Rhode Island Department of Health
Hospital Discharge Data
Specifications for Public Use Data File
1/11/2007
Revised 8/17/2010

Calendar Year 2005
Calendar Year 2006
Calendar Year 2007
Calendar Year 2008
Calendar Year 2009

Fiscal Years Defined As:
(2005) October 1, 2004 – September 30, 2005
(2006) October 1, 2005 – September 30, 2006
(2007) October 1, 2006 – September 30, 2007
(2008) October 1, 2007 – September 30, 2008
(2009) October 1, 2008 – September 30, 2009

Data from three Rhode Island specialty hospitals, Bradley, Butler, and Rehabilitation are included in the public use data files from fiscal year 1999 and forward.

CD compact disc
     Format: DOS, ASCII , 650 MB not compressed
     Record length: 800

The following variable was revised from the Fiscal Year 1989 specifications:
SEX   Converted from letters (M F) to numbers (1 2)
                 Sex remains an alpha-numeric variable
                                         Male (M) = "1"
                                         Female (F) = "2"

The following variables were created from the raw data:
TOWN   1. Derived from census tract supplied by hospital
                  2. Some of the census tracts have the abbreviated state name in the first 2
                  characters (RI999,CT999,NY999). These are grouped into unknown categories
                  for Rhode Island, Connecticut, Massachusetts and all other states combined.
                  3. If census tract is missing, zip code may be used to derive town. Only Rhode
                  Island zip codes completely contained within one town can be used in this
                  manner.

AGE   Age at admission, computed by subtracting birth date from adm.date

PREOPDAY Computed by subtracting admission date from the principal procedure date. All
                  procedure codes are valid.

LOS   Computed by subtracting the admission date from the discharge date

Birthweight Specification:
BWGHT   The weight in ounces at birth
                  Left justification with spaces [alpha-numeric]
                       ie.   '8__'   not   '__8'
                                  '88_'   not   '_88'
                  Discontinued use beginning Fiscal Year 1999

B_WT   The weight in **grams** at birth
                  Beginning Fiscal Year 1999; Added to end of file

Additional Variables Added in 1999:
DX8 to DX11:   Additional Diagnostic Codes

ECODUB92:   External Cause of Injury supplied by the Hospital

B_WT: Birth weight in grams

Additional Variables Added in 2004:
PAY_UB92:   Expected Source of Payment (detailed)
                         This expected source of payment variables separates Medicare Fee for
                         Service from Medicare Managed Care.

Additional Variables Added in 2005:
New variables are added to the end of the file. Hopefully, this causes the least disruption to your

existing programs and enables you to compare data across years.

PT_STATE	Patient's State of Residence
DIAG_ADM	Admitting Diagnosis/Patient State Reason for Visit
ANCILAR	Ancillaries Subtotal Charges
CAMPUS	Geographic Location of Hospital Campus
ER_FEE	Emergency Room Professional Fees
ER_CHRG	Emergency Room Charges
ER_MODE	Mode of Arrival
OBS_CHRG	Observation Room Charges
OBS_HOUR	Observation Hours
PSYCCHRG	Behavioral Health Charges
NICU_DAY	NICU Length of Stay
DX12	11th Additional Dx
DX13	12th Additional Dx
DX14	13th Additional Dx
DX15	14th Additional Dx
DX16	15th Additional Dx
DX17	16th Additional Dx
DX18	17th Additional Dx
DX19	18th Additional Dx
DX20	19th Additional Dx
DX21	20th Additional Dx
DX22	21st Additional Dx
DX23	22nd Additional Dx
DX24	23rd Additional Dx
DX25	24th Additional Dx
PX11	10th Additional Proc. Added in 1999 fy
PX12	11th Additional Proc.
PX13	12th Additional Proc.
PX14	13th Additional Proc.
PX15	14th Additional Proc.
PX16	15th Additional Proc.
PX17	16th Additional Proc.
PX18	17th Additional Proc.
PX19	18th Additional Proc.
PX20	19th Additional Proc.
PX21	20th Additional Proc.
PX22	21st Additional Proc.
PX23	22nd Additional Proc.
PX24	23rd Additional Proc.
PX25	24th Additional Proc.

