Patient Discharge Data (PDD)
Data Dictionary

<u>For Nonpublic Files:</u>
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)

<u>For Data Years:</u>
January – December 2023

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

Table of Contents

APPENDICES[1] (included as separate files in the Complete Data Documentation .zip file available online)

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[1] Appendices not listed are not applicable to nonpublic PDD data sets.

INTRODUCTION

General Information

The California Department of Health Care Access and Information (HCAI) 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: https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/

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 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.

Facility Modification Report

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.

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.

Importing Notes

There are several fields that, although they appear to contain numeric data, should be treated as text (character). Facility Identification Number (6-digit), Major Diagnostic Category (MDC), Medicare Severity-Diagnosis Related Group (MS-DRG), and procedure code fields should be treated as text (character) codes when importing so essential leading zeros are not dropped.

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.

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.

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

A new variable, Homelessness Indicator, replaces the use of 'ZZZZZ' in patient ZIP Code to indicate whether or not a patient is experiencing homelessness. 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 the Department of Health Care Access and Information. 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:	6
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). A list of facility numbers and their names is provided in Appendix F - Counts by Facility(Discharges) (PDD).
Variable Type:	Character
Variable Length:	9
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

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

- = Invalid

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

Blank = Missing

Hospital ZIP Code

Field Name:	hplzip
Definition:	The ZIP Code where the hospital is located.
Variable Type:	Character
Variable Length:	5
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Hospital County

Field Name: hplcnty

Definition: The county where the hospital 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 hospital for a given report period.

Variable Type: Character

Variable Length: 10

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

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

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 reporting 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 was not recorded in the patient's record, it 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 Inpatient Data Reporting Manual at https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-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 (0000000002) 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 hospitals. If the reported month or day is invalid or blank, they are defaulted to "01". If the year is not a valid calendar year or if the Date of Birth is after the Admission Date or 120 years before the Discharge 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 (YYYYMMDDD) as reported by the hospital.

Variable Type: Character

Variable Length: 8

Request Type: NON-PUBLIC; LIMITED DATA - 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 after the Admission Date, invalid, or the patient is greater than 365 days old, the age in days is set to "0". If the Date of Birth – Raw is blank, the Age in Days at Admission remains blank (missing). If Date of Birth – modified (bthdate) and the Admission Date are the same, the Age in Days at Admission is set to 1.

Variable Type: Numeric

Variable Length: 8

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

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 after the Admission Date, invalid, or the patient is greater than 365 days old, the Age in Days is set to "0". If the Date of Birth – Raw is blank, the Age in Days at Discharge remains blank (missing). If Date of Birth – modified (bthdate) equals the Discharge Date, the Age in Days at Discharge is set to 1.

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC; LIMITED DATA - 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 after the Admission Date or invalid, the age in years is set to "0".　f the Date of Birth – Raw is blank, the Age in Years at Admission remains blank (missing).

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - 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 after the Admission Date or invalid, the age in years is set to "0". If the Date of Birth – Raw is blank, the Age in Years at Discharge remains blank.

Variable Type: Numeric

Variable Length: 8

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

Age Range at Admission (20 categories)

Field Name: agecatadm

Definition: Age range (based on 20 categories) of the patient at admission.

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 Range at Discharge (20 categories)

Field Name: agecatdsch

Definition: Age range (based on 20 categories) of the patient at discharge.

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 Range at Discharge (10 categories)

Field Name: agecatdsch10

Definition: Age range (based on 10 categories) of the patient at discharge.

Variable Type: Character

Variable Length: 2

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

01 =	Under 1 year	07 =	50-59 years
02 =	1-9 years	08 =	60-69 years
03 =	10-19 years	09 =	70-79 years
04 =	20-29 years	10 =	80+ years
05 =	30-39 years	- =	Unknown age
06 =	40-49 years	Blank =	Missing

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

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. Patients who could not or refused to declare their ethnicity are coded as "99" (Unknown).
Variable Type:	Character
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

E1 = Hispanic or Latino, 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.

E2 = Non-Hispanic or Latino, a person who identifies with a culture or origin other than Hispanic. This category excludes patients who cannot or will not declare their ethnicity.

