

**Fields: Sheps Center Inpatient data**

Field	Field - Literal	Description	Format	Length
Admitting Diagnosis	admitdx	ICD-9-CM code or ICD-10-CM code. Decimal not included. Decimal implied between the 3rd and 4th digit	Alphanumeric	7
Age In Months	agem	Age In Months For Patients 31 Days - 2 Years Old	Numeric	8
Age In Years	agey	Age In Years For Patients > 2 Years Old	Numeric	8
Admission Source Type	asource		Alphanumeric	1
	A	not newborn		
	N	newborn		
	X	unknown or not submitted		
Bill Type	billtype		Alphanumeric	4
	111	Hospital Inpatient, Including Medicare Part A, original bill		
	117	Hospital Inpatient, Including Medicare Part A, replacement bill		
	121	Hospital Inpatient, Medicare Part B only, original bill		
	127	Hospital Inpatient, Medicare Part B only, replacement bill		
	131	Hospital Outpatient, original bill		
	137	Hospital Outpatient, replacement bill		
	831	Ambulatory Surgery Center, original bill		
	837	Ambulatory Surgery Center, replacement bill		
	851	Critical Access Hospital, original bill		
	857	Critical Access Hospital, replacement bill		
Birth Weight In Grams	birthwt		Numeric	8
Days Covered/Length of Stay	dayscov	Admission date minus discharge date. If admission date equals discharge date, then length of stay equals 1	Numeric	8
First Listed Diagnosis Code	diag1	ICD-9-CM code or ICD-10-CM code. Decimal not included. Decimal implied between the 3rd and 4th digit. (see lookup for all included diagnosis codes and diagnosis methods (ICD-9 or ICD-10))	Alphanumeric	7
Diagnosis Codes 2-25	diag2-diag25	Same as diag1	Alphanumeric	7
Distance	dist	Pt Centroid Zip To Hospital Centroid Zip In Miles	Numeric	8
Presence of ED Rev Code (045x)	erflag	1 – Patient admitted from ED to inpatient, Truven Derived Variable	Numeric	8
Ethnicity	ethnicity	1 = Non-Hispanic, 2 = Hispanic	Alphanumeric	3
Facility ID	fac	Truven Hospital identification number (lookup contains facility name, address, and zip code)	Alphanumeric	11
Fiscal Year	fyear	Four-digit fiscal year (October-September)	Alphanumeric	6

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Field	Field - Literal	Description	Format	Length
CMS Diagnosis-Related Groups (MS-DRG)	hcfadrg	See lookup for values	Alphanumeric	6
CMS Major Diagnostic Categories (MDC)	hcfamdc		Alphanumeric	6
0	Ungroupable			
1	Diseases and disorders of the nervous system			
2	Diseases and disorders of the eye			
3	Diseases and disorders of the ear, nose, mouth and throat			
4	Diseases and disorders of the respiratory system			
5	Diseases and disorders of the circulatory system			
6	Diseases and disorders of the digestive system			
7	Diseases and disorders of the hepatobiliary system and pancreas			
8	Diseases and disorders of the musculoskeletal system and connective tissue			
9	Diseases and disorders of the skin, subcutaneous tissue and breast			
10	Endocrine, nutritional and metabolic diseases and disorders			
11	Diseases and disorders of the kidney and urinary tract			
12	Diseases and disorders of the male reproductive system			
13	Diseases and disorders of the female reproductive system			
14	Pregnancy, childbirth and the puerperium			
15	Newborns and other neonates with conditions originating in the perinatal period			
16	Diseases and disorders of the blood, blood forming organs and immunological disorders			
17	Myeloproliferative diseases and disorders, and poorly differentiated neoplasms			
18	Infectious and parasitic diseases (systemic or unspecified sites)			
19	Mental diseases and disorders			
20	Alcohol/drug use and alcohol/drug induced organic mental disorders			
21	Injuries, poisonings and toxic effects of drugs			
22	Burns			
23	Factors influencing health status and other contacts with health services			
24	Multiple significant trauma			
25	Human immunodeficiency virus infections			
Presence of OR Rev Code (036x)	orflag	1 – Indication of operating room use during stay, Truven Derived Variable	Numeric	8

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Field	Field - Literal	Description	Format	Length
Primary Payer Code	payer1	State-specific payer code	Alphanumeric	5
9		Self Pay (historical P)		
10		Central Certification (historical F)		
11		Other Non-Federal Program (historical X)		
12		Preferred Provider Organization (PPO) (historical Z)		
13		Point of Service (POS) (historical Y)		
14		Exclusive Provider Organization (EPO) (historical J)		
15		Indemnity Insurance (Historical L)		
16		Health Maintenance Organization (HMO) Medicare Risk (Historical K)		
A/AM		historical automobile medical		
BL		Blue Cross & Blue Shield (historical B)		
CH		Champus (historical C)		
CI		Commercial Insurance (historical I)		
DS		Disability (historical G)		
HM		Health Maintenance Organization (HMO) (historical H)		
LI		Liability (historical Q)		
LM		Liability Medical (historical R)		
MA		Medicare Part A (historical M)		
MB		Medicare Part B (historical T)		
MC		Medicaid (historical D)		
N		historical other government		
OF		Other federal program (historical V)		
S		historical self-insured		
TV		Title V (historical 1)		
VA		Veteran Administration Plan (historical 2)		
WC		Workers Compensation Health Claim (historical W)		
ZZ		Mutually defined unknown (historical U)		
Payer Code 2-3	payer2-3	Secondary payer sources, same as payer1	Alphanumeric	5
Payer Subclass 1-3	paysub1-3	Payer sub-classification code (see lookup)	Alphanumeric	4

