Arizona Department of Health Services/Bureau of Public Health Statistics
Hospital Discharge Data Public Use File Data Dictionary

Element Name: **ADMIT_YEAR**

Definition: Four digit year for the start of this episode of care. For inpatient services, this is the year of admission. For emergency department services, the year of the ED visit.

Element Name: **ADMITTING_DIAGNOSIS**

Definition: The ICD diagnosis code describing the patient's diagnosis at the time of inpatient admission. See data element **ICD_VERSION** to identify if ICD-9 or ICD-10 codes are present in the record.

Element Name: **AGEYG**

Definition: The patient's age, identified in 10 year groups, 0-9, 10-19, 20-29, etc. 90+ is one group.

Element Name: **ALL_OTHER_REVENUE**

Definition: Whole dollars. All revenue not individually reported in one of the other revenue categories is combined in this data element. See data elements **R010X through R210X** in the data layout for list of revenue categories that are reported individually.

Element Name: **ATTENDING_PROV_BOARD**

Definition: The code identifying the Arizona licensing board responsible for regulating the medical discipline practiced by the Attending Provider. In Arizona, Physician Assistants cannot be Attending.

Codes/Values:

Code	Definition
1	Medical Board (MD)
2	Dental Examiners (DDS)
3	Podiatry Examiners (DPM)
4	Osteopathic Examiners (DO)
5	Board of Nursing (RN)
6	Naturopathic Examiners (ND or NMD)
9	Other

Element Name: **BILL_YEAR**

Definition: Four digit year the bill for this episode of care was created.

Element Name: **DIAGNOSIS_2 through DIAGNOSIS_25**

Definition: The ICD diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Does not include diagnoses that relate to an earlier episode which have no bearing on the current hospital stay. See data element **ICD_VERSION** to identify if ICD-9 or ICD-10 codes are present in the record.

Element Name: **DIAGNOSIS_2_POA through DIAGNOSIS_25_POA**

Definition: On inpatient records only, the code indicating whether Diagnoses (2-25) were present at the time of admission.

Codes/Values:

Code	Definition
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
1	Exempt

Element Name: **DISCH_YEAR**

Definition: Four digit year for the end of this episode of care, when the patient was released from the care of the reporting hospital.

Element Name: **DISCHARGE_STATUS**

Definition: Code indicating the status of the patient upon discharge. Codes and definitions follow national uniform billing (UB04) standards.

Codes/Values:
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 a Skilled Nursing Facility
04 = Discharged/transferred to an Intermediate Care Facility (Assisted Living Facility)
05 = Discharged/transferred to a Designated Cancer Center or Children's Hospital
06 = Discharged/transferred to home under care of Organized Home Health Service Organization
07 = Left against medical advice or discontinued care
09 = Admitted as an Inpatient to this Hospital (for state reporting, this code is used, and is valid, only on ED records when the patient was admitted as an inpatient from the ED of the reporting hospital and the ED & IP portions of the visit are billed and reported separately)
20 = Expired
21 = Discharged/Transferred to Court/Law Enforcement
41 = Expired in a Medical Facility (hospice patients only)
43 = Discharged/transferred to a Federal Health Care Facility
50 = Discharged home with Hospice

51 = Discharged/transferred to Hospice in a Medical Facility
61 = Discharged/transferred to a Swing Bed
62 = Discharged/transferred to an Inpatient Rehabilitation Facility (IRF)
63 = Discharged/transferred to a Long Term Care Hospital
65 = Discharged/transferred to a Psychiatric Hospital
66 = Discharged/transferred to a Critical Access Hospital
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 (routine discharge) 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 with a planned acute care hospital inpatient readmission
84 = Discharged/transferred to an Intermediate Care Facility (Assisted Living 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 Swing Bed with a planned acute care hospital inpatient readmission
90 = Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) with a planned acute care hospital inpatient readmission
91 = Discharged/transferred to a Long Term Care Hospital with a planned acute care hospital inpatient readmission
93 = Discharged/transferred to a Psychiatric Hospital with a planned acute care hospital inpatient readmission
94 = Discharged/transferred to a Critical Access Hospital 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

Element Name: **ECODE_1 through ECODE_6**

Definition: The ICD codes pertaining to external cause and place of injuries, poisonings, adverse effects or misadventures, including the POA indicator where applicable. See data element **ICD_VERSION** to identify if ICD-9 or ICD-10 codes are present in the record.

