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| **North Carolina Emergency Department Visit Data - Data Dictionary FY2015** |
| **Alphabetic List of Variables and Attributes****Standard Research File** |
| For a standard research file request one of three variables must be suppressed – diag1, fac, or ptzipTo 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 31 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-4 PROCEDURE CODE (In 2012 100% of procedures in NC ED were reported in CPT |
| **cpxcd2-20** | Char | 5 | CPT-4 PROCEDURE CODES 2-20 (see lookup for all included CPT-4 codes) |
| **cpxday1** | 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. |
| **cpxday2-20** | Num | 8 | DAYS FROM ADMIT TO cpxcd2-20 – same as cpxday1 |
| **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. (see lookup for all included diagnosis codes and diagnosis methods (ICD-9 or ICD-10)) |
| **diag2-diag25** | Char | 7 | DIAGNOSIS CODES 2-25 (same as diag1) |
| **erflag** | Num | 8 | PRESENCE OF ED REV CODE (045x) = 1 – Patient admitted from ED to inpatient, Truven Derived variable |
| **ethnicity** | Char | 3 | ETHNICITY – 1 = Non-Hispanic, 2 = Hispanic |
| **fac** | Char | 11 | FACILITY ID – Truven Hospital identification number (lookup contains facility name, address, and zip code) |
| **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 | 5 | 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 | 5 | PAYER CODE 2-3 – secondary payer sources, same as payer1 |
| **paysub1-3** | Char | 4 | PAYER SUBCLASS 1-3 – Payer sub-classification code (see lookup) |
| **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 | 3 | 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, 190-199, 670-679, 1001-1002 |
| **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 charges, sum of revenue codes 250-269, 630-639 |
| **revchg6** | Num | 8 | RADIOLOGY CHARGES – Radiology charges, sum of revenue codes 280-289, 320-359, 400-409 |
| **revchg7** | Num | 8 | RESPIRATORY CHARGES – Respiratory charges, sum of revenue codes 410-419, 460-469 |
| **revchg8** | Num | 8 | THERAPY CHARGES – Therapy charges, sum of revenue codes 420-449, 470-479 |
| **revchg9** | Num | 8 | SUPPLIES CHARGES – Supplies charges, 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, 681-709, 730-739, 760-771, 780, 790-861, 880-929, 931-932, 940-949, 951-952, 960-999 |
| **sex** | Char | 1 | SEX – F = FEMALE, M = MALE, U = UNKNOWN |
| **source** | Char | 3 | 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 | 3 | ADMIT TYPE |
|  |  |  | 1 = Emergency |
|  |  |  | 2 = Urgent |
|  |  |  | 3 = Elective |
|  |  |  | 4 = Newborn |
|  |  |  | 5 = Trauma |
|  |  |  | 9 = Information not available |