Docusign Envelope ID: 15140CFD-9884-84F1-8027-FA2195162BE1

NEW YORK eHEALTH COLLABORATIVE

SDI Data Use Request: Summary Decision Memo

Administrative Data:

Title: NYS Birth Defects Registry / Spina Bifida and Congenital Heart Defects Surveillance

Tracking Number: DG-53

Date of Data Use Request Receipt: July 23, 2026

Date NYeC Evaluation Completed: July 27, 2026

Date of NYeC Determination (if applicable): N/A

Date of NYeC Recommendation (if applicable): N/A

Date of SDUC Decision (if applicable): 8/13/26

Note: Attached to this Summary Decision Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the NYS Department of Health Authorized Requester

Overview and Description of Request:

This request was submitted by the New York State Department of Health, Center for Environmental Health, Birth Defects Registry (BDR), acting in its statutorily authorized capacity as the State's designated registry for congenital anomalies surveillance. The request seeks access to Statewide Data Infrastructure (SDI) data to support two CDC-funded population-based surveillance projects: Spina Bifida Surveillance Across Time and Regions, and Congenital Heart Defects Across Time and Regions (Phase 2).

Spina bifida and congenital heart defects contribute substantially to infant mortality, long-term morbidity, healthcare utilization, and disability across the life course. Each is the subject of a CDC cooperative surveillance initiative under which funded sites, including the Department, collect encounter-level health data on affected individuals of all ages within defined surveillance regions, to improve epidemiologic estimates of prevalence, mortality, comorbidities, and healthcare utilization.

For each surveillance project, information from the SHIN-NY will be linked at the New York State Department of Health with data drawn from the Birth Defects Registry, the Statewide Planning and Research Cooperative System (SPARCS), Vital Records, and spina bifida and congenital heart defect clinic data, to create comprehensive, population-based surveillance systems. Following linkage, datasets will be stripped of identifiers in accordance with the HIPAA Safe Harbor standard and submitted to a CDC-hosted pooled database comprised of data from all funded sites, as required by the applicable CDC surveillance grants. The anticipated extracts for each grant (two per grant) are processed under this single Data Use Request.

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The target populations differ between the two projects, reflecting the surveillance regions defined by each CDC grant:

- Spina bifida: Individuals of all ages who resided during any portion of 2019-2024 in one of the following 14 counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Monroe, Niagara, Orleans, Wyoming, Bronx, Orange, Putnam, Rockland, and Westchester. Case ascertainment relies on ICD-10-CM codes Q0S.xx (inclusive range), Q07.01, and Q07 .03, and/or SNOMED parent code 67531005.
- Congenital heart defects: Individuals of all ages who resided during any portion of 2020-2024 in New York State. Case ascertainment relies on ICD-10-CM codes Q20.xx-Q26.xx (inclusive range) and/or SNOMED parent codes 13213009 (congenital heart disease) or 762228008 (congenital cardiovascular disorders).

NYeC Review

Based on NYeC's review, the Data Use Request is found to be:

I. Procedure

☒ Made by an Authorized Requester

Authorized Requester Name: Deirdre Depew

Authorized Requester Title: Director, Bureau of Data Programs and Policy

Authorized Requester's Organization/Entity Name: New York State Department of Health Services Quality and Analytics

☐ Not made by an Authorized Requester

Requester Name: _____

Requester Title: _____

Requester's Organization/Entity Name: _____

II. Purpose

☒ Public Health Permitted Purpose

☒ Data Use Request

☐ Narrow Data Use Request

☐ Data Use Request for Urgent Public Health Surveillance

☐ Medicaid Permitted Purpose

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☐ Data Use Request

☐ Narrow Data Use Request

☐ Other (brief description: _____)

III. Compliance

	Compliant	Not Compliant	Not Applicable
Statewide Common Participation Agreement (SCPA)	☒	☐	☐
Data Use and Contribution Agreement (DUCA) *	☒	☐	☐
SHIN-NY Regulations & Applicable SHIN-NY SOPs	☒	☐	☐
Applicable Law	☒	☐	☐

Justification for Compliance Findings:

The Department's authority to access the requested SDI information for this use case is established under its role as a Public Health Authority (45 C.F.R. §164.501 and §164.512(b)). The Birth Defects Registry is located within the Center for Environmental Health and is authorized by New York State Public Health Law to collect information on birth defects cases in New York State. Data collected by the BDR are, by law, to be used for surveillance and to facilitate epidemiological research into the prevention of environmental diseases, as prescribed by PHL §225(5)(t) and §2730, et seq. PHL §206(1)(j) provides for scientific research and research to reduce morbidity and mortality. Confidentiality of all data reported to the registry is strictly maintained by Department of Health staff as required by PHL §206(1)(j) which specifically prohibits the release of personal identifiers.

