

# **HCUP KIDS' INPATIENT DATABASE 2000**

## **DESCRIPTION OF DATA ELEMENTS INPATIENT CORE FILE**

*This document contains cumulative descriptions of data elements across all years of HCUP data from 1988 to the current data year.*

*Not all data elements in the KID are uniformly coded or available across all the states. Please check the "State Specific Notes" section for each data element before analysis.*

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## AGE - Age in years at admission

### General Notes

Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGE is set to the supplied age if the age cannot be calculated (ADATE and/or DOB is missing or invalid). Note: If the supplied age is the age at discharge instead of the age at admission, then the supplied age is NOT used.
- AGE is missing (.) if the age cannot be calculated and the supplied age is missing.
- AGE is invalid (.A) if
  - it is out of range (AGE NE 0-124) or
  - the age cannot be calculated and the supplied age is nonnumeric.

An invalid calculated AGE is not replaced by the supplied age.

- If the data source does not provide the necessary dates to calculate age or the reported age at admission, then beginning in the 1998 data, AGE is not present on the HCUP files. In the 1988-1997 data, AGE is retained on the HCUP files and is set to unavailable from source (.B).
- AGE is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
  - Beginning in the 1998 data, AGE is less than 0 (EAGE02), is greater than 124 (EAGE03), is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
  - In the 1988-1997 data, AGE is inconsistent with AGEDAY (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 instead of AGE.

Uniform Values			
Data element	Description	Value	Value Description
AGE	Age in years at admission	0-124	Age in years
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE02, EAGE03, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

<b>State Specific Notes</b>
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**Arizona**

The reported age was not used when AGE could not be calculated because Arizona supplied age at discharge.

**California**

In all years, California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Prior to 1995, California reported ages at discharge. Only the calculated age was used to assign AGE.

Beginning in 1995, California reported ages at admission. When AGE could not be calculated from dates, the reported age was assigned.

**Colorado**

Beginning with 1998, the Colorado supplied age at admission was used to assign AGE when the age could not be calculated.

From 1994-1997, Colorado supplied age at admission. For consistency with earlier years of the SASD, however, only the calculated age was used to assign the HCUP data element AGE.

From 1988-1993, Colorado did not supply age at admission. Only the calculated age could be used to assign the HCUP data element age.

### **Connecticut**

Patient age could not be calculated from dates since Connecticut did not report full dates of birth. During HCUP processing, only the reported age could be used to assign AGE.

### **Florida**

In 1997, patient age could not be calculated from dates since Florida did not report admission or birth dates. During HCUP processing, only the reported age could be used to assign AGE.

Beginning in 1998, Florida supplied ADATE and DOB for patients less than 11 years old. Only the reported age in years could be used to assign AGE for patients over 10 years old.

### **Georgia**

Patient age could not be calculated from dates because Georgia did not supply date of birth. During HCUP processing, only the reported age could be used to assign AGE.

### **Hawaii**

Beginning in 1998, Hawaii provided the date of birth (DOB) with a four-digit year.

In prior years, only a two-digit year was available. To compensate for the two-digit birth year, the birth century was assigned as 1800 if the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

### **Iowa**

AGE may differ by one year from the actual age. When only the year of birth is available, Iowa assigns the day and month of birth to '01', which may cause the age calculated from birth date to be one year less than the actual age.

## Massachusetts

Prior to October 1998, ages greater than 100 years should be interpreted with caution. Age is calculated using the birth and admission date, but only a two-digit year for date of birth (DOB) was provided by the data source. An additional indicator data element provided by the data source, the "Century Birth date," indicates whether the age of the patient was greater or less than 100 years. HCUP experience has shown that this indicator was often not set when it should have been. Thus, if the century indicator specified 1800 or the birth date occurred after the admit date, the century for the date of birth was set to 1800. If the birth date is erroneously after the admit date, this rule causes the age in years (AGE) to be incorrectly greater than 100. If the age does not agree with neonatal or maternal diagnoses and/or procedures, the age is set to inconsistent (.C).

Beginning in October 1998, Massachusetts provides a four-digit birth year. The birth century indicator and the admission date are not used to modify the date of birth.

## New Jersey

Prior to 1994, New Jersey reports age as a two-digit code with a maximum of 99 and provides a birth century indicator. Beginning in 1994, New Jersey provides a four-digit birth year. If age could not be calculated (ADATE or DOB missing or invalid) then age was assigned as follows:

<u>Year of Data</u>	<u>HCUP processing of AGE</u>
1988-1991	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age.
1992-1993	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age and add 100 if the birth century flag indicates that the patient is age 100 or older.
Beginning 1994	Assign AGE as the reported age, if the reported AGE was in the range of 1-124 years. Otherwise, assign AGE as invalid (.A).

## New York

In the 1988-1997 HCUP New York databases, AGE could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in years could be used to assign AGE.

Beginning with the 1998 data, New York provided complete dates and AGE could be calculated.

**Oregon**

Oregon reports age at discharge. During HCUP processing, reported age was not used when patient age (AGE) could not be calculated from dates.

**Pennsylvania**

Pennsylvania discharges which are considered as having "sensitive conditions" based on their DRG, diagnoses, and procedures, had AGE set as follows:

If AGE is coded ( $\geq 0$ ), set AGE to the midpoint of 5-year intervals. The age intervals begin with 0-4 and end with 85+. For example,

<u>AGE</u>	<u>New Value</u>
0 - 4	2
5 - 9	7
10 - 14	12
15 - 19	17
20 - 24	22
...5 year increment	...midpoint of 5 year interval
85+	85

The sensitive conditions and the screens for selecting them are listed below. The DRG and ICD-9-CM code screens are separated by "or" operators. The screen for sensitive conditions was updated during the processing of the 1997 HCUP data. Some out-of-date diagnoses and procedures, marked by "(D)", were dropped from the screen. Other diagnoses and procedures were added; these are marked by "(A)."

	<u>DRG's OR</u>	<u>Diagnoses OR</u>	<u>Procedures</u>
Abortion	380-381	634-634.92 (D)	69.01, 69.02
		635-635.99 (A)	69.09 (A)
		636-636.99	69.5-69.59
		637-637.99	69.93 (D)
		638-638.99	74.91, 75.0
		639-639.99	96.49 (D)
		V61.7	



AIDS	488-490	042	
		043-044.9 (D)	
		795.71 (A)	
		795.8 (D)	
		V08 (A)	
		V65.44 (A)	
Psychiatric	424-432	290-319.99	94.2-94.59 (A)
		E95.0-E95.99	
		E98.0-E98.99	
		V11.0-V11.99 (A)	
Substance Abuse	433-437	303-305.93	94.4-94.69 (A)
		980.0 (A)	
		V65.42 (A)	

## South Carolina

The calculation of AGE differs across years.

### Beginning in 2000

South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP processing.

### From 1996 to 1999

Only a two-digit year for date (DOB) was provided by the data source.

- If DOB > admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE = 01/02/88 and DOB = 01/03/88, then the birth year was set to 1888 and the calculated age was 99).
- If DOB <= ADATE, the birth century was assigned as 19 (e.g., if ADATE = 01/02/88 and DOB = 01/01/88, then the birth year was set to 1988 and the calculated age in years was 0).

Using only the admission date to determine births in the 1800s causes no patient ages to be greater than 99 years.

### In 1993 and 1995

South Carolina reported a two-digit year for date of birth (DOB). During HCUP processing, the birth century was assigned as 1800 if the reported age was at

least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

#### In 1994

South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP processing.

#### **Tennessee**

Only the calculated age could be used to assign AGE because Tennessee did not supply age in years.

#### **Utah**

The reported age was not used when AGE could not be calculated because Utah supplied age at discharge.

#### **Virginia**

Patient age could not be calculated from dates since Virginia did not report date of birth. During HCUP processing, only the reported age could be used to assign AGE.

#### **Washington**

##### Availability of Reported Age

During HCUP processing of 1988-1992 discharges, the reported age was not used when AGE could not be calculated because Washington reported age at discharge. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning with 1993 discharges, Washington reported age at time of admission, consistent with the HCUP definition of AGE. Therefore, if the patient's age could not be calculated from dates, the reported age was assigned to AGE.

##### Ages Greater Than 99 Years

For 1988-1992 discharges, due to the coding of date of birth, no patient ages are greater than 99 years. Only a two-digit year for date of birth (DOB) was provided by the data source.

- If DOB is greater than admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE = 01/02/88 and DOB = 01/03/88, then the birth year was set to 1888 and the calculated age was 99).

- If DOB is less than or equal to ADATE, the birth century was assigned as 19 (e.g., if ADATE = 01/02/88 and DOB = 01/01/88, then the birth year was set to 1988 and the calculated age in years was 0).

For 1993-1996 discharges, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other record. The age range is not truncated at 99.

Beginning in 1997, the reported age was no longer used to indicate ages over 100. This is consistent with the coding of AGE in other states. The coding of AGE in 1997 is the same as specified for 1988-1992.

Beginning in 1998, Washington provided a four-digit birth year with the century. If the reported date of birth was greater than the admission date, then the original date of birth remains unchanged and the age at admission (AGE and AGEDAY) was set to inconsistent (.C).

## **Wisconsin**

An error during HCUP processing of 1989-1992 discharges caused age in years (AGE) and date of birth (DOB) to be set to missing (.) for all patients born in the year 1900. Beginning with 1993 discharges, AGE and DOB were processed correctly.

From 1989-1994, only the calculated age could be used to assign AGE because Wisconsin did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

For 1995 discharges, the source supplied an age in years which was used if the age could not be calculated from date of birth and admission date.

Beginning in 1996, only the calculated age could be used to assign AGE because Wisconsin had truncated ages over 96 years to 96.

## AGEDAY - Age in days (when AGE is less than 1 year)

### General Notes

Age in days (AGEDAY) is reported for patients less than 1 year old. AGEDAY is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEDAY is set to the supplied age in days if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEDAY is missing (.) if the age cannot be calculated and the reported age in days is missing.
- AGEDAY is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEDAY is invalid (.A) if the age in days cannot be calculated and the supplied age in days is nonnumeric. An invalid calculated AGEDAY is not replaced by the reported age in days.
- If the data source does not provide the necessary dates to calculate age in days or the reported age in days, then beginning in the 1998 data, AGEDAY is not present on the HCUP files. In the 1988-1997 data, AGEDAY is retained on the HCUP files and is set to unavailable from source (.B).
- AGEDAY is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
  - Beginning in the 1998 data, AGEDAY is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
  - In the 1998-1997 data, AGEDAY is inconsistent with AGE (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP inpatient data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 and AGEDAY = missing (.), instead of AGE=0 and AGEDAY=364.

Uniform Values			
Data element	Description	Value	Value Description
AGEDAY	Age in days (when AGE is less than 1 year)	0-364	Days
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

State Specific Notes
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### Arizona

Only the calculated age could be used to assign AGEDAY because Arizona did not supply age in days.

### California

California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

### Georgia

Beginning in the 2001 data, Georgia no longer supplied 30 day intervals for age in days but instead furnished a calculated age in days ranging from 0-365.

AGEDAY is coded differently in Georgia than in the other HCUP states. AGEDAY was assigned from the reported age in days because Georgia did not supply date of birth.

- Patients less than 1 month old are coded in days from 0 to 30 (i.e., 0, 1, 2, 3 etc.).
- Patients between 1 month and 1 year old are coded in 30 day intervals (i.e., 30, 60, 90, 120, etc.)

The maximum value for AGEDAY is 330.

## **Hawaii**

Beginning in 2000, the reported age in days was used when the age in days could not be calculated from dates. Prior to 2000, only the calculated age could be used to assign AGEDAY. From 1996-1998, Hawaii did not supply age in days. In 1998-1999, Hawaii reported age in days, but the coding was not consistent with the HCUP standard coding.

Beginning in 1998, Hawaii provided the date of birth (DOB) with a four-digit year. In prior years, only a two-digit year was available.

## **Iowa**

AGEDAY may be incorrectly set to invalid (.A) on newborn records. When only the year of birth is available, Iowa codes the day and month of birth to '01'. This causes the calculated age in days to be negative, and therefore set to invalid (.A).

Only the calculated age could be used to assign AGEDAY. Prior to 1998, Iowa did not supply age in days. Beginning in 1998, Iowa supplied age in days, but the coding was inconsistent with HCUP standards.

## **Kentucky**

Only the calculated age in days could be used to assign AGEDAY because Kentucky did not supply this information.

## **Maine**

Only the calculated age could be used to assign AGEDAY because Maine did not supply age in days.

## **North Carolina**

Only the calculated age in days could be used to assign AGEDAY because North Carolina did not supply this information.

## **New Jersey**

Only the calculated age could be used to assign AGEDAY because New Jersey did not supply age in days.

## **New York**

In the 1988-1997 HCUP New York databases, AGEDAY could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

Beginning with the 1998 data, New York provided complete dates and AGEDAY could be calculated.

## **Oregon**

During HCUP processing, only the calculated age in days could be used to assign AGEDAY because:

- Oregon did not report age in days in the data prior to 1998 and
- Oregon reported age in days at discharge beginning in the 1998 data.

## **Tennessee**

Only the calculated age could be used to assign AGEDAY because Tennessee did not supply age in days.

## **Utah**

Only the calculated age could be used to assign AGEDAY because Utah did not supply age in days.

## **Virginia**

Age in days could not be calculated from dates since Virginia did not report the date of birth. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

## **Washington**

Only the calculated age could be used to assign AGEDAY because Washington did not supply age in days.

## **West Virginia**

Only the calculated age in days could be used to assign AGEDAY because West Virginia did not supply this information.

## AGEMONTH - Age in months (when AGE is less than 11 years)

### General Notes

Age in months (AGEMONTH) is reported for patients under 11 years of age. AGEMONTH is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEMONTH is set to the supplied age in months if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEMONTH is missing (.) if the age cannot be calculated and the reported age in months is missing.
- AGEMONTH is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEMONTH is invalid (.A) if the age in months cannot be calculated and the supplied age in months is nonnumeric. An invalid calculated AGEMONTH is not replaced by the reported age in months.
- AGEMONTH is set to inconsistent (.C) if AGEMONTH is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).

### Uniform Values

Data element	Description	Value	Value Description
AGEMONTH	Age in months (when AGE is less than 11 years)	0-131	Months
		.	Missing
		.A	Invalid
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05

### State Specific Notes

#### Georgia

Beginning in the 2001 data, Georgia submitted age in months when age is less than 11 years.



Age in months could not be calculated from dates because Georgia did not supply date of birth. During HCUP processing, only the reported age in months could be used to assign AGEMONTH. The reported age in months is available only through 2 years of age. AGEMONTH is missing (.) for patients over 2 years old.

## AMONTH - Admission month

### General Notes

Admission month (AMONTH) is derived from either the month of the admission date or the supplied admission month. A valid nonmissing month is assigned to AMONTH even if the admission year or day is invalid or missing. Therefore, it is possible to have a valid AMONTH when the admission date is invalid or missing.

If AMONTH is nonnumeric or out of range (month NE 1-12), then AMONTH is invalid (.A).

If the data source does not provide the admission month, then beginning in the 1998 data, AMONTH is not present on the HCUP files. In the 1988-1997 data, AMONTH is retained on the HCUP files and is set to unavailable from source (.B).

### Uniform Values

Data element	Description	Value	Value Description
AMONTH	Admission month	1-12	Admit month
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

### State Specific Notes

*None*

## ASOURCE - Admission source, uniform coding

### General Notes

ASOURCE indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) includes referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals.

If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).

Beginning in the 1998 data, the data element ASOURCE\_X retains the source of admission as provided by the data source.

Uniform Values			
Data element	Description	Value	Value Description
ASOURCE	Admission source, uniform coding	1	Emergency department
		2	Another hospital
		3	Another health facility including long term care
		4	Court/Law enforcement
		5	Routine, birth, and other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

### State Specific Notes

## Arizona

Arizona			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO/AHCCCS health plan referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Information not available, Missing		
Any values not documented by the data source		.A	Invalid

## California

California			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
nn1	Route was this hospital's emergency room	1	Emergency department
51n, where n = 0 or 2	Acute inpatient care (this hospital)	2	Another hospital
52n, where n = 0 or 2	Acute inpatient care (another hospital)		

2mn, where m = 0-3, n = 0 or 2	Residential care facility	3	Other health facility including long-term care
3mn, where m = 0-3, n = 0 or 2	Ambulatory surgery		
4mn, where m = 0-3, n = 0 or 2	Skilled Nursing/Intermediate care		
5mn, where m = 0 or 3, n = 0 or 2	Acute inpatient hospital care (not a hospital)		
6mn, where m = 0-3, n = 0 or 2	Other inpatient hospital care		
8mn, where m = 0-3, n = 0 or 2	Prison/jail	4	Court/Law enforcement
1mn, where m = 0-3, n = 0 or 2	Home	5	Routine including births and other sources
7mn, where m = 0-3, n = 0 or 2	Newborn		
9mn, where m = 0-3, n = 0 or 2	Other		
000, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<p>The <u>first digit</u> of ASOURCE_X describes the <u>site</u> from which the patient originated (e.g., home (1), residential care facility (2), ambulatory surgery (3), skilled nursing/intermediate care (4), acute inpatient hospital care (5), other inpatient hospital care (6), newborn (7), prison/jail (8), other (9)).</p> <p>The <u>second digit</u> of ASOURCE_X describes the <u>license</u> of site from which the patient originated (e.g., this hospital (1), another hospital (2), not a hospital (3)).</p> <p>The <u>third digit</u> describes the <u>route</u> by which the patient was admitted (e.g., this hospital's emergency room (1), not this hospital's</p>			

emergency room (2). Source value 2 includes patients seen in the emergency room of another hospital and patients not seen in any emergency room.).

Newborns

In all years, California assigned all records containing a principal diagnosis code of "newborn, born in hospital" (defined as DX1 equal to V3x.0x) to an admission source of newborn, regardless of the admission source reported by the hospital. These discharges are included under the uniform category routine, birth, and other (ASOURCE = 5).

Home Health Service

Prior to 1995, the categories coded under routine, birth, and other (ASOURCE = 5) included an admission source of "Home Health Service."

Beginning in 1995, home health service is not reported by California as a separate category. No documentation is available from the source to indicate whether home health service is reported under another source category.

Court/Law Enforcement

Prior to 1995, the source documentation supplied by California does not indicate which source categories are used for "Court/Law Enforcement" (ASOURCE=4).

Beginning in 1995, the source reported a separate category for admissions from "Prison/Jail." These discharges are included under the uniform category "Court/Law Enforcement" (ASOURCE = 4).

Ambulatory Surgery

Beginning in 1995, the source reports a separate category for admissions from ambulatory surgery. These discharges are included under the uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3).

**Colorado**

Colorado			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department

4	Transfer from a hospital	2	Another hospital
A	Transfer from a rural hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, Blank	Unknown, Missing		
Any values not documented by the data source		.A	Invalid

## Connecticut

Connecticut			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
2	Emergency department	1	Emergency department
4	Another hospital	2	Another hospital
3	Outpatient department	3	Other health facility including long-term care
5	SNF/ICF		
--	--	4	Court/Law enforcement
1	Routine from home	5	Routine including births and other sources
6	Newborn		
7	Still born		
8	Same day care		

Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Florida

Florida			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from skilled nursing facility	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
10	Normal delivery (if ATYPE=4)		
11	Premature delivery (if ATYPE=4)		
12	Sick baby (if ATYPE=4)		
13	Extramural birth (if ATYPE=4)		
09, 14, Blank	Other/Unknown, Other/Unknown (if ATYPE=4), Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Georgia

Georgia			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description



7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0, 9, Blank	Unknown, Missing	.	Missing
Any other values including alphabetic characters		.A	Invalid

## Hawaii

Hawaii			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural hospital primary care facility		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births

2	Clinic referral		and other sources
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<p>Admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows:</p> <ul style="list-style-type: none"> <li>If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source, Else ASOURCE_X = the admission source for non-newborns.</li> </ul>			

## Iowa

Iowa			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal birth (if ATYPE=4)		

2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Kentucky

Kentucky			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
A	Transfer from critical care hospital		
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Massachusetts

Massachusetts			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Outside hospital emergency room	1	Emergency department
R	Within hospital emergency room (beginning in October 1999)		
4	Transfer from an acute hospital	2	Another hospital
5	Transfer from a skilled nursing home	3	Other health facility including long-term care
6	Transfer from Intermediate Care Facility		
T	Transfer from outside ambulatory surgery		
X	Observation		
Y	Within hospital ambulatory surgery		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Within hospital clinic referral		
3	HMO referral		
9	Other (to include level 4 nursing facility)		
L	Outside hospital clinic referral		
M	Walk-in / Self Referral		
A	Normal delivery (if ATYPE = 4)		
B	Premature delivery (if ATYPE = 4)		
C	Sick baby (if ATYPE = 4)		

W	Extramural birth (if ATYPE = 4)		
D	Extramural birth (if ATYPE = 4)		
0, Z, Bland	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Maine

Maine			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature delivery (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
0, 9, Blank	Missing	.	Missing
Any other values not documented by the data source		.A	Invalid

## Maryland

Maryland			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
05	Admitted from home (when the emergency flag provided by MD indicates the record was admitted from the emergency room)	1	Emergency department
9, 99, Blank	Missing (when the emergency flag provided by MD indicates the record was admitted from the emergency room)		
00	Transferred from on-site acute care unit to rehabilitation unit	2	Another hospital
01	Transferred from another hospital to a specialty center		
02	Transferred from another hospital for any other reason		
11	Transfer from on-site acute care unit to psych unit (Beginning in 2000)		
03	Transferred from a nursing home	3	Other health facility including long-term care
04	Transferred from any other institution		
06	Transferred from Lithotripsy facility		
07	Transferred from on-site ambulatory outpatient surgery unit		
08	Transferred from off-site ambulatory outpatient surgery unit		
12	Admitted from on-site sub-acute facility (beginning in 1996)		
13	Admitted from other sub-acute facility (beginning in 1996)		
--		4	Court/Law enforcement

05	Admitted from home (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room)	5	Routine including births and other sources
10	Newborn		
9, 99, Blank	Missing (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room)	.	Missing
Any values not documented by the data source		.A	Invalid
Maryland flagged admissions through emergency rooms as a separate data element from the source of admission. This separate data element was used to recode the source values for "Admitted from Home" (ASOURCE_X = 05) and "Missing" (ASOURCE_X = 9, 99, or blank).			

## Missouri

Missouri			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		

4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## North Carolina

North Carolina			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, 1, N, U, Y; 9,0,5,6,7; Blank	Documented by source as unknown values; Documented by source as unknown values (if ATYPE = 4)	.	Missing
Any values not documented by the data source		.A	Invalid



## New Jersey

New Jersey			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
1	Normal birth (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

In 1995-1996, the admission source, "Transfer from a Rural Primary Care Hospital" was erroneously recoded to the HCUP uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3). Beginning in 1997, the admission source "Transfer from a Rural Primary Care Hospital" was correctly recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2). This source value was not available from New Jersey prior to 1995.

## New York

*Admitted from Outpatient Department*

- For 1988-1992, the source category "Admitted From Outpatient Department" was recoded to the HCUP uniform category "Routine, Birth and Other" (ASOURCE = 5).
- For 1993, New York recoded "Admitted From Outpatient Department" into the source category "Emergency Room" and during HCUP processing, it was assigned to the HCUP category "Emergency Department" (ASOURCE = 1).
- Beginning in 1994, New York does not report "Admitted from Outpatient Department."

*Transfer from a Rural Primary Care Hospital*

- Beginning in 1995, New York reported the admission source, "Transfer from a Rural Primary Care Hospital." This was recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2).

*Other Source*

- For 1988-1992, the source category "Other Source" was recoded to the HCUP uniform category "Routine, Birth and Other" (ASOURCE = 5).
- For 1993, New York recoded "Other Source" into the source category "Information Not Available" and during HCUP processing, it was assigned to the HCUP category "Missing" (ASOURCE = .).
- Beginning in 1994, New York does not report "Other Source."

