> <ul style="list-style-type: none"> Claim Submit Identifier is understood to be what is sent from the provider. Per implementation guide MHD expects the first 20 characters to be a unique number. Claim Frequency Type Code <ul style="list-style-type: none"> 1-Original = Add 7-Replacement = Change 8-Void = Delete Original Reference Number (ICN/DCN) - It is the intent that RSNs & MHD will not change the Claim Number. To that end, this part of the loop is not necessary for our purposes. EPSDT Referral (new segment added) - Applicable to medical physicians ordering EPSDT

DSHS-Mental Health Division: RSN Data Dictionary	Page 7 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
	Identification <2310B> situational			
26	Service Line <2400>	<u>LX*1~</u>	398-399	
27	Professional Service <2400>	<u>SV1*{HC};ProductServiceID*{{0}}_{}*{MJ}*Qty*FacilityCodeValueIfNeeded**CompositeDxCodePtr****EPSDTIndicator~</u>	400-407, Ad. 55-57	Professional Service <2400> <ul style="list-style-type: none"> SV101-3 through SV101-7 - Procedure Modifiers are not to be acted upon in the RSN to MHD transaction. Unit or Basis for measurement code. TPA recommendation is to use minutes Use SV111 to indicate service is a result of an EPSDT referral.
28	Date - Service Date <2400>	<u>DTP*472*DateTimePeriodFormatQualifier*DateTimePeriod~</u>	435-436	
29	Line Item Control Number <2400>	<u>REF*6R*ReferenceIdentification~</u>	472-473	
30	LINE NOTE	<u>NTE*{ADD}*Line Note Text~</u>	488	Line Note Text is to be used to denote the service Provider Type as a one character field with the following values: <ul style="list-style-type: none"> 1 = RN/LPN, 2 = ARNP, 3 = Psychiatrist/MD 4 = MA/Ph.D, 5 = Below Masters Degree 6 = Peer Counselor, 7 = Mental Health Specialist, 8 = Not Applicable
30a	Rendering Provider Name <2420A> situational	<u>NM1*82*2*{Rendering ProviderName}*****24*{Employer's Identification Number}~</u>	501-503	Rendering Provider at Service Level if different than Billing Provider or Claim Provider. If code value 34 is used in NM108, NM109 may contain a Social Security Number.

DSHS-Mental Health Division: RSN Data Dictionary	Page 8 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 4.0
	Version: 5.1
Subject: 837P Companion Guide for Outpatient Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
30b	Rendering Provider Secondary Identification <2420B> situational	<u>REF</u> *{LU}*_{Rendering Provider RUID}~	507-508	Rendering Provider at Service Level . Overrides 2310B and 2010AA Provider entries.
31	Transaction Set Trailer	<u>SE</u> *[#ofIncSegments]*[ID3]~	572	
32	Functional Group Trailer	<u>GE</u> *[#ofTSIncluded]*[ID2]~	B.10	
33	Interchange Control Trailer	<u>IEA</u> *[#ofFuncGroups]*[ID1]~	B.7	

Loops not to be acted upon in the RSN to MHD 837 Professional Transaction.*

Loop	IG Page Number	Loop	IG Page Number
<2000A>	79-83	<2330A>	350-358
<2010AA>	87,94-95	<2330B>	359-373
<2010AB>	99-107	<2330C>	374-377
<2000B>	114-116	<2330D>	378-381
<2010BA>	120, 126-129	<2330E>	382-385
<2010BB>	133-138	<2330F>	386-389
<2010BC>	139-145	<2330G>	390-393
<2010BD>	146-151	<2330H>	394-397
<2000C>	152-156	<2400>	408-434
<2010CA>	157-169	<2400>	437-471
<2300>	180-226	<2400>	474-500
<2300>	229-240		
<2300>	242-264	<2420A>	509-513
<2300>	271-275	<2420C>	514-522
<2305>	276-281	<2420D>	523-528
<2310A>	282-289	<2420E >	529-540
		<2420F >	541-548
<2310C>	298-302	<2420G >	549-553
<2310D>	303-311	<2430>	554-566
<2310E>	312-317	<2440>	567-571
<2320>	318-349		

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N Implementation Guides. The use of this document is for the purpose of clarification only, and does not contradict any requirements in the X12N Implementation Guides. Specifically, where the implementation guides allow the Trading Partners to make a choice, this document specifies the data elements and values to use in a standard HIPAA transaction. In terms of optional data elements as identified by the implementation guides, DSHS Mental Health Division (MHD) will only accept those optional elements identified below.

