

SATIS Data Elements and Definitions  
Division of Substance Use - Client Data System

# Substance Abuse Treatment Information System (SATIS) Version 6.0

## State Instruction Manual

*Prepared for:*

Vermont Substance Abuse Treatment Preferred Providers

*Prepared by:*

Vermont Department of Health  
Division of Substance Use  
108 Cherry Street, Suite 207  
Burlington, VT 05452

## Audience

This manual applies to providers developing new extracts from electronic health records after May 2019. IT applies to Preferred Providers and staff involved in the collection, extraction, and submission of SATIS data files.

## Originating Office

Vermont Department of Health  
Division of Substance Use  
108 Cherry Street, Suite 207  
Burlington, VT 05452

[ahs.vdhdsusatis@vermont.gov](mailto:ahs.vdhdsusatis@vermont.gov)

Please contact us through the address above with questions about the contents of this document.

### Revision History

<b>Date</b>	<b>Version</b>	<b>Description</b>	<b>Author</b>
5/23/19	3.0	Created based on SATIS Manual V2.0, the extract structure used for EHRs reporting consistently prior to May 2019. New version reflects significant changes throughout including new file formats, data elements and rules.	Brendon Johnson Tim Berry Andrei Golubev Anne Van Donsel Colleen Gorun
6/10/19	4.0	Chapter 2 - Added detailed directions for when to use each Action Type value. Updated Town List information 're use of 99999 for unknown and 00000 for outside the US. Chapter 3 - Added clarification that data must be resent when changed. Removed description of matching records during import. Chapter 4 –Added “of Use” the frequency field names in the Discharge record.	Anne Van Donsel
10/22/19	5.0	Added legacy data and testing requirements that apply when changing EHR systems. Updated rules regarding name fields to more specifically indicate when these are required and when to include or not include filler characters. Indicated 9999 should be sent when SSN is unknown. Updated rule for Primary ICD-10 Diagnosis code to more clearly specify format.	Tim Berry
03/13/2023	6.0	Updated ADAP to DSU Updated Alcohol and Drug Abuse Programs to Division of Substance Use	Colleen Gorun

# Table of Contents

- CHAPTER 1- GENERAL INFORMATION ..... 5**
  - ACRONYMS.....7**
  - DEFINITIONS .....7**
  
- CHAPTER 2 - DATA ELEMENTS ..... 10**
  - A. CLIENT DEMOGRAPHIC INFORMATION .....10**
  - B. ADMISSION SPECIFIC DATA .....13**
  - C. DISCHARGE SPECIFIC DATA .....22**
  - D. SERVICE SPECIFIC DATA.....27**
  
- CHAPTER 3 - GENERAL TECHNICAL GUIDELINES ..... 31**
  - A. MEDIA SPECIFICATIONS AND IDENTIFICATION .....31**
  - B. FILE FORMAT & SUBMISSIONS .....31**
  - C. OTHER KEY INFORMATION.....31**
  
- CHAPTER 4 - EXTRACT STRUCTURE ..... 32**
  - ADMISSION RECORD STRUCTURE .....32**
  - DISCHARGE RECORD STRUCTURE .....33**
  - SERVICE RECORD STRUCTURE .....35**

## CHAPTER 1 – General Information

### **What is the Substance Abuse Treatment Information System?**

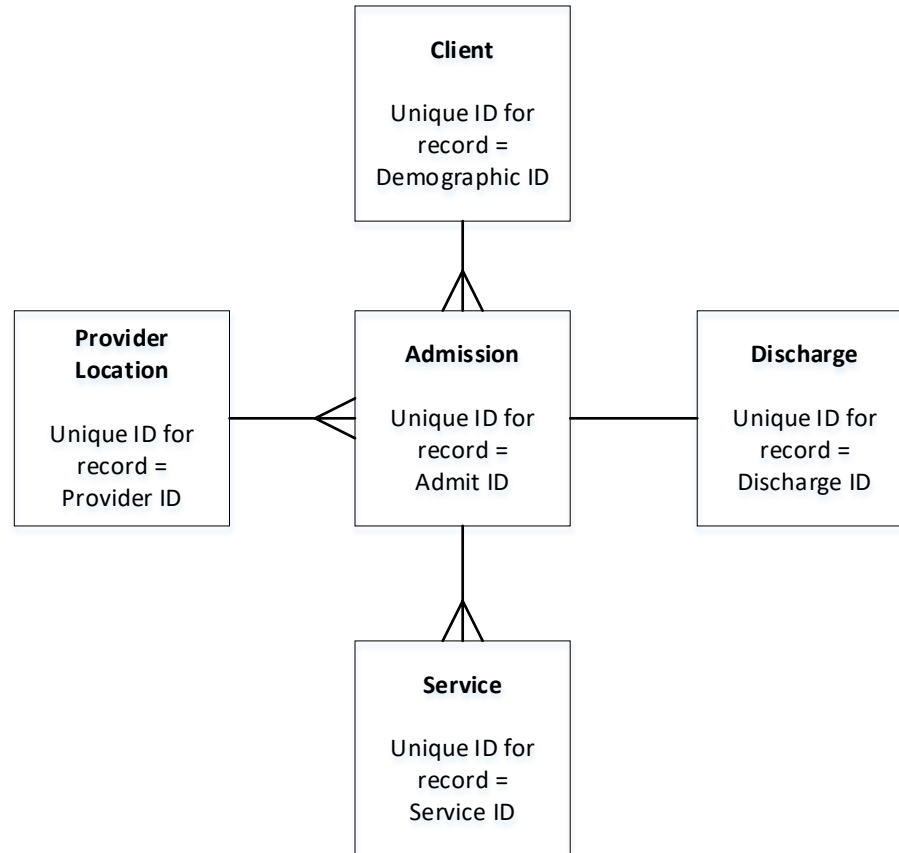
The Substance Abuse Treatment Information System (SATIS) is Vermont’s mechanism for collecting data that are required to be submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) as a requirement under the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). The SAPTBG funds many of the services provided in the Vermont Preferred Provider treatment system. The federal data set that SATIS supports is the Treatment Episode Data Set (TEDS), which is maintained by the Center for Behavioral Health Statistics and Quality, Substance Abuse and SAMHSA.

TEDS provides demographic information and describes the characteristics and outcomes of treatment for alcohol and/or drug use among clients aged 12 years and older admitted to treatment at facilities throughout the 50 states, the District of Columbia, U.S. territories, and other jurisdictions. TEDS includes treatment admissions at facilities that are licensed or certified by a state substance abuse agency to provide care for people with a substance use disorder (or facilities that are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds (including federal block grant funds) for the provision of alcohol and/or drug treatment services. TEDS data are considered as part of the federal funding appropriation process.

In Vermont, SATIS data are used to determine treatment trends, provide reports to the legislature, press, and stakeholders, determine the effectiveness of programming, and support provider-level funding decisions. Provision of accurate and timely data is essential to informing the strategic initiatives undertaken by the State. Lack of data, or inaccurate data may impact the provider funding and result in lack of regional information to be used by local stakeholders. There are some fields that are not required, however, we highly encourage providers to submit those fields, especially additional substances of abuse and diagnosis codes, to more accurately reflect the complexity of the client population being served.

### **General Scope and Structure of Data Reported**

Each DSU-funded substance use disorder treatment Preferred Provider must submit admission, service, and discharge data at the frequency required in the grant or contract agreement, typically monthly by the end of the following month. The diagram on the next page illustrates the relationship of these records within DSU SATIS database and the Unique IDs needed to assure these relationships are maintained. Chapter 2 of this document includes data element rules and code sets that comprise these records. Chapters 3 and 4 outline technical specifications for producing the extract files used to report these data.



