Patient Discharge Data (PDD)
Data Dictionary

For Nonpublic Files:
OSHPD Internal Use
NON-PUBLIC (IPA)
LIMITED DATA (AB2876) – Custom Data Sets
LIMITED DATA (AB2876) – Model Data Sets (for Hospitals and Public Health)

For Data Years:
January – December 2017-2018

File Formats Available:
Comma-Delimited (.txt)
Comma-Delimited – Label (.txt) - (includes “English” names)
SAS (Ver 9.3) File (.sas7bdat)
SAS (Ver 9.3) PROC Format Program (associate labels with SAS File)
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1 Applicacnes not listed are not applicable to nonpublic PDD data sets.
INTRODUCTION

General Information
The California Office of Statewide Health Planning and Development (OSHPD) provides nonpublic data sets of inpatient data collected from California-licensed hospitals in California. The data set consists of a record for each inpatient discharged from a California-licensed hospital. Licensed hospitals include general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities. For more information see the documentation provided by the MIRCal (data submission) system:
http://oshpd.ca.gov/HID/MIRCal/IPManual.html

Disclosure Policy
It is the policy of the Office of Statewide Health Planning and Development (OSHPD) 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, OSHPD 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.

OSHPD may disclose patient-level healthcare data and information to the general public only if OSHPD has determined that they have been de-identified. All other patient-level healthcare data and information will be considered nonpublic. OSHPD 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 OSHPD’s policy on the release of patient-level data please see Appendix A – Disclosure Policy.

What’s New
Effective January 1, 2017 OSHPD more closely aligned MIRCal reporting with the ANSI X12N 837 Health Care Service Data Reporting Guide for the collection of sex, type of admission, and source of admission. In order to accurately identify the source of admission, you must also use the type of admission. Please see Appendix K – Source of Admission.

Facility Modification Report
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. See Appendix C – Modifications for a listing of these facilities and affected variables.

Facility Openings, Closures, Ownership Changes, and Consolidated Status
Appendix D – Facility Status shows facility consolidated status and status changes (openings, closures, 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 opt to report patient-level data as either separate entities or aggregated, as one consolidated provider.

Importing Notes
There are several fields that, although they appear to contain numeric data, should be treated as text (character). OSHPD ID, MDC, MSDRG, and procedure code fields should be treated as text (character) codes when importing so essential leading zeros are not dropped.
File Format

The nonpublic data files are offered in two versions: SAS (.sas7bdat, created with SAS version 9.3) and comma-delimited (.txt or .csv). To assist SAS file users, a PROC Format file is available to associate labels with variables. In the comma-delimited file (.txt), the length of each field and the length of each record will vary according to the data reported. To assist TXT file users, a header row identifying each data element is provided in the position of the first record.

For TXT file users, in addition to the “Code” format, a “Label” formatted file is available. In the “Label” file, alphanumeric values have been replaced by more descriptive “English” values. For example, for the variable “sev_code”, the descriptive label “MS-DRG assignment is based on the presence of MCC” replaced the code value “1”.

In either version of the TXT file, for three variables (OSHPD_ID, MDC, MSDRG), the original variables, with “code” values, were retained and “label” variables were added (oshpd_name, mdc_name, msdrg_name). A header row identifying each data element is provided in sequence order on the first record.

Note that facility and MS-DRG codes and their associated labels potentially change across years and that year-specific code-label crosswalks must be used.

The attributes for each data field are provided on the following pages. Note that the variable length may differ across the Code/Label version of the file.

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; LIMITED DATA – Custom Data Set; or LIMITED DATA – Model Data Sets for Hospitals and Local Health Departments/Officials.
**FILE DOCUMENTATION**

**Hospital Identification Number**

Field Name: oshpd_id  
Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names is provided in [Appendix F - Counts by Facility(Discharges) (PDD)](#).  
Variable Type: Character  
SAS Length: 6  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

**Hospital Name**

Field Name: oshpd_name  
Definition: The facility name documented on the official license issued by the California Department of Public Health (CDPH) Licensing and Certification Division and submitted to OSHPD’s Licensed Facility Information System (LFIS). Displayed names use a standardized “doing business as” naming format. Note that names associated with facility IDs potentially change across years and year-specific code-label crosswalks must be used. This variable is included in the “Label” (“English” name), but not the “Code” version of the .txt file. To assist users of the “Code” file, a PROC Format file is available to associate the variable’s code values with labels.  
Variable Type: Character  
SAS Length: 60  
Request Type: LIMITED DATA - Model Data Set ("label" version of .txt file only)
**Type of Care**
Field Name: typcare
Definition: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Public Health.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

- 0 = Invalid/Blank
- 1 = Acute Care
- 3 = Skilled Nursing / Intermediate Care (includes GAC approved swing beds)
- 4 = Psychiatric Care
- 5 = Chemical Dependency Recovery Care
- 6 = Physical Rehabilitation Care

**Hospital ZIP Code**
Field Name: hplzip
Definition: The ZIP Code where the hospital is located.
Variable Type: Character
SAS Length: 5
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
**Hospital County**

Field Name: hplcnty  
Definition: The county where the hospital is located.  
Variable Type: Character  
SAS Length: 2  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

