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

For Nonpublic Files:
HCAI Internal Use
NON-PUBLIC RESEARCH DATA (IPA)
LIMITED DATA (AB2876) – Custom Data Sets
LIMITED DATA (AB2876) – Model Data Sets (for Hospitals and Public Health)

For Data Years:
January 2024 – December 2024

File Formats Available:
Comma-Delimited (.csv)
SAS (Ver 9.4) File (.sas7bdat)
SAS (Ver 9.4) PROC Format Program (associate labels with SAS File)

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Revised 2025-05

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

INTRODUCTION

General Information

The California Department of Health Care Access and Information (HCAI) 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 is 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 HCAI. 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 following documentation:

https://hcai.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/.

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 HCAI; non-licensed clinics are not. Non-licensed clinics were allowed to report data through 2011.

Disclosure Policy

It is the policy of the Department of Health Care Access and Information (HCAI) 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, HCAI 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.

All other patient-level healthcare data and information will be considered nonpublic. HCAI will disclose nonpublic patient-level healthcare data ONLY when certain conditions have been met and after approval by the California Health and Human Services Agency's Committee for the Protection of Human Subjects. For a copy of HCAI'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). If not formatted as text, the essential leading zeros will be dropped. This is particularly important when working with the following:

- Facility Identification Number (6-digit)

- CPT procedure codes.

Emergency Department (ED) and Ambulatory Surgery (AS) Data
2024 Data Dictionary – NON-PUBLIC and LIMITED DATA

File Format

The nonpublic data files are offered in two versions: SAS (.sas7bdat, created with SAS version 9.4) and comma-delimited (.csv). To assist SAS file users, a PROC Format file is available to associate labels with variables.

In the comma-delimited file (.csv), the length of each field and the length of each record will vary according to the data reported. To assist .CSV file users, a header row identifying each data element is provided in the position of the first record.

The attributes for each data field are provided on the following pages.

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:

- NON- PUBLIC RESEARCH – Non-public University Researchers
- LIMITED DATA – Model Data Sets for Hospitals and Local Health Departments/Officials.
- LIMITED DATA – Custom Data Set

What's New

In 2023, HCAI began collecting patient address information; however, address information is not being released at this time.

FILE DOCUMENTATION

Facility Identification Number (6-digit)

Field Name:	oshpd_id
Definition:	A unique six-digit identifier assigned to each facility by HCAI. 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 HCAI. 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 ZIP Code

Field Name:	hplzip
Definition:	The ZIP Code where the facility is located.
Variable Type:	Character
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 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.
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

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 facility.
Variable Type:	Character
Variable Length:	12
Request Type:	HCAI 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 is 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 HCAI's instructions for non-U.S. numbers and Medicare numbers, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at https://hcai.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/
Variable Type:	Character
Variable Length:	9
Request Type:	HCAI 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 unknown (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

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 reported by the facility.
Variable Type:	Character
Variable Length:	8 (MMDDYYYY)
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		

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 are 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

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 is reported as "Unknown" (code 99). Reported invalid values for ethnicity are defaulted to "-". Missing values remain blank. For more information, see the documentation: https://hcai.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

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 is reported as "Unknown" (code 99). Reported invalid values for race are defaulted to "-". Missing values are left blank. For more information, see the documentation: https://hcai.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

> 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

Variable Length: 1

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

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
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom 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
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom 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
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set

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
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom 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
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set

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 E1 (Hispanic) then the Normalized Ethnicity/Race Group is assigned the value 3 (Hispanic). If Ethnicity is NOT E1 (Hispanic) and any two or more race codes are R1 - R5 or R9, then Normalized Ethnicity/Race Group is set to 7 (Multiracial). Else if Ethnicity is NOT E1 (Hispanic) and any race code equals R1 – R5 or R9, then Race Group is set to the code listed below that indicate the race reported. If Ethnicity is E2 (Non-Hispanic), Normalized Ethnicity/Race Group is NOT 1, 2, 3, 4, 5, 6, 7, or 8 then Normalized Ethnicity/Race Group is set to 8 (Other). If ethnicity is 99 (Unknown), blank or - and Normalized Ethnicity/Race Group is NOT 1, 2, 3, 4, 5, 6, 7, or 8, then Normalized Ethnicity/Race Group is set to 0 (Unknown). If Ethnicity is – (Invalid), Normalized Ethnicity/Race Group is NOT 1, 2, 3, 4, 5, 6, 7, or 8 and race codes are - or blank then Normalized Ethnicity/Race Group is set to - (Invalid). If Ethnicity is 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

Preferred Language Spoken (Code)

Field Name: pls_abbr

Definition: The 3-character value for the preferred 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 Preferred Language is unknown, the Preferred Language Spoken is set to '999'; If the Preferred language is known but not included in the list in the California Emergency Department and Ambulatory Surgery Reporting Manual, it is set to "-". If Preferred Language Spoken write-in value is blank, the Preferred Language Spoken is set to ' 'See Appendix G - Preferred 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

Preferred Language Spoken Write-in Value

Field Name: pls_wrtin

Definition: The value reported as the Preferred 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

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), 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
Blank = Missing		

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". 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

Homelessness Indicator

Field Name(s):	homelessness_indicator
Definition:	The patient's living circumstances at the time of admission. Indicate whether a patient was experiencing homelessness; this may include chronic, episodic, transitional homelessness, or in temporary shelter.
Variable Type:	Character
Variable Length:	1
Request Type:	NON-PUBLIC, LIMITED DATA - Custom Data Set, LIMITED DATA - Model Data Set

Y = Yes, experiencing homelessness
N = No, not experiencing homelessness
U = Unknown
 - = Invalid
Blank = Missing

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 HCAI as an error, the entire encounter record is 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
2 = Monday
3 = Tuesday
4 = Wednesday
5 = Thursday
6 = Friday
7 = Saturday

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

Service Quarter

Field Name:	serv_q
Definition:	The calendar quarter when service was provided to the patient. This is 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

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:	HCAI 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 are defaulted to "-". Missing values are left blank. For more information, see the documentation: https://hcai.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 HCAI 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

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)

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

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: https://hcai.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

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: https://hcai.ca.gov/data-and-reports/submit-data/patient-data/edas-reporting/

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC, LIMITED DATA - Custom 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 3rd 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 3rd character from the left)

Variable Length: 8

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

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 HCAI. 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://hcai.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 HCAI. 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://hcai.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