



## **Patient Discharge Data (PDD) Data Dictionary**

### For Nonpublic Files:

OSHDP Internal Use

IPA

AB2876 – Custom Data Sets

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

### For Data Year:

January – December 2017

### 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 PDD data sets.

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## **INTRODUCTION**

### **General Information**

The California Office of Statewide Health Planning and Development (OSHPD) provides nonpublic data sets of inpatient data collected from California-licensed hospitals in California. The data set consists of a record for each inpatient discharged from a California-licensed hospital. Licensed hospitals include general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities. For more information see the documentation provided by the MIRCal (data submission) system:

<http://oshpd.ca.gov/HID/MIRCal/IPManual.html>

### **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](#).

### **What's New**

Effective January 1, 2017 OSHPD more closely aligned MIRCal reporting with the ANSI X12N 837 Health Care Service Data Reporting Guide for the collection of sex, type of admission, and source of admission. In order to accurately identify the source of admission, you must also use the type of admission. Please see [Appendix K – Source of Admission](#).

### **Facility 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 these facilities and affected variables.

### **Facility Openings, Closures, Ownership Changes, and Consolidated Status**

[Appendix D – Facility Status](#) shows facility consolidated status and status changes (openings, closures, 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 opt to report patient-level data as either separate entities or aggregated, as one consolidated provider.

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**Importing Notes**

There are several fields that, although they appear to contain numeric data, should be treated as text (character). OSHPD ID, MDC, MSDRG, and procedure code fields should be treated as text (character) codes when importing so essential leading zeros are not dropped.

## **2017 Patient Discharge Data (PDD)**

### **Nonpublic Data Dictionary – IPA and AB2876**

#### **File Format**

The nonpublic data files are offered in two versions: SAS (.sas7bdat, created with SAS version 9.3) and comma-delimited (.txt or .csv). 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 “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 (OSHDP\_ID, MDC, MSDRG), the original variables, with “code” values, were retained and “label” variables were added (oshpd\_name, mdc\_name, msdrg\_name). 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 nonpublic file(s), by type of request, 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**

**Hospital Identification Number**

Field Name: oshpd\_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. A list of facility numbers and their names is provided in [Appendix F - Counts by Facility\(Discharges\) \(PDD\)](#).

Variable Type: Character

SAS Length: 6

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

**Hospital Name**

Field Name: oshpd\_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 IDs potentially change across years and year-specific code-label crosswalks must be used. This variable is included in the "Label" ("English" name), but not the "Code" version of the .txt file. To assist users of the "Code" file, a PROC Format file is available to associate the variable's code values with labels.

Variable Type: Character

SAS Length: 60

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



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**Type of Care**

Field Name:       typcare

Definition:       Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Public Health.

Variable Type:    Character

SAS Length:       1

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

0 = Invalid/Blank

1 = Acute Care

3 = Skilled Nursing / Intermediate Care (includes GAC approved swing beds)

4 = Psychiatric Care

5 = Chemical Dependency Recovery Care

6 = Physical Rehabilitation Care

**Hospital ZIP Code**

Field Name:       hplzip

Definition:       The ZIP Code where the hospital is located.

Variable Type:    Character

SAS Length:       5

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

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**Hospital County**

Field Name: hplcnty

Definition: The county where the hospital is located.

Variable Type: Character

SAS 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 hospital for a given report period.

Variable Type: Character

SAS Length: 10

Request Type: IPA; AB2876 - Custom Data Set; AB2876

**2017 Patient Discharge Data (PDD)**  
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**Patient Identification Number**

Field Name: pat\_id

Definition: Identification number assigned to each record within a specific group of data submitted by a hospital 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

SAS Length: 12

Request Type: IPA; AB2876 - Custom Data Set; AB2876

**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

SAS 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 was not recorded in the patient's record, it 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 Inpatient Data Reporting Manual at <http://oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Character

SAS Length: 9

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

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**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

SAS Length: 9

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

**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 hospitals. 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

SAS Length: 8 (MMDDYY10.)

Request Type: IPA; AB2876 - Custom Data Set

**Date of Birth – Raw**

Field Name: dob\_raw

Definition: Patient's date of birth (YYYYMMDD) as reported by the hospital.

