

Data Dictionary

CY 2019 Public Use Data File (PUDF)

Inpatient Hospitalizations

Center for Health Statistics
Health Care Information Division
Oklahoma State Department of Health
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6406
Phone: (405) 426-8030

FAX: (405) 900-7604 http://hcis.health.ok.gov

Description of Data Elements

Field: Record Identifier (Synthetic)

Description: A 14 digit string created to identify each record.

UB: N/A

Code Label N/A N/A

Field: Patient state of residence

Description: The standard two digit post office abbreviation (OK for Oklahoma, TX for Texas).

UB: FL 13

TN Tennessee TX Texas UT Utah	Code AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD	Label Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Dakota
	PA RI SC SD TN TX	Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas

Field: Patient state of residence continued...

Vermont ٧A Virginia Washington WA WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base 99 Unknown

Field: Patient zip code

Description: The zip code of the patient's address.

UB: FL 13

Code
Five- digit zip code
Null
Missing

Field: Patient County of residence

Description: Patient County of residence is derived from patient address using the ArcGIS software and spatial analysis.

UB: NA

Code	Label
Adair	Adair County, Oklahoma
Alfalfa	Alfalfa County, Oklahoma
Atoka	Atoka County, Oklahoma
Beaver	Beaver County, Oklahoma
Beckham	Beckham County, Oklahoma
Blaine	Blaine County, Oklahoma
Bryan	Bryan County, Oklahoma
Caddo	Caddo County, Oklahoma
Canadian	Canadian County, Oklahoma
Carter	Carter County, Oklahoma
Cherokee	Cherokee County, Oklahoma
Choctaw	Choctaw County, Oklahoma
Cimarron	Cimarron County, Oklahoma
Cleveland	Cleveland County, Oklahoma
Coal	Coal County, Oklahoma
Comanche	Comanche County, Oklahoma
Cotton	Cotton County, Oklahoma
Craig	Craig County, Oklahoma
Creek	Creek County, Oklahoma
Custer	Custer County, Oklahoma
Delaware	Delaware County, Oklahoma
Dewey	Dewey County, Oklahoma
Ellis	Ellis County, Oklahoma
Garfield	Garfield County, Oklahoma
Garvin	Garvin County, Oklahoma
Grady	Grady County, Oklahoma
Grant	Grant County, Oklahoma
Greer	Greer County, Oklahoma
Harmon	Harmon County, Oklahoma
Harper	Harper County, Oklahoma
Haskell	Haskell County, Oklahoma
Hughes	Hughes County, Oklahoma
Jackson	Jackson County, Oklahoma
Jefferson	Jefferson County, Oklahoma
Johnston	Johnston County, Oklahoma
Kay	Kay County, Oklahoma

Field: Patient County of residence continued...

Kingfisher Kingfisher County, Oklahoma Kiowa Kiowa County, Oklahoma Latimer County, Oklahoma Latimer Le Flore Le Flore County, Oklahoma Lincoln Lincoln County, Oklahoma Logan Logan County, Oklahoma Love Love County, Oklahoma Major Major County, Oklahoma Marshall Marshall County, Oklahoma Mayes Mayes County, Oklahoma McClain McClain County, Oklahoma McCurtain McCurtain County, Oklahoma McIntosh McIntosh County, Oklahoma Murray County, Oklahoma Murray Muskogee Muskogee County, Oklahoma Noble Noble County, Oklahoma Nowata Nowata County, Oklahoma Okfuskee Okfuskee County, Oklahoma Oklahoma Oklahoma County, Oklahoma Okmulgee Okmulgee County, Oklahoma Osage Osage County, Oklahoma Ottawa Ottawa County, Oklahoma Pawnee County, Oklahoma Pawnee Payne County, Oklahoma Pavne Pittsburg County, Oklahoma **Pittsburg** Pontotoc County, Oklahoma Pontotoc Pottawatomie Pottawatomie County, Oklahoma Pushmataha County, Oklahoma Pushmataha Roger Mills Roger Mills County, Oklahoma Rogers Rogers County, Oklahoma Seminole Seminole County, Oklahoma Sequoyah Sequoyah County, Oklahoma Stephens Stephens County, Oklahoma Texas Texas County, Oklahoma Tillman Tillman County, Oklahoma Tulsa Tulsa County, Oklahoma Wagoner Wagoner County, Oklahoma Washington Washington County, Oklahoma Washita Washita County, Oklahoma Woods Woods County, Oklahoma Woodward Woodward County, Oklahoma

Unknown Unknown County of Residence (Oklahoma Residents Only)

Out of State

Null

Out of State

Unknown

Field: Patient gender

Description: Patient gender is recorded at date of admission or start of care.

UB: FL 15

Code	Label
F	Female
M	Male
U	Unknown

Field: Patient race

Description: This item gives the race of the patient. The information is based on self-identification, and is to be obtained from the patient, a relative, or a friend. The hospital is not to categorize the patient based on observation or personnel.

