

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# MASSACHUSETTS CASE MIX

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HOSPITAL INPATIENT  
DISCHARGE DATA (HIDD)

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FISCAL YEAR 2016  
DOCUMENTATION MANUAL V1.00



# Massachusetts Case Mix Hospital Inpatient Discharge Data (August 2017)

## USER GUIDE

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## Executive Summary

The FY2016 Hospital Inpatient Discharge Data Guide provides general information about CHIA's most recent inpatient data holdings. Each quarter, Massachusetts facilities provide CHIA with information that CHIA compiles into annual Hospital Inpatient Discharge databases (HIDDs). This data is collected from Massachusetts' acute care hospitals and includes all inpatient admissions. The FY2016 HIDD includes Inpatient discharges that occurred between October 1, 2015 and September 30, 2016. Facilities reported a total of **800,990** discharges

The information in this guide includes high level data notes (data collection, data application, and use) and a codebook (data element list, data dictionary, Reference tables, and summary statistics). As always, CHIA strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

### New in FY 2016

CHIA will report diagnoses and procedures using ICD-10-CM and ICD-10-PCS codes (International Classification of Diseases, Tenth Revision, Clinical Modification and Procedure Coding System). Most hospitals reported only ICD-10 codes. Very few discharges have an ICD Indicator flag that identified ICD-9 codes. If a primary diagnosis, primary procedure, admitting diagnosis, or admitting procedure code did not match the code tables for each ICD Code set, that value was replaced by a "-" to indicate it was invalid for that ICD type.



## Part A. Data Collection

Acute hospitals in Massachusetts are required to submit discharge data to CHIA under 957 CMR 8.00 - APCD and Case Mix Data Submission and Regulation 957 CMR 5.00: Health Care Claims, Case Mix and Charge Data Release Procedures. Researchers can access HIDD regulations by visiting CHIA's web site (<http://www.chiamass.gov/regulations>) or by faxing a request to CHIA at 617-727-7662.

957 CMR 8.00 - APCD and Case Mix Data Submission requires acute care hospitals to submit discharge data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2016 HIDD are as follows:

- Quarter 1: October 1, 2015 - December 31, 2015
- Quarter 2: January 1, 2016 – March 31, 2016
- Quarter 3: April 1, 2016 – June 30, 2016
- Quarter 4: July 1, 2016 – September 30, 2016

CHIA reviews each hospital's quarterly data for compliance with 957 CMR 8.00 - APCD and Case Mix Data Submission using a one percent error rate. The one percent error rate is based upon the presence of one or more errors per discharge for the hospital's quarterly submission. CHIA checks for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the discharges are rejected, CHIA rejects the entire submission.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the reporting hospital until the standard is met.

### Emergency department (ED) and observation unit initiated stays

Discharges that began in an ED and ended in an Inpatient stay will have a positive value in the "ED Indicator". Discharges that began in an observation unit and ended in an inpatient stay will have a positive value in the "Observation Indicator". Any ED or observation visit that resulted in an inpatient stay will appear only in the FY2016 HIDD, and not in the FY2016 ED or FY2016 Outpatient Observation Database.

### HIDD Verification Report Process

Semi-Annually CHIA sends each hospital a report on their discharge data to maintain and improve the quality of their submissions. The Verification Report process gives the hospitals the opportunity to review the data they have provided to CHIA and affirm data accuracy.

CHIA produces hospital specific Verification Reports after each hospital successfully submits two quarters and four quarters of data. CHIA asks each hospital to view and verify the data contained within the report. Each Verification Report has a series of frequency tables for selected data elements that include, but are not limited to, the number of discharges per month and breakouts by admission type, admission source, race, and disposition.

Hospitals affirm that reported data is accurate or identify any discrepancies on the year-end verification cycle. Hospitals certify the accuracy of their data by completing a Verification Report Response form. CHIA accepts two response types from hospitals:

A: A hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital's case mix profile.

B: A hospital indicates that the data on the report is accurate except for the discrepancies noted. If any data discrepancies exist, CHIA requests that hospitals provide written explanations of the discrepancies.

Users interested in the FY2016 HIDD Verification Reports should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us). Please indicate the fiscal year of the Verification Report, the dataset name, and if you need information for a specific hospital or set of hospitals.

## Part B: Applying For and Using CHIA Data

Researchers interested in receiving CHIA data should follow the instructions below to receive access to the data. Due to the custom nature of the request, limited information about how to use the CHIA is provided. Users needing additional assistance applying for data or using the data should contact [casemix.data@state.ma.us].

### How to Apply for the Data

1. To obtain a copy of the Data Use Agreement and/or other documents required for application, go to: <http://www.chiamass.gov/chia-data/>
2. Follow the links to the forms that correspond to the data (Case Mix, APCD) and application type (Government, Non-Government) that are appropriate to your data request.
3. For FY2016, Non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined approach also improves CHIA's ability to deliver the data efficiently.

### Securing CHIA Data Prior to Use

As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA must reside on an encrypted hard drive and/or secure network.

### Data Delivery

CHIA delivers HIDD on CD-ROMs. Users must be able to meet the following Hardware, and CD requirements. As well, users must be able to read and download the data files to their back office.

### Hardware Requirements:

- CD ROM Device
- Encrypted Hard Drive with 2.0 GB of space available

### Data Use

The FY2016 Case Mix HIDD consists of up to 10 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Each file name will have a suffix of "\_Full\_AAAA\_BBBB". AAAA indicates the specific view of the data. BBB indicates whether the data is from an LDS or Government dataset.

- The main FIPA\_HIDD\_2016\_Discharge (table name: Discharge), contains one record per discharge. The unique identifier on this table is the RecordType20ID.
- FIPA\_HIDD\_2016\_DiagnosesCode (table name: Diagnoses), contains one record per diagnosis reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.

- FIPA\_HIDD\_2016\_ProcedureCode (table name: Procedures), contains one record per procedure for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.
- FIPA\_HIDD\_2016\_ServiceCode (table name: Services), contains one record per revenue code service reported for each visit. The Discharge table has a one-to-many relationship with this table by linking the RecodType20ID.
- FIPA\_HIDD\_2016\_Organization (table name: Orglds) contains one record per organization. This table can be used to lookup facility names, EMS region, and Teaching status. The Discharge table has a many to one relationship with this Table, by linking the the appropriate Orgld (IdOrgFiler, IdOrgHosp, IdOrgSite or IdOrgTransfer).
- FIPA\_HIDD\_2016\_SubmissionLog\_ (table name: DataSubmissionLog) contains one record per quarter for each of the Inpatient facilities filing data. The Discharge table has a many to one relationship with this Table, by linking the IdOrgFiler.
- FIPA\_HIDD\_2016\_Error Log\_ (table name: ErrorLog) contains records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler. The Discharge table has a one-to-many relationship with this Table, by linking the RecordType20ID.
- Groupers:  
FIPA\_HDD\_2016\_APR20.0, FIPA\_HDD\_2016\_APR261, FIPA\_HDD\_2016\_APR300,  
FIPA\_HDD\_2016\_CMS340 contain grouper data. The Discharge table has a one to one relationship with each Table, by linking the RecordType20ID.

## Linking Files

Historically, case mix data users receive a Microsoft Access version of the data. Access is not a recommended development platform, and is used here as a convenient data transport format only. Most users import the data into SQL, STATA™, SPSS™, SAS™, or R for analysis or data management. To accommodate the expanding one-to-many relationship between the main discharge table and other tables (due to lifting the limit on the number of diagnoses and procedure codes), files distributed will now contain multiple tables that are linked using the RecordType20ID field. The RecordType20ID field is a unique identifier used to link the main Discharge table to Services, Diagnoses, and Procedures tables. The Organization table can be linked to columns on the Discharge table that contain Organization ID numbers (Orgld's).

Any additional questions can be addressed by contacting CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

## Part C: Data Elements

The purpose of the following section is to provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA by emailing [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

### About the Limited Data Set (LDS)

The pre-configured Limited Data Set (LDS) is designed to protect patient data confidentiality while ensuring analytic value.

The “core” data elements are available to all users (non-government and government). Users wishing to add to the “core” elements must indicate this by selecting from the list of “buy-ups”. The “Buy-up” process allows a user to receive more granular data – for example, instead of a 3 digit patient zip code; the user can request a “buy-up” to a 5 digit patient zip code. Note that buy-ups will be reviewed for approval by CHIA based on research needs related to the project Description:.

CHIA makes an additional set of core elements available only to government users. These elements are provided to all government users. Government users must specifically identify requested Government-Only in their application.

### Master Data Elements List

For the FY2016 HIDD, CHIA is providing a master data elements list by table. Not every user will see every data element – some are reserved for limited dataset buy-ups or for government use. All users should have access to the “CORE” data. Users who choose limited dataset buy-ups may receive access to some “LDS” elements. Only government users may have access to the “GOV” or “GOV-SPEC” fields.

Users interested in purchasing the data should visit the CHIA website for instructions.

DISCHARGE TABLE—CORE ELEMENTS

AdmissionDayOfWeek	DischargeDayOfWeek	PrincipalPreoperativeDays
AdmissionSourceCode1-2	DischargePassed	PrincipalProcedureCode
AdmissionType	DischargeYear	PrincipalProcedureDate
AdmissionYear	Ecode	PrincipalProcedureMonth
AgeLDS	EDFlagCode	Quarter
Birthweight	HispanicIndicator	RecordType201D
ConditionPresentECode	HomelessIndicator	SecondaryPayerType
DaysBetweenStays	ICD Indicator	SexLDS
ConditionPresentECode	IdOrgFiler	SpecialConditionIndicator
DaysBetweenStays	IdOrgHosp	SubmissionControllID
DischargeDayOfWeek	IdOrgSite	SubmissionPassedFlag
DischargePassed	DischargeDayOfWeek	TemporaryPatientStateLDS
DischargeYear	DischargePassed	TemporaryPatientZip3CodeLDS
Ecode	DischargeYear	TotalChargesAll
EDFlagCode	Ecode	TotalChargesAncillaries
HispanicIndicator	EDFlagCode	TotalChargesRoutine
HomelessIndicator	HispanicIndicator	TotalChargesSpecial
ICD Indicator	HomelessIndicator	Year
IdOrgFiler	ICD Indicator	

DISCHARGE TABLE—LDS ELEMENTS

AdmissionDate	LegCHIAOperatingPhysicianP1-P14	PermanentPatientZIP5CodeLDS
AdmissionMonth	MothersUHIN	Race1
AttendingPhysicianNumber	OperatingPhysicianPrincipal	Race2
DischargeDate	OperatingPhysicianSignificant1-14	TemporaryPatientCityLDS
DischargeMonth	PeriodEndingDate	TemporaryPatientZip5CodeLDS

Ethnicity1	PeriodEndingMonth	UHIN
Ethnicity2	PeriodStartingDate	UHIN_SequenceNo
LegCHIAAAttendingPhysicianNumber	PeriodStartingMonth	
LegCHIAOOperatingPhysicianP	PermanentPatientCityLDS	

DISCHARGE TABLE—GOVERNMENT-ONLY ELEMENTS

MedicaidMemberID	MotherMedicalRecordNumber
DNRStatus	OtherEthnicity
EmployerZipCode	OtherRace
HospitalBillNo	PatientBirthDate
MedicalRecordNumber	VeteransStatus

DIAGNOSIS TABLE—CORE ELEMENTS

AssociatedIndicator
ConditionPresent
DiagnosisCode
Indicator
RecordType20ID

PROCEDURE TABLE—CORE ELEMENTS

AssociatedIndicator
Indicator
PreOperativeDays
ProcedureCode
ProcedureCodeDate
RecordType20ID

SERVICE TABLE—CORE ELEMENTS

AccommodationsID	Quarter	RevenueCodeType
AncillaryID	SubmissionControlID	Sequence
LineNumber	Year	TotalCharges
RevenueCode	RecordType20ID	UnitsOfService
RevenueCodeType	AccommodationsID	Quarter
Sequence	AncillaryID	SubmissionControlID
TotalCharges	LineNumber	Year
UnitsOfService	RevenueCode	RecordType20ID

GROUPER—CORE ELEMENTS

APR200_ADM_DRG	APR300_ADM_DRG
APR200_ADM_MDC	APR300_ADM_MDC
APR200_ADM_RCD	APR300_ADM_RCD
APR200_ADM_ROM	APR300_ADM_ROM
APR200_ADM_SOI	APR300_ADM_SOI
APR200_DIS_DRG	APR300_DIS_DRG
APR200_DIS_MDC	APR300_DIS_MDC
APR200_DIS_RCD	APR300_DIS_RCD
APR200_DIS_ROM	APR300_DIS_ROM
APR200_DIS_SOI	APR300_DIS_SOI
APR261_ADM_DRG	CMS_ADM_DRG
APR261_ADM_MDC	CMS_ADM_MDC
APR261_ADM_RCD	CMS_ADM_RCD
APR261_ADM_ROM	CMS_ADM_ROM
APR261_ADM_SOI	CMS_ADM_SOI
APR261_DIS_DRG	CMS_DIS_DRG
APR261_DIS_MDC	CMS_DIS_MDC
APR261_DIS_RCD	CMS_DIS_RCD



APR261_DIS_ROM	CMS_DIS_ROM
APR261_DIS_SOI	CMS_DIS_SOI

## Organization Table

The "Organization" table contains 1 record for every valid OrgId reported in the Discharge database. Referenced OrgId's include: IdOrgFiler, IdOrgHosp, IdOrgSite, and IdOrgTransfer data elements in the Discharge database. A sample list of OrgId's referenced in FY2016 HIDD is listed in Table 1.