Transactions between other trading partners or covered entities are not covered by this trading partner agreement. Transaction content has been identified, however, this companion guide is subject to format revision as HIPAA Transaction requirements change.

837I FORMAT – See HIPAA Health Care Claim: Institutional 837 ASC X12N 837 (004010X096), its successors and subsequent HIPAA Transaction Guide Addenda.

- Interchange Control Header
- Functional Group Header
- Transaction Set Header
- Beginning of Hierarchical Transaction
- Transmission Type Identification
 - <1000A> Submitter Name
 - <1000A> Submitter EDI Contact Information
 - <1000B> Receiver Name
 - <2000A> Billing/Pay-To Provider Hierarchical Level
 - <2010AA> Billing Provider Name
 - <2010AA> Billing Provider Address
 - <2010AA> Billing Provider City/State/ZIP
 - <2010AA> Billing Provider Secondary Identification
 - <2010AA> Billing Provider Contact Information
 - <2000B> Subscriber Hierarchical Level
 - <2000B> Subscriber Information
 - <2010BA> Subscriber Name
 - <2010BA> Subscriber Address
 - <2010BA> Subscriber City/State/ZIP Code
 - <2010BA> Subscriber Demographic Information
 - <2010BC> Payer Name
 - <2300> Claim Level Information
 - <2300> Discharge Hour
 - <2300> Statement Dates

DSHS-Mental Health Division: RSN Data Dictionary	Page 2 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

- <2300> Admission Date/Hour
 - <2300> Institutional Claim Code
 - <2300> Principal, Admitting, E-Code, And Patient Reason For Visit Diagnosis Information
 - <2300> Other Diagnosis Information
 - <2310A> Attending Physician Name
 - <2400> Service Line
 - <2400> Institutional Service Line
- Transaction Set Trailer
 - Functional Group Trailer
 - Interchange Control Trailer

General Requirements

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirements
1	General – Compression	General	NA	Compression of files using zip compression software is supported for transmissions between the submitter and DSHS.
2	General – Delimiters Allowed	Data Element Separator	A.4	The Data Element Separator is byte 4 of the ISA. Recommended use is the Asterisk '*'
		ISA16 – Component Element Separator	A.4	Sub Element Separator recommended use is the colon ':' character.
		Segment Terminator	A.4	Recommended to use Line Feed character as Segment Terminator. This character is defined in the ISA segment as the character following the Data Element Separator (ISA16). For display purposes only, throughout this Trading Partner Agreement, the tilde character '~' has been used.
3	General – Files Invalid in Syntax and Structure	All Segments and Elements	NA	Only loops, segments, and data elements valid for the applicable implementation guide will be translated. Non-implementation guide data will be dropped or will not be considered in processing.

DSHS-Mental Health Division: RSN Data Dictionary	Page 3 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Notation used

- Periods are used to fill spaces in fixed-width data
- Underlined text indicates hard-coded entries/values that do not change where there is only one choice per the implementation
- Items in {} are suggested mutually agreed to default values between RSNs & MHD
- {{}} Indicate default values for the RSN to MHD transmission
- <1234> indicates Implementation Loop
- [xxx] Indicates an ID field

