

**Texas Hospital Inpatient Discharge Public Use Data File**

## DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Public Use Data File. The following information is provided:

|  |  |
| --- | --- |
| **Field** | Unique, abbreviated name of the data element. |
| **Description** | Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals |
| **Data Source** | Provided by the health care facility on the claim form (Claim) |
|  | Assigned by DSHS (Assigned) |
|  | Provided to THCIC by the healthcare facility (Provider) |
|  | Calculated by DSHS (Calculated) |
|  | Note: For those data elements that have been temporarily suppressed, the quarter of data for which the data element will be released is noted following the Data Source. |
| **Type** | Alphanumeric or numeric |
| **Coding**  **scheme** | Valid codes for a data field. Values taken from specifications manuals. |

Note a change: Any code provided by a hospital that has been determined to be invalid has been assigned the value ` . Any data element that is blank should be interpreted as ‘missing’, no data provided, unless otherwise noted.

### BASE DATA #1 FILE

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| **Column 1:** | **RECORD\_ID** |  |  |
| **Description:** | Record Identification Number. Unique number assigned to identify the record. First available  1st quarter 2002. Does NOT match the RECORD\_ID in THCIC Research Data Files (RDF’s). | | |
| **Beginning Position:** | 1 | **Data Source:** | Assigned |
| **Length:** | 12 | **Type:** | Alphanumeric |
| **Column 2:** | **DISCHARGE** |  |  |
| **Description:** | Discharge Quarter. Year and quarter of discharge. *yyyy*Q*n*. | | |
| **Beginning Position:** | 13 | **Data Source:** | Assigned |
| **Length:** | 6 | **Type:** | Alphanumeric |
| **Column 3:** | **THCIC\_ID** |  |  |
| **Description:** | Provider ID. Unique identifier assigned to the provider by DSHS. | | |

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| **Suppression:** | Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including ‘unknown’, Provider ID  is '999998'. | | | | | | | | | |
| **Beginning Position:** | 19 | | **Data Source:** | | | Assigned | |  | | |
| **Length:** | 6 | | **Type:** | | | Alphanumeric | |  | | |
| **Column 4:** | **TYPE\_OF\_ADMISSION** | | | | |  | |  | | |
| **Description:** | Code indicating the type of admission | | | | |  | |  | | |
| **Coding Scheme:** | 1 | | Emergency | | |  | |  | | |
|  | 2 | | Urgent | | |  | |  | | |
|  | 3 | | Elective | | |  | |  | | |
|  | 4 | | Newborn | | |  | |  | | |
|  | 5 | | Trauma | | |  | |  | | |
|  | 9 | | Information not available | | |  | |  | | |
|  | ` | | Invalid | | |  | |  | | |
| **Beginning Position:** | 25 | | **Data Source:** | | | Claim | |  | | |
| **Length:** | 1 | | **Type:** | | | Alphanumeric | |  | | |
| **Column 5:** | **SOURCE\_OF\_ADMISSION** | | | | |  | |  | | |
| **Description:** | Code indicating source of the admission. | | | | |  | |  | | |
| **Coding Scheme:** | 1 | | Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) | | | | |  | | |
|  | 2 | | Clinic or Physician’s Office | | |  | |  | | |
|  | 4 | | Transfer from a hospital | | |  | |  | | |
|  | 5 | | Transfer from a skilled nursing facility, intermediate care facility or assisted living facility | | | | | | | |
|  | 6 | | Transfer from another health care facility | | |  | |  | | |
|  | 8 | | Court/Law Enforcement | | |  | |  | | |
|  | 9 | | Information not available | | |  | |  | | |
|  | 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 | | | | | | | |
|  | E | | Transfer from Ambulatory Surgery Center | | |  | |  | | |
|  | F | | Transfer from a Hospice Facility | | |  | |  | | |