New York			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		

2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

## Oregon

Oregon			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
00	Home Health (discontinued in 1999)		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
21	Admissions office (discontinued in 1998)		
22	Newborn (discontinued in 1998)		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Pennsylvania

Pennsylvania			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care facility (Beginning in 1995)		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
0	Transfer from psychiatric, substance abuse, or rehabilitation hospital (Beginning in 2000)		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0	Unknown (Valid 1989 - 1999)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## South Carolina

South Carolina			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description

7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)	.	Missing
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)	.A	Invalid
0, 9, Blank	Information not available, Missing		
Any values not documented by the data source			

## Tennessee

Tennessee			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic Referral		

3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

### Texas

Texas			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
0	Transfer from a psychiatric, substance abuse, rehabilitation hospital		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic Referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		

4	Extramural birth (if ATYPE=4)		
9, Blank	Missing	.	Missing
" * " and any values not documented by the data source		.A	Invalid
Texas does not provide admission source for newborns.			

## Utah

Utah					
ASOURCE_X		ASOURCE			
Value	Description	Value	Description		
7	Emergency room	1	Emergency department		
4	Transfer from hospital	2	Another hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care		
6	Transfer from another health care facility				
8	Court/Law enforcement	4	Court/Law enforcement		
1	Physician Referral	5	Routine including births and other sources		
2	Clinic referral				
3	HMO referral				
1	Normal newborn (if ATYPE=4) (This is not available in the SASD)				
2	Premature delivery (if ATYPE=4) (This is not available in the SASD)				
3	Sick baby (if ATYPE=4) (This is not available in the SASD)				
4	Extramural birth (if ATYPE=4) (This is not available in the SASD)				
0	Newborn				
9, Blank	Unknown, Missing			.	Missing
Any values not documented by the				.A	Invalid

data source		
<p>SID: Admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows:</p> <p style="padding-left: 40px;">If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source,</p> <p style="padding-left: 40px;">Else ASOURCE_X = the admission source for non-newborns.</p> <p>SASD: Only the non-newborn admission source was provided.</p>		

## Virginia

Virginia			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid



## Washington

Washington			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
9	Other		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Wisconsin

Wisconsin			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		

8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature newborn (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

### West Virginia

West Virginia			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		

9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## ASOURCE\_X - Admission source, as received from source

### General Notes

ASOURCE\_X retains the source of the admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

The data element ASOURCE indicates the source of the admission recoded into HCUP uniform values

### Uniform Values

Data element	Description	Value	Value Description
ASOURCE_X	Admission source, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

### State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element ASOURCE.

## ATYPE - Admission type

### General Notes

ATYPE indicates the type of admission (emergency, urgent, elective, etc.). Newborn admission types are separated only if that information is available from the data source. No edit check comparing the admission type to diagnosis or procedure codes is performed.

Because it is infrequently available from data sources, the admission type of delivery (ATYPE=5) is discontinued beginning in the 1998 data. If available, deliveries are recoded under urgent (ATYPE=2).

### Uniform Values

Data element	Description	Value	Value Description
ATYPE	Admission type	1	Emergency
		2	Urgent
		3	Elective
		4	Newborn
		5	Delivery (coded in 1988-1997 data only)
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

### State Specific Notes

#### Arizona

Arizona does not separately classify deliveries. The source documentation supplied by Arizona does not indicate which source categories were used for deliveries.

## **Colorado**

In 1995, Colorado began collecting admission type, but it was optional for hospitals to report this data to the hospital association.

Colorado does not separately classify deliveries. The source documentation supplied by Colorado does not indicate which source categories were used for deliveries. Beginning with 1998 data, the HCUP data element for admission type does not include a value for deliveries (ATYPE = 5).

## **Connecticut**

Connecticut does not separately classify deliveries. The source documentation available for Connecticut does not describe which admission type(s) were used for deliveries.

## **Florida**

Florida does not separately classify deliveries. According to the documentation available from the source, most normal deliveries are categorized as urgent (ATYPE = 2), and most cesarean births and some normal deliveries are included under elective (ATYPE = 3).

## **Georgia**

Georgia does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Georgia does not describe which admission type(s) were used for these categories.

## **Hawaii**

Hawaii does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Hawaii does not describe which admission type(s) were used for these categories.

## **Iowa**

Iowa does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

## **Kansas**

Kansas does not separately classify deliveries. The source documentation available for Kansas does not indicate which code was used for deliveries.

## **Kentucky**

Kentucky does not separately classify deliveries. The source documentation supplied by Kentucky does not indicate which source categories were used for deliveries.

## **Massachusetts**

Massachusetts does not separately classify deliveries. The source documentation supplied by Massachusetts does not indicate which source categories are used for deliveries.

## **Maine**

Maine does not separately classify deliveries. The source documentation available for Maine does not describe which admission type(s) were used for deliveries.

## **Maryland**

During HCUP processing of 1993 data, the source category "Rehabilitation" was erroneously recoded to the HCUP category "Invalid" (ATYPE = .A) instead of "Other" (ATYPE = 6). During HCUP processing for other years, the source category Rehabilitation was correctly recoded to the HCUP category "Other" (ATYPE=6).

Beginning in 1997, the source reported a separate category for "Psychiatric" admissions. These discharges are included under the uniform category "Other" (ATYPE = 6).

Beginning in 1998, an admission type of "Delivery" was recoded to "Urgent" (ATYPE = 2).

## **Missouri**

Missouri does not separately classify deliveries. The source documentation supplied by Missouri does not indicate which source categories were used for deliveries.

## **North Carolina**

North Carolina does not separately classify deliveries. The source documentation supplied by North Carolina does not indicate which source categories were used by deliveries.

## **New Jersey**

New Jersey does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

## **New York**

New York does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

## **Oregon**

Oregon does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

## **Pennsylvania**

Pennsylvania does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

## **Tennessee**

Tennessee does not separately classify deliveries. The source documentation supplied by Tennessee does not indicate which source categories were used for deliveries.

## **Texas**

Texas does not separately classify deliveries. The source documentation supplied by Texas does not indicate which source categories were used for deliveries.

## **Utah**

Utah does not separately classify deliveries nor do they have a separate category for "Other." The source documentation available for Utah does not describe which admission type(s) were used for these categories.

## **Washington**

Washington does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.



**Wisconsin**

Wisconsin does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

**West Virginia**

West Virginia does not separately classify deliveries. The source documentation supplied by West Virginia does not indicate which source categories were used for deliveries.

## AWEEKEND - Admission day is on a weekend

### General Notes

An indicator of whether the admission day is on the weekend (AWEEKEND) is calculated from the admission date (ADATE). If AWEEKEND cannot be calculated (ADATE is missing or invalid), then

- AWEEKEND is missing (.) if ADATE is missing (.) or
- AWEEKEND is invalid (.A) if ADATE is invalid (.A).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

### Uniform Values

Data element	Description	Value	Value Description
AWEEKEND	Admission day is on a weekend	0	Admitted Monday-Friday
		1	Admitted Saturday-Sunday
		.	Missing
		.A	Invalid

### State Specific Notes

#### Connecticut

Beginning in 2000, Connecticut provides the necessary information to code AWEEKEND.

#### Florida

The reported admission day of week was used to assign AWEEKEND. Florida did not provide admission date.

#### New York

The assignment of AWEEKEND varies by year in New York:

- Beginning in the 2000 data, A WEEKEND is assigned from the reported admission day of the week if the admission date is missing.
- In the first version of 1998-1999 data, A WEEKEND was calculated from the admission date. Because New York masked the admission dates on AIDS/HIV\* records, A WEEKEND is missing (.) on these discharges.

An updated version of the 1998-1999 data is available with A WEEKEND coded on the New York AIDS/HIV\* records. The updated version has A WEEKEND calculated using the method described for the 2000 data.

\*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

## BWT - Birth weight in grams

### General Notes

Birth weight (BWT) is coded in grams. No edit check comparing the birth weight to the diagnosis or procedure codes is performed.

### Uniform Values

Data element	Description	Value	Value Description
BWT	Birth weight in grams	228-9143	Grams
		.	Missing
		.A	Invalid: Beginning with 1998 data, range check of 0.5 lbs (228 grams) to 20 lbs (9143 grams) was applied to the source data

### State Specific Notes

#### Colorado

In 1993, Colorado began collecting birth weight of newborns, but it was optional for hospitals to report this data to the hospital association.

#### Kentucky

Kentucky hospitals provide the birth weight of the newborns in either pounds/ounces or grams. During HCUP processing birth weights coded in pounds/ounces are converted into grams.

#### Maryland

For 1990-1992, birth weight was reported by Maryland but was not processed as an HCUP data element. Beginning with 1993 discharges, birth weight is available in the HCUP Maryland data.

## **New York**

New York restricts the values of birth weight. Values less than 100 grams are set to 100; values greater than 9000 grams are set to 9000 grams.

New York rounded down the birthweight to the nearest 100 grams on AIDS/HIV newborn discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

## DIED - Died during hospitalization

### General Notes

Died during hospitalization (DIED) is coded from disposition of patient. The HCUP data element for disposition of the patient varies across years of data.

Beginning in the 1998 data, the HCUP data element DISPUiform is used to code DIED.

- If DISPUiform indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISPUiform indicates that a patient died in the hospital (value 20), then DIED is coded as 1.
- If DISPUiform is missing (.) or invalid (.A), then DIED is also missing (.) or invalid (.A).

Patients that died outside of the hospital are coded as missing (DISPUiform = . and DIED = .).

From 1988-1997 data, the HCUP data element DISP is used to code DIED.

- If DISP indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISP indicates that a patient died in or out of the hospital (value 20), then DIED is coded as 1.
- If DISP is missing (.), invalid (.A), or unavailable from the source (.B), then DIED is also missing (.), invalid (.A), or unavailable from the source (.B).

Patients that died outside of the hospital are included in the same category as patients that died in the hospital (DISP = 20), so for these patients DIED is coded as 1.

In the 1998-2000 HCUP data files, missing values of DIED were erroneously set to invalid (.A).

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DIED	Died during hospitalization	0	Did not die
		1	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

<b>State Specific Notes</b>
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**New Jersey**

In 1994, New Jersey reported that Englewood Hospital and Medical Center (DSHOSPID = 00450) incorrectly reported transfers to other hospitals as deaths.

**DISCWT - Weight to discharges in the universe. Use to create national estimates for all analyses except those that involve total charges.**

**General Notes**

DISCWT and DISCWTcharge are discharge-level weights. To produce national estimates, use DISCWT or DISCWTcharge to weight sampled discharges in the Core file to the discharges from all community, non-rahabilitation hospitals located in the U.S.

- DISCWT should be used to create national estimates for all analyses except those that involve total charges.
- DISCWTcharge should be used to create national estimates of total charges.

**Calculation.** DISCWT was calculated by stratum (KID\_STRATUM) and record type. There were three different record types:

- Uncomplicated in-hospital births (HOSPBIRTH = 1 and UNCBIRTH = 1)
- Complicated in-hospital births (HOSPBIRTH = 1 and UNCBIRTH = 0)
- All other pediatric cases (HOSPBIRTH = 0)

For detailed information about the development and use of the discharge weights, see the report on the Design of the HCUP Kids Inpatient Database (KID).

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DISCWT	Weight to discharges in the universe. Use to create national estimates for all analyses except those that involve total charges.	nn.nnnn	Weight to discharges in the universe. Use to create national estimates for all analyses except those that involve total charges.



**State Specific Notes**

*None*

**DISCWTcharge - Weight to discharges in the universe. Use to create national estimates for total charges.**

**General Notes**

DISCWT and DISCWTcharge are discharge-level weights. To produce national estimates, use DISCWT or DISCWTcharge to weight sampled discharges in the Core file to the discharges from all community, non-rehabilitation hospitals located in the U.S.

- DISCWT should be used to create national estimates for all analyses except those that involve total charges.
- DISCWTcharge should be used to create national estimates of total charges.

**Calculation.** DISCWTcharge was calculated by stratum (KID\_STRATUM) and record type. There were three different record types:

- Uncomplicated in-hospital births (HOSPBIRTH = 1 and UNCBIRTH = 1)
- Complicated in-hospital births (HOSPBIRTH = 1 and UNCBIRTH = 0)
- All other pediatric cases (HOSPBIRTH = 0)

For detailed information about the development and use of the discharge weights, see the report on the Design of the HCUP Kids Inpatient Database (KID).

**Uniform Values**

<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DISCWTcharge	Weight to discharges in the universe. Use to create national estimates for total charges.	nn.nnnn	Weight to discharges in the universe. Use to create national estimates for total charges.

**State Specific Notes**

**None**

## DISPUB92 - Disposition of patient, UB92 coding

### General Notes

DISPUB92 indicates the disposition of the patient at discharge and uses the same coding as the patient status data element on the UB-92 claim form.

DISPUB92 has more detailed categories for transfers and Home Health Care than the HCUP data element DISPUniform. DISP\_X retains the disposition of patient as provided by the data source.

Uniform Values			
Data element	Description	Value	Value Description
DISPUB92	Disposition of patient, UB92 coding	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility (for inpatient care)
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		8	Home IV provider
		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
		20	Died in hospital
		40	Died at home
		41	Died in a medical facility
		42	Died, place unknown
		50	Hospice - home
		51	Hospice - medical facility
61	Within this institution to a Medicare-approved swing bed, beginning in 2000 data		

		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data
		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data
		71	Another institution for outpatient services, beginning in 2000 data
		72	This institution for outpatient services, beginning in 2000 data
		99	Discharge alive, destination unknown, beginning in 2001 data
		.	Missing
		.A	Invalid

<b>State Specific Notes</b>
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**Arizona**

<b>Arizona</b>			
<b>DISP_X</b>		<b>DISPUB92</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	Home or self care (routine)	1	Routine
2	Another short term general hospital	2	Short-term hospital
3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility
5	Another type of institution	5	Another type of facility
6	Home under care of organized home health service organization	6	Home health care

7	Left against medical advice	7	Against medical advice
8	Home under care of a Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
9	All Other	.	Missing
Blank	Missing	.	
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Colorado

Colorado			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.

--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any other values		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Connecticut

Connecticut			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home	1	Routine
02	Other hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Other facility	5	Another type of facility
06	Home health care	6	Home health care
07	Left AMA	7	Against medical advice
08	Home IV therapy	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing

			bed (beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Florida

Florida			
DISP_X		DISPUB92	
Value	Description	Value	Description
01, 1	Home	1	Routine
02, 2	Short term general hospital	2	Short-term hospital
03, 3	Skilled nursing facility	3	Skilled nursing facility
04, 4	Intermediate care facility	4	Intermediate care facility
05, 5	Another type of institution	5	Another type of facility
06, 6	Home under care of home health care organization	6	Home health care
07, 7	Left against medical advice	7	Against medical advice
08, 8	Home on IV	8	Home IV provider



	medications		
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing		
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Georgia

Georgia			
DISP_X		DISPUB92	
Value	Description	Value	Description
01, 1	Home or self care (routine)	1	Routine

02, 2	Another short-term general hospital	2	Short-term hospital
03, 3	Skilled nursing facility	3	Skilled nursing facility
04, 4	Intermediate care facility	4	Intermediate care facility
05, 5	Another type of institution	5	Another type of facility
06, 6	Home health care	6	Home health care
07, 7	Left against medical advice	7	Against medical advice
08, 8	Home under care of Home IV Provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
50	Hospice - home (Beginning in 2000)	50	Hospice - home
51	Hospice - medical facility (Beginning in 2000)	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)	61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.

71	Another institution for outpatient services (Beginning in 2000)	71	Another institution for outpatient services (Beginning in 2000)
72	This institution for outpatient services (Beginning in 2000)	72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
0, 99, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Hawaii

Hawaii			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	another type of facility
06	Home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of Home IV Provider	8	Home IV provider
--		9	Admitted as an inpatient to this

			hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Iowa

Iowa			
DISP_X		DISPUB92	
Value	Description	Value	Description
1	Home or self-care	1	Routine

3	Other acute hospital	2	Short-term hospital
4	SNF	3	Skilled nursing facility
5	ICF	4	Intermediate care facility
6	Other health care facility	5	Another type of facility
2	Home health service	6	Home health care
7	Against medical advice	7	Against medical advice
--		8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
8	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data		.A	Invalid

source		
DISPUniform is coded directly from DISPUB92.		

## Kansas

Kansas			
DISP_X		DISPUB92	
Value	Description	Value	Description
1	Routine	1	Routine
31	Transfer: other hospital	2	Short-term hospital
32	Transfer: skilled nursing facility	3	Skilled nursing facility
33	Transfer: intermediate care facility	4	Intermediate care facility
34	Transfer: Rehabilitation center	5	Another type of facility
35	Transfer: Psychiatric facility		
37	Transfer: Custodial		
38	Transfer: Other		
36	Transfer: Organized home care	6	Home health care
2	Against medical advice	7	Against medical advice
--		8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
4	Expired (no autopsy)	20	Died in the hospital
5	Expired (autopsy)		
6	Coroner's case (no autopsy)		

7	Coroner's case (autopsy)		
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<p>Information on the disposition of the patient was provided in two fields: discharge status and transfer destination. If the discharge status indicated a transfer, then DISP_X is assigned using both the discharge status (value 3) and the transfer destination (values 1-8) to create a two-digit value 31-38. For non-transfers, DISP_X contains one digit discharge status.</p> <p>DISPUniform is coded directly from DISPUB92.</p>			

## Kentucky

Kentucky	
DISP_X	DISPUB92

<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Routine (home/self-care)	1	Routine
02	Short-term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of facility	5	Another type of facility
06	Home health care	6	Home health care
07	Against medical advice	7	Against medical advice
08	Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20, 21	Expired	20	Died in the hospital
40	Died at home	40	Died at home
41	Died in other medical facility	41	Died in other medical facility
42	Died, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services



--		99	Discharge alive, destination unknown, beginning in 2001 data.
10, 11, Blank	No longer covered by Medicaid, transferred to another category of service, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Massachusetts

Massachusetts			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home (routine)	1	Routine
14	Rest Home (Beginning in 1998)		
15	Shelter (Beginning in 1999)		
02	Another short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Further care - Inpatient or OPD	5	Another type of facility
10	Chronic hospital		
11	Mental health facility		
13	Rehab hospital		
14	Rest Home (Prior to 1998)		
06	Home under care of home health	6	Home health care

	agency		
07	Left against medical advice	7	Against medical advice
08	Home for IV drug therapy	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
12	Discharge Other	.	Missing
00, Blank	Missing		
09	Not used (Beginning in 1999)	.A	Invalid
Any values not documented by the data source			

DISPUniform is coded directly from DISPUB92.

**Maine**

<b>Maine</b>			
<b>(Valid beginning in 2000)</b>			
<b>DISP_X</b>		<b>DISPUB92</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)

--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Missouri

Missouri			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home/self	1	Routine
02	Another acute care hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
61	Hospital-based swing bed this institution (prior to 2000)		
71	Another institution for outpatient services (prior to 2000)		

72	This institution for outpatient services (prior to 2000)		
06	Home health care	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)	61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
71	Another institution for outpatient services (beginning in 2000)	71	Another institution for outpatient services (beginning in 2000)
72	This institution for outpatient services	72	This institution for outpatient services (beginning in 2000)

	(beginning in 2000)		
--		99	Discharge alive, destination unknown, beginning in 2001 data.
99, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## North Carolina

North Carolina			
DISP_X		DISPUB92	
Value	Description	Value	Description
1	Home or self-care (Routine)	1	Routine
2	Another short term general hospital	2	Short-term hospital
3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility
5	Another type of institution	5	Another type of facility
6	Home under care of home health care organization	6	Home health care
7	Left against medical advice	7	Against medical advice
8	Home under care of Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Died at home	40	Died at home
41	Died in other medical facility	41	Died in other medical facility

42	Died, place unknown	42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services
--		72	This institution for outpatient services
--		99	Discharge alive, destination unknown, beginning in 2001 data.
9, 10, 50, 51, Blank	Documented by source as unknown values	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## New Jersey

New Jersey			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care	4	Intermediate care facility

	facility		
05	Another type of institution	5	Another type of facility
06	Home under care of organized HHA	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home with IV therapy	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired, no autopsy	20	Died in the hospital
21	Expired, with autopsy		
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
71	Another institution for outpatient services	71	Another institution for outpatient services (added for 2000 data)
72	This institution for outpatient services	72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing



Any values not documented by the data source	.A	Invalid
DISPUniform is coded directly from DISPUB92.		

## New York

New York			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care (routine)	1	Routine
90	Plan of care completed (SASD Only)		
91	Pre-admission (SASD Only)		
02	Another acute general hospital	2	Short-term hospital
09	Admitted as an inpatient to this hospital (SASD only)		
10	Neonate discharged another hospital (Inpatient data only)		
13	Another hospital for tertiary aftercare (Inpatient data only)		
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
12	Intermediate care facilities for the mentally retarded		
05	Another type of institution	5	Another type of facility
11	Short-term psychiatric, chronic hospital or long-term specialty hospital providing for psychiatric illnesses		
14	Domiciliary Care Facility (Inpatient data only)		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV provider (Inpatient data only)	8	Home IV provider
--		9	Admitted as an

			inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Transfer within institution to a Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services (added for 2000 data)

72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Oregon

Oregon			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Routine discharge (to home of self care)	1	Routine
10	Discharged - no longer covered by Medicaid		
02	Another short term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
11	Transferred to another category of service		
06	Home health care service	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged home under care of a Home	8	Home IV provider

	IV Service		
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Pennsylvania

Pennsylvania			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care (routine discharge)	1	Routine
02	Short-term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Discharged to home with hospice care	50	Hospice - home
51	Discharged to a hospice facility	51	Hospice - medical facility
61	Discharged/transferred within the facility to a hospital - based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct

			part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
0, 00, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## South Carolina

South Carolina			
DISP_X		DISPUB92	
Value	Description	Value	Description
1, 01	Home or self care (routine)	1	Routine
2, 02	Another short term general hospital	2	Short-term hospital
9, 09	Admitted as an inpatient to this hospital (Invalid for the SID, valid for the SASD and SEDD)		
3, 03	Skilled nursing facility	3	Skilled nursing facility
4, 04	Intermediate care facility	4	Intermediate care facility
5, 05	Another type of institution	5	Another type of facility

6, 06	Home under care of home health service organization	6	Home health care
7, 07	Left against medical advice	7	Against medical advice
8, 08	Home under care of Home IV Provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001

			data.
0, 00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Tennessee

Tennessee			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care (routine)	1	Routine
02	Another short term general hospital	2	Short-term hospital
09 (SASD and SEDD Only)	Admitted as an inpatient to this hospital		
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
10	Discharged/transferred to a mental health center		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV Provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--	Died at home (Beginning	40	Died at home



	in 2000)		
--	Died in other medical facility (Beginning in 2000)	41	Died in other medical facility
--	Died, place unknown (Beginning in 2000)	42	Died, place unknown
--	Hospice - home (Beginning in 2000)	50	Hospice - home
--	Hospice - medical facility (Beginning in 2000)	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Texas

<b>Texas</b>
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DISP_X		DISPUB92	
Value	Description	Value	Description
1	Home or Self-care (routine discharge)	1	Routine
2	Short-term general hospital	2	Short-term hospital
3	Skilled nursing facility	3	Skilled nursing facility
4	Intermediate care facility	4	Intermediate care facility
5	Other inpatient care facility	5	Another type of facility
6	Home health service	6	Home health care
7	Against medical advice	7	Against medical advice
8	Home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--	--	40	Died at home
41	Expired in other medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.

