



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

## **For Nonpublic Files:**

OSHPD Internal Use

NON-PUBLIC (IPA)

LIMITED DATA (AB2876) – Custom Data Sets

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

## **For Data Years:**

January – December 2019

## **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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<sup>1</sup> Appendices not listed are not applicable to nonpublic ED and/or AS data sets.

**Emergency Department (ED) and Ambulatory Surgery (AS) Data**  
**2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

## **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 OSHPD. 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. 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-licensed clinics were allowed to report data through MIRCal through 2011.

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

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#### **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 nonpublic. OSHPD will disclose nonpublic 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 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. These Modifications are made available to data users in the [Patient-Level Data Modifications Table](#).

#### **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 the Facility Identification Number (6-digit) and CPT procedure codes. If not formatted as text, the essential leading zeros will be dropped.

#### **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.

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 "eth", the descriptive label 'Hispanic or Latino' replaced code value "E1". In either version of the TXT file, this variable (oshpd\_id), the original variable, with "code" values, was retained and a "label" variable was added (fac\_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.

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
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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: NON-PUBLIC; LIMITED DATA - Custom Data Set; or LIMITED DATA – Model Data Sets for Hospitals and Local Health Departments/Officials.

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**Emergency Department (ED) and Ambulatory Surgery (AS) Data**  
**2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**What's New**

There were many changes to the ED/AS dataset for 2019. Several variables were renamed to align with the Patient Discharge Dataset. New variables have been added and several more variables have changed or expanded their reporting. All affected variables are outlined below.

**New Variables**

- Race Binary Flags
  - Race - American Indian or Alaskan Native
  - Race – Asian
  - Race - Black or African American
  - Race - Native Hawaiian or Other Pacific Islander
  - Race – White
  - Race – Other
- Facility ID (9-digit)
- Total Charges

**Updated Variables**

- Race - patient can indicate up to five races
- Race/Ethnicity Group coding expanded to allow multiracial; Asian and Native Hawaiian or Other Pacific Islander are now coded separately
- External Causes of Morbidity - no longer report a Principal Cause, but can report up to 12 total causes
- Patient ZIP Code - now includes indicators for foreign residents and homeless
- Other Procedures - added other procedures 21-24
- Invalid values are now recorded as “-”
- Missing variables are now left blank

**Renamed Variables**

- brthdate is now bthdate
- eth is now ethncty
- fac\_id is now oshpd\_id
- fac\_co is now hplcnty
- faczip is now hplzip
- patco is now patcnty
- dx\_prin is now diag\_p
- odx1-24 is now odiag1-24
- pls\_abr is now pls\_abbr
- dispn is now disp
- absrec is now abstrec
- ccs\_dx\_prin is now ccs\_diagp
- ccs\_ox1-24 is now ccs\_odiag1-24

**Removed Variables**

- Principal Language Spoken (ID)
- Patient Type

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**FILE DOCUMENTATION**

**Facility Identification Number (6-digit)**

Field Name: oshpd\_id

Definition: A unique six-digit identifier assigned to each facility by OSHPD. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county.

Variable Type: Character

Variable Length: 9

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Facility Identification Number (9-digit)**

Field Name: oshpd\_id9

Definition: A unique nine-digit identifier assigned to each facility by OSHPD. The first digit indicates the facility's license type. The second and third digits indicate the state of the licensed facility (California). The fourth and fifth digits identify the county in which the facility is located. The last four digits are unique within each county for each type of data (i.e., IP, ED, and AS). 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: 9

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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: LIMITED DATA - Model Data Set ("label" version of .txt file only)

**Facility ZIP Code**

Field Name: hplzip

Definition: The ZIP Code where the facility is located.

Variable Type: Character



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Variable Length: 5

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Facility County**

Field Name: hplcnty

Definition: The County where the reporting facility is located.

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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.

