

# A Guide to Date Fields in the Integrated Veteran Care Consolidated Data Set (IVC\_CDS)

This document presents answers to questions frequently asked about access and community care data. Users should assess whether the answers provided align with their particular study needs. Please consult with the study principal investigator (PI), Access and Community Care Engagement Network Team (ACCENT), Health Economics Resource Center (HERC) and/or VA Information Resource Center (VIReC) regarding study-specific questions as appropriate.

## Revision History

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## Important Reminder

The Integrated Veteran Care Consolidated Data Set (IVC\_CDS schema) and tables within are built for operational purposes. The data available and table structures may change over time. As such, it is important to check assumptions about the data structure and whether fields contain expected values before proceeding to use the data for analysis. Information about the IVC\_CDS claims tables can be found in the [VIReC IVC\\_CDS Data Review](#); specific information about for PLEXIS claims can be found in the [VIReC Data Review for PLEXIS claims](#). Information about the IVC\_CDS referral table can be found in the [VIReC Data Review for IVC\\_CDS Referrals and Dimension tables](#).

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## What Do Dates Represent in IVC\_CDS?

In addition to including care delivery dates, other date fields in the Office of Integrated Veteran Care Consolidated Data Set (IVC\_CDS) data span a broad range of activities (e.g., when a referral was created, when a claim was processed, when payment was sent to the provider). Differences in data structures between claims and VHA electronic health record data combined with the multitude of dates in IVC\_CDS can make it difficult to determine which date field in IVC\_CDS is most pertinent to use for a given analysis. The purpose of this document is to aid investigators and analysts in determining which date field(s) in IVC\_CDS are appropriate to use for analysis and to understand the benefits and drawbacks of each one.

## Date Field Definitions

A list of the date fields contained in IVC\_CDS and corresponding definitions is presented below for ease of reading this document. However, please review the data dictionaries contained in the VIREC Data Reviews for the most recent information before deciding to use a specific field is highly recommended ([VIREC IVC\\_CDS Claims Data Review](#); [VIREC IVC\\_CDS Referral Data Review](#)). [APPENDIX A](#) contains a visual representation of how most of the date fields listed below relate to each other.

### Fields Related to Dates of Care

- **Admission\_Date:** The date the patient was admitted to an inpatient facility (hospital, skilled nursing facility (SNF), etc.). It can be filled for both institutional and professional claims.
- **Admission\_Hour:** The hour the patient was admitted to an inpatient facility; only filled for institutional claims.
- **Discharge\_Date:** The date the patient was discharged from the inpatient facility that provided care indicated on the claim. It can only be filled for institutional claims.
- **Discharge\_Hour:** The hour the patient was discharged from an inpatient facility; only filled for institutional claims.
- **(Header) Service\_Start\_Date:** The earliest care date billed for on the claim. May be up to three (3) days before admission date on inpatient-related institutional claims.<sup>1</sup> Depending on the claim type and source system, this may be the earliest Service\_Start\_Date at the line level.
- **(Header) Service\_End\_Date:** The latest care date billed for on the claim. May not be the same as the Discharge\_Date or line-level Service\_Start\_Date value.
- **(Line) Service\_Start\_Date:** The earliest date the patient received the service indicated by the procedure code (current procedural terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS)) or revenue code on the line.
- **(Line) Service\_End\_Date:** The latest date the patient received the service indicated the procedure code (CPT/HCPCS) or revenue code on the line. This date may not be the same as the Service\_Start\_Date on the line because some procedure codes can be billed across dates (e.g., CPT/HCPCS with a defined time, injections, anesthesia, mental health services, etc.).<sup>2</sup>

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<sup>1</sup> [Link to description of CMS's Prospective Payment System Acute Inpatient Three-Day Payment Window.](#)

<sup>2</sup> According to CMS, "timed" HCPCS should be reported at one code per line per date. See [Chapter 5 of the CMS Medicare Claims Processing Manual](#) (Specifically, section 20.2 - Reporting of Service Units With HCPCS, and section 40.5 - Line Item Date of Service Reporting. Comprehensive Outpatient Rehabilitation Facility.).

