

Available reporting	Variable	Label	t*	÷	Content	Se	Comments
year			Forma	Length			
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column means that the variable is						sin	
available in all						Mis	
reporting years)							
	kh land	Land of the hospital	а	2	01 = Schleswig-Holstein		classified according to the AGS as of December 31 of the reporting year.
	-	·			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		
	kh_rb	Administrative region of the	а	1	0 – 9	yes	classified according to the AGS as of December 31 of the reporting year.
		hospital					Evaluations at this regional level not possible for confidentiality reasons.
RY 2011	kh_typ_ror		а	4			Without aggregation there occur problems with confidentiality on this deep regional level.
		the hospital					
	kh_kreis	district of the hospital	а	2	0 – 93	yes	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	а	3	0 – 632	yes	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	а	5	1067 – 99976	yes	Without aggregation there might occur problems with confidentiality on this deep regional level.
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Available reporting	Variable	Label	t*	÷	Content	Se	Comments
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RY 2006 - RY2010	kh_typ_gem	Settlement structural types	а	2	01 = agglomeration area: larger nucleated cities		Explanations at www.bbsr.bund.de
		of area of the hospital			02 = agglomeration area: nucleated cities		
					03 = agglomeration area: highly populated districts: regional metropolis		
					04 = agglomeration area: highly populated districts: other municipalities		
					05 = agglomeration area: populated districts: regional metropolis		
					06 = agglomeration area: populated districts: other municipalities		
					07 = agglomeration area: rural districts: regional metropolis		
					08 = agglomeration area: rural districts: other municipalities		
					09 = urbanised area: nucleated cities		
					10 = urbanised area: populated districts: regional metropolis		
					11 = urbanised area: populated districts: other munici-palities		
					12 = urbanised area: rural districts: regional metropolis		
					13 = urbanised area: rural districts: other municipalities		
					14 = rural regions: rural districts densely populated: regional metropolis		
					15 = rural regions: rural districts densely populated: other municipalities		
					16 = rural regions: rural districts sparsely populated: regional metropolis		
					17 = rural regions: rural districts sparsely populated: other municipalities		
since RY 2011	kh_typ_gem3	Type of region of the hospital	а	2	01 = urban region		Explanations at www.bbsr.bund.de
		nooprici			02 = region with rudimentary urban growth		
					03 = rural region		
	pat_land	Federal state of the patient	а	2			classified according to the AGS as of December 31 of the reporting year.
					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		
					oh = no data provided (category available for reporting years 2005-2010)		
					un = unknown		



Available reporting	Variable	Label	<mark>ب</mark>	÷	Content	88	Comments
year			rma	Length		alue	
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available in all						Σ	
reporting years)							
	pat rb	Administrative region of the	а	1	0 – 9		classified according to the AGS as of December 31 of the reporting year.
	-	patient			a = foreign		
					o = no data provided (category available for reporting years 2005-2010)		
					u = unknown		
	pat kreis	district of the patient	а	2	00 – 93		classified according to the AGS as of December 31 of the reporting year.
					au = foreign		
					oh = no data provided (category available for reporting years 2005-2010)		
					un = unknown		
	pat_gem	Municipality of the patient	а	3	0 – 999		classified according to the AGS as of December 31 of the reporting year.
					aus = foreign		Without aggregation there might occur problems with confidentiality on this deep regional level.
					ohn = no data provided (category available for reporting years 2005-2010)		
					unb = unknown		
	pat_ags5	district of the patient (five-	а	5	01001 – 16077		classified according to the AGS as of December 31 of the reporting year.
		digit in accordance with			ausaa = foreign		
		AGS)			ohnoo = no data provided (category available for reporting years 2005-2010)		
					unbuu = unknown		
RY 2006 - RY 2010	pat typ gem	Settlement structurell types	а	2	01 = agglomeration area: larger nucleated cities		Explanations at www.bbsr.bund.de
		of area of the patient			02 = agglomeration area: nucleated cities		
					03 = agglomeration area: highly populated districts: regional metropolis		
					04 = agglomeration area: highly populated districts: other municipalities		
					05 = agglomeration area: populated districts: regional metropolis		
					06 = agglomeration area: populated districts: other municipalities		
					07 = agglomeration area: rural districts: regional metropolis		
					08 = agglomeration area: rural districts: other municipalities		
					09 = urbanised area: nucleated cities		
					10 = urbanised area: populated districts: regional metropolis		
					11 = urbanised area: populated districts: other munici-palities		
					12 = urbanised area: rural districts: regional metropolis		
					13 = urbanised area: rural districts: other municipalities		
					14 = rural regions: rural districts densely populated: regional metropolis		
					15 = rural regions: rural districts densely populated: other municipalities		
					16 = rural regions: rural districts sparsely populated: regional metropolis		
					17 = rural regions: rural districts sparsely populated: other municipalities		
					au = foreign		
					oh = no data provided (category available for reference years 2005-2010)		
					un = unknown		
since RY 2011	pat_typ_gem3	Type of region of the	а	2	01 = urban region	yes	Explanations at www.bbsr.bund.de
		patient			02 = region with rudimentary urban growth	Ľ	
					03 = rural region		
						1	



