Description of Data Elements

Nationwide Inpatient Sample (NIS)

Volume 2 - Data Elements
Beginning with letters N-Z

This document contains cumulative descriptions of data elements across all states and years of HCUP data from 1988 to the current data year. Please refer to the Introduction to the Nationwide Inpatient Sample for specific information on which states are included in each year of the NIS.

Not all data elements in the NIS are uniformly coded across states. Please check the "State Specific Notes" section for each data element before analysis. The State specific notes are in order by State postal code, not alphabetically by State. For example, a note for New Jersey (NJ) will appear before a note for Nevada (NV).

In addition, not all data elements in the NIS are available from every state. Run frequencies by state to identify if a data element is unavailable in one or more states.

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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 first listed diagnosis is included in the count, even if it is blank, so long as there is a secondary diagnosis present (see table below).

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

A maximum of 15 diagnoses has been retained on a NIS inpatient record. States that provide fewer than 15 diagnoses have had the diagnosis vector padded with blank values. For example, if a state supplied 5 diagnoses, DX6 through DX15 are blank (" ") on all records from that state. States that provide more than 15 diagnoses may have information truncated. If an inpatient record from these states had more than 15 non-missing diagnoses, diagnoses in positions 16 and above were not included in the NIS file. If the number of diagnoses coded on this discharge (NDX) is greater than 15, secondary diagnoses have been truncated from the record.

Refer to the general note for the diagnosis fields (DXn) for the number of diagnoses provided in each state.

Since on the NIS the number of diagnoses coded on the discharge (NDX) can be greater than the number of diagnoses available on the inpatient record, caution needs to be taken when using NDX to loop through the diagnoses. A counter for the loop should not extend past 15. Programming code such as the following example SAS statement is needed to take this into account:

```
DO I = 1 to MIN(15,NDX);
Followed by code to process all diagnoses.
END;
```

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
NDX	Number of diagnoses on this discharge	0 - 30	Number of diagnoses

State Specific Notes
None

NEcode - Number of E codes on this record

General Notes

Prior to 2003, E-codes are included in the diagnosis array (DXn). Beginning in 2003, any separately reported E-codes and any E-codes encountered in the diagnosis array are placed in a separate array specific to E codes (ECODEn). NECODE indicates the total number of external cause of injury codes "E codes" (valid and invalid) that are included in the E code array (ECODEn)Prior to 2003, E-codes are included in the diagnosis array (DXn). Beginning in 2003, any separately reported E-codes and any E-codes encountered in the diagnosis array are placed in a separate array specific to E codes (ECODEn). NECODE indicates the total number of external cause of injury codes "E codes" (valid and invalid) that are included in the E code array (ECODEn)

In the NIS, only the first four E codes are retained on the record. Since the number of E codes on the original record (NEcode) can be greater than the number of E codes available on the NIS record, caution needs to be taken when using NEcode to loop through the E codes. A counter for the loop should not extend past 4. Programming code such as the following example SAS statement is needed to take this into account:

```
DO I = 1 to MIN(4,NEcode);
Followed by code to process all E codes.
END;
```

Uniform Values

Variable	Description	Value	Value Description
NEcode	Number of E codes on this record	nn	Number of E codes

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			
Variable	**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

NIS_STRATUM - Stratum used to post-stratify hospital

General Notes

NIS_STRATUM is a four-digit stratum identifier used to post-stratify hospitals for the calculation of universe and frame weights. Prior to 1998, this data element was named STRATUM.

NIS_STRATUM includes the hospital's census region, ownership/control, location/teaching, and bedsize. Information was 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 (COTH) or have a ratio of full-time equivalent interns and residents to beds of .25 or higher.
- Control categories include government nonfederal (public), private not-for-profit (voluntary), and private investor-owned (proprietary). When there were enough hospitals of each type to allow it, hospitals were stratified as public, voluntary, and proprietary. This stratification was used for Southern rural, Southern urban nonteaching, and Western urban nonteaching. For smaller strata, the Midwestern rural and Western rural hospitals, a collapsed stratification of public versus private was used, with the voluntary and proprietary hospitals combined to form to form a single "private" category. For all other combinations of region, location, and teaching status, no stratification based on control was advisable given the number of hospitals in these cells.
- Bedsize assesses the number of short-term acute beds in a hospital.

