

New Mexico Hospital Inpatient Discharge Data Data Element Definitions Discharge Data File

March 2020



This file contains data on hospital discharges reported to the New Mexico Department of Health as required by regulation. Each record represents one discharge from one facility. A transfer to another facility is considered a discharge.

This file contains encrypted personal identifiers are not released from the DOH. However, the release of certain data contained in this file could result in the disclosure of confidential medical information. Care must be exercised in the use of these data to ensure confidentiality. DOH derived data are presented in **blue** font, patient identifiers are presented in **red**, and hospital submitted data in black.

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PROVIDER DATA

NEW MEXICO STATE LICENSE NUMBER

Name: **NMStateLicenseNum** Type: Character Format: 99990000
Length: 8

DEFINITION: The four digit number of the hospital license as it appears on the license issued by the New Mexico Department of Health (DOH) for the hospital (data source) providing the reported service(s).

Source: Input record location 1.

FACILITY ID

Name: **FacilityID** Type: Numeric Format: 9
Length: 2

DEFINITION: The unique ID assigned by DOH to identify each facility. For example UNM has three separate facilities with the same state license number. The facility ID is separate for each facility.

Source: DOH Assigned.

NEW MEXICO STATE LICENSE TYPE

Name: **LicType** Type: Numeric Format: 9
Length: NA

DEFINITION: The code indicating the type of facility (General or Specialty)

CODES:

- 1 – General Hospital
- 2 – Specialty Hospital

Source: DOH Assigned.

MEDICARE PROVIDER NUMBER

Name: **MedicareProviderNumber** Type: Character Format: \$MEDPROV
Length: 6

DEFINITION: The six-digit number assigned to the hospital by Medicare to the data source providing the reported service(s), left justified.

Source: Input record, location 9.

PROVIDER ZIP CODE

Name: **ProviderZip** Type: Numeric Format: 999990000
Length: 9

DEFINITION: The five-digit or nine-digit (without special characters like “-“) ZIP Code whose boundaries physically contain the hospital facility for which in-patient discharges are reported.

Source: Input record, location 15.

ATTENDING PHYSICIAN NPI

Name: **AttendingPhysician** Type: Character Format: \$NPI
Length: 10

DEFINITION: The National Provider Identifier (NPI) of the physician attending. This is a unique, government-issued standard identification 10-digit number for individual health care providers and provider organizations like clinics, hospitals, schools and group practices.

Source: Input record, location 121.

OPERATING PHYSICIAN NPI

Name: **OperatingPhysician** Type: Character Format: \$NPI
Length: 10

DEFINITION: The National Provider Identifier (NPI) of the operating physician. This is a unique, government-issued standard identification 10-digit number for individual health care providers and provider organizations like clinics, hospitals, schools and group practices.

Source: Input record, location 131.

PATIENT DATA

PATIENT ID NUMBER

Name: PatientID Type: Numeric Format: 999999
Length: NA

DEFINITION: The identification number assigned to every record associated for a particular patient (provided enough identifier information is available).

Source: Assigned by HIDD programmatically. Derived from First Name, Date of Birth, Medicaid ID Number and Social Security Number.

FIRST NAME OF PATIENT (ENCRYPTED)

Name: **FirstName** Type: Character Format: \$FIRSTNAME
Length: 14

DEFINITION: Patient's first name reported by the facility of discharge.

Source: Input record, location 1606.

LAST NAME OF PATIENT (ENCRYPTED)

Name: **LastName** Type: Character Format: \$LASTNAME
Length: 15

DEFINITION: Patient's last name reported by the facility of discharge.

Source: Input record, location 1620.

MIDDLE INITIAL OF PATIENT (ENCRYPTED)

Name: **MiddleInitial** Type: Character Format: \$MI
Length: 1

DEFINITION: Patient's middle initial reported by the facility of discharge.

Source: Input record, location 1635.

SOCIAL SECURITY NUMBER OF PATIENT (ENCRYPTED)

Name: **SSN** Type: Numeric Format: \$SSN
Length: 9

DEFINITION: Patient's social security number reported by the facility of discharge.

Source: Input record, location 1636.

SEX OF PATIENT

Name: **Sex** Type: Character Format: \$SEX
Length: 1

DEFINITION: The sex of the patient as recorded at discharge.

Codes:

- F Female
- M Male
- U Unknown

Source: Input record, location 1788.

PHONE NUMBER OF PATIENT (ENCRYPTED)

Name: **PhoneNumber** Type: Character Format: \$PHONE
Length: 10

DEFINITION: Patient’s phone number reported by the facility of discharge.

Source: Input record, location 1789.

BIRTHDATE OF PATIENT

Name: **DOB** Type: Date Format: MMDDYYYY
Length: 8

DEFINITION: The date of birth of the patient converted to a date and time format for use in calculations regarding time.

Source: Input record, location 1746.

BIRTH WEIGHT OF NEWBORN PATIENT

Name: **BirthWeight** Type: Numeric Format: 99999
Length: 6

DEFINITION: The birth weight, measured in grams, of the newborn as recorded at discharge.

Source: Input record, location 115.

AGE OF PATIENT

Name: **DOHAGE** Type: Numeric Format: 999
Length: NA

DEFINITION: The age of the patient at discharge, computed from the date of discharge and the date of birth. Age is expressed in years.

Source: Derived from date of discharge and date of birth.

PATIENT ETHNICITY

Name: **ETHNICITY** Type: Character Format: \$ETHNIC
Length: 2

DEFINITION: The gross classification of patient's self-reported ethnicity.

Codes:

- E1 -- Hispanic or Latino
- E2 – Non-Hispanic or Non-Latino
- E6 – Declined
- E7-- Unknown

Source: Input record, location 1766.

PATIENT RACE

Name: **RACE1-RACE5** Type: Character Format: \$RACE
Length: 12

DEFINITION: The classification(s) of a patient's stated race to include one or multiple reported classifications, coded as shown below. When reporting multiple classifications do not use spaces or delimiters. For example, if a patient states that he or she is both Asian and other the race field would be R2R9.

Codes:

- R1 - American Indian or Alaska Native
- R2 - Asian (including Asian Indian, Chinese, Filipino, Japanese, Korean and Vietnamese)
- R3 - Black or African American
- R4 - Native Hawaiian or Pacific Islander (including Chamorro and Samoan)
- R5 - White
- R6 - declined
- R7 - unknown
- R9 - other race

Source: Input record, location 1754.

PATIENT TRIBAL AFFILIATION

Name: **TRIBE** Type: Character Format: \$TRIBAL

Length: 20

DEFINITION: The classification(s) of patient's stated New Mexico tribal affiliation. Up to five reported affiliations can be reported, coded as shown below. When reporting multiple affiliations do not use spaces or delimiters. For example, if a patient states that he or she has affiliations with both Acoma pueblo and the Navajo nation the tribal affiliation field would be T1T10:

Codes:

- T1 - Acoma pueblo
- T2 - Cochiti pueblo
- T3 - Isleta pueblo
- T4 - Jemez pueblo
- T5 - Jicarilla Apache nation
- T6 - Kewa/Santo Domingo pueblo
- T7 - Laguna pueblo
- T8 - Mescalero Apache nation
- T9 - Nambe pueblo
- T10 – Navajo nation
- T11 - Ohkay Owingeh pueblo
- T12 - Picuris pueblo
- T13 - Pojoaque pueblo
- T14 - San Felipe pueblo
- T15 - San Ildefonso pueblo
- T16 - Sandia pueblo
- T17 - Santa Ana pueblo
- T18 - Santa Clara pueblo
- T19 - Taos pueblo
- T20 - Tesuque pueblo
- T21 - Zia pueblo
- T22 - Zuni pueblo
- T100 - other tribal affiliation
- T200 - declined
- T300 - unknown

Source: Input record, location 1768.

STREET ADDRESS OF PATIENT (ENCRYPTED)

Name: **PatientAddress** Type: Character Format: \$ADDRESS
Length: 25

DEFINITION: Patient's street address reported by the facility of discharge.

Source: Input record, location 1645.

ZIP CODE OF PATIENT

Name: **ZIPCODE** Type: Numeric Format: 999990000
Length: 9

DEFINITION: The five-digit or nine-digit ZIP code of patient's residence at the time of discharge.

