## COMMON NULL VALUES

Data Format [combo] single-choice ATR Element

**Definition**

For any collection of data to be of value and reliably represent what was intended, a strong commitment must be made to ensure the correct documentation of incomplete data. The indicated null values should be applied.

**Field Values**

1. Not Applicable
2. Not Known/Not Recorded

|  |  |  |
| --- | --- | --- |
| **Screen Label** | **Field Label** | **Field Name** |
|  | **Unique Record Identifier** | EXP\_CTRL\_NUM |
| **Demographics-Patient** | **Age** | AGE\_VALUE |
| **Demographics-Patient** | **Age** | AGE\_VALUE\_TEXT |
| **Demographics-Patient** | **Age Units** | AGE\_UNIT\_AS\_TEXT |
|  | 1. Years
2. Months
3. Days
4. Estimated in Years

/ Not Applicable? Not Known Not Recorded |  |
| **Demographics-Patient** | **Race** | PAT\_RACE01\_AS\_TEXT PAT\_RACE02\_AS\_TEXT |
|  | 1. Asian
2. Native Hawaiian or Other Pacific Islander
3. Other Race
4. American Indian
5. Black or African American
6. White
7. Alaska Native

/ Not Applicable? Not Known/Not Recorded |  |
| **Demographics-Patient** | **Gender** | PAT\_GENDER\_AS\_TEXT |
|  | 1. Male
2. Female

? Not Known/Not Recorded |  |
| **Demographics-Patient** | **Ethnicity** | PAT\_ETHNIC\_AS\_TEXT |
|  | 1. Hispanic or Latino
2. Not Hispanic or Latino

? Not Known/Not Recorded |  |
| **Demographics-Patient** | **Zip** | PAT\_ADR\_ZIP |
| **Demographics-Patient** | **Zip** | PAT\_ADR\_ZIP\_TEXT |
| **Demographics-Patient** | **City** | PAT\_ADR\_CI |
| **Demographics-Patient** | **County** | PAT\_ADR\_FCO\_AS\_TEXT |
| **Demographics-Patient** | **State** | PAT\_ADR\_ST\_AS\_TEXT |
| **Demographics-Patient** | **Census Area**1 Aleutians East Borough 2 Aleutians West1. Municipality of Anchorage
2. Bethel
3. Bristol Bay Borough 6 Denali Borough
4. Dillingham
5. Fairbanks North Star Borough
6. Haines Borough
7. Juneau Borough
8. Kenai Peninsula Borough 12 Ketchikan Gateway

Borough13 Kodiak Island Borough 14 Lake And Peninsula 15 Matanuska-SusitnaBorough 16 Nome1. North Slope Borough
2. Northwest Arctic Borough
3. Prince Of Wales-Outer Ketchikan
4. Sitka Borough
5. Skagway-Hoonah-Angoon
6. Southeast Fairbanks
7. Valdez-Cordova 24 Wade Hampton
8. Wrangell-Petersburg
9. Yakutat Borough
10. Yukon-Koyukuk
11. Census Area Unknown 29 Outside Alaska

/ Not Applicable? Not Known/Not Recorded | PAT\_ADR\_REG\_AS\_TEXT |
| **Demographics-Patient** | **Country**USAOther/ Not Applicable? Not Known/Not Recorded | PAT\_ADR\_CY\_S\_AS\_TEXT |
| **Demographics - Patient** | **Alternate Residence**1, Homeless2, Undocumented Citizen3, Migrant4, Foreign Visitor/, Not Applicable?, Unknown | PAT\_ADR\_ALT\_AS\_TEXT |
| **Demographics - Patient** | **Patient Status**1. Prehospital Unstable
2. ER Unstable
3. Potential Unstable
4. Stable

? Not Known/Not Recorded | ED\_COND\_AS\_TEXT |
| **Demographics**  | **Year** Admission year | year |
| **Demographics - Patient** | **Age\_years** Patient Age Years | age\_years |
| **Demographics**  | **Month** Admission Month | month |
| **Demographics - Patient** | **Spine** Spinal Injuries – All admissionSN | Spine |
| **Demographics - Patient** | **TBI** TBI injury – All AdmissionBN | TBI |
| **Injury – Mechanism of Injury** | **Injury Intent 1 (Ecode Derived)**1, Intentional2, Not Intentional8, Unknown Intent9, N/A Intent0, Not Defined | ET\_INTENT1\_AS\_TEXT |
| **Injury – Mechanism of Injury** | **Injury Intent 2 (Ecode Derived)**1, Intentional2, Not Intentional8, Unknown Intent9, N/A Intent0, Not Defined | ET\_INTENT2\_AS\_TEXT |
| **Injury-Injury Information** | **Report of Physical Abuse**Yes No | INJ\_ABUSE\_RP\_YN\_AS\_TEXT |
| **Injury-Injury Information** | **Investigation of Physical Abuse**Yes No | INJ\_ABUSE\_INVST\_YN\_AS\_TEXT |