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

BEDSIZE CATEGORIES			
Location and Teaching Status	**Hospital Bedsize**		
	Small	**Medium**	**Large**
NORTHEAST REGION			
Rural	1-49	50-99	100+
Urban, nonteaching	1-124	125-199	200+
Urban, teaching	1-249	250-424	425+
MIDWEST REGION			

Rural	1-29	30-49	50+
Urban, nonteaching	1-74	75-174	175+
Urban, teaching	1-249	250-374	375+
SOUTHERN REGION			
Rural	1-39	40-74	75+
Urban, nonteaching	1-99	100-199	200+
Urban, teaching	1-249	250-449	450+
WESTERN REGION			
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 NIS_STRATUM. Each hospital's actual values of stratifiers are contained in separate variables:

Stratifier	**1988-1992 NIS**	**1993-1997 NIS**	**Beginning in 1998 NIS**
Region	ST_REG	H_REGION	HOSP_REGION
Ownership/Control	ST_OWNER	H_CONTRL	HOSP_CONTROL
Location/Teaching	LOCTEACH	H_LOCTCH	HOSP_LOCTEACH
Bedsize	ST_BEDSZ	H_BEDSZ	HOSP_BEDSIZE

For detailed information about the NIS sampling design, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
NIS_STRATUM	Stratum used to post-stratify hospital	Geographic region	Northeast (1)
			Midwest (2)
			South (3)
			West (4)
		Control	Government or Private (0)
			Government, nonfederal (1)
			Private, not-for-profit (2)

			Private, investor-owned (3)
			Private, either not-for-profit or investor-owned (4)
		Location / Teaching	Rural (1)
			Urban nonteaching (2)
			Urban teaching (3)
		Bedsize	Small (1)
			Medium (2)
			Large (3)

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 first listed procedure is included in the count, even if it is blank, so long as there is an additional procedure present (see table below).

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

A maximum of 15 procedures have been retained on a NIS inpatient record. States that provide fewer than 15 procedures have had the procedure vector padded with blank values. For example, if a state supplied 5 procedures, PR6 through PR15 are blank (" ") on all records from that state. States that provide more than 15 procedures may have information truncated. If an inpatient record from these states had more than 15 non-missing procedures, procedures in positions 16 and above were not included in the NIS file. If the number of procedures coded on this discharge (NPR) is greater than 15, secondary procedures have been truncated from the record. Refer to the general note for the procedure codes (PRn) for the number of procedures provided in each state.

Since on the NIS the number of procedures coded on the discharge record (NPR) can be greater than the number of procedures available on the inpatient record, caution needs to be taken when using NPR to loop through the procedures. A counter for the loop should not extend past 15. Programming code such as the following example SAS statement is needed to take this into account:

```
DO I = 1 to MIN(15,NPR);
Followed by code to process all procedures.
END;
```

Uniform Values			
Variable	**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

General Notes

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 variables (PAY2, PAY2_X, and PAY3_X) is included under the State Specific Notes for PAY1.

HCUP is in the process of defining two new uniform payer variables that identify HMO and PPO payers (HMOPPO1 and HMOPPO2). These variables are under development and are not yet available on the HCUP Nationwide Inpatient Sample (NIS).

Uniform Values

Variable	Description	Value	Value Description
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)

State Specific Notes

Arizona

Arizona			
(Valid beginning 2003)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
05, 5	Medicare	1	Medicare
11	Medicare Risk		
06	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group/ Medicaid	2	Medicaid
01	Commercial (Indemnity)	3	Private Insurance
02	HMO		
03, 3	PPO		
04	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group (for the self employed, small businesses (under 50 employees), and the uninsured employees of political subdivisions)		
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, 99	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Arizona			
(Valid July 2002 through December 2002)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
F	Medicare	1	Medicare
L	Medicare Risk		
G	AHCCCS/Medicaid	2	Medicaid
B	Commercial (Indemnity)	3	Private Insurance
C	HMO		
D	PPO		
E	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group (for the self employed, small businesses (under 50 employees), and the uninsured employees of political subdivisions)		
A	Self pay	4	Self pay
M	Charity	5	No charge
H	CHAMPUS/MEDEXCEL	6	Other
I	Children's Rehab Services		
J	Worker's Compensation		
K	Indian Health Services		
N	Foreign National		
O	Other		
?, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Arizona			
(Valid 1995 to June 2002)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**

