2015 Utah Healthcare Facility Database

Utah Healthcare Facility Database (2015). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2017.

Public Data Sets User Manual

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INTRODUCTION

Utah Health Data Committee

The Utah Health Data Committee is composed of fifteen governor-appointed members and was created by the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics which manages the Utah Healthcare Facility Database.

Utah Healthcare Facility Database

Utah Administrative Rule requires all Utah licensed hospitals, both general acute care and specialty, and free standing ambulatory surgical centers to provide data on inpatient, Emergency Department, and ambulatory surgery encounters. The Healthcare Facility Database contains information on billing, medical codes, and personal characteristics describing a patient, services received, and charges billed for each encounter.

Data submissions by the FASCs are incomplete and caution should be used when trying to perform market level comparisons with these data. Reporting improvements have been made. However, continual efforts will be made over the next few years to further data completeness.

Starting with 2010, the records from University Health Care (UHC) facilities have undergone a dramatic revision. They identified they were previously under-reporting many of their ambulatory surgery procedures, especially GI or Eye procedures, which typically might be performed outside of the operating room and in procedure rooms located in their clinics or health centers. **For 2015, UHC Huntsman Cancer Institute, UHC Madsen Surgery Center, UHC Moran Eye Center, and UHC Orthopedic Center are the only UHC sites reported individually; all other University Hospital & Clinics are reported as one facility (facility #125).**

Selected Ambulatory Surgeries Reported in Utah

The following CPT-4 or ICD-9-CM surgical procedures are reported whether or not they are the principal procedure:

Table 1: Types of Surgical Services Submitted if Performed in Operating or Procedure Rooms

DESCRIPTION	CPT-4 CODES	ICD-9-CM PROCEDURE CODES
Mastectomy	19300-19307	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799, 93501-93660	35.0-39.99
Lymphatic/Hematic	38100-38999	40.0-41.99
Digestive System**	40490-49999, G0104, G0105, G0106, G0120, G0121	42.0-54.99
Urinary	50010-53899	55.0-59.99
Male Genital	54000-55899	60.0-64.99
Female Genital	56405-58999	65.0-71.99
Endocrine/Nervous	60000-64999	01.0-07.99

Eye	65091-68889	08.0-16.99
Ear	69000-69979	18.0-20.99
Nose/Mouth/Pharynx	in Musculoskeletal/Respiratory	21.0-29.99

* Starting with 2005, the Blood Draw-related CPT-4 codes 36000, 36415, and 36600 were removed from the inclusion criteria and are not considered cardiovascular procedures.

** In 2005, HCPCS Level II Colorectal Cancer Screening Colonoscopy codes G0104, G0105, G0106, G0120, & G0121 were added to the list for digestive system procedures and are retained in the database if reported.

Public Data Sets

Separate Public Data Sets (PDS) are created for inpatient, emergency department, and ambulatory surgery encounters. The PDS are designed to provide general health care information to a wide spectrum of users with minimal controls.

The ED Public Data Set includes the combined data on all ED outpatient visits and ED inpatient admissions. An Encounter Type field with values of 'o' and 'i' has been added to the record layout starting in 1999. Caution should be used when comparing this data with previous years as they only included ED outpatient visits.

Data Processing and Quality

Data Submission: The Office of Health Care Statistics maintains and publishes the *Utah Healthcare Facility Data Submission Guide* on its website.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for validity, consistency, completeness, and conformity with the definitions specified in *the Utah Healthcare Facility Data Submission Guide*. Files that fail edit checks are returned to the data supplier for correction.

