| 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<br>02 = Hamburg<br>03 = Niedersachsen<br>04 = Bremen<br>05 = Nordrhein-Westfalen<br>06 = Hessen<br>07 = Rheinland-Pfalz<br>08 = Baden-Württemberg<br>09 = Bayern<br>10 = Saarland<br>11 = Berlin<br>12 = Brandenburg<br>13 = Mecklenburg-Vorpommern<br>14 = Sachsen<br>15 = Sachsen-Anhalt<br>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.<br>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.<br>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.<br>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<br>02 = region with rudimentary urban growth<br>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<br>02 = Hamburg<br>03 = Niedersachsen<br>04 = Bremen<br>05 = Nordrhein-Westfalen<br>06 = Hessen<br>07 = Rheinland-Pfalz<br>08 = Baden-Württemberg<br>09 = Bayern<br>10 = Saarland<br>11 = Berlin<br>12 = Brandenburg<br>13 = Mecklenburg-Vorpommern<br>14 = Sachsen<br>15 = Sachsen-Anhalt<br>16 = Thüringen<br>au = foreign<br>un = unknown | | classified according to the AGS as of December 31 of the reporting year.<br><br>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<br>a = foreign<br>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<br>au = foreign<br>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<br>aus = foreign<br>unb = unknown | | classified according to the AGS as of December 31 of the reporting year.<br>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<br>ausaa = foreign<br>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<br>02 = region with rudimentary urban growth<br>03 = rural region | yes | 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 |
|---|---|---|---|---|---|---|---|
| | sex | Sex | a | 1 | m = male<br>w = female<br>u = unknown | | |
| Since RP 2019 | sex_original | Sex | a | 1 | m = male<br>w = female<br>d = gender diverse<br>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<br>2 = 1 to 4 years<br>3 = 5 to 9 years<br>4 = 10 to 14 years<br>5 = 15 to 19 years<br>6 = 20 to 24 years<br>7 = 25 to 29 years<br>8 = 30 to 34 years<br>9 = 35 to 39 years<br>10 = 40 to 44 years<br>11 = 45 to 49 years<br>12 = 50 to 54 years<br>13 = 55 to 59 years<br>14 = 60 to 64 years<br>15 = 65 to 69 years<br>16 = 70 to 74 years<br>17 = 75 to 79 years<br>18 = 80 to 84 years<br>19 = 85 to 89 years<br>20 = 90 to 94 years<br>21 = 95 to 110 years<br>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<br>1 = 1 month<br>2 = 2 month<br>3 = 3 month<br>4 = 4 month<br>5 = 5 month<br>6 = 6 month<br>7 = 7 month<br>8 = 8 month<br>9 = 9 month<br>10 = 10 month<br>11 = 11 month<br>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<br>2 = no | yes | |
| | aufn_anl | Cause of admission | a | 1 | E = referral by a physician<br>Z = referral by a dentist<br>N = emergency<br>R = admission after prior treatment in a rehabilitaion facility<br>V = transfer with a duration of therapy of over 24 hours at transfering hospital<br>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<br>2 = hospital treatment, full inpatient with previous preadmission treatment<br>5 = inpatient childbirth<br>7 = readmission due to complications (flat rate per case) according to KFPV 2003<br>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<br>2 = regular termination of treatment, post-discharge treatment intended<br>3 = treatment terminated for other reasons<br>4 = treatment terminated against medical advice<br>5 = changes in responsibility of cost unit (in days-realted charges)<br>6 = transfer to another hospital<br>7 = death<br>8 = tranfer to another hospital as part of a cooperation<br>9 = discharge into a rehabilitation facility<br>10 = discharge into a long-term care facility<br>11 = discharge into a hospice<br>13 = external transfer for psychiatric treatment<br>14 = treatment terminated for other reasons, post-discharge treatment intended<br>15 = treatment terminated against medical advice, post-discharge treatment intended<br>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<br>22 = case end (internal transfer) when changing between full, part-time inpatient and inpatient equivalent treatment (inpatient equivalent available as of reporting year 2018)<br>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)<br>28 = regular termination of treatment, ventilated discharged (category available as of reporting year 2020)<br>29 = regular termination of treatment, ventilated transferred (category available as of reporting year 2020)<br>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<br>ND = secondary diagnosis (Nebendiagnose)<br>SD = secondary diagnosis (Sekundärdiagnose)<br>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)<br>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<br>L = left<br>B = double-sided<br>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<br>B = second highest consumption of resources<br>C = third highest consumption of resources<br>D = forth highest consumption of resources<br>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<br>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<br>N = no, no participation / performance of external operators<br>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<br>N = no, no participation / performance of external anesthesists<br>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<br>N = no, no participation / performance of external midwives<br>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<br>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<br>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<br>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<br>L = left<br>B = double-sided<br>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 | 01 = internal medicine<br>0102 = focus geriatrics<br>0103 = focus cardiology<br>0104 = focus nephrology<br>0105 = focus haematology and internal oncology<br>0106 = focus endocrinology<br>0107 = focus gastroenterology<br>0108 = focus pneumology<br>0109 = focus rheumatology<br>0114 = focus pulmonary and bronchial medicine<br>0150 = tumour research<br>0151 = focus coloproktology<br>0152 = focus infectious diseases<br>0153 = focus diabetes<br>0154 = focus naturopathy<br>0156 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG)<br><br>02 = geriatrics<br>0224 = focus gynaecology<br>0260 = day-care hospital (for semi-stationary nursing charges)<br>0261 = night-care hospital (for semi-stationary nursing charges)<br><br>03 = cardiology<br><br>04 = nephrology<br>0410 = focus paediatrics<br>0436 = intensive care | 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.<br><br>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:<br>- 0436<br>- 1136<br>- 1536<br>- 2036<br>- 2050<br>- 2136<br>- 2150<br>- 36xx<br><br>Special arrangement for pseudo-specialist departments in ETL-segment of the discharging display:<br>- 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.<br>- 0001: pseudo-specialist department for residence in case of a return transfer<br>- 0002: pseudo-specialist department for an external residence in case of a readmission<br>- 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 |
|---|---|---|---|---|---|---|---|
| | | | | | 05 = haematology and internal oncology<br>0510 = focus paediatrics<br>0524 = focus gynaecology<br>0533 = focus radiotherapeutics<br><br>06 = endocrinology<br>0607 = focus gastroenterology<br>0610 = focus paediatrics<br><br>07 = gastroenterology<br>0706 = focus endocrinology<br>0710 = focus paediatrics<br><br>08 = pneumology<br><br>09 = rheumatology<br>0910 = focus paediatrics<br><br>10 = paediatrics<br>1004 = focus nephrology<br>1005 = focus haematology and internal oncology<br>1006 = focus endocrinology<br>1007 = focus gastroenterology<br>1009 = focus rheumatology<br>1011 = focus paediatric cardiology<br>1012 = focus neonatology<br>1014 = focus pulmonary and bronchial medicine<br>1028 = focus paediatric neurology<br>1050 = focus perinatal medicine<br>1051 = long-term range children<br><br>11 = paediatric cardiology<br>1136 = focus intensive care<br><br>12 = neonatology<br><br>13 = paediatric surgery<br><br>14 = pulmonary and bronchial medicine<br>1410 = focus paediatrics | | |

