BioSense 2.0 Variables Received

State, Local, Territorial Public Health Jurisdictions

Variable Name	Variable Description
Facility Identifier (Treating)	Unique facility identifier of facility where the patient originally presented (original provider of the data)
Facility Name (Treating)	Name of facility where the patient originally presented (original provider of the data)
Facility Location (Treating) – Street Address	Street address of treating facility location
Facility Location (Treating) – City	City of treating facility location
Facility Location (Treating) – County	County of treating facility location
Facility Location (Treating) – State	State of treating facility location
Facility / Visit Type	Type of facility that the patient visited for treatment
Report Date/Time	Date and time of report transmission from original source (from treating facility)
Unique Patient Identifier	Unique identifier for the patient
Medical Record #	Patient medical record number
Age	Numeric value of patient age
Age units	Unit corresponding to numeric value of patient age (e.g. Days, Month or Years)
Gender	Gender of patient
City/Town	City/Town of patient residence
ZIP Code	Zip code of patient residence
State	State of patient residence
Country	Country of patient residence
Race	Race of patient
Ethnicity	Ethnicity of patient
Unique Visiting ID	Unique identifier for a patient visit
Visit Date / Time	Date/Time of patient presentation
Date of onset	Date that patient began having symptoms of condition being reported
Patient Class	Patient classification within facility
Chief Complaint / Reason for visit	Short description of the chief complaint or reason of patient's visit, recorded when seeking care
Triage Notes	Triage notes for the patient visit
Diagnosis / Injury Code	Diagnosis or injury code of patient condition (i.e., ICD-9-CM , ICD-10-CM, or SNOMED)
Clinical Impression	Clinical impression (free text) of the diagnosis
Diagnosis Type	Qualifier for Diagnosis / Injury Code specifying type of diagnosis (i.e., admitting, final, or working)
Discharge Disposition	Patient's anticipated location or status following ED/UC visit
Disposition Date / Time	Date and time of disposition
Initial Temperature	1st recorded temperature, including units
Initial Pulse Oximetry	1st recorded pulse oximetry value

Department of Defense

Variable Name	Variable Description
Patient ZIP Code	The postal zip code for the city located. For outside contiguous United States (OCONUS) location an APO/FPO (Military Post Office Zip Code) or country zip code
Clinic ZIP Code	The Postal zip code for the city clinic is located. For OCONUS code is used to correspond to obtained from CHCS (Composite Health Care System). Zip code are indicative of OCONUS loc.
Appointment Prefix	Designates whether the appointment is CHCS, Ambulatory Data System (ADS), Clinical Integrated Workstation (CIW), CHCSII
Appointment Identifier Number	The appointment identifier number is a system generated unique app that system. The appointment combine to create a unique identifier
Appointment Standard Ambulatory Data Record (SADR) Status	Status of appointment record SADR extract. (Ready or Updated)
Appointment SADR Extract Date	Date the SADR was extracted
Appointment Status Type	Coded: appointment scheduled, walk-in, sick call, cancelled by provider, telephone consult, no-show, cancelled by facility, or canceled by patient
CPT4 Version Year	Indicates the year of the most Current Procedural Terminology in ADM (Ambulatory Data Module)
E&M code with Level "E"	Evaluation and Management appointment
CPT4 Codes with Diagnosis Flag	Field correlates CPT4 to diagnosis
Patient Age at Appointment	Age of patient at the day of the appointment. Age given in years
Disposition Code	Code that indicates circumstance under which patient leaves the facility. (Code: released without limitations, released with work/duty restrictions, sick at home/quarters, immediate referral, transferred to another facility, left without being seen, left against medical advice, admitted, continued stay, discharged home, or expired)
Administrative Disposition Code	Codes: Consultation requested, Referred to another provider, Convalescent leave, Medical Board, or Medical hold
Treatment DMIS ID	The Defense Medical Information identification number that identifies patient was treated
Gender	Code: Male or Female
Appointment (Encounter) Date	Date of the appointment
ICD-9 Version Year	Indicates the year of the most current ICD Code Table in ADM
ICD-9 Codes, Including Extenders	Four ICD-9 codes, 9 character level
Treatment MEPRS Code	Describes each work center
Patient Status	Code: inpatient or outpatient
Provider Specialty Code	Code that identifies the health providers medical specialty
End of Record Flag	End of record marker

