

# DATA DICTIONARY

*For use with the IHA Inpatient Database*  
(Effective 1-1-2015)

## PRIMARY RECORD

- 1 **RECORD ID:** This is a record number to link the primary table to the diagnosis and procedure tables.
- 2 **HOSPITAL NUMBER:** The hospital's unique identification number assigned by IHA. Appendix I shows the identification number for each hospital in Iowa.
- 3 **COUNTY CODE:** The Iowa county of residence. See Appendix II for the three-digit numerical code that should be used. If the patient is not from Iowa, assign code "999."
- 4 **ZIP CODE:** The five-digit code assigned by the U.S Postal Service. Valid Zip codes are provided whenever possible. If the Zip code is unknown "99999" is recorded. (UB04 Form Locator 9-2D)
- 5 **ADMISSION DATE:** The month, day and year of admission in numeric terms, with a two-digit entry for month and day and a four-digit entry for year (mmdyyy). For example, May 8, 2013 would be recorded as 05082013. (UB-04 Form Locator 12)
- 6 **STATE CODE:** The state of the patient's residence. See Appendix III for the two-digit state/country code abbreviations. (UB-04 Form Locator 9-2C)
- 7 **AGE IN YEARS:** Patient's age in years at time of discharge.
- 8 **AGE IN DAYS:** Patient's age in days at time of discharge for patients with age in year <1.
- 9 **LENGTH OF STAY:** Length of time patient stayed in hospital. From admission to discharge.
- 10 **SEX CODE:** (UB-04 Form Locator 11)  
F = Female  
M = Male  
U = Unknown
- 11 **RACE CODE:** See Appendix IV for codes.
- 12 **ETHNICITY CODE:** See Appendix XII for codes.
- 13 **POINT OF ORIGIN/SOURCE OF ADMISSION CODE:** The source from which the patient was admitted. A separate Point of Origin/Source of Admission for Newborns is designated for birth admission. See Appendix V for codes. (UB-04 Form Locator 15)
- 14 **PRIORITY (TYPE) OF ADMISSION CODE:** Type of admission code indicates the priority of the admission. See Appendix VI for codes. (UB-04 Form Locator 14)
- 15 **BIRTH WEIGHT GRAMS:** The NUBC value code for birth weight in grams.
- 16 **MSDRG:** MSDRG assigned to the patient's stay by using the CMS (HCFA) MSDRG grouper.

- 17 **MEDICARE SEVERITY MAJOR DIAGNOSTIC CATEGORY:** MSMDC assigned to the patient's stay by using the CMS (HCFA) grouper.
- 18 **PRINCIPAL DIAGNOSIS:** The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. (Use ICD-9/10-CM codes). Decimals are assumed, for example, a principal diagnosis code of 378.40 would be recorded as 37840; a code of 086.5 would be recorded as 0865. (UB-04 Form Locator 67)
- 19 **PRINCIPAL DIAGNOSIS – PRESENT ON ADMISSION (POA):** One-digit character indicating that the principal diagnosis assigned to inpatient admission is a condition that was present or not at the time the order for admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered present on admission. Present on Admission is reported on Acute Inpatient accounts only. See Appendix XI for approved POA codes. (UB-04 Form Locator 67)
- 20 **ADMITTING DIAGNOSIS:** Condition as stated by the physician at the time of the patient's admission. (Use ICD-9/10-CM codes). Decimals are assumed, for example, a diagnosis code of 787.0 is recorded as 7870. (UB-04 Form Locator 69)
- 21 **EXTERNAL CAUSE OF INJURY CODE 1:** E-Code used to identify how an injury occurred, whether a drug overdose was accidental or intentional, and other circumstances that resulted in the injury or condition being coded. Priorities for recording an E-Code are: principal diagnosis of an injury, poisoning or adverse effect; other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis; other diagnosis with an external cause. (Use ICD-9/10-CM; E-codes). Decimals are assumed, for example, an E-Code of E858.4 is be recorded E8584.
- 22 **EXTERNAL CAUSE OF INJURY CODE - PRESENT ON ADMISSION (POA) 1:** One-digit character indicating that the cause of injury E-code assigned to inpatient admission is a condition that was present or not at the time the order for admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered present on admission. Present on Admission is reported on Acute Inpatient accounts only. See Appendix XI for approved POA codes. (UB-04 Form Locator 67)
- 23 **EXTERNAL CAUSE OF INJURY CODE 2:** E-Code used to identify how an injury occurred, whether a drug overdose was accidental or intentional, and other circumstances that resulted in the injury or condition being coded. Priorities for recording an E-Code are: principal diagnosis of an injury, poisoning or adverse effect; other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis; other diagnosis with an external cause. (Use ICD-9/10-CM; E-codes). Decimals are assumed, for example, an E-Code of E858.4 is be recorded E8584.
- 24 **EXTERNAL CAUSE OF INJURY CODE - PRESENT ON ADMISSION (POA) 2:** One-digit character indicating that the cause of injury E-code assigned to inpatient admission is a condition that was present or not at the time the order for admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered present on admission. Present on Admission is reported on Acute Inpatient accounts only. See Appendix XI for approved POA codes. (UB-04 Form Locator 67)