The items below will be helpful in understanding the rules and specifications for reporting discussed throughout this manual:

- Every record has a Unique ID as shown above.
- Once established the Unique ID for a record must not change. So, for example if a client receives care from more than one provider location this must be represented in the data by separate Admission records for each location.
- Clients always receive Services within the context of an Admission.
- Clients may have multiple Admissions over time. Each Admission for the Client must be assigned its own Admit ID.
- Each Admission must be associated to a specific Provider Location. Clients may only have one open Admission per Provider Location at a time.
- During each Admission, the Client may receive one or more Services. Each of these Services must be assigned its own Service ID.
- Each Admission will have one Discharge record. Each of these Discharges must be assigned its own Discharge ID

## Acronyms

**DSU** – Vermont Department of Health Division of Substance Use

**EHR** – Electronic Health Record

**HCPCS** – Healthcare Common Procedure Coding System. DSU Medicaid billing uses HCPCS codes. Information about DSU codes and rates are on the DSU website: <http://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/reporting-forms-and-guidance-documents>

**SATIS** – Substance Abuse Treatment Information System. Vermont’s data system for collecting TEDS data and for monitoring treatment service quality, utilization, and trends.

**SAMHSA** - Substance Abuse and Mental Health Services Administration

**TEDS** –The Treatment Episode Data Set (TEDS) is maintained by the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS data must be submitted by treatment providers that receive SAMHSA Block Grant funds from DSU.

## Definitions

**Client** - A “**Client**” is a person who meets **ALL** of the following criteria:

- a. Has an alcohol and/or drug use disorder or is being treated as a co-dependent as defined below.
- b. Has completed the screening and intake process.
- c. Has been formally admitted for treatment or recovery services in an alcohol or drug treatment program.
- d. Has his or her own client record.

A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

**Episode of Care** -- An episode of care in the SATIS system is based on a single admission, multiple associated services and a single discharge.

Clients should be discharged and readmitted when the client transfers from one Service Type to another (for example, if *Provided Service at Time of Admission* changes from 06 to 07, as it is considered a new episode of care. The discharge reason for the first level of care should be “transfer” and the person would be readmitted with a referral source “02” – Alcohol/Drug provider. A client may not have more than one open admission at the same provider (based on Provider ID) at any one time.

Clients should be discharged when the client hasn’t received any substance use disorder treatment services for more than 60 days; providers should begin to follow up with the client when no services have been provided in the last 30 days to determine if it is likely the client will continue treatment.

**Payer** – There are often multiple payers for substance use disorder treatment services due to a client having dual eligibility (for instance, Medicaid and Medicare, or private insurance and Medicaid) or due to the types

of service that are or are not covered by specific insurers. Payers may change during a treatment episode so payer information is captured both on Admission and at each Service. The Admission record does not need to be updated when payers change. Guidelines for reporting payer:

- a. The primary payer reflects the client’s primary insurer, even if the insurer will not be paying for the specific service.
- b. The secondary payer is the secondary insurer for clients covered by more than one type of insurance.
- c. The secondary payer may also be the State (Uninsured) in these situations:
  - a. The primary payer is a third-party payer such as Blue Cross Blue Shield and the service being provided it is not a covered service for that payer.
  - b. The primary payer is Medicare and the Preferred Provider is not eligible to bill Medicare for substance abuse treatment services.
  - c. The client is unable to pay the co-pay or deductible for the insurance, subject to the definitions provided in the DSU grant or contract with the Preferred Provider.
- d. A client with no insurance and who meets the definitions of Uninsured in the DSU grant or contract has a primary payer of State (Uninsured).
- e. A Preferred Provider may have contracts with other State agencies for provision of substance abuse services, typically through a contract with the Department of Corrections, Agency of Education, or Department of Children and Families. Ultimately, the State is paying for these contract services.
- f. The following payers are always considered to be state-funded: State (Uninsured), Medicaid, substance abuse treatment services provided through a contract with a State of Vermont Department or Agency as outlined above.

Code	Description	Is this Considered to be State Supported?
A	Blue Cross/Blue Shield	No*
B	Private Insurance/Self Pay	No*
C	State (Uninsured)	Yes
E	Private Contract	No
F	Corrections Contract	Yes
G	DCF Contract	Yes
H	Agency of Education School Contract	Yes
I	Unknown	No
J	Medicaid	Yes
K	Medicare	No*

**\*When these payers do not pay for a specific service, or when State funds are used to assist with co-pays and deductibles as discussed above, Payer 2 should be State (Uninsured)**

**Preferred Provider** – A substance use disorder treatment provider that has received DSU Treatment Provider Certification, provides services consistent with the Substance Use Disorder Treatment Standards, and receives grant or contract funding from DSU. <http://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification>

**Record** (sometimes called a row) – is a set of data that represents a specific Admission, Service, or Discharge event.

**Uninsured** – Please refer to the definition of “uninsured” in the most recent grant or contract agreement between the treatment provider and DSU for the most recent and complete definition. This may also be



referred to as “State (Uninsured)” as the payer. Typically to be considered “uninsured” the following criteria must be met:

- a. Client is not receiving and is **not eligible** to receive Medicaid at the time services are provided.
- b. Income is greater than the Medicaid and Children’s Health Insurance Program (CHIP) Eligibility Levels.
- c. Client is not covered by a 3<sup>rd</sup> party payer at the time services are provided.
- d. Client has Medicare insurance (excluding dually eligible Medicaid/Medicare or Medicare/other 3<sup>rd</sup> party) unless the provider meets the requirements to be enrolled as a Medicare provider.
- e. Client has Tricare insurance and the services provided are not eligible for coverage when provided by the DSU provider.
- f. A client is underinsured so DSU funds all or part of a service. Examples: co-pays and deductibles that may be remaining after the provider has applied the sliding fee scale or the service is not a covered service by that payer.

### **Requirements When Changing EHR Systems:**

#### **Legacy Data**

It is important when making changes to existing EHRs or changes to a new EHR vendor, that the data outlined below are imported into the new systems by your vendors to ensure consistent data and successful data loads into DSU’s SATIS system. Not including this data significantly raises the risk of rejected records. Correcting these rejected records can be very time consuming for all parties involved.

- **Client Demographic Information of Clients Active in Past Five Years** - Client Demographic Information for all clients who have had one or more admissions in the old EHR within the past five years be imported into the new EHR regardless of whether the client currently has an open admission.

Having these data in the system will allow continued, consistent use of the client’s established Client ID and Demographic ID vs. creating new identifiers for the same person if they return for additional services. Having these remain consistent helps ensure that when the client’s demographic information is extracted with any future Admission, Services, and Discharges those records will link appropriately in DSU’s SATIS system since the data has been previously submitted to DSU. In addition, having the client’s demographic information imported into the new EHR will reduce the number of rejected records for all partners and ensure that the Client ID and Demographic ID’s will remain the same between the partners EHRs and DSUs SATIS system moving forward.

- **Full Data SATIS Data from Current State Fiscal Year** - All Admission, Service, and Discharge records entered for the current State Fiscal year be imported into the new EHR prior to the go live of the new system. The State Fiscal Year runs from July 1 – June 30.

For any Services and Discharges that took place after the start of the current fiscal year the Admission record be included in the import even if the Admission record is prior the start of the current fiscal year. You can choose to load all services related to that Admission or just the Services beginning on or after the start of the fiscal year. Please see the example below for FY2020:

Admission:	08/31/2018
Service:	07/01/19; 07/05/19; 07/23/19; 08/01/19
Discharge:	08/31/19

Bringing over these data ensures that when data is extracted with the Unique Identifiers (Demographic, Admit, Discharge, and Service IDs) the partners data will link appropriately in DSUs SATIS system and we will be able to collect any missing data for the current fiscal year. The impact on the partners of any missing data, is that this may reduce the amount of funding that is granted because historic service provision is included as an element in determining funding for future grants. Having this data imported into the EHR will also reduce the number of rejected records which will be a huge time saver moving forward. Also, if DSU has not received a record from their previous EHR, the partners will have the capability to re-extract the data with the appropriate identifiers and link the data to the appropriate records in the DSU SATIS system and this will ensure all data is received for each month within the fiscal year.

