

Synthetic Healthcare Database for Research (SyH-DR)

**A Synthetic Nationally Representative
All-Payer Claims Database**

DESCRIPTION OF DATA ELEMENTS (CODEBOOK)

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TABLE OF CONTENTS

INTRODUCTION	1
PERSON-LEVEL FILES	2
AGE_LOW/AGE_HIGH: Lower/Upper Bound of Age Band.....	3
General Notes:	3
Data Element Type:.....	3
Uniform Values:	3
CMRCL_INSRC_1–CMRCL_INSRC_12: Monthly commercial enrollment.....	5
General Notes:	5
Data Element Type:.....	5
Uniform Values:	5
COUNTY_FIPS_CD: County of residence Federal Information Processing Standard code	6
General Notes:	6
Data Element Type:.....	6
Uniform Values:	6
DUAL_ELGBL_1–DUAL_ELGBL_12: Monthly dual eligibility in both Medicare and Medicaid	7
General Notes:	7
Data Element Type:.....	7
Uniform Values:	7
MCAID_BENE_ID: Medicaid Beneficiary Identifier	8
General Notes:	8
Data Element Type:.....	8
MCAID_SBMTTG_ST_CD: Medicaid submitting state code	9
General Notes:	9
Data Element Type:.....	9
Uniform Values:	9
MDCD_CHIP_ENRLMT: Medicaid Children’s Health Insurance Program enrollment.....	11
General Notes:	11
Data Element Type:.....	11
Uniform Values:	11
MDCD_ENRLMT_1–MDCD_ENRLMT_12: Monthly Medicaid enrollment.....	12

General Notes:	12
Data Element Type:.....	12
Uniform Values:	12
MDCD_MCO_ENRLMT_1–MDCD_MCO_ENRLMT_12: Monthly Medicaid managed care organization enrollment.....	13
General Notes:	13
Data Element Type:.....	13
Uniform Values:	13
MDCR_ENTLMT_IND_1–MDCR_ENTLMT_IND_12: Monthly Medicare entitlement indicator	14
General Notes:	14
Data Element Type:.....	14
Uniform Values:	14
MDCR_HMO_CVRG_1–MDCR_HMO_CVRG_12: Monthly Medicare Advantage enrollment indicator	15
General Notes:	15
Data Element Type:.....	15
Uniform Values:.....	15
PERSON_ID: Unique person identifier	16
General Notes:	16
Data Element Type:.....	16
Uniform Values:	16
PERSON_WGHT: Person weight.....	17
General Notes:	17
Data Element Type:.....	17
Uniform Values:	17
PHRMCY_CVRG_1–PHRMCY_CVRG_12: Monthly pharmacy coverage.....	18
General Notes:	18
Data Element Type:.....	18
Uniform Values:	18
RACE_CD: Race code	19
General Notes:	19
Data Element Type:.....	19
Uniform Values:	19
RSN_ENRLMT_CD: Reason for enrollment in Medicare or Medicaid.....	20

General Notes:	20
Data Element Type:.....	20
Uniform Values:	20
RSTRCTD_BNFTS_CD: Restricted benefit code	21
General Notes:	21
Data Element Type:.....	21
Uniform Values:	21
SEX_IDENT_CD: Sex.....	22
General Notes:	22
Data Element Type:.....	22
Uniform Values:	22
STATE_CD: State code	23
General Notes:	23
Data Element Type:.....	23
Uniform Values:	23
ZIP_CD: ZIP code	25
General Notes:	25
Data Element Type:.....	25
Uniform Values:	25
CLAIM-LEVEL FILES.....	26
ADMSN_TYPE: Admission type	27
General Notes:	27
Data Element Type:.....	27
Uniform Values:	27
AT_SPCLTY: Attending physician specialty.....	28
General Notes:	28
Data Element Type:.....	28
Uniform Values:	28
CLM_CNTL_NUM: Claim control number	32
General Notes:	32
Data Element Type:.....	32
Uniform Values:	32
CLM_TYPE_CD: Claim type code.....	33

General Notes:	33
Data Element Type:.....	33
Uniform Values:	33
CPT_PRCDR_CD_1–CPT_PRCDR_CD_35: Current Procedural Terminology/Healthcare Common Procedure Coding System codes.....	34
General Notes:	34
Data Element Type:.....	34
Uniform Values:	34
DSCHRG_STUS: Discharge status	35
General Notes:	35
Data Element Type:.....	35
Uniform Values:	35
FACILITY_ID: Facility identifier	38
General Notes:	38
Data Element Type:.....	38
Uniform Values:	38
ICD_PRCDR_CD_1–ICD_PRCDR_CD_25: ICD-10-PCS Procedure Codes.....	39
General Notes:	39
Data Element Type:.....	39
Uniform Values:	39
LOS: Length of stay.....	40
General Notes:	40
Data Element Type:.....	40
Uniform Values:	40
PERSON_ID: Unique person identifier	41
General Notes:	41
Data Element Type:.....	41
Uniform Values:	41
PERSON_WGHT: Person weight.....	42
General Notes:	42
Data Element Type:.....	42
Uniform Values:.....	42
PLAN_PMT_AMT: Plan payment amount.....	43

General Notes:	43
Data Element Type:.....	43
Uniform Values:	43
PRMRY_DX_CD and ICD_DX_CD_1–ICD_DX_CD_25: ICD-10-CM diagnosis	44
General Notes:	44
Data Element Type:.....	44
Uniform Values:	44
PRMRY_DX_IMPURED: Flag variable denoting imputed primary DX codes	45
General Notes:	45
Data Element Type:.....	45
Uniform Values:.....	45
SRVC_BEG_DATE: Service begin date of a claim.....	46
General Notes:	46
Data Element Type:.....	46
Uniform Values:	46
SRVC_END_DATE: Service end date of a claim	47
General Notes:	47
Data Element Type:.....	47
Uniform Values:	47
TOB_CD: Type of bill code.....	48
General Notes:.....	48
Data Element Type:.....	48
Uniform Values:	48
TOT_CHRG_AMT: Total charge amount	49
General Notes:	49
Data Element Type:.....	49
Uniform Values:	49
PHARMACY FILES	50
CLM_CNTL_NUM: Inpatient/outpatient claim control number	51
General Notes:	51
Data Element Type:.....	51
Uniform Values:	51