71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
" * " or any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Utah

Utah			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Discharge to home or self care (routine)	1	Routine
02	Another short term hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Discharged home under care of a home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient

			data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired - place unknown	42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
09, 00, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Virginia

Virginia			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care	1	Routine

02	Another hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Against medical advice	7	Against medical advice
08	Home under IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination

			unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Washington

Washington			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home or self care (routine discharge)	1	Routine
02	Short term general hospital	2	Short-term hospital
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
05	Another type of institution	5	Another type of facility
06	Home under care of home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a home IV provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical	51	Hospice - medical facility

Facility			
--		61	Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## Wisconsin

Wisconsin			
DISP_X		DISPUB92	
Value	Description	Value	Description
1, 01	Home or self care (routine)	1	Routine
2, 02	Short-term general hospital	2	Short-term hospital
3, 03	Skilled nursing facility	3	Skilled nursing facility
4, 04	Intermediate care facility	4	Intermediate care facility
5, 05	Another type of facility	5	Another type of facility
6, 06	Home health	6	Home health care

	care		
7, 07	Against medical advice	7	Against medical advice
8, 08	Home intravenous provider	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Died	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - Home	50	Hospice - Home
51	Hospice - Medical facility	51	Hospice - Medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			



## West Virginia

West Virginia			
DISP_X		DISPUB92	
Value	Description	Value	Description
01	Home/Self-Care/Routine	1	Routine
02	Sort Term Hospital	2	Short-term hospital
03	Skilled Nursing Facility	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home (hospice care)	40	Died at home
41	Expired in medical facility (hospice care)	41	Died in other medical facility
42	Expired - place unknown (hospice care)	42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
61	Within this institution to a hospital-based Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed
--		62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Long term care hospital,

			beginning in 2001 data.
71	Another institution for outpatient services	71	Another institution for outpatient services
72	This institution for outpatient services	72	This institution for outpatient services
--		99	Discharged alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

## DISPUniform - Disposition of patient, uniform coding

<b>General Notes</b>
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DISPUniform indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). To ensure uniformity of coding across data sources, DISPUniform combines detailed categories in the more general groups. For example,

- Transfers to facilities other than short-term hospitals (skilled nursing facilities, intermediate care facilities, and other type of facilities) are coded as DISPUniform = 5.
- Transfers to Home Health Care (including IV providers and Hospice home care) are coded as DISPUniform = 6.

DISPUB92 has more detailed categories for transfers and Home Health Care and distinguishes patients that died in the hospital from those that died outside of the hospital. The following table lists how the values of DISPUB92 map to the values of DISPUniform:

<b>Coding of DISPUB92 into DISPUniform</b>			
<b>DISPUB92</b>		<b>DISPUniform</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	Routine	1	Routine
71	Another institution for outpatient services. <i>Value was added beginning in the 2000 HCUP data.</i>		
72	This institution for outpatient services. <i>Value was added beginning in the 2000 HCUP data.</i>		
2	Short-term Hospital	2	Transfer to Short-term Hospital
9	Admitted as an inpatient to this hospital. Valid only on outpatient data. <i>Value was added beginning in the 2001 HCUP data.</i>		
3	Skilled Nursing Facility (SNF)	5	Transfer Other: Includes Skilled Nursing Facility (SNF), Intermediate
4	Intermediate Care Facility (ICF)		

5	Another Type of Facility		Care Facility (ICF), Another Type of Facility
51	Hospice - Medical Facility		
61	Within this institution to a hospital-based Medicare approved swing bed. <i>Value was added beginning in the 2000 HCUP data.</i>		
62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital. <i>Value was added beginning in 2001 HCUP data.</i>		
63	Discharge, transferred to a long term care hospital swing bed. <i>Value was added beginning in the 2001 HCUP data.</i>		
6	Home Health Care (HHC)	6	Home Health Care (HHC)
8	Home IV Provider		
50	Hospice-Home		
7	Against Medical Advice (AMA)	7	Against Medical Advice (AMA)
20	Died in Hospital	20	Died
40	Died at Home. <i>Prior to the 2001 data, value 40 "Died at Home" was mapped to missing (.).</i>		Discharge alive, destination unknown. <i>Value was added beginning in the 2001 data.</i>
41	Died in Medical Facility. <i>Prior to 2001 data, value 41 "Died in Medical Facility" was mapped to missing (.).</i>	99	
42	Died, place unknown. <i>Prior to the 2001 data, value 42 "Died, place unknown" was mapped to missing (.).</i>		
99	Discharged alive, destination unknown. <i>Value was added beginning in the 2001 data.</i>		
.	Missing	.	

.A	Invalid	.A	Invalid
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DISP\_X retains the disposition of patient as provided by the data source.

Uniform Values			
Data element	Description	Value	Value Description
DISPUniform	Disposition of patient, uniform coding	1	Routine
		2	Transfer to short-term hospital
		5	Transfer other: includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), and another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died in hospital
		99	Discharged alive, destination unknown, beginning in 2001
		.	Missing
		.A	Invalid

<b>State Specific Notes</b>
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**California**

California			
DISP_X		DISPUniform	
Value	Description	Value	Description
01	Routine (Home)	1	Routine
09	Prison/Jail		
02	Acute care (within this hospital)	2	Transfer to short-term hospital

05	Acute care (another hospital)		
03	Other care (within this hospital)	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility
04	Skilled nursing/Intermediate care (within this hospital)		
06	Other care (another hospital)		
07	Skilled nursing/Intermediate care (another hospital)		
08	Residential care facility		
13	Other (another hospital)		
12	Home Health Services	6	Home health care
10	Against medical advice	7	Against medical advice
11	Died	20	Died in hospital
--		99	Discharged alive, destination unknown, beginning in 2001
00, Blank	Missing	.	Missing (includes died outside of hospital)
Any values not documented by the data source		.A	Invalid
There is not enough detail in the coding of DISP_X to code the HCUP data element DISPUB92.			

## Maryland

Maryland			
DISP_X		DISPUniform	
Value	Description	Value	Description
01	Home or self-care	1	Routine
05	Acute care general hospital	2	Transfer to short-term hospital
06	Other health care facility	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of
10	Rehabilitation facility		

11	Rehabilitation unit of other hospital		facility
12	On-site distinct rehabilitation unit		
13	Transfer to nursing facility		
14	On-site psychiatric unit (inpatient only)		
15	On-site sub-acute unit (inpatient only)		
16	Other sub-acute care facility (inpatient only)		
03	Home health care	6	Home health care
08	Left against medical advice	7	Against medical advice
07	Died	20	Died
--		99	Discharged alive, destination unknown, beginning in 2001
09, 99, Blank	Unknown	.	Missing (includes died outside of hospital)
02	Do not use	.A	Invalid
04	Do not use		
Any values not documented by the data source			
There is not enough detail in the coding of DISP_X to code the HCUP data element DISPUB92.			

## DQTR - Discharge quarter

### General Notes

Discharge quarter (DQTR) is derived from either the month of the discharge date or the supplied discharge quarter. If both of those fields are invalid or missing, DQTR is set to zero. For these cases, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines because these algorithms require a valid discharge quarter.

### Uniform Values

Data element	Description	Value	Value Description
DQTR	Discharge quarter	1	First quarter (Jan - Mar)
		2	Second quarter (Apr - Jun)
		3	Third quarter (Jul - Sep)
		4	Fourth quarter (Oct - Dec)
		0	Missing or invalid

### State Specific Notes

#### Connecticut

In 1995, discharges in October are noticeably fewer than in other months by about 25%. This pattern is consistent across all hospitals in the state. No explanation of the shortfall was available from Connecticut Health Information Management and Exchange. This did not occur in other years of data.

#### Florida

Beginning in 1997, Florida did not supply discharge date. DQTR was assigned from the discharge quarter provided by Florida.



## DRG - DRG in use on discharge date

### General Notes

The Diagnosis Related Group (DRG) appropriate for the date of discharge is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

#### ***Diagnosis and Procedures Used for DRG Assignment***

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedures that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper.

#### ***Different Definitions of Diagnosis and Procedure Validity***

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and
- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

### **Changes in DRG Grouper Logic**

Until the eighth DRG version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

### **The Need for a Valid Discharge Date**

The DRG grouper needs a valid discharge date because DRG versions change at specific points in time. If the discharge date was invalid or not available from a data source, a temporary discharge date (for use only by the DRG grouper) was created based on the discharge quarter and year according to the following rules:

- Discharge year (YEAR) is always nonmissing.
- Discharge quarter (DQTR) ranges from zero to 4, where zero indicates that the quarter was missing or invalid.

<b>Discharge Quarter (DQTR)</b>	<b>Temporary Date (MM/DD/YY) passed to DRG Grouper</b>
1	01/01/YY
2	04/01/YY
3	07/01/YY
4	10/01/YY
0	07/01/YY

### **Labels**

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DRG	DRG in use on discharge date	nnn	DRG value

<b>State Specific Notes</b>
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### **California**

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should have been 470; and the MDC should have been equal to 0.

No other years are affected.

### **Massachusetts**

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected: 1 record in 1989 and 1 record in 1990.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 34 records;
- for 1989, 30 records;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG and MDC were processed correctly.

## Washington

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991, 1 record; and
- for 1992, 1 record.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

## Wisconsin

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

## DRG18 - DRG, Version 18

### General Notes

The Diagnosis Related Group, Version 18 (DRG18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

#### ***Diagnosis and Procedures Used for DRG Assignment***

Beginning in the 1996 data, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

In the 1988-1995 data, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.
- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

#### ***Logically Mapping ICD-9-CM Codes for DRG Version 18***

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 2000, the period associated with DRG Version 18. The translated codes are then passed to the DRG Version 18 HCFA Grouper software.

#### ***Different Definitions of Diagnosis and Procedure Validity***

HCUP validation of diagnosis and procedure codes allows a window of time around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. During the 1988-1997 HCUP data processing, a six-month window (three months before and three months after) was allowed. Beginning in the 1998 data, a year window (six months before and six months after) was allowed.

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and
- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis under HCUP standards, but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

### ***Changes in DRG Grouper Logic***

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Beginning in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial data element in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.
- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

### ***Labels***

Labels for the DRGs are provided as an ASCII file in HCUP Tools: Labels and Formats.

### ***Formats***

A format to label DRG18 is documented in HCUP Tools: Data element Labels and Formats.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DRG18	DRG, Version 18	nnn	DRG value

**State Specific Notes**

*None*

## DRGVER - DRG grouper version used on discharge date

### General Notes

The DRG Grouper Version (DRGVER) is assigned by the HCFA DRG grouper during HCUP processing. For discharges occurring before October 1, 1991, DRGVER contains the DRG "revision" number. For discharges after that date, DRGVER contains the DRG "version" number (which is one value higher than the revision number). This coding scheme is consistent with the labeling of the DRG reference material, including the DRG coding books. Thus, on September 30, 1991 the DRGVER = 7; but on October 1, 1991 the DRGVER = 9.

### Uniform Values

Data element	Description	Value	Value Description
DRGVER	DRG grouper version used on discharge date	4	4th revision, eff. Oct 1, 1987
		5	5th revision, eff. Oct 1, 1988
		6	6th revision, eff. Oct 1, 1989
		7	7th revision, eff. Oct 1, 1990
		9	Version 9, eff. Oct 1, 1991
		10	Version 10, eff. Oct 1, 1992
		11	Version 11, eff. Oct 1, 1993
		12	Version 12, eff. Oct 1, 1994
		13	Version 13, eff. Oct 1, 1995
		14	Version 14, eff. Oct 1, 1996
		15	Version 15, eff. Oct 1, 1997
		16	Version 16, eff. Oct 1, 1998
		17	Version 17, eff. Oct 1, 1999
		18	Version 18, eff. Oct 1, 2000

### State Specific Notes

*None*



## DSHOSPID - Data source hospital number

### General Notes

There are up to three different hospital identifiers included in the HCUP databases:

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals.

### Uniform Values

Data element	Description	Value	Value Description
DSHOSPID	Data source hospital number	13(a)	Data source hospital number

### State Specific Notes

#### California

Prior to 1998, the data element DSHOSPID is length 9 with the first digit indicating the level of care, the next two digits for state "06", and then a 6-digit hospital identifier that included the county code.

Beginning in 1998, DSHOSPID is length 6 and only contains the unique hospital identifier. The level of care indicator is retained in the HCUP data element LEVELCARE.

Regardless of whether the information on the level of care is stored in the first digit of DSHOSPID or data element LEVELCARE, the values are defined as follows:

0=	Type of unit unknown (beginning in 1996)
1=	General acute care
2=	Not a valid code
3=	Skilled nursing and intermediate care (long term care)
4=	Psychiatric care
5=	Alcohol/chemical dependency recovery treatment
6=	Acute physical medicine rehabilitation care.

The reliability of this indicator for the type of care depends on how it was assigned.

*Prior to 1995.* The type of care was assigned by California based on the hospital's licensed units and the proportion of records in a batch of submitted records that fall into each Major Diagnostic Category (MDC). Hospitals were permitted to submit discharge records in one of two ways: submit separate batches of records for each type of care OR bundle records for all types of care into a single submission. How a hospital submitted its records to California determined the accuracy of the type of care indicated in the first digit of DSHOSPID. Consider a hospital which is licensed for more than one type of care:

- If the hospital submitted one batch of records per type of care, then the distribution of each batch of discharges into MDCs would clearly indicate the type of care (acute, psychiatric, etc.). The data source could then accurately assign the first digit of DSHOSPID.
- If the same hospital submitted all of its records in one batch, then the distribution of discharges into MDCs would be a mixture of acute and other types of care. The first digit of DSHOSPID would be set to "general acute care" (value = 1) on all records and would not distinguish the types of care.

Prior to 1995, most hospitals submitted only one batch of records to California which meant that the type of care indicated in the first digit of DSHOSPID did not distinguish among types of care.

*Beginning in 1995.* Hospitals were required to assign type of care codes to individual records for certain discharges. These discharges included:

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and

- rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California continued to assign the type of care code to all discharges from the facility.

## **Florida**

In 1997, Florida hospital identifiers for short-term acute care hospitals are coded slightly differently in its ambulatory and inpatient data. Florida ambulatory surgery data contains hospital identifiers of length 8. The Florida inpatient data contains hospital identifiers that are mostly length 6. For example:

- Ambulatory Hospital Identifier = "00100001"
- Inpatient Hospital Identifier = "100001"

Beginning in 1998, hospital identifiers that were length 6 were padded with leading zeros for consistency across data types.

## **Maryland**

In 2000, some values of DSHOSPID have leading blanks. These DSHOSPIDs need to be left justified to be consistent with discharges from the same DSHOSPID in 2000 and other years.

## **Oregon**

Beginning with 1995 data, Oregon changed the format of the state-specific hospital identification numbers stored in DSHOSPID. The new format is incompatible with the format used in previous years.

## **Pennsylvania**

The coding of DSHOSPID varies by data year.

- Prior to 1995, the hospital identifier supplied by Pennsylvania contained a three character prefix "PAF".
- From 1995-1997, this prefix was not included in the supplied data. For consistency with previous years of HCUP data, the prefix "PAF" was added to the beginning of the Pennsylvania hospital identifier (DSHOSPID) during HCUP processing.
- Beginning in 1998, the prefix "PAF" is not included in the DSHOSPID for Pennsylvania.

## Washington

Included with the records of general acute care stays from community hospitals are records from alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units. Records for these different types of care can be identified by the fourth digit of the supplied hospital identifier (DSHOSPID) on each patient record:

None	General acute care
A=	Alcohol Dependency Unit
B=	Bone Marrow Transplant Unit
E=	Extended Care Unit
H=	Tacoma General/Group Health Combined
I=	Group Health only at Tacoma Hospital
P=	Psychiatric Unit
R=	Rehabilitation Unit
S=	Swing Bed Unit

Washington assigns this value to DSHOSPID based upon the type of unit discharging the patient.

## DXn - Diagnosis

### General Notes

The original value of the principal diagnosis (DX1), whether blank or coded, is retained in the first position of the diagnosis vector. Starting at the first secondary diagnosis (DX2), the diagnoses are shifted during HCUP processing to eliminate blank secondary diagnoses. For example, if DX2 and DX4 contain nonmissing diagnoses and DX3 is blank, then the value of DX4 is shifted into DX3. Secondary diagnoses are never shifted into the principal position (DX1).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). In the 1988-1997 data, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a year window (six months before and six months after) is allowed. For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP validation procedures, "V300 " is classified as valid for discharges on December 31, 1989, and "V3000" is classified as valid for discharges on July 1, 1989. If the diagnosis is not left justified, contains intermittent blanks, or is zero filled, then the diagnosis will be invalid.

Diagnoses are compared to the sex of the patient (EDX03 beginning in the 1998 data and ED1nn in the 1988-1997 data) and the patient's age (EAGE04 and EAGE05 beginning in the 1998 data and ED3nn and ED4nn in the 1988-1997 data) for checking the internal consistency of the record.

How invalid and inconsistent codes are handled varies by data year.

- Beginning in the 1998 data, invalid and inconsistent diagnoses are masked directly. Validity flags are not included on the HCUP record. Clinical Classifications Software (CCS) data elements are coded with respect to the diagnosis.

	Invalid Diagnosis	Inconsistent Code
The value of DXn	"invl"	"incn"
DXCCSn	Set to invalid (.A).	Set to inconsistent (.C)

- From 1988-1997 data, invalid and inconsistent diagnoses are retained on the record. Validity flags (DXVn) indicate invalid, inconsistent diagnosis codes. Clinical Classifications Software (CCS) data elements use the former name (DCCHPRn). The CCS was formerly known as the Clinical

Classifications for Health Policy Research (CCHPR). The diagnosis related data elements are coded as follows:

	<b>Invalid Diagnosis</b>	<b>Inconsistent Code</b>
The value of DXn	Unchanged	Unchanged
DXVn	Set to 1	Set to inconsistent (.C)
DCCHPRn	Set to invalid (.A).	Retained (values 1-260)

The validity flags (DXVn) need to be used in connection with any analysis of the diagnoses (DXn).

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DXn	Diagnosis	annnn	Diagnosis code
		Blank	Missing
		invl	Invalid: beginning with 1998 data, EDX02
		incn	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

<b>State Specific Notes</b>
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**Arizona**

Beginning with 1995 discharges, Arizona reports two "cause of injury" E-codes in separate data elements. During HCUP processing, these E-codes are placed after the last non-missing diagnosis code if they are not already recorded as a secondary diagnosis.

Arizona reports some diagnosis codes with an explicit decimal point. The decimal point was removed during HCUP processing.

**California**

HIV Test Result Diagnoses

California law prohibits the release of HIV test results in patient-identifiable form to any outside party without the patient's consent. Therefore, records that include certain ICD-9-CM codes that indicate HIV test results were not included in the data supplied for HCUP. California eliminated all occurrences of these codes from the diagnosis fields and packed the diagnosis vectors to cover gaps from such removals.

The following ICD-9-CM codes were affected:

- From January 1988 to October 1, 1994, diagnosis codes of 044.x or 795.8 were removed by the data source prior to submitting data to HCUP.
- Beginning October 1, 1994, diagnosis codes of 795.71 or V08 were removed by the data source prior to submitting data to HCUP. These ICD-9-CM codes replaced the earlier codes.

HIV-related diagnoses 042.x and 043.x were unaffected.

The number of such diagnoses eliminated from the principal diagnosis position will be smaller than it otherwise might have been due to a practice in California that actively discourages the reporting of codes for HIV test results (044.x, 795.8, 795.71, and V08) as a principal diagnosis. During data editing, California flags discharges reporting one of these codes in the principal diagnosis position and then calls the submitting hospital to ask if the principal diagnosis should be changed. Hospitals have the option of deleting the code, changing it, or leaving it in place.

### Shriner's Hospitals

Shriner's hospitals do not report diagnoses, procedures or total charges.

### Psychiatric Diagnoses

Prior to 1995, some hospitals reported psychiatric diagnoses in DSM III which California then converted into ICD-9-CM diagnosis codes. The ICD-9-CM diagnosis codes are included in the HCUP database.

From 1995-1998, some psychiatric hospitals began submitting data for primary diagnosis according to DSM IV criteria. DSM IV codes are indistinguishable in appearance from ICD-9-CM codes but have substantially different meanings. Because of similarities in the coding structure, the source was unable to convert the DSM IV codes to ICD-9-CM codes. DSM IV codes may occur in the HCUP data. Psychiatric hospitals may be included in the California data; no documentation was available on the use of DSM IV codes in psychiatric units of acute care hospitals.

Beginning in 1999, DSM psychiatric codes are not accepted by OSHPD and are not present in the HCUP databases.

### E-Codes

Beginning with 1990 discharges, the source reports five "cause of injury" E-codes as separate data elements. During HCUP processing, E-codes were placed after the last non-missing diagnosis code.

California does not require the reporting of E-codes in the range E870-E879 (misadventures and abnormal reactions).

### **Hawaii**

Hawaii reports one "cause of injury" E-code as a separate data element. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

### **Iowa**

Beginning in 1994, Iowa reports one "cause of injury" E-codes. Beginning in 1998, Iowa added one "place of injury" E-codes. During HCUP processing, these separately reported E-code data elements are placed at the end of the diagnosis vector; since the vector is packed during processing to remove blanks, the position of the E-code for a specific discharge depends on the number of diagnoses reported.

### **Kentucky**

Kentucky reports "cause of injury" E-codes as a separate data element. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Kentucky supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

### **Massachusetts**

Beginning in 1993, Massachusetts reported one "cause of injury" E-code. During HCUP processing, the separately reported E-code was placed after the last non-missing secondary diagnosis. E-codes can appear in other secondary diagnosis codes.



## **Maryland**

Maryland reports "cause of injury" E-codes as a separate data element. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Maryland supplied diagnosis codes in a field of length 7. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

The last secondary diagnosis field on the source data was 9-filled instead of blank when no diagnosis was coded. During HCUP processing, the 9-filled diagnosis was set to blank.

## **North Carolina**

North Carolina supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

## **New Jersey**

Beginning with 1993 discharges, New Jersey reports "cause of injury" E-codes as a separate data element. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

Before 1994, the diagnosis codes provided by the state were right-padded with zeros (e.g., the diagnosis code '436' was supplied as '43600'). For the HCUP database the following algorithm was used to validate the diagnosis codes:

Check the five-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1. If the five-digit code is valid, set DXn to the five-digit code and set DXVn = 0.
2. If the five-digit code is invalid and the fifth digit is a zero, create a four-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the four-digit code is valid, set DXn to the four-digit code and set DXVn = 0.
3. If the four-digit code is invalid and the fourth digit is a zero, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set DXn to the three-digit code and set DXVn = 0.
4. If the five-, four- and three-digit codes are invalid, save the original five-digit code and set the validity flag to indicate an invalid code (DXVn = 1).

## New York

Beginning in 1993, New York reports "cause of injury" and "place of injury" E-codes. During HCUP processing, these separately reported E-codes were placed after the last nonmissing secondary diagnosis. When a "cause of injury" E-code in the range of E850.0-E869.9 or E880.0-E928.9 was reported, then a "place of injury" E-code was also reported. If the hospital stay involved the possibility of classifying more than one situation or event, only the single cause of injury, poisoning, or adverse effect that was most severe was reported.

## Oregon

Prior to 1998, Oregon reports one "cause of injury" E-codes as a separate data element. Beginning in 1998, Oregon reports two "cause of injury" E-codes. During HCUP processing, these separately reported E-codes are placed after the last non-missing secondary diagnosis.

Oregon supplied diagnosis codes in a field of length 6. Only the first five characters contained the diagnosis code and were used to assign the HCUP diagnosis codes.

## Pennsylvania

Beginning with 1993 discharges, Pennsylvania reports "cause of injury" E-codes as a separate data element. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

Some of the diagnosis codes in the 1989 Pennsylvania data that were flagged as invalid (DXV=1) appear to be valid codes. These diagnosis fields have four digits followed by a fifth digit that is an unprintable null character. The presence of the null character invalidates these otherwise valid diagnosis codes. Only the 1989 Pennsylvania data are affected. The following list includes all diagnosis codes in the 1989 Pennsylvania data that are valid ICD-9-CM codes but are flagged as invalid because they include null characters.

Code	Frequency	Diagnosis
1000	929	Leptospirosis Icterohemorrhagica
2800	93	Chronic Blood Loss Anemia
5600	89	Intussusception
3200	81	Hemophilus Meningitis
5800	61	Acute Proliferative Nephritis
0600	48	Sylvatic Yellow Fever
6200	29	Follicular Cyst of Ovary

2400	24	Simple Goiter
1600	11	Malignant Neoplasm of Nasal Cavities
2100	8	Benign Neoplasm of Lip
3201	3	Pneumococcal Meningitis
3202	3	Streptococcal Meningitis
3208	2	Bacterial Meningitis
5400	2	Acute Appendicitis with Peritonitis
0601	1	Urban Yellow Fever
2801	1	Iron Deficiency Anemic Dietary
6205	1	Torsion of Ovary
6208	1	Noninflammatory Disorders of Ovary

### South Carolina

Prior to 2000 data, a small number of discharges explicitly included decimals in the diagnosis field, usually the decimal is implicit. This is problematic because South Carolina supplied diagnoses in a field of length 5. If decimals were included, then a valid 5-digit code would be truncated. For example, the diagnosis for unspecified sickle cell anemia "28260" would be incorrectly reported as "262.6". Prior to 1998, invalid diagnosis codes are marked by a validity flag (DXVn = 1). Beginning in 1998, invalid diagnosis codes are masked (Dxn = "invl").