**Testing Extracts**

When implementing a new system, you will be required to demonstrate that the system can produce extracts containing the appropriate data per the specifications in this manual. This includes sending extracts generated for specific scenarios using both legacy and newly entered records. You must complete this testing and gain approval from DSU prior to using the new system for reporting of live data. Please contact the DSU program for additional information including the steps to prepare for testing and specific scenarios to be tested.

## CHAPTER 2 - Data Elements

The data elements that make up each record type (admissions, services and discharges) and the demographic information that must accompany these records are presented in this chapter, including all code set information. Please refer to Chapter 3 and Chapter 4 for the technical specifications including specific field lengths and file layout for submitting these data to DSU .

Fields that are highlighted in **blue** are required fields.

### A. CLIENT DEMOGRAPHIC INFORMATION

Whenever a record is reported to DSU the file must include demographic data. The data elements that make up the demographic section of a file and rules related to these items are the same whether reporting an Admission a Discharge or a Service. The association between records is established based on the Provider ID, Demographic ID, and Admit ID included in this section.

*Please note:* Data provided for demographic fields other than Provider ID, Demographic ID and Admit ID will be assumed to be current on any file received. This information will be updated for the Client in the SATIS system whenever a record (Admission, Discharge or Service) with the same combination of Provider ID, Demographic ID and Admit ID is reported regardless of the Action Type indicated in the file.

For purposes of reporting, A **“Client”** is a person who meets **ALL** of the following criteria:

- Has an alcohol and/or drug use disorder or is being treated as a co-dependent as defined below.
- Has completed the screening and intake process.
- Has been formally admitted for treatment or recovery service in an alcohol or drug treatment program.
- Has his or her own client record.

A person is **NOT** a client if he or she has only completed a screening or intake process or has been placed on a waiting list.

#### 1. **Provider ID**

The unique Provider Identifier assigned at the time of enrollment as a Preferred Provider. It is also the state assigned ID as it appears in SAMHSA’s National Facility Register. This ID also represents the LOCATION if a provider agency has more than one site. *This is a key field and this field cannot be blank.*

Provider ID is based on the SAMHSA Inventory of Behavioral Health Services (I-BHS) number associated with a specific treatment physical location. Please contact DSU at [ahs.vdhdsusatis@vermont.gov](mailto:ahs.vdhdsusatis@vermont.gov) with questions about the Provider ID.

**2. Client ID**

This is an identifier by which the client is known to the Preferred Provider for the purposes of providing this care. Since this identifier serves the business needs of the agency, in some cases this may not be unique. If only one identifier is used within the agency's EHR system, the Client ID may be populated by the Demographic ID. *This field cannot be blank.*

**3. Demographic ID**

This is an ID that uniquely identifies a client record within the Preferred Provider's EHR system. The format for Demographic ID is numeric and it must be unique. Once assigned to a client record, this ID must not change over time. *This is a key field and cannot be blank.*

**4. Admit ID**

This is an ID that uniquely identifies a client Admission record associated with a specific episode of care within the Preferred Provider's EHR system. The format for Admit ID is numeric and it must be unique. Once assigned to a client Admission record, this ID must not change over time. *This is a key field and cannot be blank.*

**5. First Name**

The client's first name. *This field cannot be blank.*

- If either *Payer 1* or *Payer 2* on the Admission or Service record being submitted contain a Payer that is associated with the State of Vermont (see definition of payer in Chapter 1), the First Name must contain the full name.
- When sending a Discharge record that is associated with a client who received a state-funded service as either *Payer 1* or *Payer 2* the name fields must contain the full First name.
- If both *Payer 1* and *Payer 2* on the Admission or Service record being submitted contain private insurers, then the First Name must only contain the first three letters of the name.
- If a person's full First Name is less than three letters long, then "X" should be filled in the unpopulated spaces at the end of the name to assure three characters are sent. For example, the name "JO" would be sent as "JOX".
- If a person's first name is truly unknown it should be left blank in the partner's EHR. Terms such as "unknown" should never be used when an element of a name is not known. While sending the first name blank will cause record to be rejected, this is preferable to having a false name associated with a client.

**6. Middle Name**

The client's middle name. *This field should only be sent if populated. Middle Name is not required.*

- If a person's middle name is truly unknown it should be left blank in the partner's EHR. Terms such as "unknown" should never be used when an element of a name is not known.

**7. Last Name**

The client's last name. *This field cannot be blank.*

- If either *Payer 1* or *Payer 2* on the Admission or Service record being submitted contain a Payer that is associated with the State of Vermont (see definition of payer in Chapter 1), the Last Name must contain the full name.
- When sending a Discharge record that is associated with a client who received a state-funded service as either *Payer 1* or *Payer 2* the name fields must contain the full Last name.
- If both *Payer 1* and *Payer 2* on the Admission or Service record being submitted contain private insurers, then the Last Name must only contain the first 3 letters of the name.
- If a person's full Last Name is less than 3 letters long, then the name should be sent as populated in the partner's EHR. Additional letters should not be added to the Last Name.

**8. Mother's Maiden Name**

The client's mother's maiden name. *Cannot be blank. This is a required field and must be at least three characters.*

- If the Mother's Maiden Name is not populated on the record in the partner's EHR, then "XXX" must be sent in this space.
- If the name is known, but less than three characters then "X" should be filled in the unpopulated spaces at the end of the name to assure three characters are sent. (ex. the name "HA" would be sent as "HAX").
- If the Mother's Maiden Name is truly unknown it should be left blank in the partner's EHR. Terms such as "unknown" should never be used when an element of a name is not known. While sending a blank will cause record to be rejected, this is preferable to having a false name associated with a client.

**9. Date of Birth**

The client's date of birth formatted MMDDYYYY. *This field cannot be blank.*

**10. Sex**

Identifies the client's sex at birth. Per SAMHSA, transgender individuals should be recorded by birth sex. *This field cannot be blank.*

Code	Description
1	Male
2	Female
7	Unknown

**11. Race**

Identifies the client's origin. *This field cannot be blank.*

Code	Description
01	<b>Alaskan Native</b> -(Aleut, Eskimo, Indian or any origins in any of the original people of Alaska)
02	<b>American Indian</b> -(Other than Alaskan Native, any origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment)
03	<b>Asian or Pacific Islander</b> -(Origins in any of the original people of the Far east, the Indian subcontinent, Southeast Asia or the Pacific Islands)
04	<b>Black or African American</b> -(Origins in any of the black racial groups of Africa)
05	<b>White</b> -(Origins in any of the original people of Europe, North Africa or the Middle East)
97	<b>Unknown</b>

**12. Ethnicity**

Identifies the client's ethnic background. *This field cannot be blank.*

Code	Description
01	<b>Puerto Rican</b> -(Of Puerto Rican origin regardless of race)
02	<b>Mexican</b> -(Of Mexican origin regardless of race)
03	<b>Cuban</b> -(Of Cuban origin regardless of race)
04	<b>Other Specific Hispanic</b> -(Of known Central or South American or any other Spanish cultural origin (including Spain), but other than Puerto Rican, Mexican or Cuban, regardless of race)
05	<b>Not of Hispanic origin</b>
06	<b>Hispanic-Specific origin no specified</b>
97	<b>Unknown</b>

**13. Last Four Digits of Client's Social Security Number**

The last four digits of the client's Social Security Number. *This field cannot be blank.* If the SSN is not populated in the partner's EHR, then "9999" should be sent to indicate unknown.

**14. Residence City Code**

Enter client's city code of the address where residing or where sleeping if homeless.

**The preferred method for reporting a client's Residence is to use the Residence Code Set. You must request this this code set from DSU.** A file will be provided that includes the Code, City/Town, State, Zip for all US States as well as an option for Unknown. Please note that the list includes 99999 for unknown. If the residence is not in the United States, use code 00000.