Source: Input record, location 1737.

CITY OF PATIENT RESIDENCE

Name: **CITY** Type: Character Format: \$CITY
Length: 30

DEFINITION: City of patient's residence at the time of discharge.

Source: Input record, location 1685.

COUNTY OF PATIENT RESIDENCE

Name: **COUNTY** Type: Character Format: \$COUNTY
Length: 20

DEFINITION: County of patient's residence at the time of discharge.

Source: Input record, location 1715.

FIPS COUNTY CODE OF PATIENT RESIDENCE

Name: **DOHCOUNTY** Type: Numeric Format: 999
Length: NA

DEFINITION: The FIPS number (1-32) for the county of patient's residence at the time of discharge.

Source: Derived from patient's county of residence at time of discharge.

STATE OF PATIENT RESIDENCE

Name: **STATEOFRESIDENCE** Type: Character Format: \$STATE
Length: 2

DEFINITION: State of patient's residence at the time of discharge.

Source: Input record, location 1735.

MEDICAL RECORD NUMBER OF PATIENT (ENCRYPTED)

Name: **MedicalRecordNumber** Type: Character Format: \$MEDREC
Length: 24

DEFINITION: Patient's number used by the facility to identify the patient and their permanent health records (e.g. a patient file/chart number).

Source: Input record, location 52.

MEDICAID ID NUMBER OF PATIENT (ENCRYPTED)

Name: **MedicaidIDNumber** Type: Character Format: \$MEDIDCAID
Length: 19

DEFINITION: Patient's unique identification number assigned by Medicaid.

Source: Input record, location 76.

CONTROL NUMBER OF PATIENT (ENCRYPTED)

Name: **ControlNumber** Type: Character Format: \$MEDREC
Length: 20

DEFINITION: Patient's unique alpha-numeric number assigned by the provider to facilitate the retrieval of individual financial and clinical records.

Source: Input record, location 95.

STAY DATA

PATIENT ADMISSION HOUR

Name: **AdmissionHour** Type: Numeric Format: HHMM
Length: 4

DEFINITION: The hour, 24hr clock, the patient was admitted by the provider for inpatient care. Coded in military time (e.g., 2:45 p.m. is represented as 1445)

Source: Input record, location 24.

PATIENT ADMISSION DATE

Name: **AdminDate** Type: Numeric Format: MMDDYYYY
Length: 8

DEFINITION: The date the patient was admitted by the provider for inpatient care. This is stored as a character field so that it can be easily converted to a date/time format.

Source: Input record, location 28.

PATIENT DISCHARGE HOUR

Name: **DischargeHour** Type: Numeric Format: HHMM
Length: 4

DEFINITION: The hour, 24hr clock, the patient was discharged by the provider following inpatient care. Coded in military time (e.g., 2:45 p.m. is represented as 1445)

Source: Input record, location 141.

PATIENT DISCHARGE DATE

Name: **Dischargedate** Type: Numeric Format: MMDDYYYY
Length: 8

DEFINITION: The date the patient was discharged by the provider following inpatient care. This is stored as a character field so that it can be easily converted to a date/time format.

Source: Input record, location 145.

PRINCIPAL PROCEDURE DATE

Name: **PrincipalProcedureDate** Type: Date Format: \$MMDDYYYY
Length: 8

DEFINITION: The date the procedure reported as the Principal Procedure Code was performed.

Source: Input record, location 2067.

SECONDARY PROCEDURE DATES

Name: **Procedure[2-6]/Date** Type: Date Format: \$MMDDYYYY
Length: 8

DEFINITION: The dates the procedures (up to six) reported as the Secondary Procedure Codes were performed.

Source: Input record, locations (two through six) 2075, 2086, 2091, 2099, 2107.

POINT OF ORIGIN

Name **POINTOFORIGIN** Type: Character Format: 9
Length: 1

DEFINITION: An inpatient (only) code indicating the source of referral of this admission. 7.1.4 NMAC 6

Adults and pediatrics: source

- 1 non-health care facility point of origin - the patient was admitted to this facility upon the recommendation of his or her personal physician if other than a clinic physician or a HMO physician (this includes patients coming from home, a physician's office or workplace)
- 2 clinic referral - the patient was admitted to this facility as a transfer from a freestanding or non-freestanding clinic
- 4 transfer from a hospital - the patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient or outpatient (excludes transfers from hospital inpatient in the same facility)
- 5 transfer from SNF or ICF - the patient was admitted to this facility as a transfer from a skilled nursing facility (SNF) or intermediate care facility (ICF) where he or she was a resident
- 6 transfer from another health care facility - the patient was admitted to this facility as a transfer from a health care facility not defined elsewhere in this code list (i.e.

- other than an acute care facility or skilled nursing facility)
- 8 court/law enforcement - the patient was admitted to this facility upon the direction of a court of law, or upon a request of a law enforcement agency representative (includes transfers from incarceration facilities)
- 9 information not available - the means by which the patient was referred to this facility is not known
- A reserved for national assignment
- D transfer from hospital inpatient in the same facility resulting in a separate claim to the payer - the patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer
- E transfer from ambulatory surgery center - the patient was admitted to this facility from an ambulatory or same-day surgery center (does not include patients admitted from the same facilities' outpatient surgery department)
- F transfer from hospice and is under a hospice plan of care or enrolled in a hospice program - the patient was admitted to this facility as acute inpatient status and was receiving hospice care
- G-Z reserved for national

Newborns: *(Only when Type of Admission Code is 4)*

- 5 born inside this facility - a baby born inside this facility
- 6 born outside of this facility - a baby born outside of this facility

Source: Input record, location 36.

TYPE OF ADMISSION

Name AdminType	Type: Numeric Length: 1	Format: 9
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DEFINITION: An Inpatient code indicating the priority of the admission.

Codes:

- 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 medical 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.

4 -- Newborn -- A baby born within this facility. Use of this code necessitates the use of special Source of Admission codes - see Source of Admission.

9 -- Information not available.

Source: Input record, location 37.

PATIENT STATUS

Name: **PatientStatus** Type: Numeric Format: 99
 Length: 2

DEFINITION: A code indicating patient disposition at time of discharge.

Codes:

- 1 Discharged to home or self-care (routine discharge)
- 2 Discharged/transferred to another general hospital
- 3 Discharged/transferred to a skilled nursing facility
- 4 Discharged/transferred to an intermediate care facility (ICF)
- 5 Discharged/transferred to another type of institution
- 6 Discharged/transferred to home under care of organized home health service organization
- 7 Left against medical advice
- 8 Reserved for National Assignment
- 9 Admitted as an inpatient to this hospital
- 10-19 Reserved for National Assignment
- 20 Expired
- 21 Discharged/transferred to court/law enforcement (covers patients sent to jail, prison or other detention facilities);
- 22-29 Reserved for national assignment;
- 30 Still patient or expected to return for outpatient services
- 31-39 Reserved for National Assignment
- 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 health care facility (effective 03/31/2008) (usage note: discharges and transfers to a government operated health care facility such as a department of defense hospital, a veteran’s administration (VA) hospital or VA hospital or a VA nursing facility; to be used whenever the destination at discharge is a federal health care facility, whether the patient lives there or not);
- 44-49 Reserved for National Assignment
- 50 Discharged/transferred to Hospice – home
- 51 Discharged/transferred to Hospice – medical facility
- 52-60 Reserved for National Assignment
- 61 Discharged/transferred within this institution to a hospital based Medicare approved swing bed

- 62 Discharged/transferred to an inpatient rehabilitation facility including distinct part units of a hospital
- 63 Discharged/transferred to 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 (CAH)
- 67-69 Reserved for National Assignment
- 70 Discharge/transferred to another type of health care institution not defined elsewhere in the code list
- 71-99 Reserved for National Assignment

Source: Input record, location 153.

DOH LENGTH OF STAY

Name: DOHLengthofStay Type: Integer Format: 999
 Length: NA

DEFINITION: The number of days the patient was in the hospital. Used to report the average length of stay (ALOS).

Source: Derived from difference between the DischargeDate and AdminDate.