Beginning in 2000 data this was no longer a problem; explicit decimals were not included in the diagnosis codes.

### Tennessee

Tennessee reports "cause of injury" E-codes as a separate data element. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

### Texas

Tennessee reports "cause of injury" E-codes as a separate data element. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Texas supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

## Utah

Utah reports one "cause of injury" E-code as a separate data element. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

## Virginia

Virginia reports one "external injury code" E-code as a separate data element. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

## Washington

Washington reported diagnosis codes in a field of length 6 for 1988-1992 and, beginning in 1993, in a field of length 7. Only the first five characters contain the diagnosis code and were used to assign the HCUP diagnosis code.

In 1988, Washington did not report "cause of injury" E-codes. From 1989-1992, Washington reports two "cause of injury" E-codes. Beginning in 1993, Washington reports only one "cause of injury" E-code. During HCUP processing, any separately reported E-code was placed after the last non-missing secondary diagnosis. Washington does not require hospitals to report E-codes in the range E870-E879 (misadventures and abnormal reactions) to the state data organization.

## Wisconsin

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:

- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin reports one "cause of injury" E-code. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

## **West Virginia**

West Virginia reports "cause of injury" E-codes as a separate data element. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

West Virginia supplied diagnosis codes in a field length of 6. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

## **DXCCSn - Clinical Classifications Software (CCS): diagnosis classification**

### **General Notes**

Clinical Classifications Software (CCS) consists of over 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified.

DXCCSn is coded as follows:

- 1 to 259 if the diagnosis code (DXn) is valid by the HCUP criteria and not an E-code (External Causes of Injury and Poisoning). The HCUP criteria for diagnosis validation allows a year window (six months before and six months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- 2601-2621 if the diagnosis code (DXn) is a valid E-code by the HCUP criteria.
- DXCCSn is missing (.), if there is no diagnosis code (DXn = " ").
- DXCCSn is set to invalid (.A), if the diagnosis code (DXn) is invalid by the HCUP criteria (EDX02).
- DXCCSn is set to inconsistent (.C), if the diagnosis code (DXn) is inconsistent with age (EAGE04 and EAGE05) or sex of the patient (EDX03).

In HCUP databases before 1998, this data element is called DCCHPRn.

### ***Labels***

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

### ***Formats***

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
DXCCSn	Clinical Classifications Software (CCS): diagnosis classification	1-259	CCS Diagnosis Codes
		2601-2621	CCS E-code Class (beginning with 1998 data)
		.	No diagnosis code
		.A	Invalid diagnosis code: beginning with 1998 data, EDX02
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

<b>State Specific Notes</b>
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**Massachusetts**

Due to an error in HCUP processing, about 9,000 records in the 1999 MA SID have an incorrect value of DXCCSn. The value 260 was assigned instead of the value of 2621 for E-codes in the range of E8490-E8499.

## FEMALE - Indicator of sex

### General Notes

The sex of the patient (FEMALE) is provided by the data source. All non-male, non-female (e.g., "other") values are set to missing (.).

If FEMALE is inconsistent with diagnoses (EDX03) or procedures (EPR03), FEMALE is set to inconsistent (.C).

In HCUP databases before 1998, this data element is called SEX.

### Uniform Values

Data element	Description	Value	Value Description
FEMALE	Indicator of sex	0	Male
		1	Female
		.	Missing
		.A	Invalid
		.C	Inconsistent, EDX03, EPR03

### State Specific Notes

#### Colorado

According to the documentation available from the source, "Other/Unknown" includes patients undergoing sex changes, undetermined sex, live births with congenital abnormalities, and patients whose sex was unavailable from any source document. The source value for "Other/Unknown" was recoded to missing (.), during HCUP processing of 1988-1992 discharges.

Beginning in 1993, "Other/Unknown" was recoded to invalid (.A) during HCUP processing.

#### Utah

The source value "E" for "Encrypted patient gender (confidential data)" is recoded to missing (FEMALE = .).



Utah encrypts the patient gender for the following two conditions:

1. Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25) and
2. Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

## HOSPBIRTH - Indicates in-hospital birth

### General Notes

HOSPBIRTH indicates an in-hospital birth. In-hospital births (HOSPBIRTH = 1) are identified by two conditions:

- A principal or secondary diagnosis code in the range of V3000 to V3901 with the last two digits of "00" or "01" and
- The patient is not transferred from another acute care hospital or health care facility (ASOURCE does not equal 2 or 3).

For detailed information about the selection of records, see the year-specific report on the Design of the HCUP Kids' Inpatient Database.

### Uniform Values

Data element	Description	Value	Value Description
HOSPBIRTH	Indicates in-hospital birth	0	Not an in-hospital birth
		1	In-hospital birth

### State Specific Notes

*None*

## HOSPID - HCUP hospital identification number

### General Notes

For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. The hospital entity as defined by HOSPID may differ from the data source hospital entity (DSHOSPID). For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa.

The HCUP hospital identifier is based on the AHA hospital identifier and is defined as:

- SSnnn, where SS = State FIPS Code, and
- nnn = hospital number unique to state.

HOSPID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

### Uniform Values

Data element	Description	Value	Value Description
HOSPID	HCUP hospital identification number	5(n)	HCUP hospital identification number
		Blank	Missing

### State Specific Notes

*None*

## HOSPST - Hospital State postal code

### General Notes

HOSPST indicates the hospital's two-character state postal code (e.g., "CA" for California).

### Uniform Values

<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
HOSPST	Hospital State postal code	aa	Hospital State postal code

### State Specific Notes

*None*

## HOSPSTCO - Hospital modified FIPS state/county code

### General Notes

HOSPSTCO indicates the five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. Each hospital has only one unique state/county code. If multiple hospital units are in different counties, HOSPSTCO is the county code of the primary facility (as indicated by American Hospital Association Annual Survey information).

HOSPSTCO can be used to link HCUP data to any other data set that uses the modified FIPS county code, such as the Area Resource File and the American Hospital Association Annual Survey of Hospitals. In these modified FIPS county codes, Baltimore City is included in Baltimore County, St. Louis City in St. Louis County, and the independent cities of Virginia in the contiguous counties, Kalawao county, Hawaii is included in Maui County. The four Alaska Judicial Divisions are used as counties.

HOSPSTCO is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

### Uniform Values

Data element	Description	Value	Value Description
HOSPSTCO	Hospital modified FIPS state/county code	5(n)	Hospital modified FIPS State/County code
		Blank	Missing

### State Specific Notes

*None*

## KEY - Unique record identifier

### General Notes

KEY contains a unique record identifier. Beginning in the 1998 data, all HCUP databases are sorted by KEY.

KEY can be used to link within a HCUP database, such as linking records in the Core and Charges files in the SID.

KEY can be used to link across HCUP databases within a data type, i.e., link records in the SID to records in the NIS.

KEY is a unique record identifier and not a person identifier. KEY cannot be used to link records between HCUP inpatient and ambulatory surgery files.

KEY replaces the database-specific record identifiers used in the 1988-1997 HCUP databases (SEQ, SEQ\_SID, and SEQ\_ASD).

### Uniform Values

Data element	Description	Value	Value Description
KEY	Unique record identifier	14(n)	Unique record identifier

### State Specific Notes

*None*

## KID\_STRATUM - Stratum used to post-stratify hospital

<b>General Notes</b>
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KID\_STRATUM is a four-digit stratum identifier used to post-stratify hospitals for the calculation of universe and frame weights.

The hospital's census region, ownership/control, location/teaching, and bedsize were obtained from the AHA Annual Survey of Hospitals.

- A metropolitan statistical area is considered urban, and a non-metro statistical area is rural.
- Teaching hospitals have an AMA-approved residency program, are a member of the Council of Teaching Hospitals (COH) or have a ratio of full-time equivalent interns and residents to beds of .25 or higher.
- Bedsize assesses the number of short-term acute beds in a hospital.

The hospital's bedsize category is nested within location and teaching status.

<b>BEDSIZE CATEGORIES</b>			
<u>Location and Teaching Status</u>	<b>Hospital Bedsize</b>		
	<u>Small</u>	<u>Medium</u>	<u>Large</u>
<b>NORTHEAST REGION</b>			
Rural	1-49	50-99	100+
Urban, nonteaching	1-124	125-199	200+
Urban, teaching	1-249	250-424	425+
<b>MIDWEST REGION</b>			
Rural	1-29	30-49	50+
Urban, nonteaching	1-74	75-174	175+
Urban, teaching	1-249	250-374	375+
<b>SOUTHERN REGION</b>			
Rural	1-39	40-74	75+
Urban, nonteaching	1-99	100-199	200+
Urban, teaching	1-249	250-449	450+
<b>WESTERN REGION</b>			
Rural	1-24	25-44	45+
Urban, nonteaching	1-99	100-174	175+
Urban, teaching	1-199	200-324	325+

Some strata were combined for sampling and weight calculations. Consequently, a given hospital's actual value for a stratifier may differ from those indicated by the value of KID\_STRATUM. Each hospital's actual values of stratifiers are contained in separate data elements:

<b><u>Stratifier</u></b>	<b><u>1997 KID</u></b>	<b><u>2000 KID</u></b>
Region	H_REGION	HOSP_REGION
Ownership/Control	H_CONTRL	HOSP_CONTROL
Location/Teaching	H_LOCTCH	HOSP_LOCTEACH
Bedsizes	H_BEDSZ	HOSP_BEDSIZE

For detailed information about the KID sampling design, see the year-specific report on the Design of the HCUP Kids' Inpatient Database.

**Collapse KID\_STRATUM for Small Cell Size.** If fewer than two frame hospitals, less than 30 uncomplicated births, less than 30 complicated births, and less than 30 non-birth pediatric discharges were contained in a stratum, then the second digit (control) was changed to a collapsed category.

**Children's Hospitals.** KID\_STRATUM was set to 9999 for children's hospitals. The AHA Annual Survey of Hospitals and information from the National Association of Children's Hospitals and Related Institutions (NACHRI) were used to identify children's hospitals. AHRQ and NACHRI were consulted about the resolution of any inconsistencies in the coding of hospital type.

**Data element Name.** The HCUP data element name for the stratum has changed over time. In the 1997 KID, this same information is stored in the data element STRATUM.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
KID_STRATUM	Stratum used to post-stratify hospital	Nnnn	1st Digit = Geographic: Northeast (1), Midwest (2), South (3), West (4), Stand-alone children's hospital (9)
			2nd Digit = Control: Government or private (collapsed category) (0), Government, nonfederal (1), Private, not-for-profit (2), Private, investor-owned (3), Private, either not-for-profit or investor-owned (4), Stand-alone children's hospital (9)



			3rd Digit = Location / Teaching: Rural (1), Urban nonteaching (2), Urban teaching (3), Stand-alone children's hospital (9)
			4th Digit = Bedsize: Small (1), Medium (2), Large (3), Stand-alone children's hospital (9)

**State Specific Notes**

*None*

## LOS - Length of stay, cleaned

### General Notes

Length of stay (LOS) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS\_X have the same value. If LOS is set to inconsistent (.C), the value of LOS\_X is retained.

LOS is not equal to the calculated value in the following cases:

- LOS is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS is invalid (.A) if
  - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
  - - or -
  - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS is not present on the HCUP files. In the 1988-1997 data, LOS is retained on the HCUP files and is set to unavailable from source (.B).
- LOS is inconsistent (.C) if
  - LOS is negative (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data),
  - Excessively long (ELOS04 beginning in the 1998 data and ED601 in the 1988-1997 data), or
  - Charges per day are unjustifiably low (ED911) or high (ED921).

Edit checks ED911 and ED921 are only performed on the 1988-1997 data. No charge per day edit checks are performed on the HCUP data beginning in the 1998 data.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
LOS	Length of stay, cleaned	0 - 365	Days (In the 1988-1997 data, LOS can be greater than 365 days)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03, ELOS04; in 1988-1997 data, ED011, ED601, ED911n, ED921

<b>State Specific Notes</b>
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### **Arizona**

Beginning in 1995, the source reports same-day stays as zero days so the supplied length of stay was used to assign LOS when length of stay could not be calculated from dates. Prior to 1995, the reported length of stay was not used when LOS could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS.

### **Colorado**

The reported length of stay was not used when LOS could not be calculated because Colorado:

- coded same-day stays with the value 1 and
- subtracted days of absence

### **Connecticut**

Length of stay could not be calculated from dates since Connecticut did not report full admission and discharge dates. During HCUP processing, the reported length of stay and a flag which indicates same-day stays were used to assign LOS. If the same-day flag was not coded, the reported length of stay was retained as supplied (i.e., if the reported length of stay was 1 and the same-day flag is not coded, then LOS is set to 1 and not reset to 0).

## **Florida**

Beginning in 2000, the supplied length of stay was used to assign LOS and LOS\_X because Florida did not provide the admission and discharge date necessary for calculating length of stay. The supplied length of stay was coded according to the HCUP standard that assigns a length of stay of zero (0) to same day stays.

In 1997-1999, the coding of LOS and LOS\_X is inconsistent with the coding of length of stay in other states. Florida provided the reported length of stay but not the admission and discharge date necessary for calculating LOS. Florida codes same-day stays as LOS=1; the HCUP standard coding of same-day stays is LOS=0. Usually 2% of a states' discharges are same-day stays.

Prior to 1997, the reported length of stay was not used when LOS could not be calculated because Florida:

- coded same-day stays with the value 1 and
- subtracted days of absence.

## **Georgia**

Beginning with the 2001 data, Georgia no longer codes same day stays with a value of 1. Reported length of stay is used when length of stay can not be calculated.

The reported length of stay was not used when LOS could not be calculated because Georgia coded same-day stays with a value of 1.

## **Hawaii**

Only the calculated length of stay could be used to assign LOS because Hawaii did not supply reported length of stay.

## **Iowa**

The reported length of stay was not used when LOS could not be calculated because Iowa coded same-day stays with a value of 1.

## **Kansas**

The reported length of stay was not used when LOS could not be calculated because Kansas coded same-day stays with a value of 1.

## **Kentucky**

The reported length of stay was not used when LOS could not be calculated because Kentucky coded same-day stays with a value of 1.

## **Massachusetts**

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:

- coded same-day stays with the value 1 and
- subtracted days of absence.

## **Maine**

The supplied length of stay was not used when length of stay could not be calculated because Maine coded same-day stays with a value of 1.

## **Missouri**

The reported length of stay was not used when LOS could not be calculated because Missouri coded same-day stays with a value of 1. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

## **North Carolina**

The reported length of stay was not used when LOS could not be calculated because North Carolina coded same-day stays with the value 1.

## **New York**

The assignment of LOS and LOS\_X varies by year in New York:

- Beginning in the 2000 data, the length of stay (LOS and LOS\_X) in New York was calculated from the admission and discharge dates. Because New York masked the dates on AIDS/HIV\* records, the calculated length of stay was missing. During HCUP processing, other information provided by New York was used to determine LOS and LOS\_X when the calculated length of stay was missing. The length of stay provided by New York (which did not include leave days), total leave days, and a flag that indicates a same day stay were used to determine a length of stay that was consistent with the coding of length of stay on other HCUP records.

- In the first version of 1998-1999 data, the length of stay (LOS and LOS\_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV\* records, LOS and LOS\_X was missing (.) on these discharges.

An updated version of the 1998-1999 data is available with LOS and LOS\_X coded on the New York AIDS/HIV\* records. The updated version has LOS and LOS\_X calculated using the method described for the 2000 data.

- In the 1988-1997 HCUP data, LOS and LOS\_X could not be calculated from dates because New York did not report full admission and discharge dates. During HCUP processing, the length of stay provided by New York was used to assign LOS and LOS\_X. The length of stay provided by New York was adjusted during HCUP processing to be consistent with the coding of length of stay in other states.

\*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

## **Oregon**

Prior to 1994, the reported length of stay was assigned to LOS if dates were not available. However, the coding of same day stay varies: some Oregon hospitals report discharges on the day of admission as one day stay (LOS=1), in addition to reporting same day stay as zero days (LOS=0).

Beginning in 1994, the reported length of stay was not used when LOS could not be calculated from dates because Oregon coded all same-day stays as one day (LOS=1).

## **Pennsylvania**

Prior to 1997, the reported length of stay was not used when LOS could not be calculated because Pennsylvania coded same-day stays with a value of 1 and subtracted days of absence from LOS. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

Beginning in 1997, Pennsylvania reports same-day stays as zero days. The supplied length of stay was used to assign LOS when length of stay could not be calculated from dates.

### **South Carolina**

The reported length of stay was not used when LOS could not be calculated because South Carolina coded same-day stays with a value of 1.

### **Tennessee**

Only the calculated length of stay could be used to assign LOS because Tennessee did not report length of stay.

### **Texas**

The reported length of stay was not used when LOS could not be calculated because Texas coded same-day stays with the value 1.

### **Utah**

The reported length of stay was not used when LOS could not be calculated because Utah coded same-day stays with a value of 1.

### **Washington**

The reported length of stay was not used when LOS could not be calculated because Washington:

- coded same-day stays with the value 1 and
- subtracted days of absence.

### **Wisconsin**

Only the calculated length of stay was used to assign LOS and LOS\_X. For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin subtracted leave days and coded length of stay greater than 999 days as 999 days. Beginning with 1995, length of stay was not supplied.

### **West Virginia**

Beginning in 2001, West Virginia provides LOS.

Only the calculated length of stay was used to assign LOS because West Virginia did not provide the reported length of stay.

## LOS\_X - Length of stay, uncleaned

### General Notes

Length of stay (LOS\_X) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS\_X have the same value. If LOS is set to inconsistent (.C), the value of LOS\_X is retained. LOS\_X may contain negative or excessively large values.

LOS\_X is not equal to the calculated value in the following cases:

- LOS\_X is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS\_X is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS\_X is invalid (.A) if
  - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
  - - or -
  - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS\_X is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS\_X is not present on the HCUP files. In the 1988-1997 data, LOS\_X is retained on the HCUP files and is set to unavailable from source (.B).

### Uniform Values

Data element	Description	Value	Value Description
LOS_X	Length of stay, uncleaned	+/- 7,305	Days (In the 1988-1997 data, LOS_X can be greater than 7,305 days)
		.	Missing
		.A	Invalid (nonnumeric or out of range)
		.B	Unavailable from source (coded in 1988-1997 data only)



## State Specific Notes

### Arizona

Beginning in 1995, the source reports same-day stays as zero days so the supplied length of stay was used to assign LOS\_X when length of stay could not be calculated from dates. Prior to 1995, the reported length of stay was not used when LOS\_X could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS.

### Colorado

The reported length of stay was not used when LOS\_X could not be calculated because Colorado:

- coded same-day stays with the value 1 and
- subtracted days of absence.

### Connecticut

Length of stay could not be calculated from dates since Connecticut did not report full admission and discharge dates. During HCUP processing, the reported length of stay and a flag which indicates same-day stays were used to assign LOS\_X. If the same-day flag was not coded, the reported length of stay was retained as supplied (i.e., if the reported length of stay was 1, and the same-day flag is not coded, then LOS\_X is set to 1 and not reset to 0).

### Florida

Beginning in 2000, the supplied length of stay was used to assign LOS and LOS\_X because Florida did not provide the admission and discharge date necessary for calculating length of stay. The supplied length of stay was coded according to the HCUP standard that assigns a length of stay of zero (0) to same day stays.

In 1997-1999, the coding of LOS and LOS\_X is inconsistent with the coding of length of stay in other states. Florida provided the reported length of stay but not the admission and discharge date necessary for calculating LOS\_X. Florida codes same-day stays as LOS\_X=1; the HCUP standard coding of same-day stays is LOS\_X=0. Usually 2% of a states' discharges are same-day stays.

Prior to 1997, the supplied length of stay was not used when length of stay could not be calculated because Florida:

- coded same-day stays with the value 1 and
- subtracted days of absence.

## **Georgia**

Beginning with the 2001 data, Georgia no longer codes same day stays with a value of 1. Reported length of stay is used when length of stay can not be calculated.

The reported length of stay was not used when LOS\_X could not be calculated because Georgia coded same-day stays with a value of 1.

## **Hawaii**

Only the calculated length of stay could be used to assign LOS\_X because Hawaii did not supply reported length of stay.

## **Iowa**

The reported length of stay was not used when length of stay could not be calculated because Iowa coded same-day stays with a value of 1.

## **Kansas**

The reported length of stay was not used when length of stay could not be calculated because Kansas coded same-day stays with a value of 1.

## **Kentucky**

The reported length of stay was not used when LOS\_X could not be calculated because Kentucky coded same-day stays with a value of 1.

## **Massachusetts**

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:

- coded same-day stays with the value 1 and
- subtracted days of absence.

## **Maine**

The supplied length of stay was not used when length of stay could not be calculated because Maine coded same-day stays with a value of 1.

## Missouri

The reported length of stay was not used when LOS\_X could not be calculated because Missouri coded same-day stays with a value of 1.

## North Carolina

The reported length of stay was not used when LOS\_X could not be calculated because North Carolina coded same-day stays with the value 1.

## New York

The assignment of LOS and LOS\_X varies by year in New York:

- Beginning in the 2000 data, the length of stay (LOS and LOS\_X) in New York was calculated from the admission and discharge dates. Because New York masked the dates on AIDS/HIV\* records, the calculated length of stay was missing. During HCUP processing, other information provided by New York was used to determine LOS and LOS\_X when the calculated length of stay was missing. The length of stay provided by New York (which did not include leave days), total leave days, and a flag that indicates a same day stay were used to determine a length of stay that was consistent with the coding of length of stay on other HCUP records.
- In the first version of 1998-1999 data, the length of stay (LOS and LOS\_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV\* records, LOS and LOS\_X was missing (.) on these discharges.

An updated version of the 1998-1999 data is available with LOS and LOS\_X coded on the New York AIDS/HIV\* records. The updated version has LOS and LOS\_X calculated using the method described for the 2000 data.

- In the 1988-1997 HCUP data, LOS and LOS\_X could not be calculated from dates because New York did not report full admission and discharge dates. During HCUP processing, the length of stay provided by New York was used to assign LOS and LOS\_X. The length of stay provided by New York was adjusted during HCUP processing to be consistent with the coding of length of stay in other states.

\*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".

- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

### **Oregon**

Prior to 1994, the reported length of stay was assigned to LOS\_X if dates were not available. However, the coding of same day stay varies: some Oregon hospitals report discharges on the day of admission as one day stay (LOS\_X=1), in addition to reporting same day stays as zero days (LOS\_X=0).

Beginning in 1994, the reported length of stay was not used when length of stay could not be calculated from dates because Oregon coded all same-day stays as one day (LOS\_X=1).

### **Pennsylvania**

Prior to 1997, the reported length of stay was not used when length of stay could not be calculated because Pennsylvania coded same-day stays with the value 1.

Beginning in 1997, Pennsylvania reports same-day stays as zero days. The supplied length of stay was used to assign LOS\_X when length of stay could not be calculated from dates.

### **South Carolina**

The reported length of stay was not used when LOS\_X could not be calculated because South Carolina coded same-day stays with a value of 1.

### **Tennessee**

Only the calculated length of stay could be used to assign LOS\_X because Tennessee did not report length of stay.

### **Texas**

The reported length of stay was not used when LOS\_X could not be calculated because Texas coded same-day stays with the value 1.

### **Utah**

The reported length of stay was not used when LOS\_X could not be calculated because Utah coded same-day stays with a value of 1.

## **Washington**

The reported length of stay was not used when length of stay could not be calculated because Washington:

- coded same-day stays with the value 1 and
- subtracted days of absence.

