North Carolina Emergency Department Visit Data - Data Dictionary FY2013

Alphabetic List of Variables and Attributes

Standard Research File

One of these three variables must be suppressed (diag1, fac, or ptzip)

Variable	Type	Len	Label
Admitdx	Char	7	ADMITTING DIAGNOSIS ICD-9-CM or ICD-10-CM code. Decimal not included. Decimal implied between the 3rd and 4th digit
Agem	Num	8	AGE IN MONTHS Age in months for patients 32 days - 2 years old
Agey	Num	8	AGE IN YEARS Age in years for patients > 2 years old
Asource	Char	1	ADMISSION SOURCE TYPE
			A = not newborn
			N = newborn
			X = unknown or not submitted
Billtype	Char	4	BILL TYPE
			111=Hospital Inpatient, Including Medicare Part A, original bill
			117=Hospital Inpatient, Including Medicare Part A, replacement bill
			121=Hospital Inpatient, Medicare Part B only, original bill
			127=Hospital Inpatient, Medicare Part B only, replacement bill
			131=Hospital Outpatient, original bill
			137=Hospital Outpatient, replacement bill
			831=Ambulatory Surgery Center, original bill
			837=Ambulatory Surgery Center, replacement bill
			851=Critical Access Hospital, original bill
			857=Critical Access Hospital, replacement bill
Birthwt	Num	8	BIRTH WEIGHT IN GRAMS
cpxcd1	Char	5	FIRST LISTED CPT PROCEDURE CODE (In 2012 100% of procedures in NC ED were reported in CPT
cpxcd2-20	Char	5	CPT PROCEDURE CODE #2-20 (same as cpxcd1)
cpxdy1	Num	8	DAYS FROM ADMIT TO cpxcd1 – The number of days elapsed from the admission date to the procedure date. A procedure can take place up to 2 days prior to the admission date. Thus, this number can be negative. Zeros indicate the procedure is performed on the admission date.
cpxdy2-20	Num	8	DAYS FROM ADMIT TO cpxcd2-20 – same as cpxdy1
Dayscov	Num	8	DAYS COVERED – Admission date minus discharge date. If admission date equals discharge date, then

			length of stay equals 1
diag1	Char	7	FIRST LISTED DIAGNOSIS CODE - ICD-9-CM code or ICD-10-CM code. Decimal not included. Decimal implied between the 3rd and 4th digit.
diag2-diag25	Char	7	DIAGNOSIS CODE #2-25 (same as Diag1)
Erflag	Num	8	PRESENCE OF ER REV CODE (045x) =1 – Patient admitted from ED to inpatient, Truven Derived variable.
Ethnicity	Char	2	ETHNICITY
			1=Non-Hispanic
			2=Hispanic
Fac	Char	11	FACILITY ID - Hospital identification number
Fyear	Char	6	FISCAL YEAR - Four digit fiscal year
orflag	Num	8	PRESENCE OF OR REV CODE (036x) = 1 – Indication of Operating Room Use during stay, Truven Derived Variable
payer1	Char	2	PRIMARY PAYER CODE - State-specific payer code
			09=Self Pay (historical P)
			10=Central Certification (historical F)
			11=Other Non-Federal Program (historical X)
			12=Preferred Provider Organization (PPO) (historical Z)
			13=Point of Service (POS) (historical Y)
			14=Exclusive Provider Organization (EPO) (historical J)
			15=Indemnity Insurance (Historical L)
			16=Health Maintenance Organization (HMO) Medicare Risk (Historical K)
			(A/AM=historical automobile medical)
			BL=Blue Cross & Blue Shield (historical B)
			CH=Champus (historical C)
			CI=Commercial Insurance (historical I)
			DS=Disability (historical G)
			HM=Health Maintenance Organization (HMO) (historical H)
			LI=Liability (historical Q)
			LM=Liability Medical (historical R)
			MA=Medicare Part A (historical M)
			MB=Medicare Part B (historical T)