ACCIDENT STATE

Name: accidentstate Type: Character Format: \$State
 Length: 2

DEFINITION: The state name of where the accident took place.

Source: Input record, location 50.

DIAGNOSES

PATIENT ADMITTING DIAGNOSIS CODE

Name: **patientadmittingdiagnosiscode** Type: Character Format: \$V999999
Length: 8

DEFINITION: The 3 to 7 full character ICD-10-CM code describing the admitting diagnosis of the patient at discharge.

Source: Input record, location 1799.

PRINCIPAL DIAGNOSIS CODE

Name: **Diagnosis** Type: Character Format: \$ V999999
Length: 8

DEFINITION: The 3 to 7 full character ICD-10-CM code describing the principal diagnosis of the patient at discharge (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).

Source: Input record, location 1807.

(PATIENT 2ND-18TH) SECONDARY DIAGNOSIS CODES

Name: **Diagnosis2 – Diagnosis18** Type: Character Format: \$ V999999
Length: 8

DEFINITION: The 3 to 7 full character ICD-10-CM code describing the secondary diagnosis(es) of the patient at discharge.

Source: Input record, locations 1815, 1823, 1831, 1839, 1847, 1855, 1863, 1871, 1879, 1887, 1895, 1903, 1911, 1919, 1927, 1935.

E-CODES

Name: **E-CODE, E-Code2, E-Code3** Type: Character Format: \$V999999
Length: 10

DEFINITION: The ICD-10-CM diagnosis(es) code (V00-Y99) for external causes of injury or adverse effect. There can be up to three external causes of injury or adverse effect reported. DOH program adds the decimal to change the format to \$V999.9. If a patient has a primary diagnosis in a range of ICD-10-CM A00.0-T88.9, Z00-Z99, external cause codes are required.

Source: Input record, locations 1970, 1980, 1990.

PATIENT ADMITTING DIAGNOSIS PRESENT ON ADMISSION (POA) CODE

Name: **AdminDiagnosis** Type: Character Format: \$Y
 Length: 1

DEFINITION: The code to indicate if the admitting diagnosis was present at the time the order for inpatient admission occurred – conditions that develop during an outpatient encounter, including emergency room, observation, or outpatient surgery are considered as present on admission.

Codes:

- Y – Yes
- N – No
- U – no information on the record
- W – clinically undetermined
- 1 (one) – exempt from reporting

Source: Input record, location 2000.

PRIMARY DIAGNOSIS PRESENT ON ADMISSION (POA) CODE

Name: **AdminDiagnosis** Type: Character Format: \$Y
 Length: 1

DEFINITION: The code to indicate if the principal diagnosis was present at the time the order for inpatient admission occurred – conditions that develop during an outpatient encounter, including emergency room, observation, or outpatient surgery are considered as present on admission.

Codes:

- Y – Yes
- N – No
- U – no information on the record
- W – clinically undetermined
- 1 (one) – exempt from reporting

Source: Input record, location 2001.

(PATIENT 2ND-18TH DIAGNOSIS CODE) SECONDARY DIAGNOSES PRESENT ON ADMISSION (POA) CODE

Name: **AdminDiagnosis2 – AdminDiagnosis18**
 Type: Character Format: \$Y
 Length: 1

DEFINITION: The code to indicate if the secondary diagnosis(es) was present at the time the order for inpatient admission occurred – conditions that develop during an outpatient encounter, including emergency room, observation, or outpatient surgery are considered as present on admission.

Codes:

- Y – Yes
- N – No
- U – no information on the record
- W – clinically undetermined
- 1 (one) – exempt from reporting

Source: Input record, location 2002, 2033, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2017, 2017, 2017, 2018.

PATIENT ADMITTING DIAGNOSIS CODE QUALIFIER

Name: **Patientadmittingdiagnosiscodequalifier** Type: Numeric Format: 9
Length: 1

DEFINITION: The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

Codes:

- 9 – Ninth Revision
- 0 – Tenth Revision
- 1 – Unknown and/or exempt

Source: Input record, location 1951.

PATIENT PRINCIPAL DIAGNOSIS CODE QUALIFIER

Name: **Patientprincipaldiagnosiscodequalifier** Type: Numeric Format: 9
Length: 1

DEFINITION: The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

Codes:

- 9 – Ninth Revision
- 0 – Tenth Revision
- 1 – Unknown and/or exempt

Source: Input record, location 1952.

PATIENT 2ND-18TH DIAGNOSIS CODE QUALIFIER

Name: **Patientdiagnosiscodequalifier [2 – 18]** Type: Numeric Format: 9
Length: 1

DEFINITION: The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

Codes:

- 9 – Ninth Revision
- 0 – Tenth Revision
- 1 – Unknown and/or exempt

Source: Input record, location 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969.

MAJOR DIAGNOSTIC CATEGORY FOR DIAGNOSES – Top 18

Name: **MDC** Type: Numeric Format: 0009
Length: NA

DEFINITION: Code for one of the 18 highest level major diagnostic categories for the **primary diagnosis**. Listed below are the codes, the name of the category and the ICD-10-CM code/ranges which make up the category (in parentheses).

- 1 - Infectious and Parasitic Diseases (A00-B99)
- 2 - Neoplasms (C00-D49)
- 3 - Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders (E00-E90)
- 4 - Diseases of the Blood and Blood-Forming Organs (D50-D89)
- 5 - Mental Disorders (F01-F99)
- 6 - Diseases of the Nervous System and Sense Organs (G00-G99)
- 7 - Diseases of the Circulatory System (I00-I99)
- 8 - Diseases of the Respiratory System (J00-J99)
- 9 - Diseases of the Digestive System (K00-K95)
- 10 - Diseases of the Genitourinary System (N00-N99)
- 11 - Complications of Pregnancy, Childbirth, and Puerperium (O00-O9A)
- 12 - Diseases of the Skin and Subcutaneous Tissue (L00-L99)
- 13 - Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
- 14 - Congenital Anomalies (Q00-Q99)
- 15 - Certain Conditions Originating in the Perinatal Period (P00-P96)
- 16 - Symptoms, Signs, and Ill-Defined Conditions (R00-R99)
- 17 - Injury and Poisoning (S00-T88)
- 18 - Supplementary Classifications (Z00-Z99)

Source: Derived from the primary diagnosis ICD-10-CM code.

MAJOR DIAGNOSTIC CATEGORY FOR DIAGNOSES – 29 first level sub-categories

Name: **MDC2** Type: Numeric Format: 0009
Length: NA

DEFINITION: Code for one of the first-level subcategories of the major diagnostic categories for the **primary diagnosis**. Listed below are the codes, the name of the category and the ICD-10-CM code/ranges which make up the category (in parentheses).

- 21 - Malignant Neoplasms (C00-C7A, C76-C96, D37-D49)
- 22 - Benign Neoplasms (D10-D36)

31 - Diabetes Mellitus (E08-E13)
 32 - Volume Depletion (E86)
 41 - Anemias (D50-D53, D55-D59, D60-D64)
 51 - Psychoses (F01-F39, F99)
 71 - Essential Hypertension (I10)
 72 - Heart Disease (I01-I02.0, I05-I09, I11, I13, I20-I27, I30-I52)
 73 - Cerebrovascular Disease (I60-I69)
 81 - Acute Bronchitis and Bronchiolitis (J20-J21)
 82 - Pneumonia (J12-J18)
 83 - Chronic Bronchitis (J41-J42)
 84 - Asthma (J45)
 91 - Appendicitis (K35-K37)
 92 - Non-Infectious Enteritis and Colitis (K50-K52)
 93 - Intestinal Obstruction (K56)
 94 - Diverticula of Intestine (K57)
 95 - Cholelithiasis (K80)
 96 - Acute Pancreatitis (K85)
 101 - Calculus of Kidney and Ureter (N20)
 102 - Urinary Tract Infection (N39.0)
 121 - Cellulitis and Abscess (L02-L04)
 131 - Osteoarthritis and allied Disorders (M15-M19)
 132 - Intervertebral Disc Disorders (M51)
 171 - Fractures, All Sites (S02, S12, S22, S32, S42, S49.0-S49.2, S52, S59.0-S59.2, S62, S72, S79.0-S79.19, S82, S89.0-S89.3, S92)
 172 - Poisonings (T36-T65)
 173 - Certain Complications of Surgical and Medical Care (T80-T88)
 181 - Females with Deliveries (O80-O82)
 1002 - Septicemia (A40-A41)

Source: Derived from the primary diagnosis ICD-10-CM code.