The identified SHIN-NY data requested will be used by the Birth Defects Registry, without patient authorization, for public health surveillance purposes. Specifically, the data will support expanded case identification and provide a more comprehensive picture of healthcare utilization and service availability for individuals with spina bifida and congenital heart defects within the defined surveillance regions. Identifiable data is requested solely to facilitate accurate record linkage with the birth defects registry, SPARCS, Vital Records, and clinical data already used by the BDR. Once datasets are linked they will be stripped of all personally identifying information in accordance with the HIPAA safe harbor standard (45 C.F.R. § 164.514(b)(2)). The disclosure of identifiable data for case identification linkage and surveillance purposes described herein is consistent with the SHIN-NY Regulations and SHIN-NY SOPs governing disclosures for public health permitted purposes and falls within the surveillance activity authorized by PHL § 225(5)(t) and § 2730, et seq.

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Consistent with the Data Use Request, identified data obtained pursuant to this approval will be accessed only by BDR study personnel with a stated need to access the information. Any transmitted datasets will be stored on password-protected, firewalled servers maintained by theDepartment. Identified data will not be disclosed or redisclosed outside the Department, except that de-identified data may be submitted to the CDC pooled database, only after the data has been de-identified in accordance with the HIPAA Safe Harbor standard before any transmission.

For clarity, this Summary Decision Memo addresses the Department's request for identified SHIN-NY data for the public health surveillance purposes described in the approved Data Use Request, together with the downstream disclosure of Safe Harbor-de-identified linked data to the CDC pooled database in fulfillment of the applicable CDC surveillance grants (see cooperative agreements, A4 CDC-RFA-DD-24-0065 *Surveillance of Spina Bifida Across the Lifespan,* and CDC-RFA-DD-24-0051 *Surveillance of Congenital Heart Defects Among Children, Adolescents and Adults*).

NYeC Determination: Narrow Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

NYeC Determination: Urgent Public Health Surveillance Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

NYeC Recommendation to SDUC: Data Use Request

☒ Approval

☐ Denial (description of reasons[s]):

_____

_____

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NEW YORK eHEALTH COLLABORATIVE

Signed by:
Alexandra Fitz
CB567B7186BD443...

NYeC Head of Enterprise Initiatives and Partnerships

7/28/2026

Date

DocuSigned by:
Charlie Feldman
0CADF6960C7C420...

NYeC Privacy & Compliance Officer

7/27/2026

Date

SDUC Determination

☒ Approved

☐ Denied (description of reason[s]):

_____

_____

Signed by:
Paul L. Ulrig
0CB111D9525B412...

SDUC Chair

8/25/2026

Date

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Project Name: NYS Birth Defects Registry / Spina Bifida and Congenital Heart Defects Surveillance **Tracking ID:** DG-53	
A. Request Overview	
Item	***Response***
1) **Authorized Requester Information Description** Identification of the Requester's Organization and a brief description of the requester type (e.g., public health authority (PHA); PHA contractor; government agency (specify) etc.)	The NYS Birth Defects Registry (BDR) is located within the NYS Department of Health's Center for Environmental Health and is mandated by NYS Public Health Law (Environmental Diseases Program) to collect information on birth defects cases in NYS.
2) **Project Description** Summary of the project including how this data will be used.	The BDR is seeking access to data from SHIN-NY to support two CDC-funded grants entitled 1) Spina Bifida Surveillance Across Time and Regions and 2) Congenital Heart Defects Across Time and Regions, phase 2. Funded sites, including the New York State Department of Health, are tasked with collecting encounter-level health data on persons with spina bifida and congenital heart defects, respectively, of all ages who live in the target surveillance region. The sites will gather health information from birth defects registries, medical clinics, hospitals, birth and death certificates. SHIN-NY data will be used to capture healthcare encounter data that is not available in other sources as well as to enhance details of known healthcare encounters. Data is being collected in this manner to develop population-based surveillance systems to improve epidemiologic estimates of spina bifida and congenital heart defects, including characterization of prevalence, mortality, comorbidities and healthcare utilization. We anticipate two data requests for each of the two listed surveillance grants to obtain all available information during the target surveillance period. This is because data for all target surveillance years has not yet been populated in SHIN-NY.