- Procedure\_Date: The date associated with the International Classification of Diseases (ICD) procedure code; only found in CDS\_Claim\_Procedure table.<sup>3</sup>

### Dates Related to Claims Processing

- Adjudication\_Date: The date of adjudication for the claim submission or line (i.e., if a second submission for a claim is received, the adjudication date on the first submission will not change).
- Adjustment\_Date: The date any changes to payment amounts were made for the claim submission (header) or line.
- Paid\_Date: The most recent date of payment confirmation for the claim submission or line.
- Pay\_Order\_Date: The most recent date of payment for the claim submission or line.
- Received\_Date: The date the claim submission was received by VHA or third-party administrator (TPA).

### Dates Related to Data Processing

- Load\_Date: The date this record was loaded into the IVC\_CDS database. Present in multiple tables.
- Modified\_Date: The date data on the row was modified in the source system. Present in multiple tables.

### Dates Related to Referrals<sup>4</sup>

Many date fields in the CDS\_Referrals\_Fact table are based on fields available in the HealthShare Referral Manager System (HSRM); HSRM data live in the CCRA (i.e. Community Care Referral & Authorization) schema.

- DateReturned: The date the referral was returned from the TPA without the referred patient having completed a visit. Only populated for PC3Monthly, Choice Monthly, PC3Weekly.
- HSRM\_AllocatedDate: The date the referral was assigned a community provider for acceptance and appointment scheduling.<sup>5</sup>
- HSRM\_AppointmentDate: The date of the patient's appointment with the community provider.
- HSRM\_DateOfReferralStatus: The earliest date for the current referral status.
- HSRM\_DateSetToAccepted: The date the referral was marked as "accepted" by the community provider<sup>6</sup> not all community providers have access to HSRM.
- HSRM\_DateSetToApproved: The date the referral was marked as "approved"; the date all necessary information in CPRS is completed and the referral becomes active/workable in HSRM (i.e. "HSRM receives the referral from the Computerized Patient Record System (CPRS)" or "The

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If you are conducting a CPT/HCPCS specific analysis, ACCENT strongly recommends you assess the values found in Paid\_Units and line-level Service\_Start\_Date and Service\_End\_Date to see if they are as expected for analysis (e.g., is Paid\_Units always 1? Are the Service\_Start\_Date and Service\_End\_Date the same?).

<sup>3</sup> HCPCS codes listed in IVC\_CDS.CDS\_Claim\_Procedure have a NULL Procedure\_Date value

<sup>4</sup> Date fields in Referrals\_Fact are based on fields available in HealthShare Referral Manager System (HSRM); not all date fields were available in all source systems.

<sup>5</sup> Status changed to "sent" in HSRM

<sup>6</sup> See section 22 of the [CCRA HSRM End User Guide](#)

referral is reviewed and sent to a TPA [Third Party Administrator] for scheduling by a facility [VHA] community care staff member”<sup>7</sup>.

- HSRM\_DateSetToEOCComplete: The date the referral was marked as "episode of care complete". A completed episode means all care that will be provided in relation to the referral has been delivered. This is a manual change;<sup>7</sup> this is not a reliable field (most facilities do not do this).
- HSRM\_DateSetToFirstAppointmentMade: The date the referral was manually marked as having the "first appointment made".
- HSRM\_DateSetToInitialCareGiven: The date the referral was marked as "initial care given" (i.e. first appointment with community provider related to referral has been conducted). This value reflects a manual update in HSRM and may be different from HSRM\_AppointmentDate.
- HSRM\_DateSetToRejected: The date the referral was marked as "rejected" (i.e. date the referral was rejected by community care provider (for reasons including duplicate referral, not accepting new patients)).<sup>6</sup> If the referral is rejected, the VHA community care staff may send the referral to a different community provider or, if applicable, add documentation and return to the same community provider. The “reject” status can only be set by community providers; not all community providers have access to HSRM.
- HSRM\_DateSetToSuspend: The date the referral was marked as "suspended". When a consult is created in CPRS a referral is automatically created in HSRM. The referral stays in suspended status, not to be worked (e.g., assigned a provider, appointment scheduled) in HSRM until all necessary steps in CPRS are completed. The HSRM status after ‘suspended’ is ‘approved’.
- HSRM\_UpdateDate: The date the record was last updated in HSRM.
- LoadDate: The date the record was loaded into the CDS table or updated.
- ReferralCreateDate: The date the referral was created.
- ReferralFromDate: The earliest date for which the referral is valid (i.e. first date care is approved to be paid for by VHA).
- ReferralToDate: The last date of the referral validity period.
- SourceDate: The date data was extracted from source system.