|  |  |  |
| --- | --- | --- |
| **Injury-Injury Information** | **Place of Injury** | INJ\_PLC\_AS\_TEXT |
|  | 0 Home1. Farm
2. Mine
3. Industry
4. Recreation
5. Street
6. Public Building
7. Residential Institution
8. Other
9. Unspecified

/ Not Applicable |  |
| **Injury-Injury Information** | **Place of Injury Specify** | INJ\_PLC\_MEMO |
| **Injury-Injury Information**  | **ICD 10 Location Code**  | INJ\_PLC\_ICD10\_AS\_TEXT  |
| **Injury-Injury Information** | **Work Related** | INJ\_WORK\_YN\_AS\_TEXT |
| **Injury-Injury Information** | **Occupational Industry** | PAT\_JOB\_TYPE\_AS\_TEXT |
|  | 1. Finance, Insurance, and Real Estate
2. Manufacturing
3. Retail Trade
4. Transportation and Public Utilities
5. Agriculture, Forestry, Fishing
6. Professional and Business Services
7. Education and Health Services
8. Construction
9. Government
10. Natural Resources and Mining
11. Information Services
12. Wholesale Trade
13. Leisure and Hospitality 14 Other Services

? Not Known/Not Recorded |  |
| **Injury-Injury Information** | **Occupational Industry Specify** | PAT\_JOB\_TYPE\_S |
| **Injury-Injury Information** | **Occupation**1. Business and Financial Operations Occupations
2. Architecture and Engineering Occupations
3. Community and Social Services Occupations
4. Education, Training, and Library Occupations
5. Healthcare Practitioners and Technical Occupations
6. Protective Service Occupations
7. Building and Grounds Cleaning and Maintenance
8. Sales and Related Occupations
9. Farming, Fishing, and Forestry Occupations
10. Installation, Maintenance, and Repair Occupations
11. Transportation and Material Moving Occupations
12. Management Occupations
13. Computer and Mathematical Occupations
14. Life, Physical, and Social Science Occupations
15. Legal Occupations
16. Arts, Design, Entertainment, Sports, and Media
17. Healthcare Support Occupations
18. Food Preparation and Serving Related
19. Personal Care and Service Occupations
20. Office and Administrative Support Occupations
21. Construction and Extraction Occupations
22. Production Occupations
23. Military Specific Occupations
24. Other
25. ? Not Known/Not Recorded
 | PAT\_JOB\_AS\_TEXT |
| **Injury-Injury Information** | **Occupation Specify** | PAT\_JOB\_S |
| **Injury-Injury Information** | **Subsistence**1. Trapping
2. Fishing
3. Hunting
4. Whaling
5. Gathering

/ Not Applicable? Not Known/Not Recorded | INJ\_ACT\_AS\_TEXT |
| **Injury-Injury Information** | **Zip** | INJ\_ADR\_ZIP |
| **Injury-Injury Information** | **Zip** | INJ\_ADR\_ZIP\_TEXT |
| **Injury-Injury Information** | **Street 1** | INJ\_ADR\_S01 |
| **Injury-Injury Information** | **Street 2** | INJ\_ADR\_S02 |
| **Injury-Injury Information** | **City** | INJ\_ADR\_CI |
| **Injury-Injury Information** | **State** | INJ\_ADR\_ST\_AS\_TEXT |
| **Injury-Injury Information** | **County** | INJ\_ADR\_FCO\_AS\_TEXT |
| **Injury-Injury Information** | **Country****Country**USAOther/ Not Applicable ? Not Known/Not Recorded | INJ\_ADR\_CY\_S\_AS\_TEXT |
| **Injury-Injury Information** | **Caregiver at Discharge (Pediatric Only)** Yes No | DIS\_TO\_ALT\_CGVR\_YN\_AS\_TEXT |
| **Injury-Mechanism of Injury** | **Primary E-Code** | INJ\_ECODE01 |
| Mechanism of Injury  | **Primary ICD 10 Mechanism**  | INJ\_ECODE\_ICD10\_01  |
| **Injury-Mechanism of Injury** | **Primary E-Code Text** | INJ\_ECODE01\_AS\_TEXT |
| **Injury-Mechanism of Injury** | **E-Code 1 Specify** | INJ\_CAU\_S01 |
| **Injury-Mechanism of Injury** | **Secondary E-Code** | INJ\_ECODE02 |
| Mechanism of Injury  | **Secondary ICD 10 Mechanism**  | INJ\_ECODE\_ICD10\_02  |
| **Injury-Mechanism of Injury** | **Secondary E-Code Text** | INJ\_ECODE02\_AS\_TEXT |
| **Injury-Mechanism of Injury** | **E-Code 2 Specify** | INJ\_CAU\_S02 |
| **Injury-Mechanism of Injury** | **Injury Type**1. Blunt
2. Penetrating
3. Burn
4. Cold Injury
5. Drowning