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3) **Permitted Purpose Description**	☒ Public Health Activity Permitted Purpose ☒ Data Use Request with Individually Identifiable Health Info (e.g. PHI) ☐ Narrow Data Use Request (e.g. de-identified; LDS). If this box is checked, Requester must complete attestation below in Section D(3)(c). ☐ Data Use Request for Urgent Public Health Surveillance ☐ Medicaid Permitted Purpose ☐ Data Use Request ☐ Narrow Data Use Request (e.g., de-identified; LDS) If this box is checked, Requester must complete the attestation below in D(3)(c). ☐ Other: Click or tap here to enter text.
4) **Description of Intended Use** Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disclosure is for a Public Health Activity Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the Statewide Common Participating Agreement (SCPA), the Data Use and Contribution Agreement (DUCA), the SHIN-NY Regulations and SHIN-NY Standard Operating Procedures (SOPs) and applicable law.	Information on healthcare encounters obtained from SHIN-NY will be linked to data from the Statewide Planning and Research Cooperative System (SPARCS), the Birth Defects Registry, Vital Records and spina bifida and congenital heart defect clinic data locally at the New York State Department of Health to create comprehensive, population-based surveillance systems. Identifiers (names, dates of birth, addresses) are being requested to facilitate linkage to other data sets. Once datasets are linked, they will be stripped of all identifying information, then submitted to a pooled database comprised of data from all funded sites housed at the CDC. Deidentification will be performed in accordance with the HIPAA Safe Harbor standard prior to any transmission outside the Department. This disclosure to CDC is authorized under CDC-RFA-DD-24-0065 (Surveillance of Spina Bifida Across the Lifespan) and CDC-RFA-DD-24-0051 (Surveillance of Congenital Heart Defects Among Children, Adolescents and Adults, consistent with the Department's role as a public health authority under PHL §§ 225(5)9t) and 2730. The de-identified databases will be used to assess prevalence, mortality, comorbidities

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	and healthcare utilization among individuals with spina bifida and congenital heart defects.
5) **Target Population Inclusion** Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.	For spina bifida: The target population includes individuals with spina bifida of all ages who resided in one of the following counties for at least some period of time between 2019 and 2024: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Monroe, Niagara, Orleans, Wyoming, Bronx, Orange, Putnam, Rockland, Westchester. Individuals should be considered eligible for inclusion if they have one of the following ICD-10-CM diagnosis codes: Q05.xx (inclusive range), Q07.01 and Q07.03 (specific codes) and/or a SNOMED parent code of 67531005 for spina bifida. For congenital heart defects: The target population includes individuals with congenital heart defects of all ages who resided in New York State for at least some period of time between 2020 and 2024. Individuals should be considered eligible for inclusion if they have one of the following ICD-10-CM diagnosis codes: Q20.xx to Q26.xx (inclusive range: any code starting with Q20…, Q22…, etc.) and/or a SNOMED parent code “13213009” for congenital heart disease or “762228008” for congenital cardiovascular disorders. Note: the differing geographic scope for spina bifida (14 county catchment) versus congenital heart defects (statewide) reflects the target surveillance regions defined by each respective CDC grant.
6) **Target Population Exclusion** Specify the criteria that would exclude the case/data from being included in the dataset. (For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.)	Individuals who did not reside in one of the counties listed above (for spina bifida) or in New York State (for congenital heart defects) for at least some period of time during the surveillance window (2019-2024 for spina bifida and 2020-2024 for congenital heart defects) or who lack a

