

Data Dictionary

Public Use Data File (PUDF)

Hospital Outpatient Surgery Discharges

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Center for Health Statistics
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Record Identifier (Synthetic)

Field: Record_ID

Description: A 14 digit string created to identify each record.

UB: N/A

Code	Label	
N/A	N/A	

Patient state of residence

Field: ad_pat_state

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

UB: FL 13

Code	Label
AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	lowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico

NY New York NC North Carolina ND North Dakota OH Ohio OK Oklahoma OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base 99 Unknown		
ND North Dakota OH Ohio OK Oklahoma OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	NY	New York
OH Ohio OK Oklahoma OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	NC	North Carolina
OK Oklahoma OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	ND	North Dakota
OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	ОН	Ohio
PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	OK	Oklahoma
RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	OR	Oregon
SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	PA	Pennsylvania
SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	RI	Rhode Island
TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	SC	South Carolina
TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	SD	South Dakota
UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	TN	Tennessee
VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	TX	Texas
VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	UT	Utah
WA Washington WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	VT	Vermont
WV West Virginia WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	VA	Virginia
WI Wisconsin WY Wyoming 97 Out of Country 98 Military Base	WA	Washington
WY Wyoming 97 Out of Country 98 Military Base	WV	West Virginia
97 Out of Country 98 Military Base	WI	Wisconsin
98 Military Base	WY	Wyoming
	97	Out of Country
99 Unknown	98	Military Base
	99	Unknown

Patient zip code

Field: ad_postal_cd

Description: The zip code of the patient's address.

JB: FL 13

Code	Label
Five- digit zip code	
Null	Missing

Patient County of residence

Field: assigned_county

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

UB: NA

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
Kiowa	Kiowa County, Oklahoma
Latimer	Latimer County, Oklahoma
Le Flore	Le Flore County, Oklahoma
Lincoln	Lincoln County, Oklahoma
Logan	Logan County, Oklahoma
Love	Love County, Oklahoma
Major	Major County, Oklahoma
Marshall	Marshall County, Oklahoma
Mayes	Mayes County, Oklahoma
McClain	McClain County, Oklahoma
McCurtain	McCurtain County, Oklahoma
McIntosh	McIntosh County, Oklahoma
Murray	Murray County, Oklahoma
Muskogee	Muskogee County, Oklahoma
Noble	Noble County, Oklahoma

Nowata	Nowata County, Oklahoma
Okfuskee	Okfuskee County, Oklahoma
Oklahoma	Oklahoma County, Oklahoma
Okmulgee	Okmulgee County, Oklahoma
Osage	Osage County, Oklahoma
Ottawa	Ottawa County, Oklahoma
Pawnee	Pawnee County, Oklahoma
Payne	Payne County, Oklahoma
Pittsburg	Pittsburg County, Oklahoma
Pontotoc	Pontotoc County, Oklahoma
Pottawatomie	Pottawatomie County, Oklahoma
Pushmataha	Pushmataha County, Oklahoma
Roger Mills	Roger Mills County, Oklahoma
Rogers	Rogers County, Oklahoma
Seminole	Seminole County, Oklahoma
Sequoyah	Sequoyah County, Oklahoma
Stephens	Stephens County, Oklahoma
Texas	Texas County, Oklahoma
Tillman	Tillman County, Oklahoma
Tulsa	Tulsa County, Oklahoma
Wagoner	Wagoner County, Oklahoma
Washington	Washington County, Oklahoma
Washita	Washita County, Oklahoma
Woods	Woods County, Oklahoma
Woodward	Woodward County, Oklahoma
Unknown	Unknown County of Residence (Oklahoma Residents Only)
Out of State	Out of State
Null	Unknown

Patient gender

Field: cd_pat_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

Patient race

Field: cd_pat_race

This item gives the race of the patient. The information is based on self-identification, and is to be

Description: obtained from the patient, a relative, or a friend. The hospital is not to categorize the patient based on

observation or personnel.

UB: N/A

Code	Label
W	White
В	African American
1	Native American
0	Other/Unknown

Patient marital status

cd_marital_status Field:

Description: The marital status of the patient at date of admission.

UB: FL 16

Label Code M Married Not Married U Unknown

Patient age group

Field: cd_pat_agegroup

Age groups based on patient age at discharge. Description:

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	

Hospital ID

hospital_ID Field:

A 3 or 4 digit number created to identify each hospital. Description:

UB:

Code	Label	
N/A	N/A	

Admission year

Field: dt_admit_year

Description: Year admitted to hospital (CCYY).

