

Illinois Department of Public Health
UB04 Based Discharge Data
2009 Data Year and Beyond
Universal DataSet Element List

ELEMENT NUMBER	SIGNIFICANT ¹ ELEMENT	INDICATE NEEDED ELEMENTS	ELEMENT DESCRIPTION
	(39)		COLLECTED ELEMENTS
1	Y	[]	Facility ID Number (NPI/Medicaid Number/Department Assigned ID)
2	Y	[]	Patient Sex
3	Y	[]	Patient Zip Code ²
4	Y	[]	Admit Date (CCYYMMDD) ³
5	Y	[]	Admit Source
6	Y	[]	Admit Type
7	Y	[]	Patient Status
8	Y	[]	Principal Diagnosis Code
9	Y	[]	Present on Admission (POA: Principal Diagnosis)
10	Y	[] _____	Secondary Diagnosis Codes (14 secondary codes) indicate number needed
11	Y	[]	Present on Admission (POA : Secondary Diagnosis)
12	Y	[]	Principal Procedure Code
13	Y	[] _____	Secondary Procedure Codes (9 secondary codes) indicate number needed
14	Y	[]	Total Charges
15	Y	[]	E-codes (up to two when present)
16	Y	[]	Newborn birth weight in grams (inpatient only)
17	Y	[]	Do not resuscitate (DNR) indicator (inpatient only)
18	Y	[]	Hospitalization employment related (inpatient only)
19	Y	[]	Admitting diagnosis (inpatient only)
20	Y	[]	Race ⁴
21	Y	[]	Ethnicity ⁵
22	Y	[]	Patient County Code (FIPS)
			DERIVED/CALCULATED/AGGREGATED ELEMENTS
23	Y	[]	MS-DRG Code Inpatient only
24		[]	MDC Code Inpatient only
25	Y	[]	Patient Age at Discharge (In whole years)
26	Y	[]	Length of Stay (Days)
27	Y	[]	Number of days between admission and first surgical procedure
28		[]	Combined Bill Indicator (Charges for mother and baby combined on mother's bill) Inpatient only
29	Y	[]	Room and Board charges Inpatient only
30		[]	Ancillary Charges
31	Y	[]	Anesthesiology Charges
32	Y	[]	Pharmacy Charges
33	Y	[]	Radiology Charges
34	Y	[]	Clinical Lab Charges
35	Y	[]	Labor-Delivery charges Inpatient only
36	Y	[]	Operating Room Charges
37	Y	[]	Oncology Charges
38		[]	Other Ancillary Charges
39	Y	[] _____	Health Plan Type Code ⁶ (Primary and two secondary: indicate number needed)
40		[]	Patient Planning Area (Chicago area only)

ELEMENT NUMBER	SIGNIFICANT ¹ ELEMENT	INDICATE NEEDED ELEMENTS	ELEMENT DESCRIPTION
41		[]	Patient Health Service Area (HSA)
42		[]	Patient Strata (Chicago, Sub Cook, Metro, Urban, Rural)
			FACILITY RELATED ELEMENTS
43		[]	Facility Medicare ID
44	Y	[]	Facility Name
45	Y	[]	Facility City
46	Y	[]	Facility ZIP Code
47		[]	Facility County
48		[]	Facility HSA
49		[]	Facility Strata
50	Y	[]	Facility Number of Beds (hospital inpatient only)

- 1** - Significant elements are identified as: collected elements, derived from single element using complex algorithm(s) or derived from multiple collected elements. One half or less Simple data set, more than one half Complex data set. Unmarked elements while not impacting price are subject to minimum necessary.
- 2** - Patient ZIP code suppressed to 3 or 4 digits when hospital/ZIP cell is less than 10
- 3** - Admit dates limited to century, year, month and day of the week (1=Sun,2=Mon,...7=Sat)
- 4** - Race: up to 2 of 6 available indicators: 1 = Amer Indian/Alaska Native; 2 = Asian; 3 = Black/Afr Amer; 4 = Native Haw/Pacif Islander; 5 = White; 9 = Unknown/Not reported
- 5** - Ethnicity: 1 = Hispanic/Latino; 0 = Other
- 6** - Health Plan types are Medicare, Medicaid, Insurance, Uninsured.