Data Elements and Data Sources for Registration Summary and Medication History

Version 5
February 17, 2006

Harry Rhodes, Director, Practice Leadership, AHIMA
Donald T. Mon, Vice President, Practice Leadership, AHIMA

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Registration Summary									
Name									
Last Name	✓			✓	✓	✓	✓	✓	✓
First Name	✓			✓	✓	✓	✓	✓	✓
Middle Name	✓			✓	✓	✓	✓	✓	✓
Address									
Street Address	✓			✓	✓	✓	✓	✓	✓
City	✓			✓	✓	✓	✓	✓	✓
State	✓			✓	✓	✓	✓	✓	✓
Zip Code	✓			✓	✓	✓	✓	✓	✓
Contact Information									
Home Telephone	✓			✓	✓	✓	✓	✓	✓
Work Telephone	✓			✓	✓	✓	✓	✓	✓
Cell Telephone	✓			✓	✓	✓	✓	✓	✓
Fax	✓			✓	✓	✓	✓	✓	✓
Pager	✓			✓	✓	✓	✓	✓	✓
Work E-Mail Address	✓			✓	✓	✓	✓	✓	✓
Home E-Mail Address	✓			✓	✓	✓	✓	✓	✓

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Emergency Contacts									
Relationship To Patient	✓			✓	✓	✓	✓	✓	✓
Home Telephone	✓			✓	✓	✓	✓	✓	✓
Work Telephone	✓			✓	✓	✓	✓	✓	✓
Cell Telephone	✓			✓	✓	✓	✓	✓	✓
Fax	✓			✓	✓	✓	✓	✓	✓
Pager	✓			✓	✓	✓	✓	✓	✓
Work E-Mail Address	✓			✓	✓	✓	✓	✓	✓
Home E-Mail Address	✓			✓	✓	✓	✓	✓	✓
Employer									
Name Of Employer		✓		✓	✓	✓			
Name Of Contact		✓		✓	✓	✓			
Street Address		✓		✓	✓	✓			
City		✓		✓	✓	✓			
State		✓		✓	✓	✓			
Zip Code		✓		✓	✓	✓			
Work Telephone		✓		✓	✓	✓			
Cell Telephone		✓		✓	✓	✓			
Fax		✓		✓	✓	✓			
Pager		✓		✓	✓	✓			
Work E-Mail Address		✓		✓	✓	✓			
Work Telephone		✓		✓	✓	✓			
Guardian									
Guardian Relationship		✓		✓	✓	✓			
Home Telephone		✓		✓	✓	✓			
Work Telephone		✓		✓	✓	✓			
Cell Telephone		✓		✓	✓	✓			
Fax		✓		✓	✓	✓			
Pager		✓		✓	✓	✓			
Work E-Mail Address		✓		✓	✓	✓			

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Home E-Mail Address		✓		✓	✓	✓			
Personal Identification									
Gender	✓			✓	✓	✓	✓	✓	✓
Date Of Birth	✓			✓	✓	✓	✓	✓	✓
Social Security Number	✓			✓	✓	✓	✓	✓	✓
Ethnicity Or Race	✓			✓	✓	✓	✓	✓	✓
Eye Color	✓			✓	✓	✓			✓
Hair Color	✓			✓	✓	✓			✓
Birthmarks Or Scars	✓			✓	✓	✓			✓
Height (Feet And Inches)	✓			✓	✓	✓			✓
Weight (Pounds)	✓			✓	✓	✓			✓
Account Number		✓		✓	✓	✓			
Social Security Number			✓	✓	✓	✓			
Mother's Maiden Name		✓		✓	✓	✓			
Ethnicity		✓		✓	✓	✓			
Maiden Name		✓		✓	✓	✓			
Patient Treatment Considerations									
Advanced Directives		✓		✓	✓	✓			
Power Of Attorney		✓		✓	✓	✓			
Permission Forms		✓		✓	✓	✓			
Release Of Information		✓		✓	✓	✓			
Organ Donor		✓		✓	✓	✓			
Marital Status		✓		✓	✓	✓			
Religion		✓		✓	✓	✓			
Primary Language		✓		✓	✓	✓			
Occupation		✓		✓	✓	✓			
Insurance Coverage									
Identification Number	✓			✓	✓	✓	✓		

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Group Number	✓			✓	✓	✓	✓		
Policy Number	✓			✓	✓	✓	✓		
Subscriber	✓			✓	✓	✓	✓		
Subscriber Relationship	✓			✓	✓	✓	✓		
Subscriber Employer		✓		✓	✓	✓	✓		
Subscriber Employer Address									
Street		✓		✓	✓	✓	✓		
City		✓		✓	✓	✓	✓		
State		✓		✓	✓	✓	✓		
Zip Code		✓		✓	✓	✓	✓		
Telephone Number		✓		✓	✓	✓	✓		
Health Plan Type		✓		✓	✓	✓	✓		
Co-Pay		✓		✓	✓	✓	✓		
Health Plan Address									
Street		✓		✓	✓	✓	✓		
City		✓		✓	✓	✓	✓		
State		✓		✓	✓	✓	✓		
Zip Code		✓		✓	✓	✓	✓		
Telephone Number		✓		✓	✓	✓	✓		
Pbm Plan									
PBM Plan Name		✓		✓	✓	✓	✓		
Plan ID		✓		✓	✓	✓	✓		
Subscriber Name		✓		✓	✓	✓	✓		
Subscriber ID		✓		✓	✓	✓	✓		
Care Setting									
Hospitalizations	✓								
• Medical	✓			✓	✓	✓	✓	✓	✓
• Surgical	✓			✓	✓	✓	✓	✓	✓
Outpatient	✓			✓	✓	✓	✓	✓	✓

