

North Carolina Inpatient Hospital Discharge 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 ptzip
To discuss additional available variables, not included in standard research file, please contact project manager.

| Variable | Type | Len | Label |
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| 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 |
| 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 – 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-dia25 | Char | 7 | DIAGNOSIS CODES 2-25 (same as diag1) |
| dist | Num | 8 | DISTANCE – PT CENTROID ZIP TO HOSPITAL CENTROID ZIP IN MILES |
| erflag | Num | 8 | PRESENCE OF ED REV CODE (045x) = 1 – Patient admitted from ED to inpatient, Truven Derived Variable |

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| 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 |
| hcfadrg | Char | 6 | CMS Diagnosis-Related Groups (MS-DRG) (see lookup for values) |
| 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 |

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| 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) |
| poa1 | Char | 1 | Present on Admission Indicator (related to diag1-25) Y = Yes; present at time of inpatient admission |

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| | | | <p>N = No; not present at time of inpatient admission</p> <p>U = Unknown; documentation insufficient to determine if condition was POA</p> <p>W = Clinically undetermined; provider unable to determine clinically whether condition was POA or not</p> <p>1 = Exempt, This diagnosis code is exempt from POA reporting</p> |
| poa2-25 | Char | 1 | Same as POA1 |
| proccd1 | Char | 7 | FIRST LISTED PROCEDURE CODE – ICD-9-CM Procedure Code or ICD-10-PCS procedure code. Decimal not included for ICD-9-CM. The decimal is implied between the 2nd and 3rd digits. ICD-10-PCS does not have a decimal. (lookup contains all included procedures) |
| proccd2-20 | Char | 7 | PROCEDURES CODE 2-20 – same as proccd1 |
| pxday1 | 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. |
| pxday2-20 | Num | 8 | DAYS FROM ADMIT TO PROCCD2-20 (same as pxday1) |
| 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 |

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| 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 |
| 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 |

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| 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 |