Element Name: **ECODE_1_POA through ECODE_6_POA**

Definition: On inpatient records only, the code indicating whether the External Cause of Injury was present at the time of admission.

Codes/Values:

Code	Definition
Y	Yes
N	No
U	No information in the record
W	Clinically undetermined
1	Exempt

Element Name: **ED_ADMISSION_FLAG**

Definition: A code indicating the patient was treated in the reporting hospital's emergency department prior to inpatient admission.

Codes/Values:

Code	Definition
P7	National public health condition code for admission from ED

Element Name: **ETHNIC**

Definition: The ethnicity of the patient as collected from the patient or patient's representative at the time of admission or emergency department service. This data element was implemented for discharges effective January 1, 2014 and later in response to widespread implementation of national Meaningful Use standards by Arizona hospitals. For discharges prior to 2014, refer to the data element **RACE_ETHNICITY**.

Codes/Values:

Code	Definition
1	Hispanic/Latino
2	Non-Hispanic/Latino
9	Refused

Element Name: **ICD_VERSION**

Definition: The qualifier that denotes the version of the International Classification of Diseases (ICD) reported.

Codes/Values:

Code	Definition
9	ICD-9-CM
0	ICD-10-CM

Element Name: **MARITAL_STATUS**

Definition: Patient's marital status as collected from the patient or patient's representative at the time of admission or emergency department service.

Codes/Values:	Code	Definition
	I	Single
	M	Married
	S	Separated
	D	Divorced
	W	Widowed
	K	Unknown
	C	Not Applicable (minors too young to legally marry)

Element Name: **OPERATING_PROV_BOARD**

Definition: The code identifying the Arizona licensing board responsible for regulating the medical discipline practiced by the Operating Provider.

Codes/Values:	Code	Definition
	1	Medical Board (MD)
	2	Dental Examiners (DDS)
	3	Podiatry Examiners (DPM)
	4	Osteopathic Examiners (DO)
	5	Board of Nursing (RN)
	6	Naturopathic Examiners (ND or NMD)
	7	Physician Assistant (PA)
	9	Other

Element Name: **OTHER_PROVIDER_BOARD**

Definition: The code identifying the Arizona licensing board responsible for regulating the medical discipline practiced by the Other Provider reported in the record.

Codes/Values:	Code	Definition
	1	Medical Board (MD)
	2	Dental Examiners (DDS)
	3	Podiatry Examiners (DPM)
	4	Osteopathic Examiners (DO)
	5	Board of Nursing (RN)
	6	Naturopathic Examiners (ND or NMD)
	7	Physician Assistant (PA)
	9	Other

Element Name: **PAYER_TYPE**

Definition: Category of the primary payer; the expected source of payment for the majority of the charges associated with this episode of care.

Codes/Values:	Code	Definition
	00	Self Pay
	01	Commercial (Indemnity)

02	HMO
03	PPO
04	Discontinued/Reserved (prior to 2014, Health Care Group)
05	Medicare (original)
06	AHCCCS Medicaid
07	TRICARE (CHAMPUS)
08	Children's Rehab Services
09	Workers Compensation
10	Indian Health Services (Federal)
11	Medicare Risk (Medicare Advantage Plans)
12	Charity
13	Foreign National (non-US resident, non-US insurance)
14	Other (e.g. Motor Vehicle Accident Coverage, Corrections, etc.)

Element Name: **PR1_DT through PR12_DT**

Definition: The number of days elapsed between the date the patient was admitted and the date the associated procedure was performed. A value of zero indicates the procedure was performed the same day the patient was admitted.

Element Name: **PRINCIPAL_DIAGNOSIS**

Definition: The ICD Code describing the condition established after study to be chiefly responsible for occasioning the episode of care.

Element Name: **PRINCIPAL_DIAGNOSIS_POA**

Definition: On inpatient records only, the code indicating whether the Principal Diagnosis was present at the time of admission.

