Federal Office of Rural Health Policy (FORHP)
Office for the Advancement of Telehealth (OAT)

Evidence Based Tele-behavioral Health Network Program (EB THNP)
Substance Abuse Treatment Telehealth Network Grant Program (SAT TNGP)

RTRC Data Element Dictionary

The data element dictionary documents definitions, allowable values, sources for information, and instructions for abstraction.

Data elements that are collected at the PATIENT level ONCE at intake/baseline	
Instructions	NOTE that this first part of the document is specific to patient-level data elements that are collected once, at intake, for each patient who received any behavioral health services as part of the EB THNP/SAT TNGP or as part of a non-telehealth comparison sample for EB THNP/SAT TNGP

Data element number:	Patient - 1
Variable name:	Treatment group
Variable definition:	Indicates whether the patient is in the telehealth group or the non-telehealth comparison group
Domain:	Access
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Telehealth Treatment Group:* Indicates that the patient was assigned to the telehealth treatment group □ *Non-telehealth Treatment Group:* Indicates that the patient was assigned to the comparison group
Note for abstractions:	This should indicate the patient's initial assigned group. The patient is assigned to the telehealth group if any telehealth services are planned. If the patient originally intended to use telehealth services but then transferred out of those services and received non-telehealth behavioral health services, the treatment group would remain as originally assigned.
Source for definitions:	EB THNP Notice of Funding Opportunity (NOFO)

Data element number:	Patient - 2
Variable name:	Treatment site ID
Variable definition:	An ID assigned to each treatment site
Domain:	ID
Valid (allowable) values:	*Any alphanumeric character*
Note for abstractions:	• Check that the name of the site entered is consistent across measurement periods.

	• The site will usually be the clinic/organization where the patient receives services or where the provider/clinician providing telehealth is affiliated. • This is not literally where the patient is located receiving telehealth services, but instead is the clinic where the patient is affiliated for ID purposes. This serves as a tracking mechanism for data management activities.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Patient - 3
Variable name:	Patient ID
Variable definition:	An ID assigned to each patient that is automatically converted to a non-linkable ID when data are submitted to protect the patients' confidentiality
Domain:	ID
Valid (allowable) values:	*Any alphanumeric character*
Note for abstractions:	• This field should be used for internal purposes only to help grantees link data elements for the same patient that might have been obtained from different sources. • The patient ID could be the patient's full name or any other unique identifier. • To protect the patients' confidentiality, the patient ID should not be shared with anyone outside the treatment network. • To protect the patients' confidentiality, a non-linkable case ID will be automatically assigned to the record once it is submitted to RTRC. The patient ID will never be uploaded or saved in the RTRC study database and is for your own reference only.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Patient - 4
Variable name:	Age
Variable definition:	The patient's age at intake
Domain:	Demographics
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	• Patient age (in years) should be determined at intake. • Do not round up. If the patient is X years and 11 months, enter X years. • If the patient is over 90 years old, then enter 90.
Source for definitions:	US Census; CDC National Center for Health Statistics

Data element number:	Patient - 5
Variable name:	Sex
Variable definition:	The patient's sex
Domain:	Demographics
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Male* □ *Female* □ *Other*: Can be used when/if patient is intersex or transitioning

	□ *Unknown*: Unable to determine the patient's sex or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)
Note for abstractions:	This can reflect the patient's identified sex.
Source for definitions:	US Census; CDC National Center for Health Statistics