<table>
<thead>
<tr>
<th>Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Alameda</td>
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<tr>
<td>02</td>
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<td>33</td>
<td>Riverside</td>
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<td>Santa Cruz</td>
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<td>Shasta</td>
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<td>46</td>
<td>Sierra</td>
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<td>47</td>
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<td>53</td>
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<td>Tulare</td>
</tr>
<tr>
<td>55</td>
<td>Tuolumne</td>
</tr>
<tr>
<td>56</td>
<td>Ventura</td>
</tr>
<tr>
<td>57</td>
<td>Yolo</td>
</tr>
<tr>
<td>58</td>
<td>Yuba</td>
</tr>
</tbody>
</table>

**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 hospital for a given report period.  
Variable Type: Character  
SAS Length: 10  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA
**Patient Identification Number**

Field Name: pat_id

Definition: Identification number assigned to each record within a specific group of data submitted by a hospital 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
SAS Length: 12
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA

**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
SAS Length: 12
Request Type: OSHPD does not release this field.

**Social Security Number**

Field Name: ssn

Definition: The patient’s Social Security Number (SSN). If the SSN was not recorded in the patient’s record, it was reported as “000000001”. 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 OSHPD’s instructions for non-U.S. numbers and Medicare numbers, see the California Inpatient Data Reporting Manual at [http://oshpd.ca.gov/HID/MIRCAl/IPManual.html](http://oshpd.ca.gov/HID/MIRCAl/IPManual.html).

Variable Type: Character
SAS Length: 9
Request Type: OSHPD 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 or blank then the RLN is assigned a value of 9 dashes “---------”.
Variable Type: Character
SAS Length: 9
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

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 hospitals. If the reported month or day is invalid, they are defaulted to “01”. If the year is invalid then the date of birth is set to null.
Variable Type: Numeric
SAS 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 (YYYYMMDDDD) as reported by the hospital.
Variable Type: Character
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

Age in Days (at Admission)
Field Name: agdyadm
Definition: Age of the patient (in days) at admission. This data element is based on the reported admission date and patient’s date of birth and is only available for patients who are less than 366 days old. If the date of birth is unknown, invalid, or the patient is greater than 365 days old, the age in days is set to “0”.
Variable Type: Numeric
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
**Age in Days (at Discharge)**

Field Name: agdydsch  
Definition: Age of the patient (in days) at discharge. This is based on the reported discharge date and patient’s date of birth and is only available for patients who are less than 366 days old. If the date of birth is unknown, invalid, or the patient is greater than 365 days old, the age in days is set to “0”.  
Variable Type: Numeric  
SAS Length: 8  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

**Age in Years (at Admission)**

Field Name: agyradm  
Definition: Age of the patient at admission. This is based on the reported admission date and patient’s date of birth. If the date of birth is unknown or invalid, the age in years is set to “0”. Patient records with a calculated age at admission greater than 120 years are assigned a value of 120 years.  
Variable Type: Numeric  
SAS Length: 8  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

**Age in Years (at Discharge)**

Field Name: agyrdsch  
Definition: Age of the patient at discharge. This is based on the reported discharge date and patient’s date of birth. If the date of birth is unknown or invalid, the age in years is set to “0”. Patient records with a calculated age at discharge greater than 120 years are assigned a value of 120 years.  
Variable Type: Numeric  
SAS Length: 8  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set
Age Range (20 categories)
Field Name: agecatadm
Definition: Age range (based on 20 categories) of the patient at admission.
Variable Type: Character
SAS Length: 2
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Under 1 year</td>
</tr>
<tr>
<td>02</td>
<td>1-4 years</td>
</tr>
<tr>
<td>03</td>
<td>5-9 years</td>
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<tr>
<td>04</td>
<td>10-14 years</td>
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<td>15-19 years</td>
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<td>20-24 years</td>
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<td>00</td>
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<td>11</td>
<td>45-49 years</td>
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<td>50-54 years</td>
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<td>55-59 years</td>
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<tr>
<td>18</td>
<td>80-84 years</td>
</tr>
<tr>
<td>19</td>
<td>85+ years</td>
</tr>
<tr>
<td>U</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Sex
Field Name: sex (modified variable, effective January 1, 2017)
Definition: For discharges occurring on or after January 1, 2017, the patient’s biologic sex shall be reported as recorded at admission as male, female or unknown. Unknown indicates that the patient’s sex was undetermined. Unknown indicates that the patient’s sex was undetermined. It is also used in the case of congenital abnormalities that obscure sex identification. Prior to 2017, sex was reported as 1 (Male), 2 (Female), 3 (Other), and 4 (Unknown).
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
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<td>F</td>
<td>Female</td>
</tr>
<tr>
<td>M</td>
<td>Male</td>
</tr>
<tr>
<td>U</td>
<td>Unknown</td>
</tr>
<tr>
<td>*</td>
<td>Blank</td>
</tr>
<tr>
<td>-</td>
<td>Invalid</td>
</tr>
</tbody>
</table>
**Ethnicity**

Field Name: ethncty

Definition: Ethnicity (self-reported) of the patient. Patients who could not or refused to declare their ethnicity were coded as “3” (Unknown). Reported invalid and missing values for ethnicity were defaulted to “0”.

Variable Type: Character

SAS Length: 1

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

0 = Invalid

1 = Hispanic, a person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

2 = Non-Hispanic, a person who identifies with a culture or origin other than Hispanic. This category excludes patients who cannot or will not declare their ethnicity.

3 = Unknown, includes patients who cannot or will not declare their ethnicity.