Hospital Review: Each hospital is given the opportunity to review and validate findings of the edit checks and any public report prior to the release of data or information. Inconsistencies discovered by the facilities are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the facility unusable) and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

Patient Confidentiality

The Committee has taken steps to ensure that no individual patient will be identified from the PDS. Patient's age, physician specialty, and payers are grouped. Several data elements are suppressed under specific conditions: 1) Utah residential ZIP codes with less than 30 visits in a calendar year are suppressed to the county level; 2) non-Utah ZIP codes with less than 30 visits have the last three digits

of the ZIP code suppressed to zero (i.e. 89000); 3) age, sex, and ZIP code are suppressed if the discharge involves substance abuse or HIV infection, as defined by Clinical Classification Software (CCS) categories:

Diagnosis Clinical Classification Software (DXCCS)
- 5—HIV infection
- 660—Alcohol-related disorders
- 661—Substance-related disorders
- 663—Screening and history of mental health and substance abuse codes

Procedure Clinical Classification Software (PRCCS)
- 219—Alcohol and drug rehabilitation/detoxification

and 4) physician specialty for rural hospitals with less than 30 beds. Finally, starting in 2015, payer identification (but not payer category) is suppressed for payers that occur less than 30 times.

DRG, MS-DRG, APR-DRG, and EAPG Classification

Variables produced by OHCS using 3M grouper software are no longer standard inclusions in the PDS. These variables can be provided upon request.

The DRG grouper was sunsetted in 2007. Previous version of PDS may have included this variable to help users compare to historical data. However, this grouper could not be applied to current year data given the change from ICD-9 to ICD-10.

Uses of Hospital Data

The PDS includes data on charges and length of stay. Several factors, such as case-mix, severity complexity, payer-mix, market areas, hospital ownership, hospital affiliation, or hospital teaching status, affect the comparability of charge and length of stay across hospitals. Any analysis of charge or length of stay at the hospital level should consider the above factors. More information about hospitals can be found in the "Utah Hospital Characteristics" table at https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5.

Citation

Any statistical reporting or analysis based on the data shall cite the source as the following:

Utah Healthcare Facility Public Data Set (2015). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2017.

FILE LAYOUT

Inpatient and Emergency Department Public Data Set Record Layout

Field Name	Variable
Encounter Type	Encounter_Type
Hospital Identifier	Facility_Hosp_ID
Facility Name	Facility_Name
Age Group Numeric Code	Age_Group_Num
Age Group Description	Age_Group
Patient's Gender	Patients_Gender
Admission Type	Admission_Type
Admission Source: Non-Newborn	Admission_Source_Non_Newborn
Admission Source: Newborn	Admission_Source_Newborn
ER Flag	ER_Flag
Observation Stay Flag	Observation_Stay_Flag
Length of Stay—Days	LOS_Days
Length of Stay—Hours	LOS_Hours
Patient's Discharge Status	Patients_Discharge_Status
Patient's ZIP Code	Zip_code
Patient's County Numeric Code	County_Num
Patient's County Name	County
Cross County Migration Indicator	Cross_County_Migration
Patient's Marital Status	Patients_marital_status
Race/Ethnicity	Race_Ethnicity
Principal Diagnosis Code	Principal_Diagnosis_Code
Principal Diagnosis Code POA	Principal_Diagnosis_Code_POA
Secondary Diagnosis Code 1	Secondary_Diagnosis_Code_1
Secondary Diagnosis Code 1 POA	Secondary_Diagnosis_Code_1_POA
Secondary Diagnosis Code 2	Secondary_Diagnosis_Code_2
Secondary Diagnosis Code 2 POA	Secondary_Diagnosis_Code_2_POA
Secondary Diagnosis Code 3	Secondary_Diagnosis_Code_3
Secondary Diagnosis Code 3 POA	Secondary_Diagnosis_Code_3_POA
Secondary Diagnosis Code 4	Secondary_Diagnosis_Code_4
Secondary Diagnosis Code 4 POA	Secondary_Diagnosis_Code_4_POA
Secondary Diagnosis Code 5	Secondary_Diagnosis_Code_5
Secondary Diagnosis Code 5 POA	Secondary_Diagnosis_Code_5_POA
Secondary Diagnosis Code 6	Secondary_Diagnosis_Code_6
Secondary Diagnosis Code 6 POA	Secondary_Diagnosis_Code_6_POA
Secondary Diagnosis Code 7	Secondary_Diagnosis_Code_7
Secondary Diagnosis Code 7 POA	Secondary_Diagnosis_Code_7_POA
Secondary Diagnosis Code 8	Secondary_Diagnosis_Code_8