- 25 **EXTERNAL CAUSE OF INJURY CODE 3:** E-Code used to identify how an injury occurred, whether a drug overdose was accidental or intentional, and other circumstances that resulted in the injury or condition being coded. Priorities for recording an E-Code are: principal diagnosis of an injury, poisoning or adverse effect; other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis; other diagnosis with an external cause. (Use ICD-9/10-CM; E-codes). Decimals are assumed, for example, an E-Code of E858.4 is recorded as E8584.
- 26 **EXTERNAL CAUSE OF INJURY CODE - PRESENT ON ADMISSION (POA) 3:** One-digit character indicating that the cause of injury E-code assigned to inpatient admission is a condition that was present or not at the time the order for admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered present on admission. Present on Admission is reported on Acute Inpatient accounts only. See Appendix XI for approved POA codes. (UB-04 Form Locator 67)
- 27 **ATTENDING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the attending physician who has overall responsibility for the patient's medical care and treatment reported in this claim. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 76)
- 28 **OTHER PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician with primary responsibility for performing the principal surgical procedure. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 77)
- 29 **REFERRING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician that is considered the **Referring Physician**. The Referring Physician is the provider that sends the patient to another provider for services. This field is required on the UB-04 on an outpatient claim when the Referring Provider is different than the Attending Physician. Only one referring physician per record is accepted. This is not a required field. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 78 or 79)
- 30 **OTHER OPERATING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician who performs a secondary surgical procedure or assisting the Operating Physician. Only one other operating physician per record is accepted. This is not a required field. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 78 or 79)
- 31 **RENDERING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician who delivers or completes a particular medical service or non-surgical procedure. Only one rendering physician per record is accepted. This is not a required field. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 78 or 79)
- 32 **PRINCIPAL PROCEDURE:** The procedure performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. It is the procedure most related to the principal diagnosis (Use ICD-9/10-CM codes.) Decimals are assumed, for example, a principal procedure code of 09.20 would be recorded as 0920; a code of 42.7 would be recorded as 427. (UB-04 Form Locator 74)
- 33 **PROCEDURE DATE:** The dates the procedures were performed. Field 30 is the procedure date the principal procedure (PR1) was performed. The month, day and year of the procedures were performed (mmdyyy). For example, a principal procedure occurring on May 8, 2013 would be recorded as 05082013. (UB-04 Form Locator 74)

- 34 **DISCHARGE DATE:** The month, day, and year of discharge, with a two-digit entry for the month and day and a four-digit entry for the year (mmddyyyy). The stay may have ended by order of a physician, against medical advice, or by death. Transfers to SNF or ICF as well as to swing beds should be considered a discharge. For example, a discharge occurring on May 8, 2013 would be recorded as 05082013.
- 35 **PATIENT DISCHARGE STATUS:** A code indicating patient discharge status or disposition of the patient at the end of service for the period covered on the bill. See Appendix VII for appropriate codes. (UB-04 Form Locator 17)
- 36 **EXPECTED SOURCE OF PAYMENT CODE:** The source of payment that is expected to pay the greatest share of the hospital bill. See Appendix VIII for codes. (UB-04 Form Locator 50A)
- 37 **SECONDARY SOURCE OF PAYMENT CODE:** The source of payment that is the secondary source of pay for the hospital bill. See Appendix VIII for codes. (UB-04 Form Locator 50B)
- 38 **TERTIARY SOURCE OF PAYMENT CODE:** The source of payment that is the tertiary source of pay for the hospital bill. See Appendix VIII for codes. (UB-04 Form Locator 50C)
- 39-61 **REVENUE CENTERS:** UB-04 Revenue Codes are mapped into Revenue Centers. The field should equal zero "0" if there are no charges in the Revenue Centers. Refer to Appendix IX for Inpatient Revenue Center mapping.
- 62 **TOTAL CHARGE:** All charges related to the inpatient's hospital stay (including professional fees). Separate newborn charges from the mother's charges if possible.
- 63 **MEDICAL SERVICE CODE (PLACE OF SERVICE):** The area where the patient received treatment. This number is derived from hospitals internal systems. See Appendix X.  
1 = Acute  
2 = Medical Rehabilitation Unit  
3 = Skilled Nursing Care/ Skilled Swing Bed  
4 = Behavioral Health (Psychiatric Care & Chemical Dependency Care)\*  
\* Protected Health Information. Refer to IHA Policy on release of PHI
- 64 **COUNTY NAME:** The patient's county of residence.
- 65 **CITY NAME:** The patient's city of residence.
- 66 **SERVICE MARKER EMERGENCY ROOM:** Indicates if the patient has an emergency room revenue code and/or EM codes on their record. This includes any record with a HCPCS code of 99281-99285 or 99291 or with a revenue code 0450, 0451, 0452, 0456, 0459.
- 67 **PATIENT LINKING:** A unique quid number to link patients across the entire database. This number represents a patient linking developed using probabilistic matching based on the patients name, gender and date of birth. (This is assigned with records starting Quarter 3, 2012.)
- 68 **PATIENT ID (OLD):** A unique quid number to link patients across the entire database. This number is represents of an irreversible concatenation of Social Security Number, gender and date of birth. If SSN was not supplied the patient ID will be blank. (This number will be phased out as we move to using the "new" patient linking.)