Table 1: ORGANIZATION

PRINCIPAL DATA ELEMENTS :	ORGID
	IdOrgFiler
	IdOrgHosp
	IdOrgSite
	IdOrgTransfer
Rules	The Organization Table will contain 1 record for every valid OrgId reported in the Discharge database. The following table lists Hospitals only for submissions in a recent year.
Last Updated	12/7/2016

CODE	DESCRIPTION/ORGANIZATION NAME
1	Anna Jaques Hospital
2	Athol Memorial Hospital
3	North Shore Medical Center, Inc. - Union Campus
4	Baystate Medical Center
5	Franklin Medical Center
6	Baystate Mary Lane Hospital
7	Berkshire Medical Center - Berkshire Campus
8	Fairview Hospital
9	Berkshire Medical Center - Hillcrest Campus
10	Beth Israel Deaconess Medical Center - East Campus
16	Boston Medical Center - Harrison Avenue Campus
22	Brigham and Women's Hospital

CODE	DESCRIPTION/ORGANIZATION NAME
25	Brockton Hospital
27	Cambridge Health Alliance - Cambridge Campus
39	Cape Cod Hospital
40	Falmouth Hospital
41	Caritas Norwood Hospital
42	Caritas Carney Hospital
46	Children's Hospital Boston
49	MetroWest Medical Center - Framingham Campus
50	Cooley Dickinson Hospital
51	Dana-Farber Cancer Institute
52	Nashoba Valley Medical Center
53	Beth Israel Deaconess Hospital - Needham
57	Emerson Hospital
59	Faulkner Hospital
62	Caritas Good Samaritan Medical Center - Brockton Campus
66	Hallmark Health System - Lawrence Memorial Hospital Campus
68	Harrington Memorial Hospital
70	Merrimack Valley Hospital
71	Health Alliance Hospitals, Inc.
73	Heywood Hospital
75	Caritas Holy Family Hospital and Medical Center
77	Holyoke Medical Center
78	Hubbard Regional Hospital
79	Jordan Hospital
81	Lahey Clinic -- Burlington Campus
83	Lawrence General Hospital
85	Lowell General Hospital

CODE	DESCRIPTION/ORGANIZATION NAME
88	Martha's Vineyard Hospital
89	Massachusetts Eye and Ear Infirmary
91	Massachusetts General Hospital
97	Milford Regional Medical Center
98	Milton Hospital
99	Morton Hospital and Medical Center
100	Mount Auburn Hospital
101	Nantucket Cottage Hospital
103	New England Baptist Hospital
104	Tufts-New England Medical Center
105	Newton-Wellesley Hospital
106	Noble Hospital
107	North Adams Regional Hospital
109	Northeast Health System - Addison Gilbert Campus
110	Northeast Health System - Beverly Campus
112	Quincy Medical Center
114	Saint Anne's Hospital
115	Saints Memorial Medical Center
116	North Shore Medical Center, Inc. - Salem Campus
118	Mercy Medical Center - Providence Behavioral Health Hospital Campus
119	Mercy Medical Center - Springfield Campus
122	South Shore Hospital
123	Southcoast Hospitals Group - Charlton Memorial Campus
124	Southcoast Hospitals Group - St. Luke's Campus
126	Caritas St. Elizabeth's Medical Center
127	Saint Vincent Hospital
129	Sturdy Memorial Hospital

CODE	DESCRIPTION/ORGANIZATION NAME
130	UMass Memorial Medical Center - Memorial Campus
131	UMass Memorial Medical Center - University Campus
132	Clinton Hospital
133	Marlborough Hospital
135	Kindred Hospital Boston North Shore
136	Kindred Hospital Boston
138	Winchester Hospital
139	Wing Memorial Hospital and Medical Centers
141	Hallmark Health System - Melrose-Wakefield Hospital Campus
142	Cambridge Health Alliance - Whidden Memorial Campus
143	Cambridge Health Alliance - Somerville Campus
144	Boston Medical Center - East Newton Campus
145	Southcoast Hospitals Group - Tobey Hospital Campus
457	MetroWest Medical Center - Leonard Morse Campus
4448	Lahey Clinic Northshore
4460	Caritas Good Samaritan Medical Center - Norcap Lodge Campus
8509	Health Alliance Hospital -- Leominster Campus
8548	Health Alliance Hospital -- Burbank Campus

## Groupers

For researcher convenience, CHIA performs data grouping using the 3M™ APR-DRG grouper and the CMS grouper. The All Patient Refined DRGs (3M APR-DRG) is a severity/risk adjusted classification system that provides a more effective means of adjusting for patient differences. For Interim FY2016 HIDD, CHIA has produced four versions of the Grouper: APR-DRG versions 20.0, 26.1 and 30.0 and CMS version 34.0. For each of these versions five data elements were generated: MDC DRG, ROM, and SOI.

- The Diagnosis Related Group (DRG) places a patient into a clinically relevant medical category.
- The Major Diagnostic Categories (MDC) is a classification system that parses all principal diagnoses into one of 25 categories primarily for use with DRGs and reimbursement activity. Each category relates to a physical system, disease, or contributing health factor
- Risk of mortality (ROM) is a clinical subclass indicating likelihood of dying. The ROM subclass data elements can be found in the ROM lookup table. In the APR-DRG system, a patient is assigned four distinct descriptors for ROM, numbered sequentially from 0 to 4. Researchers seeking to evaluate patient mortality, should use the 3M™ APR-DRGs in conjunction with the ROM subclass.
- Severity of Illness (SOI) relates to the extent of physiologic decompensation or systematic loss of organ function experienced by the patient. In the APR-DRG system, a patient is assigned four distinct descriptors for SOI, numbered sequentially from 0 to 4. The SOI subclass data elements can be found in the SOI lookup table. CHIA recommends that researchers seeking to evaluate resource use or establishing patient care guidelines use the 3M™ APR-DRGs in conjunction with SOI subclass.

## Organization of the Diagnosis and Procedure Codes

For FY2016, CHIA organized the procedure and diagnosis fields into three tables—Discharge, Diagnoses, and Procedure.

All secondary diagnosis and procedure codes are in the Diagnoses and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis or procedure code and are based on the order in which those codes were sent to CHIA. Discharges reached a maximum of 98 secondary diagnosis codes, and a maximum of 147 secondary procedure codes.

Diagnoses and procedures are ordered as submitted to CHIA. CHIA does not require the order of diagnoses and procedures to be medically relevant. CHIA does not affirm or confirm the medical relevancy of the principal diagnosis, procedure, or e-code reported on the discharge table.

## Organization Identifiers (ORGID)

FY2016 HIDD Interim contains four organization identifier fields. These fields are a CHIA assigned unique code for each Massachusetts facility:

- Massachusetts Filer Organization ID (IdOrgFiler): The Organization ID for the facility that submitted the ED visit data to CHIA.

- Massachusetts Site Organization ID (IdOrgSite): The Organization ID for the site where the patient received ED care.
- Massachusetts Hospital Organization ID (IdOrgHosp): The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the IdOrgHosp for the IdOrgSite 142 (Whidden Hospital).
- Massachusetts Transfer Hospital Organization ID (IdOrgTransfer): is the Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

## Age LDS

If the date of birth and admission date are valid, then CHIA calculates Age LDS in years. The calculation is as follows:

Age is calculated to be the rounded integer value – of the difference between Date of Birth and Discharge date. Age is zero when less than 1 year.

Where Age is valid and < 90, set AgeLDS = Age;

Where Age is valid and > 89 and <= 115, set AgeLDS = 999

Else, where Age is missing, negative value or value > 115, set AgeLDS = null

Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.

## Data Limitations

The HIDD is derived from patient visit summaries, which can be traced to information gathered upon admission or from information entered by admitting and attending health professionals into the medical record. The quality of the HIDD is dependent upon facility data collection policies and coding practices of the medical record staff.

Information may not be entirely consistent from facility to facility due to differences in:

- Collection and verification of patient supplied information before or at admission,
- Medical record coding, consistency, and/or completeness,
- Extent of facility data processing capabilities,
- Flexibility of facility data processing systems,
- Varying degrees of commitment to quality of merged case mix and charge data,
- Capacity of financial processing system to record late occurring charges on CHIA's electronic submission,
- Non-comparability of data collection and reporting.

CHIA strongly suggests that users perform qualitative checks prior to drawing conclusions about the data.

## Historical Data Elements

Users of multiple years of Case Mix data should be careful, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some codes used for specific data elements. Users with questions about new data elements or changes in coding from year to year should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

## Data Dictionary

FY2016 HIDD data dictionary provides metadata for the following attributes:

- Data Element name as it appears in the file
- Short description: to help users understand the what the element contains
- Primary table the main table (MS ACCESS) or file (SAS) that the data element will appear in
- Linking tables other tables that contain the data element
- Availability to users indicates if the data is available to all users ("CORE") a buy-up ("LDS"), or available only to government "Government"
- Type of Data describes if the data element is Categorical, Ordinal, an Identifier, Continuous, Date/Time, or Open Text
- Format indicates if the data is formatted in a specific fashion
- CHIA derived or calculated indicates if the field was created by CHIA
- Reference table: indicates if a Categorical data element has set of valid values that are associated with other information
- Description: is a longer explanation of the data element and its limitations

Users of the data with additional questions about any specific data element should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

### AccommodationsID

Short description:	CHIA created field.
Primary table:	Service
Linking tables:	
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	
CHIA derived:	No
Description:	
Reference table:	No

---

### Active

Short description:	CHIA indicator of quarterly submission status.
Primary table:	DataSubmissionLog
Linking tables:	
Availability to users:	CORE

Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived: No  
 Description: Chia processing field.  
 Reference table: No

---

#### AdmissionDate

Short description: The date the patient was admitted to the hospital as an inpatient for this episode of care.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Date  
 Format: YYYYMMDD  
 Length: 8  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### AdmissionDayOfWeek

Short description: Week day that patient was admitted to hospital.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Date  
 Format: DD  
 Length: 3  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### AdmissionMonth

Short description: Month in which patient was admitted to hospital.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Date  
 Format: Mm  
 Length: 6  
 CHIA derived: No



Description:

Reference table: No

---

**AdmissionSourceCode1, AdmissionSourceCode2**

Short description: How a patient entered the hospital.

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length: 1

CHIA derived: No

Description: These two codes indicate the source of originating, referring or transferring the patient to inpatient admissions. Reporting patterns for the source of stay data element may vary widely.

Reference table: Yes AdSource

Summary Statistics AdmissionSourceCode1 Frequency

---

**AdmissionType**

Short description: Admission status

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Categorical

Format:

Length: 1

CHIA derived: No

Description: A standardized category of the patient's status upon admission to the hospital.

Reference table: Yes

Summary Statistics AdmissionType Frequency

CODE	DESCRIPTION
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

### AdmissionYear

Short description:	Year in which patient was admitted to hospital.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	Mm
Length:	4
CHIA derived:	No
Description:	
Reference table:	No

---

### AgeLDS

Short description:	Age of the patient.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	YY
Length:	3
CHIA derived:	Yes
Description:	Age of the patient as calculated by CHIA. Rounded up to the nearest integer. Patients younger than 1 year or older than 80 years have their ages grouped. Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field
Reference table:	No
Summary Statistics	AgeLDS Mean

---

### AncillaryID

Short description:	CHIA created field.
Primary table:	Service
Linking tables:	
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	
CHIA derived:	No
Description:	
Reference table:	No

**ADM\_DRG (APR200\_, APR261\_, APR300\_)**

Short description: Admitting diagnosis related group.  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.0  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Standard DRG based on admission diagnoses.  
 Reference table: Standard 3M Grouper Values

---

**ADM\_MDC (APR200\_, APR261\_, APR300\_)**

Short description: Admitting major diagnostic category.  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Admission MDC should classify the patient, based on an Admission diagnoses and procedures, into a standard major diagnostic group.  
 Reference table: Standard 3M Grouper Values

---

**ADM\_RCD (APR200\_, APR261\_, APR300\_)**

Short description: Null grouper field.  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: n/a.  
 Reference table:

---

**ADM\_ROM (APR200\_, APR261\_, APR300\_)**

Short description: Admitting risk of mortality.  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30.1

Linking tables:

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting ROM should classify the patient, based on an admitting diagnoses and procedures, into a standard category of clinical risk.
Reference table:	Standard 3M Grouper Values

---

[ADM\\_SOI \(APR200\\_, APR261\\_, APR300\\_\)](#)

Short description:	Admitting severity of illness.
Primary table:	Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting SOI should classify the patient, based on an admitting diagnoses and procedures, into a standard category of illness severity.
Reference table:	Standard 3M Grouper Values

---

[DIS\\_DRG \(APR200\\_, APR261\\_, APR300\\_\)](#)

Short description:	Discharge diagnosis related group.
Primary table:	Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Standard DRG based on Discharge diagnoses..
Reference table:	Standard 3M Grouper Values

---

[DIS\\_MDC \(APR200\\_, APR261\\_, APR300\\_\)](#)

Short description:	Discharge major diagnostic category.
Primary table:	Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical

Format:  
 Length:  
 CHIA derived:  
 Description: Discharge MDC should classify the patient, based on an Discharge diagnoses and procedures, into a standard major diagnostic group.  
 Reference table: Standard 3M Grouper Values

---

**DIS\_RCD (APR200\_, APR261\_, APR300\_)**

Short description: Null grouper field.  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: n/a.  
 Reference table:

---

**DIS\_ROM (APR200\_, APR261\_, APR300\_)**

Short description: Discharge risk of mortality  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Discharges ROM should classify the patient, based on an discharges diagnoses and procedures, into a standard category of clinical risk. .  
 Reference table: Standard 3M Grouper Values

---

**DIS\_SOI (APR200\_, APR261\_, APR300\_)**

Short description: Discharge severity of illness.  
 Primary table: Grouper – APR 20.0, Grouper – APR 26.1, Grouper – APR 30  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:

Description: Discharges SOI should classify the patient, based on an discharges diagnoses and procedures, into a standard category of illness severity.

