

# Utah Healthcare Facility Database (HFD)

## Data user manual

March 2024

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## Revision history

| Date          | Description   | Author(s) |
|---------------|---|-----------|
| November 2019 | Initial draft   | Petersen  |
| February 2020 | Minor edits   | Petersen  |
| March 2020    | Minor edits   | Petersen  |
| March 2022    | Fill rate table changes and edits to better reflect VRW | Scott     |

## Introduction

The Utah Health Data Committee (UHDC) is composed of 15 members appointed by the governor. UHDC was created by the Utah Health Data Authority Act of 1991. The committee is staffed by the Utah Department of Health and Human Services (DHHS) 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 may be incomplete. Use caution when trying to perform market level comparisons with these data. Continuous efforts are made to further data completeness.

Starting in 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 and Clinics are reported as one facility (#125).

## Limited use data sets

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

The limited use data sets include data on procedures, 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 [Health Facility Licensing website](#).

## Data processing and quality

### Data submission

The DHHS 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 to 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 required to be resubmitted by the data supplier for correction.

### Hospital review

Each hospital is given an 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. See [Utah Statute 26-33a-107](#)

### Missing values

When dealing with unknown values, it is important to distinguish between systematic omission by the facility (for facilities that were granted reporting exemption for particular data elements or which had systematic coding problems that deemed the entire data from the facility unusable) and non-systematic omission (random coding errors, 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 whether 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 use data sets. Patient's age, physician specialty, and payers are grouped. Several

data elements are suppressed under specific conditions: 1) ZIP codes with fewer than 30 visits in a calendar year are suppressed; 2) physician taxonomy is suppressed for hospitals with fewer than 30 beds; 3) Payer names with fewer than 30 visits in a calendar year are suppressed; and 4) age, sex, and ZIP code are suppressed if the discharge involves substance abuse or HIV infection, as defined by the following Medicare Severity Grouper Diagnosis Related Groups (MS-DRGs):

- 894—ALCOHOL, DRUG ABUSE OR DEPENDENCE, LEFT AMA
- 895—ALCOHOL, DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY
- 896—ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC
- 897—ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC
- 969—HIV WITH EXTENSIVE O.R. PROCEDURE WITH MCC
- 970—HIV WITH EXTENSIVE O.R. PROCEDURE WITHOUT MCC
- 974—HIV WITH MAJOR RELATED CONDITION WITH MCC
- 975—HIV WITH MAJOR RELATED CONDITION WITH CC
- 976—HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC
- 977—HIV WITH OR WITHOUT OTHER RELATED CONDITION

### DRG, MS-DRG, APR-DRG, and EAPG classification

Variables produced by OHCS using 3M grouper software are no longer standard inclusions in the limited use data sets. Maintenance of the DRG grouper was discontinued in 2007. Previous versions of limited use 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 is no longer included in the limited use data sets.

The MS-DRG grouper results are the only grouper results available.

### Citation

Any statistical reporting or analysis based on the data shall cite the source as the following: *Utah Healthcare Facility Limited Use Data Sets (2022)*. Utah Health Data Committee Office of Health Care Statistics. Utah Department of Health and Human Services. Salt Lake City, Utah. 2022.

## Available data and fill rates

Fill rates are based on source variables contained in the database. Empty rows are generally for calculated fields. For a fill rate, see the variable(s) used to calculate the field. See: [https://gitlab.com/UtahOHCS/HFD\\_DUM/-/blob/master/HFD-fillrates-1996to2020.xlsx](https://gitlab.com/UtahOHCS/HFD_DUM/-/blob/master/HFD-fillrates-1996to2020.xlsx) for the downloadable tables.

## Header variables

### Facility variables

| Description        | Variable name   |
|--------------------|---|
| encounter_type     | Encounter type for record<br>A—Ambulatory surgery<br>E—Emergency department<br>I—Inpatient  |
| er_flag            | Indicates whether the encounter included emergency room services, as indicated by revenue codes in the 045X series.<br>0—Non-emergency room (ER)<br>1—Emergency room (ER) |
| facility_city      | Facility city   |
| facility_county    | Facility county   |
| facility_fips_code | Facility FIPS location code   |
| facility_geo_class | The geography class of the submitting facility. Valid values:<br>Rural<br>Urban   |
| facility_name      | Name of the facility from which the patient was discharged  |