## DIAGNOSIS RECORD

- 1 **RECORD ID:** The record ID is use to link the primary record to the diagnosis and procedure records. There may be many diagnosis to one primary record.
- 2 **ADDITIONAL DIAGNOSIS:** Conditions (except the principal diagnosis) coexisting at the time of admission or developing subsequently that affect the treatment received and/or length of stay. Diagnoses should be in rank order to allow accurate assignment of a DRG. (Use ICD-9/10-CM codes). Decimals are assumed, for example, a diagnosis code of 380.22 should be recorded as 38022; diagnosis code 041.5 should be recorded as 0415. (UB-04 Form Locator 67A-67Q)
- 3 **DIAGNOSIS ORDER:** The order of additional diagnosis were submitted.
- 4 **ADDITIONAL DIAGNOSIS - PRESENT ON ADMISSION (POA):** One-digit character indicating that each secondary diagnosis assigned to inpatient admission is a condition that was present or not at the time the order for admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered present on admission. Present on Admission is reported on Acute Inpatient accounts only. See Appendix XI for approved POA codes. See Appendix XI for approved codes. (UB-04 Form Locator 67A-67Q)

## PROCEDURE RECORD

- 1 **RECORD ID:** The record ID is use to link the primary record to the diagnosis and procedure records. There may be many procedure records to one primary record.
- 2 **ADDITIONAL PROCEDURES:** Procedures (except the principal procedure) that carry an operative or anesthetic risk, or requires highly trained personnel, special facilities, or equipment. Report in rank order to allow accurate assignment of a DRG. (Use ICD-9/10-CM codes). Decimals are assumed, for example, a procedure code or 66.4 should be recorded as 664; a procedure code of 07.00 should be recorded as 0700. (UB-04 Form Locator 74A-74E)
- 3 **ADDITIONAL PROCEDURE DATE:** The date the additional procedure was performed. The month, day and year of the procedure was performed (mmdyyy). For example, a principal procedure occurring on May 8, 2013 would be recorded as 05082013. (UB-04 Form Locator 74A-74E)
- 4 **PROCEDURE ORDER:** The order in which additional procedures were submitted.

# Hospitals

*Definition: The unique identification number assigned to each facility by IHA.*

| <b>Facility #</b> | <b>Facility Name</b>                       | <b>Facility City</b> |
|-------------------|--|----------------------|
| 10                | Mercy Medical Center–Dyersville            | Dyersville           |
| 18                | Central Iowa Healthcare                    | Marshalltown         |
| 26                | Avera Holy Family Health                   | Estherville          |
| 34                | Cherokee Regional Medical Center           | Cherokee             |
| 59                | St. Anthony Regional Hospital              | Carroll              |
| 75                | Iowa Specialty Hospital – Belmond          | Belmond              |
| 83                | Keokuk Area Hospital                       | Keokuk               |
| 91                | Regional Medical Center                    | Manchester           |
| 125               | Washington County Hospital & Clinics       | Washington           |
| 133               | UnityPoint Health – Muscatine              | Muscatine            |
| 141               | Crawford County Memorial Hospital          | Denison              |
| 158               | Mercy Medical Center—Sioux City            | Sioux City           |
| 166               | UnityPoint Health - Trinity                | Fort Dodge           |
| 182               | Guthrie County Hospital                    | Guthrie Center       |
| 208               | Mercy Medical Center—Centerville           | Centerville          |
| 216               | Greene County Medical Center               | Jefferson            |
| 232               | Veterans Memorial Hospital                 | Waukon               |
| 240               | UnityPoint Health – Iowa Lutheran Hospital | Des Moines           |
| 265               | Boone County Hospital                      | Boone                |
| 273               | Mercy Medical Center—New Hampton           | New Hampton          |
| 281               | CHI Mercy Council Bluffs                   | Council Bluffs       |
| 299               | Mercy Iowa City                            | Iowa City            |
| 307               | Mary Greeley Medical Center                | Ames                 |
| 315               | Myrtue Memorial Hospital                   | Harlan               |
| 323               | Skiff Medical Center                       | Newton               |
| 331               | Genesis Medical Center                     | Davenport            |
| 349               | Hansen Family Hospital                     | Iowa Falls           |
| 356               | Grundy County Memorial Hospital            | Grundy Center        |
| 364               | Franklin General Hospital                  | Hampton              |
| 372               | Floyd County Medical Center                | Charles City         |
| 380               | Covenant Medical Center                    | Waterloo             |
| 398               | Cass County Memorial Hospital              | Atlantic             |
| 406               | Sartori Memorial Hospital                  | Cedar Falls          |
| 414               | CHI Health Mercy Corning                   | Corning              |
| 430               | Clarinda Regional Health Center            | Clarinda             |
| 448               | Pella Regional Health Center               | Pella                |
| 455               | UnityPoint Health – St. Luke’s Hospital    | Cedar Rapids         |
| 463               | Iowa Specialty Hospital – Clarion          | Clarion              |
| 471               | Methodist Jennie Edmundson Hospital        | Council Bluffs       |
| 489               | Ringgold County Hospital                   | Mount Ayr            |