Data element number:	Patient - 6
Variable name:	Race
Variable definition:	The patient's racial group
Domain:	Demographics
Valid (allowable) values:	Check only one of the following. Options for response are: □ *White*: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa □ *Black or African American*: Patient's race is Black or African American □ *Asian*: Patient's race is Asian □ *Native Hawaiian or other Pacific Islander*: Patient's race is Native Hawaiian/Pacific Islander □ *American Indian or Alaska Native*: Patient's race is American Indian/Alaska Native □ *Multiracial*: Patient's race is composed of or representing more than one racial group □ *Unknown*: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)
Note for abstractions:	• If documentation indicates the patient has more than one race (e.g., Black-White, Indian-White), select "*Multiracial.*" • Although the terms "Hispanic" and "Latino" are actually descriptions of the patient's ethnicity, it is not uncommon to find them referenced as race. If the patient's race is documented only as Hispanic/Latino, select "*Unknown*." If the race is documented as mixed Hispanic/Latino with another race, use whatever race is given (e.g., Black-Hispanic – select "*Black*"). Other terms for Hispanic/Latino include Chicano, Cuban, H (for Hispanic), Latin American, Latina, Mexican, Mexican-American, Puerto Rican, South or Central American, and Spanish. • Black or African American: A person having origins in any of the black racial groups of Africa. • American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and South America [including Central America], Native American). • Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. • White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g., Caucasian, Iranian, White). • Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Source for definitions:	US Census; CDC National Center for Health Statistics

Data element number:	Patient - 7
Variable name:	Ethnicity
Variable definition:	The patient's ethnic group
Domain:	Demographics
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Hispanic ethnicity or Latino/Latina*: Patient is of Hispanic ethnicity or Latino/Latina □ *Not Hispanic or Latino/Latina*: Patient is not of Hispanic ethnicity or Latino/Latina □ *Unknown*: Unable to determine the patient's ethnicity or not stated (e.g., not documented, conflicting documentation, or patient unwilling to provide)
Note for abstractions:	Hispanic ethnicity and Latino/Latina signifies a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." Examples of documentation include: • Black-Hispanic • Chicano • H • Hispanic • Latin American • Latino/Latina • Mexican-American • Spanish • White-Hispanic
Source for definitions:	US Census; CDC National Center for Health Statistics

Data element number:	Patient - 8
Variable name:	Patient's insurance status
Variable definition:	The type of insurance that the patient has at intake/baseline
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	*Check only one of the following. Options for response are:* □ *Medicare:* Select this option if Medicare is listed as the primary payment source □ *Medicaid:* Select this option if Medicaid is listed as the primary payment source □ *Dual Medicare/Medicaid:* Select this option if both Medicare and Medicaid are listed as payers □ *Private Insurance:* Select this option if the primary payment source is worker's compensation or private insurance □ *Self-pay/uninsured:* Select this option if the patient has no insurance coverage and/or is paying out of pocket □ *Other, please specify:*_____ Select this option if the payment source does not coincide with one of the above options (e.g. Veterans Administration, TRICARE/CHAMPUS) □ *Unknown:* Unable to determine
Note for abstractions:	Medicare includes Fee-For-Service (DRG or PPS) and Medicare Advantage (HMO/Medicare+ Choice).

Source for definitions:	Rural Telehealth Research Center

Data element number:	Patient - 9
Variable name:	Patient travel miles to the initial planned place of behavioral health services
Variable definition:	Miles from the patient's location to where the patient plans to receive behavioral health services
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	• Information to answer this item should be determined at intake/baseline. Locations may change in the course of treatment; use the location planned at the time of intake/baseline only. • The provider or staff completing the intake/baseline should make this determination and does not need to ask the patient. • Enter miles from the patient's location to the patient's proposed place of behavioral health care. • If the patient will be accessing telehealth from their home or work then enter "0". • If the patient will be accessing telehealth from a clinic location then enter the miles from the patient's home to that clinic. • If the patient will not be using telehealth then enter the miles from the patient's home to the location where they will be receiving the majority of their behavioral health services. • Use Google maps or similar program to determine the shortest travel miles by car one way.
Source for definitions:	Modified PIMS

Data element number:	Patient - 10
Variable name:	Patient travel time to the initial planned place of behavioral health services
Variable definition:	Time in minutes from the patient's location to where the patient plans to receive behavioral health services
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	• Information to answer this item should be determined at intake/baseline. Locations may change in the course of treatment; use the location planned at the time of intake/baseline only. • The provider or staff completing the intake/baseline should make this determination and does not need to ask the patient. • Enter travel time from the patient's location to the patient's proposed place of behavioral health care. • If the patient will be accessing telehealth from their home or work then enter "0". • If the patient will be accessing telehealth from a clinic location then enter the travel time from the patient's home to that clinic.