| Description                   | Variable name  |
|-------------------------------|--|
| facility_number               | OHCS assigned identifier for the facility of discharge   |
| facility_state                | Facility state   |
| facility_street_address       | Facility street address  |
| facility_zip_code             | Facility ZIP code  |
| patient_discharge_status      | For discharges on or after October 1, 2007, see the table on HCUP's <a href="#">disposition of patient - UB04</a> website.   |
| point_of_origin_for_admission | See the table on HCUP's <a href="#">point of origin for admission</a> website.   |
| type_of_admission             | See the table on HCUP's <a href="#">admission type</a> website.  |
| type_of_bill                  | Maintained by the National Uniform Billing Committee (NUBC). Often used to identify facility or care type. Useful information about bill types can be found <a href="#">here</a> . |

## Patient variables

| Variable name         | Description  |
|-----------------------|--|
| age_group             | Text description of age of patient (i.e. 70-74)  |
| age_group_num         | Numeric code representing the age of patients at release. See table for <a href="#">Age_Group_Num</a>  |
| Newborn               | Indicates a value of 1 if the age is 0–28 days, else has a value of 0  |
| patient_city          | Patient city of residence  |
| patient_country       | Patient country of residence code  |
| patient_county_fips   | FIPS code for county of residence. Derived from ZIP code   |
| patient_date_of_birth | Patient date of birth in yyyy-mm-dd format   |
| patient_dob_year      | Patient year of birth  |
| patient_ethnicity     | This field gives the ethnicity of the patient. The information is based on self-identification and is to be obtained from the patient, a relative, or a friend. Patient ethnicity codes are based on the <a href="#">HL7 FHIR ethnicity code system</a> . Coding changed starting CY2018. See tables for <a href="#">patient_ethnicity</a> |
| patient_gender        | Patient gender<br>M—Male<br>F—Female<br>U—Unknown<br>S—Suppressed  |



| Variable name          | Description   |
|------------------------|---|
| patient_race           | This item gives the race of the patient. The information is based on self-identification and is to be obtained from the patient, a relative, or a friend. Coding changed starting CY2018. See tables for <a href="#">patient_race</a> |
| patient_race_ethnicity | OHCS computed using race and ethnicity. See table for <a href="#">patient_race_ethnicity</a>  |
| patient_state          | Patient state of residence  |
| patient_zip_code       | Entire patient ZIP code as submitted  |
| patient_zip5_code      | 5 leftmost digits of the ZIP code   |
| pt_age                 | Patient's age on day of admission   |

### Date and time variables

| Variable name     | Description  |
|-------------------|--|
| admission_hour    | The hour at which the patient arrived (use 24-hour format)           |
| admission_minute  | The minute the patient arrived at the facility                       |
| date_of_admission | Admission date in yyyy-mm-dd format                                  |
| discharge_date    | Date of discharge in yyyy-mm-dd format                               |
| discharge_hour    | The hour at which the patient left the facility (use 24-hour format) |
| discharge_minute  | The minute at which the patient departed the facility                |

| Variable name            | Description   |
|--------------------------|---|
| discharge_year           | Year of discharge   |
| los                      | Length of stay as calculated from Mercer (Rounds all IP to 1)   |
| los_days                 | Total days stayed at facility from date of admission to discharge   |
| los_hours                | Total hours stayed at facility  |
| quarter                  | Quarter of discharge<br>Q1—January to March<br>Q2—April to June<br>Q3—July to September<br>Q4—October to December |
| statement_beginning_date | The date facility services began in yyyy-mm-dd format   |
| statement_beginning_year | The year facility services began  |
| statement_through_date   | The date facility services ended in yyyy-mm-dd format   |
| statement_through_year   | The year facility services ended  |
| year                     | Year of discharge   |
| year_of_admission        | Admission year  |