# Hospitals

| <b>Facility #</b> | <b>Facility Name</b>                         | <b>Facility City</b> |
|-------------------|--|----------------------|
| 497               | Clarke County Hospital                       | Osceola              |
| 505               | Mahaska Health Partnership                   | Oskaloosa            |
| 513               | Sanford Hospital Rock Rapids                 | Rock Rapids          |
| 521               | Madison County Healthcare System             | Winterset            |
| 539               | Mercy Medical Center—Clinton                 | Clinton              |
| 547               | Van Buren County Hospital                    | Keosauqua            |
| 554               | Decatur County Hospital                      | Leon                 |
| 562               | Jackson County Public Hospital               | Maquoketa            |
| 570               | Great River Medical Center                   | West Burlington      |
| 588               | The University of Iowa Hospitals and Clinics | Iowa City            |
| 604               | Davis County Hospital                        | Bloomfield           |
| 612               | Lucas County Health Center                   | Chariton             |
| 620               | Genesis Medical Center, DeWitt               | DeWitt               |
| 638               | Central Community Hospital                   | Elkader              |
| 646               | Mercy Medical Center - North Iowa            | Mason City           |
| 653               | CHI Health Missouri Valley                   | Missouri Valley      |
| 661               | Buena Vista Regional Medical Center          | Storm Lake           |
| 687               | Regional Health Services of Howard County    | Cresco               |
| 695               | Mercy Medical Center—Dubuque                 | Dubuque              |
| 703               | Adair County Memorial Hospital               | Greenfield           |
| 729               | Stewart Memorial Community Hospital          | Lake City            |
| 737               | Marengo Memorial Hospital                    | Marengo              |
| 745               | Orange City Health System                    | Orange City          |
| 752               | Dallas County Health Systems                 | Perry                |
| 760               | Van Diest Medical Center                     | Webster City         |
| 778               | Monroe County Hospital                       | Albia                |
| 794               | Mercy Medical Center                         | Cedar Rapids         |
| 810               | Winneshiek Medical Center                    | Decorah              |
| 825               | UnityPoint Health – Methodist West Hospital  | West Des Moines      |
| 828               | UnityPoint Health – Iowa Methodist Hospital  | Des Moines           |
| 836               | Mercy Medical Center—Des Moines              | Des Moines           |
| 838               | Mercy Medical Center – West Lakes            | West Des Moines      |
| 869               | Buchanan County Health Center                | Independence         |
| 885               | Story County Medical Center                  | Nevada               |
| 893               | Ottumwa Regional Health Center               | Ottumwa              |
| 901               | Montgomery County Memorial Hospital          | Red Oak              |
| 919               | Loring Hospital                              | Sac City             |
| 927               | Shenandoah Medical Center                    | Shenandoah           |
| 935               | Virginia Gay Hospital                        | Vinton               |
| 943               | Waverly Health Center                        | Waverly              |
| 950               | Hancock County Health System                 | Britt                |
| 976               | Guttenberg Municipal Hospital                | Guttenberg           |

# Hospitals

| <b>Facility #</b> | <b>Facility Name</b>                              | <b>Facility City</b> |
|-------------------|---|----------------------|
| 984               | Audubon County Memorial Hospital                  | Audubon              |
| 992               | George C. Grape Community Hospital                | Hamburg              |
| 1016              | Broadlawns Medical Center                         | Des Moines           |
| 1032              | UnityPoint Health – Jones Regional Medical Center | Anamosa              |
| 1040              | UnityPoint Health – Quad Cities                   | Bettendorf           |
| 1065              | Henry County Health Center                        | Mt. Pleasant         |
| 1073              | Burgess Health Center                             | Onawa                |
| 1081              | Mitchell County Regional Health Center            | Osage                |
| 1099              | Sioux Center Health                               | Sioux Center         |
| 1107              | UnityPoint Health - Allen Hospital                | Waterloo             |
| 1115              | Manning Regional Healthcare Center                | Manning              |
| 1123              | Spencer Hospital                                  | Spencer              |
| 1131              | Wayne County Hospital                             | Corydon              |
| 1149              | Knoxville Area Community Hospital                 | Knoxville            |
| 1156              | Jefferson County Health Center                    | Fairfield            |
| 1164              | Greater Regional Medical Center                   | Creston              |
| 1172              | UnityPoint Health - Finley Hospital               | Dubuque              |
| 1180              | Palo Alto County Health System                    | Emmetsburg           |
| 1206              | Keokuk County Health Center                       | Sigourney            |
| 1222              | Fort Madison Community Hospital                   | Fort Madison         |
| 1248              | Lakes Regional Healthcare                         | Spirit Lake          |
| 1263              | Sanford Sheldon Medical Center                    | Sheldon              |
| 1297              | Palmer Lutheran Health Center                     | West Union           |
| 1305              | Osceola Community Hospital                        | Sibley               |
| 1313              | Horn Memorial Hospital                            | Ida Grove            |
| 1347              | Hawarden Regional Healthcare                      | Hawarden             |
| 1354              | Mercy Hospital of Franciscan Sisters              | Oelwein              |
| 1388              | Community Memorial Hospital                       | Sumner               |
| 1404              | Floyd Valley Hospital                             | LeMars               |
| 1420              | Pocahontas Community Hospital                     | Pocahontas           |
| 1438              | Kossuth Regional Health Center                    | Algona               |
| 1453              | Hegg Memorial Health Center                       | Rock Valley          |
| 1461              | UnityPoint Health - St. Luke's                    | Sioux City           |
| 1479              | Grinnell Regional Medical Center                  | Grinnell             |
| 1511              | Baum-Harmon Mercy Hospital                        | Primghar             |
| 1529              | Humboldt County Memorial Hospital                 | Humboldt             |



