2016

Utah Healthcare Facility Database

Utah Healthcare Facility Database (2016). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2017.

Limited Data Sets User Manual

Contents

INTRODUCTION

Utah Healthcare Facility Database

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 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 patient demographics, admission and discharge, diagnoses, 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 of Utah Health 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 2016, Huntsman Cancer Institute, Madsen Surgery Center, Moran Eye Center, and University Orthopedic Center are the only University of Utah Health sites reported individually; all other University Hospital & Clinics are reported as one facility (#125).

The current version of the 2016 limited data sets do not include any facilities whose submissions were not received and validated on or before August 15, 2017. The following facilities have all or some data excluded at the time of publication:

> Center for Change
> Landmark Hospital
> Granite Peaks Endoscopy

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	21.0-29.99
	Musculoskeletal/Respiratory	

* 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.

Limited Data Sets

Separate limited data sets are created for inpatient, emergency department, and ambulatory surgery encounters. The limited data sets are designed to provide general health care information to a wide spectrum of users with minimal controls.

The limited data sets include 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.

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. Data suppliers submit all files using specifications in the data submission guide.

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 limited data sets. 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 the Hospital Cost and Utilization Project's (HCUP) 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

4) physician specialty (i.e. taxonomy) is suppressed for rural hospitals with less than 30 beds; and 5) starting in 2015, payer name (but not payer typology) 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 limited data sets. These variables can be provided upon request.

Maintenance of the DRG grouper was discontinued in 2007. Previous versions of limited data sets may have included variables resulting from the DRG grouper to aid comparisons to historical data. However, this grouper cannot be applied to data beginning in 2015 due to the change from ICD-9 to ICD-10 and thus is no is no longer included in the limited data sets.

Citation

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

Utah Healthcare Facility Limited Data Sets (2016). Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. 2017.

FILE LAYOUT

Inpatient and Emergency Department Limited Data Sets Record Layout

Field Name	Variable
Record ID	Record_ID
Encounter Type	Encounter_Type
Facility Number	Facility_Number
Facility Name	Facility_Name
Patient Age Group Number	Age_Group_Num
Patient Age Group	Age_Group
Patient Gender	Patient_Gender
Type of Admission	Admission_Type
Source of Admission	Admission_Source
ER Flag	ER_Flag
Observation Stay Flag	Observation_Stay_Flag
Quarter	Quarter
Admission Hour	Admission_Hour
Length of Stay – Days	LOS_Days
Length of Stay – Hours	LOS_Hours
Discharge Status	Patient_Discharge_Status
Patient State	Patient_State
Patient ZIP Code	Patient_ZIP
Patient County FIPS	Patient_County_FIPS
Patient Country	Patient_Country
Patient Marital Status	Patient_Marital_Status
Patient Race & Ethnicity	Patient_Race_Ethnicity
ICD Indicator	ICD_Indicator
Admission Diagnosis Code	Admission_Diagnosis_Code
Patient Reason For Visit 1	Patient_Reason_For_Visit_1
Patient Reason For Visit 2	Patient_Reason_For_Visit_2
Patient Reason For Visit 3	Patient_Reason_For_Visit_3
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 POA 1	Secondary_Diagnosis_Code_POA_1
Secondary Diagnosis Code 2	Secondary_Diagnosis_Code_2
Secondary Diagnosis Code POA 2	Secondary_Diagnosis_Code_POA_2
Secondary Diagnosis Code 3	Secondary_Diagnosis_Code_3
Secondary Diagnosis Code POA 3	Secondary_Diagnosis_Code_POA_3
Secondary Diagnosis Code 4	Secondary_Diagnosis_Code_4
Secondary Diagnosis Code POA 4	Secondary_Diagnosis_Code_POA_4

