Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	kh_land	Land of the hospital	a	2	01 = Schleswig-Holstein 02 = Hamburg 03 = Niedersachsen 04 = Bremen 05 = Nordrhein-Westfalen 06 = Hessen 07 = Rheinland-Pfalz 08 = Baden-Württemberg 09 = Bayern 10 = Saarland 11 = Berlin 12 = Brandenburg 13 = Mecklenburg-Vorpommern 14 = Sachsen 15 = Sachsen-Anhalt 16 = Thüringen		classified according to the AGS as of December 31 of the reporting year.
	kh_rb	Administrative region of the hospital	a	1	0 – 9		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.
	kh_kreis	district of the hospital	a	2	0 – 93		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.
	kh_gem	Municipality of the hospital	a	3	0 – 632		classified according to the AGS as of December 31 of the reporting year. Evaluations at this regional level not possible for confidentiality reasons.
	kh_plz	Postal code of the hospital	a	5	1067 – 99976		Without aggregation there might occur problems with confidentiality on this deep regional level.
	kh_typ_gem3	Type of region of the hospital	a	2	01 = urban region 02 = region with rudimentary urban growth 03 = rural region		Explanations at www.bbsr.bund.de

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	pat_land	Federal state of the patient	a	2	01 = Schleswig-Holstein 02 = Hamburg 03 = Niedersachsen 04 = Bremen 05 = Nordrhein-Westfalen 06 = Hessen 07 = Rheinland-Pfalz 08 = Baden-Württemberg 09 = Bayern 10 = Saarland 11 = Berlin 12 = Brandenburg 13 = Mecklenburg-Vorpommern 14 = Sachsen 15 = Sachsen-Anhalt 16 = Thüringen au = foreign un = unknown		classified according to the AGS as of December 31 of the reporting year. Recommended filter: for reasons of confidentiality, filter out the characteristics "au = foreign" and "un = unknown"
	pat_rb	Administrative region of the patient	a	1	0 – 9 a = foreign u = unknown		classified according to the AGS as of December 31 of the reporting year.
	pat_kreis	district of the patient	a	2	00 – 93 au = foreign un = unknown		classified according to the AGS as of December 31 of the reporting year.
	pat_gem	Municipality of the patient	a	3	0 – 999 aus = foreign unb = unknown		classified according to the AGS as of December 31 of the reporting year. Without aggregation there might occur problems with confidentiality on this deep regional level.
	pat_ags5	district of the patient (five-digit in accordance with AGS)	a	5	01001 – 16077 ausaa = foreign unbuu = unknown		classified according to the AGS as of December 31 of the reporting year.
	pat_typ_gem3	Type of region of the patient	a	2	01 = urban region 02 = region with rudimentary urban growth 03 = rural region	yes	Explanations at www.bbsr.bund.de

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Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	sex	Sex	a	1	m = male w = female u = unknown		
Since RP 2019	sex_original	Sex	a	1	m = male w = female d = gender diverse x = undefined		Evaluations are not possible for reasons of confidentiality. Use the variable "sex" for evaluations according to gender.
	alter	Age in years	n	8	999 = unknown		Recommended filter: for reasons of confidentiality, filter out the characteristics "999 = unknown"
	typ_alter	Age (grouped)	n	3	1 = 0 years 2 = 1 to 4 years 3 = 5 to 9 years 4 = 10 to 14 years 5 = 15 to 19 years 6 = 20 to 24 years 7 = 25 to 29 years 8 = 30 to 34 years 9 = 35 to 39 years 10 = 40 to 44 years 11 = 45 to 49 years 12 = 50 to 54 years 13 = 55 to 59 years 14 = 60 to 64 years 15 = 65 to 69 years 16 = 70 to 74 years 17 = 75 to 79 years 18 = 80 to 84 years 19 = 85 to 89 years 20 = 90 to 94 years 21 = 95 to 110 years 22 = unknown		Recommended filter: for reasons of confidentiality, filter out the characteristics "22 0 unknown"
	geb_jahr	Year of Birth	n	8	four-digit information on year of birth (YYYY)		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	geb_monat	Month of birth (only for under one-year-olds)	n	8	0 = 1 year and older 1 = 1 month 2 = 2 month 3 = 3 month 4 = 4 month 5 = 5 month 6 = 6 month 7 = 7 month 8 = 8 month 9 = 9 month 10 = 10 month 11 = 11 month 12 = 12 month		
	alter_tage	Age in days (only for children up to the age of one)	n	8	0 = 1 year and older		This information is only given for children up to the age of 1 years. It is needed for assignment of DRG. In case of newborns with day of admission = date of birth, "1" has to be stated.