# Iowa Counties

*Definition: The patient's Iowa county of residence.*

| <b>County Code</b> | <b>County Name</b> | <b>County Code</b> | <b>County Name</b> | <b>County Code</b> | <b>County Name</b> |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1                  | Adair              | 34                 | Floyd              | 67                 | Monona             |
| 2                  | Adams              | 35                 | Franklin           | 68                 | Monroe             |
| 3                  | Allamakee          | 36                 | Fremont            | 69                 | Montgomery         |
| 4                  | Appanoose          | 37                 | Greene             | 70                 | Muscatine          |
| 5                  | Audubon            | 38                 | Grundy             | 71                 | O'Brien            |
| 6                  | Benton             | 39                 | Guthrie            | 72                 | Osceola            |
| 7                  | Black Hawk         | 40                 | Hamilton           | 73                 | Page               |
| 8                  | Boone              | 41                 | Hancock            | 74                 | Palo Alto          |
| 9                  | Bremer             | 42                 | Hardin             | 75                 | Plymouth           |
| 10                 | Buchanan           | 43                 | Harrison           | 76                 | Pocahontas         |
| 11                 | Buena Vista        | 44                 | Henry              | 77                 | Polk               |
| 12                 | Butler             | 45                 | Howard             | 78                 | Pottawattamie      |
| 13                 | Calhoun            | 46                 | Humboldt           | 79                 | Poweshiek          |
| 14                 | Carroll            | 47                 | Ida                | 80                 | Ringgold           |
| 15                 | Cass               | 48                 | Iowa               | 81                 | Sac                |
| 16                 | Cedar              | 49                 | Jackson            | 82                 | Scott              |
| 17                 | Cerro Gordo        | 50                 | Jasper             | 83                 | Shelby             |
| 18                 | Cherokee           | 51                 | Jefferson          | 84                 | Sioux              |
| 19                 | Chickasaw          | 52                 | Johnson            | 85                 | Story              |
| 20                 | Clarke             | 53                 | Jones              | 86                 | Tama               |
| 21                 | Clay               | 54                 | Keokuk             | 87                 | Taylor             |
| 22                 | Clayton            | 55                 | Kossuth            | 88                 | Union              |
| 23                 | Clinton            | 56                 | Lee                | 89                 | Van Buren          |
| 24                 | Crawford           | 57                 | Linn               | 90                 | Wapello            |
| 25                 | Dallas             | 58                 | Louisa             | 91                 | Warren             |
| 26                 | Davis              | 59                 | Lucas              | 92                 | Washington         |
| 27                 | Decatur            | 60                 | Lyon               | 93                 | Wayne              |
| 28                 | Delaware           | 61                 | Madison            | 94                 | Webster            |
| 29                 | Des Moines         | 62                 | Mahaska            | 95                 | Winnebago          |
| 30                 | Dickinson          | 63                 | Marion             | 96                 | Winneshiek         |
| 31                 | Dubuque            | 64                 | Marshall           | 97                 | Woodbury           |
| 32                 | Emmet              | 65                 | Mills              | 98                 | Worth              |
| 33                 | Fayette            | 66                 | Mitchell           | 99                 | Wright             |

# State Code Abbreviations

*Definition: The patient's state of residence.*

|                            |    |                               |    |
|----------------------------|----|-------------------------------|----|
| Alabama .....              | AL | North Carolina .....          | NC |
| Alaska .....               | AK | North Dakota .....            | ND |
| Arizona .....              | AZ | Ohio .....                    | OH |
| Arkansas .....             | AR | Oklahoma .....                | OK |
| California .....           | CA | Oregon .....                  | OR |
| Colorado .....             | CO | Pennsylvania .....            | PA |
| Connecticut .....          | CT | Rhode Island .....            | RI |
| Delaware .....             | DE | South Carolina .....          | SC |
| District of Columbia ..... | DC | South Dakota .....            | SD |
| Florida .....              | FL | Tennessee .....               | TN |
| Georgia .....              | GA | Texas .....                   | TX |
| Hawaii .....               | HI | Utah .....                    | UT |
| Idaho .....                | ID | Vermont .....                 | VT |
| Illinois .....             | IL | Virginia .....                | VA |
| Indiana .....              | IN | Washington .....              | WA |
| Iowa .....                 | IA | West Virginia .....           | WV |
| Kansas .....               | KS | Wisconsin .....               | WI |
| Kentucky .....             | KY | Wyoming .....                 | WY |
| Louisiana .....            | LA |                               |    |
| Maine .....                | ME | Puerto Rico .....             | PR |
| Maryland .....             | MD | Virgin Islands .....          | VI |
| Massachusetts .....        | MA | Guam .....                    | GU |
| Michigan .....             | MI |                               |    |
| Minnesota .....            | MN | <u>Armed Forces (APO/FPO)</u> |    |
| Mississippi .....          | MS | In America .....              | AA |
| Missouri .....             | MO | In Europe .....               | AE |
| Montana .....              | MT | In Pacific .....              | AP |
| Nebraska .....             | NE |                               |    |
| Nevada .....               | NV | All Others and Unknown .....  | XX |
| New Hampshire .....        | NH |                               |    |
| New Jersey .....           | NJ |                               |    |
| New Mexico .....           | NM |                               |    |
| New York .....             | NY |                               |    |

### Race Codes

*Definition: The Race code assigned to the patient's record.*

|   |  |  |
|---|--|--|
| 1 | <b>White</b>                                   | A person having origins in any of the peoples of Europe, North Africa or the Middle East.  |
| 2 | <b>African American /Black</b>                 | A person having origins in any of the black racial groups of Africa. Terms such as "Haitian," "Dominican" or "Somali" can be used in addition to "African American or Black."  |
| 3 | <b>American Indian /Alaska Native</b>          | A person having origins in any of the people of North and South America (including Central America) and who maintains tribal or community attachment.  |
| 4 | <b>Asian</b>                                   | A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.                                  |
| 5 | <b>Native Hawaiian /Other Pacific Islander</b> | A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.  |
| 6 | <b>Hispanic/Latino of Any Race</b>             | A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."<br>Effective 7/1/2012<br>Discontinued (see Ethnicity addition) |
| 7 | <b>Multiracial /Two or More Races</b>          | A person having origins that include more than one of the above-stated categories.   |
| 8 | <b>Declined</b>                                | A person NOT wanting to respond to the question regarding race.  |
| 9 | <b>Unavailable/ Unknown</b>                    | Attempts to capture race were unattainable due to other circumstances.   |