Variable Type: Character

SAS Length: 8

Request Type: IPA; AB2876 - Custom Data Set

**Age in Days (at Admission)**

Field Name: agdyadm

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

Variable Type: Numeric

SAS Length: 8

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

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**Age in Days (at Discharge)**

Field Name: agdydsch

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

Variable Type: Numeric

SAS Length: 8

Request Type: IPA; AB2876 - Custom Data Set

**Age in Years (at Admission)**

Field Name: agyradm

Definition: Age of the patient at admission. This is based on the reported admission date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0". Patient records with a calculated age at admission greater than 120 years are assigned a value of 120 years.

Variable Type: Numeric

SAS Length: 8

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

**Age in Years (at Discharge)**

Field Name: agyrdsch

Definition: Age of the patient at discharge. This is based on the reported discharge date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0". Patient records with a calculated age at discharge greater than 120 years are assigned a value of 120 years.

Variable Type: Numeric

SAS Length: 8

Request Type: IPA; AB2876 - Custom Data Set

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**Age Range (20 categories)**

Field Name: agecatadm  
Definition: Age range (based on 20 categories) of the patient at admission.  
Variable Type: Character  
SAS Length: 2  
Request Type: IPA; AB2876 - Custom Data Set

01 = Under 1 year	11 = 45-49 years
02 = 1-4 years	12 = 50-54 years
03 = 5-9 years	13 = 55-59 years
04 = 10-14 years	14 = 60-64 years
05 = 15-19 years	15 = 65-69 years
06 = 20-24 years	16 = 70-74 years
07 = 25-29 years	17 = 75-79 years
08 = 30-34 years	18 = 80-84 years
09 = 35-39 years	19 = 85+ years
10 = 40-44 years	00 = Unknown age

**Sex**

Field Name: sex (modified variable, effective January 1, 2017)  
Definition: For discharges occurring on or after January 1, 2017, the patient's biologic sex shall be reported as recorded at admission as male, female or unknown. Unknown indicates that the patient's sex was undetermined. It is also used in the case of congenital abnormalities that obscure sex identification. Prior to 2017, sex was reported as 1 (Male), 2 (Female), 3 (Other), and 4 (Unknown).  
Variable Type: Character  
SAS Length: 1  
Request Type: IPA; AB2876 - Custom Data Set; AB2876 - Model Data Set

F = Female  
M = Male  
U = Unknown  
\* = Blank  
- = Invalid

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**Ethnicity**

Field Name: ethncty

Definition: Ethnicity (self-reported) of the patient. Patients who could not or refused to declare their ethnicity were coded as “3” (Unknown). Reported invalid and missing values for ethnicity were defaulted to “0”.

Variable Type: Character

SAS Length: 1

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

0 = Invalid

1 = Hispanic, a person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

2 = Non-Hispanic, a person who identifies with a culture or origin other than Hispanic. This category excludes patients who cannot or will not declare their ethnicity.

3 = Unknown, includes patients who cannot or will not declare their ethnicity.

**Race**

Field Name: race

Definition: Patient’s racial background (self-reported). Hospitals are instructed to report race as “unknown” if a patient could not or would not declare his or her race. Reported invalid or missing values for race were defaulted to “0”. For more information, see the documentation provided by the MIRCal (data submission) system: <http://oshpd.ca.gov/HID/MIRCal/IPManual.html>

Variable Type: Character

SAS Length: 1

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

0 = Invalid/Blank

1 = White

2 = Black

3 = Native American / Eskimo / Aleut

4 = Asian / Pacific Islander

5 = Other

6 = Unknown

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**Normalized Ethnicity/Race Group**

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 normalized race group is assigned the value "3" (Hispanic). For all other values of ethnicity, the normalized race group is assigned the same value as the reported race including defaulted values.

Variable Type: Character

SAS Length: 1

Request Type: IPA; AB2876 - Custom Data Set

0 = Unknown/Invalid/Blank

1 = White

2 = Black

3 = Hispanic

4 = Asian / Pacific Islander

5 = Native American / Eskimo / Aleut

6 = Other



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**Concatenated Ethnicity/Race Group**

Field Name: eth\_race

Definition: The combined (concatenated) ethnicity (1st digit) and race (2nd digit) of the patient. Defaulted values are included in this combined field.