FILL_DT: Prescription fill date	52
General Notes:	52
Data Element Type:.....	52
Uniform Values:	52
GENERIC_DRUG_NAME: Generic drug name	53
General Notes:	53
Data Element Type:.....	53
Uniform Values:	53
LINE_NBR: Claim line number	54
General Notes:	54
Data Element Type: Character	54
Uniform Values	54
PERSON_ID: Unique person identifier	55
General Notes:	55
Data Element Type:.....	55
Uniform Values:	55
PERSON_WGHT: Person weight.....	56
General Notes:	56
Data Element Type:.....	56
Uniform Values:	56
PHMCY_CLM_NUM: Pharmacy claim number.....	57
General Notes:	57
Data Element Type:.....	57
Uniform Values:	57
PLAN_PMT_AMT: Plan payment amount	58
General Notes:	58
Data Element Type:.....	58
Uniform Values:	58
TOT_CHRG_AMT: Total charge amount	59
General Notes:	59
Data Element Type:.....	59
Uniform Values:	59
FACILITY-LEVEL FILES	60

FACILITY_ID: Facility identifier	61
General Notes:	61
Data Element Type:.....	61
Uniform Values:	61
PRVDR_CTGRY_CD: Provider category.....	62
General Notes:	62
Data Element Type:.....	62
Uniform Values:	62
PRVDR_OWNSHP_CD: Provider ownership code	63
General Notes:	63
Data Element Type:.....	63
Uniform Values:	63
PRVDR_PRTCPTN_CD: Provider program participation code	64
General Notes:	64
Data Element Type:.....	64
Uniform Values:	64

INTRODUCTION

Data element descriptions explain how the data elements are coded in the SyH-DR. The rest of this document provides a description, data element name in the database, description of values, and other coding notes.

For certain data elements, such as—but not limited to—Type of Bill (TOB) Code in the Medicaid Outpatient file, more than one percent of SyH-DR records have missing values. Users are advised to review frequencies for all data elements planned for use in their analysis and to consider analytic methods for dealing with missing data.

Data elements are categorized into four categories: person data elements, claim data elements (inpatient and outpatient), pharmacy data elements, and provider data elements. Within these categories, the data elements are listed in alphabetical order.

PERSON-LEVEL FILES

AGE_LOW/AGE_HIGH: Lower/Upper Bound of Age Band

General Notes:

AGE_LOW and AGE_HIGH represent age bands that vary by payer. AGE_LOW contains the lower bounds of the age bands, while AGE_HIGH contains the upper bound of the interval.

Note that a missing or unknown age value is represented by a missing value in both AGE_LOW and AGE_HIGH.

Data Element Type:

Numeric

Uniform Values:

Medicare

AGE_LOW	AGE_HIGH	Age Interval
0	44	Ages between 0 and 44
45	64	Ages between 45 and 64
65	74	Ages between 65 and 74
75	84	Ages between 75 and 84
85	Blank	Ages 85 and up
Blank	Blank	Missing/Unknown age

Medicaid

AGE_LOW	AGE_HIGH	Age Interval
0	5	Ages between 0 and 5
6	17	Ages between 6 and 17
18	24	Ages between 18 and 24

25	34	Ages between 25 and 34
35	44	Ages between 35 and 44
45	54	Ages between 45 and 54
55	64	Ages between 55 and 64
65	74	Ages between 65 and 74
75	84	Ages between 75 and 84
85	Blank	Ages 85 and up
Blank	Blank	Missing/Unknown age

Commercial

AGE_LOW	AGE_HIGH	Age Interval
0	17	Ages between 0 and 17
18	24	Ages between 18 and 24
25	34	Ages between 25 and 34
35	44	Ages between 35 and 44
45	54	Ages between 45 and 54
55	64	Ages between 55 and 64
65	74	Ages between 65 and 74
75	84	Ages between 75 and 84
85	Blank	Ages 85 and up
Blank	Blank	Missing/Unknown age

CMRCL_INSRC_1–CMRCL_INSRC_12: Monthly commercial enrollment

General Notes:

Each of the data elements, CMRCL_INSRC_1–CMRCL_INSRC_12, indicates whether the person was enrolled in a commercial insurance plan in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016. Note that the SyH-DR does not include all private insurers but includes the enrollment records for members represented by the payers in the source data only.

These data elements are not synthesized from the original data sources.

These data elements are only available in the commercial files.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
CMRCL_INSRC_1– CMRCL_INSRC_12	Commercial enrollment – January–December	0	No
		1	Yes
		.	Missing

COUNTY_FIPS_CD: County of residence Federal Information Processing Standard code

General Notes:

COUNTY_FIPS_CD contains the Federal Information Processing Standard (FIPS) code indicating the person's county of residence.

This data element is derived from ZIP_CD.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
COUNTY_FIPS_CD	County FIPS code	nnn	County FIPS code
		Blank	Missing

DUAL_ELGBL_1–DUAL_ELGBL_12: Monthly dual eligibility in both Medicare and Medicaid

General Notes:

Each of the data elements, DUAL_ELGBL_1–DUAL_ELGBL_12, indicates whether the beneficiary was eligible for both Medicare and Medicaid in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016. Note that a missing value means the information was unavailable in the source data, i.e., dually eligible status is unknown.

