

SBHC Visit/Encounter Data Elements and Required Formats

Element name	Type	Description	Example
Site_ID	numeric(18, 0)	The identifier for the site where the service was provided. (Assigned by the SBHC State Program Office)	60221018
Patient_ID	varchar (18)	An internal code that uniquely identifies each patient in the medical record system.	12345
Birth_Date	date	The patient's date of birth.	08/07/1997
Ethnicity	varchar(254)	The patient's Ethnicity.	Hispanic
Language	varchar(66)	The patient's preferred spoken language.	English
Sex	varchar(66)	The patient's gender.	Female
Race_One	varchar(254)	The first Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Two	varchar(254)	The second Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Three	varchar(254)	The third Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Four	varchar(254)	The fourth Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Five	varchar(254)	The fifth Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Payor_Name	varchar(254)	The name of the payor	CAREOREGON MEDICAID
Financial_Class	varchar(254)	The financial classification of the payor.	Ccare - Contraceptive Care; C - Commercial; OHP FFS - OHP Fee For Service; OHP MC - OHP Managed Care; M - Medicare; N - None; U - Unknown/Not Reported
Visit_ID	varchar(15)	The unique ID of the Visit as assigned by the source application.	1234567
Provider_Type	varchar(254)	The type of provider.	Nurse Practitioner
Visit_Date	date	The date the service was provided.	12/12/2005
Total_Charges	numeric(12, 2)	The total charge amount for the visit.	103.00
Total_Payments	numeric(12, 2)	The total payment amount for the visit.	-77.37
Procedure_Code	varchar(40)	The CPT/HCPCS or Internal Use code(s) that were associated with the procedure.	99212
Procedure_Name	varchar(254)	The name of the CPT/HCPCS or Internal Use code(s) that were associated with the procedure.	OFFICE VISIT, PROBLEM FOCUSED-ESTAB
Diagnosis_Code	varchar(12)	This field contains nationally recognized ICD-9 codes, but it also contains Internal Use Codes (IUC) which might be unique to a particular School Based Health Center.	401
Diagnosis_Name	varchar(200)	The name of the ICD-9 or Internal Use code(s) that are associated with the diagnosis.	ESSENTIAL HYPERTENSION