PINC AI
HEALTHCARE DATABASE

Extract Data Dictionary
Release 2022 V1

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*** SUPPLEMENTAL: Additional license required for APR-DRG, Microbiology, General Lab, Vitals, Mother-Infant link, and Mortality data

TABLE JOINS GRID

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Variables used to join Patient Level tables to Lookup tables. Legend: **Blue** = Lookup table variable, **Red** = Patient Level table variable

Patient Level Tables

TABLE NAME	PATDEMO	PATAPRDRG (if applicable)	PATBILL	PATCPT	PATICD_DIAG	PATICD_PROC	READMIT ***
ADMTYPE	adm_type = adm_type						adm_type = adm_type
APRDRG (if applicable)		apr_drg = apr_drg					
CHGMSTR			std_chg_code = std_chg_code				
CPTCODE				cpt_code = cpt_code			
DISSTAT	disc_status = disc_status						disc_status = disc_status
HOSPCHG			hosp_chg_id = hosp_chg_id				
ICDCODE					icd_version = icd_version AND icd_code = icd_code AND icd_diag_proc = 'D'	icd_version = icd_version AND icd_code = icd_code AND icd_diag_proc = 'P'	icd_version = icd_version AND icd_code = prim_icd_diag_code AND icd_diag_proc = 'D' icd_version = icd_version AND icd_code = prim_icd_proc_code AND icd_diag_proc = 'P'
ICDPOA					icd_poa = icd_poa		
MSDRG	ms_drg = ms_drg						ms_drg = ms_drg
MSDRGMDC	ms_drg_mdc = ms_drg_mdc						
PATTYPE	pat_type = pat_type						pat_type = pat_type
PAYOR	std_payor = std_payor						
PHYSPEC	phy_spec = attphy_spec phy_spec = admphy_spec					phy_spec = procphy_spec	
POORIGIN	point_of_origin = point_of_origin						point_of_origin = point_of_origin
PROVIDERS	prov_id = prov_id						
PROV_ENROLLMENT	To apply IP projection weight to patient level data: prov_id = prov_id AND disc_mon = disc_mon AND i_o_ind = 'I'						

Lookup Tables

PATIENT TABLE JOIN CONSIDERATIONS
(join on PAT_KEY)

Join relationship between Patient Level Tables. Legend: 1 → 1 (one-to-one), 1 → ∞ (one-to-many), ∞ → ∞ (many-to-many)
Many-to-many joins should be avoided when working with these data.

Patient Level Tables

TABLE NAME	PATDEMO	PATAPRDRG (if applicable)	PATBILL	PATCPT	PATICD_DIAG	PATICD_PROC	READMIT ***
PATDEMO		1 → 1	1 → ∞	1 → ∞	1 → ∞	1 → ∞	1 → 1
PATAPRDRG (if applicable)	1 → 1		1 → ∞	1 → ∞	1 → ∞	1 → ∞	1 → 1
PATBILL	∞ → 1	∞ → 1		∞ → ∞	∞ → ∞	∞ → ∞	∞ → 1
PATCPT	∞ → 1	∞ → 1	∞ → ∞		∞ → ∞	∞ → ∞	∞ → 1
PATICD_DIAG	∞ → 1	∞ → 1	∞ → ∞	∞ → ∞		∞ → ∞	∞ → 1
PATICD_PROC	∞ → 1	∞ → 1	∞ → ∞	∞ → ∞	∞ → ∞		∞ → 1
READMIT ***	1 → 1	1 → 1	1 → ∞	1 → ∞	1 → ∞	1 → ∞	

Patient Level Tables

***READMIT table may contain information on hospital encounters not present in the data extract.

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		PATIENT TABLE: PATDEMO	
		Patient demographic and hospital encounter characteristics. Table contains one row per hospital encounter.	
Field Name	*Data Type*	*Description*	*Valid Values or Link to Lookup Tab*
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
medrec_key	Integer	Unique patient identifier (de-identified), defined by medical record number and hospital entity. Use this field to track a patient across multiple inpatient and/or outpatient encounters at the same hospital.	
disc_mon	Integer	Month and year patient was discharged, formatted: YYYYQMM where Q is the calendar quarter	
disc_mon_seq	Smallint	Use with medrec_key and disc_mon fields to order multiple hospital encounters for a unique patient within a particular discharge month by discharge date	
adm_mon	Integer	Month and year patient was admitted, formatted: YYYYQMM where Q is the calendar quarter	
prov_id	Integer	Hospital entity ID (de-identified)	See PROVIDERS tab
i_o_ind	Char(1)	Inpatient/Outpatient indicator	**I** - Inpatient **O** - Outpatient
pat_type	Char(2)	A Premier mapped field to denote service type of hospital encounter. All hospitals must submit inpatient (08) encounters to Premier. Outpatient encounters are optional. Hospitals may opt to submit only select Outpatient encounters. For example, a hospital may opt to only send Outpatient Emergency and Same Day Surgery patient types.	See PATTYPE tab
ms_drg	Smallint	Medicare Severity Diagnosis-Related Group (MS-DRG). Assigned to inpatient encounters only. The MS-DRG system became effective with discharges occurring on or after October 1, 2007. For this extract, the 2007 version of MS-DRG was used to calculate MS-DRG for discharges occurring prior to October 1, 2007.	See MSDRG tab

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<table>
<tr><td colspan="4" align="center">PATIENT TABLE: PATDEMO

(return to Table of Contents)</td></tr>
<tr><td colspan="4" align="center">Patient demographic and hospital encounter characteristics. Table contains one row per hospital encounter.</td></tr>
<tr><td>Field Name</td><td>Data Type</td><td>Description</td><td>Valid Values or
Link to Lookup Tab</td></tr>
<tr><td>ms_drg_mdc</td><td>Char(7)</td><td>Major diagnostic category. A broad classification of diagnoses typically grouped by body system. In prospective payment systems, each patient is first classified by principal diagnosis into an MDC.</td><td>See MSDRGMDC tab</td></tr>
<tr><td>point_of_origin</td><td>Char(2)</td><td>UB-04 Point of Origin (formerly Source of Admission) code. Designed to focus on where the patient was prior to presenting to the health care facility.</td><td>See POORIGIN tab</td></tr>
<tr><td>adm_type</td><td>Smallint</td><td>UB-04 Admission type code</td><td>See ADMTYPE tab</td></tr>
<tr><td>disc_status</td><td>Smallint</td><td>UB-04 Discharge status code</td><td>See DISSTAT tab</td></tr>
<tr><td>mart_status</td><td>Char(1)</td><td>UB-04 Marital Status. Some marital status designations have been rolled into "Other" to ensure that the data set conforms to HIPAA and other regulatory requirements.</td><td>M – Married
S – Single
O – Other
U – Unknown</td></tr>
<tr><td>age</td><td>Smallint</td><td>Patient age in years, calculated as admission date – date of birth. Patient age 90 and above are assigned an age of 89 per HIPAA regulations.</td><td></td></tr>
<tr><td>gender</td><td>Char(1)</td><td>UB-04 Gender designation</td><td>M – Male
F – Female
U – Unknown</td></tr>
<tr><td>race</td><td>Char(1)</td><td>UB-04 Race designation. Some race designations have been rolled into "Other" to ensure that the data set conforms to HIPAA and other regulatory requirements.

Hispanic ethnicity was reported on the UB-04 as a race designation up until June 30, 2011. After that time, Hispanic ethnicity was no longer an option for race designation. See hispanic_ind.</td><td>W – White
B – Black
H – Hispanic
A – Asian
O – Other
U – Unable to determine</td></tr>
<tr><td>hispanic_ind</td><td>Char(1)</td><td>Hispanic indicator (derived from the UB-04 Ethnicity designation)</td><td>Y – Yes
N – No
U – Unknown</td></tr>
</table>

PATIENT TABLE: PATDEMO

Patient demographic and hospital encounter characteristics. Table contains one row per hospital encounter.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
admphy_spec	Smallint	Admitting physician specialty code. Assigned value is 900 when admitting physician information is not provided by the hospital.	See PHYSPEC tab
adm_phy	Integer	Admitting physician ID (de-identified). Use to track a physician across multiple inpatient and outpatient encounters within the same hospital. Assigned value is 999999999 when admitting physician information is not provided by the hospital.	
attphy_spec	Smallint	Attending physician specialty code. Assigned value is 900 when attending physician information is not provided by the hospital.	See PHYSPEC tab
att_phy	Integer	Attending physician ID (de-identified). Use to track a physician across multiple inpatient and outpatient encounters within the same hospital. Assigned value is 999999999 when attending physician information is not provided by the hospital.	
std_payor	Smallint	Standard Premier payer categories	See PAYOR tab
los	Smallint	Hospital submitted length of stay. Applies to inpatient encounters only.	
pat_charges	Decimal(12,2)	Total charge amount of billed items during the hospital encounter.	
pat_cost	Decimal(12,2)	Total cost to treat the patient during the hospital encounter. Includes all supplies, labor, depreciation of equipment, etc. Total Cost = Variable Cost + Fixed Cost.	
pat_fix_cost	Decimal(12,2)	Total fixed cost to treat the patient during the hospital encounter. Fixed expenses include those that do not relate directly to or vary with the activity (volume) of the department such as depreciation, management, repair and maintenance and overhead.	