## Point of Origin/Source of Admission

*Definition: The source of the referral for this admission or visit.*

- |   |   |   |
|---|---|---|
| 1 | <b>Non-health Care Facility Point of Origin</b>   | <p><u>Inpatient</u>: The patient was admitted to this facility.</p> <p><u>Outpatient</u>: The patient presented for outpatient services.</p> <p>Examples: Includes patients coming from home or workplace and patients receiving care at home (such as home health services.)</p>   |
| 2 | <b>Clinic or Physician's Office</b>   | <p><u>Inpatient</u>: The patient was admitted to this facility.</p> <p><u>Outpatient</u>: The patient presented to this facility for outpatient services.</p>   |
| 3 |   | Reserved for national assignment. Discontinued effective 10/1/2007.   |
| 4 | <b>Transfer From a Hospital (Different Facility)</b>  | <p>Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.</p> <p>Outpatient: The patient was transferred to this facility as an outpatient from an acute care facility.</p> <p><u>Usage Note</u>: Excludes transfers from hospital inpatient in the same facility (see Code D)</p> |
| 5 | <b>Transfer From a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) or Assisted Living Facility (ALF)</b> | <p>Inpatient: The patient was admitted to this facility as a transfer from a SNF, ICF or ALF where he or she was a resident.</p> <p>Outpatient: The patient presented to this facility for outpatient or referenced diagnostic services from a SNF, ICF or ALF where he or she was a resident.</p>  |
| 6 | <b>Transfer From Another Health Care Facility</b>   | <p>Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.</p> <p>Outpatient: The patient presented to this facility for services from another health care facility not defined elsewhere in this code list.</p>  |

# Inpatient Database

## Point of Origin/Source of Admission

*Definition: The source of the referral for this admission or visit.*

|   |   |   |
|---|---|---|
| 7 | <b>Emergency Room</b>   | Discontinued. Effective 7/1/2010.   |
| 8 | <b>Court/Law Enforcement</b>  | <p><u>Inpatient</u>: The patient was admitted to this facility upon the direction of a court of law or upon the request of a law enforcement agency representative.</p> <p><u>Outpatient</u>: The patient presented to this facility upon the direction of a court of law or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.</p> <p><u>Usage Note</u>: Includes transfers from incarceration facilities.</p>  |
| 9 | <b>Information not Available</b>  | <p><u>Inpatient</u>: The patient's Point of Origin is not known.</p> <p><u>Outpatient</u>: The patient's Point of Origin is not known.</p>  |
| A |   | Reserved for national assignment. Discontinued effective 10/1/2007.   |
| B | <b>Transfer From Another Home Health Agency</b>   | Discontinued. Effective 7/1/2010.   |
| C | <b>Readmission to Same Home Health Agency</b>   | Discontinued. Effective 7/1/2010.   |
| D | <b>Transfer From One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</b> | <p><u>Inpatient</u>: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer.</p> <p><u>Outpatient</u>: The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.</p> <p><u>Usage Note</u>:<br/>For purposes of this code, "Distinct Unit" is defined as a unique level of care at the hospital requiring the issuance of a separate claim to the payer. Examples could include observation services, rehab units, a unit in a critical access hospital, or a swing bed located in an acute hospital.</p> |

# Inpatient Database

## Point of Origin/Source of Admission

*Definition: The source of the referral for this admission or visit.*

|     |   |  |
|-----|---|--|
| E   | <b>Transfer From Ambulatory Surgery Center</b>  | <p><u>Inpatient</u>: The patient was admitted to this facility as a transfer from an ambulatory surgery center.</p> <p><u>Outpatient</u>: The patient presented to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.</p> |
| F   | <b>Transfer From Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program</b> | <p><u>Inpatient</u>: The patient was admitted to this facility as a transfer from hospice</p> <p><u>Outpatient</u>: The patient presented to this facility or outpatient or referenced diagnostic services from a hospice facility.</p>                                  |
| G-Z |   | Reserved for national assignment.  |

## Point of Origin/Source of Admission Code Structure for Newborns

*Note: Newborn coding structure must be used when the Type of Admission Code 4 is used.*

|     |                                      |   |
|-----|--------------------------------------|---|
| 1   |                                      | Reserved for national assignment. Discontinued effective 10/1/2007. |
| 2   |                                      | Reserved for national assignment. Discontinued effective 10/1/2007. |
| 3   |                                      | Reserved for national assignment. Discontinued effective 10/1/2007. |
| 4   |                                      | Reserved for national assignment. Discontinued effective 10/1/2007. |
| 5   | <b>Born Inside this Hospital</b>     | A baby is born inside this hospital.                                |
| 6   | <b>Born Outside of this Hospital</b> | A baby is born outside of this hospital.                            |
| 7-9 |                                      | Reserved for assignment by the NUBC.                                |