#### *Notes on referral-related dates*

- Some fields are updated manually (e.g., HSRM\_DateSetToInitialCareGiven, HSRM\_DateSetToEOCComplete)
- Some fields reflect input from community providers and not all community providers have access to HSRM (e.g., HSRM\_DateSetToAccepted, HSRM\_DateSetToRejected)
- HSRM\_DateSetToApproved, HSRM\_AllocatedDate, and HSRM\_DateSetToFirstAppointmentMade are the most reliable and accurate referral-related dates.
- ReferralFromDate should be after ReferralCreateDate/HSRM\_DateSetToSuspended in most cases (i.e., not backdated); emergency room, dialysis, and inpatient care are some examples of where backdating is expected.<sup>8</sup>

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<sup>7</sup> See Table 1. Referral Lifecycle Steps in [CCRA HSRM End User Guide](#)

<sup>8</sup> There are additional administrative reasons (e.g. patient was discharged on a weekend and needs skilled nursing care).

- If the related consult is cancelled in CPRS it should be automatically cancelled in HSRM; although this is not the case in a small percent of consults.

## Considerations When Choosing Dates For a Study/Analytic Purpose

Because of the many date fields, identifying which date fields should be used to pull data and identify cases can be complicated. [VIReC's Medicare pt 2](#) (VHA intranet only) presentation discusses some intricacies of claims that are important to consider when choosing date fields, specifically, the ideas that A) one claim can represent multiple encounters and B) sometimes encounters are billed for across multiple claims or claims types. Understanding how choosing different date fields interacts with and impacts data pulled is important as it can impact analytic results.

### Partition Keys: Always Use When Available

In addition to the fields listed in this section, if working on the RB03 server, table-specific partition fields should be used in SQL queries. If you know the partition key for a given table may be NULL, continue to use it but incorporate a matching query looking specifically for NULLs via a UNION. See [APPENDIX B. SQL TO USE PARTITION Field in Conjunction with Other Date Fields](#) and [APPENDIX C. SQL TO INCLUDE RECORDS with NULL Partition Field](#) for examples.

- Service\_Start\_Date should be used when pulling data from IVC\_CDS.Claim\_Line and IVC\_CDS.Claim\_Header.
- Procedure\_Date should be used when pulling data from IVC\_CDS.CDS\_Claim\_Procedure.
- ReferralCreateDate should be used when pulling information from IVC\_CDS.CDS\_Referrals\_Fact.

If a date field other than the table's partition field is necessary for delimiting needed claims (e.g., claims with specific values for Admission\_Date), consider how the required date field relates to the partition key field. The partition key field (when available) should be used in conjunction with other necessary date fields; [APPENDIX B. SQL TO USE PARTITION Field in Conjunction with Other Date Fields](#) contains example queries.

### Initial Considerations

Below are some initial considerations when determining which dates to use for identifying claims needed for analysis and some examples.

- 1) Because Service\_Start\_Date and Service\_End\_Date at the header level can span months, if the study is focused on a specific diagnosis or procedure, it can be best to start with data in the CDS\_Claim\_Line or CDS\_Claim\_Procedure table as date fields in these tables tend to be more specific.
- 2) Are both professional and institutional claims needed? Consider information presented in ACCENT's [Categorizing Inpatient and Outpatient Records](#) document.
- 3) If an analysis needs multiple dates (like an index admission date and dates for follow-up care) it can be easier to create different criteria for the different data needs (e.g., Admission\_Date for the index admission and line level Service\_Start\_Date for the follow-up care).