PATIENT TABLE: PATDEMO

Patient demographic and hospital encounter characteristics. Table contains one row per hospital encounter.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
pat_var_cost	Decimal(12,2)	Total variable cost to treat the patient during the hospital encounter. Variable expenses include expenses that relate directly to or vary with the activity (volume) of the department such as supplies and hands on patient care.	
publish_type	Char(2)	Indicates publish type of the hospital encounter. Comparative Valid: The encounter has passed all validity checks performed by Premier, but has not gone through financial reconciliation. This means that total and bill cost in the PAT_APR/NOAPR and PATBILL files, respectively, will not be assigned. Comparative Publish: The encounter has passed all validity checks performed by Premier, including financial reconciliation. This means that total and bill cost in the PAT_APR/NOAPR and PATBILL files, respectively, will be assigned.	CP - Comparative Publish CV - Comparative Valid

PATIENT TABLE: PATAPRDRG ***

3M™ APR-DRG classification for inpatient hospital encounters. Table contains one row per hospital encounter.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
medrec_key	Integer	Unique patient identifier (de-identified), defined by medical record number and hospital entity. Use this field to track a patient across multiple inpatient and/or outpatient encounters at the same hospital.	
apr_drg	Smallint	3M™ APR-DRG Grouper. Assigned to inpatient encounters only.	See APRDRG tab
apr_sev	Smallint	3M™ APR-DRG Severity of Illness classification. Assigned to inpatient encounters only.	0 - APR-DRG not assigned 1 - Minor 2 - Moderate 3 - Major 4 - Extreme
apr_mort	Smallint	3M™ APR-DRG Risk of Mortality classification. Assigned to inpatient encounters only.	0 - APR-DRG not assigned 1 - Minor 2 - Moderate 3 - Major 4 - Extreme

*** Additional fee for APR DRGs applies due to licensing fee from 3M™

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<table>
<tr><td colspan="4" align="center">**PATIENT TABLE: PATBILL**</td></tr>
<tr><td colspan="4" align="center">(return to Table of Contents)</td></tr>
<tr><td colspan="4" align="center">Detail drug/supply/service charges for each hospital encounter. A hospital encounter can have multiple rows in this table.</td></tr>
<tr><td align="center">*Field Name*</td><td align="center">*Data Type*</td><td align="center">*Description*</td><td align="center">*Valid Values or Link to Lookup Tab*</td></tr>
<tr><td>pat_key</td><td>Integer</td><td>Unique hospital encounter identifier (de-identified)</td><td></td></tr>
<tr><td>std_chg_code</td><td>Char(15)</td><td>Premier Standard Charge Master code</td><td>See CHGMSTR tab</td></tr>
<tr><td>hosp_chg_id</td><td>Integer</td><td>Unique hospital charge item identifier (de-identified). Use to link each charge item to the corresponding hospital submitted description.</td><td>See HOSPCHG tab</td></tr>
<tr><td>serv_day</td><td>Smallint</td><td>Service day within the hospital encounter the charge item was billed. Calculated as service date - admit date + 1. Service day of less than or equal to 0 can either represent pre-admission services (i.e. lab workup prior to scheduled surgery) or services received in the Emergency Room when the patient is admitted as an inpatient from the Emergency Room.</td><td></td></tr>
<tr><td>hosp_qty</td><td>Decimal(12,2)</td><td>Hospital submitted quantity for each charge item. Use this quantity with the hospital submitted charge description (reference HOSPCHG lookup table).</td><td></td></tr>
<tr><td>std_qty</td><td>Decimal(18,8)</td><td>Standard Quantity for each charge item. The hospital submitted quantity is adjusted as needed to convert to a standard quantity. Use this quantity with the Premier Standard Charge Master description (reference CHGMSTR lookup table).</td><td></td></tr>
<tr><td>bill_charges</td><td>Decimal(12,2)</td><td>Total charged amount for charge item.</td><td></td></tr>
<tr><td>bill_cost</td><td>Decimal(12,2)</td><td>Total cost for charge item. Includes all supplies, labor, depreciation of equipment, etc. Total Cost = Variable Cost + Fixed Cost.</td><td></td></tr>
<tr><td>bill_var_cost</td><td>Decimal(12,2)</td><td>Total variable cost for charge item. Variable expenses include expenses that relate directly to or vary with the activity (volume) of the department such as supplies and hands on patient care.</td><td></td></tr>
</table>

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PATIENT TABLE: PATBILL			
(return to Table of Contents)			
Detail drug/supply/service charges for each hospital encounter. A hospital encounter can have multiple rows in this table.			
Field Name	*Data Type*	*Description*	*Valid Values or Link to Lookup Tab*
bill_fix_cost	Decimal(12,2)	Total fixed cost for charge item. Fixed expenses include those that do not relate directly to or vary with the activity (volume) of the department such as depreciation, management, repair and maintenance and overhead.	

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PATIENT TABLE: PATCPT
Hospital submitted Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for each hospital encounter. Hospitals are not required to submit CPT/HCPCS codes to Premier. Some opt to only submit select CPT codes. For example, a hospital may opt to only submit E&M CPT codes for the Emergency Room. A hospital encounter can have multiple rows in this table.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
cpt_code	Char(7)	CPT or HCPCS code	See CPTCODE tab
cpt_pos	Smallint	CPT position indicating order codes were received from the hospital. Included for purpose of keeping rows distinct when hospital submits same CPT code more than once for an encounter.	
proc_day	Smallint	Procedure day within the hospital encounter the procedure was performed. Calculated as procedure date - admit date + 1.

Data is incomplete as submission of procedure date is not required. Available for discharge dates on or after 7-1-2012. | |
| cpt_order_phy | Integer | CPT order physician ID (de-identified). Use to track a physician across multiple inpatient and outpatient encounters within the same hospital. Assigned value is 999999999 when admitting physician information is not provided by the hospital.

Data is incomplete as submission of ordering physician is not required. Available for discharge dates on or after 7-1-2012. | |
| cpt_order_phy_spec | Smallint | CPT order physician specialty code. Assigned value is 900 when attending physician information is not provided by the hospital.

Data is incomplete as submission of ordering physician is not required. Available for discharge dates on or after 7-1-2012. | See PHYSPEC tab |

<table>
<tr><td colspan="4" align="center">**PATIENT TABLE: PATCPT**</td><td></td></tr>
<tr><td colspan="4" align="center"></td><td></td></tr>
<tr><td colspan="5">Hospital submitted Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for each hospital encounter. Hospitals are not required to submit CPT/HCPCS codes to Premier. Some opt to only submit select CPT codes. For example, a hospital may opt to only submit E&M CPT codes for the Emergency Room. A hospital encounter can have multiple rows in this table.</td></tr>
</table>

Field Name	Data Type	Description		Valid Values or Link to Lookup Tab
cpt_proc_phy	Integer	CPT procedure physician ID (de-identified). Use to track a physician across multiple inpatient and outpatient encounters within the same hospital. Assigned value is 999999999 when admitting physician information is not provided by the hospital. Data is incomplete as submission of procedure physician is not required. Available for discharge dates on or after 7-1-2012.		
cpt_proc_phy_spec	Smallint	CPT procedure physician specialty code. Assigned value is 900 when attending physician information is not provided by the hospital. Data is incomplete as submission of procedure physician is not required. Available for discharge dates on or after 7-1-2012.		See PHYSPEC tab
cpt_mod_code_1	Char(2)	CPT Modifier Code 1 Data is incomplete as submission of CPT modifiers are not required. Available for discharge dates on or after 7-1-2012.		
cpt_mod_code_2	Char(2)	CPT Modifier Code 2 Data is incomplete as submission of CPT modifiers are not required. Available for discharge dates on or after 7-1-2012.		
cpt_mod_code_3	Char(2)	CPT Modifier Code 3 Data is incomplete as submission of CPT modifiers are not required. Available for discharge dates on or after 7-1-2012.		
cpt_mod_code_4	Char(2)	CPT Modifier Code 4 Data is incomplete as submission of CPT modifiers are not required. Available for discharge dates on or after 7-1-2012.		

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PATIENT TABLE: PATICD_DIAG

ICD Diagnosis Codes submitted for each hospital encounter. Codes can belong to either the ICD-9 or ICD-10 code sets. The standard extract contains ICD-9 codes for discharges prior to 10/1/2015, and ICD-10 codes for discharges on or after 10/1/2015. Use the ICD_VERSION field to differentiate the ICD code set, as there are some ICD codes that overlap between the ICD-9 and ICD-10 code sets. All encounters must have a principal diagnosis code. A hospital encounter can have multiple rows in this table.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
icd_version	Smallint	ICD code set indicator: ICD-9 or ICD-10	**9** or **10**
icd_code	Char(10)	ICD-9 or ICD-10 diagnosis code. Use the icd_version field to differentiate to which ICD code set the ICD code belongs, as there are some ICD codes that overlap between ICD-9 and ICD-10 code sets.	See ICDCODE tab
icd_pri_sec	Char(1)	Indicates whether an ICD diagnosis code is: Admitting, Principal or Secondary	**A** – Admitting **P** – Principal **S** – Secondary
icd_poa	Char(1)	Present on Admission Flag	See ICDPOA tab

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PATIENT TABLE: PATICD_PROC	

ICD Procedure Codes submitted for each hospital encounter. Codes can belong to either the ICD-9 or ICD-10 code sets. The standard extract contains ICD-9 codes for discharge dates prior to 10/1/2015, and ICD-10 codes for discharge dates on or after 10/1/2015. Use the ICD_VERSION field to differentiate the ICD code set, as there are some ICD codes that overlap between the ICD-9 and ICD-10 code sets. A hospital encounter can have multiple rows in this table.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
icd_version	Smallint	ICD code set indicator: ICD-9 or ICD-10	**9** or **10**
icd_code	Char(10)	ICD-9 or ICD-10 procedure code. Use the icd_version field to differentiate to which ICD code set the ICD code belongs, as there are some ICD codes that overlap between ICD-9 and ICD-10 code sets.	See ICDCODE tab
icd_pri_sec	Char(1)	Indicates whether an ICD procedure code is: Principal or Secondary	**P** - Principal **S** - Secondary
proc_day	Smallint	Hospital encounter day the procedure was performed. Calculated as procedure date - admit date + 1. Consistent collection of this data did not begin until 2004.	
proc_phy	Integer	Procedure physician id (de-identified). Use to track a procedure physician across multiple inpatient and outpatient encounters within the same hospital. This id does not link to the admitting and attending physician ids in the PAT_APR/NOAPR table. A value of 999999999 is assigned when procedure physician is not available.	
procphy_spec	Smallint	Procedure physician specialty code	See PHYSPEC tab

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PATIENT TABLE: READMIT
The standard readmission file will contain all inpatient hospital encounters for patients with at least one inpatient hospital encounter in the extract population. Use this file for all-cause readmission analysis. Contains one row per hospital encounter.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
medrec_key	Integer	Unique patient identifier (de-identified), defined by medical record number and hospital entity. Use this field to track a patient across multiple inpatient and/or outpatient encounters at the same hospital.	
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
i_o_ind	Char(1)	Inpatient/Outpatient indicator	**I** - Inpatient **O** - Outpatient
in_extract	Smallint	Denotes whether the hospital encounter is present in the extract population. Hospital encounters not included in the extract(in_extract=0) are included here to assist in all-cause readmission analysis. No other data are included in the extract for these encounters.	**1** - In extract **0** - Not in extract
disc_mon	Integer	Month and year patient was discharged, formatted: YYYYQMM where Q is the calendar quarter	
disc_mon_seq	Smallint	Use with medrec_key and disc_mon fields to order multiple hospital encounters for a unique patient within a particular discharge month by discharge date	
days_from_prior	Integer	Number of days from prior hospital encounter. Calculated as admit date of current hospital encounter - discharge date of prior hospital encounter when sorted by DISC_MON and DISC_MON_SEQ. Value will be null for the first hospital encounter in this file for each patient (medrec_key).	
days_from_index	Integer	Number of days from a patient's earliest (or index) discharge date in this file. Calculated as admit date of current hospital encounter - earliest discharge date for the patient (medrec_key). Value will be zero for encounter(s) having the earliest discharge date for each patient.	