**Race**

Field Name: race

Definition: Patient’s racial background (self-reported). Hospitals are instructed to report race as “unknown” if a patient could not or would not declare his or her race. Reported invalid or missing values for race were defaulted to “0”. For more information, see the documentation provided by the MIRCal (data submission) system: [http://oshpd.ca.gov/HID/MIRCal/IPManual.html](http://oshpd.ca.gov/HID/MIRCal/IPManual.html)

Variable Type: Character

SAS Length: 1

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

0 = Invalid/Blank

1 = White

2 = Black

3 = Native American / Eskimo / Aleut

4 = Asian / Pacific Islander
Normalized Ethnicity/Race Group
Field Name: race_grp
Definition: The normalized race group for a patient based on a combination (merged) of their reported race and ethnicity. If a patient’s ethnicity is “Hispanic” then the normalized race group is assigned the value “3” (Hispanic). For all other values of ethnicity, the normalized race group is assigned the same value as the reported race including defaulted values.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set
0 = Unknown/Invalid/Blank
1 = White
2 = Black
3 = Hispanic
4 = Asian / Pacific Islander
5 = Native American / Eskimo / Aleut
6 = Other
**Concatenated Ethnicity/Race Group**

<table>
<thead>
<tr>
<th>Field Name: eth_race</th>
<th>Definition: The combined (concatenated) ethnicity (1st digit) and race (2nd digit) of the patient. Defaulted values are included in this combined field.</th>
<th>Variable Type: Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAS Length: 2</td>
<td></td>
<td>Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Ethnicity Description</th>
<th>Code</th>
<th>Ethnicity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Invalid / Invalid</td>
<td>20</td>
<td>Non-Hispanic / Invalid</td>
</tr>
<tr>
<td>01</td>
<td>Invalid / White</td>
<td>21</td>
<td>Non-Hispanic / White</td>
</tr>
<tr>
<td>02</td>
<td>Invalid / Black</td>
<td>22</td>
<td>Non-Hispanic / Black</td>
</tr>
<tr>
<td>03</td>
<td>Invalid / Native American, Eskimo, Aleut</td>
<td>23</td>
<td>Non-Hispanic / Native American, Eskimo, Aleut</td>
</tr>
<tr>
<td>04</td>
<td>Invalid / Asian, Pacific Islander</td>
<td>24</td>
<td>Non-Hispanic / Asian, Pacific Islander</td>
</tr>
<tr>
<td>05</td>
<td>Invalid / Other</td>
<td>25</td>
<td>Non-Hispanic / Other</td>
</tr>
<tr>
<td>06</td>
<td>Invalid / Unknown</td>
<td>26</td>
<td>Non-Hispanic / Unknown</td>
</tr>
<tr>
<td>10</td>
<td>Hispanic / Invalid</td>
<td>30</td>
<td>Unknown / Invalid</td>
</tr>
<tr>
<td>11</td>
<td>Hispanic / White</td>
<td>31</td>
<td>Unknown / White</td>
</tr>
<tr>
<td>12</td>
<td>Hispanic / Black</td>
<td>32</td>
<td>Unknown / Black</td>
</tr>
<tr>
<td>13</td>
<td>Hispanic / Native American, Eskimo, Aleut</td>
<td>33</td>
<td>Unknown / Native American, Eskimo, Aleut</td>
</tr>
<tr>
<td>14</td>
<td>Hispanic / Asian, Pacific Islander</td>
<td>34</td>
<td>Unknown / Asian, Pacific Islander</td>
</tr>
<tr>
<td>15</td>
<td>Hispanic / Other</td>
<td>35</td>
<td>Unknown / Other</td>
</tr>
<tr>
<td>16</td>
<td>Hispanic / Unknown</td>
<td>36</td>
<td>Unknown / Unknown</td>
</tr>
</tbody>
</table>
PrincNon-Public Language Spoken (ID)
Field Name: pls_id
Definition: The 3-digit value for the princNon-Public 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. Additional languages may be added each reporting year. See Appendix G - PrincNon-Public Language Spoken for a list of IDs, codes, and category descriptions.
Variable History: Hospitals and state (California) licensed surgical clinics began reporting a patient’s PrincNon-Public Language Spoken (PLS) for all encounters beginning on January 1, 2009. Beginning with the January-June 2010 inpatient data, PLS is stored in three parts: PLS ID (numeric value), PLS Code (3-character value) and the PLS Write-in Value (the exact value reported by the facility).
Variable Type: Numeric
Variable Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

PrincNon-Public Language Spoken (Code)
Field Name: pls_abbr
Definition: The 3-character value for the princNon-Public 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. See Appendix G - PrincNon-Public Language Spoken for a list of IDs, codes, and category descriptions.
Variable Type: Character
Variable Length: 3
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

PrincNon-Public Language Spoken Write-in Value
Field Name: pls_wrtin
Definition: The actual value reported as the princNon-Public 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 Data Set
**Patient County**

Field Name: patcnty

Definition: The patient’s county of residence. County of residence is based on the patient’s reported ZIP Code and is provided by the USPS. Invalid, blank, unknown ZIP codes as well as patients residing outside California and the homeless are assigned a county code value of “00”.