Secondary Diagnosis Code 8 POA	Secondary_Diagnosis_Code_8_POA
Secondary Diagnosis Code 9	Secondary_Diagnosis_Code_9
Secondary Diagnosis Code 9 POA	Secondary_Diagnosis_Code_9_POA
Secondary Diagnosis Code 10	Secondary_Diagnosis_Code_10
Secondary Diagnosis Code 10 POA	Secondary_Diagnosis_Code_10_POA
Secondary Diagnosis Code 11	Secondary_Diagnosis_Code_11
Secondary Diagnosis Code 11 POA	Secondary_Diagnosis_Code_11_POA
Secondary Diagnosis Code 12	Secondary_Diagnosis_Code_12
Secondary Diagnosis Code 12 POA	Secondary_Diagnosis_Code_12_POA
Secondary Diagnosis Code 13	Secondary_Diagnosis_Code_13
Secondary Diagnosis Code 13 POA	Secondary_Diagnosis_Code_13_POA
Secondary Diagnosis Code 14	Secondary_Diagnosis_Code_14
Secondary Diagnosis Code 14 POA	Secondary_Diagnosis_Code_14_POA
Secondary Diagnosis Code 15	Secondary_Diagnosis_Code_15
Secondary Diagnosis Code 15 POA	Secondary_Diagnosis_Code_15_POA
Secondary Diagnosis Code 16	Secondary_Diagnosis_Code_16
Secondary Diagnosis Code 16 POA	Secondary_Diagnosis_Code_16_POA
Secondary Diagnosis Code 17	Secondary_Diagnosis_Code_17
Secondary Diagnosis Code 17 POA	Secondary_Diagnosis_Code_17_POA
Ext Cause Of Inj Code 1	Ext_Cause_Of_Inj_code_Ecode_1
Ext Cause Of Inj Code 1 POA	Ext_Cause_Of_Inj_code_1_POA
Ext Cause Of Inj Code 2	Ext_Cause_Of_Inj_code_Ecode_2
Ext Cause Of Inj Code 2 POA	Ext_Cause_Of_Inj_code_2_POA
Ext Cause Of Inj Code 3	Ext_Cause_Of_Inj_code_Ecode_3
Ext Cause Of Inj Code 3 POA	Ext_Cause_Of_Inj_code_3_POA
Admission Hour	Admission_Hour
Principal ICD procedure	Principal_ICD_procedure
Secondary ICD Procedure 1	Secondary_ICD_procedure_1
Secondary ICD Procedure 2	Secondary_ICD_procedure_2
Secondary ICD Procedure 3	Secondary_ICD_procedure_3
Secondary ICD Procedure 4	Secondary_ICD_procedure_4
Secondary ICD Procedure 5	Secondary_ICD_procedure_5
ER Charges	ER_Charges
Facility Charges	Facility_Charges
Professional Charges	Professional_Charges
Total Charges	Total_Charges
Attending Prov Taxonomy Code	Attending_prov_taxonomy_code
Operating Phys Taxonomy Code	Operating_phys_taxonomy_code
Other Op Phys Taxonomy Code	Other_op_phys_taxonomy_code
Rendering Phys Taxonomy Code	Rendering_phys_taxonomy_code
Referring Prov Taxonomy Code	Referring_prov_taxonomy_code
Primary Payer Identification	Primary_payer_identification
Secondary Payer Identification	Secondary_payer_identification