These data elements are not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
DUAL_ELGBL_1– DUAL_ELGBL_12	Dual eligibility code – January–December	0	No
		1	Yes
		.	Missing

MCAID_BENE_ID: Medicaid Beneficiary Identifier

General Notes:

MCAID_BENE_ID contains a masked identifier that can be used to identify Medicaid beneficiaries enrolled in multiple states during the calendar year. For example, it is possible to have enrollment in multiple states if a person moved to a different state within the same calendar year. Beneficiaries with enrollment in more than one state will have more than one MCAID_SBMTTG_ST_CD assigned to the same MCAID_BENE_ID.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

MCAID_SBMTTG_ST_CD: Medicaid submitting state code

General Notes:

MCAID_SBMTTG_ST_CD contains the two-letter postal abbreviation for the state that submitted the enrollment record.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
MCAID_SBMTTG_ST_CD	Submitting state (postal abbreviation)	AL	Alabama
		AK	Alaska
		AZ	Arizona
		CA	California
		CO	Colorado
		CT	Connecticut
		DE	Delaware
		DC	District of Columbia
		FL	Florida
		GA	Georgia
		HI	Hawaii
		ID	Idaho
		IL	Illinois
		IN	Indiana
		IA	Iowa
		KS	Kansas
		KY	Kentucky
		LA	Louisiana
		ME	Maine
		MD	Maryland
MA	Massachusetts		
MI	Michigan		
MN	Minnesota		
MS	Mississippi		

Data Element	Description	Value	Value Description
		MO	Missouri
		MT	Montana
		NE	Nebraska
		NV	Nevada
		NH	New Hampshire
		NJ	New Jersey
		NM	New Mexico
		NY	New York
		NC	North Carolina
		ND	North Dakota
		OH	Ohio
		OK	Oklahoma
		OR	Oregon
		PA	Pennsylvania
		RI	Rhode Island
		SC	South Carolina
		SD	South Dakota
		TN	Tennessee
		TX	Texas
		UT	Utah
		VT	Vermont
		VA	Virginia
		WA	Washington
		WV	West Virginia
		WI	Wisconsin
		WY	Wyoming

MDCD_CHIP_ENRLMT: Medicaid Children’s Health Insurance Program enrollment

General Notes:

MDCD_CHIP_ENRLMT indicates whether the beneficiary was enrolled in the Medicaid Children’s Health Insurance Program (CHIP) during calendar year 2016. To reduce disclosure risk, this indicator only applies to persons less than 18 years old in calendar year 2016. Therefore, it does not indicate CHIP enrollment for pregnant women over 18 years of age.

These data elements are not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
MDCD_CHIP_ENRLMT	Medicaid CHIP enrollment – annual	0	Not enrolled in CHIP
		1	Enrolled in CHIP
		.	Missing

MDCD_ENRLMT_1–MDCD_ENRLMT_12: Monthly Medicaid enrollment

General Notes:

Each of the data elements, MDCD_ENRLMT_1–MDCD_ENRLMT_12, indicates whether the beneficiary was enrolled in Medicaid in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016. For each data element, monthly enrollment was defined as having at least one day of enrollment in the corresponding month.

These data elements are not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
MDCD_ENRLMT_1– MDCD_ENRLMT_12	Medicaid Enrollment – January–December	0	No
		1	Yes
		.	Missing

MDCD_MCO_ENRLMT_1–MDCD_MCO_ENRLMT_12: Monthly Medicaid managed care organization enrollment

General Notes:

Managed care is a healthcare delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services. Each of the data elements, MDCD_MCO_ENRLMT_1–MDCD_MCO_ENRLMT_12, indicates whether the beneficiary was enrolled in a Medicaid MCO in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016. For each data element, monthly enrollment was defined as having at least one day of enrollment in a Medicaid MCO in the corresponding month.

These data elements are not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
MDCD_MCO_ENRLMT_1– MDCD_MCO_ENRLMT_12	Medicaid MCO Enrollment – January– December	0	No
		1	Yes
		.	Missing

MDCR_ENTLMT_IND_1–MDCR_ENTLMT_IND_12: Monthly Medicare entitlement indicator

General Notes:

Each of the data elements, MDCR_ENTLMT_IND_1–MDCR_ENTLMT_IND_12, indicates whether the beneficiary was entitled to Part A, Part B, or both in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016.

Enrollment indicators were suppressed for certain groups of individuals to reduce the potential risk of disclosing a partial date of birth (i.e., Medicare beneficiary turned 65 in 2016 and was enrolled in Medicare) or death (i.e., a Medicare beneficiary was receiving benefits at the start of 2016 and then changed status to "not entitled").

These data elements are not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
MDCR_ENTLMT_IND_1– MDCR_ENTLMT_IND_12	Medicare entitlement indicator – January–December	0	Not entitled
		1	Part A only
		2	Part B only
		3	Part A and Part B
		A	Part A state buy-in
		B	Part B state buy-in
		C	Part A and Part B state buy-in
		Blank	Missing

MDCR_HMO_CVRG_1–MDCR_HMO_CVRG_12: Monthly Medicare Advantage enrollment indicator

General Notes:

Each of the data elements, MDCR_HMO_CVRG_1–MDCR_HMO_CVRG_12, indicates whether the beneficiary was enrolled in a Medicare Advantage (MA) plan in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016. Historically, most Medicare managed care plans have been health maintenance organizations (HMOs), hence the name of the data element.

These data elements are not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
MDCR_HMO_CVRG_1– MDCR_HMO_CVRG_12	Medicare Advantage (MA) enrollment indicator – January–December	0	No
		1	Yes
		Blank	Missing

PERSON_ID: Unique person identifier

General Notes:

PERSON_ID is a unique person identification number assigned to each person enrolled in Medicare, Medicaid, or a commercial insurance plan.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
Person_ID	Unique person identifier	nnnnnnnnn	Person ID
		.	Missing

PERSON_WGHT: Person weight

General Notes:

PERSON_WGHT is a weight assigned to each person. To produce estimates that project the sample to the corresponding populations, use person-level weights.