Variable Type: Character

SAS Length: 2

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

<table>
<thead>
<tr>
<th>Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Not a CA county</td>
</tr>
<tr>
<td>01</td>
<td>Alameda</td>
</tr>
<tr>
<td>02</td>
<td>Alpine</td>
</tr>
<tr>
<td>03</td>
<td>Amador</td>
</tr>
<tr>
<td>04</td>
<td>Butte</td>
</tr>
<tr>
<td>05</td>
<td>Calaveras</td>
</tr>
<tr>
<td>06</td>
<td>Colusa</td>
</tr>
<tr>
<td>07</td>
<td>Contra Costa</td>
</tr>
<tr>
<td>08</td>
<td>Del Norte</td>
</tr>
<tr>
<td>09</td>
<td>El Dorado</td>
</tr>
<tr>
<td>10</td>
<td>Fresno</td>
</tr>
<tr>
<td>11</td>
<td>Glenn</td>
</tr>
<tr>
<td>12</td>
<td>Humboldt</td>
</tr>
<tr>
<td>13</td>
<td>Imperial</td>
</tr>
<tr>
<td>14</td>
<td>Inyo</td>
</tr>
<tr>
<td>15</td>
<td>Kern</td>
</tr>
<tr>
<td>16</td>
<td>Kings</td>
</tr>
<tr>
<td>17</td>
<td>Lake</td>
</tr>
<tr>
<td>18</td>
<td>Lassen</td>
</tr>
<tr>
<td>19</td>
<td>Los Angeles</td>
</tr>
</tbody>
</table>

20 = Madera
21 = Marin
22 = Mariposa
23 = Mendocino
24 = Merced
25 = Modoc
26 = Mono
27 = Monterey
28 = Napa
29 = Nevada
30 = Orange
31 = Placer
32 = Plumas
33 = Riverside
34 = Sacramento
35 = San Benito
36 = San Bernardino
37 = San Diego
38 = San Francisco
39 = San Joaquin

40 = San Luis Obispo
41 = San Mateo
42 = Santa Barbara
43 = Santa Clara
44 = Santa Cruz
45 = Shasta
46 = Sierra
47 = Siskiyou
48 = Solano
49 = Sonoma
50 = Stanislaus
51 = Sutter
52 = Tehama
53 = Trinity
54 = Tulare
55 = Tuolumne
56 = Ventura
57 = Yolo
58 = Yuba
Patient ZIP Code
Field Name: patzip
Definition: The patient’s 5-digit ZIP Code of residence. If the ZIP Code is unknown it is assigned a value of “XXXXX”. Foreign residents are assigned a ZIP Code of “YYYYY” and homeless are assigned a ZIP Code of “ZZZZZ”. If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros. Invalid and blank ZIP Codes are set to “00000”.
Variable Type: Character
SAS Length: 5
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Admission Date
Field Name: admtdate
Definition: The date a patient was admitted to the hospital for inpatient care. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the admission date for the second episode would be the date the patient was transferred to the new type of care and would be treated as a separate record. If the reported admission date is blank or invalid (e.g., June 31), the entire record is deleted from the database.
Variable Type: Numeric
SAS Length: 8 (MMDDYY10.)
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

Admission Day of the Week
Field Name: admtday
Definition: The day of the week when the patient was admitted.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

1 = Sunday
2 = Monday
3 = Tuesday
4 = Wednesday
5 = Thursday
6 = Friday
Admission Month
Field Name: admtmth
Definition: The month when the patient was admitted.
Variable Type: Character
SAS 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

Admission Quarter
Field Name: qtr_adm
Definition: The calendar quarter the patient was admitted.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

1 = January-March
2 = April-June
3 = July-September
4 = October-December

Admission Year
Field Name: admtyr
Definition: The year the patient was admitted.
Variable Type: Character
SAS Length: 4
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
**Discharge Date**

**Field Name:** dschdate  
**Definition:** The date a patient was discharged from the hospital. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the discharge date for the first episode would be the date the patient was transferred to the new type of care and the new admission would be treated as a separate record. If the reported date of discharge is unknown or invalid the entire record is deleted from the database in accordance with Health and Safety Code Section 97248.

**Variable Type:** Numeric  
**SAS Length:** 8 (MMDDYY10.)  
**Request Type:** NON-PUBLIC; LIMITED DATA - Custom Data Set

**Month Discharged**

**Field Name:** mth_dsch  
**Definition:** The month the patient was discharged.

**Variable Type:** Character  
**SAS Length:** 2  
**Request Type:** LIMITED DATA - Model Data Set

<table>
<thead>
<tr>
<th>Code</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>January</td>
</tr>
<tr>
<td>02</td>
<td>February</td>
</tr>
<tr>
<td>03</td>
<td>March</td>
</tr>
<tr>
<td>04</td>
<td>April</td>
</tr>
<tr>
<td>05</td>
<td>May</td>
</tr>
<tr>
<td>06</td>
<td>June</td>
</tr>
<tr>
<td>07</td>
<td>July</td>
</tr>
<tr>
<td>08</td>
<td>August</td>
</tr>
<tr>
<td>09</td>
<td>September</td>
</tr>
<tr>
<td>10</td>
<td>October</td>
</tr>
<tr>
<td>11</td>
<td>November</td>
</tr>
<tr>
<td>12</td>
<td>December</td>
</tr>
</tbody>
</table>
Discharge Quarter
Field Name: qtr_dsch
Definition: The calendar quarter the patient was discharged.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set
   1 = January-March
   2 = April-June
   3 = July-September
   4 = October-December

Year of Discharge
Field Name: dsch_yr
Definition: The year the patient was discharged.
Variable Type: Numeric
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

Counter
Field Name: counter
Definition: A discharge counter was added to the SAS data sets in 2010 to optimize the “drag and drop” features in Enterprise Guide. The discharge counter (counter) is assigned a value of “1” for each individual record. This counter can be used for a wide variety of mathematical calculations.
Variable Type: Numeric
SAS Length: 8
Request Type: OSHPD does not release this field.
### Length of Stay

**Field Name:** los  
**Definition:** Total number of days from admission date to discharge date. Patients admitted and discharged on the same day are assigned a length of stay of “0” days. For length of stay calculations, data users may desire to use the “adjusted length of stay” variable, where “0” days are recoded to “1” day. For more information on OSHPD’s instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html).

