



Emergency Department (ED) and Ambulatory Surgery (AS) Data Data Dictionary

For Nonpublic Files:

OSHDP Internal Use

IPA

AB2876 – Custom Data Sets

AB2876 – Model Data Sets (for Hospitals and Public Health)

For Data Years:

January – December 2010

January – December 2011

January – December 2012

January – December 2013

January – December 2014

File Formats Available:

Comma-Delimited (.txt)

Comma-Delimited – Label (.txt) - (includes “English” names)

SAS (Ver 9.3) File (.sas7bdat)

SAS (Ver 9.3) PROC Format Program (associate labels with SAS File)

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¹ Appendices not listed are not applicable to nonpublic ED and/or AS data sets.

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INTRODUCTION

General Information

The California Office of Statewide Health Planning and Development (OSHPD) provides nonpublic data sets of emergency care data collected from hospital emergency departments and also of ambulatory surgery data collected from general acute care hospitals and licensed freestanding ambulatory surgery clinics in California. Each record within the data set consists of one outpatient encounter, also known as a service visit. Data collected for these encounters include demographic, clinical, payer, and facility information.

Emergency Department (ED) data include encounters from hospitals licensed to provide emergency medical services. Reportable ED encounters include only those patients who had *face-to-face contact with a provider*. If a patient left without being seen, the patient did not have a face-to-face encounter with a provider and therefore the ED encounter was not reported. A provider is defined as the person who has primary responsibility for assessing and treating the condition of a patient at a given contact and exercises independent judgment in the care of the patient. If the ED encounter resulted in a same-hospital admission, the ED encounter would be combined with the inpatient record. A separate ED record would not be reported for that scenario. When analyzing ED records, you may want to include these direct admissions, which are identified in the hospital's inpatient data as having the ED at the same hospital as the source of admission.

Ambulatory Surgery (AS) data include encounters from general acute care hospitals and licensed freestanding ambulatory surgery clinics, during which *at least one ambulatory surgery procedure* is performed. A freestanding ambulatory surgery clinic is defined as a surgical clinic licensed by the California Department of Public Health (CDPH). Many facilities that are called ambulatory surgery centers are not required to be licensed as surgical clinics, and do not report data to the Office. Ambulatory surgery procedures are defined as those procedures performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic. If a procedure was done elsewhere (such as in a radiology unit), no ambulatory surgery record is required to be filed. If a hospital-based AS encounter resulted in a same-hospital admission, the AS encounter would be combined with the inpatient record. A separate AS record would not be reported for that scenario. When analyzing hospital-based AS records, you may want to include the AS direct admissions, which are identified in the hospital's inpatient data as having Ambulatory Surgery at the same hospital as the source of admission. For more information see the documentation provided by the [MIRCal \(data submission\) system](#).

California Clinic Licensing Law – Data From Non-Licensed Clinics Not Accepted

Starting in 2012, data from non-licensed clinics has not been accepted. On September 19, 2007, the Third District Court of Appeals issued its decision in the Capen vs. Shewry lawsuit holding that all clinics that are owned by a physician or group of physicians are excluded from licensure by CDPH (see the California clinic licensing law pursuant to Section 1200, et seq. of the California Health and Safety Code). According to the decision, physician-owned clinics are subject to oversight by the Medical Board of California, which reviews certain "outpatient surgery settings" which use anesthesia. CDPH has interpreted the decision as stripping it of the authority to license or regulate any physician-owned surgical clinic, including the authority to issue licenses that physicians request voluntarily. Licensed freestanding Ambulatory Surgery Clinics are required to report encounter data to OSHPD; non-licensed clinics are not. Non-

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licensed clinics were allowed to report data through MIRCal through 2011. Starting in 2012, data from non-licensed clinics has not been accepted.

Disclosure Policy

It is the policy of the Office of Statewide Health Planning and Development (OSHPD) to respect the privacy of individuals by protecting the confidentiality of all patient-level healthcare data and information that it collects, uses, and disseminates. Accordingly, OSHPD will carefully evaluate all requests for disclosure of patient-level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

OSHPD may disclose patient-level healthcare data and information to the general public only if OSHPD has determined that they have been de-identified. All other patient-level healthcare data and information will be considered non-public. OSHPD will disclose non-public patient-level healthcare data ONLY when certain conditions have been met and after approval by the California Committee for the Protection of Human Subjects. For a copy of OSHPD's policy on the release of patient-level data please see [Appendix A – Disclosure Policy](#).