Reference table: Standard 3M Grouper Values

---

**AssociatedIndicator**

Short description: Category of diagnosis or procedure.

Primary table: Diagnosis

Linking tables: Procedure

Availability to users: CORE

Type of Data: Categorical

Format:

Length: 2

CHIA derived:

Description: Indicates if the diagnosis or procedure was primary, secondary, admitting, or discharge.

Reference table: Yes

Summary Statistics: No

CODE DESCRIPTION

A	Admitting
D	Discharge
P	Principal
S	Secondary

---

**AttendingPhysicianNumber**

Short description: ID of the Attending physician.

Primary table: Discharge

Linking tables:

Availability to users: LDS

Type of Data: Identifier

Format: VARCHAR

Length: 6

CHIA derived: No

Description:

Reference table: No

---

**Birthweight**

Short description: The specific birth weight of the newborn recorded in grams.

Primary table: Discharge

Linking tables:

Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNN
Length:	4
CHIA derived:	No
Description:	Must be present if type of admission is 'newborn'
Reference table:	No

---

#### ClaimCertificateRID

Short description:	Medicaid Recipient Identification Number.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Date
Format:	
Length:	12
CHIA derived:	No
Description:	
Reference table:	No

---

#### CMS\_ADM\_DRG

Short description:	CMS 34.0 Grouper - Admitting diagnosis related group.
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Admitting DRG should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group.
Reference table:	Standard 3M Grouper Values

---

#### CMS\_ADM\_MDC

Short description:	CMS 34.0 Grouper - Admitting major diagnostic category.
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	

CHIA derived:  
 Description: Admitting MDC should classify the patient, based on an admitting diagnoses and procedures, into a standard major diagnostic group groups. lth factor.  
 Reference table: Standard 3M Grouper Values

---

**CMS\_ADM\_RCD**  
 Short description: Null grouper field.  
 Primary table: Grouper – CMS  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: n/a  
 Reference table:

---

**CMS\_ADM\_ROM**  
 Short description: CMS 34.0 Grouper - Admitting risk of mortality.  
 Primary table: Grouper – CMS  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Admitting ROM should classify the patient, based on admitting diagnoses and procedures, into a standard category of clinical risk. .  
 Reference table: Standard 3M Grouper Values

---

**CMS\_ADM\_SOI**  
 Short description: CMS 34.0 Grouper - Admitting risk of mortality  
 Primary table: Grouper – CMS  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Admitting SOI should classify the patient, based on admitting



Reference table: diagnoses and procedures, into a standard category of illness severity.  
Standard 3M Grouper Values

---

**CMS\_DIS\_DRG**

Short description: CMS 34.0 Grouper - Discharge diagnosis related group  
 Primary table: Grouper – CMS  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Discharge DRG should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group.  
 Reference table: Standard 3M Grouper Values

---

**CMS\_DIS\_MDC**

Short description: CMS 34.0 Grouper - Discharge major diagnostic category  
 Primary table: Grouper – CMS  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: Discharge MDC should classify the patient, based on discharge diagnoses and procedures, into a standard major diagnostic group.  
 Reference table: Standard 3M Grouper Values

---

**CMS\_DIS\_RCD**

Short description: CHIA Derived data element  
 Primary table: Grouper – CMS  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived:  
 Description: N/A  
 Reference table:

### CMS\_DIS\_ROM

Short description:	CMS 34.0 Grouper - Discharge risk of mortality
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Discharge ROM should classify the patient, based on discharge diagnoses and procedures, into a standard category of clinical risk. .
Reference table:	Standard 3M Grouper Values

---

### CMS\_DIS\_SOI

Short description:	CMS 34.0 Grouper - Discharge risk of mortality
Primary table:	Grouper – CMS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	Discharge SOI should classify the patient, based on an discharge diagnoses and procedures, into a standard category of illness severity.
Reference table:	Standard 3M Grouper Values

---

### ConditionPresent

Short description:	Flags whether the diagnosis was present on admission.
Primary table:	Diagnosis
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No
Description:	Indicates the onset of a diagnosis preceded or followed admission. There is a POA indicator for every diagnosis and E-code.
Reference table:	Condition PresentError! Reference source not found.

---

### ConditionPresentECode

Short description:	Flags whether the e-code was present on admission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	Indicates the onset of a diagnosis preceded or followed admission. There is a POA indicator for every diagnosis and E-code.
Reference table:	Condition Present

---

### DaysBetweenStays

Short description:	Count of stays between admissions.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	4
CHIA derived:	
Description:	This CHIA calculated field indicates the number of days between each admission and each consecutive admission for applicable patients. That is, a match with the UHIN only is used to make a determination that a patient has been readmitted.
Reference table:	No

---

### DHCFPSubmissionFile

Short description:	CHIA created field
Primary table:	DataSubmissionLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	
CHIA derived:	No
Description:	
Reference table:	No

---

### DiagnosisCode

Short description:	ICD-10 code for each diagnosis reported by the facility.
Primary table:	Diagnosis
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	7
CHIA derived:	No
Description:	ICD-10 Associated Diagnosis. Excludes the decimal point. May be an External Cause Code or an Associated or Supplemental External Cause Code IF the Principal External Cause Code is present. Associated External Cause Codes may be: ICD-10 (V00-Y84.9) and supplemental codes: (Y90-Y99) (place of injury, activity, status).
Reference table:	Standard ICD-9 or ICD-10 Diagnosis Codes

---

### DischargeDate

Short description:	The date the patient was discharged from inpatient status in the hospital for this episode of care.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	Calendar date of discharge from the ED.
Reference table:	No

---

### DischargeDayOfWeek

Short description:	Day of the month on which the patient was discharged from ED.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	DD
Length:	3
CHIA derived:	No
Description:	Calendar day of discharge from ED. Only values between 1 and 31 are valid
Reference table:	No

### DischargeMonth

Short description:	Month in which patient was discharged from ED.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Date
Format:	MM
Length:	6
CHIA derived:	No
Description:	Month of discharge from ED. Only two-digit values are valid.
Reference table:	No

---

### DischargePassed

Short description:	CHIA derived field
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	No

---

### DischargeYear

Short description:	Year in which patient was admitted to hospital.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	YYYY
Length:	4
CHIA derived:	No
Description:	
Reference table:	No

---

### DNRStatus

Short description:	Indicates whether there is an order not to resuscitate the patient
Primary table:	Discharge
Linking tables:	

Availability to users:	GOV
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	
Description:	A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive from potential or apparent death or that a patient was being treated with comfort measures only.
Reference table:	Yes
Summary Statistics	DNRStatus Frequency

CODE	DESCRIPTION
1	DNR order written
2	Comfort measures only
3	No DNR order or comfort measures ordered

---

### Ecode

Short description:	ICD-10 External Cause code.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	International Classification of Diseases, 10th Revision, Clinical Modification (ICD) V-codes, and or W-codes, X-codes, or Y-codes (V00-Y99) are used to categorize events and conditions describing the external cause of injuries, poisonings, and adverse effects. Codes adequate to describe the external cause are reported for discharges with a principal and/or other diagnoses classified as injuries or poisonings of the ICD-10(S00-T88) or where the ICD-10 codes demonstrate that an additional E-code is appropriate. The principal external cause of injury code shall describe the mechanism that caused the most severe injury, poisoning, or adverse effect. Additional codes used to report place of occurrence or to completely describe the mechanism(s) that contributed to the injury or poisoning or the causal circumstances surrounding

any injury or poisoning are reported in the Diagnosis table. This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-9 codes. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.

Reference table: Standard ICD-9 or ICD-10 Diagnosis Codes

### EDFlagCode

Short description: Indicates if admission began in the Emergency Department  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length: 1  
 CHIA derived: No  
 Description:  
 Reference table:  
 Summary Statistics EFlagCode Frequency

CODE	DESCRIPTION
0	Not admitted from the ED, no ED visit reflected in this record
1	Not admitted from the ED, but ED visit(s) reflected in this record
2	Admitted from the ED

### EmployerZipCode

Short description: Zip code of the patient's employer  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: GOV  
 Type of Data: Zipcode  
 Format: NNNNNNNNN  
 Length: 9  
 CHIA derived: No  
 Description:  
 Reference table: No

### ErrorCategory

Short description:	Indicates what the error was on a visit record.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	Yes
Description:	CHIA flag. Used for processing.
Reference table:	No

---

### ErrorDescription:

Short description:	Standardized Description: of the reported error.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	Yes
Description:	CHIA flag. Used for processing.
Reference table:	No

---

### Ethnicity1, Ethncity 2

Short description:	Standardized, facility reported ethnicity.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	Primary (Ethnity 1) or Secondary (Ethnicity 2) ethnicity as reported by the provider. CHIA's Provider community utilizes the full list of standard ethnicity codes, per the Center for Disease Control ( <a href="http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf">http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf</a> ) and the specific codes listed below.
Reference table:	



CODE	DESCRIPTION
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
OTHER	Other Ethnicity
UNKNOW	Unknown/Not Specified

---

### HispanicIndicator

Short description:	Indicates whether patient was Hispanic.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	A flag for patients of Hispanic/Latino/Spanish culture or origin regardless of race.
Reference table:	Yes
Summary Statistics	HispanicIndicator Frequency

CODE	DESCRIPTION
Y	Patient is Hispanic/Latino/Spanish.
N	Patient is not Hispanic/Latino/Spanish.

---

### HomelessIndicator

Short description:	Indicates whether the patient was homeless.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No

Description: This flag indicates that the patient was homeless at the time of visit.  
 Reference table:  
 Summary statistics HomessIndicator Frequency

CODE	DESCRIPTION
Y	Patient is known to be homeless.
N	Patient is not known to be homeless.

### HospitalBillNo

Short description: Unique patient billing record.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: GOV-SPEC  
 Type of Data: Identifier  
 Format: VARCHAR  
 Length: 17  
 CHIA derived: No  
 Description: Facility unique number associated with all billing for the visit.  
 Reference table: No

### ICD Indicator

Short description: ICD version  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length: 2  
 CHIA derived: No  
 Description: Indicates if the diagnoses, e-codes, and procedure codes are ICD-10 or ICD-9  
 Reference table: Yes

CODE	DESCRIPTION
9	Indicates all the codes in the di: are ICD-9
0	Indicates all the codes in the di: are ICD-10

### IdOrgFiler

Short description:	ID number of the facility that submitted ED claims.
Primary table:	Discharge
Linking tables:	DataSubmissionLog ErrorLog
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	The Organization ID for the facility that submitted the ED visit data to CHIA.
Reference table:	Organization

---

### IdOrgHosp

Short description:	Facility identifier.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	8
CHIA derived:	No
Description:	The Organization ID for the main facility affiliation.
Reference table:	Organization

---

### IdOrgSite

Short description:	Facility identifier.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	8
CHIA derived:	No
Description:	The Organization ID for the site where the patient received ED care.
Reference table:	Organization

---

### IdOrgTransfer

Short description:	IdOrgTransfer Indicates where patient was transferred from.
Primary table:	Discharge
Linking tables:	

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	10
CHIA derived:	No
Description:	Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 99999999.
Reference table:	Organization

---

#### Indicator

Short description:	Indicates the order in which facilities submitted Procedure Codes for a visit.
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	2
CHIA derived:	No
Description:	Order in which corresponding diagnosis code was submitted to CHIA
Reference table:	No

---

#### Indicator

Short description:	Indicates the order in which facilities submitted Diagnosis Codes for a visit.
Primary table:	Diagnosis
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	2
CHIA derived:	No
Description:	Order in which corresponding procedure code was submitted to CHIA
Reference table:	No

---

#### LeaveOfAbsenceDays

Short description:	Days patient was absent from hospital stay during admission/discharge period..
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous

Format:	NNNN
Length:	4
CHIA derived:	No
Description:	If the patient left the hospital during the stay, then this field must indicate how many days the patient was absent during the total length of stay.
Reference table:	No

---

#### LegCHIAAttendingPhysicianNumber

Short description:	ID of the Attending physician
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	
Reference table:	No

---

#### LegCHIAOperatingPhysicianP

Short description:	ID of the primary Procedure Physician
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

---

#### LegCHIAOperatingPhysicianP1-P14

Short description:	ID of any other physician who performed a significant procedure on the patient
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Identifier
Format:	VARCHAR
Length:	6
CHIA derived:	No
Description:	CHIA identifier of operating physicians 1 through 14. Ordered as reported by

hospital in agreement with Significant Procedures 1 through 14.  
 Reference table: No

---

**LengthOfStay**

Short description: Count of days in the hospital..  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Continuous  
 Format: NNN  
 Length: 4  
 CHIA derived: Yes  
 Description: Count of hours between the admitting and discharge time for an ED visit.  
 Reference table: No

---

**LineNumber**

Short description: CHIA processing field  
 Primary table: Service  
 Linking tables: Service  
 Availability to users: CORE  
 Type of Data: Continuous  
 Format:  
 Length:  
 CHIA derived:  
 Description:  
 Reference table: No

---

**MedicalRecordNumber**

Short description: Admission identifier assigned by the facility  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: GOV-SPEC  
 Type of Data: Open Text  
 Format: VARCHAR  
 Length: 10  
 CHIA derived: No  
 Description: The unique number assigned to each patient within the hospital that distinguishes the patient and the patient's hospital record(s) from all others in that institution.  
 Reference table: No

---

**MotherMedicalRecordNumber**

Short description:	Patient's mother's unique hospital assigned identifier
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Open Text
Format:	VARCHAR
Length:	10
CHIA derived:	No
Description:	The medical record number assigned within the hospital to the newborn's mother is to be reported for the newborn. The medical record number of the newborn's mother distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.
Reference table:	No

---

**MothersUHIN**

Short description:	Patient's mother's unique id.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Open Text
Format:	VARCHAR
Length:	9
CHIA derived:	No
Description:	CHIA generated unique identifier of a newborn's mother. For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient's mother. This unique ID allows a newborn visit to be associated with a Mother's visit. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".