**Variable Type:** Numeric  
**SAS Length:** 8  
**Request Type:** NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

### Adjusted Length of Stay

**Field Name:** los_adj  
**Definition:** Total number of days from admission date to discharge date. Unlike the “length of stay” variable, patients admitted and discharged on the same day are assigned an “adjusted length of stay” of “1” day. This allows for a proper calculation of average length of stay.

**Variable Type:** Numeric  
**SAS Length:** 8  
**Request Type:** NON-PUBLIC; LIMITED DATA - Custom Data Set
Source of Admission
Field Name: source_ns (new variable, effective January 1, 2017)
Definition: The source code consists of 3 digits. The first digit represents the point of origin of the patient. The second digit will be an “X” as licensure is no longer collected. The third digit describes the route by which the patient was admitted:

http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html

Unfortunately, many of the old codes cannot be crosswalked to the new 2017 codes as the definitions do not match exactly. See Appendix K – Source of Admission

Variable Type: Character
SAS Length: 3
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
The source code consists of three digits. The first digit represents the site from which the patient originated:

**With Type of Admission other than “Newborn”**

1 = Non-Health Care Facility  
2 = Clinic or Physician’s Office  
4 = Hospital (Different Facility)  
5 = SNF, ICF or ALF  
6 = Another Health Care Facility  

8 = Court/Law Enforcement  
9 = Information Not Available  
D = One Distinct Unit to another Distinct Unit of the Same Hospital  
E = Ambulatory Surgery Center  
F = Hospice Facility

**With Type of Admission “Newborn”**

5 = Born inside the Hospital  
6 = Born outside the Hospital  
0 = Invalid  

All other values Invalid

The second digit describes the license of site from which the patient originated:

x = no longer collected

The third digit describes the route by which the patient was admitted:

1 = Your ED  
2 = Another ED  
3 = Not admitted from an ED  
0 = Invalid/Blank
Source of Admission – Point of Origin
Field Name: srcpo_ns (modified variable, effective January 1, 2017)
Definition: The site where the patient originated. It is used as the first digit in the source_ns variable. This variable is used in conjunction with admtype_ns.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

With Type of Admission other than “Newborn”
1 = Non-Health Care Facility
2 = Clinic or Physician’s Office
4 = Hospital (Different Facility)
5 = SNF, ICF or ALF
6 = Another Health Care Facility
8 = Court/Law Enforcement
9 = Information Not Available
D = One Distinct Unit to another Distinct Unit of the Same Hospital
E = Ambulatory Surgery Center
F = Hospice

With Type of Admission “Newborn”
5 = Born Inside this Hospital
6 = Born outside this Hospital
0 = Invalid
All other values are Invalid
Source of Admission – Licensure
Field Name: srclincns_ns (no longer collected, effective January 1, 2017)
Definition: This variable is no longer collected. The value of this field will always be ‘X’.


Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
Source of Admission – Route

Field Name: srcroute_ns (modified variable, effective January 1, 2017)

Definition: The route by which the patient was admitted. It is used as the third digit in the source_ns variable.

http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html

Variable Type: Character

SAS Length: 1

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

1 = Your ED
2 = Another ED
3 = Not admitted from an ED
0 = Invalid
### Type of Admission

**Field Name:** admtype_ns (modified variable, effective January 1, 2017)

**Definition:** Effective with discharges on and after January 1, 2017, the patient's type of admission shall be reported using the appropriate code from the list below:


**Variable Type:** Character

**SAS Length:** 1

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emergency</td>
</tr>
<tr>
<td>2</td>
<td>Urgent</td>
</tr>
<tr>
<td>3</td>
<td>Elective</td>
</tr>
<tr>
<td>4</td>
<td>Newborn</td>
</tr>
<tr>
<td>5</td>
<td>Trauma</td>
</tr>
<tr>
<td>9</td>
<td>Information not available</td>
</tr>
<tr>
<td>0</td>
<td>Invalid</td>
</tr>
</tbody>
</table>
### Disposition

**Field Name:** disp  
**Definition:** The consequent arrangement or event ending a patient’s stay in the hospital. For more information, see the documentation provided by the MIRCal (data submission) system: [http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html](http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html).

**Variable Type:** Character  
**SAS Length:** 2  
**Request 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 skilled nursing facility (SNF) with Medicare certification in anticNon-Publiction of skilled care  
04 = Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)  
05 = Discharged/transferred to a designated cancer center or children’s hospital  
06 = Discharged/transferred to home under care of an organized home health service organization in anticNon-Publiction of covered skilled care  
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 = Hospice - Home  
51 = Hospice - Medical facility (certified) providing hospice level of care  
61 = Discharged/transferred to a hospital-based Medicare approved swing bed  
62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including a 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 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/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84 = Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
85 = Discharged/transferred to a designated cancer center or children’s hospital with a planned acute care hospital inpatient readmission
86 = Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87 = Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88 = Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89 = Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
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
91 = Discharged/transferred to a Medicare certified long-term care hospital (LTCH) with a planned acute care hospital inpatient readmission
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
93 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94 = Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
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
00 = Other

**Expected Source of Payment – Payer Category**

Field Name: pay_cat

Definition: The type of entity or organization expected to pay the greatest share of the patient’s bill. For more information, see the documentation provided by the MIRCal (data submission) system: [http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html](http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html).