Modification and Exception Reports

Some facilities have been granted "modifications" to standard data reporting requirements because they were unable to complete specific fields as required or were determined to be out of compliance at the time of reporting. Exceptions are reported for facilities with records that were initially flagged as wrong but were actually reported correctly. See Appendix C – Modifications and Exceptions for a listing of Emergency Department or Ambulatory Surgery facilities and affected variables.

Consolidation Facility Listing

[Appendix D – Facility Status](#) shows facility consolidated status and status changes (openings, closings, and ownership changes) by year of data collection. When multiple facility locations operate under one hospital license, the licensed entity is considered a consolidated provider. These types of facilities can report patient-level data as either separate entities, or aggregated as one consolidated provider.

Importing Notes

There are several fields that, although they appear to contain numeric data, should be treated as text (character). This is particularly important when working with ICD-9-CM (diagnosis) and CPT (procedure) codes. Diagnosis and procedure codes are stored without decimals and many contain leading zeros. For example, the ICD-9-CM code for Salmonella Gastroenteritis is "0030" (implied decimal following the third digit from the left, i.e., "003.0"). If not formatted as text, the leading zeros will be dropped and the code will appear as, "30", an invalid code.

File Format

The confidential data files are offered in two versions: SAS (.sas7bdat, created with SAS version 9.3) and comma-delimited (.txt). To assist SAS file users, a PROC Format file is available to associate labels with variables. In the comma-delimited file (.txt), the length of each field and the length of each record will vary according to the data reported. To assist .txt file users, a header row identifying each data element is provided in the position of the first record.

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For TXT file users, in addition to the “Code” format, a “Label” formatted file is available. In the “Label” file, alphanumeric values have been replaced by more descriptive “English” values. For example, for the variable “sev_code”, the descriptive label “MS-DRG assignment is based on the presence of MCC” replaced the code value “1”. In either version of the TXT file, for three variables (oshpd_id, MDC, MSDRG), the original variables, with “code” values, were retained and “label” variables were added (oshpd_name, mdc_name, msdrg_name). On the TXT files, the length of each field and the length of each record will vary according to the data reported. A header row identifying each data element is provided in sequence order on the first record.

Note that facility and MS-DRG codes and their associated labels potentially change across years and that year-specific code-label crosswalks must be used.

The attributes for each data field are provided on the following pages. Note that the variable length may differ across the Code/Label version of the file.

Request Type Indicator

A “Request Type” indicator has been added to the Data Dictionary variable descriptions. This specifies the data set(s) in which the variable is included: IPA; AB2876 - Custom Data Set; or AB2876 – Model Data Sets for Hospitals and Local Health Departments/Officials.

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FILE DOCUMENTATION

Facility Identification Number

Field Name: fac_id

Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. [Appendix F - Counts by Facility\(Encounters\) \(ED\)](#) and [Appendix F - Counts by Facility\(Encounters\) \(AS\)](#) list facility ID number, name, and number of encounters.

Variable Type: Character

Variable Length: 6

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Facility Name

Field Name: facility_name

Definition: The facility name documented on the official license issued by the California Department of Public Health (CDPH) Licensing and Certification Division and submitted to OSHPD's Licensed Facility Information System (LFIS). Displayed names use a standardized "doing business as" naming format. Note that names associated with facility ID potentially change across years and year-specific code-label crosswalks must be used.

Variable Type: Character

Variable Length: 60

Request Type: AB2876 - Model Data Set ("label" version of .txt file only)

Facility ZIP Code

Field Name: faczip

Definition: The ZIP Code where the facility is located.

Variable Type: Character

Variable Length: 5

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Facility County

Field Name: fac_co

Definition: The County where the reporting facility is located.

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	
20 = Madera	40 = San Luis Obispo	

Data Set Identification Number

Field Name: data_id

Definition: A unique ten-digit identifier assigned to each record within a specific group of data submitted by a facility for a given report period.

Variable Type: Character

Variable Length: 10

Request Type: IPA, AB2876 - Custom Data Set

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License Type

Field Name: lic_type

Definition: The license type of the reporting facility. For Ambulatory Surgery data, this variable can be used to distinguish between freestanding ambulatory surgery centers and hospital-based ambulatory surgery.

Variable Type: Character

Variable Length: 1

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

C = Clinic

H = Hospital

Patient Type

Field Name: pat_type

Definition: The type of facility where a particular patient encounter occurred.