<u>Beginning January 1, 2007, the following variables were removed from all public use data files:</u>

ZIP	Zip Code of Residence
TOWN	Town of Residence
ATTPHY	No longer is hospital-specific codes; Now is RI state license number
SURGEON	No longer is hospital-specific codes; Now is RI state license number
A_WKDAY	Admission Day of Week
D_WKDAY	Discharge Day of Week

Rhode Island Department of Health
Hospital Discharge Data – Public Use File Layout

Field Name	Position	Field Description	Entries
AGE	1-3	Age	. = Missing/Unknown 90 and older are grouped
SEX	4	Sex	1 = Male 2 = Female blank = Missing/Unknown
RACEETHN	5	Race/ethnicity	1 = White, not Hispanic 2 = Black, not Hispanic 3 = Asian, not Hispanic 4 = American Indian, not Hispanic 5 = Native Hawaiian, not Hispanic 6 = Other, not Hispanic 7 = Hispanic, all races 9 = Unknown Race/ethnicity blank = Missing/Unknown
FILLER1	6-12		
PROVIDER	13-16	Provider	7201 = Newport 7202 = St. Joseph Health Services of RI 7203 = Memorial 7204 = Miriam 7205 = Rhode Island Hospital 7206 = Roger Williams 7209 = South County 7210 = Kent County 7211 = Westerly 7212 = Rehab of RI 7213 = Landmark Medical Center 7214 = Women and Infants 7215 = Bradley 7216 = Butler
MOA	17-18	Month of Admission	01 = January 02 = February 03 = March 04 = April 05 = May 06 = June 07 = July 08 = August 09 = September

Field
Name	Position	Field Description	Entries
			10 = October
			11 = November
Month of Admission (Continued)			12 = December
			. = Missing/Unknown
YOA	19-20	Year of Admission	Last two digits
MOD	21-22	Month of Discharge	01 = January
			02 = February
			03 = March
			04 = April
			05 = May
			06 = June
			07 = July
			08 = August
			09 = September
			10 = October
			11 = November
			12 = December
			. = Missing/Unknown
YOD	23-24	Year of Discharge	Last two digits
ADMTYPE	25	Type of Admission	1 = Emergency
			2 = Urgent
			3 = Electric
			4 = Newborn
			5 = Court Committal (before 1/1/2005)
			5 = Trauma (as of 1/1/2005)
			9 = Information Not Available
			blank = Information Not Available
ASOURCE	26	Source of Admission	1 = Physician Referral
			2 = Clinic Referral
			3 = HMO Referral
			4 = Trans-Hospital
			5 = Trans-Nurse Facility
			6 = Trans-Health Care
			7 = Emergency Room
			8 = Court/Law Enforcement
			9 = Information Not Available

Field Name	Position	Field Description	Entries
			blank = Information Not Available
			Z = Emergency Room/Nursing Home
			A = Transfer from critical access hospital
		[ADMTYPE must equal 4 for rest of ASOURCE codes]	A = Normal Birth
			B = Premature birth
			C = Sick baby
			D= Extramural Birth
			E = New born
			F = Still Born
			U = Normal Birth
			V = Premature birth
			W = Sick baby
			X = Extramural Birth
			S = Born in hospital
			T = Born out of hospital
FILLER4	27-31		
DX1	32-36	Principal Diagnosis	ICD-9-CM
DX2	37-41	1st Additional Dx	ICD-9-CM
DX3	42-46	2nd Additional Dx	ICD-9-CM
DX4	47-51	3rd Additional Dx	ICD-9-CM
DX5	52-56	4th Additional Dx	ICD-9-CM
DX6	57-61	5th Additional Dx	ICD-9-CM
DX7	62-66	6th Additional Dx	ICD-9-CM
PX1	67-70	Principal Procedure	ICD-9-CM
PX2	71-74	1st Additional Proc.	ICD-9-CM
PX3	75-78	2nd Additional Proc.	ICD-9-CM
PX4	79-82	3rd Additional Proc.	ICD-9-CM
PX5	83-86	4th Additional Proc.	ICD-9-CM

Rhode Island Department of Health
Hospital Discharge Data – Public Use File Layout

Field Name	Position	Field Description	Entries
PX6	87-90	5th Additional Proc.	ICD-9-CM
PX7	91-94	6th Additional Proc.	ICD-9-CM
PX8	95-98	7th Additional Proc.	ICD-9-CM
PX9	99 -102	8th Additional Proc.	ICD-9-CM
PX10	103-106	9th Additional Proc.	ICD-9-CM
PREOPDAY	107-113	Preoperative Length of Stay	Days (pro.date1 - adm.date) . = Missing/Unknown or No Procedure Performed
LOS	114-120	Length of Stay	Days (disc.date - adm.date)
FILLER5	121-125		
SERVICE	126-127	Service	02 = Pediatrics 10 = Medicine 22 = Cardiology 38 = Psychiatry 40 = Surgery 48 = Ophthalmology 50 = ENT 54 = Oral Surgery 58 = Orthopedics 62 = Urology 70 = Gynecology 75 = Abortion 76 = OB – Not Delivered 77 = OB – Delivered 80 = Newborn 98 = Rehabilitation
ICU	128-133	ICU Length of Stay	Days
CCU	134-139	CCU Length of Stay	Days
DISPUB92	140-141	Disposition	01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to another