Variable Type: Character

SAS Length: 2

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

- 01 = Medicare
- 02 = Medi-Cal
- 03 = Private Coverage
- 04 = Workers’ Compensation
- 05 = County Indigent Programs
- 06 = Other Government
- 07 = Other Indigent
- 08 = Self Pay
- 09 = Other Payer
- 00 = Invalid/Blank
**Expected Source of Payment – Type of Coverage**

Field Name: pay_type

Definition: Indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following reported categories: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. Type of coverage is not reported for the following categories: other indigent, self pay, or other payer. For more information, see the documentation provided by the MIRCal (data submission) system: [http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html](http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html)

Variable Type: Character

SAS Length: 1

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

- 0 = Not Applicable
- 1 = Managed Care – Knox-Keene/Medi-Cal County Organized Health System (MCOHS)
- 2 = Managed Care – Other
- 3 = Traditional Coverage

**Expected Source of Payment – Plan Code Number**

Field Name: pay_plan

Definition: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS). For more information see [Appendix H – Plan Code Numbers](http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html) and the documentation provided by the MIRCal (data submission) system:

Variable Type: Character

SAS Length: 4

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
Total Charges
Field Name: charge
Definition: Total Charges includes all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayments (e.g., deposits and prepaid admissions) are not deducted from Total Charges.

Total charges are reported in whole numbers. When there are no charges (i.e. no bill generated) for the hospital stay, $1 is reported by the hospital. All records with $0 charges, should be excluded from charge/day and charge/stay calculations. Facilities with approved modifications to not report Total Charges are listed in Appendix C – Modifications and Exceptions.

Total Charges of $9,999,999 indicates the actual charges exceed the maximum seven digit input field size. Beginning in 2015, for stays longer than 365 days, total charges were modified to reflect the entire stay using the following formula: (Total Charges/365 days) x Length of stay.

For more information on charges related to total package, interim billing, physician professional component, and organ donors, see the documentation provided by the MIRCal (data submission) system: http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Variable Type: Numeric
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
Do Not Resuscitate (DNR) Order (Pre-Hospital Care & Resuscitation)

Field Name: dnr

Definition: A “Do Not Resuscitate” (DNR) is a directive from a physician documented in a patient’s current inpatient record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation. If a DNR order is written at the time of or within 24 hours of the patient’s admission and is then discontinued at some later time during the patient’s hospital stay, the DNR is reported as “Y” for yes. If a DNR order is written after the first 24 hours of admission, the DNR is reported as “N” for no. All blank, missing and invalid codes have been defaulted to “0”.

The ICD-10-CM code Z66 (Do Not Resuscitate Status, effective October 1, 2015) does not change OSHPD’s reporting requirement for the data element Pre-hospital Care and Resuscitation/Do Not Resuscitate (DNR). The one important distinction between OSHPD’s DNR reporting requirement and the reporting of Z66 (ICD-10-CM) is the time frame. OSHPD requires that a hospital report “Yes” if a DNR Order was written “at the time of or within the first 24 hours of the patient’s admission.” For Z66 code, effective October 1, 2015, the Official Coding Guidelines state that “this code may be used when a provider documents that a patient is on a ‘do not resuscitate’ status at any time during the stay.” Because of these reporting criteria differences, a patient’s record could be reported as “No” for OSHPD’s DNR reporting requirement along with the Z66 status codes. This may indicate that the patient’s health status significantly worsened during the stay and resulted in a change to the DNR status. Similarly, a patient’s record could be reported as “Yes” for OSHPD’s DNR reporting requirement, but without the Z66 codes.

Variable Type: Character

SAS Length: 1

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set (for Hospitals only)

Not included in the Public Health version of the LIMITED DATA Model Data Set.

0 = Unknown

Y = Yes, a DNR order was written at the time of or within the first 24 hours of the patient’s admission

N = No, a DNR order was not written or written at the time of or within the first 24 hours of the patient’s admission
Major Diagnostic Category (MDC)
Field Name: MDC
Definition: The Major Diagnostic Categories (MDC) are formed by dividing all possible principal diagnoses (from ICD-9) into 25 mutually exclusive diagnosis groupings. The diagnoses in each MDC correspond to a single organ system or etiology and, in general, are associated with a particular medical specialty. MDC 01 to MDC 23 are grouped according to principal diagnosis. Patients are assigned to MDC 24 (Multiple Significant Trauma) with at least two significant trauma diagnosis codes (either as principal or secondary) from different body site categories. Patients assigned to MDC 25 (HIV Infections) must have a principal diagnosis of an HIV Infection or a principal diagnosis of a significant HIV related condition and a secondary diagnosis of an HIV Infection. Some discharges are associated with procedures that are resource intensive and may be associated with multiple diagnosis domains (for example, transplants, MS-DRGs 001-017), or procedures that are unrelated to the principal diagnosis (MS-DRGs 981-989). These records are assigned to a variety of MDCs, based on the principal diagnosis instead of the MDC associated with the designated DRG. MDC of “00” is assigned to records that are ungroupable. Ungroupable records include those where the principal diagnosis is not an existing ICD-10-CM code or the sex code does not logically relate to the diagnosis or procedure. For a list of MDC codes and labels see Appendix I - Major Diagnostic Categories (MDC). Note that MDC codes and their associated labels potentially change across years and year-specific code-label crosswalk lists must be used.