## Payment and payer variables

| Variable name                    | Description  |
|----------------------------------|--|
| estimated_amount_due_primary     | Amount estimated by the hospital to be due from the indicated payer  |
| estimated_amount_due_secondary   | Amount estimated by the hospital due from the secondary payer  |
| estimated_amount_due_tertiary    | Amount estimated by the hospital due from the tertiary payer   |
| payer_primary_typology_imputed   | OHCS imputed payer typology using string-matching on payer_name  |
| payer_secondary_typology_imputed | OHCS imputed payer typology using string-matching on payer_name  |
| payer_tertiary_typology_imputed  | OHCS imputed payer typology using string-matching on payer_name  |
| primary_payer_name_suppressed    | The payer's name as reported on record. Suppressed at 30 per year  |
| primary_payer_typology           | Code with type of payer. Available starting with data submitted CY2018. See table for <a href="#">payer_typology</a> |
| prior_payment_primary            | Amount hospital received from payer prior to the billing date  |
| prior_payment_secondary          | Amount hospital received from secondary payer prior to billing date  |

| Variable name                   | Description  |
|---------------------------------|--|
| prior_payment_tertiary          | Amount hospital received from tertiary payer prior to billing date   |
| secondary_payer_name_suppressed | Secondary payer's name as reported on record. Suppressed at 30 per year  |
| secondary_payer_typology        | Code with type of payer. Available starting with data submitted CY2018. See table for <a href="#">payer_typology</a> |
| tertiary_payer_name_suppressed  | Tertiary payer's name as reported on record. Suppressed at 30 per year   |
| tertiary_payer_typology         | Code with type of payer. Available starting with data submitted CY2018. See table for <a href="#">payer_typology</a> |
| total_charge_header             | The total amount charged by the facility for the encounter   |

## Diagnosis variables

| Variable name               | Description   |
|-----------------------------|---|
| diagnosis_version_qualifier | Indicates which ICD version was used<br>9—Ninth revision of ICD<br>0—Tenth revision of ICD<br>1—Unknown |
| principal_diagnosis_code    | Codes changed in Oct 2015. ICD diagnosis codes  |

| Variable name                  | Description   |
|--------------------------------|---|
| principal_diagnosis_code_poa   | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_1     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_1 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_2     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_2 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_3     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_3 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_4     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_4 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_5     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_5 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |

| Variable name                   | Description   |
|---------------------------------|---|
| secondary_diagnosis_code_6      | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_6  | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_7      | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_7  | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_8      | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_8  | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_9      | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_9  | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_10     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_10 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_11     | Codes changed in October 2015. ICD diagnosis codes  |

| Variable name                   | Description   |
|---------------------------------|---|
| secondary_diagnosis_code_poa_11 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_12     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_12 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_13     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_13 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_14     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_14 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_15     | Codes changed in October 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_15 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| secondary_diagnosis_code_16     | Codes changed in Oct 2015. ICD diagnosis codes  |
| secondary_diagnosis_code_poa_16 | Whether the diagnosis codes were present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| admitting_diagnosis_code        | Admitting diagnosis code  |

| Variable name               | Description   |
|-----------------------------|---|
| patient_reason_for_visit_1  | Coded using ICD diagnosis codes   |
| patient_reason_for_visit_2  | Coded using ICD diagnosis codes   |
| patient_reason_for_visit_3  | Coded using ICD diagnosis codes   |
| ext_cause_of_inj_code_1     | External cause code, coded using ICD diagnosis codes  |
| ext_cause_of_inj_code_poa_1 | Whether the external cause was present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| ext_cause_of_inj_code_2     | External cause code, coded using ICD diagnosis codes  |
| ext_cause_of_inj_code_poa_2 | Whether the external cause was present on admission. See table for <a href="#">diagnosis_code_POA</a> |
| ext_cause_of_inj_code_3     | External cause code, coded using ICD diagnosis codes  |
| ext_cause_of_inj_code_poa_3 | Whether the external cause was present on admission. See table for <a href="#">diagnosis_code_POA</a> |

### Procedure variables

| Variable name               | Description                              |
|-----------------------------|--|
| principal_ICD_procedure     | ICD procedure code. Changed October 2015 |
| date_of_principle_procedure | Date of procedure in yyyy-mm-dd format   |