	typ_geb	Further information on newborns: admission in month of birth	n	3	1 = yes 2 = no	yes	
	aufn_anl	Cause of admission	a	1	E = referral by a physician Z = referral by a dentist N = emergency R = admission after prior treatment in a rehabilitaion facility V = transfer with a duration of therapy of over 24 hours at transfering hospital A = transfer with a duration of therapy of up to 24 hours at transfering hospital (for admissions after 1.1.2007)		Newborns, who are discharged toether with their mother, need to be indicated as '06' (birth) as reason for admission and 'G' as cause of admission. In case of a newborn is not being released together with its mother, their reason of admission needs to be indicated as '01' and the cause of admission needs to be indicated as 'G'.
	aufn_grd	Reason for admission	n	3	1 = hospital treatment, full inpatient 2 = hospital treatment, full inpatient with previous preadmission treatment 5 = inpatient childbirth 6 = birth 7 = readmission due to complications (flat rate per case) according to KFPV 2003 8 = inpatient admission for organ removal		
	aufn_gew	Weight of admission in grams (only for children up to the age of one)	n	8	. = 1 year and older	yes	Only for children up to the age of one; in case of newborns the birth weight counts.
	beatm	Time of respiration in hours	n	8		yes	

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	entl_grd	Cause of discharge	n	3	1 = regular termination of treatment 2 = regular termination of treatment, post-discharge treatment intended 3 = treatment terminated for other reasons 4 = treatment terminated against medical advice 5 = changes in responsibility of cost unit (in days-realted charges) 6 = transfer to another hospital 7 = death 8 = tranfer to another hospital as part of a cooperation 9 = discharge into a rehabilitation facility 10 = discharge into a long-term care facility 11 = discharge into a hospice 13 = external transfer for psychiatric treatment 14 = treatment terminated for other reasons, post-discharge treatment intended 15 = treatment terminated against medical advice, post-discharge treatment intended 17 = internal transfer with change in remuneration areas of DRGs, of the Federal Ordinance on Hospital Rates or for special facilities according to section 17b subsection 1 sentence 15 of the KHG 22 = case end (internal transfer) when changing between full, part-time inpatient and inpatient equivalent treatment (inpatient equivalent available as of reporting year 2018) 25 = Discharge at the end of the year while admitted the year before (for accounting purposes, § 4 PEPPV 2013) (category available as of reporting year 2014) 26 = Start of a period without direct patient contact (inpatient-equivalent treatment) 27 = Termination of a period without direct patient contact (inpatient equivalent treatment - for pseud 28 = regular termination of treatment, ventilated discharged (category available as of reporting year 2020) 29 = regular termination of treatment, ventilated transferred (category available as of reporting year 2020) 30 = regular termination of treatment, transition to transitional care - for hospital cases recorded after 1.11.2021 99 = Cause of discharge missing (category available as of reporting year 2020)		Category "13" relates to a subset of hospitals, being summarised as '6' formerly. Category "6" is now only relating to external transfers to hospitals, if there is not a transfer to a psychiatric or psychosomatic department.
	icd_hd3	ICD code three-digit primary diagnosis	a	3			Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	icd_hd4	ICD code four-digit primary diagnosis	a	4			Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	icd_hd	ICD code five-digit primary diagnosis	a	5			Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	icd_nd1 - icd_nd89	ICD code secondary diagnosis	a	5		yes	Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	dia_art1 - dia_art90	Diagnosis type	a	5	HD = main diagnosis ND = secondary diagnosis (Nebendiagnose) SD = secondary diagnosis (Sekundärdiagnose) UN = unknown	yes	This further information on ICD variables of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at ICD codes, which are not adjusted in the process of plausibility checks. ICD codes, which have been adjusted due to plausibility checks, contain "UN" in the according further information. Variable dia_art1 is refering to the primary diagnoses. Variables dia_art2 to dia_art90 are refering to the secondary diagnoses 1 to 89.