Variable Type: Character

Variable Length: 1

Request Type: IPA, AB2876 - Custom Data Set

A = Ambulatory Surgery

E = Emergency Department

Patient Identification Number

Field Name: pat_id

Definition: Identification number assigned to each record within a specific group of data submitted by a facility for a given report period. The patient identification number is a sequential value generated as the record is entered into the system, but there may be gaps due to the deletion of some records prior to approval or during standardization.

Variable Type: Character

Variable Length: 12

Request Type: IPA, AB2876 - Custom Data Set

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Abstract Record Number

Field Name: absrec

Definition: A unique code consisting of not more than 12 alphanumeric characters (may include hyphens, slashes or other special characters) that identifies a particular patient's record within a reporting facility.

Variable Type: Character

Variable Length: 12

Request Type: **OSHPD does not release this field.**

Social Security Number

Field Name: ssn

Definition: The patient's Social Security Number (SSN). If the SSN is not recorded in the patient's record, the SSN was reported as "000000001". The SSN should not be reported as the SSN of some other person, such as the mother of a newborn or the insurance beneficiary under whose account the facility's bill was submitted. For more information on OSHPD's instructions for non-U.S. numbers and Medicare numbers, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/EDASManual.html.

Variable Type: Character

Variable Length: 9

Request Type: **OSHPD does not release this field.**

Record Linkage Number

Field Name: rln

Definition: A unique 9-digit alphanumeric value that is the encrypted form of a patient's Social Security Number. If the Social Security Number is invalid or blank then the RLN is assigned a value of 9 dashes "-----".

Variable Type: Character

Variable Length: 9

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Date of Birth

Field Name: brthdate

Definition: Patient's modified date of birth. The modified date of birth reflects defaults applied to invalid values reported by facilities. If the reported month or day is invalid, they are defaulted to "01". If the year is invalid then the date of birth is set to null.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10.)

Request Type: IPA, AB2876 - Custom Data Set

Date of Birth – Raw

Field Name: dob_raw

Definition: Patient's date of birth as originally reported by the facility.

Variable Type: Character

Variable Length: 8 (YYYYMMDD)

Request Type: IPA, AB2876 - Custom Data Set

Age in Days (at time of service)

Field Name: agdyserv

Definition: Age of the patient (in days) at time of service. This is based on the reported service date and patient's date of birth and only available for patients who are less than 366 days old. When the date of admission and the date of birth are the same, age in days is set to "1". If the date of birth is unknown or invalid or the patient is greater than 365 days old, the age in days is set to "0".

Variable Type: Numeric

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Age in Years (at time of service)

Field Name: agyrserv

Definition: Age of the patient (in years) at time of service. This is based on the reported service date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0".

Variable Type: Numeric

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Gender

Field Name: sex

Definition: Gender of the patient at time of service. “Unknown” includes undetermined sex, congenital abnormalities that obscure sex identification, and sex change operations, including any procedure related to a sex change operation (e.g., hysterectomy, mastectomy, etc.) and that the patient’s gender was not available from the medical record. Reported invalid and missing values for sex were defaulted to “I”.

Variable Type: Character

Variable Length: 1

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

M = Male

F = Female

U = Unknown

I = Invalid

Ethnicity

Field Name: eth

Definition: Ethnicity (self-reported) of the patient. If the patient’s ethnicity is not recorded in the patient’s medical record, or the patient could not or would not declare ethnicity, it was reported as “Unknown” (code 99). Reported invalid and missing values for ethnicity were defaulted to “00”. For more information, see the documentation provided by the MIRCAl (data submission) system: http://www.oshpd.ca.gov/HID/MIRCAl/Text_pdfs/ManualsGuides/EDASManual/Ethnicity.pdf

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

E1 = Hispanic or Latino

E2 = Non-Hispanic or Non-Latino

99 = Unknown

00 = Invalid/Blank

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Race

Field Name: race

Definition: Patient's racial background (self-reported). If the patient's race is not recorded in the patient's medical record, or the patient could not or would not declare race, it was reported as "Unknown" (code 99). Reported invalid and missing values for race were defaulted to "00". For more information, see the documentation provided by the MIRCAl (data submission) system:
http://www.oshpd.ca.gov/HID/MIRCAl/Text_pdfs/ManualsGuides/EDASManual/Race.pdf

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

R1 = American Indian or Alaska Native

R2 = Asian

R3 = Black or African American

R4 = Native Hawaiian or Other Pacific Islander

R5 = White

R9 = Other Race

99 = Unknown

00 = Invalid/Blank

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Race Group - Normalized

Field Name: race_grp

Definition: The normalized race group for a patient based on a combination (merged) of their reported race and ethnicity. If a patient's ethnicity is "Hispanic" then the race group is coded as "3 – Hispanic". For example, White/Hispanic is assigned to code "3 – Hispanic". For all other values of ethnicity/race group is assigned the same category (White, Black, etc.) as the reported race. For example, White/Non-Hispanic is assigned to code "1 – White". Reported unknown and invalid values are defaulted to "0".