## **Wisconsin**

Only the calculated length of stay was used to assign LOS and LOS\_X. For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin subtracted leave days and coded length of stay greater than 999 days as 999 days. Beginning with 1995, length of stay was not supplied.

## **West Virginia**

Beginning in 2001, West Virginia provides LOS\_X.

Only the calculated length of stay was used to assign LOS\_X because West Virginia did not provide the reported length of stay.

## MDC - MDC in effect on discharge date

### General Notes

The Major Diagnostic Category appropriate for the date of discharge (MDC) is assigned by the HCFA DRG grouper during HCUP processing. Refer to the notes for the data element DRG for complete details.

### Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

### Uniform Values

Data element	Description	Value	Value Description
MDC	MDC in effect on discharge date	nn	MDC value

### State Specific Notes

#### California

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG and MDC assigned because of a error in HCUP processing. The DRG should have been 470; and the MDC should have been equal to 0.

No other years are affected.

#### Massachusetts

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- 1 record in 1989 and

- 1 record in 1990.

No other years are affected.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 34 records;
- for 1989, 30 records;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG and MDC were processed correctly.

### **Washington**

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991, 1 record; and
- for 1992, 1 record.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

### **Wisconsin**

According to source documentation, the principal and secondary procedures for one hospital (DSHOSPID="056" and HOSPID=55155) are incorrect in the fourth quarter of 1997. System problems at the hospital caused the last procedure coded on the medical record to be stored as the principal procedure. No secondary procedures were recorded. This affects the DRG, DRG10, MDC, and MDC10 assignment.

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP processing. The

DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG and MDC were processed correctly.



## MDC18 - MDC, Version 18

### General Notes

The Major Diagnostic Category, Version 18 (MDC18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. Refer to the notes for the data element DRG18 for complete details.

### Labels

Labels for the MDCs are provided as an ASCII file in HCUP Tools: Labels and Formats.

### Uniform Values

Data element	Description	Value	Value Description
MDC18	MDC, Version 18	nn	MDC value

### State Specific Notes

*None*

## MDID\_S - Synthetic attending physician number

<b>General Notes</b>
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Beginning in 2001, this data element is called MDNUM1\_S.

MDID\_S contains a fixed-key (one-to-one) encryption of the supplied attending physician number (MDID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,;\*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID\_S and SURGID\_S, are the same.
- When the MDID in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDID\_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDID\_S refers to individual physicians or to groups. If the attending physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDID\_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
MDID_S	Synthetic attending physician number	16(a)	Synthetic physician identifier
		Blank	Missing

## State Specific Notes

### Arizona

The attending physician identification number (MDID\_S) may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal attending physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one attending physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The attending physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified.

### Colorado

The attending physician identification number (MDID\_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice.

### Connecticut

Prior to 2000, Connecticut provided professional state license numbers as physician identifiers and supplied encrypted attending physician identifiers to HCUP. During HCUP processing, physician identifiers were re-encrypted (MDID\_S).

Source documentation indicates that if a physician does not have a number (i.e., they are from out of state or a resident at the hospital), then the hospital can assign a separate identifying number. Beginning in 2000, Connecticut does not provide physician identifiers to HCUP.

## Florida

Florida reports state license numbers for the attending physician identifiers. During HCUP processing, physician identifiers were encrypted (MDID\_S).

## Iowa

Iowa reports Universal Physician Identification Numbers (UPINs) as attending physician identification numbers.

## Kentucky

The encrypted attending physician identifier (MDID\_S) may not accurately track physicians across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers.

## Maine

Maine provides state-specific encrypted physician identifiers for attending physicians that allow for tracking physicians across hospitals.

Caution should be used when tracking physicians back to 1999. The encrypted values supplied by the source in the 1999 inpatient data contained slightly different coding than the values supplied in the 2000 inpatient data. During HCUP processing, physician identifiers were re-encrypted (MDID\_S).

## Missouri

The attending physician identification number (MDID\_S) may not accurately track physicians across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers as attending physician numbers (MDID\_S). According to the source, the majority of physician identifiers are UPINs.

## New Jersey

The coding of attending physician identification number (MDID\_S) varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in	New Jersey state license numbers.

1996	
------	--

## **New York**

New York reports state license numbers as physician identifiers. Source documentation indicates that if the attending physician did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

Source physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

## **Oregon**

Beginning in the 1997 data files, Oregon supplied the attending physician number (MDID\_S). This identifier may not accurately track physicians across hospitals. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice.

## **Pennsylvania**

Pennsylvania reports the state license number for attending physicians (MDID\_S).

## **South Carolina**

South Carolina reports six-character state license numbers for attending physician identifiers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

## **Tennessee**

The attending physician identification number (MDID\_S) may not accurately track physicians across hospitals. Tennessee collects two different types of physician identifiers, depending on the type of identifier provided by the hospitals. Tennessee prefers Universal Physician Identification Numbers (UPINs) but also accepts state license numbers.

## **Texas**

Texas provides the state license number of the attending physician. During HCUP processing, physician identifiers are re-encrypted (MDID\_S).

## **Virginia**

Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, physician identifiers were encrypted (MDID\_S).

## **Washington**

The Washington attending physician identifiers may not accurately track physicians across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, physician identifiers were re-encrypted (MDID\_S).

## **West Virginia**

The attending physician identifier (MDID\_S) does not accurately track physicians across patients and hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number which starts with "WV" is coded on most commercial patients.

Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers.

## NDX - Number of diagnoses on this discharge

### General Notes

NDX indicates the total number of diagnoses (valid and invalid) coded on the discharge record. In assigning NDX, the principal diagnosis is included in the count, even if it is blank, so long as there is a secondary diagnosis present (see table below).

Value	Description
0	No diagnoses are coded on the record.
1	Only the principal diagnosis (DX1) is coded. All secondary diagnoses are blank.
2	One secondary diagnosis (DX2) is coded. The principal diagnosis (DX1) may be coded or blank.
3	The second and third diagnoses (DX2 and DX3) are coded. The principal diagnosis (DX1) may be coded or blank.
etc.	

### Uniform Values

Data element	Description	Value	Value Description
NDX	Number of diagnoses on this discharge	0 - 30	Number of diagnoses

### State Specific Notes

*None*

## NEOMAT - Neonatal and/or maternal DX and/or PR

### General Notes

NEOMAT identifies discharges with neonatal and/or maternal diagnoses and procedures.

### Uniform Values

Data element	Description	Value	Value Description
NEOMAT	Neonatal and/or maternal DX and/or PR	0	No neonatal or maternal diagnosis or procedure on record
		1	Maternal diagnosis or procedure on record
		2	Neonatal diagnosis on record
		3	Neonatal diagnosis and maternal diagnoses or procedures on the same record

### State Specific Notes

*None*



## NPR - Number of procedures on this discharge

### General Notes

NPR indicates the total number of ICD-9-CM procedures (valid and invalid) coded on the discharge record. In assigning NPR, the principal procedure is included in the count, even if it is blank, so long as there is a secondary procedure present (see table below).

Value	Description
0	No procedures are coded on the record.
1	Only the principal procedure (PR1) is coded. All secondary procedures are blank.
2	One secondary procedure (PR2) is coded. The principal procedure (PR1) may be coded or blank.
3	The second and third procedures (PR2 and PR3) are coded. The principal procedure (PR1) may be coded or blank.
etc.	

### Uniform Values

Data element	Description	Value	Value Description
NPR	Number of procedures on this discharge	0 - 30	Number of procedures

### State Specific Notes

#### Pennsylvania

For 1995-1996 data only, some discharges have NPR greater than 0, and yet all procedure codes are missing. This is due to constraints of the HCUP processor in handling CPT and HCPCS codes. Pennsylvania reports ICD-9-CM procedure codes on most of their discharges, but some use CPT and HCPCS procedure codes. CPT and HCPCS procedure codes could not be retained in the HCUP data because they are 5 characters and the HCUP procedure fields are 4 characters in length. Discharges with CPT and HCPCS procedure codes were processed by HCUP as follows:

- PRSYS identifies the procedure coding system as CPT or HCPCS.
- NPR is the number of non-missing CPT or HCPCS procedure codes supplied by Pennsylvania.
- The HCUP procedure codes are set to missing (PRn = blank).

In other years, CPT and HCPCS codes are either masked or were handled differently in other years. See the Pennsylvania note on procedures (PRn) for specific details.

## PAY1 - Expected primary payer, uniform

<b>General Notes</b>
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PAY1 indicates the expected primary payer (Medicare, Medicaid, private insurance, etc.). To ensure uniformity of coding across data sources, PAY1 combines detailed categories in the more general groups. For example,

- Medicare includes both fee-for-service and managed care Medicare patients.
- Medicaid includes both fee-for-service and managed care Medicaid patients.
- Private insurance (PAY1 = 3) includes Blue Cross, commercial carriers, and private HMOs and PPOs.
- Other (PAY1 = 6) includes Worker's Compensation, CHAMPUS, CHAMPVA, Title V, and other government programs.

In the 1988-1997 data, the data element PAY1\_N provides more detailed categories for private insurance and other payers. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

The HCUP data element PAY1\_X retains the expected primary payer as provided by the data source. The State Specific Notes for PAY1 include information on how the source values contained in the PAY1\_X are recoded into the HCUP uniform values of PAY1.

If information on secondary or tertiary payers is provided by the data source, the coding of the associated HCUP data elements (PAY2, PAY2\_X, and PAY3\_X) is included under the State Specific Notes for PAY1.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
PAY1	Expected primary payer, uniform	1	Medicare
		2	Medicaid
		3	Private insurance
		4	Self-pay
		5	No charge
		6	Other
		.	Missing

		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

<b>State Specific Notes</b>
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**Arizona**

<b>Arizona</b>			
<b>(Valid beginning in 1995)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
05, 5	Medicare	1	Medicare
11	Medicare Risk		
04	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group	2	Medicaid
06	AHCCCS/Medicaid		
01	Commercial (Indemnity)	3	Private Insurance
02	HMO		
03, 3	PPO		
00	Self pay	4	Self pay
12	Charity	5	No charge
07	CHAMPUS/MEDEXCEL	6	Other
08	Children's Rehab Services		
09	Worker's Compensation		
10	Indian Health Services		
13	Foreign National		
14	Other		
15	Tobacco Tax (Beginning in 1998)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## California

California			
(Valid beginning in 1999)			
PAY1_X		PAY1	
Value	Description	Value	Description
010	Medicare	1	Medicare
011	Medicare (HMO)	1	Medicare
012	Medicare (Managed care - Other)	1	Medicare
013	Medicare (fee for service)	1	Medicare
020	Medi-Cal	2	Medi-Cal
021	Medi-Cal (HMO)	2	Medi-Cal
022	Medi-Cal (Managed care - Other)	2	Medi-Cal
023	Medi-Cal (fee for service)	2	Medi-Cal
030	Private Coverage	3	Private insurance
031	Private Coverage (HMO)	3	Private insurance
032	Private Coverage (Managed care - Other)	3	Private insurance
033	Private Coverage (fee for service)	3	Private insurance
08n, where n=0-3	Self-pay	4	Self-pay
--		5	No charge
04n, where n=0-3	Worker's Compensation	6	Other
05n, where n=0-3	County Indigent Programs		
06n, where n=0-3	Other Government		
07n, where n=0-3	Other Indigent (includes charity care)		
09n, where n=0-3	Other		
0, 000	Not reported	.	Missing

Any values not documented by the data source	.A	Invalid
<p>The <u>first two digits</u> of PAY1_X describes the payer category (e.g., Medicare (01), Medi-Cal (02), Private coverage (03), Workers' Compensation (04), County Indigent Programs (05), Other Government (06), Other Indigent (07), Self Pay (08), and Other Payer (09)).</p> <p>The third digit of PAY1_X describes the type of coverage (e.g., Knox-Keene (HMO)* or Medi-Cal County Organized Health Systems (MCOHS) plan (1), Managed Care Other (PPO, IPO, POS, etc.) (2), traditional coverage (fee for service) (3), and no coverage (0).</p> <p>* HMOs are regulated in California under the Knox-Keene Health Care Service Plan Act of 1975.</p>		

## Colorado

Colorado			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
04	Medicare	1	Medicare
05	Medicaid	2	Medicaid
01	Blue Cross/Blue Shield	3	Private insurance
02	Commercial Ins/Indemnity Plans/Self Insured	3	Private Insurance
03	Other Liability Ins/No Fault/Casualty	3	Private Insurance
08	HMO-PPO/Managed Care/Discounted	3	Private Insurance
12	Self-Pay	4	Self-pay
13	No Charge/Charity Research	5	No charge
06	Worker's Comp	6	Other
09	CHAMPUS		
11	Other Government		
14	Other		
15	Colorado Medically Indigent		
00,	Missing	.	Missing

Blank			
Any other values		.A	Invalid

**Connecticut**

<b>Connecticut</b>			
<b>(Valid beginning in 1998)</b>			
<b>PAY1_X and PAY2_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
C	Medicare	1	Medicare
M	Medicare managed care	1	Medicare
D	Medicaid	2	Medicaid
J	Medicaid managed care (effective date: SID - 1998-1999; SASD - 1998-1999)	2	Medicaid
J	Medicaid managed care (effective date: SID - beginning in 2000; SASD - beginning in 2000; SEDD - beginning in 1998))	2	Medicaid
F	Commercial Insurance	3	Private insurance
G	Blue Cross (Blue Cross PPOs are coded as PPOs, value "T")	3	Private insurance
S	HMO	3	Private insurance
T	PPO	3	Private insurance
A	Self-pay	4	Self-pay
R	No charge	5	No charge
B	Worker's Comp	6	Other
E	Federal Program		
H	Champus		
I	Other		
Q	Title V		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Florida

Florida			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
A	Medicare	1	Medicare
B	Medicare HMO	1	Medicare
C	Medicaid	2	Medicaid
D	Medicaid HMO	2	Medicaid
E	Commercial Insurance	3	Private Insurance
F	Commercial HMO	3	Private Insurance
G	Commercial PPO	3	Private Insurance
L	Self pay/Under-insured (No third party coverage or less than 30% estimated insurance coverage)	4	Self-pay
N	Charity	5	No charge
H	Worker's Compensation	6	Other
I	Champus		
J	VA		
K	Other State/Local Government		
M	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Georgia

Georgia			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
M	Medicare	1	Medicare
U	Medicare Managed Care	1	Medicare



D	Medicaid	2	Medicaid
A	Medicaid Managed Care	2	Medicaid
F	Medicaid Applicants	2	Medicaid
G	Georgia Better Health	2	Medicaid
B	Blue Cross/Blue Shield	3	Private Insurance
H	HMO	3	Private Insurance
I	Commercial Insurance	3	Private Insurance
K	Other Non-Specific Managed Care	3	Private Insurance
X	PPO	3	Private Insurance
6	POS (Point of Service)	3	Private Insurance
P	Self-pay	4	Self-pay
--		5	No charge
C	Champus	6	Other
E	County or State		
N	Other Government Assistance		
W	Workers Compensation		
O, S, Y, Z, 8, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Hawaii

Hawaii			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
13	QUEST	2	Medicaid
4	HMSA (Blue Cross/Blue Shield	3	Private

	affiliate that provides HMO, PPO and Fee for Service plans)		Insurance
5	Kaiser	3	Private Insurance
6	Other Insurance	3	Private Insurance
8	No Fault	3	Private Insurance
7	Self pay	4	Self pay
--		5	No charge
9	Worker's Compensation	6	Other
10	CHAMPUS/VA/Other Government		
12	Department of Defense		
11, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

**Iowa**

<b>Iowa</b>			
<b>(Valid beginning in 1998)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Medicare (Title 18)	1	Medicare
11	Medicare Managed Care (Presently no predominant plans in Iowa)	1	Medicare
02	Medicaid (Title 19)	2	Medicaid
12	Medicaid Managed Care (e.g., Medipass, Heritage National, Care Choices, Principal Health Care)	2	Medicaid
06	Blue Cross (e.g., Blue Cross Alliance Select should be recorded as PPO; Blue Cross Unity Choice should be recorded as HMO)	3	Private Insurance
07	Commercial (private or group plans other than HMO, PPO, ODS)	3	Private Insurance
13	HMO (e.g., Care Choices, Medical Associates Health Plan, Inc., Principal	3	Private Insurance

	Health Care of Iowa, Heritage National Healthplan, Inc., John Deere Family Health Plan, Principal Health Care of Nebraska, United Healthcare of the Midlands, Unity Choice)		
14	PPO (e.g., Alliance Select, Healthcare Preferred, Plains Health Network)	3	Private Insurance
15	Organized Delivery Systems (ODS) (e.g., SecureCare of Iowa)	3	Private Insurance
08	Self-pay (the patient has no insurance, is ineligible for governmental assistance and is not a "no charge" patient)	4	Self-pay
10	No charge	5	No charge
03	Other State (including State Papers)	6	Other
04	County		
05	CHAMPUS		
09	Workers Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Kansas

<b>Kansas</b>			
<b>(Valid beginning in 1993)</b>			
<b>PAY1_X and PAY2_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
3	Blue Cross	3	Private Insurance
4	Commercial		
5	Self-pay	4	Self-pay
--		5	No charge
6	Other	6	Other
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Separate information on HMO and PPO providers is not provided.

## Kentucky

<b>Kentucky</b>			
<b>(Valid beginning in 2000)</b>			
<b>PAY1_X, PAY2_X, PAY3_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
C	Medicare	1	Medicare
D	Medicaid	2	Medicaid
F	Commercial - Unknown	3	Private insurance
G	Commercial - Unknown (BC/BS)	3	Private insurance
J	Commercial - Indemnity	3	Private insurance
K	Commercial - Preferred Provider	3	Private insurance
L	Commercial - HMO	3	Private insurance
M	Commercial - Managed Care	3	Private insurance
A	Self Pay	4	Self-pay
--		5	No charge
B	Workers' Compensation	6	Other
E	Other Federal programs		
H	Champus		
I	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Massachusetts

<b>Massachusetts</b>			
<b>(Valid beginning in 1998)</b>			
<b>PAY1_X and PAY2_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>

3	Medicare	1	Medicare
F	Medicare Managed Care	1	Medicare
4	Medicaid	2	Medicaid
B	Medicaid Managed Care	2	Medicaid
6	Blue Cross	3	Private Insurance
C	Blue Cross Managed Care		
7	Commercial Insurance		
D	Commercial Managed Care		
8	HMO		
E	PPO and Other Managed Care not listed elsewhere		
J	Point of Service Plan		
K	Exclusive Provider Plan		
1	Self-pay	4	Self-pay
9	Free care (no charge)	5	No charge
2	Worker's Compensation	6	Other
5	Other government payment		
0	Other non-managed care plans		
A	Other or principal source of payment covered in full		
N, Blank	None, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Maine

Maine			
(Valid beginning in 1999)			
PAY1_X, PAY2_X, PAY3_X		PAY1, PAY 2	
Value	Description	Value	Description
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
05	Blue Cross	3	Private insurance
06	Other commercial carriers	3	Private insurance

10	HMO	3	Private insurance
08	Self-pay	4	Self-pay
07	Charity	5	No charge
03	U.S. Title V	6	Other
04	CHAMPUS/USVA		
09	Worker's Compensation		
11	Other or Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid

## Maryland

Maryland			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare	1	Medicare
15	Medicare HMO (payer specified in PAYER1_X/PAYER2_X)	1	Medicare
02	Medicaid	2	Medicaid
14	Medicaid HMO (payer specified in PAYER1_X/PAYER2_X)	2	Medicaid
04	Blue Cross of MD	3	Private Insurance
16	Blue Cross of the National Capital Area (HMO)	3	Private Insurance
17	Blue Cross (other state)	3	Private Insurance
05	Commercial/PPO	3	Private Insurance
12	Managed Care (payer specified in PAYER1_X/ PAYER2_X)	3	Private Insurance
08	Self-pay	4	Self-pay
09	Charity - no charge	5	No charge
03	Title V	6	Other
06	Other government program		

07	Worker's Compensation		
10	Other		
11	Donor		
77	Not Applicable (Secondary payer only)	.	Missing
99	Unknown		
Blank	Missing		
13	Do not use		Invalid
Any values not documented by the data source		.A	

## Missouri

Missouri			
(Valid beginning in 1995)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
04	Blue Cross/Blue Shield	3	Private Insurance
07	Commercial/Private Insurance		
06	Self-pay	4	Self-pay
08	No charge (charity)	5	No charge
03	Maternal and Child Health	6	Other
05	Worker's Compensation		
09	Other government (CHAMPUS)		
10	Other		
99, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on HMO and PPO providers is not provided.			

## North Carolina

North Carolina
(Valid beginning in 2000)

PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
B	Blue Cross	3	Private insurance
H	HMO - PPO		
I	Other Insurance Companies		
S	Self-Insured (administered plan)		
P	Self-pay	4	Self-pay
--		5	No charge
C	Champus	6	Other
E	Other Government		
N	Other Government		
O	Other		
W	Workers' Compensation		
0, 1, 3, 8, 9, A, F, G, J, K, L, R, T, U, Y, Z, Blank	Documented by source as unknown values	.	Missing
Any values not documented by the data source		.A	Invalid

## New Jersey

New Jersey			
(Valid beginning in 1998)			
PAY1_X and PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
011	Title XVII (Medicare) Part A	1	Medicare
015	Title XVII (Medicare) Part B	1	Medicare
017	Title XVII (Medicare) Part B - Physician Charges	1	Medicare
012	Title XIX (Medicaid)	2	Medicaid
010	Blue Cross Plan	3	Private Insurance
020	Blue Cross Plan	3	Private



			Insurance
022	Blue Cross Plan	3	Private Insurance
025	Blue Cross Plan	3	Private Insurance
026	Blue Cross Plan	3	Private Insurance
029	Blue Cross Plan	3	Private Insurance
030	Blue Cross Plan	3	Private Insurance
040	Blue Cross Plan	3	Private Insurance
041	Blue Cross Plan	3	Private Insurance
042	Blue Cross Plan	3	Private Insurance
050	Blue Cross Plan	3	Private Insurance
060	Blue Cross Plan	3	Private Insurance
070	Blue Cross Plan	3	Private Insurance
080	Blue Cross Plan	3	Private Insurance
090	Blue Cross Plan	3	Private Insurance
100	Blue Cross Plan	3	Private Insurance
101	Blue Cross Plan	3	Private Insurance
110	Blue Cross Plan	3	Private Insurance
121	Blue Cross Plan	3	Private Insurance
130	Blue Cross Plan	3	Private Insurance
140	Blue Cross Plan	3	Private Insurance
141	Blue Cross Plan	3	Private

			Insurance
150	Blue Cross Plan	3	Private Insurance
160	Blue Cross Plan	3	Private Insurance
170	Blue Cross Plan	3	Private Insurance
180	Blue Cross Plan	3	Private Insurance
190	Blue Cross Plan	3	Private Insurance
200	Blue Cross Plan	3	Private Insurance
210	Blue Cross Plan	3	Private Insurance
220	Blue Cross Plan	3	Private Insurance
230	Blue Cross Plan	3	Private Insurance
240	Blue Cross Plan	3	Private Insurance
241	Blue Cross Plan	3	Private Insurance
250	Blue Cross Plan	3	Private Insurance
260	Blue Cross Plan	3	Private Insurance
265	Blue Cross Plan	3	Private Insurance
270	Blue Cross Plan	3	Private Insurance
280	Blue Cross Plan	3	Private Insurance
281	Blue Cross Plan	3	Private Insurance
290	Blue Cross Plan	3	Private Insurance
300	Blue Cross Plan	3	Private Insurance
301	Blue Cross Plan	3	Private

			Insurance
303	Blue Cross Plan	3	Private Insurance
304	Blue Cross Plan	3	Private Insurance
305	Blue Cross Plan	3	Private Insurance
306	Blue Cross Plan	3	Private Insurance
307	Blue Cross Plan	3	Private Insurance
308	Blue Cross Plan	3	Private Insurance
310	Blue Cross Plan	3	Private Insurance
320	Blue Cross Plan	3	Private Insurance
331	Blue Cross Plan	3	Private Insurance
332	Blue Cross Plan	3	Private Insurance
333	Blue Cross Plan	3	Private Insurance
334	Blue Cross Plan	3	Private Insurance
335	Blue Cross Plan	3	Private Insurance
337	Blue Cross Plan	3	Private Insurance
338	Blue Cross Plan	3	Private Insurance
340	Blue Cross Plan	3	Private Insurance
350	Blue Cross Plan	3	Private Insurance
351	Blue Cross Plan	3	Private Insurance
360	Blue Cross Plan	3	Private Insurance
361	Blue Cross Plan	3	Private