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PATIENT TABLE: READMIT

The standard readmission file will contain all inpatient hospital encounters for patients with at least one inpatient hospital encounter in the extract population. Use this file for all-cause readmission analysis. Contains one row per hospital encounter.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
calc_los	Integer	Calculated length of stay, discharge date - admit date. Use this field in conjunction with days_from_prior or days_from_index to calculate the number of days between any two encounters in this file.	
gender	Char(1)	UB-04 Gender designation	**M** - Male **F** - Female **U** - Unknown
race	Char(1)	UB-04 Race designation. Some race designations have been rolled into "Other" to ensure that the data set conforms to HIPAA and other regulatory requirements. Hispanic ethnicity was reported on the UB-04 as a race designation up until June 30, 2011. After that time, Hispanic ethnicity was no longer an option for race designation. See hispanic_ind.	**W** - White **B** - Black **H** - Hispanic **A** - Asian **O** - Other **U** - Unable to determine
pat_type	Char(2)	A Premier mapped field to denote service type of hospital encounter. All hospitals must submit inpatient (08) encounters to Premier. Outpatient encounters are optional. Hospitals may opt to submit only select Outpatient encounters. For example, a hospital may opt to only send Outpatient Emergency and Same Day Surgery patient types.	See PATTYPE tab
point_of_origin	Char(2)	UB-04 Point of Origin (formerly Source of Admission) code. Designed to focus on where the patient was prior to presenting to the health care facility.	See POORIGIN tab
disc_status	Smallint	UB-04 Discharge status code	See DISSTAT tab
adm_type	Smallint	UB-04 Admission type code	See ADMTYPE tab

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	PATIENT TABLE: READMIT		
	(return to Table of Contents)		
	The standard readmission file will contain all inpatient hospital encounters for patients with at least one inpatient hospital encounter in the extract population. Use this file for all-cause readmission analysis. Contains one row per hospital encounter.		

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
ms_drg	Smallint	Medicare Severity Diagnosis-Related Group (MS-DRG). Assigned to inpatient encounters only. The MS-DRG system became effective with discharges occurring on or after October 1, 2007. For this extract, the 2007 version of MS-DRG was used to calculate MS-DRG for discharges occurring prior to October 1, 2007.	See MSDRG tab
age	Smallint	Patient age in years, calculated as admission date - date of birth. Patient age 90 and above are assigned an age of 89 per HIPAA regulations.	
icd_version	Smallint	Indicates which ICD code set is used for the principal ICD diagnosis and procedure codes, ICD-9 or ICD-10	9 or 10
prim_icd_diag_code	Char(10)	Patient's principal discharge ICD diagnosis code	See ICDCODE tab
prim_icd_proc_code	Char(10)	Patient's principal ICD procedure code	See ICDCODE tab
pat_cost	Decimal(12,2)	Total cost to treat the patient during the hospital encounter. This includes all supplies, labor, depreciation of equipment, etc. Total Cost = Variable Cost + Fixed Cost.	
pat_charges	Decimal(12,2)	Total charge amount of billed items during the hospital encounter.	

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PATIENT TABLE: READMIT
The standard readmission file will contain all inpatient hospital encounters for patients with at least one inpatient hospital encounter in the extract population. Use this file for all-cause readmission analysis. Contains one row per hospital encounter.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
publish_type	Char(2)	Indicates publish type of the hospital encounter. Comparative Valid: The encounter has passed all validity checks performed by Premier, but has not gone through financial reconciliation. This means that total and bill cost in the PAT_APR/NOAPR and PATBILL files, respectively, will not be assigned. Comparative Publish: The encounter has passed all validity checks performed by Premier, including financial reconciliation. This means that total and bill cost in the PAT_APR/NOAPR and PATBILL files, respectively, will be assigned.	CP - Comparative Publish CV - Comparative Valid

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PATIENT TABLE: LAB_RES ***			
Microbiology lab results data for select hospital encounters. A hospital encounter can have multiple rows in this table.			
Field Name	***Data Type***	***Description***	***Valid Values or Link to Lookup Tab***
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
data_source_ind	Smallint	Clinical surveillance system indicator. The value distinguishes the two proprietary surveillance systems that contribute data.	3 - Retired data source 4 - Current data source
specimen_id	Char(15)	Unique specimen identifier (de-identified); specimen ids are not unique across all hospital encounters, therefore, use specimen_id with pat_key to ensure uniqueness.	
spec_day_number	Smallint	Day of hospital encounter the specimen was submitted. Calculated as: submission date - admit date + 1	
spec_time_of_day	Time	Time of day the specimen was submitted (24-hour clock)	
load_day_number	Smallint	Day of hospital encounter the observation was loaded into the Premier clinical surveillance system	
load_time_of_day	Time	Time of day the observation was loaded into the Premier clinical surveillance system (24-hour clock)	
test	Char(175)	Specific test utilized by the facility. A unique specimen id can have multiple associated tests. For data_source_ind = 3, test is mapped to a Premier standard code set. For data_source_ind = 4, test is mapped to LOINC®.	
specimen_source	Char(150)	Source from where the specimen was taken	

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PATIENT TABLE: LAB_RES ***
Microbiology lab results data for select hospital encounters. A hospital encounter can have multiple rows in this table.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
observation_category	Char(25)	Indicates the observation status (i.e. Final, Preliminary, etc.). This is a hospital reported field and is not mandatory.	Distinct values for data_source_ind = 3: [blank] null Amended Completed Corrected Final Gram InProcess Other Preliminary Smear/Stain Stain Distinct values for data_source_ind = 4: [blank] null AMENDED CANCELLED CORRECTED FINAL MODIFIED PRELIMINARY
observation	Char(150)	Result observations associated with a test. A unique specimen id and test can have multiple associated results	

*** Additional license required for Microbiology data

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<table>
<tr><td colspan="5" align="center">PATIENT TABLE: LAB_SENS ***

<u>(return to Table of Contents)</u></td></tr>
<tr><td colspan="5" align="center">Microbiology lab sensitivity results data for select hospital encounters. A hospital encounter can have multiple rows in this table.</td></tr>
<tr><td>Field Name</td><td>Data Type</td><td align="center">Description</td><td colspan="2">Valid Values or
Link to Lookup Tab</td></tr>
<tr><td>pat_key</td><td>Integer</td><td>Unique hospital encounter identifier (de-identified)</td><td colspan="2"></td></tr>
<tr><td>data_source_ind</td><td>Smallint</td><td>Clinical surveillance system indicator. The value distinguishes the two proprietary surveillance systems that contribute data.</td><td colspan="2">3 - Retired data source
4 - Current data source</td></tr>
<tr><td>specimen_id</td><td>Char(15)</td><td>Unique specimen identifier (de-identified). Specimen ids are not unique across all hospital encounters; therefore, use specimen_id with pat_key to ensure uniqueness.</td><td colspan="2"></td></tr>
<tr><td>spec_day_number</td><td>Smallint</td><td>Day of hospital encounter the specimen was submitted. Calculated as: submission date - admit date + 1</td><td colspan="2"></td></tr>
<tr><td>spec_time_of_day</td><td>Time</td><td>Time of day the specimen was submitted (24-hour clock)</td><td colspan="2"></td></tr>
<tr><td>load_day_number</td><td>Smallint</td><td>Day of hospital encounter the observation was loaded into the Premier clinical surveillance system</td><td colspan="2"></td></tr>
<tr><td>load_time_of_day</td><td>Time</td><td>Time of day the observation was loaded into the Premier clinical surveillance system (24-hour clock)</td><td colspan="2"></td></tr>
<tr><td>test_method</td><td>Char(50)</td><td>Method of testing</td><td colspan="2"></td></tr>
<tr><td>result_organism</td><td>Char(100)</td><td>Result organism for which sensitivity testing was conducted. A specimen id can have more than one associated result organism.</td><td colspan="2"></td></tr>
<tr><td>medication</td><td>Char(100)</td><td>Medication tested</td><td colspan="2"></td></tr>
<tr><td>result</td><td>Char(50)</td><td>Result value of the test performed</td><td colspan="2"></td></tr>
<tr><td>interpretation</td><td>Char(50)</td><td>Interpretation of the result (i.e. Susceptible, Resistant or Intermediate)</td><td colspan="2"></td></tr>
</table>

*** Additional license required for Microbiology data

PINC AI HEALTHCARE DATABASE

PATIENT TABLE: GEN_LAB ***

General lab results data for select hospital encounters. A hospital encounter can have multiple rows in this table.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
order_key	Char(25)	Recoded key associated with lab order assigned by EMR/receiving unit	
specimen_source_snomed_code	Char(20)	Snomed CT code for source of the specimen (blood, sputum, urine, etc.)	
specimen_source_snomed_desc	Char(100)	Snomed CT description for source of the specimen (blood, sputum, urine, etc.)	
collection_day_number	Smallint	Day of hospital encounter the specimen was drawn	
collection_time_of_day	Time	Time of day the specimen was drawn (24-hour clock)	
lab_test_loinc_code	Char(25)	LOINC® code for the result. Logical Observation Identifiers Names and Codes (LOINC) is a database and universal standard for identifying medical laboratory observations.	
lab_test_loinc_desc	Char(200)	LOINC description for the result.	
lab_test_result	Char(3500)	Result of the test (e.g. a number, or an alpha description such as "positive")	
result_unit	Char(100)	Unit of measure for the result	
flags	Char(50)	Highlights whether the test result is beyond the normal range, as defined by the facility. Flag is typically generated by the lab system, but may be augmented by TheraDoc in some instances. Indicators such as "H" (high), or "L" (low") are helpful in driving automated alerts and filtering data.	
result_day_number	Smallint	Day of hospital encounter that the observation was recorded	
result_time_of_day	Time	Time of day the that the observation was recorded (24-hour clock)	

