

## **Inpatient Data Elements to be reported**

Type of Care	Hospital Identification Number
Date of Birth	Sex
Race/Ethnicity	Zip Code
Admission Date	Discharge Date
Type of Admission	Source of Admission
Principal Diagnosis and Present On Admission	Other Diagnoses and Present On Admission
Principal Procedure and Date	Other Procedures and Dates
Principal External Cause of Morbidity	Other External Causes of Morbidity
Prehospital Care and Resuscitation (DNR)	Disposition of Patient
Total Charges	Abstract Record Number (optional)
Patient Social Security Number	Preferred Language Spoken
Expected Source of Payment	