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
1	Interchange Control Header	<u>ISA*00*.....*00*.....*ZZ*RSN.....*ZZ*{{400}}.....*YYMMDD*HHMM*U*00401*[ID1]*0*T*~</u>	B.3- B.6	The Interchange Sender ID ISA06 must be the same for all RSN to MHD transactions. The value used is RSN The Interchange Control Number, ISA13 [ID1], is the "Batch Number" and must be identical to the associated Interchange Trailer IEA02 [ID1]. This is a nine character leading zero field. MHD will use the last five digits (including leading zero) and expects sequential numbering starting at 00001 and reset when beyond 99999. ISA15 – Use 'T' for test data, 'P' for production data. The ISA segment is a 105 byte fixed length record.
2	Functional Group Header	<u>GS*HC*{3-digit RSN RUID}*{{400}}*CCYYMMDD*HHMM*[ID2]*X*004010X096A1~</u>	B.8- B.9 Ad. 48-49	The data interchange control number GS06 [ID2] in this header must be identical to the same data element in the associated functional group trailer, GE02 [ID2].
3	Transaction Set Header	<u>ST*837*[ID3]~</u>	56	The Transaction Set Control Numbers [ID3] in ST02 and SE02 must be identical.
4	Beginning of Hierarchical Transaction	<u>BHT*0019*00*[ID4]*CCYYMMDD*HHMM*[ID5]*R P}~</u>	57-59	
5	Transmission Type Identification	<u>REF*87*004010X096A1~</u>	60 Ad.11	The value of REF02 changes depending on whether the transaction is being piloted or in production mode. See Implementation Guide and Addenda for details.
6	Submitter Name <1000A>	<u>NM1*41*2*{2-char RSN ID eg. PI for Pierce}*46*{3-digit RSN RUID}~</u>	61-63	NM108 refers to ETIN as established by TPA. Suggestion is to have the ETIN be the 3-digit RUID <ul style="list-style-type: none"> • NM103 - Use 2-character RSN ID, e.g., PI for Pierce, NS for North Sound, etc. • NM109 - use 3-digit RSN ID

DSHS-Mental Health Division: RSN Data Dictionary	Page 4 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
7	Submitter EDI Contact Information <1000A>	<u>PER</u> *IC*{IT Contact Person at RSN}* <u>TE</u> *{Ph# For It Contact Person at RSN}~	64-66	MHD wants IT Contact & Phone at RSN.
8	Receiver Name <1000B>	<u>NM1</u> *40*2*{{MHD}}**** *46*{{400}}~	67-68	NM108 refers to ETIN as established by TPA. Suggestion is to have the ETIN be the 3-digit RUID
9	Billing/Pay-To Provider Hierarchical Level <2000A>	<u>HL</u> *1**20*1~	69-70	
10	Billing Provider Name <2010AA>	<u>NM1</u> *85*2*{E&TName} *****24*{EIN of E&T}~	76-78	NM103 = E&T Name.
11	Billing Provider Address <2010AA>	<u>N3</u> *AddressLine1*AddressLine2~	79	
12	Billing Provider City/State/ZIP <2010AA>	<u>N4</u> *City*State*ZIP~	80-81	
13	Billing Provider Secondary Identification <2010AA>	<u>REF</u> *1J*{E&T RUID}~	82-84	
14	Billing Provider Contact Information <2010AA>	<u>PER</u> *IC*{Billing E&T IS Contact Name}* <u>TE</u> *{Phone Number of contact}~	87-90	
15	Subscriber	<u>HL</u> *[ID From	99-	