	• If the patient will not be using telehealth then enter the travel time from the patient's home to the location where they will be receiving the majority of their behavioral health services. • Use Google maps or similar program to determine the shortest travel time by car one way.
Source for definitions:	Modified PIMS

Data element number:	Patient - 11
Variable name:	Patient travel miles to next likely place of behavioral health services
Variable definition:	Miles from the patient's location to the next likely source of behavioral health services if the planned place of telehealth services was not available
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	• This applies only to patients in the telehealth treatment group. Do not complete this item for patient in the non-telehealth treatment group. • Information to answer this item should be determined at intake/baseline. • The provider or staff completing the intake/baseline should make this determination and do not need to ask the patient. This determination should be based on general knowledge of where similar services are available that would accept the patient's insurance (e.g., Medicaid). For example, if the patient could not receive services at this clinic/location, how far would they need to travel to receive behavioral health services addressing their needs. • Enter miles from the patient's location to the patient's likely place of behavioral health care if telehealth services were not available. • Use Google maps or similar program to determine the shortest travel miles by car one way.
Source for definitions:	Modified PIMS

Data element number:	Patient – 12
Variable name:	Patient travel time to next likely place of behavioral health services
Variable definition:	Time in minutes from the patient's location to the next likely source of behavioral health services if the planned place of telehealth services was not available
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	• This applies only to patients in the telehealth treatment group. Do not complete this item for patient in the non-telehealth treatment group. • Information to answer this item should be determined at intake/baseline. • The provider or staff completing the intake/baseline should make this determination and do not need to ask the patient. This determination should be based on general knowledge of where similar services are available that would accept the patient's insurance (e.g., Medicaid). For example, if the patient could not receive services at this clinic/location, how long would they need to travel to receive behavioral health services addressing their needs. • Enter travel time from the patient's location to the patient's likely place of behavioral health care if telehealth services were not available.

	• Use Google maps or similar program to determine the shortest travel time by car one way.
Source for definitions:	Modified PIMS

Data element number:	Patient - 13
Variable name:	Patient likelihood of using next place of behavioral health services
Variable definition:	The patient's likelihood of using next place of care for type of service delivered if the currently planned place of services was unavailable
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	Check only one of the following. Options for response are: □ MINIMAL likelihood - It is highly unlikely that the patient would seek care from another provider □ SOME likelihood - It is possible, but not certain, that the patient would seek care from another provider □ MODERATE likelihood - It is likely that the patient would seek care from another provider, but it is not certain □ GREAT likelihood - It is very likely that the patient would seek care from another provider □ Unknown - The assessor is unable to estimate how likely the patient would seek care from another provider.
Note for abstractions:	• Information to answer this item should be determined at intake/baseline. • The provider or staff completing the intake/baseline should make this determination and does not need to ask the patient. The determination should be based on available evidence about the patient's circumstances and availability of other services; and, the staff's experience and expert judgment.
Source for definitions:	Modified PIMS

Data elements that are collected at INTAKE and on a defined REPEAT SCHEDULE	
Instructions	NOTE that this part of the document pertains to questions to be answered for each patient who received services through the EB THNP/SAT TNGP and for the comparison sample. The assessment instruments are to be administered (as appropriate to the patient) at intake/baseline and repeatedly during treatment and at the end of the 3-month data collection activity. Ideally, the assessment instruments would be administered monthly (at baseline/intake, 1 month, 2 months, and 3 months). However, this may not be realistic in all settings. **The objective is to collect assessment instrument scores at the beginning, during, and conclusion of the 3-month data collection activity.** We ask grantees to use their best effort to collect this data to assess change in clinical outcomes. If grantees are not able to follow the monthly assessment instrument administration, then grantees should clarify this with RTRC.