 / Not Applicable | INJ\_TYPE01\_AS\_TEXT |
| **Injury-Mechanism of Injury** | **Activitiy Code** | INJ\_EACT\_AS\_TEXT |

|  |  |  |
| --- | --- | --- |
| **Screen Label** | **Field Label** | **Field Name** |
| **Injury-Mechanism of Injury**  | **Activity Code - ICD 10**  | INJ\_EACT\_ICD10\_AS\_TEXT  |
| **Injury-Mechanism of Injury** | **Restraint** | INJ\_RESTR\_AS\_TEXT |
|  | 0 None1 Child Car Seat 2 Infant Car Seat3 Child Booster Seat 4 Lap Belt1. Shoulder Belt
2. Lap Belt and Shoulder Belt

/ Not Applicable? Not Known/Not Recorded |  |
| **Injury-Mechanism of Injury** | **Airbag** | AIRBAG01\_AS\_TEXT, AIRBAG02\_AS\_TEXT, AIRBAG03\_AS\_TEXT, AIRBAG04\_AS\_TEXT |
|  | 1 Airbag Not Deployed 2 Airbag Deployed Front 3 Airbag Deployed Side4 Airbag Deployed Other (Knee, Airbelt, Curtain, Etc.)/ Not Applicable? Not Known/Not Recorded |  |
| **Injury-Mechanism of Injury** | **Equipment**1. None
2. Personal Floatation Device
3. Protective Non-Clothing Gear (e.g., Shin Guard)
4. Eye Protection
5. Helmet (e.g., Bicycle, Skiing, Motorcycle)
6. Protective Clothing (e.g., Padded Leather Pants)
7. Other

/ Not Applicable1. ? Not Known/Not Recorded
 | INJ\_PDEV01\_AS\_TEXT INJ\_PDEV02\_AS\_TEXT INJ\_PDEV03\_AS\_TEXT INJ\_PDEV04\_AS\_TEXT |
| **Injury-Mechanism of Injury** | **Protective Device If Other** | INJ\_PDEV\_S |
| **Injury-Mechanism of Injury** | Alaska Defined Etiology 1, Accidental Firearm2, Air & Space Transport – Airplane3, Assault/Homicide/PurposelyInflicted4, Caught In or Between Objects5, Cutting or Piercing6, Dog Bite7, Electric Current8, Explosion9, Eye Poke10, Falls – Other11, Falls – Playground12, Falls – Sports13, Fire and Flames14, Foreign Bodies/Orifice15, Hot Substance or Object16, Hypothermia / Frostbite17, Legal Interventions18, Machinery19, Motor Vehicle Non Traffic20, Motor Vehicle Non Traffic ATV21, Motor Vehicle Non Traffic SnowMachine22, Motor Vehicle Traffic23, Motorcycle24, Natural & Environmental Factors25, Operations of War26, Other27, Other Animal Injury28, Other Road Vehicle29, Other/Unspecified30, Overexertion31, Pedal Cycles32, Pedestrian33, Poisoning34, Radiation35, Railway Accidents36, Rider of Animal/Occupant ofAnimal-Drawn Vehicle37, Sledding38, Strain39, Struck by Person or Object40, Suffocation41, Suicide and Self Inflicted42, Terrorism43, Undetermined44, Vehicle Accidents NEC45, Water Transport W/O Drowning46, Water Transport-Drowning | **Inj\_mechanism1**(Ecode Derived)**Inj\_mechanism2** (Ecode Derived) |
| **Prehospital-Scene Transport** | **POV Walk-In** | PH\_POV\_YN\_AS\_TEXT |
| **Prehospital-Scene Transport** | **Was patient extricated?** | PH\_EXT\_YN\_AS\_TEXT |
| **Prehospital-Scene Transport** | **Time required, minutes** | PH\_EXT\_MINS |