Reference table: No

---

**NewBornAge**

Short description: Newborn's age in weeks at admission

Primary table: Discharge

Linking tables:

Availability to users: CORE

Type of Data: Continuous

Format: NN

Length: 2

CHIA derived: Yes

Description:

Reference table: No

---

**NumberDischargesFailed**

Short description: CHIA derived error field

Primary table: DataSubmissionLog

Linking tables: ErrorLog

Availability to users: CORE

Type of Data: Continuous

Format:

Length:

CHIA derived:

Description:

Reference table: No

---

**NumberDischargesPassed**

Short description: CHIA derived error field

Primary table: DataSubmissionLog

Linking tables: ErrorLog

Availability to users: CORE

Type of Data: Continuous

Format:

Length:

CHIA derived:

Description:

Reference table: No

---

**NumberOfANDs**

Short description: Total administratively necessary days



Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	4
CHIA derived:	No
Description:	The number of days which were deemed clinically unnecessary in accordance with review by the Division of Medical Assistance.
Reference table:	No

---

### NumberOfDiagnosisCodes

Short description:	Count of diagnosis codes in a particular submission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	3
CHIA derived:	
Description:	
Reference table:	No

---

### NumberOfDischarges

Short description:	Count of discharges in a particular submission.
Primary table:	DataSubmissionLog
Linking tables:	ErrorLog
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	No

---

### NumberOfErrors

Short description:	Count of errors in submission.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous

Format:  
 Length:  
 CHIA derived:  
 Description:  
 Reference table:

---

#### NumberOfProcedureCodes

Short description: Count of procedure codes in a particular submission.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Continuous  
 Format:  
 Length: 3  
 CHIA derived:  
 Description:  
 Reference table: No

---

#### OperatingPhysicianPrincipal

Short description: ID of the primary operating Physician  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Identifier  
 Format: VARCHAR  
 Length: 6  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### OperatingPhysicianSignificant1-14

Short description: ID of any other physician who operated on the patient  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Identifier  
 Format: VARCHAR  
 Length: 6  
 CHIA derived: No  
 Description:  
 Reference table: No

### OrgId

Short description:	Unique identifier for ED facility. Linkage across tables and fiscal years.
Primary table:	Org IDS
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	ED facility specific identifier.
Reference table:	Yes

---

### OrgName

Short description:	Name of ED facility.
Primary table:	Org IDS
Linking tables:	DataSubmissionLog ErrorLog
Availability to users:	CORE
Type of Data:	Open Text
Format:	VARCHAR
Length:	30
CHIA derived:	No
Description:	ED facility specific name.
Reference table:	No

---

### OtherCareGiverCode

Short description:	Indicates if the patient had a caregiver.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	This data element indicates the type of primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver codes include resident, intern, nurse practitioner, and physician's assistant.
Reference table:	Yes
Summary Statistics	OtherCareGiverCode Frequency

CODE	DESCRIPTION
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

---

### OtherEthnicity

Short description:	Non-standard patient ethnicity designations.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Open Text
Format:	VARCHAR
Length:	20
CHIA derived:	No
Description:	Patient's ethnicity as entered by the facility. Other ethnicity is an open text field for reporting additional ethnicities when ethnicity 1 or ethnicity 2 equals "R9", or "Other ethnicity".
Reference table:	No

---

### OtherRace

Short description:	Non-standard patient race designations.
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Open Text
Format:	VARCHAR
Length:	15
CHIA derived:	No
Description:	Patient's Race as entered by the facility. Other Race is an open text field for reporting additional races when Race 1 or Race 2 equals "R9", or "Other Race".
Reference table:	No

---

### OutpatntObsrvStayFlagCode

Short description:	Indicates admission began in observation unit
Primary table:	Discharge

Linking tables:

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	
Description:	
Reference table:	Yes
Summary Statistics	OutpatientObsrvStayFlagCode Frequency

---

Passed

Short description:	CHIA processing field
Primary table:	DataSubmissionLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	No
Description:	
Reference table:	No

---

PatientBirthDate

Short description:	Patient Date of Birth
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Date
Format:	YYYYMMDD
Length:	8
CHIA derived:	No
Description:	
Reference table:	No

---

PatientStatus

Short description:	A code indicating the patient's status upon discharge and/or the destination to which the patient was referred or transferred upon discharge
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical

Format:  
 Length: 2  
 CHIA derived: No  
 Description: This field identifies the disposition and destination of the patient after discharge from the Inpatient unit. A small percentage of records are missing the zero used to pad codes 10 thru 18. For example, the entire code might consist of the digit 7, rather than 07. A full list of codes is available in the Reference table.  
 Reference table: Yes Error! Reference source not found.

---

#### PayerCode1

Short description: Categorical. Standardized payer source code.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length: 3  
 CHIA derived: No  
 Description: A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.  
 Reference table: Yes. Payment Source Error! No bookmark name given.

---

#### PayerCode2

Short description: Categorical. Standardized payer source code.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length: 3  
 CHIA derived: No  
 Description: A standardized source of payment code (different than payer code). Most MA payers are identified in advance of the payment cycle. This field captures the specific differences between those payers. The payer table is extensive.  
 Reference table: Yes. Payment Source Error! Reference source not found.

---

#### PeriodEndingDate

Short description: Must be the last day of the quarter for which data is being submitted  
 Primary table: Discharge  
 Linking tables:

Availability to users: LDS  
 Type of Data: Date  
 Format: YYYYMMDD  
 Length: 8  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### PeriodEndingMonth

Short description: Must be the last month of the quarter for which data is being submitted  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Date  
 Format: Mm  
 Length: 2  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### PeriodEndingYear

Short description: Must year for which data is being submitted  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Date  
 Format: YYYY  
 Length: 4  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### PeriodStartingDate

Short description: Must be the first day of the quarter for which data is being submitted  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Date  
 Format: YYYYMMDD  
 Length: 8  
 CHIA derived: No

Description:  
 Reference table: No

---

**PeriodStartingMonth**

Short description: Must be the first month of the quarter for which data is being submitted  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Date  
 Format: Mm  
 Length: 2  
 CHIA derived: No  
 Description:  
 Reference table: No

---

**PeriodStartingYear**

Short description: Must be the year for which data is being submitted  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Date  
 Format: YYYY  
 Length: 4  
 CHIA derived: No  
 Description:  
 Reference table: No

---

**PermanentPatientCityLDS**

Short description: Permanent city of residence for the patient.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Open Text  
 Format: VARCHAR  
 Length: 25  
 CHIA derived: No  
 Description: Primary city of residency for patient.  
 Reference table: No

---

**PermanentPatientCountryLDS**

Short description: Permanent country of residence for the patient.



Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Open Text
Format:	VARCHAR
Length:	2
CHIA derived:	No
Description:	Primary country of residency for patient.
Reference table:	No

---

#### PermanentPatientStateLDS

Short description:	Permanent state of residence for the patient.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No
Description:	Primary state of residency for patient.
Reference table:	Yes. State

---

#### PermanentPatientStreetAddress

Short description:	Patient's street address
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Open Text
Format:	VARCHAR
Length:	30
CHIA derived:	No
Description:	Address for patient's permanent residence as provided by the hospital. CHIA does not alter or standardize this field
Reference table:	No

---

#### PermanentPatientZIP3CodeLDS

Short description:	3-digit zip code of the patient's permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Zipcode

Format:	NNN
Length:	9
CHIA derived:	No
Description:	First three digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at <a href="mailto:CaseMix.data@state.ma.us">CaseMix.data@state.ma.us</a> .
Reference table:	No

---

#### PermanentPatientZIP5CodeLDS

Short description:	5-sigit zip code of the patient's permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Zipcode
Format:	NNNNN
Length:	9
CHIA derived:	No
Description:	First five digits of patient's permanent zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at <a href="mailto:CaseMix.data@state.ma.us">CaseMix.data@state.ma.us</a> .
Reference table:	No

---

#### PermanentPatientZIPCode

Short description:	Patient's zip code
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Zipcode
Format:	NNNNNNNNN
Length:	9
CHIA derived:	
Description:	Zip code of patient's permanent address. CHIA does not alter or standardize the values in this field.
Reference table:	

---

### PreOperativeDays

Short description:	Count of days between admission and procedure
Primary table:	Procedure
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	4
CHIA derived:	
Description:	Calculation of the number of days between admission and the procedure.
Reference table:	

---

### PrimaryConditionPresent

Short description:	Flag indicating that principal condition was present on admission.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	Indicates that principal condition was present on admission.
Reference table:	Yes Condition Presnet

---

### PrimaryDiagnosisCode

Short description:	ICD-10 code for the Condition that led to the admission to the ED. ED determined.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	6
CHIA derived:	No
Description:	The ICD diagnosis code corresponding to the condition established after study to be chiefly responsible for the admission of the patient for hospital care.
Reference table:	Yes Standard ICD-9 or ICD-10 Diagnosis Codes

---

### PrimaryPayerType

Short description:	Indicates the type of payer
Primary table:	Discharge
Linking tables:	

Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	
Reference table:	Yes Payment Source Error! Reference source not found.
Summary Statistics	

---

### PrincipalPreoperativeDays

Short description:	Count of days between admission and primary procedure.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	5
CHIA derived:	
Description:	Calculation of the number of days between admission and the procedure.
Reference table:	No

---

### PrincipalProcedureCode

Short description:	ICD-10 code for the most import procedure in the ED visit. ED determined.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	7
CHIA derived:	No
Description:	The chief procedure performed in the ED.
Reference table:	Yes Standard ICD-9 or ICD-10 Procedure Codes

---

### PrincipalProcedureDate

Short description:	Date of the principal procedure was performed
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	YYYYMMDD
Length:	8

CHIA derived: No  
 Description:  
 Reference table: No

---

#### PrincipalProcedureMonth

Short description: The month in which the principal procedure was performed  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Date  
 Format: Mm  
 Length: 2  
 CHIA derived: No  
 Description:  
 Reference table: No

---

#### ProcedureCode

Short description: ICD-10code for each significant procedure reported by the facility. Up to X Procedures in FY2016.  
 Primary table: Procedure  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length: 7  
 CHIA derived: No  
 Description: The ICD procedure code usually corresponding to additional procedures which carry an operative or anesthetic risk or require highly trained personnel, special equipment or facilities.  
 Reference table: Yes Standard ICD-9 or ICD-10 Procedure Codes

---

#### ProcedureCodeDate

Short description: Date that the procedure was performed  
 Primary table: Procedure  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Date  
 Format: YYYYMMDD  
 Length: 8  
 CHIA derived: No  
 Description:

Reference table: No

---

### Quarter

Short description: Quarter of submission.  
 Primary table: Discharge  
 Linking tables: Service  
 Service  
 DataSubmissionLog  
 Availability to users: CORE  
 Type of Data: Date  
 Format: QQ  
 Length: 8  
 CHIA derived: No  
 Description: Quarter in which the visit was submitted to CHIA.  
 Reference table: No

---

### Race1, Race2

Short description: Standardized, facility reported race.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Categorical  
 Format:  
 Length: 6  
 CHIA derived: No  
 Description: Primary race as reported by the provider. CHIA's Provider community utilizes the full list of standard race codes, per Center for Disease Control ([http://www.cdc.gov/nchs/data/dvs/Race\\_Ethnicity\\_CodeSet.pdf](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf)) and , and those listed below  
 Reference table: Yes

Summary Statistics

Race1, Race2

CODE	DESCRIPTION
R1	American Indian/Alaska N
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other F
R5	White
R9	Other Race
R1	American Indian/Alaska N
R2	Asian
R3	Black/African American

---

**RecordType20ID**

Short description:	Unique per Visit. Key to link from Visit table.
Primary table:	Discharge
Linking tables:	Diagnosis Procedure Service Service Group
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	1
CHIA derived:	No
Description:	Indicator for Record Type '20'. Required for every ED Visit. Only one allowed per ED Visit. ED Visit specific record identifier used to link data about a specific visit across CHIA data tables. Users should use this identifier with facility IDs and Discharge ids to capture a unique record.
Reference table:	No

---

**RevenueCode**

Short description:	Billing code.
Primary table:	Service
Linking tables:	Service
Availability to users:	CORE
Type of Data:	Categorical
Format:	

Length:  
 CHIA derived:  
 Description: A numeric code which identifies a particular routine or special care accommodation. The revenue codes are taken from the Uniform Billing (UB) revenue codes and correspond to specific cost centers in the DHCFF-403 cost report.  
 Reference table: Yes Revenue Error! Reference source not found.