| Variable name                 | Description                              |
|-------------------------------|--|
| year_of_principle_procedure   | Year of procedure                        |
| secondary_ICD_procedure_1     | ICD procedure code. Changed October 2015 |
| date_of_secondary_procedure_1 | Date of procedure in yyyy-mm-dd format   |
| year_of_secondary_procedure_1 | Year of procedure                        |
| secondary_ICD_procedure_2     | ICD procedure code. Changed October 2015 |
| date_of_secondary_procedure_2 | Date of procedure in yyyy-mm-dd format   |
| year_of_secondary_procedure_2 | Year of procedure                        |
| secondary_ICD_procedure_3     | ICD procedure code. Changed October 2015 |
| date_of_secondary_procedure_3 | Date of procedure in yyyy-mm-dd format   |
| year_of_secondary_procedure_3 | Year of procedure                        |
| secondary_ICD_procedure_4     | ICD procedure code. Changed October 2015 |
| date_of_secondary_procedure_4 | Date of procedure in yyyy-mm-dd format   |
| year_of_secondary_procedure_4 | Year of procedure                        |
| secondary_ICD_procedure_5     | ICD procedure code. Changed October 2015 |
| date_of_secondary_procedure_5 | Date of procedure in yyyy-mm-dd format   |
| year_of_secondary_procedure_5 | Year of procedure                        |

## Provider variables

| Variable name                           | Description  |
|---|--|
| attending_provider_qual                 | Type of provider id. See table for <a href="#">provider_ID_qualifier</a>                       |
| attending_provider_id                   | Unique identifier of attending provider  |
| provider_attending_other_type_qualifier | Indicates the type of "other" provider. See table for <a href="#">provider_ID_qualifier</a>    |
| provider_attending_taxonomy_code        | Provider taxonomy code (using NUCC's code set)   |
| provider_attending_AMA_specialty        | Provider specialty, coded using AMA's specialty coding system                                  |
| operating_provider_qual                 | Indicates type of operating provider id. See table for <a href="#">provider_ID_qualifier</a>   |
| operating_provider_id                   | Unique identifier of attending provider  |
| provider_operating_other_type_qualifier | Indicates the type of "other" provider id. See table for <a href="#">provider_ID_qualifier</a> |
| provider_operating_taxonomy_code        | Provider taxonomy code (using NUCC's code set)   |
| provider_operating_AMA_specialty        | Provider specialty, coded using AMA's specialty coding system                                  |
| other_provider_qual_1                   | Type of provider id. See table for <a href="#">provider_ID_qualifier</a>                       |

| Variable name                         | Description  |
|---------------------------------------|--|
| other_provider_qual_sec_1             | Second id qualifier of a provider other than the main provider. See table for <a href="#">provider_ID_qualifier</a>          |
| other_provider_id_1                   | Unique identifier of attending provider  |
| provider_other_1_other_type_qualifier | Indicates the type of "other" provider. See table for <a href="#">provider_ID_qualifier</a>                                  |
| provider_other_1_taxonomy_code        | Provider taxonomy code (using NUCC's code set)   |
| provider_other_1_AMA_specialty        | Provider specialty, coded using AMA's specialty coding system  |
| other_provider_qual_2                 | Type of provider id. See table for <a href="#">provider_ID_qualifier</a>   |
| other_provider_qual_sec_2             | Second id qualifier of the second provider other than the main provider. See table for <a href="#">provider_ID_qualifier</a> |
| other_provider_id_2                   | Unique identifier of attending provider  |
| provider_other_2_other_type_qualifier | Indicates the type of "other" provider. See table for <a href="#">provider_ID_qualifier</a>                                  |
| provider_other_2_taxonomy_code        | Provider taxonomy code (using NUCC's code set)   |
| provider_other_2_AMA_specialty        | Provider specialty, coded using AMA's specialty coding system  |

| Variable name | Description  |
|---------------|--|
| taxonomy_code | Created based on Attending NPI and NPPES lookup              |
| category      | High level provider grouping based on attending provider NPI |

### Grouping variables

| Variable name              | Description   |
|----------------------------|---|
| CMS_4digit_DRG             | This is different from CMS DRG due to the 4th digit, (severity of illness)  |
| CMS_4digit_DRG_description | 4 digit DRG written description   |
| CMS_cost_weight            | See <a href="#">MS-DRG grouper documentation</a> for details  |
| CMS_DRG                    | Medicare severity-diagnosis related group code  |
| CMS_DRG_description        | Medicare severity-diagnosis related group written description   |
| CMS_final_ms_indicator     | Final medical/surgical indicator 0—Error DRG (998 or 999)1—Medical DRG2—Surgical DRG  |
| CMS_grouperversion_used    | Which version of the CMS Grouping Software was applied to the service. See <a href="#">MS-DRG grouper documentation</a> for details |

