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 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-diag25	Char	7	DIAGNOSIS CODES 2-25 (same as diag1)
dxrefmeth1-dxrefmeth25	Char	1	Method for diag1-diag25, 0=ICD-10-CM, 9=ICD-9-CM

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
ethnicity	Char	3	ETHNICITY – 1 = Non-Hispanic, 2 = Hispanic
fac	Char	11	FACILITY ID – IBM Watson Health Hospital identification number (lookup contains facility name, address, city, state, zip code, and county)
fyear	Char	6	FISCAL YEAR – Four-digit fiscal year, October-September
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
orflag	Num	8	PRESENCE OF OR REV CODE (036x) = 1 – Indication of operating room use during stay
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)
			AM = Automobile Medical (historical A)
			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 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 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)
pxmeth1-pxmeth20	Char	1	Method of submission for proccd1-procc20, 0=ICD-10-PCS, 4=CPT-4, 9=ICD-9
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
rehabflag	Char	1	Presence of Rehab Revenue Code (118, 128, 138, 148, 158), 1=Rehab revenue code present
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 & BLOOD 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, 2100-2109
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
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