MAJOR DIAGNOSTIC CATEGORY FOR DIAGNOSES – 11 Second level sub-categories

Name: **MDC3**

Type: Numeric

Format: 0009

Length: NA

DEFINITION: Code for one of the first-level subcategories of the major diagnostic categories for the **primary diagnosis**. Listed below are the codes, the name of the category and the ICD-10-CM code/ranges which make up the category (in parentheses).

231 - Malignant Neoplasms of Large Intestine and Rectum (C18-C21, C78.5)
 232 - Malignant Neoplasms of Trachea, Bronchus, and Lung (C33-C34, C46.5, C78.0, C78.3)
 233 - Benign Neoplasms of Uterus (D25-D26)
 531 - Schizophrenic Disorders (F20)
 532 - Major Depressive Disorder (F32-F33)
 731 - Acute Myocardial Infarction (I21-I22)
 732 - Coronary Atherosclerosis (I25.7)
 733 - Other Ischemic Heart Disease (I24-I25)
 734 - Cardiac Dysrhythmias (I48-I49)
 735 - Congestive Heart Failure (I50)

1731 - Fracture of Neck of Femur (S72.00, S72.001-S72.009)

Source: Derived from the primary diagnosis ICD-10-CM code.

PROVIDER-ASSIGNED PATIENT DRG CODE

Name: **DRGCode**

Type: Numeric
Length: 3

Format: 999

DEFINITION: The Diagnostic Related Group code.

Source: Input record, location 2022.

PROCEDURES

PRINCIPAL PROCEDURE CODE

Name: **Principal Procedure** Type: Character Format: \$9999
Length: 7

DEFINITION: The 3 to 7 full character ICD-10-PCS code that identifies the principal procedure performed during the period of stay prior to discharge that is most related to the principal diagnosis or the one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes.

Source: Input record, location 2025.

(PATIENT 2ND-6TH) SECONDARY PROCEDURE CODES

Name: **Procedure2 – Procedure6** Type: Character Format: \$9999
Length: 7

DEFINITION: The codes identifying all the clinically significant procedures, other than the principal procedure, performed during the patient stay.

Source: Input record, locations 2032, 2039, 2046, 2053, 2060.

PRINCIPAL PROCEDURE CODE QUALIFER

Name: **prinicpalprocedurecodequalifier** Type: Numeric Format: 9
Length: 1

DEFINITION: The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

Codes:

- 9 – Ninth Revision
- 0 – Tenth Revision
- 1 – Unknown and/or exempt

Source: Input record, location 2115.

(PATIENT 2ND-6TH) SECONDARY PROCEDURE CODE QUALIFIERS

Name: **prinicpalprocedurecodequalifier[2 – 6]** Type: Numeric Format: 9
Length: 1

DEFINITION: The qualifier that denotes the version of International Classification of Diseases (ICD) reported.

Codes:

9 – Ninth Revision

0 – Tenth Revision

1 – Unknown and/or exempt

Source: Input record, locations 2116, 2117, 2118, 2119, 2120.

PAYER DATA

PRIMARY PAYER CATEGORY

Name: **PrimaryPayerCategory** Type: Numeric Format: 99
Length: 2

DEFINITION: The broad **category** assigned by the data provider to the payment source identified in the Primary Payer Identification Name field (PrimaryPayerName).

Codes:

- | | |
|----|--|
| 1 | Medicare |
| 2 | Medicaid |
| 3 | CHAMPUS/Military/VA |
| 4 | IHS/PHS |
| 5 | Other government |
| 6 | Private insurance |
| 7 | Workers compensation |
| 8 | Self pay/no insurance |
| 9 | County indigent funds (CIF) |
| 10 | Charity care – the provider does not anticipate payment from any source, including the patient |
| 88 | Unknown |

Source: Input record, location 155.

PRIMARY PAYER TYPE

Name: **PrimaryPayerType** Type: Numeric Format: 99
Length: 2

DEFINITION: The **type** of Primary Payer from which the provider might expect some payment for the reported services, as defined below.

Codes:

- | | |
|----|---|
| 1 | HMO |
| 2 | Other managed care – includes Provider Service Networks |
| 3 | Indemnity plan |
| 88 | Unknown |

Source: Input record, location 182.

PRIMARY PAYER IDENTIFICATION NAME

Name: **PrimaryPayerName** Type: Character Format: \$PAYNAME
Length: 25

DEFINITION: The **Name** identifying the primary payer from which the provider should expect payment for the inpatient stay claim/bill.

Source: Input record, location 157.

SECONDARY PAYER CATEGORY

Name: **SecondaryPayerCategory** Type: Numeric Format: 99
Length: 2

DEFINITION: The broad **category** assigned by the data provider to the payment source identified in the secondary Payer Identification Name field (SecondaryPayerName).

Codes:

- | | |
|----|--|
| 1 | Medicare |
| 2 | Medicaid |
| 3 | CHAMPUS/Military/VA |
| 4 | IHS/PHS |
| 5 | Other government |
| 6 | Private insurance |
| 7 | Workers compensation |
| 8 | Self pay/no insurance |
| 9 | County indigent funds |
| 10 | Charity care – the provider does not anticipate payment from any source, including the patient |
| 88 | Unknown |

Source: Input record, location 184.

SECONDARY PAYER TYPE

Name: **SecondaryPayerType** Type: Integer Format: 99
Length: 2

DEFINITION: The **type** of Secondary Payer from which the provider might expect some payment for the reported services, as defined below.

Codes:

- | | |
|----|---|
| 1 | HMO |
| 2 | Other managed care – includes Provider Service Networks |
| 3 | Indemnity plan |
| 88 | Unknown |

Source: Input record, location 211.

SECONDARY PAYER IDENTIFICATION NAME

Name: **SecondaryPayerName** Type: Character Format: \$PAYNAME
Length: 25

DEFINITION: The **Name** identifying the secondary payer from which the provider should expect payment for the inpatient stay claim/bill.

Source: Input record, location 186.

TERTIARY PAYER CATEGORY

Name: **TertiaryPayerCategory** Type: Numeric Format: 99
Length: 2

DEFINITION: The broad **category** assigned by the data provider to the payment source identified in the tertiary Payer Identification Name field (SecondaryPayerName).

Codes:

- | | |
|----|--|
| 1 | Medicare |
| 2 | Medicaid |
| 3 | CHAMPUS/Military/VA |
| 4 | IHS/PHS |
| 5 | Other government |
| 6 | Private insurance |
| 7 | Workers compensation |
| 8 | Self pay/no insurance |
| 9 | County indigent funds |
| 10 | Charity care – the provider does not anticipate payment from any source, including the patient |
| 88 | Unknown |

Source: Input record, location 213.

TERTIARY PAYER TYPE

Name: **TertiaryPayerType** Type: Integer Format: 99
Length: 2

DEFINITION: The **type** of Tertiary Payer from which the provider might expect some payment for the reported services, as defined below.

Codes:

- | | |
|----|---|
| 1 | HMO |
| 2 | Other managed care – includes Provider Service Networks |
| 3 | Indemnity plan |
| 88 | Unknown |

Source: Input record, location 240.

TERTIARY PAYER IDENTIFICATION NAME

Name: **TertiaryPayerName** Type: Character Format: \$PAYNAME
Length: 25

DEFINITION: The **Name** identifying the tertiary payer from which the provider should expect payment for the inpatient stay claim/bill.

Source: Input record, location 215.

CONDITION CODES [1-11]

Name: ConditionCode1 – ConditionCode11 Type: Character Format: \$Code
Length: 2

DEFINITION: A two digit alpha numeric code that identify conditions that may affect processing of a claim. See NUBC manual, forms 18-28 for further information.

REVENUE CODE 1

Name: **Revcod1** Type: Character Format: \$9999
Length: 4

DEFINITION: Total charge **code** (0001) identifying the total charges (rounded to the nearest dollar amount) incurred for all services received during the patient stay.