Weights were rounded to the nearest hundredth to prevent a user from being able to derive information from observing small numbers of persons sharing the same weight.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PERSON_WGHT	Person weight	nn.nn	Person weight
		.	Missing

PHRMCY_CVRG_1–PHRMCY_CVRG_12: Monthly pharmacy coverage

General Notes:

Each of the data elements, PHRMCY_CVRG_1–PHRMCY_CVRG_12, indicates a person’s pharmacy coverage in each of the 12 months (i.e., 1 is January and 12 is December) in calendar year 2016.

These data elements are not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PHRMCY_CVRG_1 – PHRMCY_CVRG_12	Pharmacy coverage – January–December	0	No
		1	Yes
		Blank	Missing

RACE_CD: Race code

General Notes:

RACE_CD contains a coded value indicating the race of the person. Note that this information is unavailable for commercial person records.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Medicare and Medicaid

Data Element	Description	Value	Value Description Medicare
RACE_CD	Race code	0	Unknown
		1	White
		2	Black
		3	Hispanic
		9	Other or Asian or North American Native
		Blank	Missing

RSN_ENRLMT_CD: Reason for enrollment in Medicare or Medicaid

General Notes:

RSN_ENRLMT_CD represents through what criteria the beneficiary currently qualifies for Medicare or Medicaid. Eligibility is based on the eligibility determination process for the most recent calendar year.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
RSN_ENRLMT_CD	Reason for entitlement/eligibility code	1	Children
		2	CHIP
		3	Adult
		4	Disabled
		5	Aged
		6	Expansion
		7	End-stage renal disease (ESRD)
		8	ESRD and disabled
		Blank	Missing

RSTRCTD_BNFTS_CD: Restricted benefit code

General Notes:

RSTRCTD_BNFTS_CD indicates the scope of Medicaid or CHIP benefits to which a beneficiary was entitled in calendar year 2016.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
RSTRCTD_BNFTS_CD	Medicaid/CHIP Restricted Benefits Code	0	Individual was either not eligible or was eligible for restricted benefits for Medicaid or Children's Health Insurance Program (CHIP)
		1	Individual was eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits
		Blank	Missing

SEX_IDENT_CD: Sex

General Notes:

SEX_IDENT_CD represents the person's biological sex. All nonmale, nonfemale values are set to "U."

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
SEX_IDENT_CD	Sex/Gender	M	Male
		F	Female
		U	Unknown

STATE_CD: State code

General Notes:

STATE_CD contains the two-letter postal abbreviation code for the state of the person's latest home or mailing address.

This data element is derived from ZIP_CD.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
STATE_CD	State code	AL	Alabama
		AK	Alaska
		AZ	Arizona
		AR	Arkansas
		CA	California
		CO	Colorado
		CT	Connecticut
		DE	Delaware
		DC	District of Columbia
		FL	Florida
		GA	Georgia
		HI	Hawaii
		ID	Idaho
		IL	Illinois
		IN	Indiana
		IA	Iowa
		KS	Kansas
		KY	Kentucky
		LA	Louisiana
		ME	Maine
MD	Maryland		
MA	Massachusetts		

Data Element	Description	Value	Value Description
		MI	Michigan
		MN	Minnesota
		MS	Mississippi
		MO	Missouri
		MT	Montana
		NE	Nebraska
		NV	Nevada
		NH	New Hampshire
		NJ	New Jersey
		NM	New Mexico
		NY	New York
		NC	North Carolina
		ND	North Dakota
		OH	Ohio
		OK	Oklahoma
		OR	Oregon
		PA	Pennsylvania
		RI	Rhode Island
		SC	South Carolina
		SD	South Dakota
		TN	Tennessee
		TX	Texas
		UT	Utah
		VT	Vermont
		VA	Virginia
		WA	Washington
		WV	West Virginia
		WI	Wisconsin
		WY	Wyoming

ZIP_CD: ZIP code

General Notes:

ZIP_CD contains the ZIP code for the person's latest home or mailing address. Most person records contain a five-digit ZIP code (90.7%/86.3%/86.7%, Commercial/Medicaid/Medicare, respectively). Further, to reduce the risk of disclosure, a small percentage of records (9.2%/6.6%/10.8%, Commercial/Medicaid/Medicare, respectively) will contain only a two or three-digit ZIP code. If the data element contains a two- or three-digit ZIP code, the data element will contain the ZIP code and a number of X's so that the data element is five characters long. For example, 12XXX or 123XX.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
ZIP_CD	5-Digit ZIP code	nnnnn	ZIP code
		Blank	Missing

CLAIM-LEVEL FILES

ADMSN_TYPE: Admission type

General Notes:

ADMSN_TYPE contains a code indicating the type and priority of an inpatient admission.

All claims with admission type of “newborn” were removed from the SyH-DR to reduce disclosure risk.

This data element is synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
ADMSN_TYPE	Admission type	1	Emergency: The patient requires immediate medical intervention as a result of severe, life-threatening, or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
		2	Urgent: The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.
		3	Elective: The patient's condition permits adequate time to schedule the availability of a suitable accommodation.
		5	Trauma: The patient visits a trauma center. (A trauma center means a facility licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.)
		Blank	Missing

AT_SPCLTY: Attending physician specialty

General Notes:

AT_SPCLTY contains the Centers for Medicare & Medicaid Services (CMS) specialty code corresponding to the attending physician.