|  |  |  |
| --- | --- | --- |
| **Prehospital-Scene Transport** | **Mode** | A\_PHP\_MODE\_01 (1-15) |
|  | 1. Ground Ambulance
2. Rotor Ambulance
3. Law Enforcement/Public Safety
4. Fixed Wing Ambulance 5 Other
5. Helicopter Without Medical Attendant
6. Helicopter With Medical Attendant
7. Commercial Air Without Medical Attendant
8. Commercial Air With Medical Attendant
9. Water Ambulance

/ Not Applicable? Not Known/Not Recorded |  |
| **Referring Facility** | **Transfer In?** | IT\_XFR\_YN\_AS\_TEXT |
| **Referring Facility** | **Reason for Transfer** | RFS\_XFR\_RAT\_AS\_TEXT |
|  | Higher Level of Care Patient Request Insurance Coverage Disaster TriageOR Availability Physician Preference OtherMedical Staff/Resources Normally Available, Not Available for This Patient: OrthoNeuro Plastics OtherDiagnostic Equipment Staffed BedOther Resources |  |
| **Referring Facility** | **LOS** | RFS\_LOS |

|  |  |  |
| --- | --- | --- |
| **Referring Facility-Assessment** | **GCS Total** | RFAS\_GCS |
| **Referring Facility-Assessment** | **Alcohol Use Indicator** | RFS\_IND\_ALC\_AS\_TEXT |
|  | 1. No - Not Tested
2. No - Confirmed by Test
3. Yes - Confirmed by Test - Trace Levels
4. Yes - Confirmed by Test - Beyond Legal Limit
5. Suspected - Not Tested

? Not Known/Not Recorded |  |
| **Referring Facility-Assessment** | **ETOH/BAC Level** | RFS\_ETOH\_BAC\_LVL |
| **Referring Facility-Assessment** | **ETOH Test Type** | RF\_BAC\_TYPE\_AS\_TEXT |
|  | 1. Breathalyzer
2. Blood Test

? Not Known/Not Recorded |  |
| **Referring Facility-Assessment** | **Drug Use Indicator** |  |
|  | 1 No - Not Tested1. No - Confirmed by Test
2. Yes - Confirmed by Test - Prescription Drug
3. Yes -Confirmed by Test - Illegal Drug
4. Suspected - Not Tested

? Not Known/Not Recorded | RFS\_IND\_DRG01\_AS\_TEXTRFS\_IND\_DRG02\_AS\_TEXT |
| **Referring Facility-Assessment** | **Tox Screen Result** | A\_RFS\_RF\_DRG\_01 (1-15) |
|  | 1. Cannabis
2. Cocaine
3. PCP
4. Benzodiazepine
5. Barbiturates
6. Amphetamines
7. Opiates
8. Oxycodone

/ Not Applicable? Not Known/Not Recorded |  |
| **Referring Facility-Assessment** | **Clinician Administered?** | A\_RFS\_RF\_DCA\_01 (1-15) |
| **Referring Facility-Interfacility Transport** | **Mode**1. Ground Ambulance
2. Rotor Ambulance
3. Law Enforcement/Public Safety
4. Fixed Wing Ambulance 5 Other
5. Helicopter Without Medical Attendant
6. Helicopter With Medical Attendant
7. Commercial Air Without Medical Attendant
8. Commercial Air With Medical Attendant
9. Water Ambulance

/ Not Applicable? Not Known/Not Recorded | A\_ITP\_MODE\_01 (1-15) |
| **ED/Resus - Admission** | **Direct Admit** | ED\_BYPASS\_YN\_AS\_TEXT |
| **ED/Resus - Admission** | **Time in ED/Resus Room** | ED\_LOS |
| **ED/Resus - Admission** | **Signs of Life** | LIFE\_SIGNS\_AS\_TEXT |
|  | 1 Arrived with No Signs of Life2 Arrived with Signs of Life? Not Known/Not Recorded |  |
| **ED/Resus - Admission** | **Post ED Dispsotion** | ED\_DSP\_AS\_TEXT |
|  | 1. Floor bed (general admission, non specialty unit bed)
2. Observation unit (unit that provides < 24 hour stays)
3. Telemetry/step-down unit (less acuity than ICU)
4. Home with Services 5 Died/Morgue/Funeral

