Data and Biospecimen Use and Publications Committee

CODEBOOK FOR SCCS LINKAGE WITH TENNESSEE HOSPITAL DISCHARGE DATA SYSTEM 1999-2008

For additional details, see the Hospital Discharge Data System User Manual available from the Tennessee Department of Health

Updated March 2014

Table of Contents

ADMINISTRATIVE VARIABLES

Variable Name	Variable Description and Coding	Comments
TypeOfRecord	Indicates whether the returned record came from the Tennessee Hospital Discharge Inpatient or Outpatient dataset. 1 From Inpatient dataset 2 From Outpatient dataset	

ADMISSION/DISCHARGE VARIABLES

Variable Name	Variable Description and Coding	Comments
AdmissionAge	Participant's age on the date admitted to the hospital for inpatient care, outpatient service, or start of care (years). Numeric value (integer)	
AdmissionAgeMonths	Participant's age on the date admitted to the hospital for inpatient care, outpatient service, or start of care (months). Numeric value (integer), rounded to the nearest month	
AdmissionType	Type of Admission. A code indicating the priority of the hospitalization. 1 Emergency. The patient requires immediate intervention as a result of a severe, life threatening or potentially disabling condition. 2 Urgent. The patient requires immediate attention for the care and treatment of a physical or mental disorder. 3 Elective. The patient's condition permits adequate time to schedule the availability of suitable accommodation. 4 Newborn (Maternity). This code is for the mother of a baby born within the facility and necessitates the use of special Admission Source codes. 5 Trauma Center. This code is for a visit to a trauma center/hospital as designated by the state or local government authority or as verified by the American College of Surgeons and involving a trauma activation. 9 Unknown. Information not available.	
AdmissionSource	Source of Admission or Point of Origin/Visit. A code indicating the source of this admission, or where the patient came from before presenting to this hospital. If AdmissionType is 1 (Emergency), 2 (Urgent), 3 (Elective), 5 (Trauma), or 9 (Unknown), the following codes apply: 1 Physician Referral. Patient was admitted for inpatient services or referred for outpatient services upon the recommendation of his/her personal physician, or the patient independently requested outpatient services (self-referral). 2 Clinic Referral. Patient was admitted to this facility for inpatient services or referred to this facility for outpatient services upon the recommendation of this facility's clinic physician, or by the facility's other outpatient department physician in the case of outpatient services. 3 HMO Referral. Patient was admitted for inpatient services or referred for outpatient services upon the recommendation of a health maintenance organization physician.	Source of Admission was changed to Point of Origin/Visit in October 1, 2007. 7 is not valid after July 1, 2010.

Variable Name	Variable Description and Coding	Comments
	4 Transfer from an Acute Care Facility. Patient was admitted to this facility as a hospital transfer from an acute care facility where he/she was an inpatient or was referred to this facility for outpatient services by (a physician of) another acute care facility. 5 Transfer from a Skilled Nursing Facility. Patient was admitted to this facility as a hospital transfer from a skilled nursing facility where he/she was an inpatient or was referred to this facility for outpatient services by (a physician of) a skilled nursing facility. 6 Transfer from Another Health Care Facility. Patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility, including transfers from nursing homes, long-term care facilities and skilled nursing facility patients that are at a non-skilled level of care, or referred to this facility for outpatient services by (a physician of) another health care facility where he/she is an inpatient. 7 Emergency Room. Patient was admitted for inpatient services or referred for outpatient services upon the recommendation of this facility's emergency room physician. 8 Court/Law Enforcement. Patient was admitted for inpatient services or referred for outpatient services upon the direction of a court of law, or upon the request of a law enforcement agency representative. 9 Unknown. Information not available. A Transfer from a Critical Access Hospital. Patient was admitted to this facility as a hospital transfer from a critical access facility where he/she was an inpatient or was referred to this facility for outpatient services by (a physician of) another critical access facility. D Transfer from One Distinct Unit of the Hospital to Another Distinct Unit in Same Hospital E Transfer from Ambulatory Surgery Center F Transfer from Hospice and is Under a Hospice Plan of care or Enrolled in a Hospice Program If AdmissionType is 4 (Newborn (Maternity)), the following codes may be applied to the mother: 11 Normal Delivery. A baby delivered without complications. 12 Premature. A baby delivered with time and/or weight factors qualifying it for premature status. 13 Sick Baby. A baby delivered with medical complications, other than those relating to premature status. 14 Extramural Birth. A newborn born in a non-sterile environment. 19 Unknown. Information not available.	