Tertiary Payer Identification	Tertiary_payer_identification
HCUP Payer Cd—Primary	HCUP_Payer_Cd_Primary
HCUP Payer Desc—Primary	HCUP_Payer_Desc_Primary
HCUP Payer Cd—Secondary	HCUP_Payer_Cd_Secondary
HCUP Payer Desc—Secondary	HCUP_Payer_Desc_Secondary
HCUP Payer Cd—Tertiary	HCUP_Payer_Cd_Tertiary
HCUP Payer Desc—Tertiary	HCUP_Payer_Desc_Tertiary
Patient's Relationship—Primary	Patients_relationship_Primary
Quarter	Quarter
Unique Record ID	Unique_Record_ID

Ambulatory Surgery Public Data Set Record Layout

Field Name	Variable
Hospital Identifier	Facility_Hosp_ID
Facility Name	Facility_Name
Age Group Numeric Code	Age_Group_Num
Age Group Description	Age_Group
Patient's Gender	Patient_Gender
Admission Source	Admission_Source
Patient's Discharge Status	Patient_Discharge_Status
Patient's ZIP Code	Zip_code
Patient's County Numeric Code	County_Num
Patient's County Name	County
Cross County Migration Indicator	Cross_County_Migration
Principal Diagnosis Code	Principal_Diag
Secondary Diagnosis Code 1	Secondary_diagnosis_code_1
Secondary Diagnosis Code 2	Secondary_diagnosis_code_2
Secondary Diagnosis Code 3	Secondary_diagnosis_code_3
Secondary Diagnosis Code 4	Secondary_diagnosis_code_4
Secondary Diagnosis Code 5	Secondary_diagnosis_code_5
Secondary Diagnosis Code 6	Secondary_diagnosis_code_6
Secondary Diagnosis Code 7	Secondary_diagnosis_code_7
Secondary Diagnosis Code 8	Secondary_diagnosis_code_8
Principal CPT Code	CPT_Principal
Secondary CPT Code	CPT2
Secondary CPT Code	CPT3
Secondary CPT Code	CPT4
Secondary CPT Code	CPT5
Procedure Coding Method Used	Procedure_Coding_Method_Used
Total Charges	Total_Charges
Primary Payer Identification	Primary_payer_identification
Secondary Payer Identification	Secondary_payer_identification
Tertiary Payer Identification	Tertiary_payer_identification
HCUP Payer Cd—Primary	HCUP_Payer_Cd_Primary
HCUP Payer Desc—Primary	HCUP_Payer_Desc_Primary
HCUP Payer Cd—Secondary	HCUP_Payer_Cd_Secondary
HCUP Payer Desc—Secondary	HCUP_Payer_Desc_Secondary
HCUP Payer Cd—Tertiary	HCUP_Payer_Cd_Tertiary
HCUP Payer Desc—Tertiary	HCUP_Payer_Desc_Tertiary
Quarter	Quarter
Unique Record ID	Unique_Record_ID
Principal ICD procedure	ICD_Principal_Procedure
Secondary ICD Procedure 1	ICD_Procedure1

Secondary ICD Procedure 2	ICD_Procedure2
Secondary ICD Procedure 3	ICD_Procedure3
Secondary ICD Procedure 4	ICD_Procedure4
Secondary ICD Procedure 5	ICD_Procedure5

DESCRIPTION OF DATA ELEMENTS

Hospital Identifier

Hospital from which patient was discharged. More information about hospitals can be found in the "Utah Hospital Characteristics" table at https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5.

Record ID Number

A unique number for each visit, which is also unique across all years of available data.

Patient Demographics

Patient's Age

Age of patient at date of release.

0	=	1 - 28 days
1	=	29 -365 days
2	=	1-4 years
3	=	5-9
4	=	10-14
5	=	15-17
6	=	18-19
7	=	20-24
8	=	25-29
9	=	30-34
10	=	35-39
11	=	40-44
12	=	45-49
13	=	50-54
14	=	55-59
15	=	60-64
16	=	65-69
17	=	70-74
18	=	75-79
19	=	80-84
20	=	85-89
21	=	90 +
99	=	Suppressed

Patient's Gender

M	=	Male
F	=	Female
U	=	Unknown
Blank	=	Suppressed

Patient Geography

Patient's Zip Code

This field changed in 2015 and no longer includes county or state values as a means of suppression. If less than 30 encounters occurred for a ZIP code, the last three digits of the ZIP code are suppressed as zeroes (i.e. 84000).