Home1. Other (Jail, Institutional Care, Mental Health, Etc)
2. Operating Room
3. Intensive Care Unit (ICU) 9 Home Without Services 10 Left Against Medical

Advice11 Transferred to Another Hospital? Not Known/Not Recorded |  |

|  |  |  |
| --- | --- | --- |
| **Screen Label** | **Field Label** | **Field Name** |
| **ED Resus-Assessment** | **GCS Total** | EDAS\_GCS |
| **ED Resus-Assessment** | **Alcohol Use Indicator** | ED\_IND\_ALC\_1 |
|  | 1. No - Not Tested
2. No - Confirmed by Test
3. Yes - Confirmed by Test - Trace Levels
4. Yes - Confirmed by Test - Beyond Legal Limit
5. Suspected - Not Tested

? Not Known/Not Recorded |  |
| **ED Resus- Assessment** | **ETOH/BAC Level** | ETOH\_BAC\_LVL |
| **ED Resus - Assessment** | **ETOH Test Type** | ED\_BAC\_TYPE\_AS\_TEXT |
|  | 1. Breathalyzer
2. Blood Test

? Not Known/Not Recorded |  |
| **ED Resus-Assessment** | **Drug Use Indicator** | ED\_IND\_DRG01\_1 ED\_IND\_DRG02\_1 |
|  | 1. No - Not Tested
2. No - Confirmed by Test
3. Yes - Confirmed by Test - Prescription Drug
4. Yes -Confirmed by Test - Illegal Drug
5. Suspected - Not Tested

? Not Known/Not Recorded |  |
| **ED Resus- Assessment** | **Tox Screen Result** | A\_ED\_DRG\_01 (1-15) |
|  | 1. Cannabis
2. Cocaine
3. PCP
4. Benzodiazepine
5. Barbiturates
6. Amphetamines
7. Opiates
8. Oxycodone

/ Not Applicable? Not Known/Not Recorded |  |
| **ED Resus- Assessment** | **Clinician Administered?** | A\_ED\_DCA\_01 (1-15) |
| **Diagnoses-Injury Coding** | **AIS Version** | AIS\_VER |
| **Diagnoses-Injury Coding** | **ISS** | ISS1 |
| **Diagnoses-Injury Coding** | **ISS** | ISS\_TEXT |
| **Diagnoses-Injury Coding** | **TRISS** | TRISS |
| **Diagnoses-Injury Coding** | **% TBSA 2nd or 3rd Degree****Burned** | BURN\_SIZE |
| **Diagnoses- Injury Coding** | **Severity** | A\_AIS\_SEV\_01 (1-30) |
| **Diagnoses-Injury Coding** | **Narrative** | INJ\_TXT |
| **Diagnoses- Injury Coding** | **ICD9** | A\_ICD9\_01 (1-30)A\_NTD\_ICD9\_\_AS\_TEXT  |

|  |  |  |
| --- | --- | --- |
| **Screen Label** | **Field Label** | **Field Name** |
| **Diagnoses-Non Trauma Diagnoses**  | **ICD 10**  | A\_NTD\_ICD10\_ A\_NTD\_ICD10\_\_AS\_TEXT  |
| **Outcome-Discharge** | **Discharge Status** | DIS\_STATUS\_AS\_TEXT |
|  | 1. Alive - YES
2. Dead - NO
 |  |
| **Outcome-Discharge**  | Discharge Final Disposition (All Admits) | discharge |
| **Outcome-Discharge**  | **Hospital Days** | HOSP\_DAYS |
| **Outcome-Discharge**  | **Hospital Days** | HOSP\_DAYS\_TEXT |
| **Outcome-Discharge** | **Discharged To** | DIS\_DEST\_1 |
|  | 1 Home, No Assistance 2 Home, Health Care1. Acute Care Hospital
2. Home, Rehab Outpatient
3. Skilled Nursing Facility
4. Nursing Home
5. Assisted Living
6. Rehab Facility
7. Medical Examiner/Morgue
8. Jail/Prison
9. Unable to Complete Treatment/AMA
10. Burn Center
11. Mental Health Institution 14 Other
12. ? Not Known/Not Recorded
 |  |
| **Outcome- Discharge** | **Discharge Condition** | DISCOND\_1 |
|  | 1. Good, Returned to Previous Level of Function.
2. Temporary Disability, Expected to Return to Previous Level of Function
3. Moderate Disability with Self Care
4. Severe Disability - Dependent
5. Persistent Vegetative State