Source: Input record, location 264

OTHER REVENUE CODES

Name: **Revcod2-Revcod22** Type: Character Format: \$9999
Length: 4

DEFINITION: The **Code** identifying the service received.

Source: Input record, location 325, 386, 447, 508, 569, 630, 691, 752, 813, 874, 935, 996, 1057, 1118, 1179, 1240, 1301, 1362, 1423, 1484, 1545.

REVENUE CODE DESCRIPTION

Name: **Revcodedescription1-Revcodedescription22**
Type: Character Format: \$Text
Length: 24

DEFINITION: The **Description** detailing the service rendered, associated with the revenue code.

Source: Input record, location 268, 329, 390, 451, 512, 573, 634, 695, 756, 817, 878, 939, 1000, 1061, 1122, 1183, 1244, 1305, 1366, 1427, 1488, 1549.

REVENUE CODE SERVICE DATE

Name: **Revcodeservicedate1-Revcodeservicedate22**

Type: Character Format: MMDDYYYY
Length: 8

DEFINITION: The **Date** associated with the services for the revenue code.

Source: Input record, location 292, 353, 414, 475, 536, 597, 658, 719, 780, 841, 902, 963, 1024, 1085, 1146, 1207, 1268, 1329, 1390, 1451, 1512, 1573.

REVENUE CODE SERVICE UNITS

Name: **Revcodeserviceunits1-Revcodeserviceunits22**

Type: Numeric Format: 9999999
Length: 7

DEFINITION: The **Units** associated with the revenue code.

Source: Input record, location 300, 361, 422, 483, 544, 605, 666, 727, 788, 849, 910, 971, 1032, 1093, 1154, 1215, 1276, 1337, 1398, 1459, 1520, 1581.

REVENUE CODE LINE ITEM CHARGES

Name: **Revcodelineitemcharges1-Revcodelineitemcharges22**

Type: Numeric Format: 999999999
Length: 9

DEFINITION: The **Amount** of charges associated with revenue code.

Source: Input record, location 307, 368, 429, 490, 551, 612, 673, 734, 795, 856, 917, 978, 1039, 1100, 1161, 1222, 1283, 1344, 1405, 1466, 1527, 1588.

REVENUE CODE NON-COVERED CHARGES

Name: **Revcodenoncoveredcharges1-Revcodenoncoveredcharges22**

Type: Numeric Format: 999999999
Length: 9

DEFINITION: The **Amount** of charges not covered.

Source: Input record, location 316, 377, 438, 499, 560, 621, 682, 743, 804, 865, 926, 987, 1048, 1109, 1170, 1231, 1292, 1353, 1414, 1475, 1536, 1597.

RELATED REPORT NUMBERS

EMS AMBULANCE RUN NUMBER

Name: **EMSAmbulanceRunNumber** Type: Character Format: \$EMS
Length: 6

DEFINITION: The Emergency Medical Services ambulance run number.

Source: Input record, location 38.

TRAFFIC CRASH REPORT NUMBER

Name: **TrafficCrashReportNumber** Type: Character Format: \$TCRN
Length: 6

DEFINITION: The six-digit number used by enforcement agents completing traffic crash reports.

Source: Input record, location 44.

APPENDICES

APPENDIX 1: Data File Layout for facilities submitting data to the DOH

NM Department of Health HIDD Electronic Record Layout					Required?
Effective: Reporting 2019 data					
NOTE: The file has fixed width data columns and must be padded with spaces to provide the full record length of 2,120 (last position ending on space 2,121).					Note that all elements are required as available by facilities.
Data Set Name: HIDD (New Mexico Hospital Inpatient Discharge Data)					
Data Fields = 268					
Record Length = 2,121					
Data Element and Position		Start Location	Number denotes field length limit	Data Type	
1	New Mexico State License Number, left justified	1	8	Character	X
2	Medicare Provider Number, left justified	9	6	Character	X
3	Provider zip code (5 or 9 digits), left justified	15	9	Numeric	X
4	Admission hour (military time)	24	4	Numeric	X
5	Patient Admission Date (mmddyyyy)	28	8	Numeric	X
6	Point of Origin (1 to 9, A, D, E and F)	36	1	Character	X
7	Type of Admission (1 to 4, 9)	37	1	Numeric	X
8	Patient EMS Ambulance Run Number, left justified	38	6	Character	If applicable
9	Traffic Crash Report Number, left justified	44	6	Character	If applicable
10	Accident State (two-digit code), left justified	50	2	Character	If applicable
11	Patient Medical Record Number, left justified	52	24	Character	X
12	Patient Medicaid ID Number	76	19	Character	If applicable
13	Patient Control Number, left justified	95	20	Character	X
14	Birth weight (grams)	115	6	Numeric	If applicable
15	Attending Physician NPI (assigned by Medicare)	121	10	Character	X
16	Operating Physician NPI (assigned by Medicare)	131	10	Character	If applicable
17	Discharge hour (military time)	141	4	Numeric	X
18	Patient Discharge Date (mmddyyyy)	145	8	Numeric	X
19	Patient Status (01 to 99)	153	2	Character	X
20	Primary Payer Category (1 to 10, 88), right justified	155	2	Numeric	X
21	Primary Payer Identification Name, left justified	157	25	Character	X
22	Primary Payer Type (1 to 3, 88), right justified	182	2	Numeric	X
23	Secondary Payer Category (1 to 10, 88), right justified	184	2	Numeric	If applicable
24	Secondary Payer Identification Name, left justified	186	25	Character	If applicable
25	Secondary Payer Type (1 to 3, 88), right justified	211	2	Numeric	If applicable

26	Tertiary Payer Category (1 to 10, 88), right justified	213	2	Numeric	If applicable
27	Tertiary Payer Identification Name, left justified	215	25	Character	If applicable
28	Tertiary Payer Type (1 to 3, 88), right justified	240	2	Numeric	If applicable
29	1st Condition Code, left justified	242	2	Character	X
30	2nd Condition Code, left justified	244	2	Character	If applicable
31	3rd Condition Code, left justified	246	2	Character	If applicable
32	4th Condition Code, left justified	248	2	Character	If applicable
33	5th Condition Code, left justified	250	2	Character	If applicable
34	6th Condition Code, left justified	252	2	Character	If applicable
35	7th Condition Code, left justified	254	2	Character	If applicable
36	8th Condition Code, left justified	256	2	Character	If applicable
37	9th Condition Code, left justified	258	2	Character	If applicable
38	10th Condition Code, left justified	260	2	Character	If applicable
39	11th Condition Code, left justified	262	2	Character	If applicable
40	1st Revenue Code, left justified	264	4	Character	X
41	1st Revenue Code Description, left justified	268	24	Character	X
42	1st Revenue Code Service Date (mmddyyyy), left justified	292	8	Character	X
43	1st Revenue Code Service Units, right justified	300	7	Numeric	X
44	1st Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	307	9	Numeric	X
45	1st Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	316	9	Numeric	X
46	2nd Revenue Code, left justified	325	4	Character	If applicable
47	2nd Revenue Code Description, left justified	329	24	Character	If applicable
48	2nd Revenue Code Service Date (mmddyyyy), left justified	353	8	Character	If applicable
49	2nd Revenue Code Service Units, right justified	361	7	Numeric	If applicable
50	2nd Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	368	9	Numeric	If applicable
51	2nd Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	377	9	Numeric	If applicable
52	3rd Revenue Code, left justified	386	4	Character	If applicable
53	3rd Revenue Code Description, left justified	390	24	Character	If applicable
54	3rd Revenue Code Service Date (mmddyyyy), left justified	414	8	Character	If applicable
55	3rd Revenue Code Service Units, right justified	422	7	Numeric	If applicable
56	3rd Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	429	9	Numeric	If applicable
57	3rd Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	438	9	Numeric	If applicable
58	4th Revenue Code, left justified	447	4	Character	If applicable
59	4th Revenue Code Description, left justified	451	24	Character	If applicable