|  | ` | | Invalid | | |  | |  | | |
| If Type of Admission=4 (Newborn) | | | | | | | | | | |
|  | 5 | | Born inside this hospital | | |  | |  | | |
|  | 6 | | Born outside this hospital | | |  | |  | | |
| **Beginning Position:** | 26 | | **Data Source:** | | | Claim | |  | | |
| **Length:** | 1 | | **Type:** | | | Alphanumeric | |  | | |
| **Column 6:** | **PAT\_STATE** | | |  |  |  |  | |  |  |
| **Description:** | State of the patient’s mailing address in Texas and contiguous states. Standard 2-character  Postal Service abbreviation. | | | | | | | | | |
| **Coding Scheme:** | AR Arkansas  LA Louisiana NM New Mexico OK Oklahoma TX Texas  ZZ All other states and American Territories FC Foreign country  XX Foreign country | | | | |  |  | |  |  |
| **Beginning Position:** | 32 |  | | **Data Source:** | | Claim |  | |  |  |
| **Length:** | 2 |  | | **Type:** | | Alphanumeric | | |  |  |
| **Column 7:** | **PAT\_ZIP** | | |  |  |  |  | |  |  |
| **Description:** | Patient’s five-digit ZIP code. | | | |  |  |  | |  |  |
| **Suppression:** | Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals ‘ZZ’, ZIP code equals ‘88888’. If state equals ‘FC’ (foreign country) ZIP code is blank**.** If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis, the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as “`” (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular  gender, including ‘unknown’, the ZIP Code is blank. | | | | | | | | | |
| **Beginning Position:** | 34 |  | | **Data Source:** | | Claim |  | |  |  |
| **Length:** | 5 |  | | **Type:** | | Alphanumeric | | |  |  |
| **Column 8:** | **PAT\_COUNTRY** | | |  |  |  |  | |  |  |
| **Description:** | Country of patient’s residential address. List maintained by the International Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the country is reported as “`”  (back quote). | | | | | | | | | |
| **Suppression:** | Suppressed if fewer than 5 patients from one country. | | | | | |  | |  |  |
| **Coding scheme:** | See [*www.ISO.org*](http://www.ISO.org/) for complete list. | | | | |  |  | |  |  |
| **Beginning Position:** | 39 |  | | **Data Source:** | | Claim |  | |  |  |
| **Length:** | 2 |  | | **Type:** | | Alphanumeric | | |  |  |
| **Column 9:** | **PAT\_CTY\_CODE** | | |  |  |  |  | |  |  |
| **Description:** | FIPS code of patient’s county. | | | |  |  |  | |  |  |
| **Coding scheme:** | 001 | Anderson | | 129 | Donley | 257 | Kaufman | | 385 | Real |
| 003 | Andrews | | 131 | Duval | 259 | Kendall | | 387 | Red River |
|  | 005 | Angelina | | 133 | Eastland | 261 | Kenedy | | 389 | Reeves |
|  | 007 | Aransas | | 135 | Ector | 263 | Kent | | 391 | Refugio |
|  | 009 | Archer | | 137 | Edwards | 265 | Kerr | | 393 | Roberts |
|  | 011 | Armstrong | | 139 | Ellis | 267 | Kimble | | 395 | Robertson |
|  | 013 | Atascosa | | 141 | El Paso | 269 | King | | 397 | Rockwall |
|  | 015 | Austin | | 143 | Erath | 271 | Kinney | | 399 | Runnels |
|  | 017 | Bailey | | 145 | Falls | 273 | Kleberg | | 401 | Rusk |
|  | 019 | Bandera | | 147 | Fannin | 275 | Knox | | 403 | Sabine |
|  | 021 | Bastrop | | 149 | Fayette | 283 | La Salle | | 405 | San Augustine |
|  | 023 | Baylor | | 151 | Fisher | 277 | Lamar | | 407 | San Jacinto |
|  | 025 | Bee | | 153 | Floyd | 279 | Lamb | | 409 | San Patricio |
|  | 027 | Bell | | 155 | Foard | 281 | Lampasas | | 411 | San Saba |
|  | 029 | Bexar | | 157 | Fort Bend | 285 | Lavaca | | 413 | Schleicher |

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|  | 031 | Blanco | 159 | Franklin | 287 | Lee | 415 | Scurry |
|  | 033 | Borden | 161 | Freestone | 289 | Leon | 417 | Shackelford |
|  | 035 | Bosque | 163 | Frio | 291 | Liberty | 419 | Shelby |
