

# **Data Dictionary**

## CY 2021 Public Use Data File (PUDF)

**Inpatient Hospitalizations** 

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## **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

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

#### Field: Patient state of residence continued...

VT	Vermont
VA	Virginia
WA	Washington
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	Label
Five- digit zip code	
Null	Missing

## Field: Patient County of residence

**Description:** Patient County of residence is derived from patient address using geospatial analysis. NA

UB:

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
Кау	Kay County, Oklahoma

## Field: Patient County of residence continued...

Kin of inhor	Kin of ish or Court in Oldek or on
Kingfisher	Kingfisher County, Oklahoma
Kiowa	Kiowa County, Oklahoma
Latimer	Latimer County, Oklahoma
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	Murray County, Oklahoma
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	Pawnee County, Oklahoma
Payne	Payne County, Oklahoma
Pittsburg	Pittsburg County, Oklahoma
Pontotoc	Pontotoc County, Oklahoma
Pottawatomie	Pottawatomie County, Oklahoma
Pushmataha	Pushmataha County, Oklahoma
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	Out of State
Null	Unknown

## Field: Patient gender

**Description:** Patient gender is recorded at date of admission or start of care. **UB:** FL 15

Code	Label
F	Female
Μ	Male
U	Unknown

#### Field: Patient race

**Description:** This item gives the race of the patient. The information is based on selfidentification, 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
I	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
Μ	Married
Ν	Not Married
U	Unknown

#### Field: Patient age group

**Description:** Age groups based on patient age at discharge. **UB:** N/A

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

#### Field: Hospital ID

**Description:** A 3 or 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
LTAC
stac
Rehab

Label

Long Term Acute and Rehabilitation care Short Term Acute Care Rehabilitation Hospital

#### Field: Admission year

**Description:** Year admitted to hospital (CCYY). **UB:** N/A

Code	Label
CCYY	Year
Null	Missing

#### 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	Urgent - Transfer from another Health Care Facility
27	Urgent - Emergency Room
28	Urgent - Court/Law Enforcement
29	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	Unknown Source and Type
9B	Unknown-Transfer from another Home Health Agency
9C	Unknown- Readmission to same Home Health Agency
9D	Unknown- Transfer within the same hospital
9E	Unknown-Transfer from Ambulatory Surgery Center
9F	Unknown- Transfer from Hospice

## 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
	distinct part units of a hospital
63	Discharged/transferred to a long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid 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 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
87	Readmission 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

94	Discharged or Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission
95	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
99	Unknown

## Field: Payer classification

Code

Description: Payer group associated with the primary payer

UB: N/A

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	Missing

#### 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 ICD CODE Null Label 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 ICD CODE Null Label Missing

Label

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	
ICD CODE	
Null	

#### 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	Label
Y	Yes, present at the time of inpatient admission
Ν	No, not present at the time of inpatient admission
U	Unknown (documentation insufficient to determine if condition was POA)
W	Clinically undetermined
1	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