PINC AI
HEALTHCARE DATABASE

<table>
<tr><td colspan="4">PATIENT TABLE: GEN_LAB ***
(return to Table of Contents)</td></tr>
<tr><td colspan="4">General lab results data for select hospital encounters. A hospital encounter can have multiple rows in this table.</td></tr>
<tr><td>Field Name</td><td>Data Type</td><td>Description</td><td>Valid Values or Link to Lookup Tab</td></tr>
<tr><td>reference_interval</td><td>Char(225)</td><td>The lab's reference range for test results. Reference ranges vary from facility to facility, based upon the exact lab equipment they use.</td><td></td></tr>
<tr><td>numeric_value</td><td>Decimal(38,8)</td><td>Numeric result of the test</td><td></td></tr>
<tr><td>numeric_value_operator</td><td>Char(10)</td><td>Character such as ">" or "<" used in results. Often results which relate to counts will simply give a ">" or "<" result. Use of this prevents clinicians from making exact calculations and drawing incorrect conclusions.</td><td></td></tr>
</table>

*** Additional license required for General Lab data

PINC AI
HEALTHCARE DATABASE

PATIENT TABLE: VITALS ***			
(return to Table of Contents)			
Vitals data for select hospital encounters. A hospital encounter can have multiple rows in this table.			
Field Name	*Data Type*	*Description*	*Valid Values or Link to Lookup Tab*
pat_key	Integer	Unique hospital encounter identifier (de-identified)	
abnormal_flag	Char(25)	Highlights whether the test result is flagged as beyond the normal range, as defined by the facility.	No abnormal flag Low Normal High
facility_test_name	Char(150)	EMR description of the test; specific to facility e.g. HEIGHT, WEIGHT, DP, SP, RR, HR, PO2	
lab_test	Char(125)	Full description of the Concept ID (e.g. LOINC)	
lab_test_loinc_code	Char(25)	Contains LOINC code if applicable, else value is null	
lab_test_result	Char(350)	Result of the test (e.g. a number, or an alpha description such as "positive")	
lab_test_result_status	Char(25)	Indicator reflecting whether result is preliminary or final.	C =Corrected F =Final I =In Lab O =Order Received P =Preliminary R =Results Entered U =Final X =No Results
lab_test_result_unit	Char(75)	Unit of measure for the result	
numeric_value_operator	Char(10)	Character such as ">" or "<" used in results. Often results which relate to counts will simply give a ">" or "<" result. Use of this prevents clinicians from making exact calculations and drawing incorrect conclusions.	
observation_day_number	Smallint	Observation Day Number; DATEPART(observation_date) - admit_date + 1	
observation_time_of_day	Time	Observation Time; Time (based on 24 hour clock) when the specimen was drawn or the radiological exam was done	
result_day_number	Smallint	Result Day Number; DATEPART(result_date) - admit_date + 1	

PINC AI
HEALTHCARE DATABASE

PATIENT TABLE: VITALS ***			
Vitals data for select hospital encounters. A hospital encounter can have multiple rows in this table.			
Field Name	*Data Type*	*Description*	*Valid Values or Link to Lookup Tab*
result_time_of_day	Time	Result Time; Time (based on 24 hour clock) that the observation was recorded	
test_result_numeric_value	Decimal(28,6)	Numeric result of the test	

*** Additional license required for Vitals data

PINC AI HEALTHCARE DATABASE

PATIENT TABLE: MOTHER_INFANT_LINK ***			
Links Infant birth record to Mother delivery record when linkage data are available. Table contains one record per Infant birth. In the case of multiple births, a Mother record can be linked to more than one Infant records.			
Field Name	*Data Type*	*Description*	*Valid Values or Link to Lookup Tab*
infant_pat_key	Integer	Unique hospital encounter identifier (de-identified) for infant at birth. There is one birth record for each infant in this table. Only infant birth records that can be linked to the mother's delivery encounter are in this table.	
mother_pat_key	Integer	Unique hospital encounter identifier (de-identified) for the mother at delivery. A mother_pat_key can be linked to multiple infant_pat_key(s).	

*** Additional license required for Mother-Infant link data

PATIENT TABLE: MORTALITY ***

Mortality data from public and private sources and/or in-hospital mortality derived from PHD discharge status of "Expired".
Unlike the other "patient" level tables organized at the encounter level, this table is at the unique patient (MEDREC_KEY) level.
Table contains all patients that were matched against the external mortality sources or where death could be determined from PHD.
Patients with null death month and year represent no death and should be included in the denominator when using this table.

Field Name	Data Type	Description	Valid Values or Link to Lookup Tab
medrec_key	Integer	Unique patient identifier (de-identified), defined by medical record number and hospital entity. Use this field to track a patient across multiple inpatient and/or outpatient encounters at the same hospital.	
death_mon	Integer	Month and year patient expired, formatted: YYYYQMM where Q is the calendar quarter Death dates are populated from one of the following sources: * Private Claims * Government Mortality Data * Funeral Homes * Newspapers * PHD (derived from discharge status of "Expired") With the exception of in-hospital mortality derived from PHD, mortality data is obtained from an external data source that captures death dates for roughly 85% of the U.S. population. Null death_mon represents patients that were matched against the external mortality sources and no death record was found. Patients with null death_mon should be included in the denominator when using this table.	

*** Additional license required for Mortality data

LOOKUP TABLE: ADMTYPE

UB-04 Admission Type codes and descriptions

Field Name	Data Type	Description	Valid Values	
adm_type	Smallint	UB-04 Admission Type code	Reference Codes Listed Below	
adm_type_desc	Char(40)	UB-04 Admission Type description	Code	Description
			1	EMERGENCY
			2	URGENT
			3	ELECTIVE
			4	NEWBORN
			5	TRAUMA CENTER
			9	INFORMATION NOT AVAILABLE

LOOKUP TABLE: APRDRG ***

Decode for APR_DRG in PATAPRDRG tab

3M™ APR DRG Classification System

Field Name	Data Type	Description	Valid Values
apr_drg	Smallint	3M™ All Patient Refined DRG (APR DRG) grouper	
apr_drg_desc	Char(40)	3M™ All Patient Refined DRG (APR DRG) grouper description	

*** Additional fee for APR DRGs applies due to licensing fee from 3M™

PINC AI
HEALTHCARE DATABASE

LOOKUP TABLE: CHGMSTR
Decode for STD_CHG_CODE in PATBILL table Premier Standard Charge Master. The Clinical Staff at Premier maps each of the hospital's charge items to a standard charge item on the Premier Standard Charge Master. The hospital must review, correct and sign off on this mapping. Each code in the Premier Standard Charge Master is mapped to various reporting levels, including Premier Clinical Detail, Premier Clinical Summary, and Premier Standard Department. The highest level of aggregation is the Premier Standard Department. The Premier Clinical Summary and Premier Clinical Detail provide progressively greater levels of detail.

Field Name	Data Type	Description	Valid Values
std_chg_code	Char(15)	Premier Standard Charge Master code	
std_chg_desc	Char(50)	Premier Standard Charge Master description	
clin_dtl_code	Integer	Premier Clinical Detail code	
clin_dtl_desc	Char(50)	Premier Clinical Detail description	
clin_sum_code	Char(15)	Premier Clinical Summary code	
clin_sum_desc	Char(50)	Premier Clinical Summary description	
std_dept_code	Smallint	Premier Standard Department code	
std_dept_desc	Char(40)	Premier Standard Department description	
sum_dept_desc	Char(30)	Higher level grouping of Premier Standard Departments	
prod_cat_code	Char(15)	Premier defined product category code	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.
prod_cat_desc	Char(60)	Premier defined product category description	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.
prod_class_code	Char(15)	Premier defined product class code	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.

PINC AI
HEALTHCARE DATABASE

LOOKUP TABLE: CHGMSTR
Decode for STD_CHG_CODE in PATBILL table
Premier Standard Charge Master. The Clinical Staff at Premier maps each of the hospital's charge items to a standard charge item on the Premier Standard Charge Master. The hospital must review, correct and sign off on this mapping. Each code in the Premier Standard Charge Master is mapped to various reporting levels, including Premier Clinical Detail, Premier Clinical Summary, and Premier Standard Department. The highest level of aggregation is the Premier Standard Department. The Premier Clinical Summary and Premier Clinical Detail provide progressively greater levels of detail.

Field Name	Data Type	Description	Valid Values
prod_class_desc	Char(60)	Premier defined product class description	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.
prod_name_code	Char(15)	Premier defined product name code	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.
prod_name_desc	Char(60)	Premier defined product name description	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.
prod_name_meth_code	Char(15)	Premier defined product and method of administration code	Only applies to Standard Department Code 250 (Pharmacy).
prod_name_meth_desc	Char(60)	Premier defined product name and method of administration description	Only applies to Standard Department Code 250 (Pharmacy). All other Standard Departments mapped to Unknown.

LOOKUP TABLE: CPTCODE

Decode for CPT_CODE in PATCPT table

Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS)

Field Name	Data Type	Description	Valid Values
cpt_code	Char(7)	CPT or HCPCS code	
cpt_desc	Char(40)	CPT or HCPCS description	

LOOKUP TABLE: DISSTAT

UB-04 Discharge status codes and descriptions

Field Name	Data Type	Description	Valid Values	
disc_status	Smallint	UB-04 Discharge status code	Reference Codes Listed Below (also see Appendix D for more complete information on each discharge status)	
disc_status_desc	Char(40)	UB-04 Discharge status description	Code	Description
			1	DISCHARGED TO HOME OR SELF CARE
			2	DISCHARGED/TRANSFERRED TO OTHER FACILITY
			3	DISCHARGED/TRANSFERRED TO SNF
			4	DISCHARGED/TRANSFERRED TO ICF
			5	DSCHRD/XFERED CANCER CTR/CHILDRN HOSP
			6	DISCHARGED TO HOME HEALTH ORG.
			7	LEFT AGAINST MEDICAL ADVICE
			8	DISCHARGED TO HOME IV PROVIDER
			9	ADMITTED AS AN INPATIENT TO THIS HOSP
			20	EXPIRED
			21	DISCH/TRANS TO COURT/LAW ENFORCE
			30	STILL A PATIENT - EXPECTED TO RETURN
			40	EXPIRED AT HOME (FOR HOSPICE CARE)
			41	EXPIRED IN MEDICAL FACILITY(FOR HOSPICE)
			42	EXPIRED, PLACE UNKNOWN (FOR HOSPICE)
			43	DISCHARGED/TRANSFERRED TO FEDERAL HOSP
			50	DISCHARGED TO HOSPICE-HOME
			51	DISCHARGED TO HOSPICE-MEDICAL FACILITY
			61	DISCHRGD/TRANSFRD TO SWING BED
			62	DSCHRGD/TRNSFRD TO ANOTHER REHAB FACILTY
			63	DSCHRGD/TRNSFRD TO A LTC HOSPITAL
			64	DISCHRGD/TRNSFRD TO A NURSING FACILITY M
			65	DISCHARGED/TRANSFERRED TO PSYCH HOSP
			66	DISCHARGED/TRANSFERRED TO A CAH
			69	DISC/TRAN DESIG DISASTR PLAN ACUT IP RDM
			70	DSCHRD/XFERED OTH HLTH INST NOT IN LIST