Data element number:	Clinical Outcomes - 14
Variable name:	Assessment instrument administration timing
Variable definition:	The number of weeks since the initiation of the treatment to the time when the assessment instrument(s) were re-administered

Domain:	Clinical Outcomes
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	• The initial administration of the assessment instruments would be time zero and "0" should be entered. • The first re-administration would ideally occur 3 – 5 weeks after the treatment is initiated. • The second re-administration would ideally occur 7 – 9 weeks after the treatment is initiated. • The third re-administration would ideally occur 11 – 13 weeks after the treatment is initiated. • Enter the actual number of weeks since the initiation of the treatment even if it differs from the ideal timing. • Round the number of weeks to a whole number. For example, if an assessment is administered three weeks and four days since treatment initiation, enter "4" weeks.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Clinical Outcomes - 15
Variable name:	PROMIS Global Health – Mental Health score (component)
Variable definition:	Use the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health (Mental Health component) to assess patient functioning
Domain:	Clinical Outcomes
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	Total scale score should be between 4 and 20.
Source for definitions:	Hays RD, et al. Development of Physical and Mental Health Summary Scores from the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Items. *Qual Life Res.* 2009;18(7):873-880.

Data element number:	Clinical Outcomes - 16
Variable name:	PROMIS Global Health – Physical Health score (component)
Variable definition:	Use the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health (Physical Health component) to assess patient functioning
Domain:	Clinical Outcomes
Valid (allowable) values:	*Any numeric character*
Note for abstractions:	Total scale score should be between 4 and 20.
Source for definitions:	Hays RD, et al. Development of Physical and Mental Health Summary Scores from the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Items. *Qual Life Res.* 2009;18(7):873-880.

Data element number:	Clinical Outcomes - 17
Variable name:	PROMIS Global Health score (total)
Variable definition:	Use the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health to assess patient functioning
Domain:	Clinical Outcomes

Valid (allowable) values:	*Any numeric character*
Note for abstractions:	Total scale score should be between 10 and 50.
Source for definitions:	Hays RD, et al. Development of Physical and Mental Health Summary Scores from the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Items. *Qual Life Res.* 2009;18(7):873-880.

Data element number:	Clinical Outcomes - 18
Variable name:	PHQ-9 depression symptoms score
Variable definition:	Use the Patient Health Questionnaire – 9 (PHQ-9) to assess depression symptoms
Domain:	Clinical Outcomes
Valid (allowable) values:	*Any numeric character or "N/A" if not applicable to this patient*
Note for abstractions:	• Patients who received behavioral health services during the measurement period and whose primary complaint is depression or who have a first-listed or second-listed ICD-10 code indicative of depression should be administered the PHQ-9 at each repeat assessment. • Total scale score should be between 0 and 27. • Enter "N/A" if the patient did not have a primary complaint of depression or did not have a first-listed or second-listed ICD-10 code indicative of depression.
Source for definitions:	Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, *16*(9), 606-13.

Data element number:	Clinical Outcomes - 19
Variable name:	GAD-7 generalized anxiety symptoms score
Variable definition:	Use the Generalized Anxiety Disorder Scale – 7 (GAD-7) to assess anxiety symptoms
Domain:	Clinical Outcomes
Valid (allowable) values:	*Any numeric character or "N/A" if not applicable to this patient*
Note for abstractions:	• Patients who received behavioral health services during the measurement period and whose primary complaint is anxiety or who have a first-listed or second-listed ICD-10 code indicative of anxiety should be administered the GAD-7 at each repeat assessment. • Total scale score should be between 0 and 21. • Enter "N/A" if the patient did not have a primary complaint of anxiety or did not have a first-listed or second-listed ICD-10 code indicative of anxiety.
Source for definitions:	Spitzer, R. L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092

Data element number:	Clinical Outcomes - 20
Variable name:	DUDIT-C substance use severity score
Variable definition:	Use the Drug Use Disorders Identification Test - Consumption (DUDIT-C) to assess substance use severity
Domain:	Clinical Outcomes
Valid (allowable) values:	*Any numeric character or "N/A" if not applicable to this patient*