UB: N/A

Code	Label
W	White
В	African American
1	Native American
0	Other/Unknown

Field: Patient marital status

Description: The marital status of the patient at date of admission.

UB: FL 16

Code	Label
M	Married
N	Not Married
U	Unknown

Field: Patient age group

Description: Age groups based on patient age at discharge.

UB: N/A

Code <1 01-04 05-09 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74	 Label 1 Year 01-04 Years 05-09 Years 10-14 Years 15-19 Years 20-24 Years 25-29 Years 30-34 Years 35-39 Years 40-44 Years 45-49 Years 50-54 Years 55-59 Years 60-64 Years 65-69 Years 70-74 Years
70-74	70-74 Years
75-79 80-84 85+ 99	75-79 Years 80-84 Years 85+ Years Unknown

Field: Hospital ID

Description: A 4 digit number created to identify each hospital.

UB: N/A

Code	Label
N/A	N/A

Field: Hospital Type

Description: A field to differentiate between short term acute care hospitals and long term acute care hospitals.

UB: N/A

Code Label

LTAC Long Term Acute and Rehabilitation care

STAC Short Term Acute Care Rehab Rehabilitation Hospital

Field: Admission year

Description: Year admitted to hospital (CCYY).

UB: N/A

CodeLabelCCYYYearNullMissing

Field: Admission month

Description: Month admitted to hospital (two digit numeric).

UB: N/A

Code	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

Field: Admission day of week

Description: Day of the week admitted to hospital.

UB: N/A

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

Field: Discharge year

Description: Year discharged from hospital (CCYY).

UB: N/A

Code	Label
CCYY	Year
Null	Missing

Field: Discharge month

Description: Month discharged from hospital (two digit numeric).

UB: N/A

Code	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

Field: Discharge day of week

Description: Day of the week discharged from hospital.

UB: N/A

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

Field: Length of stay in days

Description: Number of days for individual hospitalization.

UB: N/A

Code	Label
Integer	
Null	Missing

Field: Type and source of admission

Description: A code indicating the type and source of the admission.

UB: FL 19, 20

Code	Label
11	Emergency - Physician Referral
12	Emergency - Clinic Referral
14	Emergency - Transfer from a Hospital
15	Emergency - Transfer from a Skilled Nursing Facility
16	Emergency - Transfer from another Health Care Facility
17	Emergency - Emergency Room
18	Emergency - Court/Law Enforcement
19	Emergency - Admission Source Unknown
1B	Emergency - Transfer from another Home Health Agency
1C	Emergency - Readmission to same Home Health Agency
1D	Emergency - Transfer within the same hospital
1E	Emergency - Transfer from Ambulatory Surgery Center
1F	Emergency - Transfer from Hospice
21	Urgent - Physician Referral
22	Urgent - Clinic Referral
24	Urgent - Transfer from a Hospital

Field: Type and source of admission continued...

25	Urgent - Transfer from a Skilled Nursing Facility
	- ·
26 27	Urgent - Transfer from another Health Care Facility
	Urgent - Emergency Room
28	Urgent - Court/Law Enforcement
29 28	Urgent - Admission Source Unknown
2B	Urgent - Transfer from another Home Health Agency
2C	Urgent - Readmission to same Home Health Agency
2D	Urgent - Transfer within the same hospital
2E	Urgent - Transfer from Ambulatory Surgery Center
2F	Urgent - Transfer from Hospice
31	Elective - Physician Referral
32	Elective - Clinic Referral
34	Elective - Transfer from a Hospital
35	Elective - Transfer from a Skilled Nursing Facility
36	Elective - Transfer from another Health Care Facility
37	Elective - Emergency Room
38	Elective - Court/Law Enforcement
39	Elective - Admission Source Unknown
3B	Elective - Transfer from another Home Health Agency
3C	Elective - Readmission to same Home Health Agency
3D	Elective - Transfer within the same hospital
3E	Elective - Transfer from Ambulatory Surgery Center
3F	Elective - Transfer from Hospice
45	Newborn - Born inside this hospital
46	Newborn - Born outside of this hospital
49	Newborn- Admission Source Unknown
51	Trauma Center - Physician Referral
52	Trauma Center - Clinic Referral
54	Trauma Center - Transfer from a Hospital
55	Trauma Center - Transfer from a Skilled Nursing Facility
56	Trauma Center - Transfer from another Health Care Facility
57	Trauma Center - Emergency Room
58	Trauma Center - Court/Law Enforcement
59	Trauma Center - Admission Source Unknown
5B	Trauma Center - Transfer from another Home Health Agency
5C	Trauma Center - Readmission to same Home Health Agency
5D	Trauma Center - Transfer within the same hospital
5E	Trauma Center - Transfer from Ambulatory Surgery Center
5F	Trauma Center - Transfer from Hospice
91	Unknown- Physician Referral
92	Unknown- Clinic Referral
94	Unknown- Transfer from a Hospital
95	Unknown- Transfer from a Skilled Nursing Facility
96	Unknown- Transfer from another Health Care Facility
97	Unknown- Emergency Room
98	Unknown- Court/Law Enforcement
99 OB	Unknown Source and Type
9B	Unknown-Transfer from another Home Health Agency
9C 9D	Unknown- Readmission to same Home Health Agency
9D 9E	Unknown-Transfer within the same hospital
9E 9F	Unknown- Transfer from Ambulatory Surgery Center Unknown- Transfer from Hospice
71	onknown- nansier nom nospice