Available reporting	Variable	Label	at*	÷	Content	88	Comments
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the variable is						ssir	
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reporting years)							
	sex	Sex	а	1	m = male	1	
					w = female		
					u = unknown		
since RY 2019	sex_original	Sex	а	1	m = male		Evaluations are not possible for reasons of confidentiality. Use the variable "sex" for evaluations according
					w = female		to gender.
					d = gender diverse		
					x = undefined		
	alter	Age in years	n	8	999 = unknown	yes	
	typ_alter	Age (grouped)	n	3	1 = 0 years	yes	
					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		
	geb_jahr	Year of Birth	n	8	four-digit information on year of birth (YYYY)		



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	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		1 = yes 2 = no	yes	
	aufn_anl aufn_grd	Cause of admission		3	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 K = transfer (admission) of another hospital in the course of a cooperation (category available for reporting years 2005-2008) A = transfer with a duration of therapy of up to 24 hours at transfering hospital (for admissions after 1.1.2007) G = birth 1 = hospital treatment, full inpatient 2 = hospital treatment, full inpatient with previous preadmission treatment 5 = inpatient childbirth	yes	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_gew	Weight of admission in	n	8	6 = birth 7 = readmission due to complications (flat rate per case) according to KFPV 2003 8 = inpatient admission for organ removal 99 = unknown (category available for reporting years 2005-2007) 0 = 1 year and older	yes	Only for children up to the age of one; in case of newborns the birth weight counts.
		grams (only for children up to the age of one)					
	beatm	Time of respiration in hours	n	8		yes	



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available in all						Ξ	
reporting years)							
	entl_grd	Cause of discharge	n	3	1 = regular termination of treatment		Category "13" relates to a subset of hospitals, being summarised as '6' formerly. Category "6" is now only
					2 = regular termination of treatment, post-discharge treatment intended		relating to external transfers to hospitals, if there is not a transfer to a psychiatric or psychosomatic department.
					3 = treatment terminated for other reasons		uepartment.
					4 = treatment terminated against medical advice		
					5 = changes in responsibility of cost unit (in days-realted charges)		
					6 = transfer to another hospital		
					7 = death		
				I	8 = tranfer to another hospital as part of a cooperation		
				I	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) 24 = termination of an external stay with absence past midnight (BdpflV-section, for pseudo-		
					specialist department 0003) (category available as of reporting year 2016)		
					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) (category		
					available as of reporting year 2020)		
					27 = Termination of a period without direct patient contact (inpatient equivalent treatment - for pseudo-specialty department 0004) (category available as of reporting year 2020)		
					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		
				I	2020)		
				I	30 = regular termination of treatment, transition to transitional care - for hospital cases recorded after 1.11.2021 (category available as of reporting year 2021)		
					99 = Cause of discharge missing (category available as of reporting year 2021)		
	icd_hd3	ICD code three-digit	а	3			Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	icd_hd4	primary diagnosis ICD code four-digit primary	а	4			Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	icd hd	diagnosis ICD code five-digit primary	а	5	l	—	Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	_	diagnosis	Ľ				
	icd_nd1 - icd_nd89	ICD code secondary diagnosis	а	5		yes	Diagnosis code in the current ICD-10GM version analogously to § 301 agreement.
	icu_liuos	ulayiiUSIS					