			Insurance
362	Blue Cross Plan	3	Private Insurance
363	Blue Cross Plan	3	Private Insurance
364	Blue Cross Plan	3	Private Insurance
370	Blue Cross Plan	3	Private Insurance
380	Blue Cross Plan	3	Private Insurance
390	Blue Cross Plan	3	Private Insurance
392	Blue Cross Plan	3	Private Insurance
400	Blue Cross Plan	3	Private Insurance
410	Blue Cross Plan	3	Private Insurance
415	Blue Cross Plan	3	Private Insurance
423	Blue Cross Plan	3	Private Insurance
424	Blue Cross Plan	3	Private Insurance
430	Blue Cross Plan	3	Private Insurance
441	Blue Cross Plan	3	Private Insurance
443	Blue Cross Plan	3	Private Insurance
444	Blue Cross Plan	3	Private Insurance
450	Blue Cross Plan	3	Private Insurance
460	Blue Cross Plan	3	Private Insurance
470	Blue Cross Plan	3	Private Insurance
471	Blue Cross Plan	3	Private

			Insurance
865	Blue Cross Plan	3	Private Insurance
932	Blue Cross Plan	3	Private Insurance
936	Blue Cross Plan	3	Private Insurance
971	Blue Cross Plan	3	Private Insurance
105	Commercial	3	Private Insurance
106	Commercial	3	Private Insurance
107	Commercial	3	Private Insurance
115	Commercial	3	Private Insurance
120	Commercial	3	Private Insurance
125	Commercial	3	Private Insurance
131	Commercial	3	Private Insurance
135	Commercial	3	Private Insurance
142	Commercial	3	Private Insurance
145	Commercial	3	Private Insurance
151	Commercial	3	Private Insurance
155	Commercial	3	Private Insurance
161	Commercial	3	Private Insurance
165	Commercial	3	Private Insurance
171	Commercial	3	Private Insurance
175	Commercial	3	Private

			Insurance
181	Commercial	3	Private Insurance
185	Commercial	3	Private Insurance
186	Commercial	3	Private Insurance
187	Commercial	3	Private Insurance
188	Commercial	3	Private Insurance
189	Commercial	3	Private Insurance
191	Commercial	3	Private Insurance
192	Commercial	3	Private Insurance
193	Commercial	3	Private Insurance
194	Commercial	3	Private Insurance
195	Commercial	3	Private Insurance
196	Commercial	3	Private Insurance
197	Commercial	3	Private Insurance
198	Commercial	3	Private Insurance
199	Commercial	3	Private Insurance
032	HMO	3	Private Insurance
033	HMO	3	Private Insurance
034	HMO	3	Private Insurance
035	HMO	3	Private Insurance
036	HMO	3	Private

			Insurance
037	HMO	3	Private Insurance
043	HMO	3	Private Insurance
044	HMO	3	Private Insurance
045	HMO	3	Private Insurance
046	HMO	3	Private Insurance
047	HMO	3	Private Insurance
048	HMO	3	Private Insurance
049	HMO	3	Private Insurance
051	HMO	3	Private Insurance
052	HMO	3	Private Insurance
053	HMO	3	Private Insurance
054	HMO	3	Private Insurance
055	HMO	3	Private Insurance
056	HMO	3	Private Insurance
057	HMO	3	Private Insurance
058	HMO	3	Private Insurance
059	HMO	3	Private Insurance
061	HMO	3	Private Insurance
062	HMO	3	Private Insurance
063	HMO	3	Private

			Insurance
064	HMO	3	Private Insurance
065	HMO	3	Private Insurance
066	HMO	3	Private Insurance
067	HMO	3	Private Insurance
068	HMO	3	Private Insurance
069	HMO	3	Private Insurance
071	HMO	3	Private Insurance
072	HMO	3	Private Insurance
073	HMO	3	Private Insurance
074	HMO	3	Private Insurance
075	HMO	3	Private Insurance
077	HMO	3	Private Insurance
078	HMO	3	Private Insurance
081	HMO	3	Private Insurance
082	HMO	3	Private Insurance
083	HMO	3	Private Insurance
084	HMO	3	Private Insurance
085	HMO	3	Private Insurance
086	HMO	3	Private Insurance
087	HMO	3	Private



			Insurance
088	HMO	3	Private Insurance
089	HMO	3	Private Insurance
094	HMO	3	Private Insurance
097	HMO	3	Private Insurance
076	Miscellaneous: Premier Preferred Care of New Jersey	3	Private Insurance
091	Miscellaneous: Union Insurance	3	Private Insurance
093	Miscellaneous: MAGNET (Magna Care) (effective 1/95)	3	Private Insurance
096	Miscellaneous: QualCare (effective 1/95)	3	Private Insurance
309	No Fault	3	Private Insurance
311	No Fault	3	Private Insurance
315	No Fault	3	Private Insurance
399	No Fault	3	Private Insurance
095	Miscellaneous: Indigent	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Miscellaneous: Hospital Responsibility	5	No charge
014	Champus	6	Other
016	Department of Vocational Rehabilitation		
092	Miscellaneous: Personal Health Program		
099	Miscellaneous: Other		
018	New Jersey State Health Benefits Plan		

019	Other Government		
013	Title V (Material and Child Health)		
205	Worker's Compensation		
211	Worker's Compensation		
215	Worker's Compensation		
221	Worker's Compensation		
225	Worker's Compensation		
231	Worker's Compensation		
299	Worker's Compensation		
000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## New York

New York			
(Valid beginning in 1993)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
03	Medicare	1	Medicare
16	Medicare HMO		
04	Medicaid	2	Medicaid
17	Medicaid HMO		
06	Blue Cross	3	Private Insurance
08	Commercial Insurance Company		
11	HMO (Other)		
13	No-fault		
15	Self-insured, Self-administered plans		
01	Self-pay	4	Self-pay
09	No charge	5	No charge
02	Worker's Compensation	6	Other
07	Other Government		
10	Other		
12	CHAMPUS/VA		

14	Corrections (federal, state, or local) (1993-1995 only)		
18	Corrections Federal (beginning in 1996)		
19	Corrections State (beginning in 1996)		
20	Corrections Local (beginning in 1996)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Oregon

Oregon			
(Valid beginning in 1998)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
X	HMO/Oregon Health Plan (Medicaid)	2	Medicaid
B	Blue Cross/Blue Shield	3	Private Insurance
I	Commercial Insurance	3	Private Insurance
S	Self-Insured	3	Private Insurance
H	HMO/Managed Care	3	Private Insurance
P	Self Pay	4	Self-pay
Z	Medically Indigent, Free, Research	5	No charge
W	Workers Compensation	6	Other
C	CHAMPUS		
E	County or State		
L	Managed Assistance		
N	Division of Health Services		
O	Other		
Blank	Missing	.	Missing

Any values not documented by the data source	.A	Invalid
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## Pennsylvania

Pennsylvania			
(Valid beginning in 1998)			
PAY1_X, PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
10	Medicare - Other (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	1	Medicare
12	Medicare - PPO (Beginning in 7/99)	1	Medicare
13	Medicare - POS (Beginning in 1/00)	1	Medicare
14	Medicare Part A - Fee for Service (Beginning in 7/99)	1	Medicare
15	Medicare - HMO/PPO (Discontinued 12/99) Medicare - HMO (Valid 7/99 - 12/99)	1	Medicare
15	Medicare - HMO (Beginning 1/00)	1	Medicare
20	Medicaid - Other (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	2	Medicaid
22	Medicaid - PPO (Beginning in 7/99)	2	Medicaid
24	Medicaid - Fee for Service (Beginning in 7/99)	2	Medicaid
25	Medicaid - HMO/PPO (Discontinued 12/99) Medicaid - HMO (Valid 7/99 - 12/99)	2	Medicaid
25	Medicaid - HMO (Beginning in 1/00)	2	Medicaid
30	Blue Cross - Other (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
32	Blue Cross - PPO (Beginning in 7/99)	3	Private

			Insurance
33	Blue Cross - POS (Beginning in 7/99)	3	Private Insurance
34	Blue Cross - Fee for Service (Beginning in 7/99)	3	Private Insurance
35	Blue Cross - HMO/PPO (Discontinued 12/99) Blue Cross - HMO (Valid 7/99 - 12/99)	3	Private Insurance
35	Blue Cross - HMO (Beginning in 1/00)	3	Private Insurance
38	Blue Cross - United Health & Welfare Fund (Source documentation states that this code was discontinued in 1998, but because it was still used, HCUP allowed the value in the 1999-2000 data)	3	Private Insurance
39	Blue Cross - Association (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
40	Commercial - Other (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
42	Commercial - PPO (Beginning in 7/99)	3	Private Insurance
43	Commercial - POS (Beginning in 7/99)	3	Private Insurance
44	Commercial - Fee for Service (Beginning in 7/99)	3	Private Insurance
45	Commercial - HMO/PPO (Discontinued 12/99) Commercial - HMO (Valid 7/99 - 12/99)	3	Private Insurance
45	Commercial - HMO (Beginning in 1/00)	3	Private Insurance
46	Commercial - Union Health & Welfare Fund (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000	3	Private Insurance

	data)		
48	Commercial - Automobile	3	Private Insurance
49	Commercial - Association (Discontinued 12/99)	3	Private Insurance
49	Commercial - Unknown (Beginning in 1/00)	3	Private Insurance
50	Employer Funded Plans - Other (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
55	Employer Funded Plans - HMO/PPO (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
56	Employer Funded Plans - Union Health & Welfare Fund (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
59	Employer Funded Plans - Association Group (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)	3	Private Insurance
00	Patient Direct Bill (Discontinued 12/99) Uninsured - Self Pay or Charity/Indigent Care (Beginning in 7/99)	4	Self-pay
--		5	No charge
47	Commercial - Workers' Compensation	6	Other
57	Employer Funded Plans - Workers' Compensation (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)		

80	Other government - Other/Unknown (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)		
82	Government - PPO (Beginning in 7/99)		
84	Government - Fee for Service (Beginning in 7/99)		
85	Government - HMO (Beginning in 7/99)		
87	Other Government - State Workers Insurance Fund (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)		
88	Other Government - Catastrophic Loss Fund (Source documentation states that this code was discontinued in 1999, but because it was still used, HCUP allowed the value in the 2000 data)		
89	Government - Unknown/Not Listed (Beginning in 7/99)		
90, 99, Blank	Unknown, Not Listed, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

### South Carolina

South Carolina			
(Valid beginning in 2000)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
4	Commercial, PPO	3	Private insurance
5	HMO	3	Private

			insurance
6	Self-Pay	4	Self-pay
--		5	No charge
9	Workers' Compensation	6	Other
10	CHAMPUS, CHAMPVA		
12	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Tennessee

Tennessee			
(Valid beginning in 1998)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
M	Medicare	1	Medicare
1	Medicare Managed Care (Discontinued in 2000)	1	Medicare
K	Medicare HMO/PSO (Beginning in 2000)	1	Medicare
D	Medicaid	2	Medicaid
T	TennCare Plan: Unspecified	2	Medicaid
2	TennCare Plan: Access-Med Plus		
3	TennCare Plan: Blue Cross		
4	TennCare Plan: Advantage Care/Phoenix		
5	TennCare Plan: Omni Care		
6	TennCare Plan: Health Net		
7	TennCare Plan: Unspecified		
8	TennCare Plan: John Deere/Heritage		
9	TennCare Plan: Preferred Health Partnership		
A	TennCare Plan: Prudential Community Care		
F	TennCare Plan: TLC Family Care Healthplan		



G	TennCare Plan: Tennsource		
J	TennCare Plan: Blue Care		
U	TennCare Behavioral: Tennessee Behavioral Health, Inc.		
E	TennCare Behavioral: BHO - plan unspecified (Beginning in 2000)		
X	TennCare Behavioral: Premier Behavioral Systems of TN		
B	Blue Cross/Blue Shield	3	Private Insurance
H	Blue Cross - Managed Care - HMO/PPO/Other Managed Care (Beginning in 2000)	3	Private Insurance
I	Commerical Insurance (Indemnity Carrier)	3	Private Insurance
L	Commerical/Managed Care - HMO/PPO/Other Managed Care (Beginning in 2000)	3	Private Insurance
S	Self Insured	3	Private Insurance
H	HMO/Managed Care (Redefined in 2000)	3	Private Insurance
P	Self-pay	4	Self-pay
Z	Medically Indigent/Free	5	No charge
W	Workers/State Compensation		
C	Federal, Champus (Military)		
E	County or state employee (Redefined in 2000)	6	Other
L	Managed Assistance (Redefined in 2000)		
N	Division of Health Services (Voc. Rehab.)		
O	Other, Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid

Texas

Texas			
(Valid beginning in 2000)			
PAY1_X, PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
"C", "C\$", where \$ is not equal to V	Medicare	1	Medicare
"CV"	Medicare Managed Care	1	Medicare
"D", "D\$", where \$ is not equal to X	Medicaid	2	Medicaid
"DX"	Medicaid Managed Care	2	Medicaid
"F", "F\$", where \$ is not equal to Y or U	Commercial	3	Private insurance
"FY"	Commercial HMO	3	Private insurance
"FU"	Commercial PPO	3	Private insurance
"G", "G\$", where \$ is not equal to Y or U	Blue Cross	3	Private insurance
"GY"	Blue Cross - HMO	3	Private insurance
"GU"	Blue Cross - PPO	3	Private insurance
"A", "A\$"	Self-pay	4	Self-pay
"IZ"	Charity care	5	No charge
"B", "Ba"	Worker's Compensation	6	Other
"E", "E\$"	Other federal program, - including VA		
"H", "H\$"	CHAMPUS		
"I", "I\$", where \$ is not equal to Z	Other		
Blank	Missing	.	Missing
" * ", " ** ", "\$" (value that is missing the standard source or payment), or any values not documented by the data source		.A	Invalid

PAY1\_X/PAY2\_X are created from two data elements provided by the data source:

- the first digit of PAY1\_X/PAY2\_X is the reported standard source of payment and
- the second digit is the reported non-standard source of payment

Documented values for the standard source of payment (the first digit of PAY1\_X/PAY2\_X) include:

A =	Self-pay
B =	Workers' Compensation
C =	Medicare
D =	Medicaid
E =	Other federal programs
F =	Commercial
G =	Blue Cross
H =	CHAMPUS
I =	Other

Documented values for the non-standard source of payment (the second digit of PAY1\_X/PAY2\_X) include:

T =	State or local government programs
U =	Commercial PPO
V =	Medicare managed care
X =	Medicaid managed care
Y =	Commercial HMO
Z =	Charity Care

As the table above indicates, the coding PAY1/PAY2 from PAY1\_X/PAY2\_X is primarily based on the standard source of payment code (first digit of PAY1\_X/PAY2\_X) because it is from the UB-92 and may be required for payment.

## Utah

Utah			
(Valid beginning in 1998)			
PAY1_X, PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
04	Blue Cross/Blue Shield	3	Private Insurance
05	Other commercial	3	Private Insurance
06	Managed care (HMO and PPO)	3	Private Insurance
07	Self pay	4	Self-pay
--		5	No charge
03	Other government	6	Other
08	Industrial and Worker's compensation		
09	Unclassified		
12	Other		
13	Children's Health Insurance Plan (CHIP)		
10, 99, Blank	Unknown, Not reported, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Virginia

Virginia			
(Valid beginning in 1999)			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid

31	Medicaid - Out of State	2	Medicaid
3	Trigon/BC/BS	3	Private insurance
6	Aetna/US Healthcare	3	Private insurance
7	United Healthcare	3	Private Insurance
8	Cigna	3	Private Insurance
9	Other Commercial	3	Private Insurance
13	Prudential	3	Private Insurance
14	State Farm	3	Private Insurance
24	All State	3	Private Insurance
28	John Hancock	3	Private Insurance
29	HMO/PPO - Unspecified	3	Private Insurance
32	BC/BS Out of State	3	Private Insurance
33	GWU Health Plan	3	Private Insurance
34	Kaiser Permanente	3	Private Insurance
35	MAMSI	3	Private Insurance
36	NYLCare	3	Private Insurance
37	Qualchoice	3	Private Insurance
38	Sentara	3	Private Insurance
39	Southern Health	3	Private Insurance
5	Self Pay	4	Self-pay
--		5	No charge

4	Tricare/Champus	6	Other
10	Indigent/Charity		
11	Worker's Comp		
16	Local Government		
17	State Government		
18	Other Government		
19	Government Assistance		
20	Jail/Detention		
21	Black Lung		
25	Research/Donor		
26	Foreign		
27	Hospice - Unspecified		
99, Blank	Unknown, Missing		
Any values not documented by the data source		.A	Invalid

### Washington

Washington			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
001	Medicare	1	Medicare
002	Medicaid (DSHS)	2	Medicaid
004	Health Maintenance Organization (HMO) (e.g., Group Health, Kaiser Foundation, Good Health)	3	Private Insurance
006	Commercial insurance (e.g., AETNA, Mutual of Omaha, Safeco)	3	Private Insurance
610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service)	3	Private Insurance
009	Self-pay	4	Self-pay
630	Charity Care as defined in WAC 246-453-010	5	No charge

008	Workers Compensation (includes state fund, self insured employers, and Labor and Industries crime victims claims)	6	Other
625	Other Sponsored Patients (e.g., CHAMPUS, Indian Health)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Wisconsin

<b>Wisconsin</b>			
<b>(Valid beginning in 1998)</b>			
<b>PAY1_X and PAY2_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
MED01	Medicare - Fee for service, non-HMO Medicare, or non-HMO Medicaid	1	Medicare
MED02	Medicare - Alternative health care insurance plans (HMO, PPO, PPA, etc.)	1	Medicare
MED09	Medicare - Unable to determine insurance type	1	Medicare
T1901	Wisconsin Medicaid - Fee for service	2	Medicaid
T1902	Wisconsin Medicaid - Alternative health care insurance plans	2	Medicaid
T1909	Wisconsin Medicaid - type unknown	2	Medicaid
OTH51	Non-Wisconsin Medicaid	2	Medicaid
WPS01	Wisconsin Physicians Service - Fee for service	3	Private Insurance
WPS02	Wisconsin Physicians Service - Alternative health care insurance plans	3	Private Insurance
WPS09	Wisconsin Physicians Service - type unknown	3	Private Insurance
OTH11	Commercial or private	3	Private

	insurance - Fee for service		Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative health care insurance plans	3	Private Insurance
OTH29	Employer self-funded - type unknown	3	Private Insurance
OTH31	Other organization self-funded - Fee for service	3	Private Insurance
OTH32	Other organization self-funded - Alternative health care insurance plans	3	Private Insurance
OTH39	Other organization self-funded - type unknown	3	Private Insurance
nnn01, where nnn is a 3-digit code	Blue Cross - Fee for service	3	Private Insurance
nnn02, where nnn is a 3-digit code	Blue Cross - Alternative health care insurance plans	3	Private Insurance
nnn09, where nnn is a 3-digit code	Blue Cross - type unknown	3	Private Insurance
OTH61	Self-pay	4	Self-pay
--		5	No charge
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)	6	Other
CHA02	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA03	CHAMPUS, CHAMPVA (effective beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		
OTH53	General Relief		



OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
bbb01, where b is a blank	Other - Fee for service (beginning in 1998)		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown		
bbb00, where b is a blank	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid

### West Virginia

West Virginia			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
3	Public Employee Insurance Agency (PEIA)		
8	Commercial	3	Private Insurance
9	Nonprofit		
10	Employer/Union		
11	Self-pay	4	Self-pay
12	Charity	5	No charge
4	Workers Compensation		
5	Other Federal Government		
6	Other West Virginia Government	6	Other
7	Other States Government		
14	Not elsewhere classified		

13	Unknown	.	Missing
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<p><b>For Medicare, Medicaid, and private insurance payers (PAY1/PAY2 = 1, 2, or 3), information on fee for service and HMO payment is available.</b> This information can be extracted from the detailed payment information available in the HCUP data elements PAYER1_X and PAYER2_X. The first 2 digits of PAYER1_X/PAYER2_X identify the payment program; the third digit identifies the modality (e.g., fee for service, HMO, point of service, etc.); and the fourth digit specifies the HMO plan. See documentation under PAYER1_X and PAYER2_X for additional information.</p>			
<b>PAYER1_X and PAYER2_X</b>			
3rd digit = "1"		Fee for Service/Indemnity	
3rd digit = "2"		DRG Prospective Payment System	
3rd digit = "3"		Point of Service	
3rd digit = "3"		Point of Service	
3rd digit = "4"		HMO	
3rd digit = "5"		Other Managed Care (including PPO)	
3rd digit not equal 1-5		Unknown or not elsewhere classified	

## **PAY1\_X - Expected primary payer, as received from data source**

### **General Notes**

PAY1\_X retains the expected primary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain uniformly coded information about the expected primary payer:

- PAY1 has general categories for Medicare, Medicaid, private insurance, and other payers.
- PAY1\_N has more detailed categories for private insurance and other payers. PAY1\_N is only available in the 1988-1997 HCUP databases. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

Information on the definition of the source values contained in PAY1\_X and how the source values are recoded into the HCUP uniform data element PAY1 is available under the note for expected primary payer PAY1.

### **Uniform Values**

<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
PAY1_X	Expected primary payer, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

### **State Specific Notes**

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

## PAY2 - Expected secondary payer, uniform

### General Notes

PAY2 indicates the expected secondary payer (Medicare, Medicaid, private insurance, etc.). To ensure uniformity of coding across data sources, PAY2 combines detailed categories in the more general groups. For example,

- Medicare includes both fee-for-service and managed care Medicare patients.
- Medicaid includes both fee-for-service and managed care Medicaid patients.
- Private insurance (PAY2 = 3) includes Blue Cross, commercial carriers, and private HMOs and PPOs.
- Other (PAY2 = 6) includes Worker's Compensation, CHAMPUS, CHAMPVA, Title V, and other government programs.

In the 1988-1997 data, the data element PAY2\_N provides more detailed categories for private insurance and other payers. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

The HCUP data element PAY2\_X retains the expected primary payer as provided by the data source.

Because the coding of expected primary and secondary payer is the same, information on the coding of PAY2 is available under the note for expected primary payer (PAY1).

### Uniform Values

Data element	Description	Value	Value Description
PAY2	Expected secondary payer, uniform	n(a)	State specific coding - See the "State Specific Notes" section for details

### State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

## PAY2\_X - Expected secondary payer, as received from data source

### General Notes

PAY2\_X retains the expected secondary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain uniformly coded information about the expected secondary payer:

- PAY2 has general categories for Medicare, Medicaid, private insurance, and other payers.
- PAY2\_N has more detailed categories for private insurance and other payers. PAY2\_N is only available in the 1988-1997 HCUP databases. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

Because the coding of expected primary and secondary payer is the same, information on the coding of PAY2\_X is available under the note for expected primary payer (PAY1).

Uniform Values			
Data element	Description	Value	Value Description
PAY2_X	Expected secondary payer, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

### State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

## PRn - Procedure

### General Notes

The original value of the ICD-9-CM principal procedure (PR1), whether blank or coded, is retained in the first position of the procedure vector. Starting at the first secondary procedure (PR2), the procedures are shifted during HCUP processing to eliminate blank secondary procedures. For example, if PR2 and PR4 contain nonmissing procedures and PR3 is blank, then the value of PR4 is shifted into PR3. Secondary procedures are never shifted into the principal position (PR1).

Procedures are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). In the 1988-1997 data, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a year window (six months before and six months after) is allowed. For example, the code for Bone Marrow Transplant changed from "410 " to "4100" as of October 1, 1988. Under HCUP validation procedures, "410" is classified as valid for discharges as late as December 31, 1988, and "4100" is classified as valid for discharges as early as July 1, 1988.