| Variable name                      | Description   |
|------------------------------------|---|
| CMS_mdc                            | Major disease category codes as defined by the MS-DRG. See table for <a href="#">CMS_mdc</a>                  |
| CMS_mdc_description                | Major disease category descriptions as defined by the MS-DRG  |
| diagnosis_related_group            | Diagnosis related group as reported by the hospital   |
| dxcsr_category_op                  | Groups principal diagnosis code values into clinical categories. See <a href="#">HCUP website</a> for details |
| final_DRG_cc_mcc_usage             | See <a href="#">MS-DRG grouper documentation</a> for details  |
| hospital_acquired_condition_status | See <a href="#">MS-DRG grouper documentation</a> for details  |
| hospital_acquired_conditions       | See <a href="#">MS-DRG grouper documentation</a> for details  |
| msgmce_version_used                | MSGMCE software version used for assigning the MS-DRG   |

## Line variables

| Variable name  | Description  |
|----------------|--|
| record_id      | A unique number for each visit   |
| encounter_type | Encounter type for record<br>A—Ambulatory surgery<br>E—Emergency department<br>I—Inpatient |

| Variable name                  | Description  |
|--------------------------------|--|
| 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 |
| HCPCS_Category                 | High-level CPT-4 grouping. See table <a href="#">HCPCS_Category</a>  |
| HCPCS_CCS_Category_Code        | Groups HCPCS Code values into one of 240+ clinical categories. See <a href="#">HCUP Clinical Classifications Software</a> for details                                      |
| HCPCS_CCS_Category_Description | Written description for HCPCS CSS code   |
| hcpcs_code                     | Healthcare Common Procedure Coding System  |
| hcpcs_code_mod1                | Produced when modifier clarifies/improves the a procedure code   |
| hcpcs_code_mod2                | Produced when modifier clarifies/improves the a procedure code   |
| hcpcs_code_mod3                | Produced when modifier clarifies/improves the a procedure code   |
| hcpcs_code_mod4                | Produced when modifier clarifies/improves the a procedure code   |
| HCPCS_Code1_Desc               | Written description of the HCPCS code  |
| HCUP_Surgery_Flag              | Classifies HCPCS surgery codes as broad, narrow, or neither. See <a href="#">HCUP Surgery Flags Software</a> for more details  |

| Variable name                | Description   |
|------------------------------|---|
|                              | 0—Neither<br>1—Broad<br>2—Narrow  |
| NDC                          | Available starting CY2018. Drug code  |
| revenue_code                 | Codes that identify specific accommodations, ancillary service, or unique billing calculations or arrangements. Revenue codes are maintained by National Uniform Billing Committee (NUBC)   |
| Revenue_Code1_Desc           | Written description of the revenue code   |
| service_Date                 | Service line date in yyyy-mm-dd format. Available starting with data submitted CY2018   |
| service_units                | The quantity of units, times, days, visits, services, or treatments   |
| service_Year                 | Service line year. Available starting with data submitted CY2018  |
| total_charge_by_revenue_code | The total amount charged by the hospital for the given service line   |
| unit_of_measurement          | Code specifying the units in which a value is being expressed or manner in which a measurement has been taken. Unit of measure codes are maintained by the American National Standards Institute. Example codes: DA=Days; MJ= Minutes; UN=Units |
| colonoscopy_flag             | Indicates if the HCPS code is a colonoscopy<br>0—Not colonoscopy<br>1—Colonoscopy   |

## Lookup tables

### Age\_group\_num

Numeric code representing age of patient at date of release.

| Code | Description |
|------|-------------|
| ---- | -----       |
| 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       |



| Code | Description |
|------|-------------|
| 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\_ethnicity

| Code   | Description            |
|--------|------------------------|
| 2135-2 | Hispanic or Latino     |
| 2186-5 | Not Hispanic or Latino |

Data submitted prior to CY2018.

| Code | Description            |
|------|------------------------|
| 1    | Hispanic or Latino     |
| 2    | Not Hispanic or Latino |
| 6    | Unknown                |

### Patient\_race

| Code   | Description                               |
|--------|---|
| 1002-5 | American Indian/Alaska Native             |
| 2028-9 | Asian                                     |
| 2054-5 | Black/African American                    |
| 2106-3 | White                                     |
| 2131-1 | Other race                                |
| 2076-8 | Native Hawaiian or other Pacific Islander |

Data submitted prior to CY2018.