Field: Patient discharge status

Description: A code indicating patient status as of the discharge date.

UB: FL 22

Code	Label
01	Discharged to home or self-care (routine discharge)
02	Discharge/transferred to another short-term general hospital for inpatient
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare Certification in Anticipation of Skilled Care
04	Discharged/transferred to an intermediate care facility (ICF)
05	Discharged/transferred to a designated cancer center or children's hospital Effective 4/1/2008
06	Discharged/transferred to home under care of organized home health service organization
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	Discharged to Hospice—home
51	Discharged to Hospice—medical facility
61	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including
63	distinct part units of a hospital
64	Discharged/transferred to a long term care hospital (LTCH) Discharged/transferred to a nursing facility certified under Medicaid but not
04	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 or 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 or Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission
83	Discharges or Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care hospital Inpatient Readmission
84	Discharged or Transferred to a Facility that provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission
85	Discharged or Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care hospital Inpatient Readmission
86	Discharged or Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission
87	Discharged or Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission
88	Discharged or Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission
89	Discharged or Transferred to Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
90	Discharged or Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission
91	Discharged or Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission
92	Discharged or Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare with a Planned Acute Care Hospital Inpatient Readmission
93	Discharged or Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission

Discharged or Transferred to a Critical Access Hospital (CAH) with a Planned
Acute Care Hospital Inpatient Readmission

Discharged or Transferred to Another Type of Health Care Institute not
defined Elsewhere in the Code List with a Planned Acute Care Hospital
Inpatient Readmission

Unknown

Field: Payer classification

Description: Payer group associated with the primary payer

UB: N/A

Code	Label
1	Commercial (include HMO, PPO, POS, Indemnity)
2	Medicare - Including HMO and insurance managed Medicare
3	Medicaid—Including Medicaid pending
4	Veterans affairs / Military
5	Workers Compensation
6	Uninsured/Self-pay
7	Others - All payers not in any of the above groups and including charity,
	Indian Health, hospice, auto liability, DOC or correctional institution
9	Unknown

Field: Total charges

Description: The total charges associated with the inpatient stay.

UB: FL 55

Code	Label
Dollars	
Null	Missing

Field: DRG

Description: The Center for Medicare and Medicaid (CMS, Ver. 34/35) Diagnosis Related Groups (MS DRG) assigned by HCI using the MS Grouper with Medicare Code Editor Software 110.

UB: N/A

Code	Label
DRG	
Null	Missina

Field: MDC

Description: The Center for Medicare and Medicaid's Major Diagnostic Category.

UB: N/A

Code	Label
MDC	
Null	Missing

Field: External cause of injury code (E-code up to 3)

Description: The ICD-10-CM code for the external cause of an injury, poisoning, or adverse effect.

UB: FL 77

Code Label
ICD CODE
Null Missing

Field: Principal diagnosis

Description: The IDC-10-CM code for the condition established to be chiefly responsible for the admission of the patient for care.

UB: FL 67

Code Label
ICD CODE
Null Missing

Field: Other diagnosis codes (up to 15)

Description: IDC-10-CM codes describing other diagnoses corresponding to additional conditions that co-exist at the time of admission or develop subsequently, and which have an effect on the treatment received or the length of stay.

UB: FL 67

Code Label
ICD CODE
Null Missing

Field: PPOA-POA15

Description: Present on Admission indictor is used to describe if a diagnosis was present at the time of inpatient admission. PPOA belongs with the principal diagnosis and the remaining POAs with the respective diagnosis code position.

UB: FL 67

Code
Y
Yes, present at the time of inpatient admission
N
No, not present at the time of inpatient admission
U
Unknown (documentation insufficient to determine if condition was POA)
W
Clinically undetermined
Exempt from POA reporting

Field: Principal procedure code

Description: The IDC-10-CM code that identifies the principal procedure performed during the hospital stay for definitive treatment rather than for diagnostic or exploratory purposes, or is necessary as a result of complications.

UB: FL80

Code Label ICD CODE Null Missing

Field: Other procedure codes (up to 15)

Description: The IDC-10-CM code(s) that identify the other procedures performed during the patient's hospital stay covered by this discharge record.

UB: FL 81

Code Label ICD CODE

Null Missing