## Examples of how to capture....

*All occurrences of [x] in a window, where [x] is a*

- **Procedure:** see [PROCEDURES THAT TOOK PLACE DURING A](#) time period section
- **Diagnosis:** this can be easy or tricky depending on the analytic goal; diagnoses are assigned at the claim-level but can also be associated with a claim line.
  - If you want diagnoses regardless of the associated procedure: identify claims at the header level with a `Service_Start_Date` or `Service_End_Date` meeting your analytic criteria and then pull the associated diagnoses from `IVC_CDS.CDS_Claim_Diagnosis`.
  - If you want diagnoses associated with a specific procedure:
    - **CPT/HCPCS** (at claim submission line-level): identify claim lines with the necessary procedure(s) falling within your analytic date range by using `Service_Start_Date`. Then join to `IVC_CDS.CDS_Claim_Line_ICD_Detail`.
    - **ICD** (in `CDS_Claim_Procedure`): identify records in `IVC_CDS.CDS_Claim_Procedure` with the necessary ICD code where the `Procedure_Date` is within the analytic window. There is no direct link between diagnoses and procedures in `CDS_Claim_Procedure`.
  - A potential difficulty in working with diagnoses on claims is that there are no dates specifically associated with diagnoses and claims can encompass multiple types of care over many dates. As an example, let us suppose you want to know if someone was diagnosed with a condition after an emergency room (ER) visit. However, the patient went to an ER that was attached to a hospital; only one institutional claim was submitted. Said claim contains both the ER visit and the diagnosis of interest, but you can see the patient was also admitted to the hospital. In this scenario, you would not be able to tell if the patient was diagnosed during or after the ER visit.
- **Visit type:** The best solution is to look for claim lines where the `Service_Start_Date` or `Service_End_Date` falls within the analytic time window. However, this can be a bit tricky as visits from multiple dates can be billed for on the same claim line. Similarly, multiple visits/procedures can be performed on the same day and show up on the same claim line. Simply, a claim line may represent one visit, multiple visits across days, or multiple visits on the same day. Creating an algorithm for parsing the number of visits per day is up to the investigator.
- **Inpatient stay:** see [CAPTURE ENTIRE ACUTE \(INPATIENT HOSPITAL\)](#) episode and [STAYS IN SKILLED NURSING FACILITIES \(SNFs\)](#) or recent (possibly ongoing) sections.

*Procedures that took place during a time period*

Depending on which code set is being used (ICD or CPT/HCPCS), use `Claim_Procedure.Procedure_Date` for ICD procedure codes and/or `Claim_Line.Service_Start_Date` for CPT/HCPCS codes to identify procedures taking place in a specified time period. If both code sets (ICD and CPT/HCPCS) are used, institutional and professional claims will likely need to be pulled and need to be combined into a visit/stay occurrence or deduplicated.

### *Transitions from emergency room (ER) to hospital*

This requires pulling both professional and institutional claims as ER visits can appear on either claim type.

First, to identify dates of care in an ER: on professional claims use `Service_Start_Date` from the header in conjunction with the place of service value corresponding to ER; for institutional claims use `Service_Start_Date` for the line associated with an ER CPT code.<sup>9</sup>

Second, pull institutional claims for hospitalizations using `admission_date` (note: this may result in some claims being pulled twice if the patient went to an ER attached to a hospital).

Lastly, stack or merge the ER claims with the hospital admission claims, identifying ER visits on the same day as the hospital admission (i.e., the `PatientICN` is the same *and* `Service_Start_Date` from ER claim matches `Admission_Date` from hospital claim). Not all ER claims will have a corresponding admission.

It is possible for a patient to visit an ER multiple times on a single day; the `Admission_Hour` field can help to distinguish different visits. How multiple ER visits on the same day are handled is a study-level decision.

### *Capture entire acute (inpatient hospital) episodes*

Consider whether information from both professional and institutional claims is needed for analysis depending on your data needs.

If a patient is transferred from one hospital to another hospital, both the sending and receiving hospitals should submit claims individually. Thus, to capture an entire acute episode, one would need to look for claims with `admission_date` within the prescribed study analytic period and additionally look for claims with an `Admission_Date` within one day (or 24 hours)<sup>10</sup> of the prior claim's discharge date.

Once acute episode windows are identified via institutional claims, if professional claim information is also wanted, pull professional claims based on whether the professional claim's `Service_Start_Date` or `Service_End_Date` fall within the acute episode window.