60	4th Revenue Code Service Date (mmddyyyy), left justified	475	8	Character	If applicable
61	4th Revenue Code Service Units, right justified	483	7	Numeric	If applicable
62	4th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	490	9	Numeric	If applicable
63	4th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	499	9	Numeric	If applicable
64	5th Revenue Code, left justified	508	4	Character	If applicable
65	5th Revenue Code Description, left justified	512	24	Character	If applicable
66	5th Revenue Code Service Date (mmddyyyy), left justified	536	8	Character	If applicable
67	5th Revenue Code Service Units, right justified	544	7	Numeric	If applicable
68	5th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	551	9	Numeric	If applicable
69	5th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	560	9	Numeric	If applicable
70	6th Revenue Code, left justified	569	4	Character	If applicable
71	6th Revenue Code Description, left justified	573	24	Character	If applicable
72	6th Revenue Code Service Date (mmddyyyy), left justified	597	8	Character	If applicable
73	6th Revenue Code Service Units, right justified	605	7	Numeric	If applicable
74	6th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	612	9	Numeric	If applicable
75	6th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	621	9	Numeric	If applicable
76	7th Revenue Code, left justified	630	4	Character	If applicable
77	7th Revenue Code Description, left justified	634	24	Character	If applicable
78	7th Revenue Code Service Date (mmddyyyy), left justified	658	8	Character	If applicable
79	7th Revenue Code Service Units, right justified	666	7	Numeric	If applicable
80	7th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	673	9	Numeric	If applicable
81	7th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	682	9	Numeric	If applicable
82	8th Revenue Code, left justified	691	4	Character	If applicable
83	8th Revenue Code Description, left justified	695	24	Character	If applicable
84	8th Revenue Code Service Date (mmddyyyy), left justified	719	8	Character	If applicable
85	8th Revenue Code Service Units, right justified	727	7	Numeric	If applicable
86	8th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	734	9	Numeric	If applicable
87	8th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	743	9	Numeric	If applicable

88	9th Revenue Code, left justified	752	4	Character	If applicable
89	9th Revenue Code Description, left justified	756	24	Character	If applicable
90	9th Revenue Code Service Date (mmddyyyy), left justified	780	8	Character	If applicable
91	9th Revenue Code Service Units, right justified	788	7	Numeric	If applicable
92	9th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	795	9	Numeric	If applicable
93	9th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	804	9	Numeric	If applicable
94	10th Revenue Code, left justified	813	4	Character	If applicable
95	10th Revenue Code Description, left justified	817	24	Character	If applicable
96	10th Revenue Code Service Date (mmddyyyy), left justified	841	8	Character	If applicable
97	10th Revenue Code Service Units, right justified	849	7	Numeric	If applicable
98	10th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	856	9	Numeric	If applicable
99	10th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	865	9	Numeric	If applicable
100	11th Revenue Code, left justified	874	4	Character	If applicable
101	11th Revenue Code Description, left justified	878	24	Character	If applicable
102	11th Revenue Code Service Date (mmddyyyy), left justified	902	8	Character	If applicable
103	11th Revenue Code Service Units, right justified	910	7	Numeric	If applicable
104	11th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	917	9	Numeric	If applicable
105	11th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	926	9	Numeric	If applicable
106	12th Revenue Code, left justified	935	4	Character	If applicable
107	12th Revenue Code Description, left justified	939	24	Character	If applicable
108	12th Revenue Code Service Date (mmddyyyy), left justified	963	8	Character	If applicable
109	12th Revenue Code Service Units, right justified	971	7	Numeric	If applicable
110	12th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	978	9	Numeric	If applicable
111	12th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	987	9	Numeric	If applicable
112	13th Revenue Code, left justified	996	4	Character	If applicable
113	13th Revenue Code Description, left justified	1000	24	Character	If applicable
114	13th Revenue Code Service Date (mmddyyyy), left justified	1024	8	Character	If applicable
115	13th Revenue Code Service Units, right justified	1032	7	Numeric	If applicable
116	13th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1039	9	Numeric	If applicable

117	13th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1048	9	Numeric	If applicable
118	14th Revenue Code, left justified	1057	4	Character	If applicable
119	14th Revenue Code Description, left justified	1061	24	Character	If applicable
120	14th Revenue Code Service Date (mmddyyyy), left justified	1085	8	Character	If applicable
121	14th Revenue Code Service Units, right justified	1093	7	Numeric	If applicable
122	14th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1100	9	Numeric	If applicable
123	14th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1109	9	Numeric	If applicable
124	15th Revenue Code, left justified	1118	4	Character	If applicable
125	15th Revenue Code Description, left justified	1122	24	Character	If applicable
126	15th Revenue Code Service Date (mmddyyyy), left justified	1146	8	Character	If applicable
127	15th Revenue Code Service Units, right justified	1154	7	Numeric	If applicable
128	15th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1161	9	Numeric	If applicable
129	15th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1170	9	Numeric	If applicable
130	16th Revenue Code, left justified	1179	4	Character	If applicable
131	16th Revenue Code Description, left justified	1183	24	Character	If applicable
132	16th Revenue Code Service Date (mmddyyyy), left justified	1207	8	Character	If applicable
133	16th Revenue Code Service Units, right justified	1215	7	Numeric	If applicable
134	16th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1222	9	Numeric	If applicable
135	16th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1231	9	Numeric	If applicable
136	17th Revenue Code, left justified	1240	4	Character	If applicable
137	17th Revenue Code Description, left justified	1244	24	Character	If applicable
138	17th Revenue Code Service Date (mmddyyyy), left justified	1268	8	Character	If applicable
139	17th Revenue Code Service Units, right justified	1276	7	Numeric	If applicable
140	17th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1283	9	Numeric	If applicable
141	17th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1292	9	Numeric	If applicable
142	18th Revenue Code, left justified	1301	4	Character	If applicable
143	18th Revenue Code Description, left justified	1305	24	Character	If applicable
144	18th Revenue Code Service Date (mmddyyyy), left justified	1329	8	Character	If applicable
145	18th Revenue Code Service Units, right justified	1337	7	Numeric	If applicable

146	18th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1344	9	Numeric	If applicable
147	18th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1353	9	Numeric	If applicable
148	19th Revenue Code, left justified	1362	4	Character	If applicable
149	19th Revenue Code Description, left justified	1366	24	Character	If applicable
150	19th Revenue Code Service Date (mmddyyyy), left justified	1390	8	Character	If applicable
151	19th Revenue Code Service Units, right justified	1398	7	Numeric	If applicable
152	19th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1405	9	Numeric	If applicable
153	19th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1414	9	Numeric	If applicable
154	20th Revenue Code, left justified	1423	4	Character	If applicable
155	20th Revenue Code Description, left justified	1427	24	Character	If applicable
156	20th Revenue Code Service Date (mmddyyyy), left justified	1451	8	Character	If applicable
157	20th Revenue Code Service Units, right justified	1459	7	Numeric	If applicable
158	20th Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1466	9	Numeric	If applicable
159	20th Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1475	9	Numeric	If applicable
160	21st Revenue Code, left justified	1484	4	Character	If applicable
161	21st Revenue Code Description, left justified	1488	24	Character	If applicable
162	21st Revenue Code Service Date (mmddyyyy), left justified	1512	8	Character	If applicable
163	21st Revenue Code Service Units, right justified	1520	7	Numeric	If applicable
164	21st Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1527	9	Numeric	If applicable
165	21st Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1536	9	Numeric	If applicable
166	22nd Revenue Code, left justified	1545	4	Character	If applicable
167	22nd Revenue Code Description, left justified	1549	24	Character	If applicable
168	22nd Revenue Code Service Date (mmddyyyy), left justified	1573	8	Character	If applicable
169	22nd Revenue Code Service Units, right justified	1581	7	Numeric	If applicable
170	22nd Revenue Code Line Item Charges, right justified (rounded to nearest whole dollar)	1588	9	Numeric	If applicable
171	22nd Revenue Code non-covered Charges, right justified (rounded to nearest whole dollar)	1597	9	Numeric	If applicable
172	Patient First Name, left justified	1606	14	Character	X
173	Patient Last Name, left justified	1620	15	Character	X
174	Patient Middle Initial	1635	1	Character	X