Procedures are compared to the sex of the patient (EPR03 beginning in the 1998 data and ED2nn in the 1988-1997 data) and the patient's age (EAGE05 beginning in the 1998 data and ED5nn in the 1988-1997 data) for checking the internal consistency of the record.

How invalid and inconsistent codes are handled varies by data year.

- Beginning in the 1998 data, invalid and inconsistent procedures are masked directly. Validity flags are not included on the HCUP record. Clinical Classifications Software (CCS) data elements are coded with respect to the procedure.

	<b>Invalid Procedure</b>	<b>Inconsistent Code</b>
The value of PRn	"invl"	"incn"
PRCCSn	Set to invalid (.A).	Set to inconsistent (.C)

- From 1988-1997 data, invalid and inconsistent procedures are retained on the record. Validity flags (PRVn) indicate invalid, inconsistent procedure codes. Clinical Classifications Software (CCS) data elements use the former name (PCCHPRn). The CCS was formerly known as the Clinical Classifications for Health Policy Research (CCHPRn). The procedure related data element are coded as follows:

	<b>Invalid Procedure</b>	<b>Inconsistent Code</b>
The value of PRn	Unchanged	Unchanged
PRVn	Set to 1	Set to inconsistent (.C)
PCCHPRn	Set to invalid (.A).	Retained (values 1-260)

The validity flags (PRVn) need to be used in connection with any analysis of the procedures (PRn).

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
PRn	Procedure	nnnn	Procedure code
		Blank	Missing
		invl	Invalid: beginning with 1998 data, EPR02
		incn	Inconsistent: beginning with EAGE05, EPR03

### **State Specific Notes**

#### **Arizona**

Beginning in 1998, a few hospitals reported 5-digit codes in the procedure fields. Since ICD-9-CM procedures are have either 3 or 4 digits, these five digit codes were set to invalid.

Beginning in 1993, Arizona procedure codes were not right-padded with zeros. Arizona reported procedure codes with an explicit decimal point. The decimal point was removed during HCUP processing.

Prior to 1993, the procedure codes provided by Arizona were right-padded with zeros (e.g., the procedure code '403 ' was supplied as '4030'). The following algorithm was used during HCUP processing to validate the procedure codes:

Check four-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1. If four-digit code is valid, set PR1 to the four-digit code and set PRV1 = 0.
2. If the four-digit code is invalid and fourth digit is a zero, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set PR1 to the three-digit code and set PRV1 = 0.
3. If both the four-digit and three-digit codes are invalid, save the original four-digit code PR1 and set the validity flag to indicate an invalid code (PRV1 = 1).

## California

Shriner's hospitals do not report diagnoses, procedures or total charges.

## Florida

In 1992 only, the hospitals identified below have erroneous procedure information when a patient had more than one operative episode during a stay. The first operative episode, which can be defined by one or more procedure codes, is correctly reported. The procedure codes for any subsequent operative episodes were not reported. The following hospitals, identified by the HCUP hospital identifier (HOSPID), are affected:

- HOSPID
- 390530
- 390170
- 391000
- 390067
- 390622
- 390870
- 390060
- 391060
- 390727
- 390515
- 390034

## Kentucky

Kentucky supplied procedure codes in a field length of 7. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

## Massachusetts

Due to an error in HCUP processing, the procedure verification table for 1988-1992 incorrectly accepted some codes as valid, on year beyond the date when these codes were deleted or superseded by more detailed codes. With the three-



month grace period built into the processor, these codes were mistakenly accepted for one full year beyond the year in which they became invalid.

Examination of frequencies from the HCUP Massachusetts files found a small number of records were affected. The procedures not flagged as invalid procedure codes (PRVn = 1) are:

<b>Procedure</b>	<b>Year</b>
9971	1988
9972	1988
9974	1988
9975	1988
9978	1988
9979	1988
432	1990
493	1990
5996	1990
8141	1990
8187	1990
8899	1990

Beginning in 1993, procedures were validated correctly.

### **Maryland**

Maryland supplied procedure codes in a field of length 5. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

### **New Jersey**

Before 1994, the procedure codes provided by the state were right-padded with zeros (e.g., the procedure code '403' was supplied as '4030'). For the HCUP database the following algorithm was used to validate the procedure codes:

Check the four-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1. If the four-digit code is valid, set PRn to the four-digit code and set PRVn = 0.

2. If the four-digit code is invalid and the fourth digit is a zero\*\*, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If valid, set PRn to the three-digit code and set PRVn = 0.
3. If both the four-digit and the three-digit codes are invalid, save the original four-digit code PRn and set the validity flag to indicate an invalid code (PRVn = 1).

## **Pennsylvania**

The reporting and handling of CPT and HCPCS procedure codes varies by year:

- Prior to 1995, Pennsylvania supplied only ICD-9-CM procedure codes.
- From 1995-1996, Pennsylvania supplied a mixture of ICD-9-CM, CPT and HCPCS codes. If the procedure coding system indicates CPT or HCPCS codes on the record, then the codes are set to missing. Details are provided below.
- In 1997, Pennsylvania source documentation indicated that all procedure codes were ICD-9-CM codes. Any procedure codes that were suspected of being CPT or HCPCS codes were masked during HCUP processing. Details are provided below.
- Beginning in 1998, Pennsylvania supplied only ICD-9-CM procedure codes.

### Handling CPT and HCPCS Codes in 1995-1996

In 1995-1996, Pennsylvania reports ICD-9-CM procedure codes on most of their discharges, but some use CPT and HCPCS procedure codes.

HCUP processed the Pennsylvania procedure codes as follows.

1. PRSYS which identifies the procedure coding system was assigned based on the value reported by the data source.
2. NPR is the number of non-missing procedure codes supplied by Pennsylvania, regardless of coding system.
3. How HCUP processing handles the procedure codes depends on the coding system.
  - ICD-9-CM procedure codes (PRSYS = 1) are retained as supplied by the data source in the PRn data elements and validated. Results from the validation are indicated by the PRVn data elements. No changes are made to the procedure codes.
  - CPT or HCPCS procedure codes (PRSYS = 2 or 3) are set to missing (PRn = blank). CPT and HCPCS procedure codes could not be retained in the HCUP data because they are 5 characters, and the HCUP procedure fields are 4 characters in length.

- If the procedure coding system was invalid (PRSYS = .A) or missing (PRSYS = .), then the procedures are handled like ICD-9-CM procedure codes. Any non-missing procedure codes are retained in the PRn data elements and validated. Results from the validation are indicated by the PRVn data elements. Source documentation indicates that missing values for PRSYS are only allowed when no procedures are coded.

*Warning:* If a CPT or HCPCS procedure code was reported on a discharge in which the procedure coding system was missing, or invalid, or indicated as ICD-9-CM, then only the first four characters of the five-digit code would be retained in the PRn data element.

### Handling Suspected CPT and HCPCS Codes in 1997

Even though the Pennsylvania source documentation reported that all procedures in 1997 were coded in ICD-9-CM, there were a small percentage of codes that looked suspiciously like CPT or HCPCS codes which are length 5 and start with an alphabetic character. ICD-9-CM procedure codes have no more than 4 digits and do not contain alphabetic characters (A-Z). To ensure that no CPT and HCPCS procedure codes were included in the 1997 Pennsylvania data, procedure codes were "screened" during HCUP processing.

If a procedure code was longer than 4 digits or started with an alphabetic character (A-Z), then the procedure was suspected of being a CPT or HCPCS procedure code and handled as follows:

- the procedure (PRn) was set to "PPPP",
- the validity flag (PRVn) was set to 1, and
- the classification system (PCCHPRn) was set to invalid (.A).

Otherwise, the procedure code was validated against a list of ICD-9-CM procedure codes with respect to discharge date.

### **South Carolina**

Prior to 2000 data, a small number of discharges explicitly included decimals in the procedure field, usually the decimal is implicit. This is problematic because South Carolina supplied procedures in a field of length 4. If decimals were included, then a valid 4-digit code would be truncated. For example, the procedure for a simple mastoidectomy "2041" would be incorrectly reported as "20.4". Prior to 1998, invalid procedure codes are marked by a validity flag (PRVn = 1). Beginning in 1998, invalid procedure codes are masked (PRn = "invl").

Beginning in 2000 data this was no longer a problem; explicit decimals were not included in the procedure codes.

## **Texas**

Texas provides the procedure codes as reported by the hospital. Source documentation indicates that these procedure codes may be a mixture of ICD-9-CM, CPT or HCPCS codes. Because CPT and HCPCS codes are length 5 and the HCUP procedure data elements (PRn) are length 4, the last digit of the CPT and HCPCS code is excluded.

## **Washington**

Washington supplied procedure codes in a field of length 5. Only the first four characters of five contained the procedure code and were used to assign the HCUP procedure code.

## **Wisconsin**

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:

- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin supplied ICD-9-CM procedure codes in a field length of 5. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

## **West Virginia**

West Virginia supplied procedure codes in a field length of 7. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

## PRCCSn - Clinical Classifications Software (CCS): procedure classification

<b>General Notes</b>
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Clinical Classifications Software (CCS) consists of 231 procedure categories. This system is clinically based on ICD-9-CM codes. All procedure codes are classified.

PRCCSn is coded as follows:

- 1 to 231 if the procedure code (PRn) is valid by the HCUP criteria. The HCUP criteria for procedure validation allows a year window (six months before and six months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- PRCCSn is missing (.), if there is no procedure code (PRn = " ").
- PRCCSn is set to invalid (.A), if the procedure code (PRn) is invalid by the HCUP criteria (EPR02).
- PRCCSn is set to inconsistent (.C), if the procedure code (PRn) is inconsistent with age (EAGE05) or sex of the patient (EPR03).

In HCUP databases before 1998, this data element is called PCCHPRn.

### **Labels**

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

### **Formats**

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
PRCCSn	Clinical Classifications Software (CCS):	1 - 231	CCS procedure class
		.	No procedure code
		.A	Invalid procedure code: beginning with 1998 data, EPR02

	procedure classification	.C	Inconsistent: beginning with 1998 data, EAGE05, EPR03
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**State Specific Notes**

*None*

## PRDAYn - Number of days from admission to procedure n

### General Notes

The day on which the procedure is performed (PRDAYn) is calculated from the procedure date (PRDATEn) and the admission date (ADATE) with the following exceptions:

- PRDAYn is set to the supplied day of principal procedure if the procedure day cannot be calculated (ADATE and/or PRDATEn is missing or invalid). Note: the supplied day of procedure is used only if it distinguishes between a procedure performed on the first day (procedure day = 0) and no procedure day (procedure day is missing).
- PRDAYn is missing (.) if the procedure day cannot be calculated and the supplied procedure day is missing.
- PRDAYn is invalid (.A) if the procedure day cannot be calculated and the supplied procedure day is nonnumeric.
- If the data source does not supply either admission date (ADATE) and procedure date (PRDATEn), or the day of procedure, then beginning in the 1998 data PRDAYn is not present on the HCUP files. In the 1988-1997 data, PRDAYn is retained on the HCUP files and is set to unavailable from source (.B).
- PRDAYn is inconsistent (.C) if
  - there is a day of procedure without a coded procedure (ED7nn), or
  - the day of procedure is not during the stay (EPRDAY01 beginning in the 1998 data and ED8nn in the 1988-1997 data).

Edit checks ED7nn are only performed on the 1988-1997 data. Beginning in the 1998 data, the procedure date without a coded procedure is discarded.

The procedure date vector (PRDATEn) is shifted with the ICD-9-CM procedure codes (PRn) when the procedure vector is packed.

Some sources do not require procedure dates/days for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data.

Uniform Values			
Data element	Description	Value	Value Description
PRDAYn	Number of days from admission to procedure n	-4 - -1	Days prior to admission
		0	Day of admission
		1 - LOS+3	Days after admission
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EPRDAY01; in 1998-1997 data, ED7nn, ED8nn

<b>State Specific Notes</b>
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**Arizona**

Beginning in 1995, only the calculated day of procedure could be used to assign PRDAY because Arizona did not supply the day of procedure. Prior to 1995, no procedure dates or days were reported.

**California**

Prior to 1998, the supplied day of procedure was not used when PRDAY could not be calculated because California used the same value to indicate no procedure performed and procedure performed on the day of admission.

In 1998 and 1999, only the supplied day of procedure could be used to assign PRDAY because the date of procedure was not provided. A source value of 0 days was set to missing (PRDAYn = .) if there was no corresponding procedure (PRn = " ").

Beginning in 2000, procedure dates were provided by the data source and used to calculate day of procedure.



## **Colorado**

Only the calculated day of principal procedure could be used to assign PRDAY1 because Colorado did not supply principal procedure day.

## **Connecticut**

Procedures performed up to 72 hours before admission are reported as zero (0) days.

## **Florida**

PRDAY1 is assigned from the supplied day of procedure. Florida did not supply the procedure date. A missing value (.) was assigned from either of the following values supplied by the data source: 998 an indicator that the number of days to procedure is greater than or equal to 998 days; and 999 an indicator of unable-to-compute days, or that no procedure was performed.

Florida also used zeros to code both missing values and a procedure performed on the day of admission. During HCUP processing, PRDAY1 was set to missing (.) if

- the reported procedure day = 0, and
- no principal procedure was reported.

## **Georgia**

Only the reported day of procedure could be used to assign PRDAYn because Georgia did not supply procedure dates.

## **Hawaii**

Only the calculated day of procedure could be used to assign PRDAYn because Hawaii did not supply the day of procedure.

## **Iowa**

Only the calculated day of procedure could be used to assign PRDAY because Iowa did not supply the day of procedure.

## **Massachusetts**

The supplied day of procedure was not used when PRDAYn could not be calculated because Massachusetts used the same value to indicate no procedure performed and procedure performed on the day of admission.

## **Maine**

Only the calculated day of procedure could be used to assign PRDAYn because Maine did not supply procedure days.

## **North Carolina**

Only the reported day of procedure could be used to assign PRDAYn because North Carolina did not supply procedure dates.

## **New Jersey**

Only the calculated day of procedure could be used to assign PRDAY because New Jersey did not supply the day of procedure.

## **New York**

In the 1988-1997 HCUP New York databases, PRDAYn could not be calculated because New York did not report full admission and procedure dates. During HCUP processing, only the reported procedure day could be used to assign PRDAYn. For 1988-1992, the source miscalculated procedure days for records with admission dates in the year prior to discharge, resulting in procedure days that were not during the stay. These records failed the appropriate edit check. Beginning in 1993, the source correctly calculated procedure days for all procedures.

Beginning with the 1998 data, New York provided complete dates and PRDAYn could be calculated.

## **Oregon**

Only the calculated day of procedure could be used to assign PRDAYn because Oregon did not supply procedure days.

## **Pennsylvania**

In 1992, Pennsylvania data contained many out-of-range procedure days due to a processing error at the state data organization. As a rule in HCUP processing, records that contain procedure days not during the stay are flagged by an edit check and the procedure day (PRDAYn) is set to inconsistent (.C).

In 1994, principal procedure days could not be calculated for all patients admitted prior to January 1, 1994 because the source did not report a valid principal procedure date for these patients. Procedure days were calculated correctly for secondary procedures.

In 1995, the data source arbitrarily set the year of procedure date equal to the discharge year. This results in a number of out-of-range procedure days. Records that contain procedure days not during the stay are flagged by an edit check and the procedure data and day are set to inconsistent (.C).

Also in 1995, a data processing error in the source data resulted in a number of records with procedure dates without matching procedures. These records are flagged by an edit check during HCUP processing.

By 1996, all major problems with procedure dates were resolved.

### **South Carolina**

Only the calculated day of procedure could be used to assign PRDAYn because South Carolina did not supply the day of procedure.

### **Tennessee**

Only the calculated day of procedure could be used to assign PRDAYn because Tennessee did not supply the day of procedure.

### **Virginia**

Day of procedure could not be calculated from dates because Virginia did not report procedure dates. During HCUP processing, only the reported day of procedure could be used to assign PRDAY1.

### **Wisconsin**

Until 1997, PRDAYn could not be calculated because Wisconsin did not report procedure dates. During HCUP processing, only the reported procedure day could be used to assign PRDAYn. Beginning in 1997, Wisconsin provided the date of principal procedure (PRDATE1).

Principal procedure day is only required for major procedures (defined below). Procedure days are set to missing for all other cases.

Major procedures are defined as Class 1 or 2 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)

- Class 4: Minor procedures not normally coded on inpatient data

## RACE - Race

### General Notes

HCUP coding includes race and ethnicity in one data element (RACE). If the source supplied race and ethnicity in separate data elements, ethnicity takes precedence over race in setting the HCUP value for race.

Two HCUP data elements contain source-specific information about the race and ethnicity of the patient.

- RACE\_X retains information on the race of the patient as provided by the data source.
- HISPANIC\_X retains information on the Hispanic ethnicity as provided by the data source.

Not all data sources provide information on race and ethnicity.

Uniform Values			
Data element	Description	Value	Value Description
RACE	Race	1	White
		2	Black
		3	Hispanic
		4	Asian or Pacific Islander
		5	Native American
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

### State Specific Notes

## Arizona

Arizona			
RACE_X		RACE	
Value	Description	Value	Description
5	Caucasian, Non Hispanic	1	White
3	Black	2	Black
4	Caucasian, Hispanic	3	Hispanic
2	Asian, Pacific Islander	4	Asian or Pacific Islander
1	American Indian, Aleut, Eskimo	5	Native American
6	Other	6	Other
9	Refused	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## California

California			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
4	Asian/Pacific Islander	4	Asian or Pacific Islander
3	Native American/Eskimo/Aleut	5	Native American
5	Other	6	Other
6	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic	

2	Non-Hispanic
3	Unknown
<p>Information on ethnicity was provided by California and used to code RACE beginning in 1995. The data element HISPANIC_X was retained on the HCUP databases beginning in 1998.</p> <p>There are a small number of discharges with undocumented values in HISPANIC_X that are not considered valid by the data source.</p>	

### Colorado

Colorado			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
5	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
4	Native American	5	Native American
6	Other	6	Other
7,0, Blank	Missing	.	Missing
Any other values		.A	Invalid
<p>Separate information on ethnicity is not provided. HISPANIC_X is not available.</p>			

### Connecticut

Connecticut			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
If HISPANIC_X=1		3	Hispanic
5	Spanish/Hispanic		
3	Oriental/Asian	4	Asian or Pacific Islander
7	Pacific Islander/Hawaiian		
4	American Indian	5	Native American

6	Other	6	Other
8	Other non-white		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
1		Spanish/Hispanic origin	
2		Non-Spanish/Non-Hispanic	

## Florida

<b>Florida</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
4	White	1	White
3	Black	2	Black
5	Hispanic - White	3	Hispanic
6	Hispanic - Black		
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo/Aleut	5	Native American
7	Other	6	Other
8, Blank	No Response, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Hawaii

In the source data files provided by Hawaii, the coding of race of the patient was different for each Hawaiian hospital. During HCUP processing, the hospital-specific values were recoded into the values of RACE\_X described below.

<b>Hawaii</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	White	1	White



2	Black	2	Black
3	Hispanic	3	Hispanic
4	Hawaiian	4	Asian or Pacific Islander
5	Chinese		
6	Filipino		
7	Japanese		
8	Other Asian		
9	Other Pacific Islander		
10	Native American	5	Native American
11	Mixed or Other	6	Other
99, Blank	Missing	.	Missing
A	Any values not documented by the data source	.A	Invalid

One hospital (DSHOSPID = "120014") provides only one category for Asian patients, instead of distinguishing Chinese, Filipino, and Japanese races. For this hospital, the one category for Asian was recoded to "Other Asian" (RACE\_X = "8").

One hospital (DSHOSPID = "12001F") provides only one category for Asian/Pacific Islander patients, instead of distinguishing Hawaiian, Chinese, Filipino, Japanese and other Asian and Pacific Islander races. For this hospital, the one category for Asian/Pacific Islander was recoded to "Other Asian" (RACE\_X = "8").

Separate information on ethnicity is not provided by any Hawaiian hospital. HISPANIC\_X is not available.

## Iowa

Iowa			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
--		3	Hispanic
4	Asian or Pacific Islander	4	Asian or Pacific Islander
3	American Indian or Alaskan	5	Native American

	native		
--		6	Other
9, Blank	Other/Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Iowa does not separately classify Hispanic (RACE = 3). No documentation was available about how these were coded. HISPANIC_X is not available.			
Iowa uses one category for "Other" and "Unknown", which is assigned to the HCUP category for missing (.).			
Some Iowa hospitals report "Other" race for all or a high percentage of their discharges. Some hospitals report "White" race for all discharges.			

## Kansas

Kansas			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
4	Hispanic	3	Hispanic
5	Asian/Pacific Islander	4	Asian or Pacific Islander
3	American Indian/Eskimo	5	Native American
6	Other	6	Other
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Massachusetts

Massachusetts	
(Valid beginning October 1999)	
RACE_X	RACE

Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
4	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
5	American Indian	5	Native American
6	Other	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

<b>Massachusetts</b>			
<b>(Valid prior to October 1999)</b>			
<b>RACE_X</b>		<b>RACE</b>	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
9	Hispanic	3	Hispanic
6	Asian	4	Asian or Pacific Islander
5	American Indian	5	Native American
3	Other	6	Other
4, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Maryland

Beginning in 1993, Maryland reported Hispanic ethnicity as a separate data element. If patient ethnicity was coded as Spanish/Hispanic origin, patient race was set to Hispanic (RACE = 3) during HCUP processing.

Prior to 1993, Maryland did not report Hispanic ethnicity as a separate data element or category of race. Hispanic ethnicity (RACE = 3) is not coded in the 1988-1992 HCUP Maryland data. The source documentation available for Maryland did not indicate which race code(s) were used for Hispanic ethnicity.

<b>Maryland</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	White	1	White
2	African American	2	Black
If HISPANIC_X = 1		3	Hispanic
3	Asian or Pacific Islander	4	Asian or Pacific Islander
4	American Indian, Eskimo, Aleut	5	Native American
5	Other	6	Other
9	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
1		Spanish/Hispanic origin	
2		Not of Spanish/Hispanic origin	
9		Unknown	

### Missouri

<b>Missouri</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	White	1	White
2	Black	2	Black
4	Hispanic	3	Hispanic
5	Asian/Pacific Islander	4	Asian or Pacific Islander
3	American Indian/Eskimo	5	Native American
6	Other	6	Other
9, Blank	Unknown, Missing	.	Missing

Any values not documented by the data source	.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.		

### North Carolina

North Carolina			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
--		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo	5	Native American
5	Other Race	6	Other
0, 6, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available. Reporting of the race of the patient is optional for hospitals in North Carolina.			

### New Jersey

New Jersey			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1, 2, 3, 4, or 5		3	Hispanic
4	Chinese	4	Asian or Pacific Islander
5	Japanese		
6	Hawaiian (including part Hawaiian)		
7	Filipino		

8	Other Asian or Pacific Islander		
3	Indian (North American, Central American, South American, Eskimo, Aleut)	5	Native American
0	Other races	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
	0	Non-Hispanic	
	1	Mexican	
	2	Puerto Rican	
	3	Cuban	
	4	Central or South American	
	5	Other and Unknown Hispanic	
	9	Not Classified or Unknown	
<p><i>Beginning in 1993.</i> New Jersey reported Hispanic ethnicity as a separate data element. If patient ethnicity was coded as Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic), patient race was set to Hispanic (RACE = 3) during HCUP processing.</p> <p><i>Prior to 1993.</i> New Jersey reported Hispanic ethnicity as a category of race. If New Jersey reported patient race as Hispanic, HCUP assigned patient race as Hispanic (RACE = 3).</p>			

## New York

<b>New York</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	White	1	White
02	African American (Black)	2	Black
If HISPANIC_X = 1		3	Hispanic
04	Asian or Pacific Islander	4	Asian or Pacific

			Islander
03	Native American (American Indian, Eskimo, Aleut)	5	Native American
88	Other	6	Other
99, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
	1	Spanish/Hispanic origin	
	2	Not of Spanish/Hispanic origin	
	9	Unknown	

## Pennsylvania

<b>Pennsylvania</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
W	White	1	White
B	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
A	Asian or Pacific Islander	4	Asian or Pacific Islander
I	Native American or Eskimo	5	Native American
N	Other	6	Other
U, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
	1	Hispanic/Latino origin or descent	
	2	Not of Hispanic/Latino origin or descent	

## South Carolina

South Carolina			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
6	Hispanic	3	Hispanic
3	Oriental Asian	4	Asian or Pacific Islander
4	American Indian	5	Native American
5	Other	6	Other
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Tennessee

Tennessee			
RACE_X		RACE	
Value	Description	Value	Description
0	White, not Hispanic	1	White
7	White, Hispanic origin unknown		
1	Black, not Hispanic	2	Black
8	Black, Hispanic origin unknown		
5	White, Hispanic	3	Hispanic
6	Black, Hispanic		
3	Asian or Pacific Islander	4	Asian or Pacific Islander
4	American Indian/Alaskan Native	5	Native American
2	Other	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data		.A	Invalid



source		
Separate information on ethnicity is not provided. HISPANIC_X is not available.		

