

*Illinois Department of Public Health
Discharge Data
Research Oriented DataSet Element List
2009 and beyond*

ELEMENT NUMBER	SIGNIFICANT ¹ ELEMENT	INDICATE NEEDED ELEMENTS	ELEMENT DESCRIPTION
	(39)		COLLECTED ELEMENTS
1	Y	[]	Facility ID Number (Medicaid Number or Department Assigned ID)
2	Y	[]	Patient Date of Birth
3	Y	[]	Patient Sex
4	Y	[]	Patient Zip Code ****
5	Y	[]	Admit Date
6		[]	Admit Hour
7	Y	[]	Discharge Date
8		[]	Discharge Hour
9	Y	[]	Admit Source/Point of Origin
10	Y	[]	Admit Type/Priority
11	Y	[]	Patient Status
12	Y	[]	Admitting Diagnosis
13	Y	[]	Principal Diagnosis Code
14	Y	[]	Present on Admission (POA: Principal Diagnosis)
15	Y	[] _____	Secondary Diagnosis Codes (up to 24 secondary codes available: indicate number needed)
16	Y	[]	Present on Admission (POA : Secondary Diagnosis)
17	Y	[]	Principal Procedure Code
18	Y	[]	Principal Procedure Date
19	Y	[] _____	Secondary Procedure Codes (up to 24 secondary codes available: indicate number needed)
20	Y	[]	Total Charges
21	Y	[]	Ecodes (Up to three when present)
22	Y	[]	Newborn birthweight in grams
23	Y	[]	Do Not Resuscitate (DNR) indicator
24	Y	[]	Employment Related
25	Y	[]	Crime Victim
26	Y	[]	Race
27	Y	[]	Ethnicity
28	Y	[]	Patient County Code (FIPS)
			DERIVED/CALCULATED/AGGREGATED ELEMENTS
29	Y	[]	Number of Days Between Admission and Principal Procedure Inpatient only
30	Y	[]	Diagnosis code groupings: any number of codes Clinical Classification (HCUP Clinical Classification Software)
	Y	[]	Procedure code groupings: any number of codes Clinical Classification (HCUP Clinical Classification Software)
31	Y	[]	DRG/MS-DRG Code Inpatient only
32	Y	[]	MDC Code Inpatient only
33	Y	[]	Length of Stay (Days) Inpatient only
34		[]	Combined Bill Indicator (Charges for mother and baby combined on mother's bill) Inpatient only
35	Y	[]	Room and Board charges Inpatient only
36	Y	[]	Ancillary Charges
37		[]	Anesthesiology Charges

38		[]	Pharmacy Charges
39		[]	Radiology Charges
40		[]	Clinical Lab Charges
41		[]	Labor-Delivery charges Inpatient only
42		[]	Operating Room Charges
43		[]	Oncology Charges
44		[]	Other Ancillary Charges
45	Y	[] _____	Payer Type Code** (Primary and two secondary: indicate number needed)
46		[]	Patient Planning Area (Chicago area only)
47		[]	Patient HSA
48		[]	Patient Strata (Chicago, Sub Cook, Metro, Urban, Rural)
49	Y	[]	Patient Age at Discharge or Admission (in whole years)
		[]	Patient Age Group at Discharge or Admission (any grouping)
			FACILITY RELATED ELEMENTS***
50	Y	[]	Facility Name
51	Y	[]	Facility City
52	Y	[]	Facility ZIP Code
53		[]	Facility County
54		[]	Facility HSA
55		[]	Facility Strata
56	Y	[]	Facility Number of Beds (Facility inpatient only)

* -Dates may be limited to quarter or month depending on the nature of the request. When asking for dates note that the standard format is CCYYMMDD; please indicate if special formatting is required for importing into database software

** - Payer types are Medicare, Medicaid, Insurance, Self-Pay and Other.

*** - Facility information may be restricted for some requests.

**** - Patient ZIP code may be suppressed or grouped to 3 or 4 digits depending on nature of request

++ - List any revenue/units/charge detail information on separate sheet

+++ - Payer Ids are not released at this time

1 – Significant elements are identified as: collected elements, derived from single element using complex algorithm(s) or derived from multiple collected elements. Availability and element content varies with data product.