Variable Type: Character

SAS Length: 2

Request Type: IPA; AB2876 - Custom Data Set

00 = Invalid / Invalid	20 = Non-Hispanic / Invalid
01 = Invalid / White	21 = Non-Hispanic / White
02 = Invalid / Black	22 = Non-Hispanic / Black
03 = Invalid / Native American, Eskimo, Aleut	23 = Non-Hispanic / Native American, Eskimo, Aleut
04 = Invalid / Asian, Pacific Islander	24 = Non-Hispanic / Asian, Pacific Islander
05 = Invalid / Other	25 = Non-Hispanic / Other
06 = Invalid / Unknown	26 = Non-Hispanic / Unknown
10 = Hispanic / Invalid	30 = Unknown / Invalid
11 = Hispanic / White	31 = Unknown / White
12 = Hispanic / Black	32 = Unknown / Black
13 = Hispanic / Native American, Eskimo, Aleut	33 = Unknown / Native American, Eskimo, Aleut
14 = Hispanic / Asian, Pacific Islander	34 = Unknown / Asian, Pacific Islander
15 = Hispanic / Other	35 = Unknown / Other
16 = Hispanic / Unknown	36 = Unknown / Unknown

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**Principal Language Spoken (ID)**

Field Name: pls\_id

Definition: The 3-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. Additional languages may be added each reporting year. See [Appendix G - Principal Language Spoken](#) for a list of IDs, codes, and category descriptions.

Variable History: Hospitals and state (California) licensed surgical clinics began reporting a patient's Principal Language Spoken (PLS) for all encounters beginning on January 1, 2009. Beginning with the January-June 2010 inpatient data, PLS is stored in three parts: PLS ID (numeric value), PLS Code (3-character value) and the PLS Write-in Value (the exact value reported by the facility).

Variable Type: Numeric

Variable Length: 8

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

**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. 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: patcnty

Definition: The patient's county of residence. County of residence is based on the patient's reported ZIP Code and is provided by the USPS. 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

SAS Length: 2

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

00 = Not a CA county	20 = Madera	40 = San Luis Obispo
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	

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**Patient ZIP Code**

Field Name: patzip

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

Variable Type: Character

SAS Length: 5

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

**Admission Date**

Field Name: admtdate

Definition: The date a patient was admitted to the hospital for inpatient care. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the admission date for the second episode would be the date the patient was transferred to the new type of care and would be treated as a separate record. If the reported admission date is blank or invalid (e.g., June 31), the entire record is deleted from the database.

Variable Type: Numeric

SAS Length: 8 (MMDDYY10.)

Request Type: IPA; AB2876 - Custom Data Set

**Admission Day of the Week**

Field Name: admtday

Definition: The day of the week when the patient was admitted.

Variable Type: Character

SAS Length: 1

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

1 = Sunday

2 = Monday

3 = Tuesday

4 = Wednesday

5 = Thursday

6 = Friday

7 = Saturday

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**Admission Month**

Field Name: admtmth  
Definition: The month when the patient was admitted.  
Variable Type: Character  
SAS 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

**Admission Quarter**

Field Name: qtr\_adm  
Definition: The calendar quarter the patient was admitted.  
Variable Type: Character  
SAS Length: 1  
Request Type: IPA; AB2876 - Custom Data Set

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

**Admission Year**

Field Name: admtyr  
Definition: The year the patient was admitted.  
Variable Type: Character  
SAS Length: 4  
Request Type: IPA; AB2876 - Custom Data Set; AB2876 - Model Data Set

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Discharge Date**

Field Name: dschdate

Definition: The date a patient was discharged from the hospital. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the discharge date for the first episode would be the date the patient was transferred to the new type of care and the new admission would be treated as a separate record. If the reported date of discharge is unknown or invalid the entire record is deleted from the database in accordance with Health and Safety Code Section 97248.

Variable Type: Numeric

SAS Length: 8 (MMDDYY10.)

Request Type: IPA; AB2876 - Custom Data Set

**Month Discharged**

Field Name: mth\_dsch

Definition: The month the patient was discharged.

