



Data Dictionary

CY 2011 Public Use Data File (PUDF)

Inpatient Hospitalizations

Health Care Information
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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 using the ArcGIS software and spatial analysis

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
McCain	McCain 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
Rehab	Rehabilitation Hospital

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
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
25	Urgent - Transfer from a Skilled Nursing Facility

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Field: Type and source of admission Continued...

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
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
99	Unknown Source and Type

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

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distinct part units of a hospital.

Field: Patient discharge status continued...

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)
70	Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this Code List.
99	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
Null	Missing

Field: DRG

Description: The Center for Medicare and Medicaid (CMS, Ver. 26) Diagnosis Related Groups(MS DRG) assigned by HCI using the 3M Core Grouping software.

UB: N/A

Code	Label
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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 up to 3)

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

UB: FL 77

Code	Label
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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

Null

Label

Missing

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