Field Name	Position	Field Description	Entries

short-term general hospital

03 = Discharged/transferred to a skilled nursing facility (SNF)

04 = Discharged/transferred to an intermediate care facility (ICF)

05 = Discharged/transferred to another type of institution

06 = Discharged/transferred to home under care of organized home health service organization

07 = Left against medical advice

08 = Discharged home with IV care

PH = butler's in-house partial program already coded

09 = Partial Hospitalization (through 1/1/2005)

09 = Admitted as an Inpatient to This Hospital (For use only on Medicare outpatient claims.) (Beginning 1/1/2005)

20 = Expired

40 = Expired at home

41 = Expired in a medical facility

42 = Expired, place unknown

43 = *Discharged/Transferred to a Federal Health Care Facility*

50 = Discharged/Transferred Home with Hospice Care

51 = Discharged/Transferred to a Medical Facility with Hospice Care

61 = Discharged/Transferred to Hospital-Based Medicare Approved Swing Bed

62 = Discharged/Transferred to an inpatient rehabilitation facility include rehabilitation distinct part units of a hospital

63 = Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH)

64 = Discharged/Transferred to a Nursing Facility Certified Under Medicaid But Not Certified Under Medicare

65 = Discharged/Transferred to a Psychiatric Hospital or Psychiatric

Field Name	Position	Field Description	Entries
			Distinct Part Unit of a Hospital
			66 = Discharged/Transferred to a Critical Access Hospital (CAH) (beginning in 2005)
			70 = Discharged/Transferred to another type of institution not defined elsewhere (Effective: 10/1/07)
			99 = Discharged alive, destination unknown
			.A = Invalid
			Blank or . = Missing
PAYER	142	Expected Source of Payment	0 = Medicare
			1 = Medicaid
			4 = Worker's Compensation
			5 = Blue Cross
			6 = Commercial insurance
			7 = Self pay
			8 = Other
			B = Champus
			D = United Healthcare
			E = Coordinated Health Partners Inc
			G = RIte Care
			H = Neighborhood Health Plan of RI
			X = Insurance error
			Y = Missing
			Z = Unknown
DRG	143-145	DRG	HCFA DRG's numeric, right justified

*** Charge variables alpha-numeric, with leading zeros. Whole dollar amounts
Definitions of Charge categories can be found in the Coding Guide at: www.health.ri.gov

TRANDB	146-155	Total Room and Board Charges
RANDBG	156-163	General Room and Board Charges
RANDBS	164-171	Special Room and Board Charges
ORR	172-179	OR and RR Charges

Rhode Island Department of Health
Hospital Discharge Data – Public Use File Layout

Field Name	Position	Field Description	Entries
ANES	180-187	Anesthesiology Charges	
SEQ	188-195	Supply and Equipment Charges	
LAB	196-203	Laboratory Charges	
DTEST	204-211	Diagnostic Test Charges	
THER	212-219	Therapy Charges	
BLOOD	220-227	Blood Charges	
PHAR	228-235	Pharmacy Charges	
OTHER	236-243	Other Ancillary Charges	
PATCON	244-251	Patient Convenience Charges	
BWGHT	252-254	Birthweight	Ounces (Variable not used beginning FY 1999; See B_WT at the end of the. This variable will be blank for FY 1999 and later.
FILLER6	255-256		
TOTAL	257-266	Total Patient Charges [alpha-numeric]	
TOT	267-274	Total Patient Charges [numeric]	
DX8	275-279	8th Additional Dx	ICD-9-CM
DX9	280-284	9th Additional Dx	ICD-9-CM
DX10	285-289	10h Additional Dx	ICD-9-CM
DX11	290-294	11th Additional Dx	ICD-9-CM
ECODUB92	295-299	External Cause of Injury Supplied by Hospital	ICD-9-CM
B_WT	313-316	Birthweight	Grams

Rhode Island Department of Health
Hospital Discharge Data – Public Use File Layout