Variable Type: Character

SAS Length: 2

Request Type: AB2876 - Model Data Set

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Discharge Quarter**

Field Name: qtr\_dsch  
Definition: The calendar quarter the patient was discharged.  
Variable Type: Character  
SAS Length: 1  
Request Type: IPA; AB2876 - Custom Data Set  
1 = January-March  
2 = April-June  
3 = July-September  
4 = October-December

**Year of Discharge**

Field Name: dsch\_yr  
Definition: The year the patient was discharged.  
Variable Type: Numeric  
SAS Length: 8  
Request Type: IPA; AB2876 - Custom Data Set

**Counter**

Field Name: counter  
Definition: A discharge counter was added to the SAS data sets in 2010 to optimize the “drag and drop” features in Enterprise Guide. The discharge counter (counter) is assigned a value of “1” for each individual record. This counter can be used for a wide variety of mathematical calculations.  
Variable Type: Numeric  
SAS Length: 8  
Request Type: **OSHDP does not release this field.**

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Length of Stay**

Field Name: los

Definition: Total number of days from admission date to discharge date. Patients admitted and discharged on the same day are assigned a length of stay of “0” days. For length of stay calculations, data users may desire to use the “adjusted length of stay” variable, where “0” days are recoded to “1” day. For more information on OSHPD’s instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>).

Variable Type: Numeric

SAS Length: 8

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

**Adjusted Length of Stay**

Field Name: los\_adj

Definition: Total number of days from admission date to discharge date. Unlike the “length of stay” variable, patients admitted and discharged on the same day are assigned an “adjusted length of stay” of “1” day. This allows for a proper calculation of average length of stay.

Variable Type: Numeric

SAS Length: 8

Request Type: IPA; AB2876 - Custom Data Set



**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Source of Admission**

Field Name: source\_ns (new variable, effective January 1, 2017)

Definition: The source code consists of 3 digits. The first digit represents the point of origin of the patient. The second digit will be an “X” as licensure is no longer collected. The third digit describes the route by which the patient was admitted:

<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>

Unfortunately, many of the old codes cannot be crosswalked to the new 2017 codes as the definitions do not match exactly. See [Appendix K – Source of Admission](#)

Variable Type: Character

SAS Length: 3

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

The source code consists of three digits. The first digit represents the site from which the patient originated:

**With Type of Admission other than “Newborn”**

- |                                   |   |
|-----------------------------------|---|
| 1 = Non-Health Care Facility      | 8 = Court/Law Enforcement   |
| 2 = Clinic or Physician’s Office  | 9 = Information Not Available                                       |
| 4 = Hospital (Different Facility) | D = One Distinct Unit to another Distinct Unit of the Same Hospital |
| 5 = SNF, ICF or ALF               | E = Ambulatory Surgery Center                                       |
| 6 = Another Health Care Facility  | F = Hospice Facility  |

**With Type of Admission “Newborn”**

- 5 = Born inside the Hospital
- 6 = Born outside the Hospital
- 0 = Invalid
- All other values Invalid

The second digit describes the license of site from which the patient originated:

- x = no longer collected

The third digit describes the route by which the patient was admitted:

- 1 = Your ED
- 2 = Another ED
- 3 = Not admitted from an ED
- 0 = Invalid/Blank

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Source of Admission – Point of Origin**

Field Name: srcpo\_ns (modified variable, effective January 1, 2017)

Definition: The site where the patient originated. It is used as the first digit in the source\_ns variable. **This variable is used in conjunction with admtype\_ns.**

<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Character

SAS Length: 1

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

**With Type of Admission other than “Newborn”**

1 = Non-Health Care Facility  
2 = Clinic or Physician’s Office  
4 = Hospital (Different Facility)  
5 = SNF, ICF or ALF  
6 = Another Health Care Facility  
8 = Court/Law Enforcement  
9 = Information Not Available  
D = One Distinct Unit to another Distinct Unit  
of the Same Hospital  
E = Ambulatory Surgery Center  
F = Hospice

**With Type of Admission “Newborn”**

5 = Born Inside this Hospital  
6 = Born outside this Hospital

0 = Invalid  
All other values are Invalid

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Source of Admission – Licensure**

Field Name: srclincns\_ns (no longer collected, effective January 1, 2017)

Definition: This variable is no longer collected. The value of this field will always be 'X'.  
<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Character

SAS Length: 1

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Source of Admission – Route**

Field Name: srcroute\_ns (modified variable, effective January 1, 2017)

Definition: The route by which the patient was admitted. It is used as the third digit in the source\_ns variable.