LOOKUP TABLE: DISSTAT

Decode for DISC_STATUS in PATDEMO table

Decode for DISC_STATUS in READMIT table

UB-04 Discharge status codes and descriptions

Field Name	Data Type	Description	Valid Values	
			71	DSCHRGD TO OTHER INSTITUTION FOR OP SVCS
			72	DISCHGRD TO THIS INSTITUTION FOR OP SVCS
			81	DISCH HOME/SELF PLANNED ACUTE IP READM
			82	DISC/TRAN SHRT TERM HOS PLAN ACUT IP RDM
			83	DISC/TRAN SNF MEDICARE PLAN ACUT IP RDM
			84	DISC/TRAN CUST/SUPP FAC PLAN ACUT IP RDM
			85	DISC/TRANS CANCER/CHILD PLAN ACUT IP RDM
			86	DISC HOME W/HOME HEALTH PLAN ACUT IP RDM
			87	DISC/TRANS COURT/LAW PLAN ACUTE IP RDM
			88	DISC/TRANS FEDERAL FAC PLAN ACUTE IP RDM
			89	DIS/TRAN MEDC SWING BED PLAN ACUT IP RDM
			90	DISC/TRANS IRF/REH DPU PLAN ACUTE IP RDM
			91	DISC/TRANS MEDICR LTCH PLAN ACUTE IP RDM
			92	DIS/TRAN NURSNG MEDCAID PLAN ACUT IP RDM
			93	DIS/TRAN PSYCH HOS/DPU PLAN ACUTE IP RDM
			94	DISCH/TRANS CAH PLAN ACUTE IP READM
			95	DIS/TRAN FACLTY UNLISTD PLAN ACUT IP RDM
			99	INFORMATION NOT AVAILABLE

LOOKUP TABLE: HOSPCHG

Decode for HOSP_CHG_ID in PATBILL table

Original charge description used internally at hospital

Field Name	Data Type	Description	Valid Values
hosp_chg_id	Integer	Unique hospital charge item identifier (de-identified)	
hosp_chg_desc	Char(60)	Description used in hospital's billing system	

PINC AI HEALTHCARE DATABASE

LOOKUP TABLE: ICDCODE
(return to Table of Contents)

Decode for ICD_CODE in PATICD_DIAG table
Decode for ICD_CODE in PATICD_PROC table
Decode for PRIM_ICD_DIAG_CODE and PRIM_ICD_PROC_CODE in READMIT table
International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).
†† When joining this lookup table to the PATICD_DIAG, PATICD_PROC, or READMIT table, join on both the ICD_VERSION and ICD_CODE fields.

Field Name	Data Type	Description	Valid Values
icd_version ††	Smallint	ICD code set indicator: ICD-9 or ICD-10	**9** or **10**
icd_code ††	Char(10)	ICD-9 or ICD-10 diagnosis or procedure code. Use the icd_version field to differentiate to which ICD code set the ICD code belongs, as there are some ICD codes that overlap between the ICD-9 and ICD-10 code sets. Use the icd_diag_proc field to differentiate the icd_diag	
icd_desc	Char(40)	ICD diagnosis or procedure description	
ccs_cat_level1_code*	Char(10)	CCS category code: Level 1 of the multi-level categories	
ccs_cat_level1_desc*	Char(150)	CCS category description: Level 1 of the multi-level categories	
ccs_cat_level2_code*	Char(10)	CCS category code: Level 2 of the multi-level categories	
ccs_cat_level2_desc*	Char(150)	CCS category description: Level 2 of the multi-level categories	
icd_diag_proc	Char(1)	Flag denoting type of ICD code: Diagnosis or Procedure	**D** or **P**
icd_diag_proc_desc	Char(12)	Description of ICD type	Diagnosis Procedure

```
* AHRQ HCUP Clinical Classifications Software (CCS) categories
  ICD-9-CM:          https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp
  ICD-10-CM/PCS:  https://www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp
```

LOOKUP TABLE: ICDPOA

Decode for ICD_POA in PATICD_DIAG table

Standard Present on Admission flags and descriptions

Field Name	Data Type	Description	Valid Values	
icd_poa	Char(1)	Present on Admission flag	Reference Codes Listed Below	
icd_poa_desc	Char(40)	Present on Admission description	Code	Description
			1	EXEMPT FROM POA REPORTING
			9	NO CODE SUBMITTED
			E	EXEMPT FROM POA REPORTING
			N	NO (NOT PRESENT ON ADMISSION)
			U	UNKNOWN (DOCUMENTATION INSUFFICIENT)
			W	CLINICALLY UNDETERMINED
			Y	YES (PRESENT ON ADMISSION)
icd_poa_sum_desc	Char(10)	Present on Admission Summary description	Yes No Exempt	

PINC^AI^
HEALTHCARE DATABASE

LOOKUP TABLE: MSDRG				
(return to Table of Contents)				
Decode for MS_DRG in PATDEMO Decode for MS_DRG in READMIT table **Medicare Severity Diagnosis Related Groups (MS-DRG)**				
Field Name	*Data Type*	*Description*		*Valid Values*
ms_drg	Smallint	Medicare Severity Diagnosis Related Group		
ms_drg_desc	Char(40)	Medicare Severity Diagnosis Related Group description		

LOOKUP TABLE: MSDRGMDC

Decode for MS_DRG_MDC in PATDEMO table

Major Diagnostic Categories (MDC)

Field Name	Data Type	Description	Valid Values
ms_drg_mdc	Char(7)	Major Diagnostic Category	
ms_drg_mdc_desc	Char(40)	Major Diagnostic Category description	

PINC AI HEALTHCARE DATABASE

LOOKUP TABLE: PATTYPE
(return to Table of Contents)
Decode for PAT_TYPE in PATDEMO table Decode for PAT_TYPE in READMIT table
Premier standard patient type codes and descriptions

Field Name	*Data Type*	*Description*	*Valid Values*	
pat_type	Char(2)	Premier Standard Patient type code	Reference Codes Listed Below (also see Appendix B for more detailed information on each patient type)	
pat_type_desc	Char(40)	Premier standard patient type description	Code	Description
			08	INPATIENT
			10	SKILLED NURSING
			22	LONG TERM CARE
			23	REHABILITATION
			24	PSYCHIATRIC
			25	HOSPICE
			26	CHEMICAL DEPENDENCY
			27	SAME DAY SURGERY
			28	EMERGENCY
			29	OBSERVATION
			30	DIAGNOSTIC TESTING
			31	RECURRING/SERIES
			32	PRE-SURGICAL TESTING
			33	HOME HEALTH
			34	CLINIC
			35	ORGAN DONOR
			90	OTHER

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HEALTHCARE DATABASE

LOOKUP TABLE: PAYOR			
Decode for STD_PAYOR in PATDEMO table **Premier standard payer codes and descriptions**			
Field Name	*Data Type*	*Description*	*Valid Values*
std_payor	Smallint	Premier Standard Payer code	Reference Codes Listed Below (also see Appendix C for more detailed information on each standard payer category)
std_payor_desc	Char(40)	Premier Standard Payer description	Code | Description

Code	Description
300	MEDICARE - TRADITIONAL
310	MEDICARE - MGD CARE CAP
320	MEDICARE - MGD CARE NON-CAP
330	MEDICAID - TRADITIONAL
340	MEDICAID - MGD CARE CAP
350	MEDICAID - MGD CARE NON-CAP
360	MANAGED CARE - NON-CAP
370	MANAGED CARE - CAPITATED
380	COMMERCIAL - INDEMNITY
390	CHARITY
400	INDIGENT
410	SELF PAY
420	WORKERS COMPENSATION
430	DIRECT EMPLOYER CONTRACT
440	OTHER GOVERNMENT PAYORS
900	OTHER

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LOOKUP TABLE: PHYSPEC

Decode for ADMPHY_SPEC and ATTPHY_SPEC in PATDEMO table

Decode for PROCPHY_SPEC in PATICD_PROC table

Decode for CPT_ORDER_PHY_SPEC and CPT_PROC_PHY_SPEC in PATCPT table

Standard physician specialty codes and descriptions

Field Name	Data Type	Description	Valid Values
phy_spec	Smallint	Standard physician specialty code	See Appendix A
phy_spec_desc	Char(40)	Standard physician specialty description	See Appendix A

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HEALTHCARE DATABASE

LOOKUP TABLE: POORIGIN
(return to Table of Contents)

Decode for POINT_OF_ORIGIN in PATDEMO table
Decode for POINT_OF_ORIGIN in READMIT table
UB-04 Point of Origin (formerly Source of Admission) codes and descriptions. Designed to focus on where the patient was prior to presenting to the health care facility.

