

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 - December 2021

File Formats Available:

Comma-Delimited (.csv)

SAS (Ver 9.3) File (.sas7bdat)

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

Table of Contents

INTRODUCTION	4
General Information	4
Disclosure Policy	5
Modification Reports	5
Consolidation Facility Listing	5
Importing Notes	5
File Format	6
Request Type Indicator	6
What's New	6
FILE DOCUMENTATION	7
Facility Identification Number (6-digit)	7
Facility Identification Number (9-digit)	7
Facility ZIP Code	8
Facility County	8
Data Set Identification Number	9
License Type	9
Patient Identification Number	9
Abstract Record Number	10
Social Security Number	10
Record Linkage Number	10
Date of Birth	11
Date of Birth – Raw	11
Age Range (20 categories)	11
Age in Days (at time of service)	12
Age in Years (at time of service)	12
Sex	12
Ethnicity	13
Race (up to 5)	14
Race - American Indian or Alaskan Native (Binary)	14
Race – Asian (Binary)	15
Race - Black or African American (Binary)	15
Race - Native Hawaiian or Other Pacific Islander (Binary)	
Race – White (Binary)	
Race – Other (Binary)	
Normalized Ethnicity/Race Group	17

Preferred Language Spoken (Code)	18
Preferred Language Spoken Write-in Value	18
Patient County	19
Patient ZIP Code	20
Service Date	20
Service Day of the Week	20
Service Month	21
Service Quarter	21
Service Year	21
Counter	22
Disposition	22
Expected Source of Payment	25
Total Charges	26
External Causes of Morbidity	26
Principal Diagnosis	26
Other Diagnoses (up to 24)	27
Principal Procedure	27
Other Procedures (up to 24)	27
APPENDICES ¹ (included as separate files in the Complete Data Documentation .zip file <u>available o</u>	online)
Appendix A – Disclosure PolicyA 1	
Appendix C – Modifications (PDD/ED/AS)	
Appendix D – Facility Status D 1	
Appendix F – Counts by Facility (Encounters) (ED) F – ED 1	
Appendix F – Counts by Facility (Encounters) (AS)F – AS 1	
Appendix G – Preferred Language Spoken	
Appendix L – Manual Abstract Reporting Form (ED)L – ED 1	
Appendix L – Manual Abstract Reporting Form (AS)L – AS 1	
Appendix M - Linkable RLNs (PDD/ED/AS)	

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 was not reported. A provider is defined as the person who has primary responsibility for assessing and treating the condition of a patient at a given contact and exercises independent judgment in the care of the patient. If the ED encounter resulted in a same-hospital admission, the ED encounter would be combined with the inpatient record. A separate ED record would not be reported for that scenario. When analyzing ED records, you may want to include these direct admissions, which are identified in the hospital's inpatient data as having the ED at the same hospital as the source of admission.

Ambulatory Surgery (AS) data include encounters from general acute care hospitals and licensed freestanding ambulatory surgery clinics, during which at least one ambulatory surgery procedure is performed. A freestanding ambulatory surgery clinic is defined as a surgical clinic licensed by the California Department of Public Health (CDPH). Many facilities that are called ambulatory surgery centers are not required to be licensed as surgical clinics, and do not report data to 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 MIRCal 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.

HCAI may disclose patient-level healthcare data and information to the general public only if HCAI has determined that they have been de-identified. 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 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

<u>Appendix D – Facility Status</u> 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 <u>separate</u> entities or <u>aggregated</u> 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.

File Format

The nonpublic data files are offered in two versions: SAS (.sas7bdat, created with SAS version 9.3) 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

File format Comma Label has been removed. A Label Format file can be provided to allow researchers to associate the variable codes with their English label counterpart.

There were no other significant changes from the 2020 dataset to the 2021 dataset. However, there were significant changes between the 2018 and 2019 datasets, if you have not worked with the data since 2018, please review the 2019 <u>Data Documentation</u> to see the changes that were made.

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

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

Facility ZIP Code

Field Name: hplzip

Definition: The ZIP Code where the facility is located.

Variable Type: Character

Variable Length: 5

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

Data Set

Facility County

Field Name: hplcnty

Definition: The County where the reporting facility is located.