UB: N/A

Code	Label
CCYY	Year
Null	Missing

Admission month

Field: dt_admit_month

Description: Month admitted to hospital (two digit numeric).

B: 1

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

Admission day of week

Field: dt_admit_day

Description: Day of the week admitted to hospital.

UB: N/

IN/A		
	Code	Label
	1	Sunday
	2	Monday
	3	Tuesday
	4	Wednesday
	5	Thursday
	6	Friday
	7	Saturday

Admission hour

Field: dt_admit_hour

Description: The hour during which the patient was admitted for outpatient care.

UB: N/A

Code	Label
00	12:00 - 12:59 AM (Midnight)
01	01:00 - 01:59 AM
02	02:00 - 02:59 AM
(03 - 11)	pattern continues
12	12:00 - 12:59 PM (Noon)
13	01:00 - 01:59 PM
14	02:00 - 02:59 PM
(15 - 22)	pattern continues
23	11:00 - 11:59 PM
99	Unknown

Discharge year

Field: dt_disch_year

Description: Year discharged from hospital (CCYY).

UB: N

IN/A				
	Code	Label		
	CCYY	Year		
	Null	Missing		

Discharge month

Field: dt_disch_month

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

JB: N/

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

Discharge day of week

Field: dt_disch_day

Description: Day of the week discharged from hospital.

В:

N/A

Code	Label
1	Sunday

2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

Discharge hour

Field: dt_disch_hour

Description: The hour during which the patient was discharged from outpatient care.

UB: N/A

Code	Label
00	12:00 - 12:59 AM (Midnight)
01	01:00 - 01:59 AM
02	02:00 - 02:59 AM
(03 - 11)	pattern continues
12	12:00 - 12:59 PM (Noon)
13	01:00 - 01:59 PM
14	02:00 - 02:59 PM
(15 - 22)	pattern continues
23	11:00 - 11:59 PM
99	Unknown

Length of stay in days

Field: no_pat_los

Description: Number of days for an individual surgical encounter. Same day encounters indicates one day of stay.

UB: N/A

Code	Label	
Integer		
Null	Missing	

Type and source of admission

Field: cd_admission_type_src

Description: A code indicating the type and source of the admission.

UB: FL 19, 20

1 L 13, 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
26	Urgent - Transfer from another Health Care Facility
27	Urgent - Emergency Room
28	Urgent - Court/Law Enforcement
29	Urgent - Admission Source Unknown
2B	Urgent - Transfer from another Home Health Agency
2C	Urgent - Readmission to same Home Health Agency
2D	Urgent - Transfer within the same hospital
2E	Urgent - Transfer from Ambulatory Surgery Center
2F	Urgent - Transfer from Hospice
31	Elective - Physician Referral
32	Elective - Clinic Referral
34	Elective - Transfer from a Hospital
35	Elective - Transfer from a Skilled Nursing Facility
36	Elective - Transfer from another Health Care Facility
37	Elective - Emergency Room
38	Elective - Court/Law Enforcement
39	Elective - Admission Source Unknown
3B	Elective - Transfer from another Home Health Agency
3C	Elective - Readmission to same Home Health Agency
3D	Elective - Transfer within the same hospital
3E	Elective - Transfer from Ambulatory Surgery Center
3F	Elective - Transfer from Hospice
45	Newborn - Born inside this hospital
46	Newborn - Born outside of this hospital
49	Newborn- Admission Source Unknown
51	Trauma Center - Physician Referral
52	Trauma Center - Clinic Referral
54	Trauma Center - Transfer from a Hospital
55	Trauma Center - Transfer from a Skilled Nursing Facility
56	Trauma Center - Transfer from another Health Care Facility
57	Trauma Center - Emergency Room
58	Trauma Center - Court/Law Enforcement
59	Trauma Center - Admission Source Unknown
5B	Trauma Center - Transfer from another Home Health Agency