|  | 037 | Bowie | 165 | Gaines | 293 | Limestone | 421 | Sherman |
|  | 039 | Brazoria | 167 | Galveston | 295 | Lipscomb | 423 | Smith |
|  | 041 | Brazos | 169 | Garza | 297 | Live Oak | 425 | Somervell |
|  | 043 | Brewster | 171 | Gillespie | 299 | Llano | 427 | Starr |
|  | 045 | Briscoe | 173 | Glasscock | 301 | Loving | 429 | Stephens |
|  | 047 | Brooks | 175 | Goliad | 303 | Lubbock | 431 | Sterling |
|  | 049 | Brown | 177 | Gonzales | 305 | Lynn | 433 | Stonewall |
|  | 051 | Burleson | 179 | Gray | 307 | McCulloch | 435 | Sutton |
|  | 053 | Burnet | 181 | Grayson | 309 | McLennan | 437 | Swisher |
|  | 055 | Caldwell | 183 | Gregg | 311 | McMullen | 439 | Tarrant |
|  | 057 | Calhoun | 185 | Grimes | 313 | Madison | 441 | Taylor |
|  | 059 | Callahan | 187 | Guadalupe | 315 | Marion | 443 | Terrell |
|  | 061 | Cameron | 189 | Hale | 317 | Martin | 445 | Terry |
|  | 063 | Camp | 191 | Hall | 319 | Mason | 447 | Throckmorton |
|  | 065 | Carson | 193 | Hamilton | 321 | Matagorda | 449 | Titus |
|  | 067 | Cass | 195 | Hansford | 323 | Maverick | 451 | Tom Green |
|  | 069 | Castro | 197 | Hardeman | 325 | Medina | 453 | Travis |
|  | 071 | Chambers | 199 | Hardin | 327 | Menard | 455 | Trinity |
|  | 073 | Cherokee | 201 | Harris | 329 | Midland | 457 | Tyler |
|  | 075 | Childress | 203 | Harrison | 331 | Milam | 459 | Upshur |
|  | 077 | Clay | 205 | Hartley | 333 | Mills | 461 | Upton |
|  | 079 | Cochran | 207 | Haskell | 335 | Mitchell | 463 | Uvalde |
|  | 081 | Coke | 209 | Hays | 337 | Montague | 465 | Val Verde |
|  | 083 | Coleman | 211 | Hemphill | 339 | Montgomery | 467 | Van Zandt |
|  | 085 | Collin | 213 | Henderson | 341 | Moore | 469 | Victoria |
|  | 087 | Collingsworth | 215 | Hidalgo | 343 | Morris | 471 | Walker |
|  | 089 | Colorado | 217 | Hill | 345 | Motley | 473 | Waller |
|  | 091 | Comal | 219 | Hockley | 347 | Nacogdoches | 475 | Ward |
|  | 093 | Comanche | 221 | Hood | 349 | Navarro | 477 | Washington |
|  | 095 | Concho | 223 | Hopkins | 351 | Newton | 479 | Webb |
|  | 097 | Cooke | 225 | Houston | 353 | Nolan | 481 | Wharton |
|  | 099 | Coryell | 227 | Howard | 355 | Nueces | 483 | Wheeler |
|  | 101 | Cottle | 229 | Hudspeth | 357 | Ochiltree | 485 | Wichita |
|  | 103 | Crane | 231 | Hunt | 359 | Oldham | 487 | Wilbarger |
|  | 105 | Crockett | 233 | Hutchinson | 361 | Orange | 489 | Willacy |
|  | 107 | Crosby | 235 | Irion | 363 | Palo Pinto | 491 | Williamson |
|  | 109 | Culberson | 237 | Jack | 365 | Panola | 493 | Wilson |
|  | 111 | Dallam | 239 | Jackson | 367 | Parker | 495 | Winkler |
|  | 113 | Dallas | 241 | Jasper | 369 | Parmer | 497 | Wise |
|  | 115 | Dawson | 243 | Jeff Davis | 371 | Pecos | 499 | Wood |
|  | 117 | Deaf Smith | 245 | Jefferson | 373 | Polk | 501 | Yoakum |
|  | 119 | Delta | 247 | Jim Hogg | 375 | Potter | 503 | Young |
|  | 121 | Denton | 249 | Jim Wells | 377 | Presidio | 505 | Zapata |
|  | 123 | Dewitt | 251 | Johnson | 379 | Rains | 507 | Zavala |
|  | 125 | Dickens | 253 | Jones | 381 | Randall |  |  |
|  | 127 | Dimmit | 255 | Karnes | 383 | Reagan | ` | Invalid |
| **Beginning Position:** | 41 |  |  | **Data Source:** | Assigned; based on patient ZIP code | | | |
| **Length:** | 3 |  |  | **Type:** | Alphanumeric | |  |  |
| **Column 10:** | **PAT\_COUNTY** | | | |  |  |  |  |
| **Description:** | County of patient’s residential address. | | | |  |  |  |  |
| **Column 11:** | **PUBLIC\_HEALTH\_REGION** | | | |  |  |  |  |
| **Description:** | Public Health Region of patient’s address. | | | |  |  |  |  |
| **Coding Scheme:** | 1 | Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts,  Sherman, Swisher, Terry, Wheeler, Yoakum counties | | | | | | |