<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Character

SAS Length: 1

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

- 1 = Your ED
- 2 = Another ED
- 3 = Not admitted from an ED
- 0 = Invalid

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Type of Admission**

Field Name: admtypes (modified variable, effective January 1, 2017)

Definition: Effective with discharges on and after January 1, 2017, the patient's type of admission shall be reported using the appropriate code from the list below:

<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Character

SAS Length: 1

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

1 = Emergency

2 = Urgent

3 = Elective

4 = Newborn

5 = Trauma

9 = Information not available

0 = Invalid

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Disposition**

Field Name: disp

Definition: The consequent arrangement or event ending a patient's stay in the hospital. For more information, see the documentation provided by the MIRCal (data submission) system: <http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Character

SAS 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 skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
- 04 = Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
- 05 = Discharged/transferred to a designated cancer center or children's hospital
- 06 = Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 = Left against medical advice or discontinued care
- 20 = Expired
- 21 = Discharged/transferred to court/law enforcement
- 43 = Discharged/transferred to a federal health care facility
- 50 = Hospice - Home
- 51 = Hospice - Medical facility (certified) providing hospice level of care
- 61 = Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including a 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)

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

- 69 = Discharged/transferred to a designated Disaster Alternative Care Site
- 70 = Discharged/transferred to another type of health care institution not defined elsewhere in this code list
- 81 = Discharged to home or self care with a planned acute care hospital inpatient readmission
- 82 = Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
- 83 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
- 84 = Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
- 85 = Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
- 86 = Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
- 87 = Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
- 88 = Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
- 89 = Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
- 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
- 91 = Discharged/transferred to a Medicare certified long-term care hospital (LTCH) with a planned acute care hospital inpatient readmission
- 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
- 93 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
- 94 = Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
- 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
- 00 = Other

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Expected Source of Payment – Payer Category**

Field Name: pay\_cat

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/IPManual.html>.

Variable Type: Character

SAS Length: 2

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

01 = Medicare

02 = Medi-Cal

03 = Private Coverage

04 = Workers' Compensation

05 = County Indigent Programs

06 = Other Government

07 = Other Indigent

08 = Self Pay

09 = Other Payer

00 = Invalid/Blank



**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Expected Source of Payment – Type of Coverage**

Field Name: pay\_type

Definition: Indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following reported categories: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. Type of coverage is not reported for the following categories: other indigent, self pay, or other payer. For more information, see the documentation provided by the MIRCal (data submission) system: <http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>

Variable Type: Character

SAS Length: 1

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

0 = Not Applicable

1 = Managed Care – Knox-Keene/Medi-Cal County Organized Health System (MCOHS)

2 = Managed Care – Other

3 = Traditional Coverage

**Expected Source of Payment – Plan Code Number**

Field Name: pay\_plan

Definition: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS). For more information see [Appendix H – Plan Code Numbers](#) and the documentation provided by the MIRCal (data submission) system: <http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>

Variable Type: Character

SAS Length: 4

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Total Charges**

Field Name: charge

Definition: Total Charges includes all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayments (e.g., deposits and prepaid admissions) are not deducted from Total Charges.

Total charges are reported in whole numbers. When there are no charges (i.e. no bill generated) for the hospital stay, \$1 is reported by the hospital. All records with \$0 charges, should be excluded from charge/day and charge/stay calculations. Facilities with approved modifications to not report Total Charges are listed in [Appendix C – Modifications and Exceptions](#).

Total Charges of \$9,999,999 indicates the actual charges exceed the maximum seven digit input field size. Beginning in 2015, for stays longer than 365 days, total charges were modified to reflect the entire stay using the following formula: (Total Charges/365 days) x Length of stay.

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:  
<http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>.