Variable Name	Variable Description and Coding	Comments
DischargeStatus	Patient Status at Discharge. A code indicating patient's status through the date the billing statement covers. 01 Discharged to home or self-care (routine discharge) 02 Discharged/transferred to another short-term general hospital for inpatient care 03 Discharged/transferred to a skilled nursing facility 04 Discharged/transferred to an intermediate care facility 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06 Discharged/transferred to home under care of organized home health service organization 07 Left against medical advice or discontinued care 08 Discharged/transferred to home under the care of a Home IV provider 09 Admitted as an inpatient to this hospital (only for Medicare outpatient claims) 10 Discharged/transferred to a Mental Health Center 20 Deceased 30 Still a patient or expected to return for outpatient services 40 Expired at home (Medicare and CHAMPUS claims for hospice care) 41 Expired in a medical facility (Medicare and CHAMPUS claims for hospice care) 42 Expired - place unknown (Medicare and CHAMPUS claims for hospice care) 43 Discharged/transferred to a Federal hospital 50 Hospice - home 51 Hospice - medical facility 61 Discharged/transferred to a hospital-based swing bed within this institution 62 Discharged/transferred to another rehabilitation facility including rehabilitation distinct parts units of a hospital 63 Discharged/transferred to a long-term care hospital 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 66 Discharged/transferred to a critical access hospital 70 Discharged/transferred to Another Type of Healthcare Institution Not Defined Elsewhere 71 Discharged/transferred to another institution for outpatient services 72 Discharged/transferred to this institution for outpatient services	Code 43 effective 10/01/2003 Code 64 effective 10/01/2002 Code 71, 72 discontinued after 9/30/2003 Code 66 added as of 1/1/2006 Code 70 added in 2008

Variable Name	Variable Description and Coding	Comments
DischargeAge	Participant's age at last day of service for a complete bill. Numeric value (integer)	
DischargeYear	Year of the last day of service for a complete bill. Numeric value from 1999-2008.	
EDType	Type of Emergency Department visit. 1 Not considered an emergency 2 Urgent 3 Emergency 9 Hospital does not screen ED visits	
EDOutcome	Outcome of Emergency Department Visit. 1 Visit reclassified as emergency and patient treated in ED 2 Patient redirected and not treated in ED 3 Patient chooses to pay and is treated in ED 4 Emergency visit, patient treated in ED 9 Not Applicable because hospital does not screen ED visits	

DIAGNOSIS VARIABLES

Variable Name	Variable Description and Coding	Comments
AccidentCode	Indicates that there was an accident related injury for which there may be liability. Only one code may be reported. If more than one code was reported, this is the code associated with the most recent date. If more than one code was reported on the same date, this is the lowest code. 01 Accident/Medical Coverage. Indicates accident-related injury for which there is medical payment coverage. 02 No Fault Insurance/Including Auto Accident/Other. State has applicable no-fault or liability laws (i.e., legal basis for settlement without admission or proof of guilt). 03 Accident/Tort Liability. Accident resulting from a third party's action that may involve a civil court action in an attempt to require payment by third party, other than no-fault liability. 04 Accident/Employment Related. Accident that relates to patient's employment. 05 Accident/No Medical or Liability Coverage. Code indicating accident related injury for which there is no medical payment or third-party liability coverage. 99 Accident occurred but code 01-03 is not known.	
AccidentAdmissionDays	Absolute number of days between AccidentDate and AdmissionDate. All accidents occurred before or on the date of admission. Numeric value (integer) 0 Accident occurred on the same date as admission.	
PrincipalDiagnosis	The ICD-9-CM code describing the principal diagnosis (i.e., the condition chiefly responsible for the admission of the patient for care). The principal diagnosis should reflect the information contained in the patient's medical record for the current stay. The principal diagnosis may be a V code. The V code can appear: a. When a person who is not currently sick encounters the health services for some specific purpose, such as to act as a donor of an organ or tissue, to receive prophylactic vaccination, or to discuss a problem which is in itself not a disease or injury. b. When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.	There is an implied decimal after the 3rd position.

