North Carolina Inpatient Hospital Discharge Data - Data Dictionary FY2014
Standard Research File
Alphabetic List of Variables and Attributes

For a standard research file request one of three variables must be suppressed-diag1, fac, or ptzip
To discuss additional available variables, not included in standard research file, please contact project manager.

Variable	Type	Len	Label
admitdx	Char	7	ADMITTING DIAGNOSIS ICD-9-CM code 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
dayscov	Num	8	DAYS COVERED/LENGTH OF STAY - Admission date minus discharge date. If admission date equals discharge date, then length of stay equals 1
diag1	Char	7	FIRST LISTED DIAGNOSIS CODE (1) - ICD-9-CM code or ICD-10-CM code. Decimal not included. Decimal implied between the 3rd and 4th digit. (look up contains all listed diagnoses, and diagnosis method (icd9 or icd10))
diag2-diag25	Char	7	DIAGNOSIS CODE #2-25 (same as Diag1)
dist	Num	8	DISTANCE-PT CENTROID ZIP TO HOSP CENTROID ZIP IN MILES
erflag	Num	8	Patient admitted through ED to inpatient – Truven Derived Variable

			PRESENCE OF ER REV CODE (045x) =1
ethnicity	Char	2	ETHNICITY
			1=Non-Hispanic
			2=Hispanic
fac	Char	11	FACILITY ID - Truven Hospital identification number (lookup contains facility name and address, no zipcode)
fyear	Char	6	FISCAL YEAR - Four digit fiscal year
hcfadrg	Char	6	CMS Diagnosis-Related Groups (MS-DRG)
hcfamdc	Char	6	CMS Major Diagnostic Categories (MDC)
			0=Ungroupable
			1=Diseases and disorders of the nervous system
			2=Diseases and disorders of the eye
			3=Diseases and disorders of the ear, nose, mouth and throat
			4=Diseases and disorders of the respiratory system
			5=Diseases and disorders of the circulatory system
			6=Diseases and disorders of the digestive system
			7=Diseases and disorders of the hepatobiliary system and pancreas
			8=Diseases and disorders of the musculoskeletal system and connective tissue
			9=Diseases and disorders of the skin, subcutaneous tissue and breast
			10=Endocrine, nutritional and metabolic diseases and disorders
			11=Diseases and disorders of the kidney and urinary tract
			12=Diseases and disorders of the male reproductive system
			13=Diseases and disorders of the female reproductive system
			14=Pregnancy, childbirth and the puerperium
			15=Newborns and other neonates with conditions originating in the perinatal period
			16=Diseases and disorders of the blood, blood forming organs and immunological disorders
			17=Myeloproliferative diseases and disorders, and poorly differentiated neoplasms
			18=Infectious and parasitic diseases (systemic or unspecified sites)
			19=Mental diseases and disorders
			20=Alcohol/drug use and alcohol/drug induced organic mental disorders
			21=Injuries, poisonings and toxic effects of drugs
			22=Burns

			23=Factors influencing health status and other contacts with health services
			24=Multiple significant trauma
			25=Human immunodeficiency virus infections
orflag	Num	8	Indication of Operating Room Use during stay, Truven Derived Variable PRESENCE OF Operating Room (OR REV CODE (036x) = 1
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 sources, same as payer1
paysub1-3	Char	4	PAYER SUBCLASS 1-3 - Payer sub-classification code (see look up)
poa1	Char	1	Present on Admission Indicator (related to diag1-25) Y = Yes; present at time of inpatient admission N = No; not present at time of inpatient admission U = Unknown; documentation insufficient to determine if condition was POA W = Clinically undetermined; provider unable to determine clinically whether condition was POA or not 1 = Exempt, This diagnosis code is exempt from POA reporting
Poa2-25	Char	1	Same as POA1
proccd1	Char	7	FIRST LISTED PROCEDURE CODE - ICD-9-CM Procedure Code or ICD10-PCS procedure code. Decimal not included. The decimal is implied between the 2nd and 3rd digits. (lookups contain all possible procedures)
proccd2-20	Char	7	PROCEDURE CODE #2-20 – same as proccd1
procdy1	Num	8	DAYS FROM ADMIT TO PROCCD1 - 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.
procdy2-20	Num	8	DAYS FROM ADMIT TO PROCCD2-20 (same as procdy1)
ptstate	Char	2	PATIENT STATE – State Abbreviation
ptcnty	Char	3	PATIENT COUNTY – 3 digit FIPS COUNTY CODE
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
servline	Char	6	SERVICE LINE
			1 = CARDIAC CARE (Medical)
			2 = CARDIAC CARE (Surgical)
			3 = CANCER CARE (Medical)
			4 = CANCER CARE (Surgical)
			5 = NEUROLOGICAL (Medical)
			6 = NEUROLOGICAL (Surgical)
			7 = RENAL / UROLOGY (Medical)
			8 = RENAL / UROLOGY (Surgical)
			9 = WOMENS HEALTH
			10 = ORTHOPEDICS (Medical)
			11 = ORTHOPEDICS (Surgical)
			12 = RESPIRATORY
			13 = MEDICINE
			14 = GENERAL SURGERY
			15 = OTHER SURGERY
			16 = NEWBORN
			17 = PSYCHIATRY
			18 = OPHTHALMOLOGY
			19 = TRAUMA (Medical)
			20 = TRAUMA (Surgical)
			21 = DENTAL
			22 = SUBSTANCE ABUSE
			23 = MISCELLANEOUS

			24 = OBSTETRICS
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 patient discharge status description (see lookup)
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