

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

ELEMENT NUMBER	SIGNIFICANT ¹ ELEMENT	INDICATE NEEDED ELEMENTS	ELEMENT DESCRIPTION
	(37)		COLLECTED ELEMENTS
1	Y	[]	Facility ID Number (Medicaid Number or Department Assigned ID)
2	Y	[]	Patient Date of Birth (CCYYMMDD)*
3	Y	[]	Patient Sex
4	Y	[]	Patient Zip Code ****
5	Y	[]	Admit Date (YYMMDD)*
6	Y	[]	Discharge Date (YYMMDD)*
7	Y	[]	Admit Source
8	Y	[]	Admit Type
9	Y	[]	Patient Status
10	Y	[]	Principal Diagnosis Code
11	Y	[] _____	Secondary Diagnosis Codes (Eight secondary codes available: indicate number needed)
12	Y	[]	Principal Procedure Code
13	Y	[]	Principal Procedure Date
14	Y	[] _____	Secondary Procedure Codes (Five secondary codes available: indicate number needed)
15	Y	[]	Total Charges
16	Y	[]	Ecodes (Up to three when present)
			DERIVED/CALCULATED/AGGREGATED ELEMENTS
17	Y	[]	Number of Days Between Admission and Principal Procedure
18	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)
19	Y	[]	DRG/MS-DRG Code Inpatient only
20	Y	[]	MDC Code Inpatient only
21	Y	[]	Length of Stay (Days)
22	Y	[]	Combined Bill Indicator (Charges for mother and baby combined on mother's bill) Inpatient only
23	Y	[]	Room and Board charges Inpatient only
24		[]	Ancillary Charges
25	Y	[]	Anesthesiology Charges
26	Y	[]	Pharmacy Charges
27	Y	[]	Radiology Charges
28	Y	[]	Clinical Lab Charges
29	Y	[]	Labor-Delivery charges Inpatient only
30	Y	[]	Operating Room Charges
31	Y	[]	Oncology Charges
32		[]	Other Ancillary Charges
33	Y	[] _____	Payer Type Code** (Primary and two secondary: indicate number needed)
34	Y	[]	Patient Origin County Code
35		[]	Patient Origin Planning Area (Chicago area only)
36		[]	Patient Origin HSA
37		[]	Patient Strata (Chicago, Sub Cook, Metro, Urban, Rural)

38	Y	[]	Patient Age at Discharge or Admission (in years)
		[]	Patient Age Group (any) at Discharge or Admission
			FACILITY RELATED ELEMENTS***
39	Y	[]	Facility Name
40	Y	[]	Facility City
41	Y	[]	Facility ZIP Code
42		[]	Facility County
43		[]	Facility HSA
44		[]	Facility Strata
45	Y	[]	Facility Number of Beds (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

+++ - 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.