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	diagnosis code in the inclusion criteria should be excluded.
7) **What law, regulation, rule or agreement grants the authority to obtain this information?** Identify, in detail, the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow and authorize access to the data requested.	Data collected by the BDR are, by law, to be used for surveillance and to facilitate epidemiological research into the prevention of environmental diseases, as prescribed by Public Health Law §§ 225(5)(t), and 2730 et. seq.. Public Health Law 206(1)(j) provides for scientific research and research to reduce morbidity and mortality. Confidentiality of all data reported to the Registry is strictly maintained by Department of Health staff and rigorously safeguarded by Section 206 (1)(j), which specifically prohibits the release of personal identifiers. In addition, the NYS BDR has an existing SHIN-NY Access and Implementation Plan with NYSDOH Executive Deputy Commissioner Clearance approval to obtain necessary clinical information on cases reported to our Registry. Our access has been approved for all six Qualified Entities through the Clinical Viewer and Transmittals/Data Lake.
8) **Is this data currently being supplied to Requester from another source? *** (yes/no)	Yes
9) *If Yes, explain where data is being supplied from and why Statewide Data Infrastructure (SDI) Data is being requested. (SDI data is data held in the “statewide repository” referred to in 10 NYCRR §300.2(f)(5))	To construct population-based surveillance databases, we are also collecting data from the Birth Defects Registry, the Statewide Planning And Research Cooperative System, Vital Records, as well as from cardiac and spina bifida clinics. SDI data is requested to expand case identification and to provide a more comprehensive picture of healthcare utilization for cases in the surveillance system.
10) **What is the expected start date of this project?** The date when the project work is expected to begin (Mo/Day/Yr.).	9/1/2026

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11) **Is this request time-sensitive and/or critical? *** (yes/no)	Yes
12) *If time-sensitive or critical, explain	Use case is driven by CDC grants that have end dates
13) **When is this information needed?** The date by which Requestor would need the report/data (Mo/Day/Yr.).	We would like two data pulls for each of the two surveillance projects: 9/30/2026 for the first data transmission to allow us to work on formatting and assess feasibility of incorporating these data into the full database; 2027 for the second data transmission to allow for a more complete data pull (as information covering earlier years of surveillance is currently being backfilled)
14) **What is the expected end date of this project?** The date when the project is expected to end (Mo/Day/Yr.).	9/30/2031
(B) Technical Specifications Data Use Request	
1) **What data elements are needed?** Describe all the data fields required for your project (example: Date of birth, diagnosis codes, etc.)	First name, Middle Name, Last Name, Suffix, Previous Name, Date of Birth, Race, Ethnicity, Sex, Current Address, Previous Address, Care Team Member Name, Care Team Member Identifier, Medical Record Number, Care Team Member Role, Care Team Member Location, Problems, Date of Diagnosis, Date of Resolution, Procedures, Procedures Reason for Referral, Facility Identifier, Facility Type, Facility Name, Encounter Type, Encounter Identifier, Encounter Diagnosis, Encounter Time, Encounter Location, Encounter Disposition
2) **Is the data being requested 1) individually identifiable health data, 2) limited data set (LDS)* or 3) de-identified*? (select from drop down, see page 7 for more information).** *If the data requested is a Limited Data Set (LDS) or de-identified data, Requester must complete attestation below in Section D(3)(c).	1.) individually identifiable health data
3) **Proposed delivery method***	Secure File Transfer through the Health Commerce System

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4) *If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	n/a
5) **What is the requested format for the data?** (examples include XLS, txt, CSV)	txt
6) **What safeguards will you put in place to protect the data?**	Any transmitted datasets will be stored on password-protected, firewalled servers maintained behind the New York State Department of Health firewall, and any identifiable study data will be strictly limited to study personnel with a stated need to access that information. Before transmitting linked data to CDC to fulfill grant objectives, we will strip all personally identifying information from the datasets. Deidentification will follow the HIPAA Safe Harbor standard, and any data use agreement or federal data sharing terms with CDC governing the pooled database will be maintained by the Department.
7) **How will files be handled/stored/deleted at the end of the project?**	Project data will be appended to the two surveillance systems and kept indefinitely. The specific raw files obtained from the SDI will be destroyed following completion of the project. While grant funding ends in 2029, we expect data closeout and raw file destruction to occur by September 30, 2031 to allow for time to perform needed quality checks for resultant manuscripts.
8) **Select "Yes" to indicate adherence to the standard of minimum necessary data requests. (This field cannot be blank.)**	Yes
(C) Program/Project Contact Information xx	
1.Program Lead Contact Information	
Name (First, Last):	[redacted]
Bureau/Unit:	Bureau of Environmental and Occupational Epidemiology, NYSDOH
Email:	[redacted]@health.ny.gov