### *Readmissions*

Use the `admission_date` and `discharge_date` fields to identify if a claim is a new admission or a continuing/overlapping admission. Consider whether it is appropriate for your analysis to count a claim from a new provider as a readmission or a claim greater than one day following prior discharge as a readmission.<sup>10</sup>

### *Stays in skilled nursing facilities (SNFs) or recent (possibly ongoing) hospitalizations*

Rely on `Admission_Date` to pull claims for possibly ongoing hospitalizations or inpatient care that may span multiple months. Do not use `Service_Start_Date` at the header level as it is often incremented by the month if a patient is in the hospital for more than one month, which makes it ineffective because

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<sup>9</sup> Specific information about identifying ER-related claims can be found in [ACCENT's Frequently Asked \(Data\) Questions document](#).

<sup>10</sup> CMS all cause readmission measure considers claims one day apart to be a transfer between hospitals (continuation of an acute episode) regardless of the discharge status. In some cases (e.g., [CMS Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility \(IPF\)](#)), CMS excludes discharges with a following admission within three days.

you may miss data from the claim on the initial month. Note: CMS measures often use discharge date to determine if a claim should be included in analysis because it means the episode of care is completed, but this may not be ideal for analyses of recent data (or cases where patients may still be admitted).

One way to group claim submissions for ongoing care together is to use the Admission\_Date and isNULL(Discharge\_Date, GETDATE()) grouped by Patient\_ICN, Service\_Provider\_NPI, and Admission\_Date. This will combine claim submissions across all months for a patient and facility.

## Known Issues with Date Fields

### Missingness in Date Fields

Sometimes date fields have a value of NULL. This can be expected (i.e., in the case of Discharge\_Date on professional claims) or unexpected (i.e., Service\_Start\_Date at the line level). There is currently no requirement for dates on a claim line to be filled or within the header dates.

There are 625 claim headers with a NULL Service\_Start\_Date or Service\_End\_Date (Table 1). The 8 claims from the Fee Basis Claims System (FBCS) with a status of “Rejected” should not be included in analyses seeking to understand what care was paid for by the VHA. A handful of the VistA claims have non-NULL values for either Service\_Start\_Date or Service\_End\_Date, but not both, at the line level.

Table 1. Count of Claim Submission Headers with NULL Service\_Start\_Date or Service\_End\_Date, July 15, 2025

Source System	Missing Service_Start_Date	Missing Service_End_Date	N Claim Submissions
FBCS	No	Yes	1
FBCS	Yes	No	1
FBCS	Yes	Yes	6
VistA	Yes	No	119
VistA	Yes	Yes	498
<b>Total</b>			<b>625</b>

While only FBCS and VistA have claim submissions with a NULL value for Service\_Start\_Date or Service\_End\_Date at the header level, Community Care Reimbursement System (CCRS), electronic Claims Administration and Management System (eCAMS), FBCS, and VistA have claim submissions with line-level NULL values for Service\_Start\_Date or Service\_End\_Date (Table 2). Of CCRS claim submissions, 1.82% have at least one line with a NULL Service\_Start\_Date and NULL Service\_End\_Date. About 4.5% of claim submissions from FBCS have a missing Service\_End\_Date, but only 1.4% also have a missing Service\_Start\_Date.

Table 2. Count of Claim Submissions with NULL values for line-level Service\_Start\_Date or Service\_End\_Date, July 15, 2025

Source System	N Claim Submissions	NULL at Header Level?		NULL at Line Level?		N Total Submissions	% of Submissions from Source System
		Service start date	Service end date	Service start date	Service end date		
CCRS	3,825,681	No	No	Yes	Yes	209,782,900	1.82%
eCAMS	9,620	No	No	Yes	Yes	39,307,146	0.02%
eCAMS	17	No	No	No	Yes	39,307,146	0.00%

FBCS	894,360	No	No	No	Yes	29,533,781	3.03%
FBCS	417,691	No	No	Yes	Yes	29,533,781	1.41%
FBCS	19	No	No	Yes	No	29,533,781	0.00%
FBCS	1	Yes	No	Yes	Yes	29,533,781	0.00%
VistA	23	No	No	Yes	Yes	17,406,394	0.00%
VistA	119	Yes	No	Yes	No	17,406,394	0.00%
VistA	498	Yes	Yes	Yes	Yes	17,406,394	0.00%