|  | 2 | Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties | | | | | | |
|  | 3 | Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties | | | | | | |
|  | 4 | Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties | | | | | | |
|  | 5 | Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties | | | | | | |
|  | 6 | Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties | | | | | | |
|  | 7 | Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson,  San Saba, Travis, Washington, Williamson counties | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 8 | Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales,  Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties | |
|  | 9 | Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble,  Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties | |
|  | 10 | Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties | |
|  | 11 | Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak,  McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties | |
|  | ` | Invalid |  |
| **Beginning Position:** | 44 | **Data Source:** | Assigned |
| **Length:** | 2 | **Type:** | Alphanumeric |
| **Column 12:** | **PAT\_STATUS** | |  |
| **Description:** | Code indicating patient status as of the ending date of service for the period of care reported | | |
| **Coding Scheme:** | 01 | Discharged to home or self-care (routine discharge) | |
|  | 02 | Discharged/transferred to a short term general hospital for inpatient care | |
|  | 03 | Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled  care | |
|  | 04 | Discharged/transferred to a facility that provides custodial or supportive care | |
|  | 05 | Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007) | |
|  | 06 | Discharged/transferred to home under care of an organized home health service organization in anticipation of  covered skilled care | |
|  | 07 | Left against medical advice |  |
|  | 09 | Admitted as inpatient to this hospital |  |
|  | 20 | Expired |  |
|  | 21 | Discharged/transferred to Court/Law Enforcement | |
|  | 30 | Still patient |  |
|  | 40 | Expired at home |  |
|  | 41 | Expired in a medical facility |  |
|  | 42 | Expired, place unknown |  |
|  | 43 | Discharged/transferred to federal government operated health facility | |
|  | 50 | Hospice–home |  |
|  | 51 | Hospice–medical facility (Certified) providing hospice level of care | |
|  | 61 | Discharged/transferred within this institution to Medicare-approved swing bed | |
|  | 62 | Discharged/transferred to inpatient rehabilitation facility | |
|  | 63 | Discharged/transferred to Medicare-certified long term care hospital | |
|  | 64 | Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare | |
|  | 65 | Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital | |
|  | 66 | Discharged/transferred to Critical Access Hospital (CAH) | |
|  | 69 | Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013) | |
|  | 70 | Discharge/transfer to another type of health care institution not defined elsewhere in the code list | |
|  | 81 | Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-  2013) | |
|  | 82 | Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 83 | Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute  Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 84 | Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 85 | Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 86 | Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned  Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 87 | Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission  (effective 10-1-2013) | |
|  | 88 | Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient  Readmission (effective 10-1-2013) | |
