

Fields: Sheps Center Outpatient and Ambulatory Care Data

Field	Field - Literal	Description	Format	Length
Reason For Visit 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
First Listed CPT-4 Procedure Code	cpxcd1		Alphanumeric	5
CPT-4 Procedure Codes 2-20	cpxcd2-20	See lookup for all included CPT-4 codes	Alphanumeric	5
Days from Encounter to cpxcd1	cpyday1	The number of days elapsed from the encounter date to the procedure date. A procedure can take place up to 2 days prior to the encounter date. Thus, this number can be negative. Zeros indicate the procedure is performed on the encounter date.	Numeric	8
Days from Encounter TO cpxcd2-20	cpyday2-20	Same as cpxday1	Numeric	8
Method of Submission for cpxcd1-cpxcd20	cpxmeth1-cpxmeth20		Numeric	8
Days Covered	dayscov	Encounter date minus discharge date. If encounter date equals discharge date, then length of stay	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

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Diagnosis Codes 2-25	diag2-diaq25	Same as diag1	Alphanumeric	7
Method for diag1-diaq25	dxrefmeth1dxrefmeth25	0=ICD-10-CM, 9=ICD-9-CM	Alphanumeric	1
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	Alphanumeric	6
Presence of OR Rev Code (036x)	orflag	1 – Indication of operating room use during stay, Truven Derived Variable	Numeric	8

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Primary Payer Code	payer1	State-specific payer code	Alphanumeric	5
09	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)			
AM	Automobile Medical (historical A)			
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
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

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Field	Field - Literal	Description	Format	Length
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		
Presence of Rehab Revenue Code	rehabflag	Presence of Rehab Revenue Code (118, 128, 138, 148, 158), 1=Rehab revenue code present	Alphanumeric	1
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
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, 2100-2109	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
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 – asource – 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 livin		
	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 resul		
	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	Total charges, actual submitted value	Numeric	8
Admit Type	type		Alphanumeric	3
	1	Emergency		
	2	Urgent		
	3	Elective		
	4	Newborn		
	5	Trauma		
	9	Information not available		