*Required if 15, 16, and 17 are not provided. Otherwise it is optional.*

**15. Residence City Name**

Enter client's city where residing or where sleeping if homeless.

*Required if 14 (Residence City Code) is not provided, otherwise this is optional.*

**16. Residence State**

Enter client’s state where residing or where sleeping if homeless.  
*Required if 14 (Residence City Code) is not provided, otherwise this is optional.*

**17. Residence Zip Code**

Enter client’s Zip Code of the address where residing or where sleeping if homeless.  
*Required if 14 (Residence City Code) is not provided, otherwise this is optional.*

**B. ADMISSION SPECIFIC DATA**

**Note:** as shown in the file formats included in Chapter 4, fields 1-17 of the file used to submit Admissions will contain the Client Demographic information. See section A of this chapter for rules associated with the demographic data.

**18. Action Type**

Designates whether the record is added to the SATIS database, changes an existing record in the database, or deletes an existing record in the database. *This field cannot be blank.*

Code	Description
A	<b>Add</b> – this code must be used the first time a record is sent. It must only be used for records that have not previously been reported to DSU.
C	<b>Change</b> – this code should be used for any record that has been changed after the date/time it was previously sent to DSU. <i>Note: Whenever any item that is included in the data reported to DSU is changed on a record that record should be resent.</i>
D	<b>Delete</b> – this code should be used for a record that was previously sent to DSU and then deleted in the Partner’s EHR. <i>Note: if an admission is deleted, any associated services or discharges will automatically be marked as deleted within DSU’s database.</i>

Records will be accepted or rejected based on how these identifiers match existing data and the Action Type. See Chapter 3 for more information.

**19. Client Type**

*This field cannot be blank.*

Code	Description
1	<b>Co-dependent/Collateral</b>
2	<b>Substance Use Disorder Treatment Client</b>

**Co-dependent/Collateral** – a person who does not have an alcohol and/or drug disorder, but satisfies all of the following conditions:

- Is seeking services because of problems arising from his or her relationship with an alcohol or drug user.
- Has been formally admitted for service to a treatment program.
- Has his/her own client record or has a record within a primary client record.

**NOTE:** Co-dependent services are not eligible for payment by DSU.

**Substance Use Disorder Treatment Client** – a person who has been admitted for services for treatment of a substance use disorder.

If a substance use disorder treatment client with an existing record in SATIS becomes a co-dependent, a new client record should be submitted indicating that the client is an “Admission” as a co-dependent. The reverse is also true for a person who is a co-dependent first and then becomes a substance use disorder treatment client.

**20. Transaction Type**

This field identifies whether an admission record is for an initial admission or a transfer/change in service. *This field cannot be blank.*

Code	Description
A	Admission – client admitted for care
T	Transfer – change in <i>Provided Service</i> or transfer from another provider

**21. Admission or Transfer Date**

Record the month, day and year when the client receives his or her first direct treatment or recovery service. If the admission is for a transfer of service type only, the date **MUST BE** one day later than the discharge date of the original admission. *This field cannot be blank.*

Valid Format      **MMDDYYYY**

**22. Number of Prior Treatment Episodes**

Indicates the number of previous treatment episodes the client has received in **ANY** substance use disorder treatment program. *This field cannot be blank.*

Code	Description
0	No previous episodes
1	One previous episode
2	Two previous episodes
3	Three previous episodes
4	Four previous episodes
5	Five or more previous episodes
7	Unknown



**23. Principal Source of Referral**

Describes the person or agency referring the client to the substance use disorder treatment program. *This field cannot be blank.*

Code	Description
01	<b>Individual (includes self-referral)</b> -Includes the client, a family member, friend or any other individual who would not be included in any of the following categories. Includes self-referral due to pending DWI/DUI
02	<b>Alcohol/Drug Provider</b> -Any program, clinic or other health care provider whose principal objective is treating clients with substance use disorders, or a program whose activities are related to alcohol or other drug prevention, education or treatment.
03	<b>Other Health Care Provider</b> -A physician, psychiatrist or other licensed health care professional; or general hospital, psychiatric hospital, mental health program or nursing home.
04	<b>School/Educational</b> -A school principal, counselor, or teacher; or a student assistance program, the school system, or an educational agency.
05	<b>Employer/EAP</b> -A supervisor or an employee counselor.
06	<b>Other Community Referral</b> -A community and religious organization or any federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare. Self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA) are also included in this category. Defense attorneys are also included in this category.
07	<b>Court/Criminal Justice Referral/DUI/DWI</b> -Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state or county judicial system. Includes referral by a court for DUI/DWI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough or TASC. Client need not be officially designated as "on parole". Includes clients referred through civil commitment.
97	<b>Unknown</b>

**24. Education at Time of Admission**

Client level of schooling completed at the time of admission. *This field cannot be blank.*

Code	Description
00	<b>Less than one grade completed</b>
01-25	<b>Actual Number of Years of School Completed (GED=12)</b>
97	<b>Unknown</b>

**25. Employment Status**

Client employment status at time of admission. *This field cannot be blank.*

Code	Description
01	<b>Employed Full Time</b> -(Working 35 hours or more each week; including members of the uniformed services)
02	<b>Employed part time</b> -(Working fewer than 35 hours per week)
03	<b>Unemployed</b> -(Looking for work during the past 30 days or on a layoff from a job)
04	<b>Not in labor force</b> -(Not looking for work during the past 30 days & not one of the following categories)
05	<b>Student</b>
06	<b>Retired</b>
07	<b>Disabled</b>
08	<b>Incarcerated</b>
09	<b>Homemaker</b>
97	<b>Unknown</b>

**NOTE:** Seasonal workers are coded in this category based on their employment status at time of admission. For example, if they are employed full time at the time of admission, they are coded 01. If they are not working at the time of admission, they are coded 04.

**26. Primary Substance**

Client's primary substance used at time of admission. *This field cannot be blank.*

Code	Description
01	<b>None</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )
02	<b>Alcohol</b>
03	<b>Cocaine/Crack</b>
04	<b>Marijuana/Hashish</b> Includes THC and any other <i>cannabis sativa</i> preparations
05	<b>Heroin</b>
06	<b>Non-prescription Methadone</b>
07	<b>Opiates and Synthetics</b> -Includes: codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
08	<b>PCP</b> - phencyclidine
09	<b>Other Hallucinogens</b> -Includes: LSD, DMT, STP, hallucinogens, mescaline, psilocybin, peyote, etc.
10	<b>Methamphetamines</b>
11	<b>Other Amphetamines</b> -Includes: amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs.
12	<b>Other Stimulants</b> -Includes: methylphenidate and any other stimulants.
13	<b>Benzodiazepines</b> -Includes: alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified Benzodiazepines.
14	<b>Other Non-Benzodiazepine Tranquilizers</b> -Includes: meprobamate, tranquilizers, etc.
15	<b>Barbiturates</b> -Includes: amobarbital, pentobarbital, phenobarbital, secobarbital, etc.)

Code	Description
16	<b>Other Non-Barbiturate Sedatives or Hypnotics</b> -Includes: chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.
17	<b>Inhalants</b> -Includes: chloroform, ether, gasoline, glue, chloroform, nitrous oxide, paint thinner, etc.
18	<b>Over-the-Counter</b> -Includes: aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.
20	<b>Other</b> -Includes: diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.
97	<b>Unknown</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )

**27. Primary Route of Administration**

How client administers the aforementioned substance. *This field cannot be blank.*

Code	Description
01	<b>Oral</b>
02	<b>Smoking</b>
03	<b>Inhalation</b>
04	<b>Injection (IV or intramuscular)</b>
20	<b>Other</b>
96	<b>Not Applicable</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )
97	<b>Unknown</b>

**28. Primary Frequency of Use**

Client reported frequency of use at time of admission. *This field cannot be blank.*

Code	Description
01	<b>No use in past month</b>
02	<b>1-3 times in past month</b>
03	<b>1-2 times in past week</b>
04	<b>3-6 times in past week</b>
05	<b>Daily</b>
96	<b>Not Applicable</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )
97	<b>Unknown</b>

**29. Primary Age of First Use**

Client age at the time of first misuse of the substance. *This field cannot be blank.*

Code	Description
00	<b>Indicates a newborn with a substance dependency problem</b>
01-95	<b>Indicates age at first use</b>
96	<b>Not Applicable</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )
97	<b>Unknown</b>

**30. Secondary Substance**

Same code set as Number 26 (Primary Substance), except:

- May only contain the value 01 (None) if the value in the Secondary Route of Administration, Frequency of Use and Age of First Use fields is 96 (Not Applicable).

