

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

ELEMENT NUMBER	SIGNIFICANT <sup>1</sup> ELEMENT	INDICATE NEEDED ELEMENTS	ELEMENT DESCRIPTION
	(37)		<b>COLLECTED ELEMENTS</b>
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)
			<b>DERIVED/CALCULATED/AGGREGATED ELEMENTS</b>
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 <b>Inpatient only</b>
20	Y	[ ]	MDC Code <b>Inpatient only</b>
21	Y	[ ]	Length of Stay (Days)
22	Y	[ ]	Combined Bill Indicator (Charges for mother and baby combined on mother's bill) <b>Inpatient only</b>
23	Y	[ ]	Room and Board charges <b>Inpatient only</b>
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 <b>Inpatient only</b>
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
			<b>FACILITY RELATED ELEMENTS***</b>
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 ( <b>inpatient only</b> )

\* -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.