Variable History: Beginning with 2008 data, the new Medicare Severity DRG (MS-DRG) grouper was used. Coinciding with this change, OSHPD applies each new grouper version to discharges based on the federal release date for the MS-DRG grouper (usually October 1 of each year).

Variable Type: Character
SAS Length: 2
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Major Diagnostic Category Name (MDC Name)
Field Name: mdc_name
Definition: MDC descriptive label (for example, “Burns”). This variable is included in the “Label” (“English” name), but not the “Code” version of the .txt file. To assist users of the “Code” file, a PROC Format file is available to associate the variable's code values with labels.

Variable Type: Character
SAS Length: 70
Request Type: LIMITED DATA - Model Data Set ("label" version of .txt file only)
Medicare Severity-Diagnosis Related Group (MS-DRG)

Field Name: MSDRG
Definition: One MS-DRG is assigned to each inpatient stay. The MS-DRGs are assigned using the principal diagnosis and additional diagnoses, the principal procedure and additional procedures, sex, and discharge status. For a list of MS-DRG codes and labels see Appendix J - Medicare Severity-Diagnosis Related Groups (MS-DRG). Note that MS-DRG codes and their associated labels potentially change across years and year-specific code-label crosswalk lists must be used. Also see the MS-DRG Grouper Version variable (“grouper”).

Variable History: On October 1, 2007, the Centers for Medicare & Medicaid Services (CMS) replaced the 538 Diagnosis-Related Groups (DRGs) with 745 Medicare Severity-Diagnostic Related Groups (MS-DRGs). OSHPD implemented these changes beginning with the release of its 2008 Patient Discharge Data. Coinciding with this change, OSHPD applies each new grouper version to discharges based on the federal release date for the MS-DRG grouper (usually October 1 of each year). Beginning with Grouper version 25.0, which was applied to discharges from January 1, 2008, through September 30, 2008, the use of “complications or comorbidities” (CCs) and patient age was completely revised.

Variable Type: Character
SAS Length: 3
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Medicare Severity-Diagnosis Related Group Name (MS-DRG Name)

Field Name: msdrg_name
Definition: MS-DRG descriptive label (for example, “Spinal Procedures W/MCC”). This variable is included in the “Label” (English name), but not the “Code” version of the .txt file. To assist users of the “Code” file, a PROC Format file is available to associate the variable’s code values with labels. Note that MS-DRG codes and their associated labels potentially change across years and year-specific code-label crosswalk lists must be used.

Variable Type: Character
SAS Length: 70
Request Type: LIMITED DATA - Model Data Set ("label" version of .txt file only)
MS-DRG Category
Field Name: cat_code
Definition: Each MS-DRG is categorized into one of three codes: Medical, Surgical, or Ungroupable.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
M = Medical MS-DRG
S = Surgical MS-DRG
X = Ungroupable MS-DRG

MS-DRG Severity Code
Field Name: sev_code
Definition: MS-DRGs are assigned based on the presence/absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC). MCCs are reserved for the more severely ill patients with life-threatening conditions. The revised CCs are reserved for patients with significant acute diseases, acute exacerbation of chronic diseases, advanced or endstage chronic diseases, or chronic diseases associated with extensive debility. The list of ICD-9 codes for CC or MCC is mutually exclusive.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
0 = MS-DRG assignment not based on the presence of CC or MCC
1 = MS-DRG assignment is based on the presence of MCC
2 = MS-DRG assignment is based on the presence of CC
MS-DRG Grouper Version
Field Name: grouper
Definition: The grouper version number indicates the version applied to the record. In transitioning from the DRG grouper to the MS-DRG grouper, OSHPD began applying the MS-DRG grouper to discharges beginning on January 1, 2008. OSHPD now applies the latest version on October 1 of each year.
Variable Type: Character
SAS Length: 4
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
- 35.0 = includes discharges from October 1, 2017 through September 30, 2018
- 34.0 = includes discharges from October 1, 2016 through September 30, 2017

External Causes of Morbidity – Principal
Field Name: ecode_p
Definition: The external cause of injury/health condition 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).
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

External Causes of Morbidity – Other
Field Name(s): ecode1-ecode4
Definition: The additional causes of morbidity codes that describe the mechanisms that contributed to, or the causal events surrounding, the injury/health condition. Up to 4 other external causes may be reported. 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).
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
Present on Admission (POA) – Principal Causes of Morbidity

Field Name(s): epoa_p

Definition: An External Cause of Morbidity is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes).

Variable History: Facilities were required to begin POA reporting on principal E-codes for all reported discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character

SAS Length: 1

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

Y = Present at admission
N = Not present at admission
W = Clinically undetermined (discontinued)
U = Unknown
0 = Invalid/Missing/Blank

These values were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them:

E = Exempt from POA reporting (discontinued)
1 = Exempt from POA reporting (discontinued)
**Present on Admission (POA) – Other External Causes of Morbidity**

Field Name(s): epoa1-epoa4  
Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes).

Variable History: Facilities were required to begin POA reporting on other E-codes for all reported discharges on or after July 1, 2008. POA values "E" and "1" were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character  
SAS Length: 1  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

- Y = Present at admission  
- N = Not present at admission  
- W = Clinically undetermined (discontinued)  
- U = Unknown  
- 0 = Invalid/Missing/Blank

These values were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them:  

- E = Exempt from POA reporting (discontinued)  
- 1 = Exempt from POA reporting (discontinued)

**Principal Diagnosis**

Field Name(s): diag_p  
Definition: The condition established, after study, to be the chief cause of the admission of the patient to the hospital for care. Diagnoses are coded according to the ICD-10-CM.

