

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

ELEMENT NUMBER	SIGNIFICANT <sup>1</sup> ELEMENT	INDICATE NEEDED ELEMENTS	ELEMENT DESCRIPTION
	(39)		<b>COLLECTED ELEMENTS</b>
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)
			<b>DERIVED/CALCULATED/AGGREGATED ELEMENTS</b>
29	Y	[ ]	Number of Days Between Admission and Principal Procedure <b>Inpatient only</b>
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 <b>Inpatient only</b>
32	Y	[ ]	MDC Code <b>Inpatient only</b>
33	Y	[ ]	Length of Stay (Days) <b>Inpatient only</b>
34		[ ]	Combined Bill Indicator (Charges for mother and baby combined on mother's bill) <b>Inpatient only</b>
35	Y	[ ]	Room and Board charges <b>Inpatient only</b>
36	Y	[ ]	Ancillary Charges
37		[ ]	Anesthesiology Charges

38		[ ]	Pharmacy Charges
39		[ ]	Radiology Charges
40		[ ]	Clinical Lab Charges
41		[ ]	Labor-Delivery charges <b>Inpatient only</b>
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)
			<b>FACILITY RELATED ELEMENTS***</b>
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.