## Texas

Texas			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo/Aleut	5	Native American
5	Other	6	Other
Blank	Missing	.	Missing
" * " or any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic origin	
2		Not of Hispanic origin	
*		Invalid	

## Utah

Utah			
RACE_X		RACE	
Value	Description	Value	Description
W	White, non-Hispanic origin	1	White
--		2	Black
WH	White, Hispanic origin	3	Hispanic
NW	Non-white, Hispanic origin		
--		4	Asian or Pacific Islander
--		5	Native American
NH	Non-white, non-Hispanic	6	Other

	origin		
UK, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Virginia

Virginia			
RACE_X		RACE	
Value	Description	Value	Description
0	White	1	White
1	Black	2	Black
5	Hispanic	3	Hispanic
6	Black Hispanic		
3	Asian	4	Asian or Pacific Islander
4	American Indian	5	Native American
2	Other	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Wisconsin

Wisconsin			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian or Alaskan Native	5	Native American

5	Other	6	Other
6, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
	1	Hispanic origin	
	2	Not of Hispanic origin	
	6	Unknown	

## SURGID\_S - Synthetic primary surgeon number

### General Notes

Beginning in 2001, this data element is called MDNUM2\_S.

SURGID\_S contains a fixed-key (one-to-one) encryption of the supplied primary surgeon number (SURGID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,;\*@ " are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID\_S and SURGID\_S, are the same.
- When the SURGID in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, SURGID\_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier SURGID\_S refers to individual physicians or to groups. If the primary surgeon numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether SURGID\_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Data element	Description	Value	Value Description
SURGID_S	Synthetic primary surgeon number	16(a)	Synthetic physician identifier
		Blank	Missing

## State Specific Notes

### Arizona

The identification number for primary surgeons (SURGID\_S) may not accurately track physicians across hospitals for the following reasons:

- Some hospitals assign their own internal other physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.
- Some hospitals use one identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

Arizona's identification number for primary surgeons includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified.

### Colorado

The primary surgeon number (SURGID\_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available about the prevalence of this practice.

### Florida

Florida reports state license numbers for the operating physician identifiers. During HCUP processing, physician identifiers were encrypted (SURGID\_S).

### Iowa

Beginning in 1994, Iowa reports a principal physician ID (SURGID\_S) in addition to the attending physician ID (MDID\_S).

Iowa reports Universal Physician Identification Numbers (UPINs) as physician identification numbers.

## Kentucky

The encrypted identifier for the physician performing the principal procedure (SURGID\_S) may not accurately track physicians across hospitals. Kentucky collects two different types of physician identifiers, Universal Physician Identification Numbers (UPINs) and state license numbers.

## Maine

Maine provides state-specific encrypted physician identifiers for operating surgeons that allow for tracking physicians across hospitals.

Caution should be used when tracking physicians back to 1999. The encrypted values supplied by the source in the 1999 inpatient data contained slightly different coding than the values supplied in the 1999 outpatient and 2000 inpatient data. During HCUP processing, physician identifiers were re-encrypted (SURGID\_S).

## Missouri

The primary surgeon identification number (SURGID\_S) may not accurately track physicians across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers as primary surgeon numbers. According to the source, the majority of physician identifiers are UPINs.

## New Jersey

The coding of primary surgeon identification number (SURGID\_S) varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

## New York

New York reports state license numbers as physician identifiers. Source documentation indicates that if the operating physician did not possess a valid New York state license number, the license number of the operating physician or Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

Source physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

## **Oregon**

An identifier for the 1st Other Physician was provided by Oregon and encrypted during HCUP processing (SURGID\_S). This identifier may not accurately track physicians across hospitals. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice.

## **Pennsylvania**

Pennsylvania reports the PA state license number for the operating physician.

## **South Carolina**

South Carolina reports six-character state license numbers for other physician identifiers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

## **Tennessee**

The encrypted identification number for the first other physician is retained in SURGID\_S. SURGID\_S may not accurately track physicians across hospitals. Tennessee collects two different types of physician identifiers, depending on the type of identifier provided by the hospitals. Tennessee prefers Universal Physician Identification Numbers (UPINs) but also accepts state license numbers. If neither identification number is available, SURGID\_S is missing (SURGID\_S = blank).

## **Texas**

Texas provides the state license number of the operating physician. During HCUP processing, physician identifiers were re-encrypted (SURGID\_S).

## **Virginia**

Virginia reports the physician performing first procedure using Universal Physician Identification Numbers (UPINs). During HCUP processing, physician identifiers were encrypted (SURGID\_S).

## **Washington**

Washington reports this identifier as "Other Physician ID" which can refer to any physician who performs the procedure, not just a surgeon.

The Washington physician identifiers may not accurately track physicians across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, physician identifiers were re-encrypted (SURGID\_S).

## **West Virginia**

The encrypted other physician identifier (SURGID\_S) may not accurately track physicians across patients and hospitals. West Virginia collects different types of physician identifiers depending on the payer:

- The Universal Physician Identification Numbers (UPINs) are coded on Medicare patients.
- A West Virginia Medicaid physician identifier is coded on Medicaid patients. The same physician treating two different Medicaid patients can have two different physician identifiers. One identifier is used for new Medicaid patients; the other identifier is used for established Medicaid patients.
- The physician's state license number is coded on most commercial patients. Some hospitals use their own physician identifiers and do not provide the UPIN, Medicaid and state license numbers.



## TOTCHG - Total charges, cleaned

### General Notes

TOTCHG contains the edited total charges. The original value provided by the data source is retained in the data element TOTCHG\_X. How total charges are edited depends on the year of the data.

In the 1988-1997 HCUP databases, the following edits are applied to total charges (TOTCHG):

- Values are rounded to the nearest dollar; and
- Zero charges are set to missing(.);
- Negative charges are set to invalid (.A); and
- For HCUP inpatient databases, if charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C).
- For HCUP outpatient databases, if total charges are excessively low (ED912) or high (ED922), then TOTCHG is set to inconsistent (.C). (SASD)

Beginning in the 1998 HCUP databases, the following edits are applied to total charges (TOTCHG):

- Values are rounded to the nearest dollar; and
- Zero charges are set to missing (.);
- If total charges are excessively low (ETCHG01) or high (ETCHG02), then TOTCHG is set to inconsistent (.C). The limits for excessively low and high total charges vary for inpatient and outpatient databases.

Generally, total charges (TOTCHG and TOTCHG\_X) do not include professional fees and non-covered charges. If the source provides total charges with professional fees, then the professional fees are removed from the charge during HCUP processing. In a small number of HCUP databases, professional fees can not be removed from total charges because the data source cannot provide the information. In these rare cases, the HCUP data element PROFEE, that identifies which records have professional fees included in the total charge, is included on the HCUP database.

Emergency department charges incurred prior to admission to the hospital may be included in total charges (TOTCHG and TOTCHG\_X). Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department. Other payers may or may not have similar requirements.

Emergency department charges incurred prior to admission to the hospital may be included in total charges (TOTCHG and TOTCHG\_X). Medicare requires a

bundled bill for Medicare patients admitted to the hospital through the emergency department. Other payers may or may not have similar requirements.

<b>Uniform Values</b>			
<b>Data element</b>	<b>Description</b>	<b>Value</b>	<b>Value Description</b>
TOTCHG	Total charges, cleaned	25 - 1 million	Total Charge rounded (In the 1988-1997 data, TOTCHG can be less than 25 and greater than 1 million)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ETCHG01, ETCHG02; in 1998-1997 data, ED911, ED912, ED921, ED922

<b>State Specific Notes</b>
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**Arizona**

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges. Any charges for professional fees and convenience items were subtracted from the reported total charges during HCUP processing to make Arizona total charges (TOTCHG and TOTCHG\_X) comparable to data from other states.

Due to an error in HCUP processing in 1996, some types of professional fees were not subtracted from total charges (TOTCHG and TOTCHG\_X). The types of professional fees that were not subtracted include hospital visits, consultations, private duty nurses, EKGs, EEGs, and medical social services. Charges for these services were coded on 24% of the 1996 discharges, with a mean charge of \$216 and a range from \$1 to \$5,718.

Beginning in 1997, all reported professional fees and patient convenience items were subtracted from total charges (TOTCHG and TOTCHG\_X).

## **California**

California supplied total charges only for the last 365 days of the stay for stays of more than one year (365 days). If the supplied length of stay was greater than 365 days, cleaned total charges, TOTCHG, was set to missing (.) and uncleaned total charges, TOTCHG\_X, retained the supplied total charge. Due to an error in HCUP processing, cleaned total charges, TOTCHG, were not set to missing in the 1998-1999 HCUP files.

Some hospitals in California (including all Kaiser and Shriners hospitals) were exempted from reporting total charges. For those hospitals, TOTCHG and TOTCHG\_X were missing (.).

Source documentation indicated that hospital-based physician fees were not included in the reported total charges.

### No Charges

The source reported total charges with the value of 1 for discharges with no charges (\$0). These records include live donors and courtesy or research patients. Values of 1 were verified with the hospital by the source.

Prior to 1995, total charges were set to missing (TOTCHG and TOTCHG\_X = .) for these records during HCUP processing. Beginning in 1995, only TOTCHG was set to missing (.) and TOTCHG\_X retained the value of 1. Due to an error in HCUP processing, cleaned total charges, TOTCHG, were not set to missing in the 1998-1999 HCUP files.

## **Colorado**

According to Colorado, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG\_X).

## **Connecticut**

Connecticut includes non-covered charges in the total charges if they are reported by hospitals, but does not report non-covered charges separately. The HCUP uniform total charges (TOTCHG) could not be adjusted to exclude non-covered charges. (Non-covered charges include items such as telephone and television).

## **Iowa**

Beginning in 1993, Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are

subtracted from total charges (TOTCHG and TOTCHG\_X) during HCUP processing to make Iowa total charges comparable to data from other states.

Prior to 1993, it was optional for hospitals to report total charges to the hospital association:

- The availability of total charges varies by hospital.
- Some hospitals have missing (.) total charges (TOTCHG and TOTCHG\_X) on a large percentage of records.

## **Kansas**

It was optional for hospitals to provide total charges to the hospital association. Approximately one fifth to one quarter of the discharges are missing total charges.

Some hospitals report total charges of \$1.00 for all discharges. For 1993-1994, the \$1.00 charges are included in the HCUP data. Beginning with 1995, total charges of \$1.00 in the Kansas inpatient data were set to missing (.).

It was optional for hospitals to provide total charges to the hospital association. Approximately one fifth to one quarter of the discharges are missing total charges. Some hospitals report total charges of \$1.00 for all discharges. For 1993-1994, the \$1.00 charges are included in the HCUP data. Beginning with 1995, total charges of \$1.00 in the Kansas inpatient data were set to missing (.).

In 1998-2000, some smaller hospitals have data systems that allow a maximum of 5 digits for total charges. For these hospitals, total charges of \$100,000 or greater are coded as \$99,999.

Due to an error in 1994 HCUP processing, TOTCHG values of "invalid" (.A) were recoded to TOTCHG values of "missing" (.).

## **Massachusetts**

Massachusetts included professional fees in its detailed and total charges, if these were included by the hospital. Hospitals are allowed, but not required, to report these professional fees in the charge fields. Individual facilities decide which professional fees are included and where. There is no way to determine which hospitals did or did not include professional fees.

## **Maine**

Professional charges were subtracted from the supplied total charge during HCUP processing to make Maine total charges (TOTCHG) comparable to data from other states.

## Maryland

Maryland excluded the following from total charges:

- Physician charges and
- Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

## Missouri

According to the Missouri Hospital Association, most hospitals excluded professional fees from total charges (TOTCHG and TOTCHG\_X).

## New York

For the 1988-1993 HCUP files, New York supplied their Master File which consists of Discharge Data Abstracts (DDA) matched to Uniform Billing Forms (UBF) for inpatient stays. Information on total charges is included in the UBF part of the record. Due to an administrative change in the collection of billing records for 1989, a large percentage of the DDAs could not be matched to a UBF. When there was no match, charge information is missing. The match rate improves over time and stabilizes after 1991. The percentage of DDA records that have a matching UBF record in the Master File are as follows:

1988	77.2%
1989	26.3%
1990	62.8%
1991	93.7%
1992	91.8%
1993	95.5%.

Beginning in the 1994 data, hospitals submitted discharge records to New York in a new format, using Universal Data Set (UDS) specifications. This format combines the old UBF and DDA data into a single submission record.

### *Adjustment to Charges for Interim Bills*

- For 1988-1993, when the length of stay from the Discharge Data Abstract did not equal the length of the billing period from the Uniform Billing Form, total charges (TOTCHG) were set to missing (.) because this billing information pertained only to the billing period, not the complete inpatient stay. However, TOTCHG\_X contains the original value from the billing record.

- Beginning in 1994, billing dates were not reported by New York and the adjustment to charge details (CHGn, RATEn, UNITn, REVCdN) was not made.

## **Oregon**

Kaiser hospitals are exempt from reporting total charges. As a result, TOTCHG and TOTCHG\_X are missing (.) for Kaiser hospitals in Oregon.

Beginning in the 1995 data, some hospitals did not report total charges (TOTCHG and TOTCHG\_X) on charity bills since there are no charges to the patient.

## **Pennsylvania**

Prior to 1997, non-covered charges and professional charges were subtracted from the supplied total charge during HCUP processing to make Pennsylvania total charges (TOTCHG) comparable to data from other states.

Beginning in 1997, Pennsylvania supplied total charges that did not include non-covered and professional charges.

## **South Carolina**

Beginning in 1996, professional fees and charges for patient convenience items were subtracted from the reported total charges during HCUP processing to make South Carolina total charges (TOTCHG and TOTCHG\_X) comparable to data from other states.

Prior to 1996, only professional fees were subtracted from the reported total charges because the source did not supply an itemized charge for patient convenience items.

## **Texas**

Total charges are not available in the Texas data until July 2000. Non-covered accommodation and ancillary charges were subtracted from the supplied total charge during HCUP processing to make Texas total charges (TOTCHG) comparable to data from other states.

## **Virginia**

The maximum value allowed for total charges in the Virginia source files is \$9,999,999.

**Wisconsin**

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

**West Virginia**

West Virginia has rate setting. The data source confirms that the all covered charges are included in the total charge (TOTCHG).

## TOTCHG\_X - Total charges, as received from data source

### General Notes

TOTCHG\_X retains the total charge supplied by a data source, including cents and negative values, with the following exceptions:

- Zero charges are set to missing (.); and
- Charges that round to zero are set to missing (.).

TOTCHG\_X has the same value as TOTCHG just before edit checks on total charges are performed. TOTCHG contains the cleaned total charges. TOTCHG\_X contains the original value of total charges.

Generally, total charges (TOTCHG and TOTCHG\_X) do not include professional fees and non-covered charges. If the source provides total charges with professional fees, then the professional fees are removed from the charge during HCUP processing. In a small number of HCUP databases, professional fees can not be removed from total charges because the data source cannot provide the information. In these rare cases, the HCUP data element PROFEE, that identifies which records have professional fees included in the total charge, is included on the HCUP database.

In some cases, only copay amounts, such as \$10 or \$20, may be in the total charges. There is no documentation as to the prevalence of this practice.

Emergency department charges incurred prior to admission to the hospital may be included in total charges (TOTCHG and TOTCHG\_X). Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department. Other payers may or may not have similar requirements.

Uniform Values			
Data element	Description	Value	Value Description
TOTCHG_X	Total charges, as received from data source	+/- 100 million	Total charge (with 2 decimal places)
		.	Missing
		.A	Invalid (nonnumeric or out of range)



## State Specific Notes

### Arizona

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges. Any charges for professional fees and convenience items were subtracted from the reported total charges during HCUP processing to make Arizona total charges (TOTCHG and TOTCHG\_X) comparable to data from other states.

Due to an error in HCUP processing in 1996, some types of professional fees were not subtracted from total charges (TOTCHG and TOTCHG\_X). The types of professional fees that were not subtracted include hospital visits, consultations, private duty nurses, EKGs, EEGs, and medical social services. Charges for these services were coded on 24% of the 1996 discharges, with a mean charge of \$216 and a range from \$1 to \$5,718.

Beginning in 1997, all reported professional fees and patient convenience items were subtracted from total charges (TOTCHG and TOTCHG\_X).

### California

California supplied total charges only for the last 365 days of the stay for stays of more than one year (365 days). If the supplied length of stay was greater than 365 days,

- cleaned total charges, TOTCHG, was set to missing (.) and
- uncleaned total charges, TOTCHG\_X, retained the supplied total charge.

Some hospitals in California (including all Kaiser and Shriner hospitals) were exempted from reporting total charges. For those hospitals, TOTCHG and TOTCHG\_X were missing (.).

Source documentation indicated that hospital-based physician fees were not included in the reported total charges.

### No Charges

The source reported total charges with the value of 1 for discharges with no charges (\$0). These records include live donors and courtesy or research patients. Values of 1 were verified with the hospital by the source.

Prior to 1995, total charges were set to missing (TOTCHG and TOTCHG\_X = .) for these records during HCUP processing. Beginning in 1995, only TOTCHG was set to missing (.) and TOTCHG\_X retained the value of 1.

## **Colorado**

According to Colorado, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG\_X).

## **Connecticut**

Connecticut includes non-covered charges in the total charges if they are reported by hospitals but, does not report non-covered charges separately. The HCUP uniform total charges (TOTCHG\_X) could not be adjusted to exclude non-covered charges. (Non-covered charges include items such as telephone and television).

## **Iowa**

Beginning in 1993, Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG\_X) during HCUP processing to make Iowa total charges comparable to data from other states.

Prior to 1993, it was optional for hospitals to report total charges to the hospital association:

- The availability of total charges varies by hospital.
- Some hospitals have missing (.) total charges (TOTCHG and TOTCHG\_X) on a large percentage of records.

## **Kansas**

It was optional for hospitals to provide total charges to the hospital association. Approximately one fifth to one quarter of the discharges are missing total charges.

Some hospitals report total charges of \$1.00 for all discharges. For 1993-1994, the \$1.00 charges are included in the HCUP data. Beginning with 1995, total charges of \$1.00 in the Kansas inpatient data were set to missing (.).

## **Massachusetts**

Massachusetts included professional fees in its detailed and total charges, if these were included by the hospital. Hospitals are allowed, though not required, to report these professional fees in the charge fields. Individual facilities decide which professional fees are included and where. There is no way to determine which hospitals did or did not include professional fees.

## Maine

Professional charges were subtracted from the supplied total charge during HCUP processing to make Maine total charges (TOTCHG\_X) comparable to data from other states.

## Maryland

Maryland excluded the following from total charges:

- Physician charges and
- Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

## Missouri

According to the Missouri Hospital Association, most hospitals excluded professional fees from total charges (TOTCHG and TOTCHG\_X).

## New York

For the 1988-1993 HCUP files, New York supplied their Master File which consists of Discharge Data Abstracts (DDA) matched to Uniform Billing Forms (UBF) for inpatient stays. Information on total charges is included in the UBF part of the record. Due to an administrative change in the collection of billing records for 1989, a large percentage of the DDAs could not be matched to a UBF. When there was no match, charge information is missing. The match rate improves over time and stabilizes after 1991. The percentage of DDA records that have a matching UBF record in the Master File are as follows:

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### Adjustment to Charges for Interim Bills

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- Beginning in 1994, billing dates were not reported by New York and the adjustment to charge details (CHGn, RATEn, UNITn, REVCDn) was not made.

## **Oregon**

Kaiser hospitals are exempt from reporting total charges. As a result, TOTCHG and TOTCHG\_X are missing (.) for Kaiser hospitals in Oregon.

Beginning in the 1995 data, some hospitals did not report total charges (TOTCHG and TOTCHG\_X) on charity bills since there are no charges to the patient.

## **Pennsylvania**

Prior to 1997, non-covered charges and professional charges were subtracted from the supplied total charge during HCUP processing to make Pennsylvania total charges (TOTCHG\_X) comparable to data from other states.

Beginning in 1997, Pennsylvania supplied total charges that did not include non-covered and professional charges.

## **South Carolina**

Beginning in 1996, professional fees and charges for patient convenience items were subtracted from the reported total charges during HCUP processing to make South Carolina total charges (TOTCHG and TOTCHG\_X) comparable to data from other states.

Prior to 1996, only professional fees were subtracted from the reported total charges because the source did not supply an itemized charge for patient convenience items.

## **Tennessee**

Prior to 1998 data, negative total charges were erroneously set to invalid (.A). Beginning in 1998, negative total charges are retained in TOTCHG\_X and set to inconsistent (.C) in TOTCHG.

## **Texas**

Total charges are not available in the Texas data until July 2000. Non-covered accommodation and ancillary charges were subtracted from the supplied total charge during HCUP processing to make Texas total charges (TOTCHG\_X) comparable to data from other states.

## **Virginia**

The maximum value allowed for total charges in the Virginia source files is \$9,999,999.

## **Wisconsin**

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

## **West Virginia**

West Virginia has rate setting. The data source confirms that the all covered charges are included in the total charge (TOTCHG\_X).

## UNCBRTH - Indicates a normal uncomplicated in-hospital birth

### General Notes

An uncomplicated in-hospital birth (UNCBRTH = 1) is defined as an in-hospital birth for which the DRG equaled 391 "Normal Newborn." In-hospital births (HOSPBIRTH = 1) are identified by two conditions:

- A principal or secondary diagnosis code in the range of V3000 to V3901 with the last two digits of "00" or "01" and
- The patient is not transferred from another acute care hospital or health care facility (ASOURCE does not equal 2 or 3).

For detailed information about the selection of records, see the year-specific report on the Design of the HCUP Kids' Inpatient Database.

### Uniform Values

Data element	Description	Value	Value Description
UNCBRTH	Indicates a normal uncomplicated in-hospital birth	0	A complicated in-hospital birth
		1	An uncomplicated in-hospital birth

### State Specific Notes

*None*

## YEAR - Calendar year

### General Notes

The discharge year (YEAR) is always coded. In the 1988-1997 HCUP databases, YEAR is two-digits (e.g., if the discharge year is 1990, then YEAR = 90). Beginning in the 1998 HCUP databases, YEAR is four-digits (e.g., 1998).

### Uniform Values

Data element	Description	Value	Value Description
YEAR	Calendar year	yy	2-digit calendar year in 1988-1997 data
		yyyy	4-digit calendar year beginning with 1998 data

### State Specific Notes

*None*

## ZIPINC - Median household income for patient's zip code

### General Notes

This is a categorical variable indicating the median household income of the patient's zip code of residence. The median income values are 1999 estimates derived from projections from 1990 Census values for block groups. The categories are defined so that the maximum for category 1 (\$25,000) is approximately 150% of the 1999 poverty level and the boundary between the second and third categories (\$35,000) is approximately the national median household income.

To protect patient confidentiality, precautions are taken to mask zip codes with unique ZIPINC values within a state. When only one ZIP code was represented in a particular category in ZIPINC for a state, ZIPINC was set to missing.

ZIPINC is missing (.) when the patient's ZIP code was missing, did not exist in 1999, was invalid in 1999, or outside of the United States.

### Uniform Values

Data element	Description	Value	Value Description
ZIPINC	Median household income for patient's zip code	1	\$1-24,999
		2	\$25,000-34,999
		3	\$35,000-44,999
		4	45,000 or more
		.	Missing

### State Specific Notes

*None*