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

Arizona			
(Valid from 1989-1994)			
PAY1_X		**PAY1**	
Value	**Description**	**Value**	**Description**
3	Medicare	1	Medicare
4	AHCCCS/Medicaid	2	Medicaid
1	Commercial	3	Private Insurance
2	HMO/PHP/Blue Cross		
--		4	Self-pay
--		5	No charge
5	Other (self-pay, unknown, charity, etc.)	6	Other
Blank		.	Missing
Other Values		.A	Invalid

Arkansas

Arkansas			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
I	Commercial Insurance	3	Private Insurance
B	Blue Cross/Blue Shield, Medi-Pak, Medi-Pak Plus		
H	HMO/Managed Care		
S	Self Insured		
P	Self-pay	4	Self pay
Z	Medically Indigent/Free	5	No charge
C	CHAMPUS	6	Other
E	County or State (ex: state or county employees)		
L	Managed Assistance		
N	Division of Health Services		
O	Other		
V	Other Federal Programs		
W	Worker's Compensation		
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	Type of coverage not considered applicable to the payer category	.	Missing
Any values not documented by the data source		.A	Invalid

The first two digits 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)).

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 type of coverage not considered applicable to the payer category (0).

* HMOs are regulated in California under the Knox-Keene Health Care Service Plan Act of 1975.

California			
(Valid from 1995-1998)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
01	Medicare (Even if HMO or PPO)	1	Medicare
02	Medi-Cal (even if HMO or PPO)	2	Medicaid
07	HMO	3	Private insurance
08	PPO		
09	Private Insurance Company (not HMO, not PPO)		
10	Blue Cross/Blue Shield (not HMO, not PPO)		
11	Self-pay	4	Self-pay
12	Charity	5	No charge
13	No Charge		
03	Worker's Compensation	6	Other
04	County Indigent Programs		
05	CHAMPUS/CHAMPVA/VA		
06	Other Governmental		
14	Other Non-Governmental		
00, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

California			
(Valid from 1988-1994)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
01	Medicare	1	Medicare
02	Medi-Cal	2	Medicaid
06	Blue Cross/Blue Shield	3	Private insurance
07	Insurance Company		
08	HMO/PHP		
09	Self-pay	4	Self-pay
10	No-charge (free charity, special	5	No charge

	research, or teaching)		
04	Title V	6	Other
03	Workers' Compensation		
05, 12	Other government; Medically indigent services under Section 17000		
11	Other non-government		
Blank	Valid before 1994	.	Missing
00	Valid in 1994	.	Missing
Other Values		.A	Invalid

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, Blank	Missing	.	Missing
Any other values		.A	Invalid

Colorado			
(Valid from 1993-1997)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
04	Medicare	1	Medicare
05	Medicaid	2	Medicaid
01	Blue Cross/Blue Shield	3	Private insurance
02, 03	Commercial insurance/Indemnity plans/Self-insured; Other liability insurance/No fault/ Casualty		
08	HMO-PPO/Managed Care/Discounted		
12	Self-Pay	4	Self-pay
13	No Charge/Charity/Research	5	No charge
06	Workers' Comp	6	Other
09	CHAMPUS		
11, 15	Other government; Colorado Medically Indigent		
14	1993-1996: Other		
Blank	Unknown	.	Missing
00	Starting in 1996: Missing	.	Missing
Other Values		.A	Invalid

Colorado			
(Valid from 1988-1992)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
3	Medicare	1	Medicare
4	Medicaid	2	Medicaid
7	Blue Cross/Blue Shield	3	Private insurance
8	Commercial insurance		
B	HMO-PPO		
1	Self-Pay	4	Self-pay
9	No Charge	5	No charge

5	Title V	6	Other
2	Workers' Compensation		
6	Other government		
A, C	Other; Other non-gov		
"00", blank	Unknown	.	Missing
Other Values		.A	Invalid

Connecticut

Connecticut			
T(Valid beginning in 1998)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
C	Medicare	1	Medicare
M	Medicare managed care	1	Medicare
D	Medicaid	2	Medicaid
J	Medicaid managed care (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	Other Federal Program		
H	Champus		
I	Other		
Q	Title V		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Connecticut