| 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 |
|---|---|---|---|---|---|---|---|
| | | | | | 15 = general surgery<br>1513 = focus paediatric surgery<br>1516 = focus trauma surgery<br>1518 = focus vascular surgery<br>1519 = focus plastic surgery<br>1520 = focus thoracic surgery<br>1523 = focus orthopaedics<br>1536 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003)<br>1550 = focus abdominal and vascular surgery<br>1551 = focus hand surgery<br><br>16 = trauma surgery<br><br>17 = neurosurgery<br><br>18 = vascular surgery<br><br>19 = plastic surgery<br><br>20 = thoracic surgery<br>2021 = focus heart surgery<br>2036 = intensive care<br>2050 = focus heart surgery intensive care<br><br>21 = heart surgery<br>2118 = focus vascular surgery<br>2120 = focus thoracic surgery<br>2136 = intensive care (§ 13 (2) 3, 2. BPflV version released on 31.12.2003)<br>2150 = focus thoracic surgery intensive care<br><br>22 = urology<br><br>23 = orthopaedics<br>2309 = focus rheumatology<br>2315 = focus surgery<br>2316 = orthopaedics and trauma surgery<br><br>24 = gynaecology and obstetrics<br>2402 = focus geriatrics<br>2405 = focus haematology and internal oncology<br>2406 = focus endocrinology<br>2425 = gynaecology | | |