---

### RevenueCodeType

Short description: Type of Billing code  
 Primary table: Service  
 Linking tables: Service  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length:  
 CHIA derived: No  
 Description: Category of billing code to allow association with specific billing systems  
 Reference table: Yes Revenue

---

### SecondaryPayerType

Short description: Secondary payer for the visit.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Categorical  
 Format:  
 Length: 4  
 CHIA derived: No  
 Description: Secondary payer for this visit.  
 Reference table: Yes Payment Source

---

### Sequence

Short description: Order of hospital visits for a patient  
 Primary table: Service  
 Linking tables: Service  
 Availability to users: CORE  
 Type of Data: Continuous  
 Format:  
 Length:  
 CHIA derived:



**Description:** This calculated field indicates the chronological order of Inpatient discharge for patients with multiple Inpatient discharges in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple discharges. The Sequence Number uses the following data conventions: (1) The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order). (2) The sequence number is then calculated by incrementing a counter for each UHIN's set of visits. A sequence number of "1" indicates the first admission for the UHIN in that fiscal year. (3) If a UHIN has two visits on the same day, the visit date is used as the secondary sort key. (4) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**Reference table:** No

---

**SexLDS**

**Short description:** Indicates gender

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:** Yes

CODE	DESCRIPTION
M	Male
F	Female
U	Unknown

---

**SpecialConditionIndicator**

**Short description:**

**Primary table:** Discharge

**Linking tables:**

**Availability to users:** CORE

**Type of Data:** Categorical

**Format:**

**Length:** 1

**CHIA derived:** No

**Description:**

**Reference table:** Yes

### SubmissionActive

Short description:	CHIA processing field
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	
Description:	
Reference table:	No

---

### SubmissionControlID

Short description:	Unique per facility-quarter-submission. Key to link from the Visit table .
Primary table:	Discharge
Linking tables:	Service Service DataSubmissionLog ErrorLog
Availability to users:	CORE
Type of Data:	Identifier
Format:	VARCHAR
Length:	4
CHIA derived:	No
Description:	Unique id for a facility's submission of data to CHIA. Usually one Submission Control ID is associated with a facilities quarterly submissions.
Reference table:	No

---

### SubmissionPassed

Short description:	CHIA flag.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	
CHIA derived:	Yes
Description:	Indicates that visit was submitted to CHIA and passed.
Reference table:	No

### SubmissionPassedFlag

Short description:	CHIA derived field
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	4
CHIA derived:	No
Description:	
Reference table:	No

---

### SubmissionQuarter

Short description:	Indicates the quarter (1-4) in which the record was submitted to CHIA.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	
Length:	
CHIA derived:	No
Description:	Quarter in which the visit was submitted to CHIA.
Reference table:	No

---

### SubmissionYear

Short description:	Indicates the year (2014-2016) in which the record was submitted to CHIA.
Primary table:	ErrorLog
Linking tables:	
Availability to users:	CORE
Type of Data:	Date
Format:	
Length:	
CHIA derived:	No
Description:	Year in which the visit was submitted to CHIA.
Reference table:	No

---

### TemporaryPatientCityLDS

Short description:	Current municipality of residence for a patient, if different from permanent residence.
--------------------	---

Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Open Text
Format:	VARCHAR
Length:	25
CHIA derived:	No
Description:	MA city in which the patient temporarily resides.
Reference table:	No

---

### TemporaryPatientStateLDS

Short description:	Current state of residence for a patient, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Categorical
Format:	
Length:	2
CHIA derived:	No
Description:	Indicates "MA" if the patient temporarily resides in Massachusetts.
Reference table:	YesState

---

### TemporaryPatientZip3CodeLDS

Short description:	Current 3-digit zip code of patient residence, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Zipcode
Format:	NNN
Length:	9
CHIA derived:	No
Description:	First three digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) zip codes are set to zeros (0s) and the state is removed.
Reference table:	No

### TemporaryPatientZip5CodeLDS

Short description:	Current 5-digit zip code of patient residence, if different from permanent residence.
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Zipcode
Format:	NNNNN
Length:	9
CHIA derived:	No
Description:	First five digits of patient's temporary, Massachusetts zip code. Zip codes are not standardized and this field is as reported from a nine-digit zip code. The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code. For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, or Rhode Island) zip codes are set to zeros (0s) and the state is removed.
Reference table:	No

---

### TemporaryPatientZIPCode

Short description:	Patient's zip code
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Zipcode
Format:	NNNNNNNNN
Length:	9
CHIA derived:	
Description:	Zip code of patient's temporary Massachusetts address. CHIA does not alter or standardize the values in this field.
Reference table:	

---

### TemporaryUSPatientStreetAddress

Short description:	Patient's street address
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV-SPEC
Type of Data:	Open Text
Format:	VARCHAR
Length:	30

CHIA derived:	No
Description:	Address for patient's temporary, Massachusetts-based, residence as provided by the hospital. CHIA does not alter or standardize this field
Reference table:	No

---

### TotalCharges

Short description:	Total charges associated with ED visits in a Facility-Submission-Quarter.
Primary table:	Service
Linking tables:	Service DataSubmissionLog
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	No
Description:	Sum of charges for the visit.
Reference table:	No

---

### TotalChargesAll

Short description:	Hospital charges (all)
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges summarized by specific accommodation revenue code(s). Total charges should not include charges for telephone service, television or private duty nurses. Any charges for a leave of absence period are to be included in the routine accommodation charges for the appropriate service (medical/surgical, psychiatry) from which the patient took the leave of absence. Any other routine admission charges or daily charges under which expenses are allocated to the routine or special care reporting centers on the CHIA-403 must be included in the total charges. This is the grand total of charges associated with the patient's emergency room visit. The total charge amount should be rounded to the nearest dollar. A charge of \$0 is not permitted unless the patient has a special Departure Status.
Reference table:	No

### TotalChargesAncillaries

Short description:	Hospital ancillary charges
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges summarized by a specific ancillary service revenue code(s).
Reference table:	No

---

### TotalChargesRoutine

Short description:	Hospital routine charges
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges for patient care summarized by prescribed revenue code for routine accommodation services as specified in Inpatient Data Code Tables(3)(a).
Reference table:	No

---

### TotalChargesSpecial

Short description:	Special charges for hospital services
Primary table:	Discharge
Linking tables:	
Availability to users:	CORE
Type of Data:	Continuous
Format:	NNNNNNNN
Length:	8
CHIA derived:	No
Description:	The full, undiscounted charges for patient care summarized by prescribed revenue code for accommodation services in those special care units which provide patient care of a more intensive nature than that provided in the general medical care units, as specified in Inpatient Data Code Tables(3)(b).

Reference table: No

---

**TransmittalID**

Short description: CHIA created field  
 Primary table: DataSubmissionLog  
 Linking tables:  
 Availability to users: CORE  
 Type of Data: Identifier  
 Format: VARCHAR  
 Length:  
 CHIA derived: No  
 Description:  
 Reference table: No

---

**UHIN**

Short description: Patient's unique id.  
 Primary table: Discharge  
 Linking tables:  
 Availability to users: LDS  
 Type of Data: Identifier  
 Format: VARCHAR  
 Length: 9  
 CHIA derived: No  
 Description: CHIA generated unique identifier of the patient. Linkable across records and fiscal years. Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'. The utility of the UHIN field is dependent on the reporting data. For a small number of facilities, little or no UHIN data exists, as these institutions failed to report patients' uniquely identified information. Other facilities reported the same data repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's unique identifiers to her infant or assignment of a spouse's unique identifiers to a patient. Invalid data uses the code UHIN="4".

Reference table: No



### UHIN\_SequenceNo

Short description:	Unique patient id created by CHIA
Primary table:	Discharge
Linking tables:	
Availability to users:	LDS
Type of Data:	Continuous
Format:	VARCHAR
Length:	3
CHIA derived:	Yes
Description:	
Reference table:	No

---

### UnitsOfService

Short description:	Number of days with an Accommodation charge
Primary table:	Service
Linking tables:	Service
Availability to users:	CORE
Type of Data:	Continuous
Format:	
Length:	
CHIA derived:	No
Description:	
Reference table:	No

---

### VeteransStatus

Short description:	Indicates veteran status
Primary table:	Discharge
Linking tables:	
Availability to users:	GOV
Type of Data:	Categorical
Format:	
Length:	1
CHIA derived:	No
Description:	

Reference table: Yes

CODE	DESCRIPTION
1	YES
2	NO (includes never in m inactive duty, national gua months or less active duty
3	Not applicable
4	Not Determined (unable f

### Year

Short description: Indicates year of submission.

Primary table: Discharge

Linking tables: Service  
Service  
DataSubmissionLog

Availability to users: CORE

Type of Data: Date

Format: YY

Length: 8

CHIA derived: No

Description: Calendar Year the data was submitted.

Reference table: No

### Longer Reference Tables

FY2016 HIDD has 20 standard reference tables. These relate to categorical variables are driven by the Hospital Inpatient Discharge Database April 2014 Submission Guide. Some of the tables have been integrated into the data dictionary. This section contains longer tables to tables used by multiple data elements. Users of the data with additional questions about any specific Reference table: should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

Table 1. ADSOURCE

Principal Data Element	AdmissionSourceCode1
Other Data Elements	AdmissionSourceCode2
Rules	All other values are invalid
Last Updated	12/7/2016

CODE	DESCRIPTION
0	Information Not Available

CODE	DESCRIPTION
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral/HMO Referral
4	Transfer from Acute Care Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other
F	Transfer from a Hospice Facility
L	Outside Hospital Clinic Referral
M	Walk-In/Self-Referral
R	Inside Hospital ER Transfer
T	Transfer from Another Institution's Ambulatory Surgery (SDS)
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)
SRCADM CODE	FOR NEWBORN:
0	Information not Available
1	Normal Delivery
2	Premature Delivery
3	Sick Baby
4	Extramural Birth

Table 1. CONDITION PRESENT

Principal Data Element	PrimaryConditionPresent
Other Data Elements	ConditionPresent ConditionPresentECode
Rules	All other values invalid.

Last Updated

1/31/2017

CODE	DESCRIPTION
Y	Yes
N	No
U	Unknown
W	Clinically undetermined
1	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or ICD-10-CM codes for POA flag)
[Blank]	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM or

ICD-10-CM codes for POA flag

Table 1. PATIENT STATUS

Look-up Table                      Patient Status  
 Principal Data Element        PatientStatus  
 Other Data Elements  
 Rules                                All other values invalid.  
 Last Updated

1/30/2017

CODE	DESCRIPTION
1	Discharged/transferred to home or self-care (routine discharge)
2	Discharged/transferred to another short-term general hospital for inpatient care
3	Discharged, transferred to Skilled Nursing Facility (SNF)
4	Discharged/transferred to an Intermediate Care Facility (ICF)
5	Discharged/transferred to a Designated cancer Center or Children's Hospital.
6	Discharged/transferred to home under care of organized home health service organization
7	Left against medical advice (AMA)
8	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
9	Not allowed in the MA Hospital Inpatient Discharge Data
12	Discharge Other
13	Discharge/transfer to rehab hospital
14	Discharge/transfer to rest home
15	Discharge to Shelter
20	Expired (or did not recover - Christian Science Patient)
50	Discharged to Hospice - Home
51	Discharged to Hospice Medical Facility
43	Discharged/transferred to federal healthcare facility
61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
63	Discharge/transfer to a Medicare certified long term care hospital.

64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/transferred to a Critical Access Hospital (CAH).
70	Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this Code List
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

Table 1. PAYER TYPE

Principal Data Element	PayerType
Other Data Elements	ManagedCareCode MCareMCaidPrivCode
Rules	All other values invalid.

PAYER TYPE CODE	PAYER TYPE ABBREVIATION	PAYER TYPE DEFINITION
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care

PAYER TYPE CODE	PAYER TYPE ABBREVIATION	PAYER TYPE DEFINITION
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
H	HSN	Health Safety Net
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
Q	ComCare	Commonwealth Care/ConnectorCare Plans
Z	DEN	Dental Plans
N	None	None (Valid only for Secondary Payer)

Table 1. PAYMENT SOURCE

Principal Data Element	PayerCode1
Other Data Elements	PayerCode2 PrimaryPayerType SecondaryPayerType
Rules	All other values are invalid Some codes are valid as Secondary Source of Payment
Last Updated	12/7/2016

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
1	8	Harvard Community Health Plan	HMO
2	C	Bay State - a product of HMO Blue	Blue Cross Managed Care
3	C	Network Blue (PPO)	Blue Cross Managed Care
4	8	Fallon Community Health Plan	HMO
7	8	Tufts Associated Health Plan	HMO

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
8	8	Pilgrim Health Care	HMO
9	8	United Health Plan of New England (Ocean State)	HMO
10	E	Pilgrim Advantage - PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
11	C	Blue Care Elect	Blue Cross Managed Care
13	J	Community Health Plan Options (New York)	Point-of-Service Plan
14	J	Health New England Advantage POS	Point-of-Service Plan
17	D	Prudential Healthcare POS	Commercial Managed Care
18	D	Prudential Healthcare PPO	Commercial Managed Care
19	8	Matthew Thornton	HMO
20	8	HCHP of New England (formerly RIGHA)	HMO
21	E	Commonwealth PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
22	D	Aetna Open Choice PPO	Commercial Managed Care
23	D	Guardian Life Insurance Company PPO	Commercial Managed Care
24	8	Health New England	HMO
25	8	Pioneer Plan	HMO
27	D	First Allmerica Financial Life Insurance PPO	Commercial Managed Care
28	D	Great West Life PPO	Commercial Managed Care
30	7	CIGNA (Indemnity)	Commercial Insurance
31	D	One Health Plan HMO (Great West Life)	Commercial Managed Care
33	D	Mutual of Omaha PPO	Commercial Managed Care
34	D	New York Life Care PPO	Commercial Managed Care
35	D	United Healthcare Insurance Company - HMO	Commercial Managed Care
36	D	United Healthcare Insurance Company - PPO	Commercial Managed Care
37	8	HCHP-Pilgrim HMO (integrated product)	HMO
38	8	Health New England Select (self-funded)	HMO



PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
39	8	Pilgrim Direct	HMO
40	8	Kaiser Foundation	HMO
42	8	ConnectiCare Of Massachusetts	HMO
43	8	MEDTAC	HMO
44	8	Community Health Plan	HMO
45	8	Health Source New Hampshire	HMO
46	8	Blue CHIP (BCBS Rhode Island)	HMO
47	8	Neighborhood Health Plan	HMO
48	8	US Healthcare	HMO
49	E	Healthsource CMHC Plus PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
50	6	Blue Health Plan for Kids	Blue Cross
51	7	Aetna Life Insurance	Commercial Insurance
52	7	Boston Mutual Insurance	Commercial Insurance
54	7	Continental Assurance Insurance	Commercial Insurance
55	7	Guardian Life Insurance	Commercial Insurance
56	7	Hartford L&A Insurance	Commercial Insurance
57	7	John Hancock Life Insurance	Commercial Insurance
58	7	Liberty Life Insurance	Commercial Insurance
59	7	Lincoln National Insurance	Commercial Insurance
62	7	Mutual of Omaha Insurance	Commercial Insurance
63	7	New England Mutual Insurance	Commercial Insurance
64	7	New York Life Care Indemnity	Commercial Insurance
65	7	Paul Revere Life Insurance	Commercial Insurance
66	7	Prudential Insurance	Commercial Insurance
67	7	First Allmerica Financial Life Insurance	Commercial Insurance
69	7	Corporate Health Insurance Liberty Plan	Commercial Insurance