Variable Type: Numeric

SAS Length: 8

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Do Not Resuscitate (DNR) Order (Pre-Hospital Care & Resuscitation)**

Field Name: dnr

Definition: A “Do Not Resuscitate” (DNR) is a directive from a physician documented in a patient’s current inpatient record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation. If a DNR order is written at the time of or within 24 hours of the patient’s admission and is then discontinued at some later time during the patient’s hospital stay, the DNR is reported as “Y” for yes. If a DNR order is written after the first 24 hours of admission, the DNR is reported as “N” for no. All blank, missing and invalid codes have been defaulted to “0”.

The ICD-10-CM code Z66 (Do Not Resuscitate Status, effective October 1, 2015) does not change OSHPD’s reporting requirement for the data element Pre-hospital Care and Resuscitation/Do Not Resuscitate (DNR). The one important distinction between OSHPD’s DNR reporting requirement and the reporting of Z66 (ICD-10-CM) is the time frame. OSHPD requires that a hospital report “Yes” if a DNR Order was written “at the time of or within the first 24 hours of the patient’s admission.” For Z66 code, effective October 1, 2015, the Official Coding Guidelines state that “this code may be used when a provider documents that a patient is on a ‘do not resuscitate’ status at any time during the stay.” Because of these reporting criteria differences, a patient’s record could be reported as “No” for OSHPD’s DNR reporting requirement along with the Z66 status codes. This may indicate that the patient’s health status significantly worsened during the stay and resulted in a change to the DNR status. Similarly, a patient’s record could be reported as “Yes” for OSHPD’s DNR reporting requirement, but without the Z66 codes.

Variable Type: Character

SAS Length: 1

Request Type: IPA; AB2876 - Custom Data Set; AB2876 - Model Data Set (for Hospitals only)

**Not included in the Public Health version of the AB2876 Model Data Set.**

0 = Unknown

Y = Yes, a DNR order was written at the time of or within the first 24 hours of the patient’s admission

N = No, a DNR order was not written or written at the time of or within the first 24 hours of the patient’s admission

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Major Diagnostic Category (MDC)**

Field Name: MDC

Definition: The Major Diagnostic Categories (MDC) are formed by dividing all possible principal diagnoses (from ICD-9) into 25 mutually exclusive diagnosis groupings. The diagnoses in each MDC correspond to a single organ system or etiology and, in general, are associated with a particular medical specialty. MDC 01 to MDC 23 are grouped according to principal diagnosis. Patients are assigned to MDC 24 (Multiple Significant Trauma) with at least two significant trauma diagnosis codes (either as principal or secondary) from different body site categories. Patients assigned to MDC 25 (HIV Infections) must have a principal diagnosis of an HIV Infection or a principal diagnosis of a significant HIV related condition and a secondary diagnosis of an HIV Infection. Some discharges are associated with procedures that are resource intensive and may be associated with multiple diagnosis domains (for example, transplants, MS-DRGs 001-017), or procedures that are unrelated to the principal diagnosis (MS-DRGs 981-989). These records are assigned to a variety of MDCs, based on the principal diagnosis instead of the MDC associated with the designated DRG. MDC of "00" is assigned to records that are ungroupable. Ungroupable records include those where the principal diagnosis is not an existing ICD-10-CM code or the sex code does not logically relate to the diagnosis or procedure. For a list of MDC codes and labels see [Appendix I - Major Diagnostic Categories \(MDC\)](#). Note that MDC codes and their associated labels potentially change across years and year-specific code-label crosswalk lists must be used.

Variable History: Beginning with 2008 data, the new Medicare Severity DRG (MS-DRG) grouper was used. Coinciding with this change, OSHPD applies each new grouper version to discharges based on the federal release date for the MS-DRG grouper (usually October 1 of each year).

Variable Type: Character

SAS Length: 2

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

**Major Diagnostic Category Name (MDC Name)**

Field Name: mdc\_name

Definition: MDC descriptive label (for example, "Burns"). This variable is included in the "Label" ("English" name), but not the "Code" version of the .txt file. To assist users of the "Code" file, a PROC Format file is available to associate the variable's code values with labels.