**31. Secondary Route of Administration**

Same code set as Number 27 (Primary Route of Administration) except:

- Must contain 96 (Not Applicable) if the value in Number 30 (Secondary Substance Use Problem) is 01 (None)

**32. Secondary Frequency of Use**

Same code set as Number 28 (Primary Frequency of Use) except:

- Must contain 96 (Not Applicable) if the value in Number 30 (Secondary Substance Use Problem) is 01 (None)

**33. Secondary Age of First Use**

Same code set as Number 29 (Primary Age of First Use) except:

- Must contain 96 (Not Applicable) if the value in Number 30 (Secondary Substance) is 01 (None)

**34. Tertiary Substance**

Same code set as Number 26 (Primary Substance), except:

- May only contain the value 01 (None) if the value in the Tertiary Route of Administration, Frequency of Use and Age of First Use fields is 96 (Not Applicable).

**35. Tertiary Route of Administration**

Same code set as Number 27 (Primary Route of Administration) except:

- Must contain 96 (Not Applicable) if the value in Number 34 (Tertiary Substance Use Problem) is 01 (None)

**36. Tertiary Frequency of Use**

Same code set as Number 28 (Primary Frequency of Use) except:

- Must contain 96 (Not Applicable) if the value in Number 34 (Tertiary Substance Use Problem) is 01 (None)

**37. Tertiary Age of First Use**

Same code set as Number 29 (Primary Age of First Use or Alcohol Intoxication) except:

- Must contain 96 (Not Applicable) if the value in Number 34 (Tertiary Substance Use Problem) is 01 (None)

**38. Provided Service at Admission**

Describes the type of service the client received at time of admission for the episode of care. *This field cannot be blank.*

Code	Description
02	<b>Detoxification, 24-hour service, free-standing residential</b> -24 hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment.
04	<b>Rehabilitation/Residential - Short Term (30 days or less)</b> -Typically, 30 days or less of non-acute care in a setting with treatment services for substance use disorder.
05	<b>Rehabilitation/Residential - Long Term (More than 30 days/Halfway)</b> -Typically, more than 30 days of non-acute care in a setting with treatment services for a substance use disorder. This may include transitional living arrangements such as halfway houses.
06	<b>Ambulatory -- Intensive Outpatient</b> -At a minimum, the client must receive treatment lasting two or more hours per day for three or more days per week.
07	<b>Ambulatory -- Outpatient Treatment, non-intensive</b> -Ambulatory treatment services including individual, family and/or group services. These may include pharmacological therapies

**39. Opioid Replacement Therapy**

This field identifies whether the use of methadone or buprenorphine is part of the client's treatment plan (regardless of where client is getting the medication). *This field cannot be blank.*

Code	Description
1	<b>Yes</b>
2	<b>No</b>
7	<b>Unknown</b> (Cannot be used if #19 is 02)

**40. Payer 1**

Record the primary payer source at the time of admission. Please refer to Chapter 1 for a discussion of payer. *This field cannot be blank.*

Code	Description
A	Blue Cross/Blue Shield
B	Private Insurance/Self Pay
C	State (Uninsured)
E	Private Contract
F	Corrections Contract
G	DCF Contract
H	Agency of Education School Contract
I	Unknown
J	Medicaid
K	Medicare

**41. Payer 2**

Same options as Number 40 – Payer 1 indicated on the previous page. However, if the State is paying for a service because the payer does not cover the service, the client has co-pays or deductibles that are being paid by the state, or the provider cannot bill for Medicare services, the secondary payer must be recorded as “State (Uninsured)”.

**42. Gross Annual Income**

Enter actual annual income rounded to the nearest dollar based on the client's current income. (This is a whole dollar, 5-digit field, with no symbols so \$35,000.00 is entered 35000.) *This field cannot be blank.*

**43. Dependents**

Enter the number of minor **children** (under 18) living **with** the client for whom the client has legal responsibility. Do not include the client, even if the client is a minor. *This field cannot be blank.*

Code	Description
0-7	<b>Actual Number of Dependents</b>
8	<b>8 or more Dependents</b>
9	<b>Unknown</b>

**44. Social Connectedness**

[In the past 30 days, how many times/days did you participate in a non-professional or peer-driven organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, Recovery Centers visits such as Turning Point organizations that support recovery other than the organizations described above such as mental health peer support programs, Wellness Co-Op, etc.] *This field cannot be blank.*

Code	Description
1	<b>No attendance in past month</b>
2	<b>1-3 times in past month (less than weekly)</b>
3	<b>4-7 times in past month (1-2 times a week)</b>
4	<b>8-15 times in past month (2-3 times a week)</b>
5	<b>16-30 times in past month (4 or more times a week)</b>
6	<b>Some attendance in past month, but frequency unknown</b>
7	<b>Unknown</b>

**45. Pregnant at Time of Admission**

Specifies whether the client was pregnant at the time of admission. *This field cannot be blank.*

Code	Description
01	<b>Yes</b>
02	<b>No</b>
96	<b>Not Applicable (Always use if client is male)</b>
97	<b>Unknown</b>

**46. Living Arrangement**

Client's current living situation at the time of admission. *This field cannot be blank.*

Code	Description
01	<b>Homeless</b> -Client has no fixed address; includes shelters.
02	<b>Dependent Living</b> -Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, guardians or in foster care.
03	<b>Independent Living</b> -Client is living alone or with others without supervision.
97	<b>Unknown</b>

**47. Arrests in past 30 days**

The number of arrests the client has had in the past 30 days preceding the date of admission to treatment services. An arrest occurs when police officers take a suspect into custody. An arrest is complete as soon as the suspect is no longer free to walk away from the arresting police officer, *this field cannot be blank.*

Code	Description
0-6	<b>Actual number of arrests, with 6 being six or more</b>
7	<b>Unknown</b>

**48. DSM-IV Diagnosis Code**

The diagnosis for the **primary substance** from the American Psychiatric Association's "The Diagnostic and Statistical Manual of Mental Disorders".

**NOTE:** Must have all 5 digits (e.g., 30390) without the decimal. This must be provided for all admissions that occurred on or before 09/30/15.

**49. Primary ICD-10-CM Diagnosis Code**

The diagnosis for the **primary substance problem** from the International Classification of Diseases, 10th Edition, Clinical Modification. *This field cannot be blank.*

- The code must be formatted F##.### including up to 7 alpha-numeric characters and a decimal point. Additional zeros are not required if the code is less than 7 characters. So, for example, the following would be acceptable: F11.1, F11.12, F11.123.
- The code must be provided for all admissions beginning 10/01/15 but may be provided at any time after 07/01/14.

**50. Additional ICD-10-CM Diagnosis Code(s)**

Up to up four additional codes separated by commas with no spaces. Additional ICD-10 Codes *is not required.*

## C. DISCHARGE SPECIFIC DATA

**Note:** as shown in the file formats included in Chapter 4, fields 1-17 of the file used to submit Discharges will contain the Client Demographic information. See section A of this chapter for rules related to demographic data.