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge** | **Transport Mode**1. Ground Ambulance
2. Rotor Ambulance
3. Law Enforcement/Public Safety
4. Fixed Wing Ambulance 5 Other
5. Helicopter Without Medical Attendant
6. Helicopter With Medical Attendant
7. Commercial Air Without Medical Attendant
8. Commercial Air With Medical Attendant
9. Water Ambulance

/ Not Applicable? Not Known/Not Recorded | DT\_MODE\_AS\_TEXT |
| **Outcome-Discharge** | **Transfer Reason**Higher Level of Care Patient Request Insurance Coverage Disaster TriageOR Availability Physician Preference OtherMedical Staff/Resources Normally Available, Not Available for This Patient: OrthoNeuro Plastics OtherDiagnostic Equipment Staffed BedOther Resources | DIS\_RS\_AS\_TEXT |
| **Outcome-Discharge Disabilities** | **Pre Existing Feeding Score** | DI\_PRE\_F\_AS\_TEXT |
|  | 1. Dependent-total Help
2. Dependent-partial Help 3 Independent with Device 4 Independent

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge Disabilities** | **Pre Existing Locomotion Score** | DI\_PRE\_L\_AS\_TEXT |
|  | 1. Dependent-total Help
2. Dependent-partial Help 3 Independent with Device 4 Independent

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge Disabilities** | **Pre Existing Expression Score** | DI\_PRE\_E\_AS\_TEXT |
|  | 1. Dependent-total Help
2. Dependent-partial Help 3 Independent with Device 4 Independent

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge Disabilities** | **Pre Existing Disability Score Total** | DI\_PRE\_T |
| **Outcome-Discharge Disabilities** | **Discharge Feeding Score** | DI\_DIS\_F\_AS\_TEXT |
|  | 1. Dependent-total Help
2. Dependent-partial Help 3 Independent with Device 4 Independent

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge Disabilities** | **Discharge Locomotion Score** | DI\_DIS\_L\_AS\_TEXT |
|  | 1. Dependent-total Help
2. Dependent-partial Help 3 Independent with Device 4 Independent

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge Disabilities** | **Discharge Expression Score** | DI\_DIS\_E\_AS\_TEXT |
|  | 1. **Dependent-total Help**
2. **Dependent-partial Help** 3 Independent with Device 4 Independent

/ Not Applicable? Not Known/Not Recorded |  |
| **Outcome-Discharge Disabilities** | **Discharge Disability Score Total** | DI\_DIS\_T |
| **Outcome-Discharge Disabilities** | **GCS Total** | DIS\_GCS |
| **Outcome-If Death** | **Death Location** | DTH\_LOC\_AS\_TEXT |
|  | 1. Scene
2. Emergency Room
3. OR
4. ICU
5. Floor
6. Other

? Not Known/Not Recorded |  |
| **Outcome-If Death** | **Location If Other** | DTH\_LOC\_S |
| **Outcome-If Death** | **Was autopsy performed?** | AUT\_YN\_AS\_TEXT |
| **Outcome-If Death** | **Was organ donation requested?** | ORG\_STAT\_YN\_AS\_TEXT |
| **Outcome-If Death** | **Was organ donati****on** **granted?** | ORG\_GR\_YN\_AS\_TEXT |
| **Outcome-Billing** | **Charges Billed** | BILL\_CHG\_FACBILL\_CHG\_FAC\_TEXT |
| **Outcome-Billing** | **Primary Payor**1. Medicare
2. Medicaid
3. Blue Cross/Blue Shield 4 Private/Commercial

Insurance5 Indian Health Services 6 Military (Active,Dependent, & VA(7 Workers Compensation 8 Auto Insurance1. Self Pay
2. Other Government (ward of state, prison)
3. Fisherman's Fund
4. Victim's Fund
5. General Relief Medical

/ Not Applicable? Not Known/Not Recorded | PAYOR01\_AS\_TEXTPAYOR02\_AS\_TEXTPAYOR03\_AS\_TEXTPAYOR04\_AS\_TEXT |