Veterans Affairs

Variable Name	Variable Description
AnalysisVisitID	Created by BioSense to provide a consistent definition of a visit regardless of how a visit is defined by a given hospital. Combines patient visits, if they occur within 24 hours of each other.
PatientID	Uniquely distinguishes a patient across all visits to a single facility or across all visits to a healthcare system when a common patient identification system is used.
DateofVisit	Date of Visit based on the visit date associated with this specific clinical data, for this specific AnalysisVisitID, in DATE format (mm/dd/yyyy).
AnalysisVisitDate	Date and time of Visit based on the visit date associated with this specific clinical data, for this specific AnalysisVisitID
FacID	Unique facility identifier of the facility where the patient originally presented (original provider of the data)
ServicingFacility	Primary VA Local Facility ID
PatientCounty	Patient county
PatientZip	Patient Zip code
Acuity	Indicates how quickly care is required. 30="Time to evaluation or treatment not critical "; 20="Request Prompt Evaluation or Treatment" "10=Request Immediate Evaluation or Treatment"
Age	Numeric value for patient age
AgeUnit	Unit for numeric value (years, days, months)
BirthDate	Year and Month of patient birth
DeathDate	Date of death (mm/dd/yyyy)
Ethnicity	Patient ethnicity
Gender	Patient gender
Race	Patient race
Admit (1=Yes 0=No)	Numeric 1/0 indicator. Set to 1 if there is evidence of a hospital admission having taken place
AdmitDate	Date of admission of patient into hospital (mm/dd/yyyy)
DeathCode	Hospital death disposition code that was reported
DischargeDate	Date patient was discharged from hospital
Disposition	Most recent non-Admit/Death Hospital Discharge Disposition Code (admit, discharge, transfer, left, expiration)
BP	Max Blood Pressure associated with an AnalysisVisitID
MinBp	Min Blood Pressure associated with an AnalysisVisitID
Pulse	Max pulse oximetry associated with an AnalysisVisitID
MinPulse	Min pulse oximetry associated with an AnalysisVisitID
Temperature	Max temperature among recorded temperatures assoc w/ an AnalysisVisitID
MinTemperature	Min temperature among recorded temperatures assoc w/ an AnalysisVisitID
OnsetDate	Date the patient began having symptoms of condition
PatientClass	Emergency, outpatient, inpatient
ActivityCode	ICD-9-CM, ICD-19-CM, or SNOMED
Diagnosis / Injury Description OR Chief Complaint/Reason for Visit	Text: description of activity code OR description of the reason the patient has presented to the healthcare facility
Activity Status	Diagnosis type – admitting, working, final
Activity Type	Diagnosis/Injury Description, Chief Complaint, or Procedure

Laboratory

Variable Name	Variable Description
BioSense Patient ID	Uniquely distinguishes a patient across all visits to a single facility or across all visits to a healthcare system when a common patient identification system is used.
BioSense Visit ID	Used to uniquely distinguish a patient visit based on the healthcare facility account identifier. Created to reflect the visit as defined by the healthcare facility.
Date of Birth	Patient date of birth (month/year)
Sex	Patient gender
Zip code	Patient or provider Zip code
State	Patient or provider state
Ethnic group	Patient ethnicity
Race	Patient race
Date into Point of Care/location	Date patient arrived at healthcare facility
Test Code/Name	Local codes or local text names used to describe a laboratory test
Reason for Test	ICD-9CM code
Specimen Type	Type of sample taken for testing
Order Date/time	Date and time test was ordered
Ordering Facility Name	Name of facility that ordered test
Ordering facility address	Address of facility that ordered test
Ordering Facility Phone Number	Phone number of facility that ordered test
Ordering provider address	Address of healthcare provider that ordered test
Diagnostic Service	Type of diagnostic Service (immunology, microbiology…)
Performing laboratory	Lab within performing the service
Result Status	Final or pending
Report date/time	Date lab reports the result of the test
Collection date	Date sample was collected for test
Collection method	Method used to collect sample
Specimen site	From where on patient's body the sample came
Accession date	Date the sample was received
Accession ID	Unique ID number assigned to sample when it is received by the laboratory
Sequence number	Number assigned to each lab order
Ordered Test Code/Name	LOINC codes and Descriptive text
Resulted Test Code/Name	LOINC or SNOMED codes and Descriptive text
Organism identified	Name of organism identified by a specific test
Method type	Ordered method for testing the specimen
Result other than organism	Result of a lab test that does not give the name of an organism
Result unit	Unit of measure for a lab test
Test interpretation	Interpretation of the lab test result
Susceptibility test interpretation	Antimicrobials to which a microorganism is susceptible
Result notes	Important issues regarding the results
References Range	Range of what is normal or range of results that can be seen with that test
Last Update Date	Most recently updated date
Analysis Visit ID	Unique ID assigned for each visit
Lab Result Key ID	Unique ID for each patient
Coding Sys	Order or Result coding system (LOINC, SNOMED, NULL flavor)

Pharmacy

Variable Name	Variable Description
RXNUMBER	Prescription number
QUANTITYDISPENSED	Total amount of medication dispensed
DAYSSUPPLY	Number of days worth of medication dispensed
PRODUCTNAME	Name of medication dispensed
GPICODE	Generic Product Identifier number for medication
GPITEXT	Generic Product Identifier name for medication
RXNORMCODE	RXNORM number for medication
Pharmacy UID	Unique ID for Retail Pharmacy
Pharmacy 5 digit zip	Pharmacy Zip code (5 digits)
AGE	Patient age
PATZIP3	Patient Zip code (3 digits)
PATSTATE	Patient State
PATCOUNTY	Patient County
RECORD UID	Record number
DATEOFSERVICE	Date RX Transaction at Pharmacy
PRESCRIBERIDQUALIFIER	Prescriber type
PRESCRIBERID	Unique ID number of prescribing healthcare provider
Insurance Type	Indicates Client type