Variable Name	Variable Description and Coding	Comments
POA	Present on Admission	Available beginning with data year 2009. Required only on discharges from acute care hospitals.
OtherDiagnosis1 – OtherDiagnosis18	The ICD-9-CM diagnosis codes corresponding to additional conditions that co-exist at the time of admission, or develop subsequently and which have an effect on the treatment received or the length of stay. This data is used to be able to further refine the principal diagnosis, so that hospital charges may be grouped for comparisons and analyzed according to similar diagnosis. The additional diagnosis may be a V code. The V code can appear: a. When a person who is not currently sick encounters the health services for some specific purpose, such as to act as a donor of an organ or tissue, to receive prophylactic vaccination, or to discuss a problem which is in itself not a disease or injury. b. When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. E codes are provided to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, or other adverse effects. See ICD-9-CM, Volume 1 for classification of the codes. If more than one E code is applicable, use the following priorities for recording E codes in these fields: 1. Principal diagnosis of an injury or poisoning 2. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis 3. Other diagnosis with an external code	E codes have an implied decimal after the 4th position; otherwise, there is an implied decimal after the 3rd position.
ExternalCause1– ExternalCause3	A code used to describe an external cause creating the need for medical attention. E codes are provided to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, or other adverse effects. See ICD-9-CM, Volume 1 for classification of the codes. If more than one E code is applicable, use the following priorities for recording E codes in these fields: 1. Principal diagnosis of an injury or poisoning 2. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis 3. Other diagnosis with an external code	There is an implied decimal after the 4th position.

Variable Name	Variable Description and Coding	Comments
PrincipalProcedureCode	The ICD-9-CM Procedure Code that identifies the principal procedure performed during the period covered by this bill. The code for the procedure that was performed for definitive treatment rather than for diagnostic or exploratory purposes, or the procedure most related to the principal diagnosis. This data is used to further refine patient diagnosis. The code can also be used to analyze medical practice patterns.	
PrincipalProcedureAge	Participant's age on the day the principal procedure was performed. Numeric value (integer)	
OtherProdecureCode1– OtherProcedureCode5	The ICD-9-CM Procedure Codes identifying all significant procedures other than the principal procedure performed during the period covered by this bill. Entered in descending order of importance.	

BILLING VARIABLES

Variable Name	Variable Description and Coding	Comments
BillType	A three-digit code indicating the specific type of facility, bill classification, and the frequency of billing. This code is used to verify and distinguish between inpatient and outpatient hospital claims, to identify and merge interim claims, and to verify discharge date. *Example: 111 = Hospital, inpatient, admission through discharge claim* <u>First Digit: Type of Facility</u> 1 Hospital 4 Christian Science Hospital 8 Special Facility <u>Second Digit: Inpatient or Outpatient</u> 1 Inpatient 3 Outpatient or Ambulatory Surgery Center 4 Outpatient - Other (Observation) 5 Critical Access Hospital <u>Third Digit: Frequency of Bill</u> 0 Nonpayment 1 Admission through Discharge Claim 2 Interim - First Claim 3 Interim - Continuing Claim 4 Interim - Last Claim 5 Late Charge(s) - Only Claim 6 Adjustment of Prior Claim 7 Replacement of Prior Claim 8 Void/Cancel of Prior Claim 9 Reserved for National Assignment	
TotalCharges	Total of all the Total Charges for the bill. This total should include both covered and non-covered charges. Credits appear with a leading minus sign. Numeric value	
NonCoveredCharges	The total of all the Non-Covered charges for the bill. Credits appear with a leading minus sign. Numeric value	

Variable Name	Variable Description and Coding	Comments
Payer1	Payer Classification Code - Primary: The name or type of payer organization from which the hospital first expects some payment for the bill. 1 TennCare 2 Medicare 3 Self-Pay 4 Other Insurance 5 Free Care 9 Blank, Other, Unknown	
Payer2	Payer Classification Code - Secondary: The name or type of payer organization from which the hospital first expects some payment for the bill. 1 TennCare 2 Medicare 3 Self-Pay 4 Other Insurance 5 Free Care 9 Blank, Other, Unknown	
Payer3	Payer Classification Code - Tertiary: The name or type of payer organization from which the hospital first expects some payment for the bill. 1 TennCare 2 Medicare 3 Self-Pay 4 Other Insurance 5 Free Care 9 Blank, Other, Unknown	