This data element is synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
AT_SPCLTY	Attending physician specialty	0	Carrierwide
		1	General practice
		2	General surgery
		3	Allergy/immunology
		4	Otolaryngology
		5	Anesthesiology
		6	Cardiology
		7	Dermatology
		8	Family practice
		9	Interventional pain management (IPM) (eff. 4/1/03)
		10	Gastroenterology
		11	Internal medicine
		12	Osteopathic manipulative therapy
		13	Neurology
		14	Neurosurgery
		15	Speech/language pathology
		16	Obstetrics/gynecology
		17	Hospice and palliative care
		18	Ophthalmology
		19	Oral surgery (dentists only)
		20	Orthopedic surgery
		21	Cardiac electrophysiology
		22	Pathology
		24	Plastic and reconstructive surgery
		25	Physical medicine and rehabilitation

Data Element	Description	Value	Value Description
		26	Psychiatry
		27	General psychiatry
		28	Colorectal surgery (formerly proctology)
		29	Pulmonary disease
		30	Diagnostic radiology
		31	Intensive cardiac rehabilitation
		32	Anesthesiologist assistants (eff. 4/1/03—previously grouped with certified registered nurse anesthetists [CRNAs])
		33	Thoracic surgery
		34	Urology
		35	Chiropractic
		36	Nuclear medicine
		37	Pediatric medicine
		38	Geriatric medicine
		39	Nephrology
		40	Hand surgery
		41	Optometrist
		42	Certified nurse midwife
		43	CRNA (anesthesiologist assistants were removed from this specialty 4/1/03)
		44	Infectious disease
		45	Mammography screening center
		46	Endocrinology
		47	Independent diagnostic testing facility (IDTF)
		48	Podiatry
		49	Ambulatory surgical center (formerly miscellaneous)
		50	Nurse practitioner
		51	Medical supply company with certified orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
		52	Medical supply company with certified prosthetist (certified by American Board for Certification in Prosthetics and Orthotics)
		53	Medical supply company with certified prosthetist-orthotist (certified by American Board for Certification in Prosthetics and Orthotics)
		54	Medical supply company for durable medical equipment regional carrier (DMERC) (and not included in 51–53)
		55	Individual certified orthotist
		56	Individual certified prosthetist
		57	Individual certified prosthetist-orthotist

Data Element	Description	Value	Value Description
		58	Medical supply company with registered pharmacist
		59	Ambulance service supplier, (e.g., private ambulance companies, funeral homes)
		60	Public health or welfare agencies (federal, state, and local)
		61	Voluntary health or charitable agencies (e.g., National Cancer Society, National Heart Association, Catholic Charities)
		62	Psychologist (billing independently)
		63	Portable x ray supplier
		64	Audiologist (billing independently)
		65	Physical therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
		66	Rheumatology
		67	Occupational therapist (private practice added 4/1/03) (independently practicing removed 4/1/03)
		68	Clinical psychologist
		69	Clinical laboratory (billing independently)
		70	Multispecialty clinic or group practice
		71	Registered dietitian/nutrition professional (eff. 1/1/02)
		72	Pain management (eff. 1/1/02)
		73	Mass immunization roster biller
		74	Radiation therapy centers (prior to 4/2003, this included IDTFs)
		75	Slide preparation facilities (added to differentiate them from IDTFs—eff. 4/1/03)
		76	Peripheral vascular disease
		77	Vascular surgery
		78	Cardiac surgery
		79	Addiction medicine
		80	Licensed clinical social worker
		81	Critical care (intensivists)
		82	Hematology
		83	Hematology/oncology
		84	Preventive medicine
		85	Maxillofacial surgery
		86	Neuropsychiatry
		87	All other suppliers (e.g., drug and department stores)
		88	Unknown supplier/provider specialty
		89	Certified clinical nurse specialist

Data Element	Description	Value	Value Description
		90	Medical oncology
		91	Surgical oncology
		92	Radiation oncology
		93	Emergency medicine
		94	Interventional radiology
		95	Competitive Acquisition Program (CAP) vendor (eff. 07/01/06). Prior to 07/01/06, known as independent physiological laboratory
		96	Optician
		97	Physician assistant
		98	Gynecologist/oncologist
		99	Unknown physician specialty
		A0	Hospital (DMERCs only)
		A1	SNF (DMERCs only)
		A2	Intermediate care nursing facility (DMERCs only)
		A3	Nursing facility, other (DMERCs only)
		A4	Home health agency (DMERCs only)
		A5	Pharmacy (DMERC)
		A6	Medical supply company with respiratory therapist (DMERCs only)
		A7	Department store (DMERC)
		A8	Grocery store (DMERC)
		A9	Indian Health Service (IHS), tribe, and tribal organizations (non-hospital or non-hospital-based facilities, eff. 1/2005)
		B1	Supplier of oxygen and/or oxygen-related equipment (eff. 10/2/07)
		B2	Pedorthic personnel (eff. 10/2/07)
		B3	Medical supply company with pedorthic personnel (eff. 10/2/07)
		B4	Does not meet definition of healthcare provider (e.g., rehabilitation agency, organ procurement organization, histocompatibility lab) (eff. 10/2/07)
		B5	Ocularist
		C0	Sleep medicine
		C1	Centralized flu
		C2	Indirect payment procedure
		C3	Interventional cardiology
		C5	Dentist (eff. 7/2016)

CLM_CNTL_NUM: Claim control number

General Notes:

CLM_CNTL_NUM is a unique identifier assigned to a claim.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
CLM_CNTL_NUM	Claim number	nnnnnnnnn	Claim control number
		.	Missing

CLM_TYPE_CD: Claim type code

General Notes:

CLM_TYPE_CD represents the type of claim that was submitted.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
CLM_TYPE_CD	Claim Type Code	OP	Outpatient claim
		IP	Inpatient claim
		ED	Emergency department claim
		Blank	Missing

**CPT_PRCDR_CD_1–CPT_PRCDR_CD_35: Current Procedural Terminology/Healthcare
Common Procedure Coding System codes**

General Notes:

Procedure codes reported in Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) are used to identify procedures rendered by the healthcare professional. CPT procedure codes are represented by five-digit codes that describe tests, surgeries, evaluations, and other medical procedures. These codes are reported in the data elements CPT_PRCDR_CD_1–CPT_PRCDR_CD_35 (first through 35th CPT procedure codes).

