



Data Dictionary

CY 2007 Public Use Data File (PUDF)

Inpatient Hospitalizations

Health Care Information
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Oklahoma Inpatient Hospitalizations CY2007 PUDF File

File Layout

| Field | Field Name | Type | Start | Length |
|-------|--|------|-------|--------|
| 1 | Record Identifier (Synthetic) | A | 1 | 14 |
| 2 | Patient state of residence | A | 15 | 2 |
| 3 | Patient zip code | N | 17 | 5 |
| 4 | Patient county of residence | A | 22 | 12 |
| 5 | Patient gender | A | 34 | 1 |
| 6 | Patient race | A | 35 | 1 |
| 7 | Patient marital status | A | 36 | 1 |
| 8 | Patient age group | A | 37 | 5 |
| 9 | Hospital ID | N | 42 | 4 |
| 10 | Hospital Type | A | 46 | 4 |
| 11 | Admission year | N | 50 | 4 |
| 12 | Admission month | N | 54 | 2 |
| 13 | Admission day of week | N | 56 | 2 |
| 14 | Discharge year | N | 58 | 4 |
| 15 | Discharge month | N | 62 | 2 |
| 16 | Discharge day of week | N | 64 | 2 |
| 17 | Length of stay in days | N | 66 | 3 |
| 18 | Type and source of admission | A | 69 | 2 |
| 19 | Patient discharge status | N | 71 | 2 |
| 20 | Payer Classification | A | 73 | 2 |
| 21 | Total charges | N | 75 | 8 |
| 22 | DRG | N | 83 | 3 |
| 23 | MDC | N | 86 | 2 |
| 24 | External cause of injury code (E-code) | A | 88 | 6 |
| 25 | Principal diagnosis | A | 94 | 6 |
| 26 | Other diagnosis code 1 | A | 100 | 6 |
| 27 | Other diagnosis code 2 | A | 106 | 6 |
| 28 | Other diagnosis code 3 | A | 112 | 6 |
| 29 | Other diagnosis code 4 | A | 118 | 6 |
| 30 | Other diagnosis code 5 | A | 124 | 6 |
| 31 | Other diagnosis code 6 | A | 130 | 6 |
| 32 | Other diagnosis code 7 | A | 136 | 6 |
| 33 | Other diagnosis code 8 | A | 142 | 6 |
| 34 | Other diagnosis code 9 | A | 148 | 6 |
| 35 | Other diagnosis code 10 | A | 154 | 6 |
| 36 | Other diagnosis code 11 | A | 160 | 6 |
| 37 | Other diagnosis code 12 | A | 166 | 6 |
| 38 | Other diagnosis code 13 | A | 172 | 6 |
| 39 | Other diagnosis code 14 | A | 178 | 6 |
| 40 | Other diagnosis code 15 | A | 184 | 6 |
| 41 | Principal procedure code | A | 190 | 6 |
| 42 | Other procedure code 1 | A | 196 | 6 |
| 43 | Other procedure code 2 | A | 202 | 6 |
| 44 | Other procedure code 3 | A | 208 | 6 |
| 45 | Other procedure code 4 | A | 214 | 6 |
| 46 | Other procedure code 5 | A | 220 | 6 |
| 47 | Other procedure code 6 | A | 226 | 6 |
| 48 | Other procedure code 7 | A | 232 | 6 |
| 49 | Other procedure code 8 | A | 238 | 6 |
| 50 | Other procedure code 9 | A | 244 | 6 |
| 51 | Other procedure code 10 | A | 250 | 6 |
| 52 | Other procedure code 11 | A | 256 | 6 |
| 53 | Other procedure code 12 | A | 262 | 6 |
| 54 | Other procedure code 13 | A | 268 | 6 |
| 55 | Other procedure code 14 | A | 274 | 6 |
| 56 | Other procedure code 15 | A | 280 | 6 |

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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

N/A

Label

N/A

Field: Patient state of residence

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

UB: FL 13

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
TN
TX
UT

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 Carolina
South Dakota
Tennessee
Texas
Utah

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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 |
|------|---------|
| Null | Missing |

Field: Patient county of residence

Description: Patient County of Residence is derived from patient address for counties in

UB: FL 13

| 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 |
| Kingfisher | Kingfisher County, Oklahoma |

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| Field: | Patient County of residence continued... |
|---------------|---|
| 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 |
| M | Male |
| U | Unknown |

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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 |
| B | African American |
| I | Native American |
| O | 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 | 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 4 digit number created to identify each hospital.