Variable Type: Character (implied decimal after the 3rd character from the left)  
SAS Length: 8  
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
Other Diagnoses (up to 24)
Field Name(s): odiag1-odiag24
Definition: All other conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are excluded. Diagnoses are coded according to the ICD-10-CM.
Variable Type: Character (implied decimal after the 3rd character from the left)
SAS Length: 8
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Present on Admission (POA) – PrincNon-Publicl Diagnosis
Field Name(s): poa_p
Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting for all discharges on or after July 1, 2008.
Variable History: Beginning October 1, 2007, the National Uniform Billing Committee (NUBC) adopted two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. OSHPD allowed hospitals to report these two new national standards from October 1, 2007, through June 30, 2008, while regulatory action was pending. OSHPD required hospitals to begin POA reporting for all discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.
Variable Type: Character
SAS Length: 1
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Y = Present at admission
N = Not present at admission
W = Clinically undetermined (discontinued)
U = Unknown
0 = Invalid/Missing/Blank
Present on Admission (POA) – Other Diagnoses (up to 24)

Field Name(s): opoa1- opoa24

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting for all discharges on or after July 1, 2008.

Variable History: Beginning October 1, 2007, the National Uniform Billing Committee (NUBC) adopted two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. OSHPD allowed hospitals to report these two new national standards from October 1, 2007, through June 30, 2008, while regulatory action was pending. OSHPD required hospitals to begin POA reporting for all discharges on or after July 1, 2008. POA values “E” and “1” were discontinued as a national standard as of July 1, 2011, however OSHPD continues to accept them.

Variable Type: Character
SAS Length: 1

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

Y = Present at admission
N = Not present at admission
W = Clinically undetermined (discontinued)
U = Unknown
0 = Invalid/Missing/Blank
PrincNon-Publicl Procedure
Field Name(s): proc_p
Definition: The procedure that is the one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. If there appear to be two procedures that are princNon-Publicl, then the one most related to the princNon-Publicl diagnosis is reported as princNon-Publicl procedure. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to ICD-10-PCS.

Variable Type: Character
SAS Length: 7
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

Other Procedures (up to 20)
Field Name(s): oproc1-oproc20
Definition: All other procedures, related to the patient’s stay, which are surgical in nature, carry a procedural risk, carry an anesthetic risk, or are needed for DRG assignment. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to ICD-10-PCS.

Variable Type: Character
SAS Length: 7
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set

PrincNon-Publicl Procedure Date
Field Name(s): proc_pdt
Definition: The date the princNon-Publicl procedure was performed. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore procedures performed up to 3 days prior to admission are reported.

Variable Type: Numeric
SAS Length: 8 (MMDDYY10.)
Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set

**Other Procedures Dates (up to 20)**

Field Name(s): procdt1-procdt20

**Definition:** The date each other procedure was performed. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore procedures performed up to 3 days prior to admission are reported.

**Variable Type:** Numeric (MMDDYY10.)

**SAS Length:** 8

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

**PrincNon-Publicl Procedure Days**

Field Name(s): proc_pdy

**Definition:** The number of days between the patient's date of admission and date of the princNon-Publicl procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to princNon-Publicl procedure were shown as “.”

**Variable Type:** Numeric

**SAS Length:** 8

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

**Other Procedures Days (up to 20)**

Field Name(s): procdy1-procdy20

**Definition:** The number of days between the patient's date of admission and date of the other procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If a secondary procedure is not reported, then the number of days is assigned a value of “.”

**Variable Type:** Numeric

**SAS Length:** 8

Request Type: NON-PUBLIC; LIMITED DATA - Custom Data Set; LIMITED DATA - Model Data Set
**Clinical Classifications Software (CCS) Group for Principal Diagnosis**

**Field Name(s):** ccs_diagp

**Definition:** The CCS “clinical grouper” was developed at the Agency for Healthcare Research and Quality (AHRQ) as a tool for clustering patient diagnoses into a manageable number of clinically meaningful categories to make it easier to quickly understand diagnosis patterns. The single-level diagnosis CCS aggregates illnesses and conditions into 285 mutually exclusive categories. Most categories are homogeneous; e.g., CCS category #1 is "Tuberculosis." Some CCS categories combine several less common individual conditions, such as CCS category #3, which is "Other Bacterial Infections." **When adding the CCS category, OSHPD uses the latest CCS crosswalk provided on AHRQ's website; however, that information is subject to change. OSHPD does not re-run past data files against the updated crosswalk.**

**Variable Type:** Character  
**Variable Length:** 4  
**Request Type:** NON-PUBLIC, LIMITED DATA - Custom Data Set

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**Clinical Classifications Software (CCS) Group for Other Diagnoses (up to 24)**

**Field Name(s):** ccs_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 grouped according to the CCS “clinical grouper” developed at the AHRQ. **When adding the CCS category, OSHPD uses the latest CCS crosswalk provided on AHRQ’s website; however, that information is subject to change. OSHPD does not re-run past data files against the updated crosswalk.**

**Variable Type:** Character  
**Variable Length:** 4  
**Request Type:** NON-PUBLIC, LIMITED DATA - Custom Data Set