### 18. Action Type

Designates whether the record is added to the SATIS database, changes an existing record in the database, or deletes an existing record in the database. *This field cannot be blank.*

Code	Description
A	<b>Add</b> – this code must be used the first time a record is sent. It must only be used for records that have not previously been reported to DSU.
C	<b>Change</b> – this code should be used for any record that has been changed after the date/time it was previously sent to DSU. <i>Note: Whenever any item that is included in the data reported to DSU is changed on a record that record should be resent.</i>
D	<b>Delete</b> – this code should be used for a record that was previously sent to DSU and then deleted in the Partner’s EHR. <i>Note: if an admission is deleted, any associated services or discharges will automatically be marked as deleted within DSU’s database.</i>

Records will be accepted or rejected based on how these identifiers match existing data and the Action Type. See Chapter 3 for more information.

**NOTE:** This unique identifier is generated by the provider EHR and is associated with a single discharge.

### 19. Discharge ID

This is an ID that uniquely identifies a client Discharge record associated with a specific episode of care within the Preferred Provider’s EHR system. The format for Discharge ID is numeric and it must be unique. Once assigned to a client Discharge record, this ID must not change over time. *This is a key field and cannot be blank.*

### 20. Discharge or Transfer Date

Specifies the month, day and year when the client was formally discharged from the treatment facility. The date may be the same as date of last contact. In the event of a change of *Provided Service* or provider within an episode of treatment, it is the date of service terminated or the date the treatment ended at a specific location as described by *Provider ID*. *This field cannot be blank.*

Valid Format: **MMDDYYYY**



**21. Reason for Discharge**

Indicates the outcome of treatment or the reason for transfer or discontinuance of treatment. *This field cannot be blank.*

Code	Description
01	<b>Treatment Completed</b>
02	<b>Client left against professional advice (dropped out)</b>
03	<b>Terminated by facility</b>
04	<b>Transferred to another substance use disorder treatment program or facility</b> -This code is for all clients who have a change of service or provider within an episode of treatment, except when it is known that the client did not report to the next program.
05	<b>Incarcerated</b> - client whose course of treatment is terminated because the client has been incarcerated.
06	<b>Death</b>
07	<b>Other</b>
08	<b>Client determined to not need this level of care</b>

**22. Education at Time of Discharge**

Client level of schooling completed at the time of discharge. *This field cannot be blank.*

Code	Description
00	<b>Less than one grade completed</b>
01-25	<b>Actual Number of Years of School Completed (GED=12)</b>
97	<b>Unknown</b>

**23. Employment at Time of Discharge**

Client employment status at time of discharge. *This field cannot be blank.*

Code	Description
01	<b>Employed Full Time</b> -(Working 35 hours or more each week; including members of the uniformed services)
02	<b>Employed part time</b> -(Working fewer than 35 hours per week)
03	<b>Unemployed</b> -(Looking for work during the past 30 days or on a layoff from a job)
04	<b>Not in labor force</b> -(Not looking for work during the past 30 days & not one of the following categories)
05	<b>Student</b>
06	<b>Retired</b>
07	<b>Disabled</b>
08	<b>Incarcerated</b>
09	<b>Homemaker</b>
97	<b>Unknown</b>

**NOTE:** Seasonal workers are coded in this category based on their employment status at time of admission. If they are employed full time at the time of admission, they are coded 01. If they are not working at the time of admission, they are coded 04.

**24. Primary Substance**

Client primary substance, if any, at time of discharge. *This field cannot be blank.*

Code	Description
01	<b>None</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )
02	<b>Alcohol</b>
03	<b>Cocaine/Crack</b>
04	<b>Marijuana/Hashish</b> Includes THC and any other <i>cannabis sativa</i> preparations
05	<b>Heroin</b>
06	<b>Non-prescription Methadone</b>
07	<b>Opiates and Synthetics</b> -Includes: codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
08	<b>PCP</b> - phencyclidine
09	<b>Other Hallucinogens</b> -Includes: LSD, DMT, STP, hallucinogens, mescaline, psilocybin, peyote, etc.
10	<b>Methamphetamines</b>
11	<b>Other Amphetamines</b> -Includes: amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs.
12	<b>Other Stimulants</b> -Includes: methylphenidate and any other stimulants.
13	<b>Benzodiazepines</b> -Includes: alprazolam, chlordiazepoxide, clonazepam, lorazepam, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified Benzodiazepines.
14	<b>Other Non-Benzodiazepine Tranquilizers</b> -Includes: meprobamate, tranquilizers, etc.
15	<b>Barbiturates</b> -Includes: amobarbital, pentobarbital, phenobarbital, secobarbital, etc.)
16	<b>Other Non-Barbiturate Sedatives or Hypnotics</b> -Includes: chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.
17	<b>Inhalants</b> -Includes: chloroform, ether, gasoline, glue, chloroform, nitrous oxide, paint thinner, etc.
18	<b>Over-the-Counter</b> -Includes: aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.
20	<b>Other</b> -Includes: diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.
97	<b>Unknown</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )

**25. Primary Route of Administration**

How client administers the aforementioned substance, if any. *This field cannot be blank.*

Code	Description
01	<b>Oral</b>
02	<b>Smoking</b>
03	<b>Inhalation</b>
04	<b>Injection (IV or intramuscular)</b>
20	<b>Other</b>
96	<b>Not Applicable</b> ( <b>NOT</b> an option for <b>Client Type 2</b> )
97	<b>Unknown</b>

**26. Primary Frequency of Use**

Client reported frequency of use at time of discharge. *This field cannot be blank.*

Code	Description
01	No use in past month
02	1-3 times in past month
03	1-2 times in past week
04	3-6 times in past week
05	Daily
96	Not Applicable ( <u>NOT</u> an option for Client Type 2)
97	Unknown

**27. Secondary Substance**

Same code set as Number 24 (Primary Substance Use Problem), except:

- May only contain the value 01 (None) if the value in the Secondary Route of Administration, Frequency of Use and Age of First Use fields is 96 (Not Applicable).

**28. Secondary Route of Administration**

Same code set as Number 25 (Primary Route of Administration) except:

- Must contain 96 (Not Applicable) if the value in Number 27 (Secondary Substance Use Problem) is 01 (None).

**29. Secondary Frequency of Use**

Same options as in Number 26 above, except as noted here. (Primary Frequency of Use) except:

- Must contain 96 (Not Applicable) if the value in Number 27 (Secondary Substance Use Problem) is 01 (None).

**30. Tertiary Substance**

Same code set as Number 24 (Primary Substance), except:

- Can only contain the value 01 (None) if the value in the Tertiary Route of Administration, Frequency of Use and Age of First Use fields is 96 (Not Applicable).

**31. Tertiary Route of Administration**

Same code set as Number 25 (Primary Route of Administration) except:

- Must contain 96 (Not Applicable) if the value in Number 30 (Tertiary Substance) is 01 (None).

**32. Tertiary Frequency of Use**

Same options as in Number 26 above, except as noted here. (Primary Frequency of Use) except:

- Must contain 96 (Not Applicable) if the value in Number 30 (Tertiary Substance) is 01 (None).

**33. Improved Frequency of Use**

Based on clinical judgement, has the pattern and frequency of use at time of discharge improved since admission? *This field cannot be blank.*

Code	Description
1	Yes
2	No

**34. Social Connectedness**

In the past 30 days, how many times/days did you participate in a non-professional or peer-driven organization devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, Women for Sobriety, Recovery Centers visits such as Turning Point organizations that support recovery other than the organizations described above such as mental health peer support programs, Wellness Co-Op, etc. *This field cannot be blank.*

Code	Description
1	No attendance in past month
2	1-3 times in past month (less than weekly)
3	4-7 times in past month (1-2 times a week)
4	8-15 times in past month (2-3 times a week)
5	16-30 times in past month (4 or more times a week)
6	Some attendance in past month, but frequency unknown
7	Unknown

**35. Living Arrangement**

Client living situation at the time of discharge. *This field cannot be blank.*

Code	Description
01	Homeless-Client has no fixed address; includes shelters.
02	Dependent Living-Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, guardians or in foster care.
03	Independent Living-Client is living alone or with others without supervision.
97	Unknown

**36. Arrests in past 30 days**

The number of arrests in the 30 days preceding the date of discharge from treatment services. An arrest occurs when police officers take a suspect into custody. An arrest is complete as soon as the suspect is no longer free to walk away from the arresting police officer. *This field cannot be blank.*

Code	Description
1-6	Actual number of arrests, with 6 being six or more
7	Unknown

**37. Improved Functioning**

Based on clinical judgement, has client overall functioning improved since admission? *This field cannot be blank.*

Code	Description
1	Yes
2	No

**D. SERVICE SPECIFIC DATA**

**Note:** as shown in the file formats included in Chapter 4, fields 1-17 of the file used to submit Admissions will contain the Client Demographic information. See section A of this chapter for rules related to demographic data.