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Phone Number:	[redacted]
2. Other Project Team Members	
a) Team Member 1 (Name, Employer, Contact Info)	[redacted], NYSDOH, [redacted]@health.ny.gov
b) Team Member 2 (Name, Employer, Contact Info)	[redacted], HRI/, [redacted]@health.ny.gov
c) Team Member 3 (Name, Employer, Contact Info)	[redacted], [redacted]@health.ny.gov
d) Team Member 4 (Name, Employer, Contact Info)	[redacted], HRI, [redacted]@health.ny.gov
e) Team Member 5 (Name, Employer, Contact Info)	[redacted], HRI, [redacted]r@health.ny.gov

(D) Data Use Request Authorized Requester Attestation & Agreement Form	
1) Name of Requester's Organization: New York State Department of Health Birth Defects Registry	
2) Authorized Requester Information	
Name: [redacted]	
Title: Director- Bureau of Data Programs and Policy, Office of Health Services Quality &Analytics	
Email: [redacted]@health.ny.gov	
Phone Number: [redacted]	
3) Attestations: Authorized Requester attests to the following:	
a) This Data Use Request meets the following criteria:	
i. Request is for a **Public Health Activities** by Public Health Authority. **OR** Request is for a **Medicaid Permitted Purpose**	☒ ☐
ii. Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs.	☒
iii. Request is in compliance with applicable law.	☒
iv. Data elements requested meet the standard of minimum necessary.	☒
b) Safeguards and Protections Attestation:	
Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	☒

c) Data Classification and Use Attestation (for Narrow Data Requests)

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(select one or both, or neither) **HIPAA Limited Data Set 45 C.F.R. 164.514(e)**	☐
De-Identified Data (45 C.F.R. 164.514(b)(2))	☐

Based on the Data Classification(s) identified above, the Authorized Requester attests and agrees to the following:

- The data will be used solely for the **permitted purpose(s)** described in this approved SDI Data Use Request and as authorized under the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs and applicable law.
- Requester may use and disclose a Limited Data Set solely for the purpose(s) expressly described in, and approved through this SDI Data Use Request, and only to the extent such use or disclosure is permitted under applicable law and consistent with 45 C.F.R. § 164.514(e). Requester shall not use or further disclose the Limited Data Set in any manner that would violate the HIPAA Privacy Rule if done by a covered entity.
- Access to and receipt of a Limited Data Set shall be **limited to those workforce members, agents, contractors, and other specifically authorized persons** identified by Requester as having a need to know the information for the approved purpose(s), and no other person or entity may use or receive the Limited Data Set except as expressly permitted by this SDI Data Use Request and applicable law.
- The data will **not be re-identified**, and no third party will be permitted to re-identify or attempt to re identify individuals whose information is included in the data. If the Requester becomes aware of any actual or attempted re-identification of individuals or data, Requester will notify NYeC immediately.
- No individual whose information is included in the data may be contacted in association with the use case described and approved in this SDI Data Use Request., nor will any third party be permitted to contact or attempt to contact such individuals based solely on SDI Data.
- Any **agents, contractors, or downstream recipients** with access to the data will agree and be subject to use, disclosure, and safeguard obligations no less protective than those set forth in this Data Use Request, the Statewide Common Participation Agreement, and applicable law.
- Appropriate **administrative, technical, and physical safeguards** will be used to prevent any use or disclosure of the data not permitted by this Data Use Request or applicable law, and any unauthorized use or disclosure of which Requester becomes aware will be reported to NYeC in accordance with the SCPA, and SHIN-NY SOPs.
- The data will not be used for marketing purposes or sold, licensed, or otherwise disclosed in exchange for remuneration, except as permitted by HIPAA and applicable law, and only with prior written consent of NYeC.
- The Requester will not, and will not permit any third parties to use de-identified data for any purpose other than those permitted in this Data Use Request or otherwise as permitted by law.
- Requester shall otherwise comply in full with 45 C.F.R. § 164.514(e)(4)(ii).
- Upon expiration, suspension or termination of this Data Use Request, Requester shall immediately cease all use and disclosure of all SDI Data and comply with any instructions from NYeC regarding continued retention, return, destruction, or other handling of the data, in accordance with this Data Use Request, the SCPA, DUCA, SHIN NY Regulations, SHIN NY SOPs, and applicable law.

d) Attestations Regarding Potential Violation of this Data Use Request

i. The New York State Department of Health in coordination with NYeC, reserves the right to investigate any actual or suspected breach, or improper access, use, or disclosure of data by Requester or any person acting on Requester's behalf stemming from this Data Use Request.	☒