Field

Name	Position	Field Description	Entries
PAY_UB92	317-318	Expected Source of Payment (detailed)	1 = Medicare Fee for Service 2 = Medicare Managed Care 3 = Medicaid Fee for Service 4 = RIte Care 5 = Out-of-state Medicaid Managed Care 6 = Blue Cross 7 = Coordinated Health Partners Inc 8 = United Healthcare 9 = Commercial insurance (Other than listed) 10 = Champus 11 = Worker's Compensation 12 = Other 13 = Self pay 98 = Missing 99 = Error
PT_STATE	319-320	Patient's State of Residence	State Abbreviation XX = Unknown/No address given FC = Not Applicable (Patient's principal residence is outside the US)
DIAG_ADM	321-325	Admitting Diagnosis	ICD-9-CM
ANCILAR	326-333	Ancillaries Subtotal Charges	
CAMPUS	334	Geographic Location of Hospital Campus	0 = Hospital Has Only One Premise 1 = St. Joseph Health Services of Rhode Island – Our Lady of Fatima Hospital 2 = St. Joseph Health Services of Rhode Island – St. Joseph Hospital for Specialty Care 3 = Rhode Island Hospital – Adult 4 = Rhode Island Hospital - Hasbro
ER_FEE	335-342	Emergency Room Professional Fees	
ER_CHRG	343-350	Emergency Room Charges	
ER_MODE	351	Mode of Arrival	0 = Not Applicable 1 = Rescue Service/Ambulance 2 = Helicopter 3 = Law Enforcement or Social Services

Field Name	Position	Field Description	Entries
			Agency (Other than rescue service/ambulance, e.g. Police, DYCF)
			4 = Personal or Public Transportation, e.g. Walk-In, Private Vehicle, Bus
			5 = Other
			9 = Information Not Available
OBS_CHRG	352-359	Observation Room Charges	
OBS_HOUR	360-367	Observation Hours	Hours only six 360-365
PSYCHHRG	368-375	Behavioral Health Charges	
NICU_DAY	376-383	NICU Length of Stay	Days only six 376-381
DX12	384-388	11th Additional Dx	ICD-9-CM
DX13	389-393	12th Additional Dx	ICD-9-CM
DX14	394-398	13th Additional Dx	ICD-9-CM
DX15	399-403	14th Additional Dx	ICD-9-CM
DX16	404-408	15th Additional Dx	ICD-9-CM
DX17	409-413	16th Additional Dx	ICD-9-CM
DX18	414-418	17th Additional Dx	ICD-9-CM
DX19	419-423	18th Additional Dx	ICD-9-CM
DX20	424-428	19th Additional Dx	ICD-9-CM
DX21	429-433	20th Additional Dx	ICD-9-CM
DX22	434-438	21st Additional Dx	ICD-9-CM
DX23	439-443	22nd Additional Dx	ICD-9-CM
DX24	444-448	23rd Additional Dx	ICD-9-CM
DX25	449-453	24th Additional Dx	ICD-9-CM

Rhode Island Department of Health
Hospital Discharge Data – Public Use File Layout

Field Name	Position	Field Description	Entries	
PX11	454-457	10th Additional Proc.	ICD-9-CM	*we've had it since fy99 but it wasn't included in the public use files*
PX12	458-461	11th Additional Proc.	ICD-9-CM	
PX13	462-465	12th Additional Proc.	ICD-9-CM	
PX14	466-469	13th Additional Proc.	ICD-9-CM	
PX15	470-473	14th Additional Proc.	ICD-9-CM	
PX16	474-477	15th Additional Proc.	ICD-9-CM	
PX17	478-481	16th Additional Proc.	ICD-9-CM	
PX18	482-485	17th Additional Proc.	ICD-9-CM	
PX19	486-489	18th Additional Proc.	ICD-9-CM	
PX20	490-493	19th Additional Proc.	ICD-9-CM	
PX21	494-497	20th Additional Proc.	ICD-9-CM	
PX22	498-501	21st Additional Proc.	ICD-9-CM	
PX23	502-505	22nd Additional Proc.	ICD-9-CM	
PX24	506-509	23rd Additional Proc.	ICD-9-CM	
PX25	510-513	24th Additional Proc.	ICD-9-CM	
FILLER7	514-772			
RACE	773	Race	1 = White 2 = Black 3 = Asian 4 = American Indian 5 = Hispanic 6 = Other 9 = Unknown Race blank = Missing/Unknown	
ETHNIC	774	Ethnicity	1 = yes hispanic 2 = not hispanic 3 = not reported	

Field Name	Position	Field Description	Entries
			9 = not reported
FILLER8	779-800		