**18. Action Type**

Designates whether the record is added to the SATIS database, changes an existing record in the database, or deletes an existing record in the database. *This field cannot be blank.*

Code	Description
A	<b>Add</b> – this code must be used the first time a record is sent. It must only be used for records that have not previously been reported to DSU.
C	<b>Change</b> – this code should be used for any record that has been changed after the date/time it was previously sent to DSU. <i>Note: Whenever any item that is included in the data reported to DSU is changed on a record that record should be resent.</i>
D	<b>Delete</b> – this code should be used for a record that was previously sent to DSU and then deleted in the Partner’s EHR. <i>Note: if an admission is deleted, any associated services or discharges will automatically be marked as deleted within DSU’s database.</i>

Records will be accepted or rejected based on how these identifiers match existing data and the Action Type. See Chapter 3 for more information.

**19. Service ID**

The Service ID is a unique identification number pertaining to the service record for a client. This is a generated number from the provider’s data system and is never reused for another service record. *This field cannot be blank.*

**NOTE:** This unique identifier is EHR system generated for each new service provided at the treatment facility.

**20. Service Start Date**

The date that the service transaction began. *This field cannot be blank.*

Valid Format: **MMDDYYYY**

**21. Service End Date**

The date that the service transaction ended. *This field is not required.*

Valid Format: **MMDDYYYY**

**Note:** Most services, other than residential, Medication Assisted Treatment hub, and halfway begin and end on the same date. Submit each date of service as a separate record for outpatient services.

**22. Service Type**

*This field cannot be blank.*

Code	Description
01	Outpatient Assessment (D&E) H0001
02	Outpatient Individual (Ind) H0004
03	Outpatient Group (Grp) H0005
04	Case Management (CM) T1016
05	Residential Detox (Res Detox – sub acute) H0010
06	Residential Detox (Res Detox – acute) H0011
07	Intensive Outpatient (IOP) H0015
08	Residential Treatment (Res) H0018
09	Medication Assisted Treatment (HUB) H0020
10	Outpatient Family T1006
11	Psychosocial Rehabilitation H2017
12	Skills Training and Development H2014
13	Targeted Case Management T1017
14	Halfway (No associated HCPCS code)

**23. Billing Units**

**Actual number of billable units provided** for the service transaction. As a guide, see the additional information in the table below showing the expected billing unit type and limits for each Service Type above. *This field cannot be blank.*

Example: If 1 hour of Outpatient Individual (H0004) is provided, report as 4 units. If an Encounter of Intensive Outpatient (H0015) is provided, report as 1 unit.

Service Type	HCPCS Code	Billing Unit Measure	Additional Information
Outpatient Assessment (D&E)	H0001	Encounter	1 per day
Outpatient Individual (Ind)	H0004	15 minutes	Maximum of 6 units per day
Outpatient Group (Grp)	H0005	Encounter	1 per day
Case Management (CM)	T1016 (current)	T1016 15-minutes	NOTE: H0006 was discontinued as of 1/1/2019. There is a minimum of 2 units of T1016 required in order to bill Medicaid. Maximum of 8 units per day
	H0006 (Past)	H0006 Encounter	

Service Type	HCPCS Code	Billing Unit Measure	Additional Information
Residential Detox (Res Detox – sub acute)	H0010	Per Diem	1 per day - record the way hotels do, based on the number of nights of service.
Residential Detox (Res Detox – acute)	H0011	Per Diem	1 per day - record the way hotels do, based on the number of nights of service.
Intensive Outpatient (IOP)	H0015	Per Diem	1 per day. <b>This is an all-inclusive daily rate – no additional substance use disorder treatment services can be reported/billed for the same day</b>
Residential Treatment (Res)	H0018	Per Diem	1 per day - record the way hotels do, based on the number of nights of service.
Medication Assisted Treatment (HUB)*	H0020	Monthly case rate	Maximum 1 unit per month.
Outpatient Family	T1006	Encounter	1 per day
Psychosocial Rehabilitation	H2017	15 minutes	
Skills Training and Development	H2014	15 minutes	
Targeted case management	T1017	15 minutes	
Halfway (HW)	None	15 minutes	1 per day - record the way hotels do, based on the number of nights of service.

\*Opioid treatment units refer to “Hub” services in Vermont and there will never be more than one unit per month. This is a bundled rate that includes all clinical services, methadone for those on methadone, case management services, and health home services for those who receive these services. The start and end date of service indicates when people are receiving services – someone who remains in treatment for the full month has a start date of the first of the month and end date of the last day of the month. For someone who begins hub services during the month, the start date is the day the person entered treatment, the end date is the end of the month. For someone leaving a hub, the start day is the first day of the month and end date is the day they left. In all cases, whether the individual received services for a full month or just one day in the month, the unit of service = 1.

Please note that the most recent information about unit measures is found in the Medicaid list on the DSU website in the grantee guidance section.

<http://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/reporting-forms-and-guidance-documents>

**24. Payer 1**

Record the primary payer source at the time of service. Please refer to Chapter 1 for a discussion of payer. *This field cannot be blank.*

Code	Description
A	Blue Cross/Blue Shield
B	Private Insurance/Self Pay
C	State (Uninsured)
E	Private Contract
F	Corrections Contract
G	DCF Contract
H	Agency of Education School Contract
I	Unknown
J	Medicaid
K	Medicare

**25. Payer 2**

Same options as Number 40 – Payer 1 as indicated above. However, if the State is paying for a service because the payer does not cover the service, the client has co-pays or deductibles that are being paid by the state, or the provider cannot bill for Medicare services, the secondary payer must be recorded as “State (Uninsured)”.

**26. HIV Informed**

Denotes whether the risk of HIV was discussed with the client at the time of **this** service. Should **always** be discussed at time of diagnosis and evaluation. *This field cannot be blank.*

Code	Description
1	Yes
2	No



## CHAPTER 3 – General Technical Guidelines

Each Treatment Provider is required to submit three types of records:

1. Admission Records
2. Service Records
3. Discharge Records

As stated in Chapter 1, partner agencies must report all data per the frequency required by the grant or contract agreement, typically monthly by the end of the following month. If changes are made to the included data at any point after this record has been reported, the record must be resent with an indication that there has been a change (see *Action Type* in Chapter 2).

This chapter will discuss technical reporting specifications in more detail.

### A. MEDIA SPECIFICATIONS & IDENTIFICATION

Due to HIPAA and 42 CFR, Part 2 requirements, data must be transmitted only by means of secured capability. DSU has a secure FTP site and all providers have their own area with a unique login and password. Data will not be accepted by any other means.

Providers must place all files onto the secure FTP server and email the SATIS Administrator and the DSU SATIS email box ([ahs.vdhdsusatis@vermont.gov](mailto:ahs.vdhdsusatis@vermont.gov)) stating the files have been placed on the FTP site. The email should include the month(s) of the files, along with the number of records in each table.