Helpful Hint: A quick way to identify the city associated with a zip code is to use the United States Postal Service website. (https://tools.usps.com/go/ZipLookupAction!input.action)

Patient's County

This field is derived from the patient's ZIP code. The contents of this field will be changed after 2015. FIPS codes, a national standard maintained by the US Census Bureau, will be used instead of the legacy numbering system.

1	=	Box Elder
2	=	Cache
3	=	Rich
4	=	Morgan
5	=	Weber
6	=	Davis
7	=	Salt Lake
8	=	Summit
9	=	Tooele
10	=	Utah
11	=	Wasatch
12	=	Daggett
13	=	Duchesne
14	=	Uintah
15	=	Juab
16	=	Millard
17	=	Piute
18	=	Sanpete
19	=	Sevier
20	=	Wayne
21	=	Carbon
22	=	Emery
23	=	Grand

24 = San Juan
25 = Beaver
26 = Garfield
27 = Iron
28 = Kane
29 = Washington

Local Health Districts

Counties can be grouped into Local Health Districts (LHD). LHDs are subject to change. Please refer to the Utah Department of Health website for more detail.
(https://ibis.health.utah.gov/about/LocalHealth.html)

Patient's Cross-County Migration Status

Hospital in different county than patient residence. This data element will be discontinued after 2015.

Y = Yes (includes out-of-state, foreign, homeless, out-of-county)
N = No (from same county)
U = Unknown (includes unknown and unknown but Utah residence)

Patient's Marital Status

S = Single
M = Married
X = Legally Separated
D = Divorced
W = Widowed
P = Life Partner
U = Unknown
Blank = Not reported

Patient's Race & Ethnicity

W = White, non-Hispanic origin
WH = White, Hispanic origin
NW = Non-white, Hispanic origin
NH = Non-white, non-Hispanic origin
UK = Unknown
Blank = Not reported

Admission and Discharge

Type of Admission

1 = Emergency: The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
2 = Urgent: The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first

available and suitable accommodation.

3 = Elective: The patient's condition permits adequate time to schedule the availability of a suitable accommodation. An elective admission can be delayed without substantial risk to the health of the individual

4 = Newborn: Use of this code necessitates the use of special source of admission codes, see Source of Admission below. Generally, the child is born within the facility.

5 = Trauma Center: Visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of surgeons and involving a trauma activation.

9 = Unknown

Blank = Not reported

Source of Admission/Point of Origin for Non-Newborns

0 = Newborns

1 = Non-health care facility: The patient was admitted to this facility includes patients coming from home or workplace.

2 = Clinic or Physician's Office: The patient was admitted to this facility upon recommendation of another clinic or physician office.

3 = (Reserved for assignment by the NUBC)

4 = Transfer from a hospital: The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.

5 = Transfer from a skilled nursing facility or intermediate care facility: The patient was admitted to this facility as a transfer from a skilled nursing facility or intermediate care facility where he or she was an inpatient.

6 = Transfer from another health care facility: The patient was admitted to this facility as a transfer from a health care facility not defined elsewhere on this list.

7 = (Discontinued. Emergency room: The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.)

8 = Court/Law enforcement: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative. Includes transfers from incarceration facilities.

9 = Information not available: The means by which the patient was admitted to this hospital is not known.

A = Transfer from a critical access hospital

B = Transfer from another HHA

C = Readmission to same HHA

D = Transfer from one distinct unit of the hospital to another distinct unit of the hospital: The patient was admitted to the hospital as a transfer from another distinct unit within the hospital to hospital inpatient within this hospital resulting in a separate claim to the payer.

E = Transfer from Ambulatory Surgery Center: The patient was admitted to the facility as a transfer from an ambulatory surgery center.

F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program: The patient was admitted to the facility as a transfer from a hospice.