5C	Trauma Center - Readmission to same Home Health Agency
5D	Trauma Center - Transfer within the same hospital
5E	Trauma Center - Transfer from Ambulatory Surgery Center
5F	Trauma Center - Transfer from Hospice
91	Unknown- Physician Referral
92	Unknown- Clinic Referral
94	Unknown- Transfer from a Hospital
95	Unknown- Transfer from a Skilled Nursing Facility
96	Unknown- Transfer from another Health Care Facility
97	Unknown- Emergency Room
98	Unknown- Court/Law Enforcement
99	Unknown Source and Type
9B	Unknown- Transfer from another Home Health Agency
9C	Unknown- Readmission to same Home Health Agency
9D	Unknown- Transfer within the same hospital
9E	Unknown- Transfer from Ambulatory Surgery Center
9F	Unknown- Transfer from Hospice

Patient discharge status

Field: cd_disch_disp_std

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

B: FL 2

FL 22	
Code	Label
01	Discharged to home or self-care (routine discharge)
02	Discharge/transferred to another short-term general hospital for inpatient
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare Certification in Anticipation of Skilled Care
04	Discharged/transferred to an intermediate care facility (ICF)
05	Discharged/transferred to a designated cancer center or children's hospital Effective 4/1/2008
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
20	Expired
21	Discharged/transferred to court/law enforcement
43	Discharged/transferred to a federal health care facility
50	Discharged to Hospice—home
51	Discharged to Hospice—medical facility
61	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including distinct part units of a hospital
63	Discharged/transferred to a long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
Discharged/transferred to a Psychiatric hospital or Psychiatric Distinct Part Hospital	

66	Discharged/transferred to a Critical Access Hospital (CAH)			
69	Discharged or Transferred to a Designated Disaster Alternative Care Site			
70	Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this Code List.			
81	Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission			
82	Discharged or Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission			
83	Discharges or Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care hospital Inpatient Readmission			
84	Discharged or Transferred to a Facility that provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission			
85	Discharged or Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care hospital Inpatient Readmission			
86	Discharged or Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission			
87	Discharged or Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission			
88	Discharged or Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission			
89	Discharged or Transferred to Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission			
90	Discharged or Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission			
91	Discharged or Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission			
92	Discharged or Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare with a Planned Acute Care Hospital Inpatient Readmission			
93	Discharged or Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission			
94	Discharged or Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission			
95	Discharged or Transferred to Another Type of Health Care Institute not defined Elsewhere in the Code List with a Planned Acute Care Hospital Inpatient Readmission			
99	Unknown			

Payer classification

Field: cd_payer_grp

Description: Payer group associated with the primary payer

UB: N,

N/A			
Со	de	Label	
	1	Commercial (include HMO, PPO, POS, Indemnity)	
	2	Medicare - Including HMO and insurance managed Medicare	
3	3	Medicaid—Including Medicaid pending	
4	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		

Total charges

Field: no_total_chgs

Description: The total charges associated with the surgical encounter.

B: FL 55

Code	Label	
Dollars		
Null	Missing	

External cause of injury code (E-code up to 3)

Field: **ecode_1,2,3**

Description: The ICD-10-CM code for the external cause of an injury, poisoning, or adverse effect.

B: FL 77

Code	Label	
ICD CODE		
Null	Missing	

Principal diagnosis

Field: dx1

Description: The IDC-10-CM code describing the condition or problem that is the reason for the encounter as shown in the provider records to be chiefly responsible for the outpatient surgery performed during the encounter.

UB: FL 67

1 2 07		
Code	Label	
ICD CODE		
Null	Missing	

Other diagnosis codes (up to 15)

Field: dx2-dx16

IDC-10-CM codes describing other diagnoses corresponding to additional conditions that co-exist at the

Description: time of the encounter or develop subsequently, and which have an effect on the treatment received or

the length of stay.

UB: FL 67

Code	Label	
ICD CODE		
Null	Missing	

Principal procedure code

Field: px1

The Principal Current Procedural Terminology (CPT) procedure code identifies the principal outpatient Description:

procedure performed during the outpatient encounter. The principal procedures is that procedure most

related to the principal diagnosis.

UB:

Code	Label
CPT code	
Null	Missing

Other procedure codes (up to 5)

Field: px2 - px6

The Current Procedural Terminology (CPT) procedure code(s) identifies all significant secondary Description:

procedure(s) performed during the outpatient encounter.

UB: FL 81

Code	Label	
CPT code		
Null	Missing	

Ambulatory payment classification (APC up to 3)

Field: apc 1, 2, 3

Description: The Ambulatory Patient Classification(s) assigned to the outpatient record by the facility.

UB:

1 L 0 I		
Code	Label	
APC code		
Null	Missing	