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Physician Office Visit	✓			✓	✓	✓	✓	✓	✓
Long Term Care	✓			✓	✓	✓	✓	✓	✓
Home Health	✓			✓	✓	✓	✓	✓	✓
Rehabilitation	✓			✓	✓	✓	✓	✓	✓
Dates Of Service									
Admission Date	✓			✓	✓	✓	✓	✓	✓
Discharge Date	✓			✓	✓	✓	✓	✓	✓
Visit Date	✓			✓	✓	✓	✓	✓	✓
Date Of Surgery	✓			✓	✓	✓	✓	✓	✓
Date Of Procedure	✓			✓	✓	✓	✓	✓	✓
Physician's Name									
Primary Care Physician	✓			✓	✓	✓	✓	✓	✓
Consultant	✓			✓	✓	✓	✓	✓	✓
Surgeon	✓			✓	✓	✓	✓	✓	✓
Facility Name	✓			✓	✓	✓	✓	✓	✓
Address									
Street Address	✓			✓	✓	✓	✓	✓	✓
City	✓			✓	✓	✓	✓	✓	✓
State	✓			✓	✓	✓	✓	✓	✓
Zip Code	✓			✓	✓	✓	✓	✓	✓
Contact Information									
Home Telephone	✓			✓	✓	✓	✓	✓	✓
Work Telephone	✓			✓	✓	✓	✓	✓	✓
Cell Telephone	✓			✓	✓	✓	✓	✓	✓
Provider E-Mail Address	✓			✓	✓	✓	✓	✓	✓
Provider Web-Site	✓			✓	✓	✓	✓	✓	✓
Diagnosis									
Discharge Diagnosis	✓			✓	✓	✓	✓	✓	✓
Working Diagnosis	✓			✓	✓	✓	✓	✓	✓
Procedure									

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Diagnostic Procedure	✓			✓	✓	✓	✓	✓	✓
Surgical Procedure	✓			✓	✓	✓	✓	✓	✓
Laboratory	✓			✓	✓	✓	✓	✓	✓
Therapeutic	✓			✓	✓	✓	✓	✓	✓
Health Factors									
Lifestyle Choices		✓		✓	✓	✓			
Personal Diary		✓		✓	✓	✓			
Eye Records		✓		✓	✓	✓			
Dental Records		✓		✓	✓	✓			
Personal Medical History		✓		✓	✓	✓			
Health Changes		✓		✓	✓	✓			
Family History		✓		✓	✓	✓			
Condition Detail		✓		✓	✓	✓			
Mental Health		✓		✓	✓	✓			
Stress		✓		✓	✓	✓			
Sleep		✓		✓	✓	✓			
Known Test Results (E.G. BMI, Blood Pressure)		✓		✓	✓	✓			
Medication History									
Medication Name									
Proprietary	✓			✓	✓	✓	✓		✓
Generic	✓			✓	✓	✓	✓		✓
Administration Mode									
Oral	✓			✓	✓	✓	✓		✓
Injection	✓			✓	✓	✓	✓		✓
Patch	✓			✓	✓	✓	✓		✓
Iv	✓								
Dosage									

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Volume/Weight	✓			✓	✓	✓	✓		✓
Administration Frequency									
Prescription Start Date	✓			✓	✓	✓	✓		✓
Prescription Stop Date	✓			✓	✓	✓	✓		✓
Medication Allergies	✓			✓	✓	✓	✓		✓
Prescribing Physician									
Name	✓			✓	✓	✓	✓		✓
Street Address	✓			✓	✓	✓	✓		✓
City	✓			✓	✓	✓	✓		✓
State	✓			✓	✓	✓	✓		✓
Zip Code	✓			✓	✓	✓	✓		✓
Work Telephone	✓			✓	✓	✓	✓		✓
Cell Telephone	✓			✓	✓	✓	✓		✓
Provider E-Mail Address	✓			✓	✓	✓	✓		✓
Reason For Prescription									
For What Condition	✓			✓	✓	✓	✓		✓
Date Resolved	✓			✓	✓	✓	✓		✓
Was Prescription Filled	✓			✓	✓	✓	✓		✓
Past Prescriptions									
Name Of Medication	✓			✓	✓	✓	✓		✓
Start And Stop Dates	✓			✓	✓	✓	✓		✓
Problem Encountered	✓			✓	✓	✓	✓		✓
Medication Allergies	✓			✓	✓	✓	✓		✓
Over The Counter Medications									
Medication Name		✓		✓	✓	✓			
For What Condition		✓		✓	✓	✓			
Start Date		✓		✓	✓	✓			

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Stop Date		✓		✓	✓	✓			
Dosage		✓		✓	✓	✓			
Immunizations									
Immunizations Up To Date?		✓		✓	✓	✓	✓		
Reported Immunization Dates		✓		✓	✓	✓	✓		
DPT (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Varicella (Lot # And VIS Date)		✓		✓	✓	✓	✓		
MMR (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Meningococcal (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Meningococcal (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Polio (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Hib (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Hep A (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Hep B (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Pneumococcal Conjugate (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Infuenza (Lot # And VIS Date)		✓		✓	✓	✓	✓		
Side Effects		✓		✓	✓	✓	✓		

Data Elements (Inclusive List) (Col. A)	Data Set			Data Sources					
	Minimum (Col. B)	Optional (Col. C)	Considered But Not Included (Col. D)	Patient (Col. E)	Custod-ian (Col. F)	Provider (Col. G)	Payer (Col. H)	RHIO/ HIE (Col. I)	Disease Registries (Col. J)
Refusal Or Objection To Immunization Consent		✓		✓	✓	✓	✓		