Note for abstractions:	• Patients who received behavioral health services during the measurement period and whose primary complaint is substance use or who have a first-listed or second-listed ICD-10 code indicative of substance use should be administered the DUDIT-C at each repeat assessment. • Total scale score should be between 0 and 16. • Enter "N/A" if the patient did not have a primary complaint of substance use or did not have a first-listed or second-listed ICD-10 code indicative of substance use.
Source for definitions:	Berman AH, Bergman H, Palmstierna T, Schlyter F. *DUDIT Manual (the Drug Use Disorders Identification Test).* Stockholm, Sweden: Karolinska Institutet, Department of Clinical Neuroscience; March, 2003. Version 1.0. Berman AH, et al. Evaluation of the Drug Use Disorders Identification Test (DUDIT) in Criminal Justice and Detoxification Settings and in a Swedish Population Sample. *Eur Addict Res.* 2005;11(1):22-31.

Data elements that are collected at EACH SCHEDULED ENCOUNTER	
Instructions	NOTE that this part of the document pertains to questions to be answered for each patient who received services through the EB THNP/SAT TNGP and for the comparison sample at each scheduled encounter. **All encounters that are scheduled/delivered as part of the EB THNP/SAT TNGP during the first three (3) months of treatment should be entered.**

Data element number:	Encounter - 21
Variable name:	Treatment type
Variable definition:	Indicate whether the encounter was scheduled to be by telehealth services or by non-telehealth services
Domain:	Access
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Encounter scheduled to be by telehealth services* □ *Encounter scheduled to be by non-telehealth services*
Note for abstractions:	• We are collecting information on all scheduled encounters, even though a scheduled encounter may not have occurred. Note that data element 23 addresses the reason why a scheduled encounter did not occur. • Patients in the Telehealth Treatment Group may, at times, be seen in a face-to-face encounter. Likewise, patients in the Non-telehealth Treatment Group may, at times, be seen in a telehealth encounter.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Encounter - 22
Variable name:	Timing of scheduled encounter
Variable definition:	Number of days since first treatment encounter
Domain:	Access
Valid (allowable) values:	*Any numeric character*

Note for abstractions:	• First treatment encounter is the first time the patient has a provider encounter. • Note that administration of assessment instruments (e.g. PROMIS, PHQ-9) may take place prior to first treatment encounter.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Encounter - 23
Variable name:	Therapy scheduling success
Variable definition:	Whether or not scheduled session was completed
Domain:	Access
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Successful*: Scheduled encounter was successfully completed □ *Unsuccessful due to Patient*: Scheduled encounter was NOT successfully completed because the PATIENT failed to appear or refused service □ *Unsuccessful due to Provider*: Scheduled encounter was NOT successfully completed because the PROVIDER failed to appear □ *Unsuccessful due to Technology*: Scheduled encounter was NOT successfully completed because TECHNOLOGY failed □ *Unknown:* Scheduled encounter where it is impossible to determine from EMR, log, or patient visit record □ *Other, please specify:*_____
Note for abstractions:	• Successful administration means that both the patient and provider attended the behavioral health service encounter as scheduled. • If either the patient or the provider failed to attend the behavioral health service encounter as scheduled then check the appropriate unsuccessful box. • If both the patient and provider tried to have a telehealth encounter but the technology failed and prevented the telehealth encounter from occurring then check the box indicating that the session was unsuccessful due to technology. • If unable to determine whether the behavioral health service encounter was completed as scheduled, select "*Unknown.*"
Source for definitions:	Modified PIMS; Rural Telehealth Research Center

Data element number:	Encounter - 24
Variable name:	Provider type
Variable definition:	Type of provider/clinician seen for behavioral health services during this encounter
Domain:	Access
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Psychiatrist or other Physician (MD or DO)* □ *Psychiatric or Mental Health Advanced Practice Provider (NP or PA)* □ *Clinical Psychologist (PhD or PsyD)* □ *Nurse Psychotherapist (MA or MS trained RN)* □ *Clinical Social Worker (MSW or LCSW)* □ *Other, please specify:*_____ □ *Unknown:* Unable to determine from EMR, log, or patient visit record
Note for abstractions:	• The word "provider" is meant to include any type of professional or lay person acting as a therapist or clinician for a behavioral health encounter.