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Field	Field - Literal	Description	Format	Length
Present on Admission Indicator	poa1	Related to diag1-25	Alphanumeric	1
	Y	Yes; present at time of inpatient admission		
	N	No; not present at time of inpatient admission		
	U	Unknown; documentation insufficient to determine if condition was POA		
	W	Clinically undetermined; provider unable to determine clinically whether condition was POA or not		
	1	Exempt, This diagnosis code is exempt from POA reporting		
Same as POA1	poa2-25		Alphanumeric	1
First Listed Procedure Code	procCd1	ICD-9-CM Procedure Code or ICD-10-PCS procedure code. Decimal not included for ICD-9-CM. The decimal is implied between the 2nd and 3rd digits. ICD-10-PCS does not have a decimal. (lookup contains all included procedures)	Alphanumeric	7
Procedures Code 2-20	procCd2-20	Same as procCd1	Alphanumeric	7
Days from Admit to PROCDD1	pxday1	The number of days elapsed from the admission date to the procedure date. A procedure can take place up to 2 days prior to the admission date. Thus, this number can be negative. Zeros indicate the procedure is performed on the admission day.	Numeric	8
Days from Admit to PROCDD2-20	pxday2-20	Same as pxday1	Numeric	8
Patient County	ptcnty	3 digit FIPS County Code	Alphanumeric	3
Patient State	ptstate	State Abbreviation	Alphanumeric	2
5 Digit Patient Zip Code	ptzip		Alphanumeric	5
Race	race		Alphanumeric	3
	1	American Indian (historical 1)		
	2	Asian (historical 2)		
	3	Black or African-American (historical 3)		
	4	Native Hawaiian or Pacific Islander (historical 2)		
	5	Caucasian (historical 4)		
	6	Other race		
	9	Patient declined or unavailable		
Routine Charges	revchg1	Routine Charges, Sum Of Revenue Codes 101, 110-179, 190-199, 670-679, 1001-1002	Numeric	8
ICU/CCU Charges	revchg2	ICU/CCU charges, sum of revenue codes 200-219	Numeric	8
Surgery Charges	revchg3	Surgical Charges, Sum Of Revenue Codes 360-379, 710-729	Numeric	8

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Field	Field - Literal	Description	Format	Length
Lab Charges	revchg4	Lab And Blood Charges, Sum Of Revenue Codes 300-319, 390-399, 740-759	Numeric	8
Pharmacy Charges	revchg5	Pharmacy Charges, Sum Of Revenue Codes 250-269, 630-639	Numeric	8
Radiology Charges	revchg6	Radiology Charges, Sum Of Revenue Codes 280-289, 320-359, 400-409	Numeric	8
Respiratory Charges	revchg7	Respiratory Charges, Sum Of Revenue Codes 410-419, 460-469	Numeric	8
Therapy Charges	revchg8	Therapy Charges, Sum Of Revenue Codes 420-449, 470-479	Numeric	8
Supplies Charges	revchg9	Supplies Charges, Sum Of Revenue Codes 270-279, 620-629	Numeric	8
Other Charges	revchg10	Other Charges, Sum Of Revenue Codes 70-77, 100, 180-189, 220-249, 290-299, 380-389, 450-459, 480-619, 640-669, 681-709, 730-739, 760-771, 780, 790-861, 880-929, 931-932, 940-949, 951-952, 960-999	Numeric	8

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Field	Field - Literal	Description	Format	Length
Service Line	servline		Alphanumeric	6
1		CARDIAC CARE (Medical)		
2		CARDIAC CARE (Surgical)		
3		CANCER CARE (Medical)		
4		CANCER CARE (Surgical)		
5		NEUROLOGICAL (Medical)		
6		NEUROLOGICAL (Surgical)		
7		RENAL / UROLOGY (Medical)		
8		RENAL / UROLOGY (Surgical)		
9		WOMENS HEALTH		
10		ORTHOPEDICS (Medical)		
11		ORTHOPEDICS (Surgical)		
12		RESPIRATORY		
13		MEDICINE		
14		GENERAL SURGERY		
15		OTHER SURGERY		
16		NEWBORN		
17		PSYCHIATRY		
18		OPHTHALMOLOGY		
19		TRAUMA (Medical)		
20		TRAUMA (Surgical)		
21		DENTAL		
22		SUBSTANCE ABUSE		
23		MISCELLANEOUS		
24		OBSTETRICS		
Sex	sex	F = Female, M = Male, U = Unknown	Alphanumeric	1

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Field	Field - Literal	Description	Format	Length
Point Of Origin	source	Related To Admission Source Type – A source – A = Not Newborn, N = Newborn	Alphanumeric	3
	1	Non-health care facility point of origin (asource A only)		
	2	Clinic or physician's office (asource A only)		
	4	Transfer from a hospital (different facility) (asource A only)		
	5	Transfer from a skilled nursing facility (SNF), intermediate care facility (ICF), or assisted living facility (ALF) (asource A only)		
	5	Born inside this hospital (asource N only)		
	6	Transfer from another health care facility (asource A only)		
	6	Born outside this hospital (asource N only)		
	8	Court/law enforcement (asource A only)		
	9	Information not available (asource A only)		
	D	Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer (asource A only)		
	E	Transfer from ambulatory surgery center (asource A only)		
	F	Transfer from a hospice facility (asource A only)		
Patient Disposition	status	Patient Discharge Status Description (See Lookup)	Alphanumeric	6
Total Charges	totchg	Actual Submitted Value	Numeric	8
Admit Type	type		Alphanumeric	3
	1	Emergency		
	2	Urgent		
	3	Elective		
	4	Newborn		
	5	Trauma		
	9	Information not available		