175	Patient Social Security Number	1636	9	Numeric	X
176	Patient Street Address, left justified	1645	40	Character	X
177	Patient City, left justified	1685	30	Character	If Zip Not Provided
178	Patient County , left justified	1715	20	Character	As Available
179	Patient State, left justified	1735	2	Character	If Zip Not Provided
180	Patient Zip code (5 or 9 digits), left justified	1737	9	Numeric	X
181	Patient Date of Birth (mmddyyyy)	1746	8	Numeric	X
182	Patient Race - multiple (R1 to R7. R9)	1754	12	Character	X
183	Patient Ethnicity (E1, E2, E6, E7)	1766	2	Character	X
184	Patient Tribal Affiliation - up to five (T1 to T22, T100, T200, T300)	1768	20	Character	X
185	Sex of Patient (M,F, U)	1788	1	Character	X
186	Patient phone number, left justified	1789	10	Character	X
187	Patient Admitting Diagnosis code, left justified	1799	8	Character	X
188	Patient Principal Diagnosis code, left justified	1807	8	Character	X
189	Patient 2nd Diagnosis code, left justified	1815	8	Character	If applicable
190	Patient 3rd Diagnosis code, left justified	1823	8	Character	If applicable
191	Patient 4th Diagnosis code, left justified	1831	8	Character	If applicable
192	Patient 5th Diagnosis code, left justified	1839	8	Character	If applicable
193	Patient 6th Diagnosis code, left justified	1847	8	Character	If applicable
194	Patient 7th Diagnosis code, left justified	1855	8	Character	If applicable
195	Patient 8th Diagnosis code, left justified	1863	8	Character	If applicable
196	Patient 9th Diagnosis code, left justified	1871	8	Character	If applicable
197	Patient 10th Diagnosis code, left justified	1879	8	Character	If applicable
198	Patient 11th Diagnosis code, left justified	1887	8	Character	If applicable
199	Patient 12th Diagnosis code, left justified	1895	8	Character	If applicable
200	Patient 13th Diagnosis code, left justified	1903	8	Character	If applicable
201	Patient 14th Diagnosis code, left justified	1911	8	Character	If applicable
202	Patient 15th Diagnosis code, left justified	1919	8	Character	If applicable
203	Patient 16th Diagnosis code, left justified	1927	8	Character	If applicable
204	Patient 17th Diagnosis code, left justified	1935	8	Character	If applicable
205	Patient 18th Diagnosis code, left justified	1943	8	Character	If applicable
206	Patient Admitting Diagnosis code qualifier (9, 0, 1), left justified	1951	1	Character	X
207	Patient Principal Diagnosis code qualifier (9, 0, 1), left justified	1952	1	Character	X
208	Patient 2nd Diagnosis code qualifier (9, 0, 1), left justified	1953	1	Character	If applicable
209	Patient 3rd Diagnosis code qualifier (9, 0, 1), left justified	1954	1	Character	If applicable
210	Patient 4th Diagnosis code qualifier (9, 0, 1), left justified	1955	1	Character	If applicable
211	Patient 5th Diagnosis code qualifier (9, 0, 1), left justified	1956	1	Character	If applicable
212	Patient 6th Diagnosis code qualifier (9, 0, 1), left justified	1957	1	Character	If applicable

213	Patient 7th Diagnosis code qualifier (9, 0, 1), left justified	1958	1	Character	If applicable
214	Patient 8th Diagnosis code qualifier (9, 0, 1), left justified	1959	1	Character	If applicable
215	Patient 9th Diagnosis code qualifier (9, 0, 1), left justified	1960	1	Character	If applicable
216	Patient 10th Diagnosis code qualifier (9, 0, 1), left justified	1961	1	Character	If applicable
217	Patient 11th Diagnosis code qualifier (9, 0, 1), left justified	1962	1	Character	If applicable
218	Patient 12th Diagnosis code qualifier (9, 0, 1), left justified	1963	1	Character	If applicable
219	Patient 13th Diagnosis code qualifier (9, 0, 1), left justified	1964	1	Character	If applicable
220	Patient 14th Diagnosis code qualifier (9, 0, 1), left justified	1965	1	Character	If applicable
221	Patient 15th Diagnosis code qualifier (9, 0, 1), left justified	1966	1	Character	If applicable
222	Patient 16th Diagnosis code qualifier (9, 0, 1), left justified	1967	1	Character	If applicable
223	Patient 17th Diagnosis code qualifier (9, 0, 1), left justified	1968	1	Character	If applicable
224	Patient 18th Diagnosis code qualifier (9, 0, 1), left justified	1969	1	Character	If applicable
225	1st E-Code, left justified, (required)	1970	10	Character	If Princ. Diag. indicates trauma or poisoning
226	2nd E-Code, left justified	1980	10	Character	If applicable
227	3rd E-Code, left justified	1990	10	Character	If applicable
228	Patient Admitting Diagnosis, Present on Admission, left justified	2000	1	Character	X
229	Patient Principal Diagnosis, Present on Admission, left justified	2001	1	Character	X
230	Patient 2nd Diagnosis, Present on Admission, left justified	2002	1	Character	X
231	Patient 3rd Diagnosis, Present on Admission, left justified	2003	1	Character	X
232	Patient 4th Diagnosis, Present on Admission, left justified	2004	1	Character	X
233	Patient 5th Diagnosis, Present on Admission, left justified	2005	1	Character	X
234	Patient 6th Diagnosis, Present on Admission, left justified	2006	1	Character	X
235	Patient 7th Diagnosis, Present on Admission, left justified	2007	1	Character	X
236	Patient 8th Diagnosis, Present on Admission, left justified	2008	1	Character	X
237	Patient 9th Diagnosis, Present on Admission, left justified	2009	1	Character	X
238	Patient 10th Diagnosis, Present on Admission, left justified	2010	1	Character	X
239	Patient 11th Diagnosis, Present on Admission, left justified	2011	1	Character	X
240	Patient 12th Diagnosis, Present on Admission, left justified	2012	1	Character	X
241	Patient 13th Diagnosis, Present on Admission, left justified	2013	1	Character	X
242	Patient 14th Diagnosis, Present on Admission, left justified	2014	1	Character	X
243	Patient 15th Diagnosis, Present on Admission, left justified	2015	1	Character	X
244	Patient 16th Diagnosis, Present on Admission, left justified	2016	1	Character	X

245	Patient 17th Diagnosis, Present on Admission, left justified	2017	1	Character	X
246	Patient 18th Diagnosis, Present on Admission, left justified	2018	1	Character	X
247	1st E-Code, Present on Admission, left justified	2019	1	Character	If Princ. Diag. indicates trauma or poisoning
248	2nd E-Code, left justified, Present on Admission, left justified	2020	1	Character	If applicable
249	3rd E-Code, left justified, Present on Admission, left justified	2021	1	Character	If applicable
250	Patient Diagnosis Related Group (DRG) Code	2022	3	Numeric	X
251	Patient Principal Procedure code, left justified	2025	7	Character	If applicable
252	Patient 2nd Procedure code, left justified	2032	7	Character	If applicable
253	Patient 3rd Procedure code, left justified	2039	7	Character	If applicable
254	Patient 4th Procedure code, left justified	2046	7	Character	If applicable
255	Patient 5th Procedure code, left justified	2053	7	Character	If applicable
256	Patient 6th Procedure code, left justified	2060	7	Character	If applicable
257	Patient Principal Procedure date (mmddyyyy)	2067	8	Character	If applicable
258	Patient 2nd Procedure date (mmddyyyy)	2075	8	Character	If applicable
259	Patient 3rd Procedure date (mmddyyyy)	2083	8	Character	If applicable
260	Patient 4th Procedure date (mmddyyyy)	2091	8	Character	If applicable
261	Patient 5th Procedure date (mmddyyyy)	2099	8	Character	If applicable
262	Patient 6th Procedure date (mmddyyyy)	2107	8	Character	If applicable
263	Patient Principal Procedure code qualifier (9, 0, 1), left justified	2115	1	Character	If applicable
264	Patient 2nd Procedure code qualifier (9, 0, 1), left justified	2116	1	Character	If applicable
265	Patient 3rd Procedure code qualifier (9, 0, 1), left justified	2117	1	Character	If applicable
266	Patient 4th Procedure code qualifier (9, 0, 1), left justified	2118	1	Character	If applicable
267	Patient 5th Procedure code qualifier (9, 0, 1), left justified	2119	1	Character	If applicable
268	Patient 6th Procedure code qualifier (9, 0, 1), left justified	2120	1	Character	If applicable
		2121			