| 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 |
|---|---|---|---|---|---|---|---|
| | | | | | 25 = obstetrics<br><br>26 = otorhinolaryngology<br><br>27 = ophthalmology<br><br>28 = neurology<br>2810 = focus paediatrics<br>2851 = focus gerontology<br>2852 = focus neurological early rehabilitation<br>2856 = focus stroke patients (Stroke units, art. 7 § 1 (3) GKV-SolG)<br><br>29 = general psychiatry<br>2928 = emphasis neurology<br>2930 = focus child and youth psychiatry<br>2931 = focus psychosomatics / psychotherapy<br>2950 = focus addiction treatment<br>2951 = focus gerontological psychiatry<br>2952 = focus forensic treatment<br>2953 = focus addiction treatment, day-care hospital<br>2954 = focus addiction treatment, night-care hospital<br>2955 = focus gerontological psychiatry, day-care hospital<br>2956 = focus gerontological psychiatry, night-care hospital<br>2960 = day-care hospital (for semi-stationary nursing charges)<br>2961 = night-care hospital (for semi-stationary nursing charges)<br><br>30 = child and youth psychiatry<br>3060 = day-care hospital (for semi-stationary nursing charges)<br>3061 = night-care hospital (for semi-stationary nursing charges)<br><br>31 = psychosomatics / psychotherapy<br>3110 = focus child and youth psychiatry<br>3160 = day-care hospital (for semi-stationary nursing charges)<br>3161 = night-care hospital (for semi-stationary nursing charges)<br><br>32 = nuclear medicine<br>3233 = focus radiotherapeutics<br><br>33 = radiotherapeutics<br>3305 = focus haematology and internal oncology<br>3350 = focus radiology | | |

| 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 |
|---|---|---|---|---|---|---|---|
| | | | | | 34 = dermatology<br>3460 = day-care hospital (for semi-stationary nursing charges)<br><br>35 = dentistry and orthodontics, oral surgery<br><br>36 = intensive care<br>3601 = focus internal medicine<br>3603 = focus cardiology<br>3610 = focus paediatrics<br>3617 = focus neurosurgery<br>3618 = focus surgery<br>3621 = heart surgery<br>3622 = focus urology<br>3624 = focus gynaecology and obstetrics<br>3626 = focus otorhinolaryngology<br>3628 = focus neurology<br>3650 = focus surgery<br>3651 = thoracic heart surgery<br>3652 = cardiothroracic surgery<br><br>37 = other specialist departments<br>3750 = angiology<br>3751 = radiology<br>3752 = palliative medicine<br>3753 = pain therapy<br>3754 = healing therapy department<br>3755 = spinal surgery<br>3756 = addiction medicine<br>3757 = abdominal surgery<br>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. |

| 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 |
|---|---|---|---|---|---|---|---|
| | dat_aufn_fa1 - dat_aufn_fa100 | Date of admission in the specialist department | a | 8 | date in format YYYYMMDD<br>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<br>2 = Document department only<br>3 = only special equipment<br>4 = several different assignments | | |
| | abt_art1 - abt_art100 | department category | a | 8 | HA = main department<br>BA = occupancy department<br>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.<br>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 | | | |

| 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 |
|---|---|---|---|---|---|---|---|
| | typ_vwd | Type of persiod of hospitalisation | n | 3 | 01 =day case = 1<br>02 = days = 1<br>03 = days = 2<br>04 = days = 3<br>05 = days = 4<br>06 = days = 5<br>07 = days = 6<br>08 = days = 7<br>09 = days <= 9<br>10 = days <= 12<br>11 = days <= 14<br>12 = days <= 21<br>13 = days <= 28<br>14 = days <= 35<br>15 = days <= 42<br>16 = days <= 70<br>17 = days <= 182<br>18 = days <= 365<br>19 = days <= 99999 | | |
| | std_fall | day case | n | 3 | 1 = yes<br>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