UB: N/A

| Code | Label |
|-------------|--------------|
| N/A | N/A |

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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 |

Field: Admission year

Description: Year admitted to hospital (CCYY).

UB: N/A

| Code | Label |
|-------------|--------------|
| 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 |
|-------------|--------------|
| Null | Missing |

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Field: Discharge month

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

UB: N/A

| Code | Label |
|-------------|--------------|
| 1 | January |
| 3 | 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 |
|-------------|--------------|
| 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 |
| 13 | Emergency - HMO 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 |
| 21 | Urgent - Physician Referral |
| 22 | Urgent - Clinic Referral |
| 23 | Urgent - HMO Referral |
| 24 | Urgent - Transfer from a Hospital |
| 25 | Urgent - Transfer from a Skilled Nursing Facility |
| 26 | Urgent - Transfer from Another Health Care Facility |
| 27 | Urgent - Emergency Room |

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| Field: | Type and source of admission Continued... |
|---------------|---|
| 28 | Urgent - Court/Law Enforcement |
| 29 | Urgent - Admission Source Unknown |
| 31 | Elective - Physician Referral |
| 32 | Elective - Clinic Referral |
| 33 | Elective - HMO 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 |
| 41 | Newborn - Normal Delivery |
| 42 | Newborn - Premature Delivery |
| 43 | Newborn - Sick Baby |
| 44 | Newborn - Extramural Birth |
| 49 | Newborn - Admission Source Unknown |
| 99 | Unknown Type and Source of Admission |

Field: Patient discharge status

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

UB: FL 22

| Code | Label |
|-------------|--|
| 01 | Discharge to home or self-care, routine discharge |
| 02 | Discharge/transferred to another short-term general hospital. |
| 03 | Discharge/transferred to skilled nursing facility. |
| 04 | Discharge/transferred to an intermediate care facility. |
| 05 | Discharge/transferred to another type of institution |
| 06 | Discharge/transferred to home under care of organized home health service organization |
| 07 | Left against medical advice or discontinued care. |
| 08 | Discharged/transferred to home under care of a home IV provider. |
| 09 | Admitted as an inpatient to this hospital |
| 20 | Expired. |
| 21 | Other/Unknown |
| 30 | Still A Patient. |
| 41 | Expired in a medical facility such as hospital, SNF, ICF or Freestanding Hospice |
| 43 | Discharged/transferred to a federal facility |
| 50 | Hospice - Home |
| 51 | Hospice - Medical Facility |
| 61 | Discharged/transferred within this institution to hospital-based Medicare approved swing bed. |
| 62 | Discharged/Transferred To An Inpatient Rehabilitation Facility Including Distinct Part Units Of A Hospital. |
| 63 | Discharged/Transferred To An Inpatient Rehabilitation Facility Including Distinct Part Units Of A Hospital |
| 64 | Discharged/Transferred to a Nursing Facility certified under Medicaid but not certified under Medicare |
| 65 | Discharge/Transferred to a Psychiatric Hospital or Psychiatric distinct part unit of a Hospital |
| 71 | Discharge/transferred/referred to another institution for outpatient services |
| 72 | Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care |
| 99 | Unknown |

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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 |
|------|---------|
| Null | Missing |

Field: DRG

Description: The Center for Medicare and Medicaid (CMS, Ver. 24) Diagnosis Related Groups assigned by HCI using the 3M Core Grouping software.

UB: N/A

| Code | Label |
|------|-------|
|------|-------|

Field: MDC

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

UB: N/A

| Code | Label |
|------|---------------------|
| | See MDC table on CD |

Field: External cause of injury code (E-code)

Description: The ICD-9-CM code for the external cause of an injury, poisoning, or adverse effect (E800-E999).

UB: FL 77

| Code | Label |
|------|---------|
| Null | Missing |

Field: Principal diagnosis

Description: The ICD-9-CM code for the condition established to be chiefly responsible for the admission of the patient for care.

UB: FL 67

| Code | Label |
|------|---------|
| Null | Missing |

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Field: Other diagnosis codes (up to 15)

Description: ICD-9-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

Code

Null

Label

Missing

Field: Principal procedure code

Description: The ICD-9-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

Null

Label

Missing

Field: Other procedure codes (up to 15)

Description: The ICD-9-CM code(s) that identify the other procedures performed during the patient's hospital stay covered by this discharge record.

UB: FL 81

Code

Null

Label

Missing