APPENDIX 2: Data Elements use in the NMDOH query tool New Mexico's Indicator Based Information System (IBIS):

Data Element	Description
RecordID	RecordID (consisting of year appended to database table RowID in the format YYYY999999999)
FacilityID	ID for each Facility
Gender	Patient Gender
Ethnicity	Patient Ethnicity
Race	Patient Race
Tribal Affiliation	Patient Tribal Affiliation
Zipcode	Patient Zip Code
DOHAdminDate	Date of Admittance - Format MMDDYYYY
DOHDischargeDate	Date of Discharge - Format MMDDYYYY

Data Element	Description
DOHAge	Patient Age - Calculated as the difference between Discharge Date and Date of Birth
Diagnosis	Primary diagnosis on admittance
Diagnosis2	Second diagnosis during stay
Diagnosis3	Third diagnosis during stay
Diagnosis4	Fourth diagnosis during stay
Diagnosis5	Fifth diagnosis during stay
Diagnosis6	Sixth diagnosis during stay
Diagnosis7	Seventh diagnosis during stay
Diagnosis8	Eighth diagnosis during stay
Diagnosis9	Ninth diagnosis during stay
ECode	External Cause of Injury (and Poisoning) code
ECode2	External Cause of Injury (and Poisoning) code 2
ECode3	External Cause of Injury (and Poisoning) code 3
PrincipalProcedure	Principal procedure during stay
Procedure2	Second procedure during stay
Procedure3	Third procedure during stay
Procedure4	Fourth procedure during stay
Procedure5	Fifth procedure during stay
Procedure6	Sixth procedure during stay
PointOfOrigin	Source of admittance - Joins to lookup table for description for source of admission
AdminType	Type of admittance - Joins to lookup table for description for type of admission
PatientStatus	Status of patient at time of discharged - joins to lookup table for description for discharge status
DOHLengthofStay	Total length of stay (rounded up to whole days) calculated as the difference between the discharge date and admin date
TotalCharges	Total charges for stay
PrimaryPayerCategory	Payer category for primary source of payment
PrimaryPayerType	Payer Type for primary source of payment
PrimaryPayerName	Name of primary payer
SecondaryPayerCategory	Payer category for secondary source of payment
SecondaryPayerType	Payer Type for secondary source of payment
SecondaryPayerName	Name of secondary payer
EMSAmbulanceRunNumber	Emergency Room Ambulance run number
TrafficCrashReportNumber	Traffic crash report number
DOHCountyCode	Fips county code number
DOHHealthRegion	NM DOH health region codes
DOHHealthRegion	Quadrant of State
MDC	Top level Major Diagnostic category for primary diagnosis
MDC2	First level subcategory of Major Diagnostic category for primary diagnosis
MDC3	Second level subcategory of Major Diagnostic category for primary diagnosis
PC1	Top level Procedure category for principal procedure
PC2	Top level Procedure category for second procedure
PC3	Top level Procedure category for third procedure
PC4	Top level Procedure category for fourth procedure
PC5	Top level Procedure category for fifth procedure

Data Element	Description
PC6	Top level Procedure category for sixth procedure
SPC1	First level subcategory of procedure for principal procedure
SPC2	First level subcategory of procedure for second procedure
SPC3	First level subcategory of procedure for third procedure
SPC4	First level subcategory of procedure for fourth procedure
SPC5	First level subcategory of procedure for fifth procedure
SPC6	First level subcategory of procedure for sixth procedure
APC1	Second level subcategory of procedure for principal procedure
APC2	Second level subcategory of procedure for second procedure
APC3	Second level subcategory of procedure for third procedure
APC4	Second level subcategory of procedure for fourth procedure
APC5	Second level subcategory of procedure for fifth procedure
APC6	Second level subcategory of procedure for sixth procedure
MD1A	Top level mental illness category for primary diagnosis
MD1B	First level subcategory of mental disorders for primary diagnosis
MD1C	Second level subcategory of mental disorders for primary diagnosis
MD2A	Top level mental illness category for second diagnosis
MD2B	First level subcategory of mental disorders for second diagnosis
MD2C	Second level subcategory of mental disorders for second diagnosis
MD3A	Top level mental illness category for third diagnosis
MD3B	First level subcategory of mental disorders for third diagnosis
MD3C	Second level subcategory of mental disorders for third diagnosis
MD4A	Top level mental illness category for fourth diagnosis
MD4B	First level subcategory of mental disorders for fourth diagnosis
MD4C	Second level subcategory of mental disorders for fourth diagnosis
MD5A	Top level mental illness category for fifth diagnosis
MD5B	First level subcategory of mental disorders for fifth diagnosis
MD5C	Second level subcategory of mental disorders for fifth diagnosis
MD6A	Top level mental illness category for sixth diagnosis
MD6B	First level subcategory of mental disorders for sixth diagnosis
MD6C	Second level subcategory of mental disorders for sixth diagnosis
MD7A	Top level mental illness category for seventh diagnosis
MD7B	First level subcategory of mental disorders for seventh diagnosis
MD7C	Second level subcategory of mental disorders for seventh diagnosis
MD8A	Top level mental illness category for eighth diagnosis
MD8B	First level subcategory of mental disorders for eighth diagnosis
MD8C	Second level subcategory of mental disorders for eighth diagnosis
MD9A	Top level mental illness category for ninth diagnosis
MD9B	First level subcategory of mental disorders for ninth diagnosis
MD9C	Second level subcategory of mental disorders for ninth diagnosis

KEY DEFINITIONS

Data provider means a data source that has provided data to the health information system on a regular basis.

Data source has the meaning given in Section 24-14A-2 of the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978, and includes those categories of persons or entities that possess health information, including any public or private sector licensed hospital, health care practitioner, primary care clinic, ambulatory surgery center, ambulatory urgent care center, ambulatory dialysis unit, home health agency, long-term care facility, pharmacy, third-party payer and any public entity that has health information

Health care means any care, treatment, service or procedure to maintain, diagnose or otherwise affect an individual's physical or mental condition.

Health information system or HIS means the health information system established by the Health Information System Act, Section 24-14A-1 et seq. NMSA 1978.

Inpatient health care facility means a hospital or other health facility which admits patients for overnight or longer (and therefore is responsible for patients' room and board) for the purpose of providing diagnostic treatment or other health services.

National provider identifier (NPI) means the ten digit NPI from the national plan and provider enumeration system (NPES).

Outpatient health care facility means a hospital or other health facility that provides ambulatory care to a patient without admitting the patient to the facility or providing lodging services.

Patient means a person who has received or is receiving health care.

GLOSSARY

AHRQ: Agency for Healthcare Research and Quality

ALOS: Average Length of Stay

CAH: Critical Access Hospital

CHAMPUS: Civilian Health And Medical Program of the Uniformed Services

CIF: County Indigent Funds

DOB: Date of Birth

E-CODE: External Cause of Injury diagnosis (ICD-10-CM 800-999) code

EMS: Emergency Medical Services

ERD: Epidemiology and Response Division (of the New Mexico Department of Health)

FIPS: Federal Information Processing Standards. Used for county coding

HCUP: Healthcare Cost and Utilization Project

HIDD: Hospital Inpatient Discharge Data

HMO: Health Maintenance Organization type of managed care organization.

HPC: The New Mexico Health Policy Commission

ICD-10-CM: International Classification of Diseases, 10th Revision, Clinical Modification

ICF: Intermediate Care Facility

ID: Identification (code)

IHS: Indian Health Services

MD: Mental Disorders category

MDC: Major Diagnostic Category

MMDDYYYY: Numeric date format for Month, Day and Year

NOS: Not Otherwise Specified

NPI: The National Provider Identifier

PC: Procedure Category

PHS: Public Health Services

POA: Present on Admission

SNF: Short Term Nursing Facility

SSN: Social Security Number

VA: Veteran's Administration

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