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Variable Type: Character

Variable Length: 10

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set

**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 clinics and hospital-based ambulatory surgery.

Variable Type: Character

Variable Length: 1

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

C = Clinic

H = Hospital

**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: NON-PUBLIC, LIMITED DATA - Custom Data Set

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**Abstract Record Number**

Field Name: abstrec

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". If the reported SSN is invalid, it is set to '000000002'. 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 <https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/>

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 (000000002) or blank (000000001) then the RLN is assigned a value of 9 dashes "-----".

Variable Type: Character

Variable Length: 9

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Emergency Department (ED) and Ambulatory Surgery (AS) Data**  
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**Date of Birth**

Field Name: bthdate

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 not a valid calendar year or if the Date of Birth is after the Service Date or 120 years before the Service Date then the Date of Birth is set to blank.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10.)

Request Type: NON-PUBLIC, LIMITED DATA - 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: NON-PUBLIC, LIMITED DATA - Custom Data Set

**Age Range (20 categories)**

Field Name: agecatserv

Definition: Age range (based on 20 categories) of the patient on date of encounter.

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

01 = Under 1 year	12 = 50-54 years
02 = 1-4 years	13 = 55-59 years
03 = 5-9 years	14 = 60-64 years
04 = 10-14 years	15 = 65-69 years
05 = 15-19 years	16 = 70-74 years
06 = 20-24 years	17 = 75-79 years
07 = 25-29 years	18 = 80-84 years
08 = 30-34 years	19 = 85+ years
09 = 35-39 years	- = Unknown age
10 = 40-44 years	Blank = Missing
11 = 45-49 years	

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**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 Service Date and the Date of Birth are the same, Age in Days is set to "1". If the Date of Birth is after the Service Date or is invalid or the patient is greater than 365 days old, the Age in Days is set to "0". If the Date of Birth is missing, then the Age in Days remains blank.

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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 after the Service Date or is invalid or Age in Days is between 1 and 365/366 (for leap years), the Age in Years is set to "0". If the Date of Birth is missing, then the Age in Years remains blank.

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Sex**

Field Name: sex

Definition: The patient's biologic sex. "Unknown" is used in the case of undetermined sex and congenital abnormalities that obscure sex identification when the sex is not available in the medical record. Reported invalid values for sex were defaulted to "-". Missing values remain blank,

Variable Type: Character

Variable Length: 1

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

M = Male

F = Female

U = Unknown

- = Invalid

Blank = Missing

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**Ethnicity**

Field Name: ethncty

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 values for ethnicity were defaulted to "-". Missing values remain blank. For more information, see the documentation provided by the MIRCal (data submission) system: <https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/>

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

E1 = Hispanic or Latino

E2 = Non-Hispanic or Non-Latino

99 = Unknown

- = Invalid

Blank = Missing

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
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**Race (up to 5)**

Field Name(s): race1-race5

Definition: Patient's racial background (self-reported)-beginning in 2019, the patient may indicate up to 5 race categories. 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 values for race were defaulted to "-". Missing values were left blank. For more information, see the documentation provided by the MIRCAl (data submission) system:  
<https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/#manual>

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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

- = Invalid

Blank = Missing

**Race - American Indian or Alaskan Native (Binary)**

Field Name: race\_aman

Definition: This binary (0/1) flag indicates the presence of a race category. If any Race Code is R1 then Race – American Indian or Alaskan Native is set to 1. If Race - American Indian or Alaskan Native is not 1 and any Race Codes are valid and not blank, then Race - American Indian or Alaskan Native is set to 0. If all Race Codes are invalid, then Race – American Indian or Alaskan Native is set to -; If all Race Codes are blank, then Race – American Indian or Alaskan Native is set to blank.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

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**Race – Asian (Binary)**

Field Name: race\_asian

Definition: This binary (0/1) flag indicates the presence of a race category. If any Race Code is R2 then Race – Asian is set to 1. If Race – Asian is not 1 and any Race Codes are valid and not blank, then Race – Asian is set to 0. If all Race Codes are invalid, then Race – Asian is set to -; If all Race Codes are blank, then Race – Asian is set to blank.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