Source of Admission/Point of Origin for Newborns

0	=	Non-Newborns
1	=	Normal delivery: a baby delivered without complications
2	=	Premature delivery: a baby delivered with time or weight factors qualifying it for premature status
3	=	Sick baby: a baby delivered with medical complications, other than those relating to premature status
4	=	Extramural birth: a baby born in non-sterile environment
5	=	Born inside this hospital
6	=	Born outside this hospital
9	=	Information not available
Blank	=	Not reported

Admission Hour

The hour during which the patient arrived at the Emergency Department (using the 24-hour clock format). *Only applies to outpatient ED encounters.*

Length of Stay—Days

Total days stayed in hospital from the date of admission to the date of discharge. *Only applies to inpatient encounters.*

Blank	=	Not calculable

Length of Stay—Hours

Total hour stayed in hospital from the date of admission to the date of discharge. *Only applies to outpatient emergency encounters.*

Blank	=	Not calculable

ER Flag

Flag indicating whether an encounter included services billed under an emergency room-related NUBC revenue code: 45X.

1	=	Included services billed under 45X
0	=	Did not include services billed under 45X
Blank	=	Not calculable

Observation Stay Flag

Flag indicating whether an encounter included services billed under an observation stay-related NUBC revenue code: 76X.

1	=	Included services billed under 76X
0	=	Did not include services billed under 76X
Blank	=	Not calculable

Discharge Status

01 = Discharge to home or self-care, routine discharge
02 = Discharge/transferred to another short-term general hospital
03 = Discharge/transferred to skilled nursing facility
04 = Discharge/transferred to an intermediate care facility
05 = Discharged/transferred to a designated cancer center or children's hospital
06 = Discharge/transferred to home under care of organized home health service organization
07 = Left against medical advice
08 = Discharged/transferred to home under care of a home IV provider
20 = Expired
21 = Discharged/transferred to Court/Law enforcement
40 = Expired at home
41 = Expired in a medical facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice
42 = Expired - place unknown
43 = Discharged to federal facility
50 = Discharged/transferred to hospice - home
51 = Discharged/transferred to hospice - medical facility
61 = Discharged/transferred within institution to hospital based Medicare swing bed
62 = Discharged/transferred to another rehab facility including distinct part units in hospital
63 = Discharged/transferred to a long term care hospital
64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65 = Discharged/transferred to a psychiatric facility
66 = Discharged/transferred to a Critical Access Hospital
69 = Discharge/transferred to a designated disaster alternative care site
70 = Discharged/transferred/referred to another institution not defined elsewhere in this code list
71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)
72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)
81 = Discharged to home or self-care with a planned acute care hospital inpatient readmission
82 = Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84 = Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
85 = Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86 = Discharged/transferred to home under care of organized home health service

organization with a planned acute care hospital inpatient readmission

87 = Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission

88 = Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission

89 = Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission

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

91 = Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission

92 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission

93 = Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission

94 = Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission

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

09 = Unknown

Blank = Not reported

Diagnosis Codes

ICD Diagnosis Codes

ICD-9-CM or ICD-10-CM code. Refer to *International Classification of Diseases, Clinical Modification* for description. There is an implied decimal point which is standard for a diagnosis code but has been stripped out of the data. External Cause of Injury might also be found in this field.

Blank = Not reported

Present on Admission Codes (POA)

Diagnosis was present on inpatient admission. POA is associated with Principal Diagnosis Code.

Y = Present at time of inpatient admission

N = Not present at time of inpatient admission

U = Unknown

W = Clinically undetermined

E = Exempt from POA reporting

Blank = Not reported

External Cause of Injury Code (E-Code)

Supplementary classification of External Causes of Injury and Poisoning. Refer to *International Classification of Diseases, Clinical Modification* for description. There is an implied decimal point which is

part of ICD code but has been stripped out of data. Secondary E-codes can be found in data file in the Secondary Diagnosis Code fields.