Variable Type: Character

SAS Length: 70

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Medicare Severity-Diagnosis Related Group (MS-DRG)**

Field Name: MSDRG

Definition: One MS-DRG is assigned to each inpatient stay. The MS-DRGs are assigned using the principal diagnosis and additional diagnoses, the principal procedure and additional procedures, sex, and discharge status. For a list of MS-DRG codes and labels see [Appendix J - Medicare Severity-Diagnosis Related Groups \(MS-DRG\)](#). Note that MS-DRG codes and their associated labels potentially change across years and year-specific code-label crosswalk lists must be used. Also see the MS-DRG Grouper Version variable (“grouper”).

Variable History: On October 1, 2007, the Centers for Medicare & Medicaid Services (CMS) replaced the 538 Diagnosis-Related Groups (DRGs) with 745 Medicare Severity-Diagnostic Related Groups (MS-DRGs). OSHPD implemented these changes beginning with the release of its 2008 Patient Discharge Data. Coinciding with this change, OSHPD applies each new grouper version to discharges based on the federal release date for the MS-DRG grouper (usually October 1 of each year). Beginning with Grouper version 25.0, which was applied to discharges from January 1, 2008, through September 30, 2008, the use of “complications or comorbidities” (CCs) and patient age was completely revised.

Variable Type: Character

SAS Length: 3

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

**Medicare Severity-Diagnosis Related Group Name (MS-DRG Name)**

Field Name: msdrg\_name

Definition: MS-DRG descriptive label (for example, “Spinal Procedures W/MCC”). This variable is included in the “Label” (“English” name), but not the “Code” version of the .txt file. To assist users of the “Code” file, a PROC Format file is available to associate the variable’s code values with labels. Note that MS-DRG codes and their associated labels potentially change across years and year-specific code-label crosswalk lists must be used.

Variable Type: Character

SAS Length: 70

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**MS-DRG Category**

Field Name: cat\_code

Definition: Each MS-DRG is categorized into one of three codes: Medical, Surgical, or Ungroupable.

Variable Type: Character

SAS Length: 1

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

M = Medical MS-DRG

S = Surgical MS-DRG

X = Ungroupable MS-DRG

**MS-DRG Severity Code**

Field Name: sev\_code

Definition: MS-DRGs are assigned based on the presence/absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC). MCCs are reserved for the more severely ill patients with life-threatening conditions. The revised CCs are reserved for patients with significant acute diseases, acute exacerbation of chronic diseases, advanced or endstage chronic diseases, or chronic diseases associated with extensive debility. The list of ICD-9 codes for CC or MCC is mutually exclusive.

Variable Type: Character

SAS Length: 1

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

0 = MS-DRG assignment not based on the presence of CC or MCC

1 = MS-DRG assignment is based on the presence of MCC

2 = MS-DRG assignment is based on the presence of CC

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**MS-DRG Grouper Version**

Field Name: grouper

Definition: The grouper version number indicates the version applied to the record. In transitioning from the DRG grouper to the MS-DRG grouper, OSHPD began applying the MS-DRG grouper to discharges beginning on January 1, 2008. OSHPD now applies the latest version on October 1 of each year.

Variable Type: Character

SAS Length: 4

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

35.0 = includes discharges from October 1, 2017 through September 30, 2018

34.0 = includes discharges from October 1, 2016 through September 30, 2017

**External Causes of Morbidity – Principal**

Field Name: ecode\_p

Definition: The external cause of injury/health condition 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 3rd character from the left for ICD-10-CM).

SAS Length: 8

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

**External Causes of Morbidity – Other**

Field Name(s): ecode1-ecode4

Definition: The additional causes of morbidity codes that describe the mechanisms that contributed to, or the causal events surrounding, the injury/health condition. Up to 4 other external causes may be reported. External causes are coded according to the ICD-10-CM External Causes of Morbidity (V00-Y99).

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

SAS Length: 8

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Present on Admission (POA) – Principal Causes of Morbidity**

Field Name(s): epoa\_p

Definition: An External Cause of Morbidity is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes).

Variable History: Facilities were required to begin POA reporting on principal E-codes for all reported discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character

SAS Length: 1

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

Y = Present at admission

N = Not present at admission

W = *Clinically undetermined (discontinued)*

U = Unknown

0 = Invalid/Missing/Blank

These values were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them:

E = *Exempt from POA reporting (discontinued)*

1 = *Exempt from POA reporting (discontinued)*



**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Present on Admission (POA) – Other External Causes of Morbidity**

Field Name(s): epoa1-epoa4

Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes).

