OKLAHOMA
State Department
of Health

Data Dictionary

Public Use Data File (PUDF)

Inpatient Hospitalizations

Updated June 6, 2024
2023 PUDF

Center for Health Statistics
Health Care Information Division
Oklahoma State Department of Health
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6406
Phone: (405) 426-8030
FAX: (405) 900-7604

Inpatient Hospitalizations

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	Iowa
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

Inpatient Hospitalizations

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

Patient zip code

Field: **ad_postal_cd**

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

UB: 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

Inpatient Hospitalizations

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

Inpatient Hospitalizations

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**

Description: This item gives the race of the patient. The information is based on self-identification, and is to be obtained from the patient, a relative, or a friend. The hospital is not to categorize the patient based on observation or personnel.

UB: N/A

Inpatient Hospitalizations

Code	Label
W	White
B	African American
I	Native American
O	Other/Unknown

Patient marital status

Field: **cd_marital_status**

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

UB: FL 16

Code	Label
M	Married
N	Not Married
U	Unknown

Patient age group

Field: **cd_pat_agegroup**

Description: Age groups based on patient age at discharge.

UB: N/A

Code	Label
<1	<1 Year
01-04	01-04 Years
05-09	05-09 Years
10-14	10-14 Years
15-19	15-19 Years
20-24	20-24 Years
25-29	25-29 Years
30-34	30-34 Years
35-39	35-39 Years
40-44	40-44 Years
45-49	45-49 Years
50-54	50-54 Years
55-59	55-59 Years
60-64	60-64 Years
65-69	65-69 Years
70-74	70-74 Years
75-79	75-79 Years
80-84	80-84 Years
85+	85+ Years
99	Unknown

Hospital ID

Field: **hospital_ID**

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

UB: N/A

Inpatient Hospitalizations

Code	Label
N/A	N/A

Hospital Type

Field: **cd_hosp_type**

Description: A field to differentiate between short term acute care hospitals and long term acute care hospitals.

UB: N/A

Code	Label
LTAC	Long Term Acute and Rehabilitation care
STAC	Short Term Acute Care
Rehab	Rehabilitation Hospital

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).

UB: N/A

Code	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

Admission day of week

Field: **dt_admit_day**

Description: Day of the week admitted to hospital.

UB: N/A

Code	Label
1	Sunday
2	Monday

3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

Discharge year

Field: **dt_disch_year**

Description: Year discharged from hospital (CCYY).

UB: N/A

Code	Label
CCYY	Year
Null	Missing

Discharge month

Field: **dt_disch_month**

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

UB: N/A

Code	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

Discharge day of week

Field: **dt_disch_day**

Description: Day of the week discharged from hospital.

UB: N/A

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

Inpatient Hospitalizations

Length of stay in days

Field: **no_pat_los**

Description: Number of days for individual hospitalization.

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

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.

UB: FL 22

Code	Label
01	Discharged to home or self-care (routine discharge)

Inpatient Hospitalizations

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
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 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/A

Code	Label
1	Commercial (include HMO, PPO, POS, Indemnity)
2	Medicare - Including HMO and insurance managed Medicare
3	Medicaid—Including Medicaid pending
4	Veterans affairs / Military
5	Workers Compensation
6	Uninsured/ Self –pay
7	Others - All payers not in any of the above groups and including charity, Indian Health, hospice , auto liability, DOC or correctional institution
9	Unknown

Total charges

Field: **no_total_chgs**

Description: The total charges associated with the inpatient stay.

UB: FL 55

Code	Label
Dollars	
Null	Missing

DRG

Field: **cd_drg_hci**

Description: The Center for Medicare and Medicaid Diagnosis Related Groups(MS DRG) assigned by HCI using the MS Grouper with Medicare Code Editor Software I10 Version Number: 41.1 Release Date: April 2024.

UB: N/A

Code	Label
DRG	
Null	Missing

Inpatient Hospitalizations

MDC

Field: **cd_mdc**

Description: The Center for Medicare and Medicaid's Major Diagnostic Category.

UB: N/A

Code	Label
MDC	
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.

UB: FL 77

Code	Label
ICD CODE	
Null	Missing

Principal diagnosis

Field: **dx1**

Description: The IDC-10-CM code for the condition established to be chiefly responsible for the admission of the patient for care.

UB: FL 67

Code	Label
ICD CODE	
Null	Missing

Other diagnosis codes (up to 15)

Field: **dx2- dx16**

Description: IDC-10-CM codes describing other diagnoses corresponding to additional conditions that co-exist at the time of admission or develop subsequently, and which have an effect on the treatment received or the length of stay.

UB: FL 67

Code	Label
ICD CODE	
Null	Missing

Principal procedure code

Field: **px1**

Description: The IDC-10-CM code that identifies the principal procedure performed during the hospital stay for definitive treatment rather than for diagnostic or exploratory purposes, or is necessary as a result of complications.

UB: FL80

Code	Label
ICD CODE	
Null	Missing

Inpatient Hospitalizations

Other procedure codes (up to 15)

Field: **px2 – px16**

Description: The IDC-10-CM code(s) that identify the other procedures performed during the patient's hospital stay covered by this discharge record.

UB: FL 81

Code	Label
ICD CODE	
Null	Missing