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	dia_art1 - dia_art90	Diagnosis type	а	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.
	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)	а	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_to1 is refering to the primary diagnoses. Variables icd_lo2 to icd_lo90 are refering to the secondary diagnoses 1 to 89.
	drgh	DRG code (primary DRG code, grouped by InEK)	а	4		1	
Since RY 2006	partition	DRG partition (M, O, A)	а	1	M = medical flat rate per case O = operational flat rate per case A = other flat rates per case	yes	
	split	Splitting of the basic DRG into degree of severity and use of ressources, 4th digit of the DRG notation	а	4	A – Z		
	ops_ko1 - ops_ko101	OPS-code	а	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	а	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.



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
	bel_an1 - bel_an101	external anesthesists	а		J = yes, participation / performance of external anesthesists N = no, no participation / performance of external anesthesists U = unknown	Í	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	а		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.
	ops_ve1 - ops_ve101	OPS-version	n	4	four-digit information on reporting year 9999 = unknown	Í	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	а	8	date in format YYYYMMDD 99999999 = unknown	Í	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	а		time in format hhmm 9999 = unknown		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)	а	1	R = right L = left B = double-sided U = unknown		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.



Available reporting Variable year (no entry in this	Label	Format*	Length	Content	aoi lev v	Comments
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fab1 - fab100	Specialist departments	a		0 = Pseudo-specially department for hospital reference in the case of internal transfers and/or readmissions and/or external stays with absence over midnight         1 = Pseudo-specially department for the stay in the event of a retransfer         2 = Pseudo-specially department for the stay in the event of a retransfer         2 = Pseudo-specially department for the stay in the event of a retransfer         2 = Pseudo-specially department for period without direct patient contact (for full or partial inpatient treatment in the DRG charge area)         01 = internal medicine         0102 = focus geriatrics         0103 = focus cardiology         0106 = focus endocrinology         0107 = focus patientology and internal oncology         0108 = focus endocrinology         0109 = focus endocrinology         0109 = focus poly         01014 = focus neumology         0102 = tocus diseases         0153 = focus diabetes         0154 = focus infectious diseases         0153 = focus diabetes         0154 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG)         022 = geriatrics         024 = nephrology         0250 = day-care hospital (for semi-stationary nursing charges)         0261 = night-care hospital (for semi-stationary nursing charges)         031 = cardiology         040 = intensive care         055 = haematology and internal oncol	yes	In addition to "00" the codes "90" and "92"can be used in the third and fourth digit to code specialised appariments, 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 BPIV of 31.12.2003) and which department flat rate does not need to be reduced by 20 %, if a surcharge is charged simultaneously:     - 0436     - 2136     - 2336     - 2036     - 2136     - 2350     - 2136     - 335X 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 right.     - 0001: pseudo-specialist department for rate action case of a return transfer     - 0002: pseudo-specialist department for an external residence with absence over right for insured persons in hood-specialist department for an external residence with absence over right for insured persons in hood-specialist department for an external residence with absence over right for insured persons in hood-specialist department for does not need for an external residence with absence over right for insured persons in hood-specialist department for an external residence with absence over right for insured persons in hood-specialist department for an external residence with absence over wright for insured persons in hood-specialist department for an external residence with absence over over right for insured persons in hoo