**Race - Black or African American (Binary)**

Field Name: race\_black

Definition: This binary (0/1) flag indicates the presence of a race category. If any Race Code is R3 then Race – Black or African American is set to 1. If Race – Black or African American is not 1 and any Race Codes are valid and not blank, then Race - Black or African American is set to 0. If all Race Codes are invalid, then Race – Black or African American is set to -; If all Race Codes are blank, then Race – Black or African American is set to blank.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

**Race - Native Hawaiian or Other Pacific Islander (Binary)**

Field Name: race\_nhpi

Definition: This binary (0/1) flag indicates the presence of a race category. If any Race Code is R4 then Race – Native Hawaiian or Other Pacific Islander is set to 1. If Race – Native Hawaiian or Other Pacific Islander is not 1 and any Race Codes are valid and not blank, then Race – Native Hawaiian or Other Pacific Islander is set to 0. If all Race Codes are invalid, then Race – Native Hawaiian or Other Pacific Islander is set to -; If all Race Codes are blank, then Race – Native Hawaiian or Other Pacific Islander is set to blank.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set



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**Race – White (Binary)**

Field Name: race\_white

Definition: This binary (0/1) flag indicates the presence of a race category. If any Race Code is R5 then Race – White is set to 1. If Race – White is not 1 and any Race Codes are valid and not blank, then Race – White is set to 0. If all Race Codes are invalid, then Race – White is set to -; If all Race Codes are blank, then Race – White is set to blank.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

**Race – Other (Binary)**

Field Name: race\_other

Definition: This binary (0/1) flag indicates the presence of a race category. If any Race Code is R9 then Race – Other is set to 1. If Race – Other is not 1 and any Race Codes are valid and not blank, then Race – Other is set to 0. If all Race Codes are invalid, then Race – Other is set to -; If all Race Codes are blank, then Race – Other is set to blank.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

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**Normalized Ethnicity/Race Group**

Field Name: race\_grp

Definition: The normalized ethnicity/race group for a patient based on a combination (merged) of their reported race codes and ethnicity. If a patient's ethnicity is "Hispanic" then the Normalized Ethnicity/Race Group is assigned the value "3" (Hispanic). If Ethnicity does not equal E1 and any two or more race codes are R1, R2, R3, R4, R5, or R9, then Normalized Ethnicity/Race Group is set to 7 (Multiracial). Else if Ethnicity does not equal E1 and any race code equals R1 – R5 or R9, then Race Group is set to the code listed below that indicate the one race reported. If Ethnicity equals E2 (Non-Hispanic), Normalized Ethnicity/Race Group does NOT equal 1, 2, 3, 4, 5, 6, 7, 8 then Normalized Ethnicity/Race Group is set to 8 (Other). If Ethnicity equals 99 (Unknown) or - Normalized Ethnicity/Race Group does NOT equal 1, 2, 3, 4, 5, 6, 7, 8 and then Normalized Ethnicity/Race Group is set to 0 (Unknown). If Ethnicity equals -, Normalized Ethnicity/Race Group does NOT equal 1, 2, 3, 4, 5, 6, 7, 8 and race codes equal - or blank then Normalized Ethnicity/Race Group is set to - (Invalid). If Ethnicity equals blank and all race codes are missing, then Normalized Ethnicity/Race Group is set to blank.

Starting in 2019, Multiracial category became available and Asian and Native Hawaiian or Other Pacific Islander became separated categories.

Variable Type: Character

Variable Length: 1

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set

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

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**Principal Language Spoken (Code)**

Field Name: pls\_abbr

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. If the Principal Language is unknown, the Principal Language Spoken is set to '999'; If the principal language is known but not included in the list in the [CA Inpatient Reporting Manual](#), it is set to -. If Principal Language Spoken write-in value is blank, the Principal Language Spoken is set to ' 'See Appendix G - Principal Language Spoken for a list of codes, and category descriptions.