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	icd_ve1 - icd_ve90	ICD version	n	4	four-digit information on reporting year (YYYY) 9999 = unknown	yes	This further information on ICD variables of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at ICD codes, which are not adjusted in the process of plausibility checks. ICD codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information. Variable icd_ve1 is refering to the primary diagnoses. Variables icd_ve2 to icd_ve90 are refering to the secondary diagnoses 1 to 89.
	icd_lo1 - icd_lo90	ICD localisation (further information on code of diagnosis)	a	1	R = right L = left B = double-sided U = unknown	yes	This further information on ICD variables of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at ICD codes, which are not adjusted in the process of plausibility checks. ICD codes, which have been adjusted due to plausibility checks, contain "U" in the according further information. Variable icd_lo1 is refering to the primary diagnoses. Variables icd_lo2 to icd_lo90 are refering to the secondary diagnoses 1 to 89.
	drgh	PEPP code (primary PEPP code, grouped by InEK)	a	4			
	split	Splitting of the basic PEPP according to consumption of ressources, 5th digit of the PEPP notation	a	4	A = highest consumption of resources B = second highest consumption of resources C = third highest consumption of resources D = forth highest consumption of resources Z = not nuanced		
	ops_ko1 - ops_ko101	OPS-code	a	6	99999 = unknown	yes	Procedure code in the current OPS version analogously to § 301 agreement.
	typ_op	Operation according to chapter 5	n	3	1 = yes 2 = no		
	z_bel_oper	Number of participation / performance of external operators	n	8		yes	
	z_bel_an	Number of participation / performance of external anesthesists	n	8		yes	
	z_bel_heb	Number of participation / performance of external midwives	n	8		yes	
	bel_oper1- bel_oper101	external operators	a	1	J = yes, participation / performance of external operators N = no, no participation / performance of external operators U = unknown	yes	This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "U" in the according further information.
	bel_an1 - bel_an101	external anesthesists	a	1	J = yes, participation / performance of external anesthesists N = no, no participation / performance of external anesthesists U = unknown	yes	This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "U" in the according further information.
	bel_heb1 - bel_heb101	external midwives	a	1	J = yes, participation / performance of external midwives N = no, no participation / performance of external midwives U = unknown	yes	This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "U" in the according further information.

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	ops_ve1 - ops_ve101	OPS-version	n	4	four-digit information on reporting year 9999 = unknown	yes	This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information.
	dat_ops1 - dat_ops101	OPS-date	a	8	date in format YYYYMMDD 99999999 = unknown	yes	This further information on OPS-codes is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "99999999" in the according further information.
	zeit_ops1 - zeit_ops101	OPS-time	a	4	time in format hhmm 9999 = unknown	yes	This further information on OPS-codes of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information.
	ops_lo1 - ops_lo101	OPS-localisation (further information on OPS-code)	a	1	R = right L = left B = double-sided U = unknown	yes	This further information on OPS-codes of diagnosis is not available as checked for plausibility. Therefore, this information only contains valid values at OPS codes, which are not adjusted in the process of plausibility checks. OPS-codes, which have been adjusted due to plausibility checks, contain "U" in the according further information.
	fab1 - fab100	Specialist departments	a	8	0 = Pseudo-specialty department for hospital reference in the case of internal transfers and/or readmissions and/or external stays with absence over midnight 1 = Pseudo-specialty department for the stay in the event of a retransfer 2 = Pseudo-specialty department for external stay on readmission 3 = Pseudo-subject department for external stay with absence over midnight in the BPflV-area 01 = internal medicine 0102 = focus geriatrics 0103 = focus cardiology 0104 = focus nephrology 0105 = focus haematology and internal oncology 0106 = focus endocrinology 0107 = focus gastroenterology 0108 = focus pneumology 0109 = focus rheumatology 0114 = focus pulmonary and bronchial medicine 0150 = tumour research 0151 = focus coloproktology 0152 = focus infectious diseases 0153 = focus diabetes 0154 = focus naturopathy 0156 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG)	yes	In addition to "00" the codes "90" and "92"can be used in the third and fourth digit to code specialised specialist departments, which are not coded with a national common specialist department code. Even though using this distinction of specialist departments, it is not needed to name the type of specialisation or the focus of the specialist department precisely. Both contracting parties need to determine the specialist department code (described above) within the nursing care rate agreement. This is the condition for the procedure. Specialist department codes, for which it is possible to take 50 % APS intensive into account (in accordance with version of BPflV of 31.12.2003) and which department flat rate does not need to be reduced by 20 %, if a surcharge is charged simultaneously: - 0436 - 1136 - 1536 - 2036 - 2050 - 2136 - 2150 - 36xx Special arrangement for pseudo-specialist departments in ETL-segment of the discharging display: - 0000: pseudo-specialist department in reference to hospitals (relevant "specialist department" for DRG grouping) for internal transfers and / or return transfers and / or readmission and / or in case of external residence with absence over night. - 0001: pseudo-specialist department for residence in case of a return transfer - 0002: pseudo-specialist department for an external residence in case of a readmission - 0003: pseudo-specialist department for an external residence with absence over night in the BPflV sector (please note: "0003" is used as specialist department code for an external residence over night for insured persons in hospitals who are refunded in accordance with BPflV (regardless of the use of the new remuneration system in accordance with § 17 d KHG)).