|  | 89 | Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 90 | Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part  Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 91 | Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care  Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 92 | Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with  a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 93 | Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned  Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | |
|  | 94 | Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient  Readmission (effective 10-1-2013) | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 95 | Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List  with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013) | | | | | |
|  | ` | Invalid |  |  |  |  |  |
| **Beginning Position:** | 46 |  | **Data Source:** | | Claim | |  |
| **Length:** | 2 |  | **Type:** |  | Alphanumeric | |  |
| **Column 13:** | **SEX\_CODE** | |  |  |  |  |  |
| **Description:** | Gender of the patient as recorded at date of admission or start of care. | | | | | |  |
| **Suppression:** | Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC  §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as “U” (Unknown). If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is  ‘999998’ and Hospital Name and Patient ZIP Code are blank for those patients. | | | | | | |
| **Coding Scheme:** | M Male  F Female  U Unknown  ` Invalid | |  |  |  |  |  |
| **Beginning Position:** | 48 |  | **Data Source:** | | Claim | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Column 14:** | **RACE** | |  |  |  |  |  |
| **Description:** | Code indicating the patient’s race. | | |  |  |  |  |
| **Suppression:** | If a hospital has fewer than ten patients of one race that race is changed to ‘Other’ (code equals 5). | | | | | | |
| **Coding Scheme:** | 1 | American Indian/Eskimo/Aleut | |  |  |  |  |
|  | 2 | Asian or Pacific Islander | |  |  |  |  |
|  | 3 | Black |  |  |  |  |  |
|  | 4 | White |  |  |  |  |  |
|  | 5 | Other |  |  |  |  |  |
|  | ` | Invalid |  |  |  |  |  |
| **Beginning Position:** | 49 |  | **Data Source:** | | Claim | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Column 15:** | **ETHNICITY** | |  |  |  |  |  |
| **Description:** | Code indicating the Hispanic origin of the patient. | | | | |  |  |
| **Suppression:** | If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is  suppressed (code is blank). | | | | | | |
| **Coding Scheme:** | 1 | Hispanic Origin |  |  |  |  |  |
|  | 2 | Not of Hispanic Origin |  |  |  |  |  |
|  | ` | Invalid |  |  |  |  |  |
| **Beginning Position:** | 50 |  | **Data Source:** | | Claim | |  |
| **Length:** | 1 |  | **Type:** |  | Alphanumeric | |  |
| **Column 16:** | **LENGTH\_OF\_STAY** | |  |  |  |  |  |
| **Description:** | Length of stay in days *equals* Statement covers period through date *minus* Admission/start of  care date. The minimum length of stay is 1 day. The maximum is 9999 days. | | | | | | |
| **Beginning Position:** | 52 |  | **Data Source:** | | Calculated | |  |
| **Length:** | 4 |  | **Type:** |  | Alphanumeric | |  |
| **Column 17:** | **PAT\_AGE\_CODE** | |  |  |  |  |  |
| **Description:** | Code indicating age of patient in days or years on date of discharge. | | | | | |  |
| **Coding Scheme:** | 00 | 1-28 days | 10 | 35-39 |  | 20 | 85-89 |
|  | 01 | 29-365 days | 11 | 40-44 |  | 21 | 90+ |
|  | 02 | 1-4 years | 12 | 45-49 |  | *HIV and drug/alcohol use patients:* | |
|  | 03 | 5-9 | 13 | 50-54 |  | 22 | 0-17 |
|  | 04 | 10-14 | 14 | 55-59 |  | 23 | 18-44 |
