

**Data Specifications: OAS (Outpatient Ambulatory Surgery) CAHPS**

**File Submission: Encrypted Email or Secure FTP Site (Access Created by Vendor)**

**Document Type: CSV - Excel Spreadsheet**

<b>Data Element</b>	<b>Length</b>	<b>Value Labels and Use</b>
Agency Name	50	Survey administration (to use facility name that will be familiar to the sampled patient)
Sample Month	1-2	Month for which the Patient received the service.
Sample Year	4	Calendar year in which the survey is conducted.
Number Patients Served	1-4	This number should reflect all patients who received outpatient care in the sample month regardless of eligibility of that surgery, or of that patient, for OAS CAHPS.
Number Patients Submitted	1-4	This vendor should count the number of patients which the facility supplies and indicate that number on the data file for this sample month.
MRN	30	Used by Survey Vendor to uniquely identify Patients during Sampling Process
Patient First Name	30	Name information used to identify Patient
Patient Middle Initial	2	
Patient Last Name	30	
Patient Gender	1	1 = Male 2 = Female
Patient Date of Birth	8	MM/DD/YYYY - Used by survey vendor to calculate patient's age at admission to confirm patient meets eligibility criteria
Patient Age	1-3	Used by survey vendor to verify Date of Birth
Patient Mailing Address 1	50	Street address or post office box
Patient Mailing Address 2	50	Mailing address 2nd line (if needed)
Patient Mailing City	50	Mailing City
Patient Mailing State	2	2-character state abbreviation
Patient Mailing Zip Code	5-9	5 digit zip code (4 digit extension optional)

Data Element	Length	Value Labels and Use
Patient Telephone Number	10	3-digit area code plus 7-digit telephone number;
Patient Hospital Procedure Date	8	MM/DD/YYYY - Used by survey vendor to confirm patient meets eligibility criteria
CPT/G-Code	5	OAS CAHPS-eligible surgeries and procedures fall within the Category I CPT-4 range Codes for Surgery (i.e., CPT codes between 10021 and 69990) or one of the following Category II G-codes: G0104, G0105, G0121, or G0260.
Physician Name (Attending)	30	Used for Reporting Tool - This element will be used to drill down on survey results.
Patient Discharge Status	2	<p>1 = Home care or self-care            2 = Short-term general hospital            3 = Medicare certified skilled nursing facility            4 = Intermediate care facility            5 = Cancer center or children's hospital            6 = Home with home health services            7 = Left against medical advice            20 = Expired            21 = Court/law enforcement            30 = Still a Patient            40 = Expired at Home            41 = Expired in medical facility            42 = Expired, Place Unknown            43 = Federal healthcare facility            50 = Hospice – home            51 = Hospice – medical facility            61 = Medicare-approved swing bed within hospital            62 = Inpatient rehabilitation facility            63 = Long-term care hospital            64 = Medicaid certified nursing facility            65 = Psychiatric hospital or psychiatric unit            66 = Critical Access Hospital            69 = Discharged/Transferred to a designated disaster alternative care site            70 = Discharge/Transfer to health care institution not defined elsewhere in the code list</p>