Secondary Diagnosis Code 5	Secondary_Diagnosis_Code_5
Secondary Diagnosis Code POA 5	Secondary_Diagnosis_Code_POA_5
Secondary Diagnosis Code 6	Secondary_Diagnosis_Code_6
Secondary Diagnosis Code POA 6	Secondary_Diagnosis_Code_POA_6
Secondary Diagnosis Code 7	Secondary_Diagnosis_Code_7
Secondary Diagnosis Code POA 7	Secondary_Diagnosis_Code_POA_7
Secondary Diagnosis Code 8	Secondary_Diagnosis_Code_8
Secondary Diagnosis Code POA 8	Secondary_Diagnosis_Code_POA_8
Secondary Diagnosis Code 9	Secondary_Diagnosis_Code_9
Secondary Diagnosis Code POA 9	Secondary_Diagnosis_Code_POA_9
Secondary Diagnosis Code 10	Secondary_Diagnosis_Code_10
Secondary Diagnosis Code POA 10	Secondary_Diagnosis_Code_POA_10
Secondary Diagnosis Code 11	Secondary_Diagnosis_Code_11
Secondary Diagnosis Code POA 11	Secondary_Diagnosis_Code_POA_11
Secondary Diagnosis Code 12	Secondary_Diagnosis_Code_12
Secondary Diagnosis Code POA 12	Secondary_Diagnosis_Code_POA_12
Secondary Diagnosis Code 13	Secondary_Diagnosis_Code_13
Secondary Diagnosis Code POA 13	Secondary_Diagnosis_Code_POA_13
Secondary Diagnosis Code 14	Secondary_Diagnosis_Code_14
Secondary Diagnosis Code POA 14	Secondary_Diagnosis_Code_POA_14
Secondary Diagnosis Code 15	Secondary_Diagnosis_Code_15
Secondary Diagnosis Code POA 15	Secondary_Diagnosis_Code_POA_15
Secondary Diagnosis Code 16	Secondary_Diagnosis_Code_16
Secondary Diagnosis Code POA 16	Secondary_Diagnosis_Code_POA_16
Secondary Diagnosis Code 17	Secondary_Diagnosis_Code_17
Secondary Diagnosis Code POA 17	Secondary_Diagnosis_Code_POA_17
External Cause of Injury Code 1	Ext_Cause_Of_Inj_code_1
External Cause of Injury Code POA 1	Ext_Cause_Of_Inj_code_POA_1
External Cause of Injury Code 2	Ext_Cause_Of_Inj_code_2
External Cause of Injury Code POA 2	Ext_Cause_Of_Inj_code_POA_2
External Cause of Injury Code 3	Ext_Cause_Of_Inj_code_3
External Cause of Injury Code POA 3	Ext_Cause_Of_Inj_code_POA_3
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
Emergency Room Charges	ER_Charges
Facility Charges	Facility_Charges
Professional Charges	Professional_Charges
Total Charges	Total_Charges
Attending Taxonomy Code	Attending_Taxonomy_Code

Operating Taxonomy Code	Operating_Taxonomy_Code
Other Provider 1 Taxonomy Code	Other_1_Taxonomy_Code
Other Provider 2 Taxonomy Code	Other_2_Taxonomy_Code
Other Provider 3 Taxonomy Code	Other_3_Taxonomy_Code
Other Provider 4 Taxonomy Code	Other_4_Taxonomy_Code
Raw Payer String – Primary	Payer_Raw_Primary
Payer Typology – Primary	Payer_Typology_Primary

Ambulatory Surgery Limited Dataset Record Layout

Field Name	Variable
Record ID	Record_ID
Encounter Type	Encounter_Type
Facility Number	Facility_Number
Facility Name	Facility_Name
Patient Age Group Num	Age_Group_Num
Patient Age Group	Age_Group
Patient Gender	Patient_Gender
Type of Admission	Admission_Type
Source of Admission	Admission_Source
Quarter	Quarter
Discharge Status	Patient_Discharge_Status
Patient State	Patient_State
Patient ZIP	Patient_ZIP
Patient County FIPS	Patient_County_FIPS
Patient Race & Ethnicity	Patient_Race_Ethnicity
Service Line	Service_Line
HCPCS/CPT Procedure Code	HCPCS_Code
HCPCS Code Modifier 1	HCPCS_Code_Mod1
HCPCS Code Modifier 2	HCPCS_Code_Mod2
Total Charges	Total_Charge_Header
ICD Indicator	ICD_Indicator
Patient Reason For Visit 1	Patient_Reason_For_Visit_1
Patient Reason For Visit 2	Patient_Reason_For_Visit_2
Patient Reason For Visit 3	Patient_Reason_For_Visit_3
Principal Diagnosis Code	Principal_Diagnosis_Code
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
Raw Payer String – Primary	Payer_Raw_Primary
Payer Typology – Primary	Payer_Typology_Primary

DESCRIPTION OF DATA ELEMENTS

General Elements

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

Encounter Type
The ED limited dataset 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. Values changed in 2016. Beginning in 2016 ED limited dataset, 'E' indicates an ED outpatient visit and 'I' indicates an ED inpatient admission. Caution should be used when comparing this data with years prior to 1999 as they only included ED outpatient visits.