Variable Type: Character

Variable Length: 3

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Principal Language Spoken Write-in Value**

Field Name: pls\_wrtin

Definition: The 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: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**Patient County**

Field Name: patcnty

Definition: The patient's county of residence. County of residence is based on the patient's reported ZIP Code of Residence and is provided by the USPS. Patients with ZIP Codes "XXXXX" (Unknown), "YYYYY" (Foreign), "ZZZZZ" (Homeless), and patients residing outside California are assigned a county code value of "00". If ZIP Code of Residence is "00000" then Patient County of Residence is set to '-'; When reported ZIP Code of Residence is missing, then Patient County is left blank.

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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	- = Invalid
20 = Madera	40 = San Luis Obispo	00 = Not a California county, Unknown, or Homeless

**Emergency Department (ED) and Ambulatory Surgery (AS) Data**  
**2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**Patient ZIP Code**

Field Name: patzip

Definition: The patient's 5-digit ZIP Code of residence. If the ZIP Code is unknown it is reported as "XXXXX". Foreign residents are reported as "YYYYY" and homeless as "ZZZZZ". If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros. Invalid ZIP Codes are set to "00000". Missing ZIP Codes are left blank.

Variable Type: Character

Variable Length: 5

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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. 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: NON-PUBLIC, LIMITED DATA - 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.

Variable Type: Character

Variable Length: 1

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

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

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**Service Month**

Field Name: serv\_m

Definition: The month service was provided to the patient in the emergency department or ambulatory surgery.

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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.

Variable Type: Character

Variable Length: 1

Request Type: NON-PUBLIC, LIMITED DATA - 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: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**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: disp

Definition: The consequent arrangement or event ending a patient’s encounter in the reporting facility. Reported invalid values for disposition were defaulted to “-”. Missing values are left blank. For more information, see the documentation provided by the MIRCal (data submission) system: <https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/>

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 have been approved in regulation for OSHPD reporting and are required for 2015.

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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

07 = Left against medical advice or discontinued care

**Emergency Department (ED) and Ambulatory Surgery (AS) Data**  
**2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

- 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**  
**2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

- 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
- = Invalid
- Blank = Missing

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**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: <https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/>

Variable Type: Character

Variable Length: 2

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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  
- = Invalid  
Blank = Missing

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**Total Charges**

Field Name(s): charge

Definition: Total Charges is defined as all charges for services rendered during the encounter for patient care at the facility, based on the facility's full established rates. Charges shall include, but not be limited to, ancillary services and any patient care services. Physician fees shall be excluded. Prepayment (e.g., deposits and prepayments) shall not be deducted from Total Charges. If the Total Charges are greater than 99,999,999 then Total Charges are set to 99,999,999. If the Total Charge is less than 0 then Total Charges is set to blank.

For more information on charges related to total package, interim billing, physician professional component, and organ donors, see the documentation provided by the MIRCal (data submission) system:  
<https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/#manual>

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**External Causes of Morbidity**

Field Name: ecm1 – ecm12

Definition: The external cause of morbidity/health conditions that describe the mechanism that resulted in the most severe injury/health condition. External causes are coded according to the ICD-10-CM External Causes of Morbidity (V00-Y99).

Variable Type: Character (implied decimal after the 3<sup>rd</sup> character from the left for ICD-10-CM).

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Principal Diagnosis**

Field Name(s): diag\_p

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-10-CM.

Variable Type: Character (implied decimal after the 3<sup>rd</sup> character from the left)

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**Other Diagnoses (up to 24)**

Field Name(s): odiag1 - odiag24

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-10-CM.

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

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - 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: <https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/>

Variable Type: Character

Variable Length: 5

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Other Procedures (up to 24)**

Field Name(s): opr1-opr24

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: <https://oshpd.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/>

Variable Type: Character

Variable Length: 5

Request Type: NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

**Emergency Department (ED) and Ambulatory Surgery (AS) Data  
2019 Data Dictionary – NON-PUBLIC and LIMITED DATA**

**Clinical Classifications Software (CCS) Group for Principal Diagnosis**

Field Name(s): ccs\_diagp

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: NON-PUBLIC, LIMITED DATA - Custom Data Set

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

Field Name(s): ccs\_odiag1-odiag24

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 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: NON-PUBLIC, LIMITED DATA - Custom Data Set