Field Name	Data Type	Description	Valid Values	
point_of_origin	Char(2)	UB-04 Point of Origin code	Reference Codes Listed Below	
point_of_origin_desc	Char(50)	UB-04 Point of Origin description	Code	Description
			0	TRANS FROM PSYCH/SUBSTANCE ABU
			1	NONHEALTHCARE FACILITY POINT OF ORIGIN
			2	CLINIC
			3	HMO REFERRAL
			4	XFER FROM A HOSPITAL (DIFF FACILITY)
			45	BORN INSIDE THIS HOSPITAL
			46	BORN OUTSIDE OF THIS HOSPITAL
			5	XFER FROM SNF OR ICF
			6	XFER FROM HLTH FAC
			7	EMERGENCY ROOM – EXPIRED JULY 1 2010
			8	COURT/LAW ENFORCEMENT
			9	INFORMATION NOT AVAILABLE
			A	TRANS FROM RURAL PRIMARY CA
			B	XFER FROM ANOTHER HHA
			C	READMISSION TO SAME HHA
			D	XFER FROM DU IN SAME HOSP;SEPARATE CLAIM
			E	XFER FROM AMBULATORY SURGERY CENTER
			F	TRANSFER FROM HOSPICE & UNDER HOSPICE PLAN/PROGRAM
			G	XFER FROM DESIGNATED DISASTER ACS

PINC AI HEALTHCARE DATABASE

LOOKUP TABLE: PROVIDERS			
Decode for PROV_ID in PATDEMO table			
Hospital characteristics			
Field Name	**Data Type**	**Description**	**Valid Values**
prov_id	Integer	Hospital entity ID (de-identified)	
urban_rural	Char(10)	Vicinity of provider to a city center	URBAN RURAL
teaching	Char(3)	Denotes if the provider is a teaching hospital	YES NO
beds_grp	Char(11)	Total number of beds, grouped	000-099 100-199 200-299 300-399 400-499 500+ Unavailable
prov_region	Char(30)	US Census Region	MIDWEST NORTHEAST SOUTH WEST
prov_division	Char(30)	US Census Division	EAST NORTH CENTRAL EAST SOUTH CENTRAL MIDDLE ATLANTIC MOUNTAIN NEW ENGLAND PACIFIC SOUTH ATLANTIC WEST NORTH CENTRAL WEST SOUTH CENTRAL

PINC AI HEALTHCARE DATABASE

LOOKUP TABLE: PROVIDERS
Decode for PROV_ID in PATDEMO table
Hospital characteristics

Field Name	Data Type	Description	Valid Values
cost_type	Char(20)	Indicates the methodology used to assign cost. • Procedural: Generally speaking, used when the hospital has a cost accounting system and uses Relative Value Units to estimate cost. For these, the hospital submits both cost and charges to Premier. • Ratio of Cost to Charges (RCC): Generally speaking, used when the hospital does not have a cost accounting system, or does have a cost accounting system but does not use Relative Value Units to estimate cost. For these, the hospital submits the charges to Premier, and the cost is allocated based on a ratio of cost to charges.	PROCEDURAL RCC

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LOOKUP TABLE: PROV_ENROLLMENT	

Contains provider enrollment statistics along with inpatient projection weight. Projection weight is a provider and discharge month level weight, that when applied to patient level data projects to a national inpatient count based on the AHA Annual Survey Databse.
Table can be used to determine continuously submitting hospitals to PHD.

Field Name	Data Type	Description	Valid Values
prov_id	Integer	Hospital entity ID (de-identified)	
disc_mon	Integer	Month and year of discharges, formatted: YYYYQMM where Q is the calendar quarter	
ip_dx_count	Integer	Count of inpatient discharges in PHD for provider/discharge month	
op_dx_count	Integer	Count of outpatient discharges in PHD for provider/discharge month	
all_dx_count	Integer	Count of all discharges in PHD for provider/discharge month	
ip_min_dx_date	Date	Minimum inpatient discharge date in PHD for provider/discharge month	
op_min_dx_date	Date	Minimum outpatient discharge date in PHD for provider/discharge month	
all_min_dx_date	Date	Minimum discharge date in PHD for provider/discharge month	
ip_max_dx_date	Date	Maximum inpatient discharge date in PHD for provider/discharge month	
op_max_dx_date	Date	Maximum outpatient discharge date in PHD for provider/discharge month	
all_max_dx_date	Date	Maximum discharge date in PHD for provider/discharge month	
ip_proj_wgt	Decimal(10,6)	Inpatient projection weight. Used to produce national projected inpatient counts (based on the AHA Annual Survey Database™). Merge to PATDEMO table by PROV_ID and DISC_MON to apply provider level weights to patient level data. When merging to PATDEMO table to apply monthly hospital projection weights to encounter level data, filter PATDEMO for inpatient encounters only (I_O_IND = 'I').	

Appendix A

Appendix A – Practitioner Specialty Standards		
(return to Table of Contents)		
Standard Practitioner Specialty	*Standard Practitioner Specialty Description*	*Standard Practitioner Specialty Definition*
4001	Abdominal Surgery (AS)	Specializes in surgery of the organs in the abdominal cavity.
4002	Addiction Medicine (ADM)	Specializes in the diagnosis and treatment of addictions.
4003	Adolescent Medicine (ADL)	Specializes in a branch of Pediatrics that deals with the care of adolescents.
4004	Allergy & Immunology (AI)	Specializes in sensitivity reactions to substances in the environment, and the immune system. May treat people with skin diseases, asthma, hay fever, other similar disorders, and immunologic disorders.
4005	Allergy (A)	Specializes in sensitivity reactions to substances in the environment. May treat people with skin diseases, asthma, hay fever and other similar disorders.
4006	Anatomic Pathology (ATP)	Specializes in the evaluation of functional and structural changes of the body. Includes performing autopsies.
4007	Anatomic/Clinical Pathology (PTH)	Specializes in both the functional and structural changes that occur in the body, as well as, interprets and evaluates tissue samples taken from the body.
4008	Anesthesiology (AN)	Administers anesthesia and monitor patients during surgical procedures. Anesthesia may be general, regional, or local.
4122	Audiologist	Specializesin evaluating hearing and balance issues
4009	Blood Banking/Transfusion Medicine (BBK)	Specializes in blood banks and transfusions.
4010	Cardiac Electrophysiology (ICE)	A subset of Cardiology that pertains to the evaluation and treatment of heart rhythm disturbances and any associated symptoms.
4011	Cardiovascular Diseases (CD)	Specializes in the diagnosis and medical treatment of diseases and disorders of the heart and cardiac blood vessels. This can include interventional procedures. Also involved with rehabilitation of patients following a heart attack or other heart ailments.
4012	Cardiovascular Surgery (CDS)	Specializes in surgery of the heart and heart vessels. It is sometimes combined with Thoracic Surgery, particularly in the US.
4123	Certified Clinical Nurse Specialist	Registerednurses whohave earneda master's degree in nursing and met other requirements
4013	Certified Nurse Midwife (CNM)	Supervises, cares and advises women during pregnancy, labor and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. Practices in hospitals, clinics, health units, and domiciliary conditions or in any other service.
4014	Certified Registered Nurse Anesthetist (CRNA)	Administers anesthesia and assists anesthesiologists during surgical procedures. Anesthesia may be general, regional, or local.
4015	Chemical Pathology (PCH)	Specializes in chemical substances and chemical reactions in the body for the purpose of diagnosing, monitoring, or treating diseases.
4016	Child & Adolescent Psychiatry (CHP)	Specializes in the prevention, diagnosis and treatment of mental, addictive and emotional disorders in children and adolescents.
4017	Chiropractice (CRP)	Specializes in the practice of "hands-on" joint manipulation for relief of acute (temporary) pain.
4018	Clinical Genetics (CG)	A medical practitioner trained in the application of the principles of human genetics, including laboratory findings, to the diagnosis and management of genetic disorders and supervision of the counseling of patients and their families. This will include all specialties dealing with genetics.
4019	Clinical Neurophysiology (CN)	Specializes in the evaluation, diagnosis, and treatment of disorders of the nervous system (central and peripheral) and the muscular system.
4020	Clinical Pathology (CLP)	Specialty within lab medicine for interpreting and evaluating tissue samples.
4021	Clinical Pharmacology (PA)	Specializes in the clinical use of drugs, including drug safety and minimizing side effects.
4022	Colon/Rectal Surgery (CRS)	Usually a gastroenterologist who sub-specializes in the diagnosis and surgical treatment of diseases and disorders of the colon and rectum. Includes Proctologists.
4023	Critical Care Medicine (CCM)	Specializes in the care of the critically ill.
4024	Dental/Oral Surgery (DOR)	Specializes in diseases and disorders of the mouth and teeth. Includes orthodontist (braces), endodontist (root canals), and periodontist (gum disease).
4025	Dermatology (D)	Specializes in diseases and disorders of the skin.
4026	Dermatopathology (DMP)	Specializes in the histopathology of skin lesions.
4027	Diabetes (DIA)	Subspecialty of Endocrinology that specializes in the diagnosis and treatment of Diabetes.
4028	Emergency Medicine (EM)	Specializes in diagnosing, treating, and stabilizing serious and/or life threatening conditions arising from sudden illness or an accident.

Appendix A

Standard Practitioner Specialty	Standard Practitioner Specialty Description	Standard Practitioner Specialty Definition
4029	Endocrinology & Metabolism (END)	Specializes in diseases and disorders of the hormone-producing glands, such as the pituitary, thyroid, and adrenal glands.
4030	Facial Plastic Surgery (FPS)	Specializes in surgery of the face, head and neck.
4031	Family Practice (FP)	Medical doctor. Treats all members of a family (adults and children) for the most common illnesses.
4032	Forensic Pathology (FOP)	Specializes in determining whether structural changes to the body are unnatural or suspicious in nature.
4033	Gastroenterology (GE)	Specializes in diseases and disorders of the digestive system, including the stomach, intestines, colon, liver, gallbladder and pancreas.
4034	General Practice (GP)	Provides continuing and comprehensive care to people of all ages, regardless of gender or illness.
4035	General Preventative Medicine (GPM)	Specializes in the prevention of illness and injury, rather than the treatment.
4036	General Surgery (GS)	Specializes in the comprehensive care of surgical patients.
4037	Geriatric Medicine - Family Practice (FPG)	Specializes in diseases and disorders of older adults.
4038	Geriatrics - Internal Medicine (IMG)	Medically treats diseases and disorders of the major internal organs (heart, lungs, kidneys, etc.) in older adults only.
4039	Gynecological Oncology (GO)	Specializes in the treatment of malignant and cancerous diseases of the female reproductive system.
4040	Gynecology (GYN)	Specializes in diseases and disorders of the female reproductive system, as well as care and treatment throughout pregnancy.
4041	Hand Surgery (HSS)	Usually an orthopedist that sub-specializes in the surgical treatment of injuries, deformities and diseases of the bones and joints of the hands.
4042	Head and Neck Surgery (HNS)	Specializes in the surgical treatment of ear, nose and throat problems, as well as, other abnormalities of the head and neck.
4043	Hematology (HEM)	Specializes in the diagnosis, treatment, and prevention of disorders of the blood and bone marrow, as well as the immunologic, hemostatic and vascular systems.
4044	Hematology (HMP)	Pathologist who specializes in disorders of the blood.
4045	Hematology/Oncology (HO)	Specializes in diseases and disorders of the blood, spleen, and lymph glands to include the treatment of malignant and cancerous diseases.
4124	Hospice & Palliative Care	Specialized in managing pain and other distressing symptoms of serious illnesses. "Hospice care" is palliative care for patients who are expected to have 6 months or less to live
4046	Hospitalist (HOS)	On staff at the hospital. Usually an internist that specializes in treating the unique needs of hospitalized patients.
4047	Immunology (IG)	Specializes in the body's ability to prevent infection and disease, as well as, how the body responds to infection and disease, and any disorders of the immune system.
4125	Individual CertifiedProsthetist & Orthotist	Specializesin designing, fabricating, and fitting supportive devices (artificial limbs or braces) for patients
4048	Infectious Diseases (ID)	Specializes in the diagnosis and treatment of acute and chronic infections.
4049	Intensivist (INT)	Specializes in the care of critically ill patients, usually in an intensive care unit.
4050	Internal Medicine (IM)	Medically treats diseases and disorders of the major internal organs (heart, lungs, kidneys, etc.) in adults only.
4126	Interventional Cardiology	Interventional cardiologists are heart and circulatory system specialists who use minimally invasive catheterization techniques to diagnose and treat coronary arteries, the peripheral vascular system, heart valves, and congenital heart defects
4051	Legal Medicine (LM)	Specializes in applying medical knowledge to legal issues and proceedings. Also referred to as Forensic Medicine.
4052	Maternal and Fetal Medicine (MFM)	Obstetrician with additional training in possible complications during pregnancy and childbirth. Also called perinatologists.
4127	Maxillofacial Surgery	Specializes in treating diseases and injuries of the jaw and face region
4053	Medical Genetics (MG)	Specializes in the diagnosis and treatment of inherited diseases.
4054	Medical Microbiology (MM)	Specializes in the study of microorganisms (bacteria, viruses, parasites, etc.) that can cause diseases.
4055	Medical Oncology (ON)	Specializes in the medical treatment of malignant and cancerous diseases usually through administering chemotherapy drugs.
4056	Neonatal - Perinatal Medicine (NPM)	Specializes in the care of the fetus, complicated pregnancies, and newborn neonates. They are usually involved in the diagnosis and management of abnormal pregnancies, particularly the diagnosis and management of fetal abnormalities, particularly premature and low birth weight babies as well as babies born with problems.
4057	Nephrology (NEP)	Specializes in diseases and disorders of the kidneys.