Although the proportion of submissions having a NULL value for `Service_Start_Date` or `Service_End_Date` at the header or line level is small across all source systems, it is an issue that may be encountered during data cleaning and should be planned for. Some solutions to consider are:

- Exclude these cases from analysis.
- When line-level dates are NULL, fill in with header-level dates. This could mean putting the header-level `Service_Start_Date` into both date fields at the line level or using the header-level `Service_End_Date` to fill both fields. Note: header dates can span years, while the line could represent a single day; consider whether the procedure or revenue code (and the number of units) on the line makes sense given the header dates (e.g., if the header service-related dates span a year, but the line has a value of '1' for `Billed_Units` or `Paid_Svc_Units` and a `Procedure_Code` of '27447'—total knee arthroplasty, it would not make sense for the line-level dates to also span a year).
- Include only lines with a `Line_Status_ID` of '71' (paid). This method won't completely avoid NULL `Service_Start_Date` and `Service_End_Date` values, but it may mitigate it.
- Use a UNION statement to include records where `Service_Start_Date` is missing at a level. See [APPENDIX C. SQL TO INCLUDE RECORDS](#) with NULL Partition Field for a code example.

### Line Date(s) Unaligned with Header dates

As noted earlier, in some of the source systems, there is currently no requirement for line dates to fall within the dates reported on the header. In some instances, the dates shown in `IVC_CDS` are forced to match between the header and lines (e.g., for CCRS professional claims, the `Service_Start_Date` at the header level is the earliest `CDS_Claim_Line.Service_Start_Date` value per claim submission).

Table 3 presents the number of claim submissions (ClaimSIDs) with a line-level `Service_Start_Date` outside the corresponding header `Service_Start_Date` and `Service_End_Date`. Overall, within each source system and claim type, the percentage of claim submissions having a line-level `Service_Start_Date` outside the header `Service_Start_Date` and `Service_End_Date` is relatively low (ranging from 0.01% to 3.00% across all source system and claim form type combinations). Professional claims from CCRS, FBCS, and VistA along with dental claims from CCRS and Institutional claims from VistA do not have lines with dates outside the header `Service_Start_Date` and `Service_End_Date`.

ACCENT recommends assessing if a check for whether the date at the line level falls within study requirements is necessary (i.e. for claim submissions with months or years between `Service_Start_Date` and `Service_End_Date` at the header level, but procedure date is used as analytic inclusion/exclusion criteria).

Table 3. Number of claim submissions with line-level Service\_Start\_Date outside header Service\_Start\_Date and Service\_End\_Date, July 15, 2025

Source System	Claim_Form_Type	Submissions w/ Misaligned Dates	Total Submissions	% of Submissions From Source System with Misaligned Dates
CCRS	P	-	170,888,812	0.00%
CCRS	D	-	3,872,827	0.00%
CCRS	I	42,899	35,021,261	0.12%
eCAMS	P	3,849	28,335,576	0.01%
eCAMS	I	20,081	9,514,162	0.21%
eCAMS	D	21,674	1,457,408	1.49%
FBCS	P	-	22,456,729	0.00%
FBCS	I	18,986	7,077,052	0.27%
PCM_Dialysis	I	9	913,309	0.00%
PCM_VAChoice_HN	I	967	65,801	1.47%
PCM_VAChoice_HN	P	2	482,836	0.00%
PCM_VAChoice_TW	P	1	22,443,672	0.00%
PCM_VAChoice_TW	I	125,891	4,190,681	3.00%
VistA	P	-	16,045,893	0.00%
VistA	I	-	1,360,501	0.00%

### Additional Questions About Date Fields

What dates of care does the VA pay for?

It is ACCENT’s understanding that the VA pays for care where the header dates fall within an active referral (i.e. between ReferralFromDate and ReferralToDate).

What if the header dates span years, but the line is only for a day?

Sometimes the Service\_Start\_Date and Service\_End\_Date on the header can span a year or more, while the dates at the line level only span a month or two.

If you are interested in specific procedures, we recommend pulling data by the date at the line level. This can be accomplished either by starting at the header level and then pulling associated lines or pulling the necessary lines (those with the procedure of interest) directly. See the [PROCEDURES THAT TOOK PLACE DURING A time period](#) and [KNOWN ISSUES WITH DATE FIELDS](#) sections.