Variable Type: Character

Variable Length: 1

Request Type: IPA, AB2876 - Custom Data Set

- 1 = White
- 2 = Black
- 3 = Hispanic
- 4 = Asian / Pacific Islander
- 5 = American Indian / Alaska Native
- 6 = Other
- 0 = Unknown/Invalid/Blank

Principal Language Spoken (ID)

Field Name: pls_id

Definition: The 8-digit value for the principal language the patient primarily uses in communicating with those in the healthcare community. A child's language is the language of the parent or caretaker used for communicating with the physician on the child's behalf. See [Appendix G - Principal Language Spoken](#) for a list of IDs, codes, and category descriptions.

Variable Type: Numeric

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Principal Language Spoken (Code)

Field Name: pls_abr

Definition: The 3-character value for the principal language the patient primarily uses in communicating with those in the healthcare community. A child's language is the language of the parent or caretaker used for communicating with the physician on the child's behalf. See [Appendix G - Principal Language Spoken](#) for a list of IDs, codes, and category descriptions.

Variable Type: Character

Variable Length: 3

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Principal Language Spoken Write-in Value

Field Name: pls_wrtin

Definition: The actual value reported as the principal language the patient primarily uses in communicating with those in the healthcare community. A child's language is the language of the parent or caretaker used for communicating with the physician on the child's behalf.

Variable Type: Character

Variable Length: 24

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Patient County

Field Name: patco

Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Because ZIP codes can cross county boundaries, OSHPD assigns the county with the greatest population in the respective ZIP Code. Invalid, blank, unknown ZIP codes as well as patients residing outside California and the homeless are assigned a county code value of "00".

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	00 = Not a California county
20 = Madera	40 = San Luis Obispo	

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Patient ZIP Code

Field Name: patzip

Definition: The patient's 5-digit ZIP Code of residence. If the reported ZIP Code is invalid or if the ZIP Code is unknown, it is assigned a value of "99999". If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros.

Variable Type: Character

Variable Length: 5

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Service Date

Field Name: serv_dt

Definition: The service date is the start of care provided to the patient in the emergency department or ambulatory surgery, whichever occurred first. If the reported service date is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire encounter record was deleted in accordance with Health and Safety Code Section 97248.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10.)

Request Type: IPA, AB2876 - Custom Data Set

Service Day of the Week

Field Name: serv_d

Definition: The day of the week service was provided to the patient in the emergency department or ambulatory surgery, whichever occurred first. If the reported service date is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire encounter record is deleted in accordance with Health and Safety Code Section 97248.

Variable Type: Character

Variable Length: 1

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

1 = Sunday	5 = Thursday
2 = Monday	6 = Friday
3 = Tuesday	7 = Saturday
4 = Wednesday	

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Service Month

Field Name: serv_m

Definition: The month service was provided to the patient in the emergency department or ambulatory surgery, whichever occurred first. If the reported service date is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire encounter record is deleted in accordance with Health and Safety Code Section 97248.

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

01 = January	05 = May	09 = September
02 = February	06 = June	10 = October
03 = March	07 = July	11 = November
04 = April	08 = August	12 = December

Service Quarter

Field Name: serv_q

Definition: The calendar quarter when service was provided to the patient. This was based on the service date. The service date is the start of care date provided in the emergency department or ambulatory surgery, whichever occurred first.

Variable Type: Character

Variable Length: 1

Request Type: IPA, AB2876 - Custom Data Set

1 = January-March
2 = April-June
3 = July-September
4 = October-December

Service Year

Field Name: serv_y

Definition: The year service was provided to the patient.

Variable Type: Character

Variable Length: 4

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Counter

Field Name(s): counter

Definition: A counter was added to the SAS data sets beginning with 2011 to optimize the “drag and drop” features in Enterprise Guide. The counter is assigned a value of “1” for each individual record (encounter). This counter can be used for a wide variety of mathematical calculations.