The CPT procedure codes are partially synthesized, meaning each CPT procedure code in the SyH-DR is in the same Clinical Classifications Software (CCS) for Services and Procedures category as the code in the source files, but it is not necessarily the same as the original CPT procedure code.

This data element is available in all inpatient and outpatient files except Medicaid inpatient.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
CPT_PRCDR_CD_1– CPT_PRCDR_CD_35	CPT procedure code 1-35	nnnnn	CPT/HCPCS procedure code
		Blank	Missing

DSCHRG_STUS: Discharge status

General Notes:

The code is used to identify the status of the patient as of the service end date (i.e., discharge). The commercial claims files do not contain any discharge codes that indicate a death occurred (i.e., 20, 40, 41, 42). Further, claims records with a discharge code equal to 21 (discharged/transferred to court/law enforcement) were recoded to 0 (unknown but present in data).

This data element is synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
DSCHRG_STUS	Discharge status	0	Unknown value (but present in data).
		1	Discharged to home/self-care (routine discharge).
		2	Discharged/transferred to other short-term general hospital for inpatient care.
		3	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care. (For hospitals with an approved swing bed arrangement, use Code 61—swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use Code 04—ICF.)
		4	Discharged/transferred to intermediate care facility (ICF).
		5	Discharged/transferred to another type of institution for inpatient care (including distinct parts). NOTE: Effective 1/2005, psychiatric hospital or psychiatric distinct part/unit of a hospital will no longer be identified by this code. New code is 65.
			Discharged/transferred to court/law enforcement
		6	Discharged/transferred to home care of organized home health service organization.
		7	Left against medical advice or discontinued care.
		8	Discharged/transferred to home under care of a home IV drug therapy provider (discontinued effective 10/1/05).
		9	Admitted as an inpatient to this hospital (effective 3/1/91). In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient.
		20	Expired (did not recover—Christian Science patient).
		30	Still patient

Data Element	Description	Value	Value Description
		40	Expired at home (hospice claims only).
		41	Expired in a medical facility such as hospital, SNF, ICF, or freestanding hospice (hospice claims only).
		42	Expired—place unknown (hospice claims only).
		43	Discharged/transferred to a federal hospital (eff. 10/1/03).
		50	Hospice—home (eff. 10/96).
		51	Hospice—medical facility (eff. 10/96).
		61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed (eff. 9/01).
		62	Discharged/transferred to an inpatient rehabilitation facility including distinct parts/units of a hospital (eff. 1/2002).
		63	Discharged/transferred to a long-term care hospital (eff. 1/2002).
		64	Discharged/transferred to a nursing facility certified under Medicaid but not under Medicare (eff. 10/2002).
		65	Discharged/transferred to a psychiatric hospital or psychiatric distinct unit of a hospital (these types of hospitals were pulled from patient/discharge status code 05 and given their own code). (eff. 1/2005).
		66	Discharged/transferred to a critical access hospital (CAH) (eff. 1/1/06).
		69	Discharged/transferred to a designated disaster alternative care site (eff. 10/2013).
		70	Discharged/transferred to another type of healthcare institution not defined elsewhere in code list.
		71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05).
		72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care (eff. 9/01) (discontinued effective 10/1/05).
		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 an 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 healthcare facility with a planned acute care hospital inpatient readmission.

Data Element	Description	Value	Value Description
		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 CAH with a planned acute care hospital inpatient readmission.
		95	Discharged/transferred to another type of healthcare institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission.
		Blank	Missing.

FACILITY_ID: Facility identifier

General Notes:

FACILITY_ID contains a unique identifier corresponding to the institutional providers (hospitals) that provide services to the person.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
FACILITY_ID	Facility ID	nnnnnnnnn	Facility ID
		.	Missing

ICD_PRCDR_CD_1–ICD_PRCDR_CD_25: ICD-10-PCS Procedure Codes

General Notes:

Procedure codes reported in the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) are used to identify the procedure rendered by the healthcare professional. ICD-10 procedure codes are represented by alphanumeric codes with a maximum length of seven characters, with the first character describing a section (e.g., medical and surgical, obstetrics). These codes are reported in the data elements ICD_PRCDR_CD_1–ICD_PRCDR_CD_25 (first through 25th ICD-10 procedure codes).

The ICD-10 procedure codes are partially synthesized, meaning each ICD-10 procedure code in the SyH-DR is in the same Clinical Classifications Software (CCS) category as the code in the source files but is not necessarily the same as the original ICD-10 procedure code.

This data element is available in all inpatient and outpatient files except Medicaid outpatient.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
ICD_PRCDR_CD_1– ICD_PRCDR_CD_25	ICD-10-PCS procedure code	nnnnnnn	ICD-10 procedure code
		Blank	Missing

LOS: Length of stay

General Notes:

LOS is the duration, in number of days, associated with a particular claim. It is computed as the number of days between the start and end of a visit/stay. For example, if a patient is admitted as an inpatient on a Monday and discharged on Wednesday of that week, LOS would equal three for that claim.

This data element is not synthesized from the original data sources.

LOS is capped at 60 days, and a small amount of noise was added to length of stays between 20 and 60 days.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
LOS	Length of stay	nnn	Length of stay in number of days
		.	Missing

PERSON_ID: Unique person identifier

General Notes:

PERSON_ID is a unique person identification number assigned to each person enrolled in Medicare, Medicaid, or a commercial insurance plan.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
Person_ID	Unique person identifier	nnnnnnnnn	Person ID
		.	Missing

PERSON_WGHT: Person weight

General Notes:

PERSON_WGHT is a weight assigned to each person. To produce estimates that project the sample to the corresponding populations, use person-level weights.

