# Appendix A-8: PSI-90 Claims Extraction Rules (AHRQ SAS v2021)

| **Data Field Name**  | **Description** | **Format** | **Value Description** | **Comments** |
| --- | --- | --- | --- | --- |
| Claim Number | Sequence Number Unique case identifier | Text | User defined unique identifier for each discharge record | If missing or invalid, claim is excluded |
| PATIENT ID | Unique patient identifier | Text |  Unique patient identifier | If missing or invalid, claim is excluded |
| DOB | Date of Birth | Date Field |  MM/DD/YYYY | Age in years at admission is created using DOB and Admission Date fieldsClaims with age less than 18 years at admission are excludedClaims with missing or invalid DOB are excluded |
| SEX | Sex of Patient | Numeric12 | 1=male2=female | No additional comment |
| PROVIDER ID | Data Source Hospital Number | Numeric | Hospital identification number | If missing or invalid, claim is excluded |
| DISCHARGE DISPOSITION | Disposition of Patient | Numeric123456720 | 1=routine2=transfer to short-term hospital3=skilled nursing facility 4=intermediate care 5=another type of facility6=home health care7=against medical advice(AMA)20=died in the hospital | Claims with Discharge disposition of AMA or to Federal Facility are excludedIf missing or invalid, claim is excluded |
| ADMISSION TYPE | Admission Type | Numeric123456 | 1=emergency2=urgent3=elective4=newborn5=trauma center36=other | If missing or invalid, Admission Type is coded as 6 (other) and claim is included |
| ADMISSION SOURCE | Admission Source | Numeric12345 | 1=emergency room2=another hospital3=another facility, including LTC4=court/law enforcement 5=routine/birth/other | If missing or invalid, Admission Source is coded as 5 (other) and claim is included |
| LOS | Length of Stay | Numeric | Number of days from admission to discharge | If Length of Stay is missing, invalid or less than 0, the claim is excluded |
| MS-DRG | MS-Diagnosis Related Group | Numeric | MS-DRG from MS-DRG Grouper | MS-DRG Value is provided by MS-DRG Grouper Software version 36.0 |
| MS-MDC | MS-Major Diagnostic Category | Numeric | MS-MDC from MS-DRG Grouper | MS-MDC Value is provided by MS-DRG Grouper Software version 36.0 |
| ICD-10-CM DIAGNOSIS CODES | ICD-10-CM Diagnosis Codes. DX1 is the principal diagnosis. DX2- DX25 are secondary diagnoses.Note: If e-codes are separated from secondary diagnoses in the input data file, the variable should be renamed and included as a secondary diagnosis variable (e.g., e-codes would be labeled as DX10 in a data file where the last secondary DX field is DX9). | String; three, four, five, six, or seven characters (do not include decimal point) | Diagnosis codes | If Principal diagnosis DX1 is missing, claim is excluded |
| POA | Present on admission indicator for each diagnosis code | String | 1 = present at the time of inpatient admission.('Y' = Yes, and 'W' = Clinically Undetermined and are coded as “1”)0 = not present at the time of inpatient admission('N' = No and 'U' =Undetermined and are coded as ‟0‟). | Missing or invalid values for POA are treated as 0 = Not present at the time of inpatient admission except for select ICD codes that are exempt from POA reporting Principal Diagnosis codes are considered to be POA |
| ICD-10-CM PROCEDURE CODES | ICD-10-CM Procedure Codes. PR1 is the principal procedure, PR2-PR25 aresecondary procedures. | String; three, four, five, six, or seven characters (do not include decimal point) | Procedure codes | Missing values are acceptable, claim is included |
| ADMISSION DATE | Date of Admission | Date Field | MM/DD/YYYY | If Admission Date is missing or invalid, claim is excluded |
| DISCHARGE DATE | Date of Discharge | Date Field | MM/DD/YYYY | If discharge date is missing or invalid or not within the data period, claim is excluded |
| PROVIDER NAME | Provider Name  | Text | Provider Name | No additional comment |
| PATIENT LAST NAME | Patient Last Name | Text | Patient Last Name | No additional comment |
| PATIENT FIRST NAME | Patient First Name | Text | Patient First Name | No additional comment |
| DUAL | Status | Text | Y = YesN = No | Claims with Dual =Yes are excluded |
| CLAIM TYPE | Inpatient | Text | I = Inpatient | Only Inpatient claims utilized |
| CLAIM STATUS | Paid, denied  | Text | P = Paid | Only paid claims utilized |