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
70	7	Union Labor Life Insurance	Commercial Insurance
71	E	ADMAR	PPO and Other Managed Care Plans Not Elsewhere Classified
72	7	Healthsource New Hampshire	Commercial Insurance
73	7	United Health and Life	Commercial Insurance
74	7	United Healthcare Insurance Company	Commercial Insurance
75	D	Prudential Healthcare HMO	Commercial Managed Care
77	E	Options for Healthcare PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
78	D	Phoenix Preferred PPO	Commercial Managed Care
79	E	Pioneer Health Care PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
80	E	Tufts Total Health Plan PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
81	C	HMO Blue	Blue Cross Managed Care
82	D	John Hancock Preferred	Commercial Managed Care
83	E	US Healthcare Quality Network Choice- PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
84	E	Private Healthcare Systems PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
85	7	Liberty Mutual	Commercial Insurance
86	E	United Health & Life PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
87	D	CIGNA PPO	Commercial Managed Care
88	E	Freedom Care	PPO and Other Managed Care Plans Not Elsewhere Classified
89	7	Great West/NE Care	Commercial Insurance
90	E	Healthsource Preferred (self-funded)	PPO and Other Managed Care Plans Not Elsewhere Classified
91	7	New England Benefits	Commercial Insurance

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
93	E	Psychological Health Plan	PPO and Other Managed Care Plans Not Elsewhere Classified
94	7	Time Insurance Co	Commercial Insurance
95	E	Pilgrim Select - PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
96	7	Metrahealth (United Health Care of NE)	Commercial Insurance
97	7	UniCare	Commercial Insurance
98	9	Healthy Start	Free Care
99	J	Other POS (not listed elsewhere)	Point-of-Service Plan
100	7	Transport Life Insurance	Commercial Insurance
101	7	Quarto Claims	Commercial Insurance
102	7	Wausau Insurance Company	Commercial Insurance
103	4	Medicaid (includes MassHealth)	Medicaid
104	B	Medicaid Managed Care-Primary Care Clinician	Medicaid Managed Care
106	B	Medicaid Managed Care-Central Mass Health Care	Medicaid Managed Care
107	B	Medicaid Managed Care - Community Health Plan	Medicaid Managed Care
108	B	Medicaid Managed Care - Fallon Community Health Plan	Medicaid Managed Care
109	B	Medicaid Managed Care - Harvard Community Health Plan	Medicaid Managed Care
110	B	Medicaid Managed Care - Health New England	Medicaid Managed Care
111	B	Medicaid Managed Care - HMO Blue	Medicaid Managed Care
112	B	Medicaid Managed Care - Kaiser Foundation Plan	Medicaid Managed Care
113	B	Medicaid Managed Care - Neighborhood Health Plan	Medicaid Managed Care
114	B	Medicaid Managed Care - United Health Plans of NE	Medicaid Managed Care
115	B	Medicaid Managed Care - Pilgrim Health Care	Medicaid Managed Care
116	B	Medicaid Managed Care -Tufts Associated Health Plan	Medicaid Managed Care
118	B	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	Medicaid Managed Care
119	B	Medicaid Managed Care Other (not listed elsewhere)	Medicaid Managed Care

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
120	5	Out-of-State Medicaid	Other Government Payment
121	3	Medicare	Medicare
125	F	Medicare HMO - Fallon Senior Plan	Medicare Managed Care
127	F	Medicare HMO - Health New England Medicare Wrap	Medicare Managed Care
128	F	Medicare HMO - HMO Blue for Seniors	Medicare Managed Care
129	F	Medicare HMO - Kaiser Medicare Plus Plan	Medicare Managed Care
131	F	Medicare HMO - Pilgrim Enhance 65	Medicare Managed Care
132	F	Medicare HMO - Matthew Thornton Senior Plan	Medicare Managed Care
133	F	Medicare HMO -Tufts Medicare Supplement (TMS)	Medicare Managed Care
134	F	Medicare HMO - Other (not listed elsewhere)	Medicare Managed Care
135	3	Out-of-State Medicare	Medicare
136	6	BCBS Medex	Blue Cross
137	7	AARP/Medigap supplement	Commercial Insurance
138	7	Banker's Life and Casualty Insurance	Commercial Insurance
139	7	Bankers Multiple Line	Commercial Insurance
140	7	Combined Insurance Company of America	Commercial Insurance
141	7	Other Medigap (not listed elsewhere)	Commercial Insurance
142	6	Blue Cross Indemnity	Blue Cross
143	9	Free Care	Free Care
144	5	Other Government	Other Government Payment
145	1	Self-Pay	Self-Pay
146	2	Worker's Compensation	Worker's Compensation
147	7	Other Commercial (not listed elsewhere)	Commercial Insurance
148	8	Other HMO (not listed elsewhere)	HMO
149	E	PPO and Other Managed Care	PPO and Other Managed Care Plans Not Elsewhere Classified
170	J	US Healthcare Quality POS	Point-of-Service Plan

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
171	D	CIGNA POS	Commercial Managed Care
172	D	Metrahealth - POS (United Health Care of NE)	Commercial Managed Care
173	F	Aetna Medicare Open	Medicare Managed Care
174	8	Aetna Health Inc. - Quality POS	HMO
175	8	Aetna Health, Inc. - HMO	HMO
176	7	Carelink (CIGNA & Tufts)	Commercial Insurance
177	7	Chesapeake Life Insurance Company	Commercial Insurance
178	5	Children's Medical Security Plan (CMSP)	Government
179	7	First Health Life and Health Insurance Company	Commercial Insurance
180	F	Fresenius Medical Care Health Plan (Medicare Advantage Plan)	Medicare Managed Care
181	D	First Allmerica Financial Life Insurance EPO	Commercial Managed Care
182	D	UniCare Preferred Plus Managed Access EPO	Commercial Managed Care
183	K	Pioneer Health Care EPO	Exclusive Provider Organization
184	K	Private Healthcare Systems EPO	Exclusive Provider Organization
185	7	Connecticut General Life - Indemnity	Commercial Insurance
186	J	Connecticut General Life - POS	POS
187	E	Connecticut General Life - PPO	PPO
188	J	Fallon Flex POS	POS
189	7	Fallon Major Medical - Indemnity	Commercial Insurance
190	D	Fallon Preferred Care - PPO	Commercial Managed Care
191	D	Genworth Preferred PPO	Commercial Managed Care
192	D	Guarantee Trust Life Insurance Company - PPO	Commercial Managed Care
193	7	Harvard Pilgrim - Indemnity	Commercial Insurance
194	8	Harvard Pilgrim - POS	HMO
195	8	Harvard Pilgrim - PPO	HMO
196	8	Harvard Pilgrim Health Care, Inc. (HMO)	HMO

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
197	7	Health Insurance Plan of New York (HIP)	Commercial Insurance
198	7	John Alden Life Insurance Company	Commercial Insurance
199	K	Other EPO (not listed elsewhere)	Exclusive Provider Organization
200	7	Hartford Life Insurance Co	Commercial Insurance
201	7	Mutual of Omaha	Commercial Insurance
202	7	New York Life Insurance	Commercial Insurance
203	7	Principal Financial Group (Principal Mutual Life)	Commercial Insurance
204	7	Christian Brothers Employee	Commercial Insurance
205	E	Health New England Select Premier PPO	PPO
206	7	Health New England Guaranteed Issue - Individual Plans	Commercial Insurance
207	B	Network Health (Cambridge Health Alliance MCD Program)	Medicaid Managed Care
208	B	HealthNet (Boston Medical Center MCD Program)	Medicaid Managed Care
209	7	Mid-West National Life Insurance Company of Tennessee	Commercial Insurance
210	F	Medicare HMO - Pilgrim Preferred 65	Medicare Managed Care
211	F	Medicare HMO - Neighborhood Health Plan Senior Health Plus	Medicare Managed Care
212	F	Medicare HMO - Healthsource CMHC Central Care Supplement	Medicare Managed Care
213	F	Medicare HMO - Medicare Complete Plans offered by SecureHorizons	Medicare Managed Care
214	F	Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance	Medicare Managed Care
215	F	Tufts Medicare HMO - Medicare Preferred	Medicare Managed Care
216	F	Medicare Special Needs Plan - Commonwealth Care Alliance	Medicare Managed Care
217	F	Medicare Special Needs Plan - Fallon Community Health Plan	Medicare Managed Care
218	F	Medicare Special Needs Plan - Senior Whole Health	Medicare Managed Care
219	F	Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP	Medicare Managed Care
220	F	Medicare HMO - Blue Care 65	Medicare Managed Care
221	F	Medicare HMO - Harvard Community Health Plan 65	Medicare Managed Care
222	F	Medicare HMO - Healthsource CMHC	Medicare Managed Care

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
223	F	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	Medicare Managed Care
224	F	Medicare HMO - Tufts Secure Horizons	Medicare Managed Care
225	F	Medicare HMO - US Healthcare	Medicare Managed Care
226	D	United Health Care of New England, Inc.	Commercial Managed Care
227	E	Northeast Health Direct - PPO	PPO
228	7	Oxford Health Plans	Commercial Insurance
229	7	Professional Insurance Company (Indemnity)	Commercial Insurance
230	F	Medicare HMO - HCHP First Seniority	Medicare Managed Care
231	F	Medicare HMO - Pilgrim Prime	Medicare Managed Care
232	F	Medicare HMO - Seniorcare Direct	Medicare Managed Care
233	F	Medicare HMO - Seniorcare Plus	Medicare Managed Care
234	F	Medicare HMO - Managed Blue for Seniors	Medicare Managed Care
235	7	Trustmark Life Insurance Company	Commercial Insurance
236	8	Tufts Health Maintenance Organization, Inc. (TAHMO)	HMO
237	E	Tufts Insurance Company PPO	PPO
238	8	Tufts Associated Health Maintenance Organization, Inc. PPO	HMO
239	8	Tufts Associated Health Maintenance Organization, Inc. POS Plan	HMO
240	E	Unicare PPO	PPO
241	7	Union Security Insurance Company	Commercial Insurance
242	7	Wellcare Health Plans, Inc.	Commercial Insurance
243	8	Pioneer Health Network	HMO
244	7	Tufts Medicare Complement (TMC)	Commercial Insurance
245	F	Trail Blazer Health Enterprises, LLC	Medicare Managed Care
246	C	Preferred Blue PPO	Blue Cross Managed Care
247	7	Humana Insurance Company **	Commercial Insurance
248	7	Mail Handlers Benefit Plan	Commercial Insurance

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
249	7	MEGA Life and Health Insurance Company	Commercial Insurance
250	D	CIGNA HMO	Commercial Managed Care
251	8	Healthsource CMHC HMO	HMO
252	F	Health New England (HNE) Medicare Advantage Plan	Medicare Managed Care
253	F	Blue Medicare PFFS	Medicare Managed Care
254	F	Cigna Medicare Access Plans	Medicare Managed Care
255	F	Health Net Pearl	Medicare Managed Care
256	F	Humana Gold PFFS	Medicare Managed Care
257	F	Today's Options Premier from Universal American	Medicare Managed Care
258	F	Unicare Security Choice	Medicare Managed Care
259	8	CeltiCare Health Plan of Massachusetts	Commercial Insurance
270	D	UniCare Preferred Plus PPO	Commercial Managed Care
271	8	Hillcrest HMO	HMO
272	T	Auto Insurance	Auto Insurance
273	F	MassHealth Senior Care Options****	Medicare Managed Care
274	B	Medicaid Managed Care - Network Health	Medicaid Managed Care
275	F	Medicare SCO - NaviCare (HMO)	Medicare Managed Care
276	F	Medicare SCO - Tufts Senior Care Options	Medicare Managed Care
277	F	Medicare SCO - United Health Care	Medicare Managed Care
278	F	Medicare SCO - Commonwealth Care Alliance	Medicare Managed Care
279	F	Medicare One Care - Fallon Total Care	Medicare Managed Care
280	F	Medicare One Care - Network Health	Medicare Managed Care
281	F	Medicare One Care - Commonwealth Care Alliance	Medicare Managed Care
282	B	BMC MassHealth CarePlus	Medicaid Managed Care
283	B	Fallon MassHealth CarePlus	Medicaid Managed Care
284	B	NHP MassHealth CarePlus	Medicaid Managed Care



PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
285	B	Network Health MassHealth CarePlus	Medicaid Managed Care
286	B	Celticare MassHealth CarePlus	Medicaid Managed Care
287	B	MassHealth CarePlus	Medicaid Managed Care
288	Q	Boston Medical Center HealthNet ConnectorCare	Commonwealth Care Plans
289	Q	CeltiCareConnectorCare	Commonwealth Care Plans
290	Q	Fallon ConnectorCare	Commonwealth Care Plans
291	Q	Health New England ConnectorCare	Commonwealth Care Plans
292	Q	Minuteman Health ConnectorCare	Commonwealth Care Plans
293	Q	Neighborhood Health ConnectorCare	Commonwealth Care Plans
294	Q	Network Health ConnectorCare	Commonwealth Care Plans
295	8	Meritain	HMO
300	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification	Commonwealth Care Plans
301	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Commonwealth Care Plans
302	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Commonwealth Care Plans
303	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Commonwealth Care Plans
304	Q	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV	Commonwealth Care Plans
400	Q	CommCare: Cambridge Network Health Forward – General Classification	Commonwealth Care Plans
401	Q	CommCare: Cambridge Network Health Forward – Plan Type I	Commonwealth Care Plans
402	Q	CommCare: Cambridge Network Health Forward – Plan Type II	Commonwealth Care Plans
403	Q	CommCare: Cambridge Network Health Forward – Plan Type III	Commonwealth Care Plans
404	Q	CommCare: Cambridge Network Health Forward – Plan Type IV	Commonwealth Care Plans
500	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification	Commonwealth Care Plans
501	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Commonwealth Care Plans
502	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Commonwealth Care Plans