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					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		
					11 - peodiatria cordialegy		
					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. BPfIV version released on 31.12.2003)		
					1550 = focus abdominal and vascular surgery		
					1551 = focus hand surgery		
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17 - noncessagery         18 - vacuity sugery         19 - boats sugery         101 - boats sugery         1021 - focus to the strangery         1021 - focus the strangery         1021 - focus to the strangery         1021 - focus the strangery	reporting years)							
17 - noncessagery         18 - vacuity sugery         19 - boats sugery         101 - boats sugery         1021 - focus to the strangery         1021 - focus the strangery         1021 - focus to the strangery         1021 - focus the strangery								
17 - noncessagery         18 - vacuity sugery         19 - boats sugery         101 - boats sugery         1021 - focus to the strangery         1021 - focus the strangery         1021 - focus to the strangery         1021 - focus the strangery			h <b>a a</b> a a a a		-			
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10 - putatic surgery       10 - putatic surgery         200 - invariance surgery       200 - invariance surgery         201 - invariance surgery       201						n – Heurosurgery		
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201 = focus surgery       2021 = focus heat surgery       2021 = focus heat surgery         2005 = focus heat surgery       2005 = focus heat surgery       2005 = focus heat surgery         2111 = focus content surgery       2112 = focus heat surgery       2113 = focus heat surgery         2105 = focus heat surgery       2113 = focus heat surgery       2114 = focus heat surgery         2105 = focus heat surgery       2105 = focus heat surgery       2105 = focus heat surgery         2105 = focus heat surgery       2105 = focus heat surgery       2105 = focus heat surgery         2105 = focus heat surgery       210 = focus heat surgery       210 = focus heat surgery         2105 = focus heat surgery       210 = focus heat surgery       210 = focus heat surgery         2105 = focus heat surgery       210 = focus heat surgery       211 = focus heat surgery         2116 = otherpacefice       211 = focus heat surgery       211 = focus heat surgery         2115 = focus heat surgery       211 = focus heat surgery       211 = focus heat surgery         2116 = otherpacefice       210 = focus heat surgery       211 = focus heat surgery         2116 = focus heat surgery       211 = focus heat surgery       211 = focus heat surgery         2118 = otherpacefice       210 = focus heat surgery       211 = focus heat surgery         2101 = focus heat surgery       210 = focus heat sur						18 = vascular surgery		
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2120       Focus thoracis surgery         2130       Focus thoracis surgery         2131       Focus surgery         2132       Focus priatricis         2403       Focus priatricis         2404       Focus priatricis         2405       Focus endoritology         2425       syntheriology         2425       syntheriology         2425       syntheriology         242       Focus predefinitis         243       goldenticis         243       goldenticis         243								
198       Interview care (§ 13 (2) 3, 2. PEPPV version released on 31.12.2003)         2150       Focus bonadics surgery intensive care         2150       Interview care (§ 13 (2) 3, 2. PEPPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2150       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2. PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2.PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2.PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2.PEPV version released on 31.12.2003)         2160       Interview care (§ 13 (2) 3, 2.PEPV version released released on 31.12.2003								
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2852 = focus neurological early rehabilitation								
285b = tocus stroke patients (Stroke units, art. / § 1 (3) GKV-SolG)								
	I	I	l			2800 = TOCUS STROKE PATIENTS (STROKE UNITS, Art. 7 § 1 (3) GKV-SOIG)		



Available reporting	Variable	Label	at*	÷	Content	les	Comments
year			Forme	Length			
(no entry in this column means that			ъ	2		Missing val	
the variable is						issi	
available in all						Σ	
reporting years)							
					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)		
					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		



Available reporting	Variablo	Label	*	2	Content	S	Comments
year	variable	Laber	nat	Length	Content		Comments
(no entry in this			Form	Lei		Missing valu	
column means that						ing	
the variable is						liss	
available in all						2	
reporting years)							
		· · · · · ·			3624 = focus gynaecology and obstetrics		
					3626 = focus otorhinolaryngology		
					3628 = focus neurology		
					3650 = focus surgery		
					3651 = thoracic heart surgery		
					3652 = cardiothroracic surgery		
					5,		
					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	а	8	see fab1 – fab100	yes	
	-	the longest duration of stay				-	
	tage_fa1 -	duration of stay in specialist	n	8			
	tage_fa100	department		0			
		•					
	tage_max	duration of stay in specialist	n	8		yes	In case of various specialist departments: Real number of spent days in fab_max.
		department with the longest duration of stay					
		doration of stay					