Variable History: Facilities were required to begin POA reporting on other E-codes for all reported discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character

SAS Length: 1

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

Y = Present at admission

N = Not present at admission

W = *Clinically undetermined (discontinued)*

U = Unknown

0 = Invalid/Missing/Blank

These values were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them:

E = *Exempt from POA reporting (discontinued)*

1 = *Exempt from POA reporting (discontinued)*

**Principal Diagnosis**

Field Name(s): diag\_p

Definition: The condition established, after study, to be the chief cause of the admission of the patient to the hospital for care. Diagnoses are coded according to the ICD-10-CM.

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

SAS Length: 8

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Other Diagnoses (up to 24)**

Field Name(s): odiag1-odiag24

Definition: All other conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are excluded. Diagnoses are coded according to the ICD-10-CM.

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

SAS Length: 8

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

**Present on Admission (POA) – Principal Diagnosis**

Field Name(s): poa\_p

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting for all discharges on or after July 1, 2008.

Variable History: Beginning October 1, 2007, the National Uniform Billing Committee (NUBC) adopted two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. OSHPD allowed hospitals to report these two new national standards from October 1, 2007, through June 30, 2008, while regulatory action was pending. OSHPD required hospitals to begin POA reporting for all discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character

SAS Length: 1

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

Y = Present at admission

N = Not present at admission

W = *Clinically undetermined (discontinued)*

U = Unknown

0 = Invalid/Missing/Blank

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Present on Admission (POA) – Other Diagnoses (up to 24)**

Field Name(s): opoa1- opoa24

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting for all discharges on or after July 1, 2008.

Variable History: Beginning October 1, 2007, the National Uniform Billing Committee (NUBC) adopted two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. OSHPD allowed hospitals to report these two new national standards from October 1, 2007, through June 30, 2008, while regulatory action was pending. OSHPD required hospitals to begin POA reporting for all discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character

SAS Length: 1

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

Y = Present at admission

N = Not present at admission

W = *Clinically undetermined (discontinued)*

U = Unknown

0 = Invalid/Missing/Blank

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Principal Procedure**

Field Name(s): proc\_p

Definition: The procedure that is the one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis is reported as principal procedure. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to ICD-10- PCS.

Variable Type: Character

SAS Length: 7

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

**Other Procedures (up to 20)**

Field Name(s): oproc1-oproc20

Definition: All other procedures, related to the patient's stay, which are surgical in nature, carry a procedural risk, carry an anesthetic risk, or are needed for DRG assignment. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to ICD-10- PCS.

Variable Type: Character

SAS Length: 7

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

**Principal Procedure Date**

Field Name(s): proc\_pdt

Definition: The date the principal procedure was performed. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore procedures performed up to 3 days prior to admission are reported.

Variable Type: Numeric

SAS Length: 8 (MMDDYY10.)

Request Type: IPA; AB2876 - Custom Data Set

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

**Other Procedures Dates (up to 20)**

Field Name(s):    procdt1-procdt20

Definition:        The date each other procedure was performed. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore procedures performed up to 3 days prior to admission are reported.

Variable Type:    Numeric (MMDDYY10.)

SAS Length:       8

Request Type:    IPA; AB2876 - Custom Data Set

**Principal Procedure Days**

Field Name(s):    proc\_pdy

Definition:        The number of days between the patient's date of admission and date of the principal procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to principal procedure were shown as "."

Variable Type:    Numeric

SAS Length:       8

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

**Other Procedures Days (up to 20)**

Field Name(s):    procdy1-procdy20

Definition:        The number of days between the patient's date of admission and date of the other procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If a secondary procedure is not reported, then the number of days is assigned a value of "."

Variable Type:    Numeric

SAS Length:       8

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

**2017 Patient Discharge Data (PDD)**  
**Nonpublic Data Dictionary – IPA and AB2876**

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

Field Name(s): ccs\_diagnp

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

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

Field Name(s): ccs\_odiagn1-odiagn24

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: IPA, AB2876 - Custom Data Set