Weights were rounded to the nearest hundredth to prevent a user from being able to derive information from observing small numbers of persons sharing the same weight.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PERSON_WGHT	Person weight	nn.nn	Person weight
		.	Missing

PLAN_PMT_AMT: Plan payment amount

General Notes:

PLAN_PMT_AMT is the total amount paid by the payer (Medicare, Medicaid)¹ or the total care relative resource value (TCRRV, commercial)² on a particular claim.

This data element is synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PLAN_PMT_AMT	Plan paid amount	Dollars	Plan payment amount
		.	Missing

¹ Encounter claims (i.e., Medicare Advantage or Medicaid managed care organizations) do not contain any payment information due to the proprietary nature of the private insurer payment models.

² HealthPartners: Total Care Relative Resource Value (TCRRV™) Overview Methodology.

https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_057426.pdf

PRMRY_DX_CD and ICD_DX_CD_1–ICD_DX_CD_25: ICD-10-CM diagnosis

General Notes:

All diagnosis codes in the SyH-DR are International Classification of Diseases, 10th Revision-Clinical Modification (ICD-10-CM) codes. ICD-10-CM diagnoses are represented by alphanumeric codes with a maximum length of seven characters and implicit decimals (decimals not included). The first digit is always a character, the second digit is always numeric, and all subsequent digits can be characters or numeric. These codes are reported in the data elements PRMRY_DX_CD (primary diagnosis code) and ICD_DX_CD_1–ICD_DX_CD_25 (first through 25th diagnosis codes). Note that a primary DX code was imputed if a primary DX code was not available (i.e., missing) on the claim record. If users of the data want to exclude imputed primary DX codes from their analysis, they should use the dichotomous indicator (PRMRY_DX_IMPUTED) to identify imputed primary DX codes.

The diagnosis codes are partially synthesized, meaning the first three characters were retained from the source values and all subsequent characters were synthesized.

The primary diagnosis code is always the same as ICD_DX_CD_1 and it retains its position during the synthesization process. However, secondary diagnosis codes (ICD_DX_CD_2–ICD_DX_CD_25) are randomly rearranged to fill ICD_DX_CD_2–ICD_DX_CD_X, where X is the number of nonmissing and valid secondary diagnoses. Users should therefore not assign any analytic meaning to the ordering of the secondary DX codes.

To reduce the risk of re-identification, claim records with specific DX codes, such as claims with gunshot wounds, were removed from the claims' files.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
PRMRY_DX_CD and ICD_DX_CD_1– ICD_DX_CD_25	ICD-10-CM diagnosis code	nnnnnnn	Diagnosis code
		Blank	Missing

PRMRY_DX_IMPUTED: Flag variable denoting imputed primary DX codes

General Notes:

Primary DX codes were imputed in the event no primary DX code was reported on a claim record. When missing, the synthesized DX code in ICD_DX_CD_1 was copied to the PRMRY_DX_CD. The dichotomous indicator variable, PRMRY_DX_IMPUTED, can be used to identify when a primary DX code was imputed (i.e., when equal to 1). Note that if no DX codes are present on the claim, a numeric missing value was assigned to the flag variable.

If a user does not want to include imputed primary DX in their analysis, they should use the PRMRY_DX_IMPUTED variable to identify the imputed values and remove them.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PRMRY_DX_IMPUTED	Primary Diagnosis Code (ICD-10) Imputed Flag	0	Not imputed
		1	Imputed
		.	No DX Codes

SRVC_BEG_DATE: Service begin date of a claim

General Notes:

SRVC_BEG_DATE reports the beginning date of service for a particular claim. For an inpatient claim, it is the date the person was admitted to a facility. For an outpatient or emergency department claim, it is the date the visit began.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
SRVC_BEG_DATE	Service begin date	MMDDYYYY	Service begin date
		.	Missing

SRVC_END_DATE: Service end date of a claim

General Notes:

SRVC_END_DATE reports the end date of service for a particular claim. For an inpatient claim, it is the date the person was discharged from a facility. For an outpatient and emergency department claim, it is the date the visit ended.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
SRVC_END_DATE	Service end date	MMDDYYYY	Service end date
		.	Missing

TOB_CD: Type of bill code

General Notes:

TOB_CD contains a three-digit code that represents the type of bill (TOB), which is a combination of facility type and type of care. The first digit is always 0, the second digit represents the type of facility, and the third digit represents the type of care.

This data element is not synthesized from the original data sources.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
TOB_CD	Type of bill code	011	Hospital inpatient
		013	Hospital outpatient
		041	Religious nonmedical hospital inpatient
		083	Special facility or hospital ambulatory surgery center (ASC) surgery—outpatient
		085	Critical access hospital
		Blank	Missing

TOT_CHRG_AMT: Total charge amount

General Notes:

TOT_CHRG_AMT is the total amount billed for a particular claim, as submitted to the payer (Medicare, Medicaid, or commercial) by the provider.¹ This data element is available for all Medicare and Medicaid inpatient and outpatient files but not for commercial inpatient and outpatient files.

This data element is synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
TOT_CHRG_AMT	Total charge amount	Dollars	Total charge amount
		.	Missing

¹ Encounter claims (i.e., Medicare Advantage or Medicaid managed care organizations) do not contain any payment information due to the proprietary nature of the private insurer payment models.

PHARMACY FILES

CLM_CNTL_NUM: Inpatient/outpatient claim control number

General Notes:

CLM_CNTL_NUM contains a unique claim ID that corresponds to a claim on the inpatient or outpatient claim files. In the pharmacy files, the claim control number is only populated on records where a prescription drug was prescribed during an inpatient stay or outpatient visit.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

Data Element Type:

Numeric

Uniform Values

Data Element	Description	Value	Value Description
CLM_CNTL_NUM	Claim number	nnnnnnnnn	Claim control number
		.	Missing

FILL_DT: Prescription fill date

General Notes:

FILL_DT contains the date on which the prescription was filled.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
FILL_DT	Fill date	MMDDYYYY	Prescription fill date
		.	Missing

GENERIC_DRUG_NAME: Generic drug name

General Notes:

Generic drug names (GENERIC_DRUG_NAME) were derived from National Drug Classification (NDC) codes using the mapping in the Multum drug, herbal, and nutraceutical database.