|  | 05 | 15-17 | 15 | 60-64 |  | 24 | 45-64 |
|  | 06 | 18-19 | 16 | 65-69 |  | 25 | 65-74 |
|  | 07 | 20-24 | 17 | 70-74 |  | 26 | 75+ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 08 | 25-29 | 18 | 75-79 |  |  | ` | Invalid |
|  | 09 | 30-34 | 19 | 80-84 |  |  |  |  |
| **Beginning Position:** | 56 | **Data Source:** | | | Assigned | |  |  |
| **Length:** | 2 | **Type:** | |  | Alphanumeric | |  |  |
| **Column 18:** | **TOTAL\_CHARGES** | |  |  |  |  |  |  |
| **Description:** | Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-  covered ancillary charges. Replaces TOTAL\_CHARGES\_23. | | | | | | | |
| **Beginning Position:** | 65 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 12 | **Type:** | |  | Numeric | |  |  |
| **Column 19:** | **TOTAL\_NON\_COV\_CHARGES** | | |  |  |  |  |  |
| **Description:** | Sum of non-covered accommodation charges, non-covered ancillary charges. | | | | | | | |
| **Beginning Position:** | 77 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 12 | **Type:** | |  | Numeric | |  |  |
| **Column 20:** | **TOTAL\_CHARGES\_ACCOMM** | | |  |  |  |  |  |
| **Description:** | Sum of covered and non-covered accommodation charges. | | | | | |  |  |
| **Beginning Position:** | 89 | **Data Source:** | | | Claim |  |  |  |
| **Length:** | 12 | **Type:** | |  | Numeric | |  |  |
| **Column 21:** | **TOTAL\_NON\_COV\_CHARGES\_ACCOMM** | | | | |  |  |  |
| **Description:** | Sum of non-covered accommodations charges. | | | | |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Beginning Position:** | 101 | | **Data Source:** | | Claim | |
| **Length:** | 12 | | **Type:** | | Numeric | |
| **Column 22:** | **TOTAL\_CHARGES\_ANCIL** | | | |  | |
| **Description:** | Sum of covered and non-covered ancillary charges. | | | | | |
| **Beginning Position:** | 113 | | **Data Source:** | | Claim | |
| **Length:** | 12 | | **Type:** | | Numeric | |
| **Column 23:** | **TOTAL\_NON\_COV\_CHARGES\_ANCIL** | | | | | |
| **Description:** | Sum of non-covered ancillary charges. | | | |  | |
| **Beginning Position:** | 125 | | **Data Source:** | | Claim | |
| **Length:** | 12 | | **Type:** | | Numeric | |
| **Column 24:** | **ADMITTING\_DIAGNOSIS** | | | |  | |
| **Description:** | ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is  implied following the third character. | | | | | |
| **Beginning Position:** | 137 | | **Data Source:** | | Claim | |
| **Length:** | 7 | | **Type:** | | Alphanumeric | |
| **Column 25:** | **PRINC\_DIAG\_CODE** | | | |  | |
| **Description:** | ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits  if applicable. Decimal is implied following the third character. | | | | | |
| **Beginning Position:** | 144 | | **Data Source:** | | Claim | |
| **Length:** | 7 | | **Type:** | | Alphanumeric | |
| **Column 26:** | **RISK\_MORTALITY** | | |  | |  |
| **Description:** | Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related  Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying. | | | | | |
| **Coding Scheme:** | 1 | Minor | |  | |  |
|  | 2 | Moderate | |  | |  |
|  | 3 | Major | |  | |  |
|  | 4 | Extreme | |  | |  |
| **Beginning Position:** | 717 | **Data Source:** | |  | | Assigned |
| **Length:** | 1 | **Type:** | |  | | Alphanumeric |
| **Column 27:** | **ILLNESS\_SEVERITY** | | |  | |  |
| **Description:** | Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic  decompensation. | | | | | |
| **Coding Scheme:** | 1 | Minor | |  | |  |
|  | 2 | Moderate | |  | |  |
|  | 3 | Major | |  | |  |
|  | 4  0 | Extreme  No class specified | |  | |  |
| **Beginning Position:** | 718 | **Data Source:** | |  | | Assigned |
| **Length:** | 1 | **Type:** | |  | | Alphanumeric |