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
503	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Commonwealth Care Plans
504	Q	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)	Commonwealth Care Plans
600	Q	CommCare: Neighborhood Health Plan – General Classification	Commonwealth Care Plans
601	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Commonwealth Care Plans
602	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Commonwealth Care Plans
603	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Commonwealth Care Plans
604	Q	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)	Commonwealth Care Plans
700	Q	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care General Classification	Commonwealth Care Plans
701	Q	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 1	Commonwealth Care Plans
702	Q	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 2	Commonwealth Care Plans
703	Q	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 3	Commonwealth Care Plans
704	Q	CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care Bridge Program	Commonwealth Care Plans
800	Z	Aetna Dental	Commercial Managed Care
801	Z	Aflac	Commercial Insurance
802	Z	AllState	Commercial Insurance
803	Z	Altus Dental	Commercial Managed Care
804	Z	Ameritas Life Insurance Corp	Commercial Insurance
805	Z	Anthem Blue Cross Blue Shield	Blue Cross Managed Care
806	Z	Assurant	PPO and Other Managed Care Plans Not Elsewhere Classified
807	Z	Blue Cross Blue Shield of MA	Blue Cross Managed Care
808	Z	Blue Cross Blue Shield of RI	Blue Cross Managed Care
809	Z	Children's Medical Security	Government
810	Z	Cigna Dental	PPO and Other Managed Care Plans Not Elsewhere Classified

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
811	Z	Creative Plan Dental Administrators	PPO and Other Managed Care Plans Not Elsewhere Classified
812	Z	Delta Dental of MA	Commercial Managed Care
813	Z	Delta Dental - Other	Commercial Managed Care
814	Z	Delta Dental of New York	Commercial Managed Care
815	Z	DentaQuest Commonwealth Care	Commonwealth Care Plans
816	Z	DentaQuest MassHealth	Medicare Managed Care
817	Z	DentaQuest Senior Whole Health	PPO and Other Managed Care Plans Not Elsewhere Classified
818	Z	EverCare Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
819	Z	Fallon Health Plan	Commercial Insurance
820	Z	Great West Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
821	Z	Guardian Dental	Medicaid
822	Z	Harvard Pilgrim Health Care	PPO and Other Managed Care Plans Not Elsewhere Classified
823	Z	MetLife Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
824	Z	Principal Plan Dental	Medicare Managed Care
825	Z	Unicare Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
826	Z	United Concordia	Other Government Payment
827	Z	United HealthCare: Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
828	Z	Alicare	Commercial Insurance
829	Z	Adventist Risk Management INC	Commercial Insurance
830	Z	Blue Cross Blue Shield of Texas	Blue Cross Managed Care
831	Z	Brokers National Life insurance	Commercial Insurance
832	Z	Cba Blue Dental	Blue Cross Managed Care

PAYER CODE	PAYERTYPECODE	PAYERSOURCEDEFINITION	PAYERCATEGORY
833	Z	Chesterfield Resources	Commercial Insurance
834	Z	Companion Life insurance	Commercial Insurance
835	Z	Dental Health Alliance	Commercial Insurance
836	Z	EBS Benefit Solutions	Commercial Insurance
837	Z	Empire Blue Cross	Blue Cross Managed Care
838	Z	Excellus Blue cross	Blue Cross Managed Care
839	Z	Fortis	Commercial Insurance
840	Z	GEHA Connection Dental	Commercial Insurance
841	Z	GHI	Commercial Insurance
842	Z	Lincoln Financial Group	Commercial Insurance
843	Z	London Health Administrators	Commercial Insurance
844	Z	Midwest Life Insurance	Commercial Insurance
845	Z	Premier Access Dental Plans	Commercial Insurance
846	Z	Sentry Life Insurance	Commercial Insurance
847	Z	Sonoco	Commercial Insurance
848	Z	Sun Life Dental Benefits	Commercial Insurance
849	Z	Symetra Life Insurance Company	Commercial Insurance
850	Z	Tricare Dental	PPO and Other Managed Care Plans Not Elsewhere Classified
851	Z	Dentemax Insurance	Commercial Insurance
990	9	Free Care - Co-pay, Deductible, or Co-Insurance	Free Care
995	H	Health Safety Net Office	HSNO
996	9	Charity Care	Other Free Care (Charity Care)

VALID AS SECONDARY SOURCE PAYER CODE

PAYER SOURCE DEFINITION

137	AARP/Medigap Supplement
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VALID AS SECONDARY SOURCE PAYER CODE	PAYER SOURCE DEFINITION
138	Banker's Life and Casualty Insurance
139	Bankers Multiple Line
136	BCBS Medex
140	Combined Insurance Company of America
200	Hartford Life Insurance co.
127	Medicare HMO -Health New England Medicare Wrap
212	Medicare HMO - Healthsource CMHC Central Care Supplement
128	Medicare HMO -HMO Blue for Seniors
129	Medicare HMO-Kaiser Medicare Plus Plan
131	Medicare HMO-Pilgrim Enhance 65
210	Medicare HMO-Pilgrim Preferred 65
201	Mutual of Omaha
211	Neighborhood Health Plan Senior Health Plus
202	New York Life Insurance Company
141	Other Medigap (not listed elsewhere) ***
133	Medicare HMO -Tufts Medicare Supplement (TMS)

Table 1. REVENUE

Principal Data Element RevenueCode  
 Other Data Elements RevenueCodeType  
 Rules All other values are invalid

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE
1 Medical/Surgical	111 (Includes codes: 0111, 0121, 0131, 0141, and 0151.)	Days	Routine
2 Obstetrics	112 (Includes codes: 0112, 0122, 0132, 0142, and 0152.)	Days	Routine
3 Pediatrics	113 (Includes codes: 0113, 0123, 0133, 0143, and 0153.)	Days	Routine

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE
4	Psychiatric 114 (Includes codes: 0114, 0124, 0134, 0144, and 0154.)	Days	Routine
5	Hospice 115 (Includes codes: 0115, 0125, 0135, 0145, and 0155.)	Days	Routine
6	Detoxification 116 (Includes codes: 0116, 0126, 0136, 0146, and 0156.)	Days	Routine
7	Oncology 117 (Includes codes: 0117, 0127, 0137, 0147, and 0157.)	Days	Routine
1	Neo-natal ICU 175 (Includes codes: 0173 & 0174.)	Days	Special Care
2	Medical/Surgical ICU 200 (Includes codes: 0201 & 0202.)	Days	Special Care
3	Pediatric ICU 203	Days	Special Care
4	Psychiatric ICU 204	Days	Special Care
5	Intermediate ICU 206	Days	Special Care
6	Burn Unit 207	Days	Special Care
7	Trauma ICU 208	Days	Special Care
8	Other ICU 209	Days	Special Care
9	Coronary Care Unit 210	Days	Special Care
10	Myocardial Infarction 211	Days	10
11	Pulmonary Care 212	Days	11
12	Heart Transplant 213	Days	12
13	Post Coronary Care 214	Days	13
14	Other Coronary Care 219	Days	14
1	Special Charges 220	Zeros	1
2	Incremental Nursing Charge Rate 230	Zeros	2
3	All Inclusive Ancillary 240	Zeros	3
4	Pharmacy 250	Zeros	4
5	IV Therapy 260	Zeros	5
6	Medical/Surgical Supplies and Devices 270	Zeros	6
7	Oncology 280	Zeros	7
8	Durable Medical Equipment 290	Zeros	8

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE
9	Laboratory	Zeros	9
10	Laboratory Pathological	Zeros	10
11	Diagnostic Radiology	Zeros	Ancillary Services
12	Therapeutic Radiology	Zeros	Ancillary Services
13	Nuclear Medicine	Zeros	Ancillary Services
14	CT Scan	Zeros	Ancillary Services
15	Operating Room Services	Zeros	Ancillary Services
16	Anesthesia	Zeros	Ancillary Services
17	Blood	Zeros	Ancillary Services
18	Blood and Blood Component Administration, Processing and Storage	Zeros	Ancillary Services
19	Other Imaging Services	Zeros	Ancillary Services
20	Respiratory Services	Zeros	Ancillary Services
21	Physical Therapy	Zeros	Ancillary Services
22	Occupational Therapy	Zeros	Ancillary Services
23	Speech-Language Pathology	Zeros	Ancillary Services
24	Emergency Room	Zeros	Ancillary Services
25	Pulmonary Function	Zeros	Ancillary Services
26	Audiology	Zeros	Ancillary Services
27	Cardiology	Zeros	Ancillary Services
28	Ambulatory Surgical Care	Zeros	Ancillary Services
29	Outpatient Services	Zeros	Ancillary Services
30	Clinics	Zeros	Ancillary Services
31	Free-Standing Clinic	Zeros	Ancillary Services
32	Osteopathic Services	Zeros	Ancillary Services

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
33	Ambulance	540	Zeros	Ancillary Services
34	Skilled Nursing	550	Zeros	Ancillary Services
35	Medical Social Services	560	Zeros	Ancillary Services
36	Home Health Aide	570	Zeros	Ancillary Services
37	Other Visits (Home Health)	580	Zeros	Ancillary Services
38	Units of Service	590	Zeros	Ancillary Services
39	Oxygen (Home Health)	600	Zeros	Ancillary Services
40	Magnetic Resonance Technology (MRT)	610	Zeros	Ancillary Services
41	Medical/Surgical Supplies - Extension of 270	620	Zeros	Ancillary Services
42	Pharmacy – Extension of 0250	630	Zeros	Ancillary Services
43	Home IV Therapy Services	640	Zeros	Ancillary Services
44	Hospice Service	650	Zeros	Ancillary Services
45	Respite Care	660	Zeros	Ancillary Services
46	Outpatient Special Residence Charges	670	Zeros	Ancillary Services
47	Trauma Response	680	Zeros	Ancillary Services
48	Not Assigned	690	n/a	Ancillary Services
49	Cast Room	700	Zeros	Ancillary Services
50	Recovery Room	710	Zeros	Ancillary Services
51	Labor Room/Delivery	720	Zeros	Ancillary Services
52	EKG/ECG (Electrocardiogram)	730	Zeros	Ancillary Services
53	EEG (Electroencephalogram)	740	Zeros	Ancillary Services
54	Gastro-Intestinal Services	750	Zeros	Ancillary Services
55	General Treatment or Observation Room	760	Zeros	Ancillary Services
56	Treatment Room	761	Zeros	Ancillary Services
57	Observation Room	762	Hours	Ancillary Services



REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
58	Other Observation Room	769	Hours	Ancillary Services
59	Preventative Care Services	770	Zeros	Ancillary Services
60	Telemedicine	780	Zeros	Ancillary Services
61	Extra-corporeal Shock Wave Treatment (formerly Lithotripsy)	790	Zeros	Ancillary Services
62	Inpatient Renal Dialysis	800	Zeros	Ancillary Services
63	Acquisition of Body Components	810	Zeros	Ancillary Services
64	Hemodialysis - Outpatient or Home	820	Zeros	Ancillary Services
65	Peritoneal Dialysis - Outpatient or Home	830	Zeros	Ancillary Services
66	Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home	840	Zeros	Ancillary Services
67	Continuous Cycling Peritoneal Dialysis - Outpatient or Home	850	Zeros	Ancillary Services
68	Invalid (Reserved for Dialysis - National Assignment)	860	n/a	Ancillary Services
69	Invalid (Reserved for Dialysis - National Assignment)	870	n/a	Ancillary Services
55	General Treatment or Observation Room	760	Zeros	Ancillary Services
56	Treatment Room	761	Zeros	Ancillary Services
57	Observation Room	762	Hours	Ancillary Services
58	Other Observation Room	769	Hours	Ancillary Services
59	Preventative Care Services	770	Zeros	Ancillary Services
60	Telemedicine	780	Zeros	Ancillary Services
61	Extra-corporeal Shock Wave Treatment (formerly Lithotripsy)	790	Zeros	Ancillary Services
62	Inpatient Renal Dialysis	800	Zeros	Ancillary Services
63	Acquisition of Body Components	810	Zeros	Ancillary Services
64	Hemodialysis - Outpatient or Home	820	Zeros	Ancillary Services