GENERIC_DRUG_NAME is partially synthesized because the generic drug name in the SyH-DR is in the original Multum therapeutic class but may not be the original generic drug name.

Refer to the following web page for more information regarding the Multum drug database and how to purchase the data: <https://www.cerner.com/solutions/drug-database>.

Data Element Type:

Character

Uniform Values:

Data Element	Description	Value	Value Description
GENERIC_DRUG_NAME	Generic drug name	Up to 50 characters	Generic drug name
		Blank	Missing

LINE_NBR: Claim line number

General Notes:

LINE_NBR contains a line number to distinguish individual service lines that are submitted under the same claim ID.

This data element is not synthesized from the original data source.

Data Element Type: Character

Uniform Values

Data Element	Description	Value	Value Description
LINE_NBR	Claim line number	nn	Claim line number
		Blank	Missing

PERSON_ID: Unique person identifier

General Notes:

PERSON_ID is a unique person identification number assigned to each person enrolled in Medicare, Medicaid, or a commercial insurance plan.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

This data element is not synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
Person_ID	Unique person identifier	nnnnnnnnn	Person ID
		.	Missing

PERSON_WGHT: Person weight

General Notes:

PERSON_WGHT is a weight assigned to each person. To produce estimates that project the sample to the corresponding populations, use person-level weights.

Weights were rounded to the nearest hundredth to prevent a user from being able to derive information from observing small numbers of persons sharing the same weight.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PERSON_WGHT	Person weight	nn.nn	Person weight
		.	Missing

PHMCY_CLM_NUM: Pharmacy claim number

General Notes:

PHMCY_CLM_NUM is a nine-digit unique identifier for a prescription drug event.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PHMCY_CLM_NUM	Pharmacy claim number	nnnnnnn	Pharmacy claim number
		.	Missing

PLAN_PMT_AMT: Plan payment amount

General Notes:

In the Medicare and Medicaid files, PLAN_PMT_AMT is the total amount paid by the payer on a prescription drug-related inpatient, outpatient, or pharmacy claim.¹ In the commercial files, PLAN_PMT_AMT is the total care relative resource value (TCRRV²) on a prescription drug-related inpatient, outpatient, or pharmacy claim.

This data element is synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PLAN_PMT_AMT	Plan payment amount	Dollars	Plan payment amount
		.	Missing

¹ Encounter claims (i.e., Medicare Advantage or Medicaid managed care organizations) do not contain any payment information due to the proprietary nature of the private insurer payment models.

² HealthPartners: Total Care Relative Resource Value (TCRRVTM) Overview Methodology.

https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_057426.pdf

TOT_CHRG_AMT: Total charge amount

General Notes:

TOT_CHRG_AMT is the total amount billed for a particular claim, as submitted to the payer (Medicare, Medicaid, or commercial) on a prescription drug-related inpatient, outpatient, or pharmacy claim.¹ This data element is available for all Medicare and Medicaid pharmacy files but not for the commercial pharmacy file.

This data element is synthesized from the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
TOT_CHRG_AMT	Total charge Amount	Dollars	Total charge amount
		.	Missing

¹ Encounter claims (i.e., Medicare Advantage or Medicaid managed care organizations) do not contain any payment information due to the proprietary nature of the private insurer payment models.

FACILITY-LEVEL FILES

FACILITY_ID: Facility identifier

General Notes:

FACILITY_ID contains a unique identifier corresponding to the institutional providers (hospitals) that provide services to the person.

The original values of this data element (i.e., source values) were masked and replaced with a unique identifier that cannot be linked back to the original data sources. Note that the new value maintains a one-to-one relationship with the data element values in the original data sources.

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
FACILITY_ID	Facility ID	nnnnnnnnn	Facility ID
		.	Missing

PRVDR_CTGRY_CD: Provider category

General Notes:

PRVDR_CTGRY_CD indicates the type of hospital according to CMS's Provider of Services (POS) Current Files. Source values from the POS files were recoded to reduce the risk of re-identification.

Source: [CMS Provider of Services Current Files](#)

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PRVDR_CTGRY_CD	Provider category code	1	Short term
		2	Long term
		3	Other
		.	Missing

PRVDR_OWNRSHD_CD: Provider ownership code

General Notes:

PRVDR_OWNRSHD_CD indicates the type of ownership of the hospital according to CMS's Provider of Services (POS) Current Files. Source values from the POS files were recoded to reduce the risk of re-identification.

Source: [CMS Provider of Services Current Files](#)

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PRVDR_OWNRSHD_CD	Provider ownership code	1	Government, nonfederal
		2	Private, not-profit
		3	Private, for-profit
		4	Other
		.	Missing

PRVDR_PRTCPTN_CD: Provider program participation code

General Notes:

PRVDR_PRTCPTN_CD indicates whether the provider participates in Medicare, Medicaid, or both according to CMS's Provider of Services (POS) Current Files.

A small number of providers in the Medicaid files have a "Medicare only" value for this data element. Two likely reasons are that some providers may see Medicaid patients and are not registered with the state Medicaid agency either because the providers are seeing only dual-eligible beneficiaries or because they work for a managed care organization (MCO) where the MCO has a contract with the state Medicaid agency rather than the provider.

Source: [CMS Provider of Services Current Files](#)

Data Element Type:

Numeric

Uniform Values:

Data Element	Description	Value	Value Description
PRVDR_PRTCPTN_CD	Provider program participation code	1	Medicare only
		2	Medicaid only
		3	Medicare and Medicaid
		.	Missing



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