DSHS-Mental Health Division: RSN Data Dictionary	Page 5 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
	Hierarchical Level <2000B>	Sender][Parent ID]*22*{0}*~	100	
16	Subscriber Information <2000B>	SBR*{P}*18*{RSN Unique Consumer ID}******{ZZ}~	101-105	Use "P" for SBR01. SBR03 contains RSN Unique Consumer ID so do not use SBR04.
17	Subscriber Name <2010BA>	NM1*IL*1*LastName*FirstName*MiddleNameIfKnown**SuffixIfKnown*MlorZZ*('PIC' if Medicaid, 'Unknown' if not Medicaid)~	108-111	MHD recommends using MI only. ZZ may have transaction problems, as there may be expectation for the universal identifier in some translators.
18	Subscriber Address <2010BA>	N3*Address1*Address2IfNecessary~	112	N301 - If client is homeless or address is unknown, use 'Unknown'
19	Subscriber City/State/ZIP Code <2010BA>	N4*CityName*StateProvinceCd*PostalCode*CountryCodeIfOutsideUS~	113-114	N4 <2010BA> - if client is homeless or address unknown in N3 <2010BA>, in N4 use City, State & ZIP of service provider or client
20	Subscriber Demographic Information <2010BA>	DMG*D8*DOB*Gender~	115-116	DMG <2010BA> - Default if DOB is unknown, CCYY0101 - use January 1st for month & day and best guess for year.
21	Payer Name <2010BC>	NM1*PR*2*{MHD}*PI*{400}~	126-128	
22	Claim Information <2300>	CLM*ClaimSubmitIdentifier*{0}*{56};A:ClaimFrequencyTypeCode*{Y}*{A}*{Y}*ROICode*****Yes/No Resp Code~	157-164 Ad. 16	CLM <2300> - <ul style="list-style-type: none"> Claim Submit Identifier is understood to be what is sent from the provider. Per implementation guide recommendations this value must be a unique number. Claim Frequency Type Code <ul style="list-style-type: none"> 1-Original = Add 7-Replacement = Change 8-Void = Delete Original Reference Number (ICN/DCN) - It is the intent that RSNs & MHD will not change the Claim Number. To that end, this part of the loop is not necessary for our purposes.

DSHS-Mental Health Division: RSN Data Dictionary	Page 6 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
				<ul style="list-style-type: none"> • EPSDT Referral (new segment added) - Applicable to medical physicians ordering EPSDT referrals to Mental Health. EPSDT Services are at the <2400> level. • ROIcode - Recommendation for providers to review page 161 and consider changing business practices to attach a section 12 & 13 of HCFA 1500 related to informed consent to get informed signature as a part of the intake process. If informed consent obtained, recommended to use 'I' on CLM09 and 'B' on CLM10.
23	Discharge Hour <2300> (Situational)	<u>DTP*096*TM*HHMM~</u>	165-166	
24	Statement Dates <2300>	<u>DTP*434*DateTimePeriodFormatQualifier*DateTimePeriod~</u>	167-168	
25	Admission Date/Hour <2300>	<u>DTP*435*DT*CCYYMMDDHHMM~</u>	169-170	
26	Institutional Claim Code <2300>	<u>CL1*AdmissionTypeCode*AdmissionSourceCode*PatientStatusCode~</u>	171-172	CL1 <2300> - Admission Source Code – Use code 8 for Involuntary Admission Code 8 is court or law enforcement admission. Code 2 is Voluntary Admission
27	Principal, Admitting, E-Code And Patient Reason For Visit Diagnosis Information <2300>	<u>HI*BK:ICD-9*_{BJ};ICD-9~</u>	227-229 Ad. 19	
28	Other Diagnosis Information <2300> (Situational)	<u>HI*BF:ICD-9*BF:ICD-9*BF:ICD-9*BF:ICD-9*BF:ICD-9*BF:ICD-9*BF:ICD-9*BF:ICD-9~</u>	232-241	
29	Attending	<u>NM1*71*EntityTypeQualifie</u>	321-	<2310A> Attending Physician - Put either the

DSHS-Mental Health Division: RSN Data Dictionary	Page 7 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 8371 Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Item No.	Loop Id – Description	Data Element – Description	IG Page #	DSHS/MHD Requirement Notes
	Physician Name <2310A>	r*_NameLastOrOrganizationName*_NameFirst(if applicable)*_NameMiddle(if applicable)*_NameSuffix(if Applicable)*_IdentificationCodeQualifier*_IdentificationCode~	323 Ad. 20	attending physician or the E&T name for NM103 depending on the value used in NM102. <ul style="list-style-type: none"> NM108 - Recommend using Code 24 - Employer's Identification Number regardless of what chose in NM102.
30	Service Line Number <2400>	LX*1~	444	
31	Institutional Service Line <2400>	SV2*ProductServiceID*{{0}}*_{{DA}}*_NumberOfDays*_UnitRate~	445-449 Ad. 24-25	<2400> Institutional Service Line - <ul style="list-style-type: none"> SV201 - Recommended value '0124' for Free Standing E&T SV201-3 through SV201-7 - Procedure Modifiers are not to be acted upon in the RSN to MHD transaction.
32	Transaction Set Trailer	SE*[#ofIncSegments]*[ID3]~	503	The Transaction Set Control Numbers [ID3] in ST02 and SE02 must be identical.
33	Functional Group Trailer	GE*[#ofTSIncluded]*[ID2]~	B10	The data interchange control number GS06 [ID2] in this header must be identical to the same data element in the associated functional group trailer, GE02 [ID2].
34	Interchange Control Trailer	IEA*[#ofFuncGroups]*[ID1]~	B.7	The Interchange Control Number, ISA13 [ID1], must be identical to the associated Interchange Trailer IEA02 [ID1].