Element Name: **PRINCIPAL_PROCEDURE**

Definition: The ICD or CPT code that identifies the principal procedure performed. On inpatient records, only ICD codes are reported. On emergency department records, ICD and/or CPT may be reported on discharges through September 30, 2015. With the implementation of ICD-10-PCS on discharges October 1, 2015 and later, only CPT codes are reported on emergency department records.

Element Name: **PRIORITY_OF_VISIT**

Definition: A code indicating the priority of this inpatient admission or emergency department visit.

Codes/Values:

Code	Definition
1	Emergency
2	Urgent
3	Elective

4	Newborn
5	Trauma
9	Information not available

Element Name: **PROCEDURE_2 through PROCEDURE_12**

Definition: The ICD or CPT codes identifying all significant procedures other than the principal procedure. Codes reported are those that are most important for the episode of care and any therapeutic procedures closely related to the principal diagnosis. On inpatient records, only ICD codes are reported. On emergency department records, ICD and/or CPT may be reported on discharges through September 30, 2015. With the implementation of ICD-10-PCS on October 1, 2015, only CPT codes are reported on emergency department records.

Element Name: **R010X through R210X Revenue Categories**

Definition: Combined charges in whole dollars only for each of the reported Revenue Categories, as defined on the National Uniform Bill (UB04). See data layout for complete list of categories that are individually reported.

NOTE: The UB04 is managed by the National Uniform Billing Committee (NUBC), and the supporting documentation manual is proprietary material owned by the American Hospital Association; the Arizona Department of Health Services therefore cannot reproduce that copyrighted material here.

Element Name: **RACE_ETHNICITY**

Definition: The race of the patient as collected from the patient or patient's representative at the time of admission or emergency department service. For discharges January 1, 2014 and later, also refer to the data element **ETHNIC**.

Codes/Values:

Code	Definition
1	American Indian or Alaska Native
2	Asian
3	Black or African American
4	Hispanic (valid for discharges December 31, 2013 and prior only)
5	White
6	Native Hawaiian or other Pacific Islander
9	Refused

Element Name: **REASON_FOR_VISIT_1 through REASON_FOR_VISIT_3**

Definition: The ICD diagnosis code(s) describing the patient's stated reason(s) for seeking care at the time of emergency department registration.

Element Name: **RECORD_TYPE**

Definition: Code that identifies the type of discharge record being reported (inpatient or emergency department).

Codes/Values:

Code	Definition
1	Hospital Inpatient
3	Hospital Emergency Department

Element Name: **SEX**

Definition: The patient's gender as recorded at admission or time of emergency department service.

Element Name: **SOURCE_OF_VISIT**

Definition: A code indicating the point of patient origin for the inpatient admission or emergency department visit.

Codes/Values:

Code	Definition
1	Non-Health Care Facility Point of Origin
2	Clinic or Physician's Office
4	Transfer from a Hospital (different facility)
5	Transfer from a Skilled Nursing Facility
6	Transfer from another Health Care Facility
7	Reporting hospital's emergency department (discontinued for discharges July 1, 2010 and later).
8	Court/Law Enforcement
9	Information not available
D	Transfer from one Distinct Unit to another Distinct Unit Resulting in a Separate Claim to Payer
E	Transfer from Ambulatory Surgery Center
F	Transfer from Hospice
Code structure for Newborns (when Priority of Visit = 4)	
5	Born inside this Hospital
6	Born outside this Hospital

Element Name: **TOTAL_CHARGES**

Definition: The total gross charges incurred by the patient for this episode of care, reported in whole dollars only.

Element Name: **VISIT_QUALIFIER**

Definition: A code indicating additional information regarding the circumstances of the visit and/or claim billing that affect the reporting of the record.

Codes/Values:

Code	Definition
S	Split Visit (IP or ED)
M	Mixed Visit (ED only)

"S" is reported on both IP and ED records if the patient was treated in the emergency department prior to admission **and** the IP and ED portions are billed separately ("split" bill).

"M" is reported on ED records if the patient was treated in the emergency department and then moved to observation or other outpatient status and then discharged (**not** admitted as an inpatient).

Element Name: **ZIP**

Definition: First 3 digits of the reported patient ZIP code. Records reported with addresses outside the United States or US ZIP codes with less than 20K residents per census are coded 000.