			MC=Medicaid (historical D)
			(N=historical other government)
			OF=Other federal program (historical V)
			(S=historical self insured)
			TV=Title V (historical 1)
			VA=Veteran Administration Plan (historical 2)
			WC=Workers Compensation Health Claim (historical W)
			ZZ=Mutually defined unknown (historical U)
payer2-3	Char	2	PAYER CODE 2-3 – secondary payer codes, same as payer1
paysub1-3	Char	4	PAYER SUBCLASS 1-3 Payer sub-classification code
ptcnty	Char	3	PATIENT COUNTY – 3 digit FIPS COUNTY CODE
ptstate	Char	2	PATIENT STATE – State Abbreviation
ptzip	Char	5	5 DIGIT PATIENT ZIP CODE
race	Char	1	RACE
			1=American Indian (historical 1)
			2=Asian (historical 2)
			3=Black or African-American (historical 3)
			4=Native Hawaiian or Pacific Islander (historical 2)
			5=Caucasian (historical 4)
			6=Other race
			9=Patient declined or unavailable
revchg1	Num	8	ROUTINE CHARGES - Routine charges, sum of revenue codes 101,110 - 179
revchg2	Num	8	ICU/CCU CHARGES - ICU / CCU charges, sum of revenue codes 200-219
revchg3	Num	8	SURGERY CHARGES - Surgical charges, sum of revenue codes 360-379,710 – 729
revchg4	Num	8	LAB CHARGES - Lab and blood charges, sum of revenue codes 300 –319, 390 – 399, 740 - 759
revchg5	Num	8	PHARMACY CHARGES - Pharmacy charge, sum of revenue codes 250 – 269,630 – 639.
revchg6	Num	8	RADIOLOGY CHARGES - Radiology charge, sum of revenue codes 280 – 289,320 – 359, 400 - 409
revchg7	Num	8	RESPIRATORY CHARGES - Respiratory charge, sum of revenue codes 410 – 419,460 – 469
revchg8	Num	8	THERAPY CHARGES - Therapy charge, sum of revenue codes 420 – 449,470 – 479
revchg9	Num	8	SUPPLIES CHARGES - Supplies charge, sum of revenue codes 270 – 279, 620 - 629
revchg10	Num	8	OTHER CHARGES - Other charges, sum of revenue codes 70-77; 100;180-189; 220-249; 290-299; 380-

			389; 450-459; 480-619; 640-669; 700-709; 730-739; 760-769; 790-859;880-929; 940-949; 960-999
sex	Char	1	SEX F = FEMALE, M= MALE U=UNKNOWN
source	Char	1	POINT OF ORIGIN (Related to Admission Source Type – asource – A= not newborn, N=newborn)
			1=Non-health care facility point of origin (asource A only)
			2=Clinic or physician's office (asource A only)
			4=Transfer from a hospital (different facility) (asource A only)
			5=Transfer from a skilled nursing facility (SNF), intermediate care facility (ICF), or assisted living facility (ALF) (asource A only)
			5=Born inside this hospital (asource N only)
			6=Transfer from another health care facility (asource A only)
			6=Born outside this hospital (asource N only)
			8=Court/law enforcement (asource A only)
			9=Information not available (asource A only)
			D=Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer (asource A only)
			E=Transfer from ambulatory surgery center (asource A only)
			F=Transfer from a hospice facility(asource A only)
status	Char	6	PATIENT DISPOSITION
			1=Discharged to home or self-care (routine discharge)
			2=Discharged/transferred to a short term general hospital for inpatient care
			3=Discharged/Transferred to skilled nursing facility (SNF) with Medicare certification
			4=Discharged/transferred to a facility that provides custodial or supportive care
			5=Discharged/transferred to a designated cancer center or children’s hospital
			6=Discharged/Transferred to home under care of organized home health service organization in anticipation of
			7=Left against medical advice or discontinued treatment
			9=Admitted as an inpatient to this hospital
			20=Expired
			21=Discharged/Transferred to Court/Law enforcement
			30=Still a patient
			40=Expired at home
			41=Expired in a medical facility (eg hospital, SNF, ICF or free standing hospice)

			42=Expired, place unknown
			43=Discharged/transferred to a federal health care facility
			50=Hospice - home
			51=Hospice- Medical facility (certified) providing hospice level of care
			61=Discharged/transferred to a hospital based Medicare approved swing bed
			62=Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation
			63=Discharged/transferred to Medicare Certified long term care hospital LTCH
			64=Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
			65=Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of hospital
			66=Discharged/transferred to Critical Access Hospital CAH
			70=Discharged/Transferred to another type of health care institution not defined elsewhere in this list
totchg	Num	8	TOTAL CHARGES - Total charges, actual submitted value
type	Char	1	ADMIT TYPE
			1=Emergency
			2=Urgent
			3=Elective
			4=Newborn
			5=Trauma
			9=Information not available