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
					02 = geriatrics		
					0224 = focus gynaecology		
					0260 = day-care hospital (for semi-stationary nursing charges)		
					0261 = night-care hospital (for semi-stationary nursing charges)		
					03 = cardiology		
					04 = nephrology		
					0410 = focus paediatrics		
					0436 = intensive care		
					05 = haematology and internal oncology		
					0510 = focus paediatrics		
					0524 = focus gynaecology		
					0533 = focus radiotherapeutics		
					06 = endocrinology		
					0607 = focus gastroenterology		
					0610 = focus paediatrics		
					07 = gastroenterology		
					0706 = focus endocrinology		
					0710 = focus paediatrics		
					08 = pneumology		
					09 = rheumatology		
					0910 = focus paediatrics		
					10 = paediatrics		
					1004 = focus nephrology		
					1005 = focus haematology and internal oncology		
					1006 = focus endocrinology		
					1007 = focus gastroenterology		
					1009 = focus rheumatology		
					1011 = focus paediatric cardiology		
					1012 = focus neonatology		
					1014 = focus pulmonary and bronchial medicine		
					1028 = focus paediatric neurology		
					1050 = focus perinatal medicine		
					1051 = long-term range children		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
					11 = paediatric cardiology		
					1136 = focus intensive care		
					12 = neonatology		
					13 = paediatric surgery		
					14 = pulmonary and bronchial medicine		
					1410 = focus paediatrics		
					15 = general surgery		
					1513 = focus paediatric surgery		
					1516 = focus trauma surgery		
					1518 = focus vascular surgery		
					1519 = focus plastic surgery		
					1520 = focus thoracic surgery		
					1523 = focus orthopaedics		
					1536 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003)		
					1550 = focus abdominal and vascular surgery		
					1551 = focus hand surgery		
					16 = trauma surgery		
					17 = neurosurgery		
					18 = vascular surgery		
					19 = plastic surgery		
					20 = thoracic surgery		
					2021 = focus heart surgery		
					2036 = intensive care		
					2050 = focus heart surgery intensive care		
					21 = heart surgery		
					2118 = focus vascular surgery		
					2120 = focus thoracic surgery		
					2136 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003)		
					2150 = focus thoracic surgery intensive care		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
					22 = urology		
					23 = orthopaedics		
					2309 = focus rheumatology		
					2315 = focus surgery		
					2316 = orthopaedics and trauma surgery		
					24 = gynaecology and obstetrics		
					2402 = focus geriatrics		
					2405 = focus haematology and internal oncology		
					2406 = focus endocrinology		
					2425 = gynaecology		
					25 = obstetrics		
					26 = otorhinolaryngology		
					27 = ophthalmology		
					28 = neurology		
					2810 = focus paediatrics		
					2851 = focus gerontology		
					2852 = focus neurological early rehabilitation		
					2856 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG)		
					29 = general psychiatry		
					2928 = emphasis neurology		
					2930 = focus child and youth psychiatry		
					2931 = focus psychosomatics / psychotherapy		
					2950 = focus addiction treatment		
					2951 = focus gerontological psychiatry		
					2952 = focus forensic treatment		
					2953 = focus addiction treatment, day-care hospital		
					2954 = focus addiction treatment, night-care hospital		
					2955 = focus gerontological psychiatry, day-care hospital		
					2956 = focus gerontological psychiatry, night-care hospital		
					2960 = day-care hospital (for semi-stationary nursing charges)		
					2961 = night-care hospital (for semi-stationary nursing charges)		
					2970 = General psychiatry, ward-equivalent treatment in the private home		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
					30 = child and youth psychiatry		
					3060 = day-care hospital (for semi-stationary nursing charges)		
					3061 = night-care hospital (for semi-stationary nursing charges)		
					31 = psychosomatics / psychotherapy		
					3110 = focus child and youth psychiatry		
					3160 = day-care hospital (for semi-stationary nursing charges)		
					3161 = night-care hospital (for semi-stationary nursing charges)		
					32 = nuclear medicine		
					3233 = focus radiotherapeutics		
					33 = radiotherapeutics		
					3305 = focus haematology and internal oncology		
					3350 = focus radiology		
					34 = dermatology		
					3460 = day-care hospital (for semi-stationary nursing charges)		
					35 = dentistry and orthodontics, oral surgery		
					36 = intensive care		
					3601 = focus internal medicine		
					3603 = focus cardiology		
					3610 = focus paediatrics		
					3617 = focus neurosurgery		
					3618 = focus surgery		
					3621 = heart surgery		
					3622 = focus urology		
					3624 = focus gynaecology and obstetrics		
					3626 = focus otorhinolaryngology		
					3628 = focus neurology		
					3650 = focus surgery		
					3651 = thoracic heart surgery		
					3652 = cardiothroracic surgery		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
					37 = other specialist departments 3750 = angiology 3751 = radiology 3752 = palliative medicine 3753 = pain therapy 3754 = healing therapy department 3755 = spinal surgery 3756 = addiction medicine 3757 = abdominal surgery 3758 = weaning unit		
	fab_max	specialist department with the longest duration of stay	a	8	see fab1 – fab100	yes	
	tage_fa1 - tage_fa100	duration of stay in specialist department	n	8			
	tage_max	duration of stay in specialist department with the longest duration of stay	n	8		yes	In case of various specialist departments: Real number of spent days in fab_max.