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ii. Requester acknowledges and agrees that NYeC may, following notice to and consultation with the Department, suspend, terminate, or revoke Requester's access to SDI Data immediately upon notice, or immediately without prior notice where NYeC determines prompt action is necessary, if NYeC determines in its reasonable discretion that Requester has violated this Data Use Request, the SCPA, DUCA, SHIN-NY Regulations, SHIN-NY SOPs, or applicable law. Requester shall cooperate with the Department and NYeC in investigating and mitigating any such violation.	☒
4. Authorized Requester Signature: Deirdre Depew	
[redacted] tap here [redacted] enter te[redacted]	**Date of Signature:** 7/23/2026

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Appendix A - Data Elements

This appendix is intended to capture the individual data elements necessary to fulfill your use case. For additional information on data standards, please refer to this SHIN-NY Public Health Access: Data Lake Data Standards page.

Requested Data Elements

Please download this Excel Workbook and list each of the data elements required to fulfill your use case in the Appendix A - Data Elements tab. Please review the example and add additional rows to the table as necessary to fulfill your use case.

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NEW YORK STATE | Department of Health

Appendix A - Data Elements

Data Element Class	Data Element	Data Element Standard	Data Standard Code Values*
Patient Demographics/Information	First Name		-
Patient Demographics/Information	Last Name		*59261-8*
Patient Demographics/Information	Middle Name (Including middle initital)		
Patient Demographics/Information	Name Suffix		
Patient Demographics/Information	Previous Name		
Patient Demographics/Information	Date of Birth		
Patient Demographics/Information	Date of Death		
Patient Demographics/Information	Race	CDC Race and Ethnicity Code Set Version 1.3 May 2025	
Patient Demographics/Information	Ethnicity	CDC Race and Ethnicity Code Set Version 1.3 May 2025	
Patient Demographics/Information	Sex	SNOMED CT U.S. Edition: 248152002 (Female) • SNOMED CT U.S. Edition: 248153007 (Male)	
Patient Demographics/Information	Current Address	Project US@ Technical Specification for Patient Addresses, Final Version 1.0	
Patient Demographics/Information	Previous Address	Project US@ Technical Specification for Patient Addresses, Final Version 1.0	
Care Team Members	Care Team Member Name		
Care Team Members	Care Team Member Identifier		
Care Team Members	Care Team Member Role		
Care Team Members	Care Team Member Location		
Problems	Problems	International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025; SNOMED Clinical Terms® (SNOMED CT®) U.S. Edition, March 2025 Release	
Problems	Date of Diagnosis		
Problems	Date of Resolution		
Procedures	Procedures	Current Procedural Terminology (CPT®) 2025, as maintained and distributed by the American Medical Association, for physician services and other healthcare services, and Healthcare Common Procedure Coding System (HCPCS), as maintained and distributed by HHS OR 2025 International Classification of Diseases, Tenth Revision, Procedure Coding System (2025 ICD-10-PCS)	
Procedures	Performance Time		
Procedures	Reason for Referral	International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025; SNOMED Clinical Terms® (SNOMED CT®) U.S. Edition, March 2025 Release	
Facility Information	Facility Identifier		
Facility Information	Facility Type		
Facility Information	Facility Name		
Encounter Information	Encounter Type		
Encounter Information	Encounter Identifier		
Encounter Information	Encounter Diagnosis	International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025; SNOMED Clinical Terms® (SNOMED CT®) U.S. Edition, March 2025 Release	
Encounter Information	Encounter Time		
Encounter Information	Encounter Location	National Healthcare Safety Network (NHSN) Healthcare Facility Patient Care Location (HSLOC) Version 2022 / SNOMED Clinical Terms® (SNOMED CT®) U.S. Edition, March 2025 Release	
Encounter Information	Encounter Disposition		
Medications	Medications	National Drug Code (NDC), July 23, 2025	
Medications	Indication	International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025; SNOMED Clinical Terms® (SNOMED CT®) U.S. Edition, March 2025 Release	
Health Insurance Information	Coverage status		
Health Insurance Information	Coverage type		
Note: Used USCDI V6			
Note: Highlighted variables that would be useful for the project but were previously indicated as unavailable in SHIN-NY			

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*Notes: *The 'Data Standard Code Values' column is optional.*