If you are interested in “stay-level” information or other information at the claim (e.g., diagnoses), rather than line level, it is acceptable to pull data at the claim submission header level only.

How can I align dates from claims to create an episode?

*Using professional and institutional claims*

Sometimes you need to use data from one claim type to pull additional information (e.g., emergency room visits or procedure at an ambulatory surgery center on professional claims and the possible corresponding hospital admission/transfer on institutional claims).

In these cases, it can be helpful to remind yourself what the different dates represent (see the [DATE FIELD](#) section) and refer to the [TRANSITIONS FROM EMERGENCY ROOM \(ER\) to hospital](#), [CAPTURE ENTIRE ACUTE \(INPATIENT HOSPITAL\)](#) episodes, and [READMISSIONS](#) sections of this document.

#### *Accounting for inpatient transfers*

If the patient has been transferred between hospitals: Discharge\_Date on the claim submitted by the initial hospital should be between admission\_date and discharge\_date of second hospital. See the [CAPTURE ENTIRE ACUTE \(INPATIENT HOSPITAL\)](#) episodes section of this document for guidance on capturing transfers and ACCENT's [Categorizing Inpatient and Outpatient Records](#) document for identifying inpatient hospital claims.

#### *Accounting for inpatient claims spanning multiple months*

See the [STAYS IN SKILLED NURSING FACILITIES \(SNFs\)](#) or recent (possibly ongoing) hospitalizations section in this document.

#### *Accounting for "bedsections"*

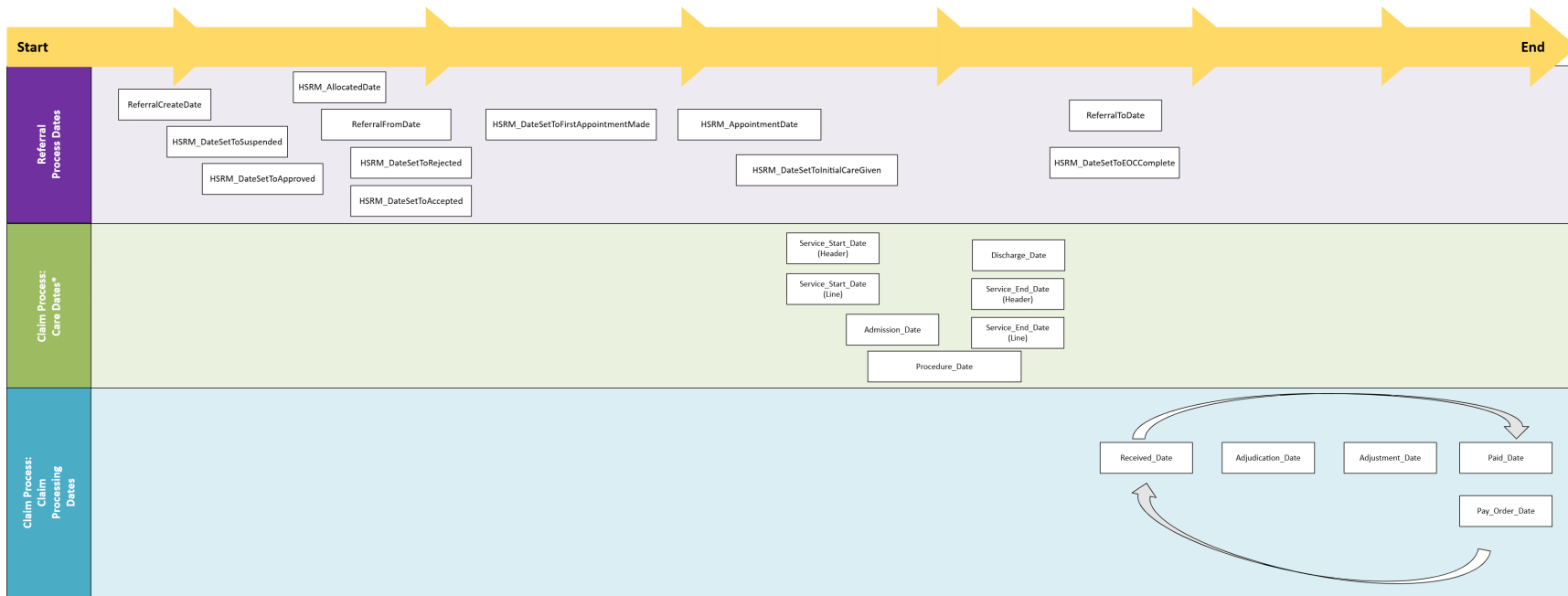
To split an institutional claim into acute and non-acute bed sections, use the Service\_Start\_Date and Service\_End\_Date at the line level in conjunction with the listed revenue codes in ACCENT's [Categorizing Inpatient and Outpatient Records](#) document.