	dat_aufn_fa1 - dat_aufn_fa100	Date of admission in the specialist department	a	8	date in format YYYYMMDD 99999999 = unknown		This further information on FAB-codes variables is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "99999999" in the according further information.
	zeit_aufn_fa1 - zeit_aufn_fa100	Time of admission in the specialist department	a	8	time in format hhmm		This further information on FAB-codes is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information.
	dat_entl_fa1 - dat_entl_fa100	Date of transfer out of the specialist department	a	8	date in format YYYYMMDD		This further information on FAB codes variables is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "99999999" in the according further information.
	zeit_entl_fa1 - zeit_entl_fa100	Time of transfer out of the specialist department	a	8	time in format hhmm		This further information on FAB-codes is not available as checked for plausibility. Therefore, this information only contains valid values at FAB-codes, which are not adjusted in the process of plausibility checks. FAB-codes, which have been adjusted due to plausibility checks, contain "9999" in the according further information.
	typ_abt	Type of department	n	3	1 = Main department only 2 = Document department only 3 = only special equipment 4 = several different assignments		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	abt_art1 - abt_art100	department category	a	8	HA = main department BA = occupancy department BE = special department		
	ik	Hospital-ID (anonymised)	a	9			
	fall_nr	number of case (anonymised)	n	8			
	entl_ort	Discharging facility (6-digits) (anonymised)	n	6			A distinction is only necessary if a hospital has got various locations and accounts under a consistent hospital-ID. Otherwise, data is containing a zero. In 2018 2 digits
Since RP 2019	entl_ort9	Discharging facility (9-digits) (anonymised)	a	9			A distinction is only necessary if a hospital has got various locations and accounts under a consistent hospital-ID. Otherwise, data is containing a zero.
	auf_monat	month of hospital admission	n	3	two-digit month specification		
	aufn_jahr	year of hospital admission	n	4	four-digit year specification		
	dat_aufn	date of hospital admission	a	8	date in format YYYYMMDD		
	zeit_aufn	time of hospital admission	a	4	time in format hhmm		
	dat_entl	date of discharge from hospital	a	8	date in format YYYYMMDD		
	zeit_entl	time of discharge from hospital	a	4	time in format hhmm		
	tage	Period of hospitalisation (day cases are calculated as one day)	n	8			
	typ_vwd	Type of persiod of hospitalisation	n	3	01 =day case = 1 02 = days = 1 03 = days = 2 04 = days = 3 05 = days = 4 06 = days = 5 07 = days = 6 08 = days = 7 09 = days <= 9 10 = days <= 12 11 = days <= 14 12 = days <= 21 13 = days <= 28 14 = days <= 35 15 = days <= 42 16 = days <= 70 17 = days <= 182 18 = days <= 365 19 = days <= 99999		

Available reporting year (no entry in this column means that the variable is available in all reporting years)	Variable	Label	Format*	Length	Content	Missing values	Comments
	std_fall	day case	n	3	1 = yes 2 = no		
	cm	Daymix (DM)	n	8			The Daymix is the sum of the day-related valuation ratios including the supplementary daily charges.
	cm_n	valid cases (counter variable for the Daymix)	n	8			Counter variable, which takes the value 1, if cm and cm_vol show valid values.
	cm_vol	Daymix-revenue in euros	n	8			The Daymix-revenue is calculated by the product of the daymix and the annually weighted base charge value according to the performance-based psych hospital comparison.

* a = alphanumeric; n = numeric