

North Carolina Emergency Department Visit Data - Data Dictionary FY2012

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 |

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| | | | 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 |
| patst | Char | 2 | PATIENT STATE – State Abbreviation |
| 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) |

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| | | | 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 |
| 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- |

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| | | | 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) |

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| | | | 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 |