Appendix A

Standard Practitioner Specialty	Standard Practitioner Specialty Description	Standard Practitioner Specialty Definition
	Appendix A – Practitioner Specialty Standards	
	(return to Table of Contents)	
4058	Neurological Surgery (NS)	Specializes in the surgical treatment of the nervous system including the brain and spinal cord.
4059	Neurology (N)	Specializes in diseases and disorders of the nervous system (brain, spinal cord, nerves).
4060	Neuropathology (NP)	Specializes in diseases of the nervous system.
4061	Neuroradiology (RNR)	Specializes in describing and diagnosing abnormalities of the head, neck, spine, central nervous system and peripheral nervous system, using radiological procedures.
4062	Nuclear Medicine (NM)	The branch of medicine that uses radioactive materials either to image a patient's body or to destroy diseased cells.
4063	Nuclear Radiology (NR)	Specializes in the diagnosis and treatment of disease using small amounts of radioactive materials.
4064	Nurse Practitioner (ARNP)	A registered nurse with advanced education and training in a specialty area. Can serve as a primary health-care provider for children and adults independently or under the supervision of a physician. (Depends on the State Practice Act.)
4065	Nutrition (NTR)	Specializes in the treatment and prevention of disease using dietary changes and healthy eating habits.
4066	Obstetrics (OBS)	Specializes in the care and treatment of women, in association with childbirth.
4067	Obstetrics/Gynecology (OBG)	Specializes in diseases and disorders of the female reproductive system, as well as care and treatment throughout pregnancy and childbirth. Gynecology and reproductive medicine physicians are included in this category.
4068	Occupational Medicine (OM)	Specializes in work-related medical problems, injuries, and hazards.
4128	Occupational Therapy	Specializes in helping people recover and regain skills following injuries.
4069	Ophthalmology (OPH)	Provide total eye care including eye exams, prescription of corrective lenses, diagnosis of diseases and disorders of the eye, and medical and surgical procedures necessary for treatment.
4129	Optician	Specializes in designing and fitting corrective lenses for improved vision
4130	Optometry	Optometrists are eye care professionals who perform eye examinations, prescribe corrective lenses, and treat some eye diseases that don't require surgery
4070	Orthopedic Surgery (ORS)	Specializes in the treatment of injuries, deformities and diseases of the bones and joints. Treatments may be medical or surgical.
4071	Orthopedic Surgery of the Spine (OSS)	Specializes in the treatment of injuries, deformities and diseases of the bones of the spine.
4072	Osteopathic Manipulative Medicine (OMM)	Specializes in manual manipulation therapy for the diagnosis, treatment and prevention of illness.
66	Other Specialty (OS)	Includes all other practitioner specialties not otherwise defined in this list.
4073	Other Specialty (OS)	Includes all other practitioner specialties not otherwise defined in this list.
4074	Otolaryngology (OTO)	Specializes in the medical and surgical treatment of the diseases and disorders of the ear, nose and throat.
4075	Pain Management (APM)	An anesthesiologist certified in pain management diagnoses and treats patients experiencing problems with acute or chronic pain in both hospital and ambulatory settings.
4076	Pediatric Allergy (PDA)	Specializes in sensitivity reactions to substances in the environment in children. May treat children with skin diseases, asthma, hay fever and other similar disorders.
4077	Pediatric Cardiology (PDC)	Specializes in the diagnosis and medical treatment of diseases and disorders of the heart and cardiac blood vessels in children. This can include interventional procedures. Also involved with rehabilitation of patients following a heart attack or other heart ailments.
4078	Pediatric Critical Care Medicine (CCP)	Specializes in the care of the critically ill children.
4079	Pediatric Emergency Medicine (PEM)	Specializes in diagnosing, treating, and stabilizing serious and/or life threatening conditions, arising from sudden illness or an accident, in children.
4080	Pediatric Endocrinology (PDE)	Specializes in diseases and disorders of the hormone-producing glands, such as the pituitary, thyroid, and adrenal glands, in children.
4081	Pediatric Gastroenterology (PG)	Specializes in diseases and disorders of the digestive system, including the stomach, intestines, colon, liver, gallbladder and pancreas in children.

Standard Practitioner Specialty	Standard Practitioner Specialty Description	Standard Practitioner Specialty Definition
	Appendix A - Practitioner Specialty Standards	
	(return to Table of Contents)	
4082	Pediatric Hematology/Oncology (PHO)	Specializes in diseases and disorders of the blood, spleen, and lymph glands to include the treatment of malignant and cancerous diseases in children.
4083	Pediatric Infectious Diseases (PDI)	Specializes in the diagnosis and treatment of acute and chronic infections.
4084	Pediatric Nephrology (PN)	Specializes in diseases and disorders of the kidneys in children.
4085	Pediatric Neurology (CHN)	Specializes in diseases and disorders of the nervous system (brain, spinal cord, nerves) in children. Premier Code: 4081
4086	Pediatric Ophthalmology (PO)	Provide total eye care including eye exams, prescription of corrective lenses, diagnosis of diseases and disorders of the eye, and medical and surgical procedures necessary for treatment in children.
4087	Pediatric Orthopedics (OP)	Specializes in the treatment of injuries, deformities and diseases of the bones and joints in children. Treatments may be medical or surgical.
4088	Pediatric Otolaryngology (PDO)	Specializes in the medical and surgical treatment of the diseases and disorders of the ear, nose and throat in children.
4089	Pediatric Pulmonology (PDP)	Specializes in diseases and disorders of the lungs and other chest tissues as well as disorders of breathing and sleep in children.
4090	Pediatric Radiology (PDR)	Specializes in the diagnosis of illnesses and injuries in children by using X-rays and other forms of radiant energy.
4091	Pediatric Rheumatology (PPR)	Specializes in the diagnosis and nonsurgical treatment of arthritis and joint disease.
4092	Pediatric Surgery - Neurological (NSP)	Specializes in the surgical treatment of the nervous system including the brain and spinal cord in children.
4093	Pediatric Surgery (PDS)	Specializes in the comprehensive care of pediatric surgical patients.
4094	Pediatric Urology (UP)	Specializes in the medical and/or surgical treatment of the diseases and disorders of the urinary tract in children as well as the genital organs in boys.
4095	Pediatrics (PD)	Medical doctor. Treats only children for the most common illnesses.
4096	Physical Medicine & Rehabilitation (PM)	Non-surgical approach to treating musculoskeletal and neurological injuries. Focuses on restoring function. Another common specialty name for this arena is physiatrist.
4131	Physical Therapy	Specializes in providing rehabilitation to help people move, reduce pain, restore function, and prevent disability
4097	Physician Assistant (DRA)	Practices only under the direction and supervision of a physician and are not independent practitioners.
4098	Plastic Surgery (PS)	Specializes in reconstructive-type surgery dealing with skin and connective tissue. Also includes cosmetic surgery.
4099	Podiatry (POD)	Specializes in diseases and disorders of the feet and toes.
4100	Psychiatry (P)	Specializes in the prevention, diagnosis and treatment of mental, addictive and emotional disorders.
4101	Psychoanalysis (PYA)	A non-physician who is a licensed provider that diagnoses and treats emotional and psychological disorders. May not prescribe medications or other modalities such as ECT.
4132	Psychologist, Clinical	Specializes in promoting mental health and helping people cope with problems
4102	Public Health & General Preventative Medicine (PHP)	Specializes in preventing disease and promoting the health and health management of communities and specific populations.
4103	Pulmonary Critical Care Medicine (PCC)	Specializes in the care of critically ill patients with pulmonary (lung) diseases or disorders.
4104	Pulmonary Diseases (PUD)	Specializes in diseases and disorders of the lungs and other chest tissues as well as disorders of breathing and sleep.
4105	Radiation Oncology (RO)	Specializes in the treatment of malignant and cancerous diseases using radiation therapy.
4106	Radiology - Diagnostic (DR)	Specializes in the diagnosis of illnesses and injuries by using X-rays and other forms of radiant energy. Generally will assist a specialist or primary care physician with diagnosis. May sub-specialize in the area of Nuclear Medicine, MRI, or Mammography.
4107	Radiology (R)	Specializes in both the diagnosis of illnesses and injuries by using X-rays and other forms of radiant energy, and the treatment of malignant and cancerous diseases using radiation therapy.
4108	Reproductive Endocrinology (REN)	Specializes in diseases and disorders of the hormone-producing glands that pertain to reproduction.
4109	Rheumatology (RHU)	Specializes in the diagnosis and nonsurgical treatment of arthritis and joint disease.
4133	Sleep Medicine	Specializes in the diagnosis and treatment of sleep disturbances and disorders
4134	Speech Language Pathologist	Specializes in the treatment of communication and swallowing disorders