Variable Type: Numeric

Variable Length: 8

Request Type: **OSHPD does not release this field.**

Disposition

Field Name: dispn

Definition: The consequent arrangement or event ending a patient’s encounter in the reporting facility. Reported invalid and missing values for disposition were defaulted to “99”. For more information, see the documentation provided by the MIRCal (data submission) system:
http://www.oshpd.ca.gov/HID/MIRCal/Text_pdfs/ManualsGuides/EDASManual/Disposition.pdf

Variable History: Prior to January 1, 2011, the description for “04” was “Discharged/Transferred to an intermediate care facility (ICF).” Into the future, the National Uniform Billing Committee (NUBC) approved sixteen (16) patient disposition codes effective with encounters on and after October 1, 2013. The new disposition codes require regulatory approval for OSHPD reporting. The new codes are accepted by OSHPD, but will not be required until California Regulations are amended to reflect the changes. Facilities may report the new disposition codes to OSHPD while regulations are pending approval.

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

- 01 = Discharged to home or self care (routine discharge)
- 02 = Discharged/Transferred to a short-term general hospital for inpatient care
- 03 = Discharged/Transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 = Discharged/Transferred to a facility that provides custodial or supportive care
- 05 = Discharged/Transferred to a designated cancer center or children’s hospital
- 06 = Discharged/Transferred home under the care of organized home health service organization in anticipation of covered skilled care

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- 07 = Left against medical advice or discontinued care
- 20 = Expired
- 21 = Discharged/Transferred to court/law enforcement (New 10/01/09)
- 43 = Discharged/Transferred to a federal health care facility
- 50 = Discharged home with hospice care
- 51 = Discharged to a medical facility with hospice care
- 61 = Discharged/Transferred to a hospital-based Medicare approved swing bed
- 62 = Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 = Discharged/Transferred to a Medicare certified long-term care hospital (LTCH)
- 64 = Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 = Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 = Discharged/Transferred to a critical access hospital (CAH)
- 69 = Discharged/Transferred to a designated Disaster Alternative Care Site
- 70 = Discharged/Transferred to another type of healthcare institution not defined elsewhere on this code list
- 81 = Discharged/Transferred to Home or Self care with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 82 = Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 83 = Discharged/Transferred to Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 84 = Discharged/Transferred to a facility that provides custodial or supportive care (includes intermediate care facility) with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 85 = Discharged/Transferred to a designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 86 = Discharged/Transferred to home under care of organized home health service organization with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 87 = Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)

Emergency Department (ED) and Ambulatory Surgery (AS) Data

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- 88 = Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 89 = Discharged/Transferred to a hospital-based Medicare approved swing bed with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 90 = Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 91 = Discharged/Transferred to a Medicare certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 92 = Discharged/Transferred to a Nursing Facility certified under Medicaid (Medi-Cal), but not certified under Medicare with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 93 = Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 95 = Discharged/Transferred to another type of health care institution not defined elsewhere in this code list with a Planned Acute Care Hospital Inpatient Readmission (New 01/01/15)
- 00 = Other
- 99 = Invalid / Blank

**Emergency Department (ED) and Ambulatory Surgery (AS) Data
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Expected Source of Payment

Field Name: payer

Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For more information, see the documentation provided by the MIRCal (data submission) system:
http://www.oshpd.ca.gov/HID/MIRCal/Text_pdfs/ManualsGuides/EDASManual/ExpectedSourcePayment.pdf.

Variable Type: Character

Variable Length: 2

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

09 = Self Pay

11 = Other Non-federal Programs

12 = Preferred Provider Organization (PPO)

13 = Point of Service (POS)

14 = Exclusive Provider Organization (EPO)

16 = Health Maintenance Organization (HMO) Medicare Risk

AM= Automobile Medical

BL = Blue Cross / Blue Shield

CH= CHAMPUS (TRICARE)

CI = Commercial Insurance Company

DS = Disability

HM= Health Maintenance Organization

MA= Medicare Part A

MB= Medicare Part B

MC= Medicaid (Medi-Cal)

OF = Other Federal Program

TV = Title V

VA = Veterans Affairs Plan

WC= Workers' Compensation Health Claim

00 = Other

99 = Invalid/Unknown

**Emergency Department (ED) and Ambulatory Surgery (AS) Data
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External Cause of Injury – Principal E-Code