Blank = Not reported

Procedure Codes

ICD Procedure Codes

ICD-9-CM or ICD-10-PCS code. Refer to *International Classification of Diseases, Clinical Modification* for description. There is an implied decimal point which is part of ICD code but has been removed.

Blank = Not reported

CPT Procedure Codes

The five digits of CPT-4 code, followed by optional numeric or character qualifiers. Refer to American Medical Association's Current Procedure Terminology for description.

Blank = Not reported

Procedure Code Method Used

Indicates which procedure coding standard was used. Procedure codes may be ICD-9-CM, ICD-10-PCS, or CPT-4.

0 = ICD-9-CM codes only were reported by the hospital
1 = CPT-4 codes only were reported by the hospital
2 = Both ICD-9-CM and CPT-4 codes were reported by the hospital

Procedure Categories

Procedures are only categorized for ambulatory surgery encounters. These categories match the required ambulatory surgical procedure reporting categories, based on procedure code ranges (see Table 1). These categories are very broad and may not produce a meaningful summary of the data for many analytic purposes.

0 = No match for Procedure Category (out of range procedure)
1 = Mastectomy
2 = Musculoskeletal
3 = Respiratory
4 = Cardiovascular
5 = Lymphatic/Hematic
6 = Digestive System
7 = Urinary
8 = Male Genital
9 = Female Genital
10 = Endocrine/Nervous
11 = Eye

12 = Ear
13 = Nose/Mouth/Pharynx

Charges and Payers

Total Charges

Total amount charged for the visit (with 2 decimal digits).

Blank = Not reported

ER Charges

For encounters involving the emergency room, this is the sum of charges for the encounter with NUBC revenue codes 450 and 451 (with 2 decimal digits).

Blank = Not reported

Facility Charges

For inpatient encounters, this is the sum of charges with NUBC revenue codes 10x-94x (with 2 implied decimal digits).

Blank = Not reported

Professional Charges

For inpatient encounters, this is the sum of charges with NUBC revenue codes 95x-98x for the discharge (with 2 decimal digits).

CHARGE NOTE: Total charge is reported by hospitals. Facility and professional charges are calculated from individual revenue charges. Due to various reasons (adjusting total charges without making corresponding adjustment in specific revenue charge), the sum of facility and professional charges are not necessarily equal to total charges.

Blank = Not reported

Payer Categories

Payer categories are based on definitions from HCUP.

1 = Medicare
2 = Medicaid
3 = Private insurance
4 = Self-pay
5 = No charge
6 = Other

Patient's Relationship with Insured Person

UB-04 coding below is used. Previous datasets varied by hospital between UB-04 and UB-92 formats.

1 = Spouse

4 = Grandfather or Grandmother
5 = Grandson or Granddaughter
7 = Nephew or Niece
9 = Unknown/Other Relationship
10 = Foster Child
15 = Ward of the Court: This code indicates that the patient is a ward of the insured as a result of a court order.
17 = Stepson or Stepdaughter
18 = Self
19 = Child
20 = Employee
21 = Unknown
22 = Handicapped Dependent: Dependent child whose coverage extends beyond normal termination age limits as a result of laws or agreements extending coverage.
23 = Sponsored Dependent: Individual not normally covered by insurance coverage by coverage has been specifically arranged to include relationships such as grandparent or former spouse that would require further investigation by the payer.
24 = Dependent of Minor Dependent: Patient is a minor and a dependent of another minor who in turn is a dependent, although not a child, of the insured.
29 = Significant Other
32 = Mother
33 = Father
36 = Emancipated Minor
39 = Organ Donor: Bill is submitted for care given to organ donor where such care is paid for by the receiving patient's insurance coverage.
40 = Cadaver Donor: Bill is submitted for procedures performed on cadaver donor where such procedures are paid for by the receiving patient's insurance coverage.
41 = Injured Plaintiff: Patient is claiming insurance as a result of injury covered by insured.
43 = Child Where Insured Has No Financial Responsibility
53 = Life Partner