DSHS-Mental Health Division: RSN Data Dictionary	Page 8 of 8
Title: Trading Partner Agreement and Companion Guide	Chapter: 5.0
	Version: 5.1
Subject: 837I Companion Guide for E&T Services	Initial Effective Date: 10/17/2003
	Date Revised: 08/01/2005
	Effective Date: 12/02/2005

Loops not to be acted upon in the RSN to MHD 837 Institutional Transaction.

Loop	IG Page Number	Loop	IG Page Number
<2000A>	71-75	<2310E>	349-358
<2010AA>	85-86	<2320>	359-399
<2010AB>	91-98	<2330A>	400-409
<2010BA>	117-120	<2330B>	410-419
<2010BB>	121-125	<2330C>	420-423
<2010BC>	129-133	<2330D>	424-427
<2010BD>	134-138	<2330E>	428-431
<2000C>	139-144	<2330F>	432-435
<2010CA>	145-156	<2330G>	436-439
<2300>	173-226	<2330H>	440-443
<2300>	230-231	<2400>	450-461
<2300>	242-313	<2420A>	462-468
<2305>	314-320	<2420B>	469-475
<2310A>	324-330	<2420C>	476-482
<2310B>	331-334	<2420D>	483-489
<2310C>	335-341	<2430>	490-502
<2310D>	342-348		

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Other Data Transfers	Chapter: 6.0
	Version: 1.0
Subject: Allen-Marr Reporting	Initial Effective Date: 12/09/2005
	Date Revised:
	Effective Date:

Definition: Files submitted for this deliverable should be placed in the subdirectory named "Deliverables", under the RSN's home directory on MHD's SSH server. There are various subdirectories under the "Deliverables" folder that are for automatic processing purposes. Do not put files in these, or they may not be recorded as having been received.

The file must be saved as an Excel workbook, using the following file naming convention:

<3 digit RSN ID><AM (for "Allen Marr")><CCYYMM (report begin date)><_(underscore)><CCYYMM (report period end)><.xls>

For example: The Excel file is from Clark RSN, for the period October 2005 through March 2006. The file name would be 424AM200510_200603.xls.

No exception report will be produced from this process.

Where used: Per amended SMHC contract, Exhibit E, "Contract Deliverables to MHD", provide a report based on the timeframes in Exhibit E of all Allen and Marr Class Members who are identified by MHD that are receiving services in the contracted service area. The report must include a list of all class members served during the quarter indicating if they were opened, closed, or continued during the reporting period.

Report periods are October 1st through March 31st, due May 15th, and April 1st through September 30th, due November 15th.

DSHS-Mental Health Division: RSN Data Dictionary	Page 1 of 1
Title: Other Data Transfers	Chapter: 6.0
	Version: 1.0
Subject: Jail Services Reporting	Initial Effective Date: 12/05/2005
	Date Revised:
	Effective Date:

Definition: Files submitted by RSNs should be placed in the same directory on the MHD's SSH server, saved as an Excel workbook format:

3 digit RSN ID> <CCYY><Q> <single digit 1 – 4 to indicate quarter><.xls>

For example: The Excel file is from North Sound MHA, for the 3rd Quarter of 2005. The file name would be 4122005Q3.xls.

Where used: To report mental health services for mentally ill offenders while confined in a county or city jail, per State only contract exhibit "Jail and Expedited Medicaid Services Funding."