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

- = Invalid

Blank = Missing

Race (up to 5)

Field Name:	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). For more information, see the documentation: https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-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:	These binary (0/1) flags indicate 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:	These binary (0/1) flags indicate 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:	These binary (0/1) flags indicate 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:	These binary (0/1) flags indicate 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:	These binary (0/1) flags indicate 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:	These binary (0/1) flags indicate 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 is 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 Spoken is unknown, the Preferred language Spoken is set to '999'; If the Preferred Language Spoken is known but not included in the list in the CA Inpatient Reporting Manual, it is set to '-'. If Preferred Language Spoken Write-in Value is blank, the Preferred Language Spoken is set to blank. See Appendix G - Preferred Language Spoken for a list of codes and corresponding 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 actual 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

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 removed. If Admission Date is > 20 years before the Discharge Date, then entire record is removed.
Variable Type:	Numeric
Variable Length:	8 (MMDDYY10.)
Request Type:	NON-PUBLIC; LIMITED DATA - 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

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

Admission Month

Field Name: admtmth

Definition: The month when the patient was admitted.

Variable Type: Character

Variable Length: 2

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

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

Admission Quarter

Field Name: qtr_adm

Definition: The calendar quarter the patient was admitted.

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

Admission Year

Field Name: admtyr

Definition: The year the patient was admitted.

Variable Type: Character

Variable Length: 4

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

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 Discharge Date is unknown or invalid the entire record is removed in accordance with Health and Safety Code Section 97248. If the Discharge Date is outside of reporting period, the entire record is deleted.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10.)

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

-Discharge Month

Field Name: mth_dsch

Definition: The month the patient was discharged.

Variable Type: Character

Variable Length: 2

Request Type: LIMITED DATA - 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

Discharge Quarter

Field Name: qtr_dsch

Definition: The calendar quarter the patient was discharged.

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

Discharge Year

Field Name: dsch_yr

Definition: The year the patient was discharged.

Variable Type: Numeric

Variable Length: 8

Request Type: NON-PUBLIC; LIMITED DATA - 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
Variable Length:	8
Request Type:	HCAI does not release this field.

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 HCAI's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/).
Variable Type:	Numeric
Variable Length:	8
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - 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
Variable Length:	8
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set

Source of Admission – Point of Origin

Field Name:	srcpo_ns (modified variable, effective January 1, 2017)
Definition:	The site where the patient originated. **This variable is used in conjunction with admtype_ns.**
	https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/
Variable Type:	Character
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - 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

G = Designated Disaster Alternate Care Site

With Type of Admission "Newborn"

5 = Born Inside this Hospital

6 = Born Outside this Hospital

- = Invalid

Blank = Missing

All other values are Invalid

Source of Admission – Route

Field Name:	srcroute_ns
Definition:	The route by which the patient was admitted.
	https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/
Variable Type:	Character
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

       1 = Your ED

       2 = Another ED

       3 = Not admitted from an ED

       - = Invalid

  Blank = Missing

Type of Admission

Field Name:	admtype_ns
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:
	https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/
Variable Type:	Character
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

       1 = Emergency

       2 = Urgent

       3 = Elective

       4 = Newborn

       5 = Trauma

       9 = Information not available

       - = Invalid

  Blank = Missing

<u>Disposition</u>

Field Name: disp

Definition: The consequent arrangement or event ending a patient's stay in the hospital. For more information, see the documentation: https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/. Invalid Disposition is labeled with "" and missing variables are left blank.

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 skilled nursing facility (SNF) with Medicare certification in

 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)

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

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

Variable Type: Character

Variable Length: 2

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

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

Variable Type: Character

Variable Length: 1

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

-   - = Invalid
- 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: https://hcai.ca.gov/data-and-reports/submit-data/patient-data/inpatient-reporting/

Variable Type: Character

Variable Length: 4

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

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. Between 2015-2018, 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. Beginning in 2019, only total charges for the final 365 days are to be reported.