Variable Type: Character

Variable Length: 2

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

Data Set

01 = Alameda 41 = San Mateo 21 = Marin 02 = Alpine42 = Santa Barbara 22 = Mariposa 03 = Amador23 = Mendocino 43 = Santa Clara 24 = Merced 04 = Butte44 = Santa Cruz 05 = Calaveras 25 = Modoc45 = Shasta 06 = Colusa 46 = Sierra 26 = Mono 07 = Contra Costa 47 = Siskiyou 27 = Monterey 48 = Solano 08 = Del Norte 28 = Napa 09 = El Dorado 29 = Nevada 49 = Sonoma 10 = Fresno 30 = Orange 50 = Stanislaus 11 = Glenn 31 = Placer 51 = Sutter12 = Humboldt 32 = Plumas52 = Tehama 13 = Imperial 33 = Riverside 53 = Trinity14 = Inyo34 = Sacramento 54 = Tulare 15 = Kern 35 = San Benito 55 = Tuolumne 16 = Kings36 = San Bernardino 56 = Ventura 17 = Lake 37 = San Diego 57 = Yolo 58 = Yuba 18 = Lassen 38 = San Francisco 19 = Los Angeles 39 = San Joaquin

40 = San Luis Obispo

20 = Madera

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 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 is not recorded in

the patient's record, the SSN was reported as "000000001". If the reported SSN is invalid, it is set to '000000002'. The SSN should not be reported as the SSN of some other person, such as the mother of a newborn or the insurance beneficiary under whose account the facility's bill was submitted. For more information on 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

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

Date of Birth Field Name:

bthdate

Definition: Patient's modified Date of Birth. The modified Date of Birth reflects defaults

applied to invalid values reported by facilities. If the reported month or day is invalid, they are defaulted to "01". If the year is not a valid calendar year or if the Date of Birth is after the Service Date or 120 years before the Service

Date then the Date of Birth is set to blank.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10.)

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

Date of Birth - Raw

Field Name: dob_raw

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

Variable Type: Character

Variable Length: 8 (YYYYMMDD)

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

Age Range (20 categories)

Field Name: agecatserv

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

Variable Type: Character

Variable Length: 2

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

01 =	Under 1 year	12 =	50-54 years
02 =	1-4 years	13 =	55-59 years
03 =	5-9 years	14 =	60-64 years
04 =	10-14 years	15 =	65-69 years
05 =	15-19 years	16 =	70-74 years
06 =	20-24 years	17 =	75-79 years
07 =	25-29 years	18 =	80-84 years
= 80	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

Reguest 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

<u>Sex</u>

Field Name: sex

Definition: The patient's biologic sex. "Unknown" is used in the case of undetermined

sex and congenital abnormalities that obscure sex identification when the sex is not available in the medical record. Reported invalid values for sex were

defaulted to "-". Missing values remain blank.

Variable Type: Character

Variable Length: 1

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

Data Set

M = MaleF = FemaleU = 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 was reported as "Unknown" (code 99). Reported invalid values for

ethnicity were 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:

ıı. Z

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

SAS 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

SAS 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

SAS 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

SAS 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

SAS 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

SAS 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

Patient County

Field Name: patcnty

Definition: The patient's county of residence. County of residence is based on the

patient's reported ZIP Code of Residence and is provided by the USPS. Patients with ZIP Codes "XXXXX" (Unknown), "YYYYY" (Foreign), "ZZZZZ" (Homeless), and patients residing outside California are assigned a county code value of "00". If ZIP Code of Residence is

"00000" then Patient County of Residence is set to '-'; When reported ZIP

Code of Residence is missing, then Patient County is left blank.

Variable Type: Character

Variable Length: 2

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

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		Charlewii, or Floritologe

Patient ZIP Code

Field Name: patzip

Definition: The patient's 5-digit ZIP Code of residence. If the ZIP Code is unknown it

is reported as "XXXXX". Foreign residents are reported as "YYYYY" and homeless as "ZZZZZ". If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros. Invalid ZIP

Codes are set to "00000". Missing ZIP Codes are left blank.

Variable Type: Character

Variable Length: 5

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

Data Set

Service Date

Field Name: serv dt

Definition: The Service Date is the start of care provided to the patient in the

emergency department or ambulatory surgery. If the reported Service Date

is blank or invalid (such as February 31) and is not corrected by the reporting facility after it is identified by HCAI as an error, the entire

encounter record was deleted in accordance with Health and Safety Code

Section 97248.

Variable Type: Numeric

Variable Length: 8 (MMDDYY10.)

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

Service Day of the Week

Field Name: serv_d

Definition: The day of the week service was provided to the patient in the emergency

department or ambulatory surgery.

Variable Type: Character

Variable Length: 1

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

Data Set

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

4 = Wednesday

Service Month

Field Name: serv_m

Definition: The month service was provided to the patient in the emergency department

or ambulatory surgery.

Variable Type: Character

Variable Length: 2

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

Data Set

 01 = January
 05 = May
 09 = September

 02 = February
 06 = June
 10 = October

 03 = March
 07 = July
 11 = November

 04 = April
 08 = August
 12 = December

Service Quarter

Field Name: serv q

Definition: The calendar quarter when service was provided to the patient. This was

based on the Service Date. The Service Date is the start of care date

provided in the emergency department or ambulatory surgery.

Variable Type: Character

Variable Length: 1

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

1 = January-March

2 = April-June

3 = July-September

4 = October-December

Service Year

Field Name: serv y

Definition: The year service was provided to the patient.

Variable Type: Character

Variable Length: 4

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

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 were 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

Reguest 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

Reguest 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

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

Reguest 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