# Inpatient Database

## Priority (Type) of Admission

*Definition: The priority of the admission or visit.*

|     |                                  |  |
|-----|----------------------------------|--|
| 1   | <b>Emergency</b>                 | The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.  |
| 2   | <b>Urgent</b>                    | The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.  |
| 3   | <b>Elective</b>                  | The patient's condition permits adequate time to schedule the availability of a suitable accommodation.  |
| 4   | <b>Newborn</b>                   | A baby born within this facility. <u>Use of this code necessitates the use of special Point of Origin/Source of Admission table (See Appendix IV).</u>   |
| 5   | <b>Trauma Center</b>             | Visit to a trauma center hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons <u>and</u> involving trauma activation. (Use Revenue Code 068x to capture trauma activation charges involving pre-hospital notification.) |
| 6-8 |                                  | Reserved for national assignment.  |
| 9   | <b>Information Not Available</b> | The hospital does not have this information in its records.  |



### Patient Discharge Status

*Definition: The patient's status as of the ending service date of the period covered on the record.*

- 01 Discharged to home or self-care (routine discharge). (see Code 81 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Includes discharge to home, home on oxygen if DME only, any other DME only, group home, foster care, independent living and other residential care arrangements, outpatient programs, such as partial hospitalization or outpatient chemical dependency programs.

- 02 Discharged/transferred to a Short Term General Hospital for inpatient care. (see Code 82 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

- 03 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare certification in anticipation of Skilled Care. (see Code 83 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Medicare – Indicates that the patient is discharged/transferred to a Medicare certified nursing facility. For hospitals with an approved swing bed arrangement, use Code 61 - Swing Bed. For reporting other discharge/transfers to nursing facilities see 04 and 64

- 04 Discharged/transferred to a facility that provides Custodial or Supportive Care. (see Code 84 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Includes intermediate care facilities (ICFs) if specifically designated at the state level. Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to Assisted Living Facilities.

- 05 Discharged/transferred to a designated cancer center or children's hospital. (see Code 85 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) designated cancer centers can be found at <http://www3.cancer.gov/cancercenters/centerslist.html>.

### Patient Discharge Status

*Definition: The patient's status as of the ending service date of the period covered on the record.*

- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care. (see Code 86 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- Usage Note:  
Report this code when the patient is discharged/transferred to home with a written plan of care (tailored to the patient's medical needs) for home care services. Not used for home health services provided by a DME supplier or from a Home IV provider for home IV services.
- 07 Left against medical advice or discontinued care.
- 08 Reserved for national assignment.
- 09 Admitted as an Inpatient to this hospital. Usage Note: For use only on Medicare outpatient claims. Applies only to those Medicare outpatient services that begin greater than three days prior to an admission.
- 10-19 Reserved for assignment by the NUBC.
- 20 Expired.
- 21 Discharged/transferred to Court/Law Enforcement. (see Code 87 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- Usage Note:  
Includes transfers to incarceration facilities such as jail, prison or other detention facilities.
- 22 – 29 Reserved for assignment by the NUBC.
- 30 Still Patient.
- Usage Note:  
Used when the patient is still within the same facility, typically used when billing for leave of absence days or interim bills.

### Patient Discharge Status

*Definition: The patient's status as of the ending service date of the period covered on the record.*

- 31-39 Reserved for assignment by the NUBC.
- 40 Expired at home – Not accepted in IPOP as valid patient status code.
- Usage Note:  
For use only on Medicare and TRICARE claims for hospice care.
- 41 Expired in a medical facility (e.g. hospital, SNF, ICF, or free standing hospice) – Not accepted in IPOP as valid patient code.
- Usage Note:  
For use only on Medicare and TRICARE claims for hospice care.
- 42 Expired – Place unknown – Not accepted in IPOP as valid patient status code. (see Code 88 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- Usage Note:  
For use only on Medicare and TRICARE claims for hospice claims.
- 43 Discharged/transferred to a Federal Health Care Facility. (See Code 88 for a discharge with a Planned Acute Care Hospital Inpatient Readmission effective 10/1/2013)
- Usage Note:  
Discharges and transfers to a government operated health facility such as a Department of Defense Hospital, a Veteran's Administration hospital or a Veteran's Administration nursing facility. To be used whenever the destination at discharge is a federal health care facility, whether the patient lives there or not.
- 44-49 Reserved for assignment by the NUBC.
- 50 Hospice – Home.

### Patient Discharge Status

*Definition: The patient's status as of the ending service date of the period covered on the record.*

- 51 Hospice – Medical facility (certified) providing hospice-level care.
- 52-60 Reserved for assignment by the NUBC.
- 61 Discharged/transferred to a Hospital-based Medicare approved Swing Bed. (see Code 89 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Medicare – Used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement.

- 62 Discharged/ transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital. (see Code 90 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 63 Discharged/transferred to a Medicare-certified Long Term Care Hospital (LTCH). (see Code 91 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

For hospitals that meet Medicare criteria for LTCH certification.

- 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare. (see Code 92 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. (see Code 93 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 66 Discharged/transferred to a Critical Access Hospital (CAH). (Effective 1/1/2006) (see Code 94 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 67-68 Reserved for assignment by the NUBC.