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/inpatient-reporting/

Variable   Type:Numeric

Variable Length: 8

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

Total Charges (adjusted)

Field Name: charge_adj

Definition: The Total Charges (adjusted) are rounded to whole numbers. If Total Charges are greater than 99,999,999 then Total Charge (adjusted) is set to 99999999. If Total Charges are less than 0, the field is left blank. For stays longer than 365 days, Total Charges (adjusted) were modified to reflect the entire stay using the following formula: (Total Charges/365 days) x Length of stay.

Variable Type: Numeric

Variable Length: 8

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

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 HCAI's reporting requirement for the data element Pre-hospital Care and Resuscitation/Do Not Resuscitate (DNR). The one important distinction between HCAI's DNR reporting requirement and the reporting of Z66 (ICD-10-CM) is the time frame. HCAI 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 HCAI'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 HCAI's DNR reporting requirement, but without the Z66 codes.

Variable Type: Character

Variable Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set (for Hospitals only)
Not included in the Public Health version of the LIMITED DATA Model Data Set.

    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

    - = Invalid

    Blank = Missing

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.

The most recent version of MS-DRG Definition Manual can be found here (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software)

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 is used. Coinciding with this change, HCAI 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
Variable Length:	2
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

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). HCAI implemented these changes beginning with the release of its 2008 Patient Discharge Data. Coinciding with this change, HCAI 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
Variable Length:	3
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

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

Variable Length: 1

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

    1 = Medical MS-DRG

    2 = Surgical MS-DRG

    0 = Error DRG (998 or 999)

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 end stage 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

Variable Length: 1

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

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, HCAI began applying the MS-DRG grouper to discharges beginning on January 1, 2008. HCAI now applies the latest version on October 1 of each year.
Variable Type:	Character
Variable Length:	4
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

390 = includes discharges from January 1, 2022 through March 31, 2022

391 = includes discharges from April 1, 2022 through September 30, 2022

400 = includes discharges from October 1, 2022 through December 31, 2022

External Causes of Morbidity

Field Name:	ecm1-ecm12
Definition:	The external cause of injury/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). Beginning in 2019, the External Cause of Morbidity was expanded from 5 to 12 fields.
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

Present on Admission (POA) – External Causes of Morbidity

Field Name(s):   epoa1-epoa12

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. If External Cause of Morbidity is exempt from reporting Present on Admission, then the corresponding Present on Admission - External Cause of Morbidity is set to E.

Variable Type: Character

Variable Length: 1

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

Y	=	Present at admission
N	=	Not present at admission
E	=	Exempt from reporting
W	=	Clinically undetermined
U	=	Unknown
-	=	Invalid
Blank	=	Missing

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)

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 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)
Variable Length:	8
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - 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. HCAI allowed hospitals to report these two new national standards from October 1, 2007, through June 30, 2008, while regulatory action was pending. HCAI required hospitals to begin POA reporting for all discharges on or after July 1, 2008. If Principal Diagnosis is exempt from reporting, Present on Admission - Principal Diagnosis is set to E.
Variable Type:	Character
Variable Length:	1
Request Type:	NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Y	=	Present at admission
N	=	Not present at admission
E	=	Exempt from reporting
W	=	Clinically undetermined
U	=	Unknown
-	=	Invalid
Blank	=	Missing

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. HCAI allowed hospitals to report these two new national standards from October 1, 2007, through June 30, 2008, while regulatory action was pending. HCAI required hospitals to begin POA reporting for all discharges on or after July 1, 2008. If any Present on Admission - Other Diagnosis is exempt from reporting, that Present on Admission - Other Diagnosis is set to E.

Variable Type: Character

Variable Length: 1

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

Y	=	Present at admission
N	=	Not present at admission
E	=	Exempt from reporting
W	=	Clinically undetermined
U	=	Unknown
-	=	Invalid
Blank	=	Missing

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
Variable Length: 7
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Other Procedures (up to 24)

Field Name(s):   oproc1-oproc24

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
Variable Length: 7
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - 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
Variable Length: 8 (MMDDYY10.)

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

Other Procedures Dates (up to 24)

Field Name(s):   procdt1-procdt24

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.)

Variable Length: 8

Request Type: NON-PUBLIC; LIMITED DATA - 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

Variable Length: 8

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

Other Procedures Days (up to 24)

Field Name(s):   procdy1-procdy24

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

Variable Length: 8

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