Appendix A

Standard Practitioner Specialty	Standard Practitioner Specialty Description	Standard Practitioner Specialty Definition
	Appendix A – Practitioner Specialty Standards	
4110	Sports Medicine - Internal Medicine (ISM)	Internal medicine practitioner who specializes in improving the health and fitness of patients taking part in physical exercise, as well as, preventing and managing sports related injuries.
4111	Sports Medicine - Orthopedics (OSM)	Specializes in the care and treatment of the musculoskeletal system in association with sports activities.
4112	Sports Medicine (FSM)	Family practice doctor who has completed a Sports Medicine fellowship and provides care for sports-related injuries.
4113	Surgical Critical Care (CCS)	Specializes in the comprehensive evaluation and management of surgery patients with a critical illness. This includes preoperative, intra-operative, and postoperative care.
4114	Surgical Oncology (SO)	Surgical oncology is the branch of surgery which focuses on the surgical management of malignant neoplasms (cancer).
4115	Thoracic Surgery (TS)	Specializes in surgical treatment of organs within the chest cavity. In the US this includes the diagnosis and surgical treatment of diseases and disorders of the heart and cardiac blood vessels. In other countries, Thoracic Surgery and Cardiovascular Surgery are separate subspecialties.
4116	Transplant Surgery (TTS)	Specialize in transplant surgery only.
4117	Trauma Surgery (TRS)	Specializes in the medical and/or surgical treatment of wounds and injuries.
4118	Unspecified (US)	Physician specialty is not otherwise specified.
4119	Urology (U)	Specialize in the medical and/or surgical treatment of the diseases and disorders of the urinary tract in men and women as well as the genital organs in men.
4120	Vascular and Interventional Radiology (VIR)	Specializes in image guided diagnosis and treatment of numerous vascular and nonvascular conditions.
4121	Vascular Surgery (VS)	Specializes in surgery involving vessels that carry blood and other fluids.
900	Unknown	Provider information not available

Appendix B

Patient Type Code	Patient Classification	Patient Type Description	Patient Type Definition
	Appendix B - Premier Patient Type Standards (return to Table of Contents)		
08	Inpatient	Inpatient	Patients admitted to the hospital, excluding SNF, hospice, psychiatric, rehabilitation, and chemical dependency.
10	Inpatient	Skilled Nursing	Patients admitted to SNF and TCU units (considered as inpatients)
22	Inpatient	Long Term Care	Patients admitted to a long term care unit for custodial care.
23	Inpatient and Outpatient	Rehabilitation	Patients receiving inpatient rehabilitation and outpatient rehabilitation services such as physical therapy, occupational therapy, cardiac, speech therapy or respiratory rehab. Patients treated for chemical dependency will be excluded from this category. The encounter can be recurring or single visit.
24	Inpatient and Outpatient	Psychiatric	Patients receiving inpatient and outpatient psychiatric services, recurring or single visit. PHP - Partial Hospitalization Program are outpatients
25	Inpatient and Outpatient	Hospice	Patients who receive care through an inpatient hospice unit or outpatient hospice care
26	Inpatient and Outpatient	Chemical Dependency	Patients receiving treatment for chemical dependency and/or addiction treatment
27	Outpatient	Same Day Surgery	All outpatient, same day, and ambulatory surgery in which the patient is discharged a few hours after the procedure. Patients that receive blood or chemotherapy on a one visit basis.
28	Outpatient	Emergency	Patients who receive treatment in and are discharged from the Emergency departments.
29	Outpatient	Observation	Outpatient observation patients. The patient's hospital visit was 23 hours or less.
30	Outpatient	Diagnostic Testing	Patients undergoing diagnostic tests not considered pre-surgical testing, including reference lab, x-ray, etc.
31	Outpatient	Recurring/Series	Patients having recurring visits for services including dialysis, chemotherapy infusion and radiation, excluding psychiatric, chemical dependency, and rehabilitation
32	Outpatient	Pre-surgical Testing	Patients undergoing diagnostic testing (x-ray, lab, etc.) prior to surgery (ambulatory or inpatient). This would be used when the surgery was cancelled after the pre-surgical tests were conducted.
33	Outpatient	Home Health	Patients receiving care or services at home.
34	Outpatient	Clinic	Patients who receive care at a free-standing or private clinic
35	Inpatient and Outpatient	Organ Donor	Deceased patients whose organs are being harvested for transplant.
90	Inpatient and Outpatient	Other	Any patient types not specifically defined above.

Appendix C

Payer Code	Payment Source	Payer Description	PCD Payer Definition
		Appendix C – Payer Standards	
300	1 – Medicare	Medicare – Traditional	DRG based reimbursement for Inpatients. APC based reimbursement for Outpatients.
310	1 – Medicare	Medicare – Managed Care Capitated	Patient population is 65 and over, is Medicare eligible, and elects to enroll in the HMO. The plan is a capitated arrangement and the hospital has a contractual relationship.
320	1 – Medicare	Medicare – Managed Care Non-Capitated	Patient population is 65 and over, Medicare eligible, the member must choose a Primary Care Physician (PCP), the plan directs care.
330	2 – Medicaid	Medicaid – Traditional	Payment varies by state, participants must qualify based on income and resources.
340	2 – Medicaid	Medicaid – Managed Care Capitated	Payment and enrollment varies by state, the plan is a capitated arrangement and the hospital has a contractual relationship.
350	2 – Medicaid	Medicaid – Managed Care Non-Capitated	Payment and enrollment varies by state, the participant must choose a Primary Care Physician (PCP), and the plan directs the care.
360	3 – Other	Managed Care – Non-Capitated – HMO/PPO/POS	Most plan participants fall into the HMO or PPO/POS classification. Typical payment methodologies include per diem, per case, or a discount from charges. The hospital knows if it's a participating provider. The HMO's PCP directs patient care. May have additional reimbursement for DRG outliers. Transplants, psychiatric care, certain high cost items are usually carved out. The PPO/POS plan does not direct care. Out of pocket expenses are generally higher than HMO plan participants' out of pockets. Will include most state employee health plans.
370	3 – Other	Managed Care – Capitated	Capitated contract arrangement. The hospital receives a per member per month (PMPM) payment and is at risk for a range of services delivered to the defined membership, usually hospital inpatient and outpatient, homecare, and SNF. The hospital knows if it's a participating provider.
380	3 – Other	Commercial – Indemnity	Includes insurance plans that the hospital may or may not have an agreement with. Payments typically are 60% – 70% of charges.
390	3 – Other	Charity	No or reduced payment is received. Determination is made prior to care being delivered.
400	3 – Other	Indigent	Patients are not eligible for Medicaid and the patient applies to qualify as indigent. The patient and the appointed hospital contact arrange a payment plan and review payment options.
410	4 – No Insurance/ Not Documented/ Unable to Determine	Self-Pay	No contractual arrangement, payment is received directly from the patient, the patient is liable and payments range from 0-100% of charges.
420	3 – Other	Workers Compensation	Services covered for injuries occurring on the job, date of injury is required. Payment based on various states workers' compensation fee schedule.
430	3 – Other	Direct Employer	Hospital has contracteddirectly with local companies to provide care to the employees of said company, at discountedrates.
440	3 – Other	Other Government Payers	Includes CHAMPUS (Tricare Standard, Prime, and Extra) (a merited health benefit providedby the Department of Defense for military families); IHS (Indian Health Services); Prison contracts; and VHA for active military dependents.
900	3 – Other	Other	Includes all other payers not included in the above categories.

Appendix D

Appendix D - Discharge Status

Discharge Status	Description
1	Discharged to home or self-care (routine discharge)
2	Discharged/transferred to a short term general hospital for IP care
3	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
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 the care of an organized Home Health Service organization in anticipation of covered skilled care
7	Left against medical advice or discontinued care
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 (for Hospice Care)
41	Expired in medical facility such as Hospital, SNF, ICF, Freestanding Hospice (for Hospice Care)
42	Expired, Place unknown (for Hospice Care)
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 distinct part units of a hospital
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH) (Usage Note: For hospital that meet the Medicare criteria for LTCH certification)
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 a Hospital
66	Discharged/transferred to a Critical Access Hospital (CAH) (effective 01/01/06 discharges)
69	Discharged/transferred to a designated disaster alternative care site (effective 10/1/2013 discharges)
70	Discharged/transferred to another type of Health Care Institution not defined elsewhere in this code list (effective 04/01/08 discharges)
71	Discharged/transferred to another institution for outpatient services (expired 4/1/03 discharges)
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (expired 4/1/03 discharges)
81	Discharges to home or self-care with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
82	Discharge/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare Certification with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
85	Discharged/transferred to a Designated Cancer Center r Children's Hospital with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
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 discharges)
87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)

Appendix D

Discharge Status	Description
Appendix D - Discharge Status	
(return to Table of Contents)	
89	Discharged/transferred to a hospital-basedMedicare approved swing bed with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
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 discharges)
91	Discharged/transferred to a Medicare certifiedlong term care hospital (LTCH) with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
92	Discharged/transferred to a nursing facility certifiedunder Medicaidbut not certified under Medicare with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
93	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of the hospital with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
94	Discharged/transferred to a Critical Access hospital (CAH) with a planned acute care hospital inpatient readmission (effective 10/1/2013 discharges)
95	Discharged/transferred to another Type of Health Care Institutionnot defined elsewhere in this code list with a planned acute care inpatient readmission(effective 10/1/2013 discharges)

Revision History

Release Version	Change Description
2022 V1	Added MOTHER_INFANT_LINK (SUPPL) tab
2022 V1	Added MORTALITY (SUPPLEMENTAL) tab
2022 V1	Added PROV_ENROLLMENT tab
2022 V1	Added additional fields to PATCPT tab
2022 V1	Added valid values for LAB_TEST_RESULT_STATUS field in VITALS tab
2022 V1	Changed Data Type to Integer for all instances of MEDREC_KEY field
2022 V1	Removed ADM_SOURCE field from PATDEMO tab
2022 V1	Removed ADMSRC tab
2022 V1	Removed PROJ_WGT field from PATDEMO tab (moved to PROV_ENROLLMENT tab)
2022 V1	Removed ORDERING_PROVIDER field from VITALS tab
2022 V1	Updated Tables Join Grid tab