### Patient Discharge Status

*Definition: The patient's status as of the ending service date of the period covered on the record.*

- 69 Discharged/transferred to a Designated Disaster Alternative Care Site (Effective 10/1/13)
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list (see Code 95 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 71-72 Discontinued 4/1/03
- 73 – 80 Reserved for Assignment by the NUBC.
- 81 Discharged/transferred to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 82 Discharged/transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 83 Discharged/transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 84 Discharged/transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 86 Discharged/transferred to Home Under the Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 87 Discharged/transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 88 Discharged/transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 89 Discharged/transferred to a Hospital-based Medicare Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

### Patient Discharge Status

*Definition: The patient's status as of the ending service date of the period covered on the record.*

- 90 Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 91 Discharged/transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 92 Discharged/transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 93 Discharged/transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 94 Discharged/transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 95 Discharged/transferred to Another Type or Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 96 – 99 Reserved for Assignment by the NUBC.

### Expected Source of Payment

*Definition: The source of payment that is expected to pay the greatest share of the hospital bill.*

- 01 Medicare – Non-managed Care (Title 18)
- 02 Medicaid – Non-managed Care (Title 19, e.g. SCHIP otherwise known as HAWK-I)
- 03 Iowa State Government (e.g. Mental Health State Papers, Iowa Cares, etc.)
- 04 County/Local Government
- 05 Other Federal Government (e.g. Champus, Veterans, Title V, Railroad, Crippled Children, DOD/Tricare, Veteran’s Affairs, Indian health services, Black Lung,)
- 06 Blue Cross (e.g. Blue Cross Alliance Select, Blue Cross Unity Choice)
- 07 Commercial (private or group plans including auto insurances)
- 08 Self Pay (The patient has no insurance, is ineligible for governmental assistance and is **not** a “no charge” patient.)
- 09 Workers Compensation
- 10 No Charge (The account has “\$0.00” total charges and the patient is not billed for the admission, i.e. cancelled procedure, etc.)
- 11 Medicare – Managed Care (e.g. HMO, PPO)
- 12 Medicaid – Managed Care (e.g. HMO, PPO, PCCM)

Crime Victims and Sexual Assault claims may be covered by different levels of government agencies and should be submitted under the Federal, State, or County/Local Government that is paying the bill.

### Inpatient Revenue Center Mapping

*Definition: Mapping of Revenue Codes to Revenue Center categories.*

| <b>UB-04 Codes</b>                           | <b>Revenue Centers</b>        |
|--|-------------------------------|
| 054X   | Ambulance                     |
| 049x   | Ambulatory Surgical Care      |
| 037x   | Anesthesia                    |
| 045x   | Emergency Room                |
| 020x, 021x, 0233, 0234                       | ICU/CCU                       |
| 072x   | Labor/Delivery Room           |
| 030x, 031x                                   | Laboratory                    |
| 027x, 0290-0293, 0299, 062x                  | Med./Surg. Supplies           |
| 035x, 061x                                   | MRI and CAT Scans             |
| 0253, 099x                                   | Noncovered                    |
| 034x   | Nuclear Medicine              |
| 017x, 0231                                   | Nursery                       |
| 036x   | Operating Room                |
| All Others                                   | Other                         |
| 032x, 040x                                   | Other imaging services        |
| 0250-0252, 0254-0259, 063x                   | Pharmacy                      |
| 096x, 097x, 098x                             | Professional Fees             |
| 042x, 043x, 044x                             | PT / OT / Speech              |
| 071x   | Recovery Room                 |
| 041x   | Respiratory Therapy           |
| 010x-016x, 0190-0199, 0230, 0232, 0235, 0239 | Room                          |
| 033x   | Therapeutic Radiology         |
| 076x   | Treatment or Observation Room |



### Place of Service

*Definition: The area where the patient received treatment.*

**1=Acute medical/surgical unit (non-PPS exempt).**

Assigned to inpatients, including newborns receiving care in the medical/surgical areas of a short-term hospital and not included in any other described level of care.

**2=Medical rehabilitation unit .**

Relatively intense program including cardiology rehab, physical therapy and/or occupational therapy, that requires a multidisciplinary coordinated team approach to upgrade the patient's ability to function. Care is provided in an inpatient setting.

**3=Alternate Level of care (SNF/Swing Bed Skilled).**

Maintains an organized professional staff and permanent facilities including inpatient beds, that provide continuous nursing and other health-related psychosocial, and personal services to patients who are not in an acute phase of illness but who primarily require continued care on an inpatient basis.

**4=Behavior Health unit. \***

Chemical Dependency Care: Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/resident treatment for patients whose course of treatment involves more intensive care that provided in an outpatient setting or where patient requires supervised withdrawal.

Psychiatric Care: Provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physician's orders and approved nursing care plans. Long term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons.

- Protected Health Information. Refer to IHA Policy on release of PHI.

### Present on Admission

*Definition: Present on Admission is attached to ICD-9/10-CM principal and secondary codes where applicable for acute care inpatients.*

| <b>Code</b> | <b>Description</b>           |
|-------------|------------------------------|
| Y           | Yes                          |
| N           | No                           |
| U           | No information in the record |
| W           | Clinically undetermined      |

Blank (Unreported/Not used) Code exempt from Present on Admission Reporting

### Ethnicity

*Definition: The Ethnicity code assigned to the patient's record.*

- |   |                                 |   |
|---|---------------------------------|---|
| 1 | <b>Hispanic or Latino</b>       | A person of Mexican, Puerto Rico, Cuban or South American or other Spanish culture or origin, regardless of race. |
| 2 | <b>Non Hispanic or Latino</b>   | A person not of Spanish culture or origin.  |
| 3 | <b>Declined</b>                 | A person NOT wanting to respond to the question regarding ethnicity.  |
| 4 | <b>Unavailable/<br/>Unknown</b> | Attempts to capture ethnicity were unattainable due to other circumstances.                                       |