	• If more than one clinician was involved in an encounter then check the box indicating the most essential clinician (i.e., the clinician for whom the encounter CPT code was assigned).
Source for definitions:	Rural Telehealth Research Center

Data element number:	Encounter - 25
Variable name:	Patient's behavioral health diagnoses
Variable definition:	The International Classification of Diseases, Tenth Revision (ICD-10) code(s) associated with the diagnosis established to be chiefly responsible for the behavioral health services
Domain:	Clinical Outcomes
Valid (allowable) values:	_____ Any valid ICD-10 code listed as the primary diagnosis in the form of XXXX.XX _____ Any valid ICD-10 code listed as the secondary diagnosis in the form of XXXX.XX or "N/A" if no secondary diagnosis listed ICD-10 is available
Note for abstractions:	• Refer to ICD-10 code table. • The primary ICD-10 code is required. • If no secondary ICD-10 code is listed, then enter N/A.
Source for definitions:	Modified PIMS

Data element number:	Encounter - 26
Variable name:	Treatment service type
Variable definition:	CPT code for each encounter
Domain:	Access & Cost Savings/Effectiveness
Valid (allowable) values:	Check the CPT code assigned to this encounter. Options for response are: □ *90791 Psychiatric diagnostic evaluation without medical services (intake interview)* □ *90792 Psychiatric diagnostic interview (for prescribers / medical services)* □ *90832 Individual psychotherapy, 30 minutes (16-37 minutes)* □ *90834 Individual psychotherapy, 45 minutes (38-52 minutes)* □ *90837 Individual psychotherapy, 60 minutes (53 minutes and over)* □ *90839 Psychotherapy for crisis, 60 minutes (30-74 minutes)* □ *90853 Group psychotherapy, 60 minutes* □ *96150 Health & Behavioral Assessment – Initial (each 15 mins)* □ *96151 Health & Behavioral Reassessment (each 15 mins)* □ *96152 Health & Behavior Intervention – Individual (each 15 mins)* □ *99212 Evaluation and management, focused history* □ *99213 Evaluation and management, expanded history* □ *99214 Evaluation and management, detailed history* □ *99215 Evaluation and management, comprehensive history* □ *Other, please specify:*_____ □ *Unknown:* Unable to determine from EMR, log, or patient visit record
Note for abstractions:	This data element must be completed for all encounters. It will be used to estimate cost reimbursements.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Encounter - 27
Variable name:	Disposition recommendation
Variable definition:	Indicates the provider's recommended disposition for the patient at the end of the encounter
Domain:	Clinical Outcomes
Valid (allowable) values:	Check only one of the following. Options for response are: □ *Treatment completed* □ *Continue ongoing sessions at about the same frequency* □ *Continue treatment on a more frequent schedule* □ *Continue treatment on a reduced schedule* □ *Transfer to another behavioral health provider* □ *Admit to inpatient/rehab facility or unit* □ *Discharge home* □ *Other, please specify* _____ □ *Unknown:* Unable to determine from EMR, log, or patient visit record
Note for abstractions:	The disposition determination should reflect the provider's recommendation at the conclusion of the encounter. It does not reflect what action was later taken by the patient.
Source for definitions:	Rural Telehealth Research Center

Data element number:	Encounter - 28
Variable name:	Treatment billing
Variable definition:	Indicates whether or not the behavioral health services encounter was billed to insurance
Domain:	Cost Savings/Effectiveness
Valid (allowable) values:	Check only one response option. Options for response are: □ *This encounter was billed to insurance* □ *This encounter was part of a global fee or bundle payment model* □ *This encounter was billed to the patient for self-pay.* □ *This encounter was determined charity care.* □ *Other, please specify* _____ □ *Unknown:* Unable to determine from EMR, log, or patient visit record
Note for abstractions:	• Insurance includes Medicare, Medicare, Private Insurance, VA, etc. • If patient is covered under a capitated or similar program where encounters are not billed then "This encounter was part of a global fee or bundle payment model" should be checked.
Source for definitions:	Rural Telehealth Research Center

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0043. Public reporting burden for this collection of information is estimated to average 11 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.