Available reporting	Variable	Label	at*	÷	Content	es	Comments
year (no entry in this column means that the variable is available in all reporting years)			Forme	Length		Missing valu	
	dat_aufn_fa1 - dat_aufn_fa100	Date of admission in the specialist department	а	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	а	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	а	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		
	abt_art1 - abt_art100	department category	а		HA = main department BA = occupancy department BE = special department		
	ik	Hospital-ID (anonymised)	а	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. RP 2005 - 2018 2 digits Since 2019 6 digits.
since RY 2019	entl_ort9	Discharging facility (9- digits) (anonymised)	а	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	а	8	date in format YYYYMMDD		
	zeit_aufn	time of hospital admission	а	4	time in format hhmm		
	dat_entl	date of discharge from hospital	а	8	date in format YYYYMMDD		
	zeit_entl	time of discharge from hospital	а	4	time in format hhmm		



Available reporting	Variable	Label	<del>ئ</del>	÷	Content	Se	Comments
year			rma	Lengt		alue	
(no entry in this			Fo	ت		Missing val	
column means that the variable is						sin	
available in all						Mis	
reporting years)							
	tage	Period of hospitalisation	n	8			
		(day cases are calculated as one day)					
	typ_vwd	Type of persiod of	n	3	01 =day case = 1		
		hospitalisation			02 = days = 1		
					03 = days = 2		
					04 = days = 3		
					05 = days = 4		
					06 = days = 5		
				1	07 = days = 6		
					08 = days = 7		
				1	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		
	std fall	day case	n	3			
		,			2 = no		
since RY 2010	cm	Case Mix (CM)	n	8		_	The Case Mix is the sum of the effective cost relations of all hospital cases treated in the relevant reporting
311061112010	GIII			Ů			year. The calculation includes the effective cost relations of the DRG of the case treated. Day-related
							reductions (where duration of stay of a case is below the minimum duration), surcharges (where duration of
							stay of a case exceeds the maximum duration) as well as transfers of cases according to DRG regulations
							are included. Additional charges and full inpatient treatments, which are not remunerated by the DRG catalogue, are not included.
				1			outerogeo, ero not moterou.
							As of the beginning of 2020, the nursing staff costs for the patient care on wards with beds will be financed
							by an individual will be financed by a hospital-specific nursing budget. At therefore no longer include
							nursing staff costs from the 2020 are therefore no longer included in the calculation from the 2020 reporting year.
since RY 2010		volid cooce (counter					-
SINCE RY 2010	cm_n	valid cases (counter variable for the Case Mix)	n	8			Counter variable, which takes the value 1, if cm and cm_vol show valid values.
since RY 2010	cm_vol	Case Mix-revenue in euros	n	8			The Case-Mix Revenue is calculated by multiplying the effective cost weight by the relevant Land-wide
				1			base rate (with "Angleichungsbetrag") of the hospital cases. Additional charges and full inpatient
				1			treatments, which are not remunerated by the DRG catalogue, are not included.
							As of the beginning of 2020, the nursing staff costs for the patient care on wards with beds will be financed
				1			by an individual will be financed by a hospital-specific nursing budget. At therefore no longer include
							nursing staff costs from the 2020 are therefore no longer included in the calculation from the 2020 reporting
							year.
RY 2007 - 2009	BwrlVol	DRG-revenue	n	8			For an approximate expansion of the total revenue exclusively in departments; calculated through the DRG
				1			cost weights in accordance with DRG catalogue multiplied by Land-wide base rate. Surcharges, reductions
DV 2010	Vereien	Vereien					and additional charges are not included.
RY 2019	version	version	n	1			

\* a = alphanumeric; n = numeric