### B. FILE FORMAT & SUBMISSIONS

- All files must be submitted in ASCII flat file format in a fixed length structure.
- Each line must contain only one record.
- Field locations must correspond exactly to the specifications in Chapter 4 and as described in the dataset section.
- Unless specified, do not include leading zeros.
- All fields must contain valid values and accurately reflect the episode of care, admission through discharge.
- The following names should be used for files that are submitted:

<b>admissions.asc</b>	=	Admission Records
<b>services.asc</b>	=	Service Records
<b>discharges.asc</b>	=	Discharges Records

### C. OTHER KEY INFORMATION

**Data Completeness:** Data is considered received for purposes of meeting the grant deliverables if 85% or more of the records submitted in each the admission, services, and discharge files are accepted into the SATIS Data System. Providers will be notified via email whether or not data has been considered received

**Required Data Elements** - Files must comply with the criteria in this manual to be accepted into the SATIS Data Processing system. All fields identified in the layouts in Chapter 4 as required must be present or the file will be rejected.

## CHAPTER 4 – Extract Structure

<b>Admission Record Structure</b>					
<i>The total Admission record must be 296 characters long.</i>					
Element #	Field Contents	Start	End	Length	Required
1	Provider ID	1	15	15	Yes
2	Client ID	16	30	15	Yes
3	Demographic ID	31	45	15	Yes
4	Admit ID	46	60	15	Yes
5	First Name	61	80	20	Yes
6	Middle Name	81	100	20	Yes
7	Last Name	101	130	30	Yes
8	Mother's Maiden Name	131	150	20	Yes
9	Date of Birth	151	158	8	Yes
10	Sex	159	159	1	Yes
11	Race	160	161	2	Yes
12	Ethnicity	162	163	2	Yes
13	Last 4 Digits of Client's SSN	164	167	4	Yes
14	Residence City Code	168	172	5	Conditional
15	Residence City Name	173	187	15	Conditional- See Demographic #14
16	Residence State	188	189	2	Conditional- See Demographic #14
17	Residence Zip Code	190	194	5	Conditional- See Demographic #14
18	Action Type	195	195	1	Yes
19	Client Type	196	196	1	Yes
20	Transaction Type	197	197	1	Yes
21	Admission or Transfer Date	198	205	8	Yes
22	Number of Prior Treatment Episodes	206	206	1	Yes
23	Principal Source of Referral	207	208	2	Yes
24	Education at Time of Admission	209	210	2	Yes
25	Employment Status	211	212	2	Yes
26	Primary Substance	213	214	2	Yes
27	Primary Route of Administration	215	216	2	Yes
28	Primary Frequency of Use	217	218	2	Yes
29	Primary Age of First Use	219	220	2	Yes
30	Secondary Substance	221	222	2	No
31	Secondary Route of Administration	223	224	2	Conditional- See Admission #30
32	Secondary Frequency of Use	225	226	2	Conditional- See Admission #30

<b>Admission Record Structure</b>					
<i>The total Admission record must be 296 characters long.</i>					
<b>Element #</b>	<b>Field Contents</b>	<b>Start</b>	<b>End</b>	<b>Length</b>	<b>Required</b>
33	Secondary Age of First Use	227	228	2	Conditional- See Admission #30
34	Tertiary Substance	229	230	2	No
35	Tertiary Route of Administration	231	232	2	Conditional- See Admission #34
36	Tertiary Frequency of Use	233	234	2	Conditional- See Admission #34
37	Tertiary Age of First Use	235	236	2	Conditional- See Admission #34
38	Provided Service at Admission	237	238	2	Yes
39	Opioid Replacement Therapy	239	239	1	Yes
40	Payer 1	240	240	1	Yes
41	Payer 2	241	241	1	No
42	Gross Annual Income	242	246	5	Yes
43	Dependents	247	247	1	Yes
44	Social Connectedness	248	248	1	Yes
45	Pregnant at Time of Admission	249	250	2	Yes
46	Living Arrangement	251	252	2	Yes
47	Arrests in past 30 days	253	253	1	Yes
48	DSM-IV Diagnosis Code	254	258	5	No
49	Primary ICD-10 Diagnosis Code	259	265	7	Yes
50	Additional ICD-10 Diagnosis Code(s)	266	296	31	No

<b>Discharge Record Structure</b>					
<i>The total Discharge record must be 248 characters long.</i>					
<b>Element #</b>	<b>Field Contents</b>	<b>Start</b>	<b>Ends</b>	<b>Length</b>	<b>Required</b>
1	Provider ID	1	15	15	Yes
2	Client ID	16	30	15	Yes
3	Demographic ID	31	45	15	Yes
4	Admit ID	46	60	15	Yes
5	First Name	61	80	20	Yes
6	Middle Name	81	100	20	Yes
7	Last Name	101	130	30	Yes
8	Maiden Name	131	150	20	Yes
9	Date of Birth	151	158	8	Yes
10	Sex	159	159	1	Yes
11	Race	160	161	2	Yes

## **Discharge Record Structure**

*The total Discharge record must be 248 characters long.*

<b>Element #</b>	<b>Field Contents</b>	<b>Start</b>	<b>Ends</b>	<b>Length</b>	<b>Required</b>
12	Ethnicity	162	163	2	Yes
13	Last 4 Digits of Client's SSN	164	167	4	Yes
14	Residence City Code	168	172	5	Conditional
15	Residence City Name	173	187	15	Conditional- See Demographic #14
16	Residence State	188	189	2	Conditional- See Demographic #14
17	Residence Zip Code	190	194	5	Conditional- See Demographic #14
18	Action Type	195	195	1	Yes
19	Discharge ID	196	210	15	Yes
20	Discharge or Transfer Date	211	218	8	Yes
21	Reason for Discharge	219	220	2	Yes
22	Education at Time of Discharge	221	222	2	Yes
23	Employment at Time of Discharge	223	224	2	Yes
24	Primary Substance	225	226	2	Yes
25	Primary Route of Administration	227	228	2	Yes
26	Primary Frequency of Use	229	230	2	Yes
27	Secondary Substance	231	232	2	No
28	Secondary Route of Administration	233	234	2	Conditional- See Discharges #27
29	Secondary Frequency of Use	235	236	2	Conditional- See Discharges #27
30	Tertiary Substance	237	238	2	No
31	Tertiary Route of Administration	239	240	2	Conditional- See Discharges #30
32	Tertiary Frequency of Use	241	242	2	Conditional- See Discharges #30
33	Improved Frequency of Use	243	243	1	Yes
34	Social Connectedness	244	244	1	Yes
35	Living Arrangement	245	246	2	Yes
36	Arrests in the Past 30 days	247	247	1	Yes
37	Improved Functioning	248	248	1	Yes

<b>Service Record Structure</b>					
<i>The total Service record must be 233 characters long.</i>					
<b>Element #</b>	<b>Field Contents</b>	<b>Start</b>	<b>End</b>	<b>Length</b>	<b>Required</b>
1	Provider ID	1	15	15	Yes
2	Client ID	16	30	15	Yes
3	Demographic ID	31	45	15	Yes
4	Admit ID	46	60	15	Yes
5	First Name	61	80	20	Yes
6	Middle Name	81	100	20	Yes
7	Last Name	101	130	30	Yes
8	Maiden Name	131	150	20	Yes
9	Date of Birth	151	158	8	Yes
10	Sex	159	159	1	Yes
11	Race	160	161	2	Yes
12	Ethnicity	162	163	2	Yes
13	Last 4 Digits of Client's SSN	164	167	4	Yes
14	Residence City	168	172	5	Conditional
15	Residence City Name	173	187	15	Conditional- See Demographic #14
16	Residence State	188	189	2	Conditional- See Demographic #14
17	Residence Zip Code	190	194	5	Conditional- See Demographic #14
18	Action Type	195	195	1	Yes
19	Service ID	196	210	15	Yes
20	Service Start Date	211	218	8	Yes
21	Service End Date	219	226	8	No
22	Service Type	227	228	2	Yes
23	Billing Units	229	230	2	Yes
24	Payer 1	231	231	1	Yes
25	Payer 2	232	232	1	No
26	HIV Informed	233	233	1	Yes