| Code | Description                   |
|------|-------------------------------|
| 1    | American Indian/Alaska Native |
| 2    | Asian                         |
| 3    | Black/African American        |

|   |   |
|---|---|
| 4 | White                                     |
| 5 | Other race                                |
| 6 | Unknown                                   |
| 7 | Native Hawaiian or other Pacific Islander |

### Patient\_race\_ethnicity

| Code  | Description                    |
|-------|--------------------------------|
| 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                   |

### Payer\_typology

| Code | Description               | Definition   |
|------|---------------------------|--|
| 1    | Medicare                  | Medicare managed care, Medicare fee for service, Medicare hospice, or Dual eligibility Medicare/Medicaid organization  |
| 2    | Medicaid                  | Medicaid managed care, Medicaid fee for service, CHIP, Medicaid long term care, or Medicaid dental   |
| 3    | Other government          | Department of Defense (Tricare), Department of Veterans Affairs, Indian Health Service or tribe, HRSA program, Black Lung, state government, or local government |
| 4    | Department of Corrections | Federal, state, or local corrections   |

| Code | Description   | Definition   |
|------|---|--|
| 5    | Private health insurance  | Managed care (e.g. HMO, PPO, POS), private health insurance (commercial indemnity or self-funded ERISA), organized delivery system, or small employer purchasing group |
| 6    | Blue Cross/Blue Shield  | BCBS managed care or BCBS indemnity insurance  |
| 7    | Managed care, unspecified   | Only use if cannot distinguish public from private managed care.   |
| 8    | No payment from an organization/agency/program/private payer listed | Self-pay, no charge, charity, refusal, research/donor, or no payment   |
| 9    | Miscellaneous/other   | Workers compensation, foreign national, disability, long-term care, auto insurance, or legal liability   |
|      | Unknown   | Leave blank if payer typology is unknown, unavailable, or blank  |

### Diagnosis\_code\_POA

Diagnosis code present-on-admission codes.

| Code | Description   |
|------|---|
| Y    | Yes, present at the time of inpatient admission                 |
| N    | No, not present at the time of inpatient admission              |
| U    | Insufficient documentation to determine if present on admission |

| Code  | Description  |
|-------|--|
| W     | Clinically unable to determine if present at time of admission |
| 1     | Code is exempt from POA reporting                              |
| Blank | Code is exempt from POA reporting                              |

### Provider\_ID\_qualifier

| Code | Description                      |
|------|----------------------------------|
| 0B   | State license number             |
| 1G   | Provider UPIN number             |
| G2   | Provider commercial number       |
| EI   | Employer's identification number |
| SY   | Social Security number           |

### CMS\_MDC

| Code | Description   |
|------|---|
| 01   | Diseases and disorders of the nervous system              |
| 02   | Diseases and disorders of the eye                         |
| 03   | Diseases and disorders of the ear, nose, mouth and throat |
| 04   | Diseases and disorders of the respiratory system          |

| Code | Description  |
|------|--|
| 05   | Diseases and disorders of the circulatory system                             |
| 06   | Diseases and disorders of the digestive system                               |
| 07   | Diseases and disorders of the hepatobiliary system and pancreas              |
| 08   | Diseases and disorders of the musculoskeletal system and connective tissue   |
| 09   | 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 perinatal period  |
| 16   | Diseases and disorders of blood, blood forming organs, immunologic disorders |
| 17   | Myeloproliferative diseases and disorders, 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           |

| Code | Description   |
|------|---|
| 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                                   |

### HCPCS\_category

| Code  | Description                 |
|---|-----------------------------|
| 84000-8479919000-194999                             | Mastectomy                  |
| 20000-29999   | Musculoskeletal             |
| 30000-32999   | Respiratory                 |
| 33010-37799<br>39000-39499<br>93501-93660           | Cardiovascular, mediastinum |
| 38100-38999   | Lymphatic/hematic           |
| 39501-39599   | Diaphragm                   |
| 40490-49999<br>G0104, G0105, G0106, G0120 and G0121 | Digestive system            |



| Code                   | Description              |
|------------------------|--------------------------|
| 50010–53899            | Urinary                  |
| 54000–55899            | Male genital             |
| 56405 59899            | Female reproductive      |
| 60000–64999            | Endocrine/nervous system |
| 65091–68899            | Eye                      |
| 69000–69979            | Ear                      |
| All other valid values | Unknown/missing          |