REVENUE CENTER	REVENUE CODE	UNITS OF SERVICE	TYPE	
65	Peritoneal Dialysis - Outpatient or Home	830	Zeros	Ancillary Services
66	Continuous Ambulatory Peritoneal Dialysis - Outpatient or Home	840	Zeros	Ancillary Services
67	Continuous Cycling Peritoneal Dialysis - Outpatient or Home	850	Zeros	Ancillary Services
68	Invalid (Reserved for Dialysis - National Assignment)	860	n/a	Ancillary Services
69	Invalid (Reserved for Dialysis - National Assignment)	870	n/a	Ancillary Services
70	Miscellaneous Dialysis	880	Zeros	Ancillary Services
71	Reserved for National Assignment	890	Zeros	Ancillary Services
72	Behavioral Health Treatments/Services	900	Zeros	Ancillary Services
73	Behavioral Health Treatments/Services	910	Zeros	Ancillary Services
74	Other Diagnostic Services	920	Zeros	Ancillary Services
75	Medical Rehabilitation Day Program	930	n/a	Ancillary Services
76	Other Therapeutic Services	940	Zeros	Ancillary Services
77	Other Therapeutic Services – Extension of 0940	950	Zeros	Ancillary Services
78	Professional Fees	960 (Includes codes: 0960, 0961, 0962, 0963, 0964, and 0969.)	Zeros	Ancillary Services
79	Professional Fees	970 (Includes codes: 0970, 0971, 0972, 0973, 0974, 0975, 0976, 0977, 0978, and 0979.)	Zeros	Ancillary Services
80	Professional Fees	980 (Includes codes: 0980, 0981, 0982, 0983, 0984, 0985, 0986, 0987, 0988, and 0989.)	Zeros	Ancillary Services
81	Patient Convenience Items	990	Zeros	Ancillary Services
82	Behavioral Health Accommodations	1000	Zeros	Ancillary Services
83	Reserved for National Assignment	1010 - 2090	n/a	Ancillary Services
84	Alternative Therapy Services	2100	Zeros	Ancillary Services
85	Reserved for National Assignment	2110 - 3090	n/a	Ancillary Services
86	Adult Care	3100	Zeros	Ancillary Services
87	Reserved for National Assignment	3110 - 9990	n/a	Ancillary Services

Table 1. STATE

Principal Data Element  
 Other Data Elements  
 Rules

PermanentPatientStateLDS  
 TemporaryPatientStateLDS  
 All other values are invalid  
 Must be present when Patient Country is 'US'  
 Must be valid U.S. postal code for state

STATE/POSSESSION	ABBREVIATION
Alabama	AL
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Federated States of Micronesia	FM
Florida	FL
Georgia	GA
Guam	GU
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS

STATE/POSSESSION	ABBREVIATION
Kentucky	KY
Louisiana	LA
Maine	ME
Marshall Islands	MH
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Northern Mariana Islands	MP
Ohio	OH
Oklahoma	OK
Oregon	OR
Palau	PW
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI

STATE/POSSESSION	ABBREVIATION
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virgin Islands	VI
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

## Part D: Summary Statistics

### Descriptive Statistics of Selected Continuous Data Elements

For the FY2016 HIDD data, CHIA produced a number of descriptive statistics for continuous data elements in the Discharge table. Please find below statistics for 14 data elements.

DATAELEMENT	N	N MISSING	MINIMUM	MEAN	MAXIMUM
AgeLDS	800,987	3	-	51.90	116.00
DaysBetweenStay	800,990	-	-	15.00	999.00
LeaveOfAbsenceDay	755,409	45,581	-	-	-
LengthOfStay	800,985	5	1	4.74	767.00
NewBornAge (in weeks)	79,652	-	-	2.65	99.00
NumberOfAND	800,990	-	-	0.87	445.00
NumberOfDiagnosisCode	800,990	-	-	12.88	100.00
NumberOfProcedureCode	800,990	-	-	1.66	148.00
PrincipalPreoperativeDay	489,665	311,325.00	(366.00)	1.17	349.00
TotalChargesAll	800,990	-	-	30,736.52	7,988,289.00
TotalChargesAncillaries	800,990	-	-	20,715.49	5,699,428.00
TotalChargeSpecial	800,990	-	-	2,983.74	1,761,880.00
TotalChargesRoutine	800,990	-	-	7,037.29	2,062,467.00
UHIN_SequenceNo	800,990	-	-	1.37	49.00

\*For NewBornAge (in weeks) is populated if AgeLDS equal 0 and if Year is the release year, then this field is populated. CHIA populated NewBornAge with "99". Only weeks between 0 and 52 are valid.

## Frequency Tables for Selected Data Elements

For the FY2016 HIDD data, CHIA produced tabulations for selected categorical data elements in the Discharge table.

### AdmissionSourceCode1

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
#	1	0	1	0
-	2725	0.34	2726	0.34
0	6188	0.77	8914	1.11
1	234774	29.31	243688	30.42
2	28587	3.57	272275	33.99
3	84	0.01	272359	34
4	44430	5.55	316789	39.55
5	10062	1.26	326851	40.81
6	1323	0.17	328174	40.97
7	2100	0.26	330274	41.23
8	1150	0.14	331424	41.38
9	46300	5.78	377724	47.16
A	63240	7.9	440964	55.05
B	665	0.08	441629	55.14
C	403	0.05	442032	55.19
D	113	0.01	442145	55.2
F	45	0.01	442190	55.21
L	5614	0.7	447804	55.91
M	261988	32.71	709792	88.61
R	88406	11.04	798198	99.65
T	5	0	798203	99.65
W	6	0	798209	99.65
X	1796	0.22	800005	99.88

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
Y	985	0.12	800990	100

AdmissionSourceCode2

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	592844	74.01	592844	74.01
0	145452	18.16	738296	92.17
1	4280	0.53	742576	92.71
2	1330	0.17	743906	92.87
3	1	0	743907	92.87
4	214	0.03	744121	92.9
5	425	0.05	744546	92.95
6	2	0	744548	92.95
8	8	0	744556	92.95
9	353	0.04	744909	93
A	7	0	744916	93
D	2	0	744918	93
L	1	0	744919	93
M	1393	0.17	746312	93.17
R	51184	6.39	797496	99.56
T	3	0	797499	99.56
X	3011	0.38	800510	99.94
Y	480	0.06	800990	100



### AdmissionType

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	3	0	3	0
1	457407	57.11	457410	57.11
2	142052	17.73	599462	74.84
3	130810	16.33	730272	91.17
4	70627	8.82	800899	99.99
5	91	0.01	800990	100
-	3	0	3	0
1	457407	57.11	457410	57.11

### DNRStatus

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
0	3891	0.49	3891	0.49
1	797099	99.51	800990	100
0	3891	0.49	3891	0.49
1	797099	99.51	800990	100

### EDFlagCode

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	1	0	1	0
0	345264	43.1	345265	43.1
1	151915	18.97	497180	62.07
2	303810	37.93	800990	100

### HispanicIndicator

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
N	738283	92.33	738283	92.33
R	1	0	738284	92.33

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
U	3	0	738287	92.33
Y	61345	7.67	799632	100

HomeslessIndicator

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
N	599907	98.8	599907	98.8
Y	7271	1.2	607178	100

OtherCareGiverCode

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
1	7051	0.88	7051	0.88
2	512	0.06	7563	0.94
4	40943	5.11	48506	6.06
5	5043	0.63	53549	6.69
6	728	0.09	54277	6.78
7	14968	1.87	69245	8.64
8	994	0.12	70239	8.77
10	40122	5.01	110361	13.78
16	25397	3.17	135758	16.95
22	46838	5.85	182596	22.8
25	11544	1.44	194140	24.24
27	10679	1.33	204819	25.57
39	15719	1.96	220538	27.53
40	6343	0.79	226881	28.33
41	10945	1.37	237826	29.69
42	4950	0.62	242776	30.31
46	15488	1.93	258264	32.24

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
49	11883	1.48	270147	33.73
50	7180	0.9	277327	34.62
51	1267	0.16	278594	34.78
53	2422	0.3	281016	35.08
57	8509	1.06	289525	36.15
59	9210	1.15	298735	37.3
62	14360	1.79	313095	39.09
66	2364	0.3	315459	39.38
68	4093	0.51	319552	39.89
71	7639	0.95	327191	40.85
73	4631	0.58	331822	41.43
75	9969	1.24	341791	42.67
77	6283	0.78	348074	43.46
79	9774	1.22	357848	44.68
81	23677	2.96	381525	47.63
83	12118	1.51	393643	49.14
85	17574	2.19	411217	51.34
88	1127	0.14	412344	51.48
89	1110	0.14	413454	51.62
91	53307	6.66	466761	58.27
97	8888	1.11	475649	59.38
98	5032	0.63	480681	60.01
99	5763	0.72	486444	60.73
100	13417	1.68	499861	62.41

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
101	657	0.08	500518	62.49
103	8018	1	508536	63.49
104	17917	2.24	526453	65.73
105	18691	2.33	545144	68.06
106	2964	0.37	548108	68.43
109	2013	0.25	550121	68.68
110	16929	2.11	567050	70.79
114	9666	1.21	576716	72
115	4290	0.54	581006	72.54
116	19133	2.39	600139	74.92
118	4612	0.58	604751	75.5
119	11761	1.47	616512	76.97
122	28477	3.56	644989	80.52
123	15556	1.94	660545	82.47
124	16733	2.09	677278	84.56
126	13038	1.63	690316	86.18
127	19487	2.43	709803	88.62
129	7328	0.91	717131	89.53
131	41375	5.17	758506	94.7
132	984	0.12	759490	94.82
133	3605	0.45	763095	95.27
138	12999	1.62	776094	96.89
139	2786	0.35	778880	97.24
141	8884	1.11	787764	98.35

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
145	5395	0.67	793159	99.02
4460	2595	0.32	795754	99.35
6963	203	0.03	795957	99.37
11466	3081	0.38	799038	99.76
11467	1878	0.23	800916	99.99
11718	74	0.01	800990	100

### OutpatntObsrvStayFlagCode

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	800783	99.97	800783	99.97
0	1	0	800784	99.97
3	52	0.01	800836	99.98
5	154	0.02	800990	100

### PatientStatus

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	217	0.03	217	0.03
1	456953	57.05	457170	57.08
2	15545	1.94	472715	59.02
3	102176	12.76	574891	71.77
4	1200	0.15	576091	71.92
5	2703	0.34	578794	72.26
6	147900	18.46	726694	90.72
7	11917	1.49	738611	92.21
8	4194	0.52	742805	92.74
9	30	0	742835	92.74
1	33	0	742868	92.74

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
12	2876	0.36	745744	93.1
13	6171	0.77	751915	93.87
14	464	0.06	752379	93.93
15	291	0.04	752670	93.97
2	28	0	752698	93.97
20	15197	1.9	767895	95.87
21	54	0.01	767949	95.87
3	548	0.07	768497	95.94
41	258	0.03	768755	95.98
43	222	0.03	768977	96
50	4259	0.53	773236	96.54
51	2477	0.31	775713	96.84
6	280	0.03	775993	96.88
61	485	0.06	776478	96.94
62	12983	1.62	789461	98.56
63	4672	0.58	794133	99.14
64	68	0.01	794201	99.15
65	5723	0.71	799924	99.87
66	158	0.02	800082	99.89
70	733	0.09	800815	99.98
81	28	0	800843	99.98
82	14	0	800857	99.98
83	6	0	800863	99.98
86	33	0	800896	99.99
87	3	0	800899	99.99
89	1	0	800900	99.99

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
90	9	0	800909	99.99
91	1	0	800910	99.99
92	3	0	800913	99.99
93	27	0	800940	99.99
94	22	0	800962	100
95	28	0	800990	100

PrimaryConditionPresent

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
1	43860	5.54	43860	5.54
A	4679	0.59	48539	6.13
E	21254	2.69	69793	8.82
N	19193	2.42	88986	11.24
U	1964	0.25	90950	11.49
W	2715	0.34	93665	11.83
Y	697916	88.17	791581	100

PrimaryPayerType

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	29	0	29	0
0	292	0.04	321	0.04
1	5031	0.63	5352	0.67
2	2475	0.31	7827	0.98
3	285905	35.69	293732	36.67
4	49501	6.18	343233	42.85
5	8579	1.07	351812	43.92
6	27948	3.49	379760	47.41
7	27137	3.39	406897	50.8

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
8	88429	11.04	495326	61.84
9	644	0.08	495970	61.92
B	112487	14.04	608457	75.96
C	74515	9.3	682972	85.27
D	19431	2.43	702403	87.69
E	10535	1.32	712938	89.01
F	65385	8.16	778323	97.17
H	4515	0.56	782838	97.73
J	1615	0.2	784453	97.94
K	129	0.02	784582	97.95
N	1	0	784583	97.95
Q	9555	1.19	794138	99.14
T	1996	0.25	796134	99.39
Z	4854	0.61	800988	100
c	1	0	800989	100

Race1

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	26	0	26	0
R1	970	0.12	996	0.12
R2	22827	2.85	23823	2.97
R3	63177	7.89	87000	10.86
R4	416	0.05	87416	10.91
R5	628932	78.52	716348	89.43
R9	44431	5.55	760779	94.98
UN	1	0	760780	94.98
UNKNOW	40210	5.02	800990	100



Race2

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
R1	244	0.54	244	0.54
R2	1060	2.36	1304	2.9
R3	3390	7.55	4694	10.45
R4	34	0.08	4728	10.53
R5	26909	59.91	31637	70.44
R9	1507	3.36	33144	73.79
UNKNOW	11772	26.21	44916	100
R1	244	0.54	244	0.54
R2	1060	2.36	1304	2.9

SecondaryPayerType

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	9	0	9	0
0	139	0.02	148	0.02
1	27963	3.49	28111	3.51
2	115	0.01	28226	3.52
3	122642	15.31	150868	18.84
4	75827	9.47	226695	28.3
5	5394	0.67	232089	28.98
6	51379	6.41	283468	35.39
7	26433	3.3	309901	38.69
8	13526	1.69	323427	40.38
9	2192	0.27	325619	40.65
B	8714	1.09	334333	41.74
C	7084	0.88	341417	42.62
D	5650	0.71	347067	43.33

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
E	2344	0.29	349411	43.62
F	8576	1.07	357987	44.69
H	13123	1.64	371110	46.33
J	38	0	371148	46.34
K	6	0	371154	46.34
N	427563	53.38	798717	99.72
Q	925	0.12	799642	99.83
T	368	0.05	800010	99.88
Z	980	0.12	800990	100

Sex

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
-	2	0	2	0
F	441803	55.16	441805	55.16
M	359159	44.84	800964	100
U	26	0	800990	100

VeteranStatus

CODE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
1	58092	7.25	58092	7.25
2	489853	61.16	547945	68.41
3	106068	13.24	654013	81.65
4	146977	18.35	800990	100