#### **Suggested Citation**

Beilstein-Wedel, Erin; Vanneman, Megan. 2025. Understanding Date Fields in the Consolidated Data Set (CDS). Access and Community Care Engagement Network Team (ACCENT), Veterans Health Administration. [https://www.hsrd.research.va.gov/centers/core/accent/community\\_care/Understanding-Date-Fields-in-the-Consolidated-Data-Set.pdf](https://www.hsrd.research.va.gov/centers/core/accent/community_care/Understanding-Date-Fields-in-the-Consolidated-Data-Set.pdf)

# Appendix A. Referral and Claim Date Timeline

Referral and Claim Date Timeline (Simple/Ideal)†



\* There may be multiple claims per referral; claims may be resubmitted

† The visual overlap of boxes indicates date values for those fields (on the same record or related record) may have the same date; it is meant to be approximate and illustrative

## Appendix B. SQL to Use Partition Field in Conjunction with Other Date Fields

The queries below show some examples of how to incorporate table partition keys with other date fields.

```
/* -----  
QUERY 1:  
    Claim submissions with an Admission_Date in FY23  
    Using widened Service_Start_date values  
*/  
  
select top 10 *  
/*  
    If working on a research/DART project change to use the data provisioned to your  
ORD_XXX database.  
    If on the A06 server change VINCI_IVC_CDS to CDWork  
*/  
from VINCI_IVC_CDS.IVC_CDS.CDS_Claim_Header  
where Service_Start_Date >= '2022-09-01' /*Partition field for CDS_Claim_Header*/  
and Service_Start_Date < '2023-12-30'  
and Admission_Date >= '2022-10-01'  
and Admission_Date < '2023-10-01'  
  
/* -----  
QUERY 2:  
    Claim lines paid in FY23  
    Using widened Service_Start_date values  
*/  
  
select top 10 *  
/*  
    If working on a research/DART project change to use the data provisioned to your  
ORD_XXX database.  
    If on the A06 server change VINCI_IVC_CDS to CDWork  
*/  
from VINCI_IVC_CDS.IVC_CDS.CDS_Claim_Line  
where Service_Start_Date >= '2018-09-01' /*Partition field for CDS_Claim_Header*/  
and Paid_Date >= '2022-10-01'  
and Paid_Date < '2023-10-01'  
and Line_Status_ID='71'
```

## Appendix C. SQL to Include Records with NULL Partition Field

The query below shows how to pull data for claim lines within a specified date range and include claim lines where the Service\_Start\_Date is NULL. The same concept can be applied to data in CDS\_Claim\_Header.

```
;with get_non_null_and_null_lines as (  
    select claimsid, paid_svc_units, Place_Of_Service_ID, Paid_Date, Procedure_code,  
           Service_Start_Date, Service_End_Date  
    from VINCI_IVC_CDS.IVC_CDS.CDS_Claim_Line  
    where service_start_date >= '2025-01-01'  
    and Procedure_code in ('90834','90837')  
    and line_status_id='71'  
    and claim_form_type = 'p'  
  
    UNION  
  
    select claimsid, paid_svc_units, Place_Of_Service_ID, Paid_Date, Procedure_code,  
           Service_Start_Date, Service_End_Date  
    from VINCI_IVC_CDS.IVC_CDS.CDS_Claim_Line  
    where service_start_date is null  
    and Procedure_code in ('90834','90837')  
    and line_status_id='71'  
    and claim_form_type = 'p'  
)  
select *  
from get_non_null_and_null_lines
```