A = Ambulatory Surgery
E = Emergency Department
I = Inpatient

Facility Number
OHCS assigned identifier for the facility from which patient was discharged. More information about facilities can be found in the "Utah Hospital Characteristics" table at https://opendata.utah.gov/Health/Utah-Hospital-Characteristics/ierb-h3t5.

Quarter
Quarter from which the data was collected. This field in conjunction with Facility Name/Numbers is useful for data quality control. The combination of facility and quarter represent units of data collected.

Service Line
Count of services. Service lines represent revenue lines and the associated procedures and charges. Header data repeats while service line data changes with each new line.

Patient Demographics

Patient Age Group
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 Gender

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

Patient Geography

Patient 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 County

FIPS code for the county of residence (https://www.census.gov/geo/reference/codes/cou.html). This field is derived from the patient's ZIP code using the federal Department of Housing and Urban Development's Zip-County ratios (https://www.huduser.gov/portal/datasets/usps_crosswalk.html). If a Zip crossed a county boundary, all encounters in the Zip were assigned to the county with the higher proportion of the population.

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 Marital Status

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

Patient 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 (Type of Admission Other Than 4)

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 (Type of Admission = 4)

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: 045X.

1 = Included services billed under 045X

0 = Did not include services billed under 045X

Blank = Not calculable

Observation Stay Flag

Flag indicating whether an encounter included services billed under an observation stay-related NUBC revenue code: 076X.

1 = Included services billed under 076X

0 = Did not include services billed under 076X

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 ho
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
83	=	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care
84	=	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hosp
85	=	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospita
86	=	Discharged/transferred to home under care of organized home health service organization with a planned acu
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 readmissi
89	=	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital
90	=	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of
91	=	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hosp
92	=	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a
93	=	Discharged/transferred to a psychiatric distinct part unit of a hospital with a planned acute care hospital inpa
94	=	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmis

95 = Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a

09 = Unknown

Blank = Not reported

Diagnosis Codes

ICD Indicator

Indicates whether ICD-9 or ICD-10 codes are used in ICD diagnosis and procedure code fields.

9 = ICD-9-CM
0 = ICD-10-CM/PCS

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

Reason for Visit

The diagnosis code describing the patient's reason for visit at the time of outpatient registration.

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
1, 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.

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

HCPCS/CPT Procedure Codes and Modifiers

The five characters of the HCPCS code, followed by optional numeric or character modifiers. Refer to Centers for Medicare & Medicaid Services (HCPCS) and American Medical Association's Current Procedure Terminology (CPT) for descriptions.

Blank = Not reported

Charges and Payers

Facility Charges

For inpatient encounters, this is the sum of charges with NUBC revenue codes 010x-095x (with 2 implied decimal digits).

  Blank   =   Not reported

Emergency Room Charges

For encounters involving the emergency room, this is the sum of charges for the encounter with NUBC revenue code: 045X.

  Blank   =   Not reported

Professional Charges

For inpatient encounters, this is the sum of charges with NUBC revenue codes 096x-098x 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

Total Charges

Total amount charged for the visit (with 2 decimal digits). The total charges are calculated on the header rather than the service line, thus total charge repeats for each service line.

  Blank   =   Not reported

Raw Payer String

Payer name as a raw text string submitted by the facility. This element may be useful for developing or validating payer typology logic.

  Suppressed   =   Suppressed

Payer Typology

This value set is adapted from the Public Health Data Standards Consortium's (PHDSC) Users Guide for Source of Payment Typology 7.0. (http://www.phdsc.org/standards/pdfs/SourceofPaymentTypologyUsersGuideVersion7FinalJune27_2016.pdf)

    1   =   Medicare
    2   =   Medicaid
    3   =   Other Government

4 = Department of Corrections

5 = Private Health Insurance

6 = Blue Cross/Blue Shield

7 = Managed Care, Unspecified

8 = Self-Pay, No Charge, Charity, Refusal, Research/Donor, or No Payment

9 = Workers Compensation, Foreign National, Disability, Long-Term Care, Auto Insurance, or Legal Liability

Blank = Unknown

Providers

Provider Taxonomy

Provider specialty using National Uniform Claim Committee (NUCC) coding standard.

Suppressed   =   Suppressed