Procedures Data Structure

This table lists all procedures performed during encounters in the EVENTS table. A record is a diagnosis code unique to an index variable (MRN, ENCTYPE, PROVIDER, ADATE) combination. A record is a procedure code unique to an index variable (MRN, IOREC, PROVIDER, ADATE) combination.

Variable name	Variable Definition	Values	Comments
MRN	Identifier unique to an individual	Character. Length unique to each HMO	Used to link across files
EncType	Encounter Type	Char (2)	**IP** = Acute Inpatient Hospital Stay (includes all inpatient stays, same-day hospital discharges, hospital transfers, observation bed, and acute hospital care where the discharge is after the admission date) **ED**=Emergency department encounter (all emergency encounters including those that became inpatient stays. The inpatient stays would be a separate encounter. Excludes urgent care visits) **AV**= Ambulatory visit (includes visits at outpatient clinics, same day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters and observation beds) **TE** = Telephone Encounters **EM** = E-mail Encounters **IS**=Non-acute institutional stays (hospice, SNF, rehab, nursing home, residential, rehab, overnight non-hospital dialysis and other non-hospital stays) **OE**=Other encounters (not overnight):(hospice visits, home health visits, SNF visits, other non-hospital visits) **LO**=Lab Only Encounter (lab encounter that can not be matched to another encounter. Include to link variables from utilization file to procedure file.) **RO**=Radiology Only Encounter (Radiology encounter that can not be matched to another encounter. Include to link variables from utilization file to procedure file)
PROVIDER	Identifier unique to a	Character. Length	Provider code for the provider who is most responsible for this

	provider	unique to each HMO	encounter. Usually physician, nurse practitioner, physician assistant, optometrist, etc. Use Same coding scheme as RXMD in RX table. For encounters with multiple providers and there isn't a clear one in charge, please choose one arbitrarily so the encounter can be linked to the diagnosis and procedure files.
PerformingProvider	Performing Provider	Character. Length unique to each HMO	Provider that performed the procedure
ADATE	Encounter date or admit date	Numeric (4)	SAS date
PX	Procedure code	Char (6)	##.## ICD-9,##### CPT-4,A#### for HCPCS, ### for Revenue Codes # = Numeric Digit, A=Alphabet Letter Convert local codes to standard codes if possible.
ORIGPX	Original procedure codes from source data	Char (10)	
Codetype	Code type flag	Char (1)	**I** = ICD-9 **C** = CPT4 **H** = HCPCS **R** = Revenue code **L** = Local homegrown **O** = Other
PXCNT	Number of times the procedure was performed during the encounter	Numeric (4)	The usual value is 1 unless the procedure was performed multiple times during the encounter.

Exclude rule outs if possible. Include denied claims if you consider the utilization to be valid.