Field Name: ec_prin

Definition: The external cause of injury or poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning, or adverse effect related to the admission. An E-Code is to be reported on the record for the first episode of care reportable to OSHPD during which the injury, poisoning, and/or adverse effect was diagnosed and/or treated. If a patient was first diagnosed in a doctor's office and then sent to an ED or AS facility, the E-Code was reported on the ED or AS record. If the E-Code has been previously reported on a discharge or encounter, the E-Code will not be reported again on the encounter record. E-Codes are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 4th character from the left)

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

External Cause of Injury – Other E-Code (up to 4)

Field Name(s): ec1-ec4

Definition: The additional external cause of injury or poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning, or adverse effect. Up to 4 other E-Codes should be included for the first reportable episode of care during which the injury, poisoning, or adverse effect was diagnosed and/or treated only. If a patient was diagnosed in a doctor's office and then sent to an ED or AS facility, the E-Code was reported on the ED or AS record. If the E-Code has been previously reported on a discharge or encounter, the E-Code will not be reported again on the encounter record. E-Codes are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 4th character from the left)

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Emergency Department (ED) and Ambulatory Surgery (AS) Data
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Principal Diagnosis

Field Name(s): dx_prin

Definition: The condition, problem, or other reason established to be the chief cause of the encounter for care. Diagnoses are coded according to the ICD-9-CM. If the reporting principal diagnosis code is blank or invalid and is not corrected by the reporting facility after it is identified by OSHPD as an error, the principal diagnosis was defaulted to “7999” (implied decimal following the third digit from the left, i.e., “799.9”), in accordance with Health and Safety Code Section 97248.

Variable Type: Character (implied decimal after the 3rd character from the left)

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Other Diagnoses (up to 24)

Field Name(s): odx1-odx24

Definition: All conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3rd character from the left)

Variable Length: 8

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Principal Procedure

Field Name(s): pr_prin

Definition: The procedure that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk and is most closely related to the principal diagnosis, as the chief reason for the encounter. Procedures are coded according to the Current Procedural Terminology, Fourth Edition (CPT-4). Category II CPT-4 codes and modifiers are not accepted by OSHPD. The procedure date is assumed to be the same as the service date. For more information on the risks and cancelled surgeries, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual: <http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>.

Variable Type: Character (implied decimal after the 2nd character from the left)

Variable Length: 7

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

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Other Procedures (up to 20)

Field Name(s): opr1-opr20

Definition: All other procedures, related to the encounter, which are surgical in nature, carry a procedural risk, or carry an anesthetic risk. Procedures are coded according to the Current Procedural Terminology, Fourth Edition (CPT-4). Category II CPT-4 codes and modifiers are not accepted by OSHPD. The procedure date is assumed to be the same as the service date. For more information on the risks and cancelled surgeries, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual: <http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>.

Variable Type: Character (implied decimal after the 2nd character from the left)

Variable Length: 7

Request Type: IPA, AB2876 - Custom Data Set, AB2876 - Model Data Set

Clinical Classifications Software (CCS) Group for Principal Diagnosis

Field Name(s): ccs_dx_prin

Definition: The [CCS “clinical grouper”](#) was developed at the Agency for Healthcare Research and Quality (AHRQ) as a tool for clustering patient diagnoses into a manageable number of clinically meaningful categories to make it easier to quickly understand diagnosis patterns. The single-level diagnosis CCS aggregates illnesses and conditions into 285 mutually exclusive categories. Most categories are homogeneous; e.g., CCS category #1 is "Tuberculosis." Some CCS categories combine several less common individual conditions, such as CCS category #3, which is "Other Bacterial Infections." **When adding the CCS category, OSHPD uses the latest [CCS crosswalk](#) provided on AHRQ’s website; however, that information is subject to [change](#). OSHPD does not re-run *past* data files against the updated crosswalk.**

Variable Type: Character

Variable Length: 4

Request Type: IPA, AB2876 - Custom Data Set

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Clinical Classifications Software (CCS) Group for Other Diagnoses (up to 24)

Field Name(s): ccs_odx1-odx24

Definition: All conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses are grouped according to the [CCS “clinical grouper”](#) developed at the Agency for Healthcare Research and Quality (AHRQ). **When adding the CCS category, OSHPD uses the latest [CCS crosswalk](#) provided on AHRQ’s website; however, that information is subject to [change](#). OSHPD does not re-run *past* data files against the updated crosswalk.**

Variable Type: Character

Variable Length: 4

Request Type: IPA, AB2876 - Custom Data Set