(Valid from 1993-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
C, M (1997 only)	Medicare	1	Medicare
D	Medicaid	2	Medicaid
G	Blue Cross	3	Private Insurance
F, T	Commercial Insurance: PPO		
S	HMO		
A	Self-pay	4	Self-pay
R	No charge	5	No charge
Q	Title V	6	Other
B	Workers' Compensation		
H	CHAMPUS		
E	Other federal programs		
I	Other		
Blank		.	Missing
Other Values		.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		
O	KidCare (Healthy Kids, MediKids, and Children's Medical Services - beginning 2003)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Florida			
(Valid for 1997)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
A, B	Medicare, Medicare HMO	1	Medicare
C, D	Medicaid, Medicaid HMO	2	Medicaid
E, G	Commercial insurance (includes self-insured and Blue Cross/Blue Shield); Commercial PPO	3	Private Insurance
F	Commercial HMO		
L	Self-pay, charity, underinsured	4	Self-pay
N	Charity	5	No charge
H	Workers' Compensation	6	Other
I, J	CHAMPUS; VA		
K	Other state/local government		
M	Other		
Blank		.	Missing
Other values		.A	Missing

Florida	
(Valid from 1992-1996)	
PAY1_X	PAY1

Value	Description	Value	Description
A, B	Medicare, Medicare HMO	1	Medicare
C, D	Medicaid, Medicaid HMO	2	Medicaid
E, G	Commercial insurance (includes self-insured and Blue Cross/Blue Shield); Commercial PPO	3	Private Insurance
F	Commercial HMO		
L	Self-pay, charity, underinsured	4	Self-pay
--		5	No charge
H	Workers' Compensation	6	Other
I, J	CHAMPUS; VA		
K	Other state/local government		
M	Other		
Blank		.	Missing
Other values		.A	Invalid

Florida			
(Valid from 1988-1991)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
A	Medicare	1	Medicare
C	Medicaid	2	Medicaid
E	Commercial insurance (includes self-insured and Blue Cross/Blue Shield)	3	Private Insurance
--		4	Self-pay
--		5	No charge
M	Other	6	Other
Blank		.	Missing
Other values		.A	Invalid

Georgia

Georgia	
(Valid beginning in 1998)	
PAY1_X, PAY2_X, PAY3_X	PAY1, PAY2, PAY3

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/Managed Care		
I	Commercial Insurance		
K	Other Non-Specific Managed Care		
X	PPO		
6	POS (Point of Service)		
7	State Health Benefit Plan		
P	Self-pay	4	Self-pay
--		5	No charge
C	TriCare/Champus	6	Other
E	Peachcare for Kids (Beginning in 2002 data)		
N	Other Government Assistance		
W	Workers Compensation		
Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Georgia			
(Valid for 1997)			
PAY1_X		PAY1	
Value	Description	Value	Description
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
B	Blue Cross and Blue Shield	3	Private Insurance
I, S	Other Insurance Companies; Self Insured		
H	HMO-PPO		
P	Self-pay	4	Self-pay

Z	Free	5	No charge
W	Workers' Comp	6	Other
C	CHAMPUS		
E, N	Other Government		
L, O	Other		
3, 5, A, F, G, J, K, Y	Unknown	.	Missing
Other values		.A	Invalid

Hawaii

Hawaii			
(Valid beginning in 2003)			
PAY1_X		**PAY1**	
Value	**Description**	**Value**	**Description**
1	Medicare	1	Medicare
18	HMSA 65C+		
19	Kaiser 65C+		
2	Medicaid	2	Medicaid
13	Hawaii QUEST (managed care)		
15	AlohaCare (plan participating in QUEST) beginning in 2003		
14	HMSA's Health Plan Hawaii beginning in 2003	3	Private Insurance
16	Hawaii Management Alliance Association (HMAA) beginning in 2003		
17	University Health Alliance (UHA) beginning in 2003		
4	HMSA (any other HMSA plan)		
5	Kaiser		
6	Other Insurance		
8	No Fault		
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

Hawaii			
(Valid 1998-2002)			
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 affiliate that provides HMO, PPO and Fee for Service plans)	3	Private 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

Hawaii			
(Valid from 1996-1997)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
"Medicare"	Medicare	1	Medicare
"Medicaid", "SHIP", "Quest"	Medicaid; SHIP; Quest	2	Medicaid

"Other Insurance", "HMSA", "No Fault"	Other Insurance, HMSA, No Fault	3	Private Insurance
"Kaiser"	Kaiser		
"Self Pay"	Self-pay	4	Self-pay
--		5	No charge
"Workers Comp"	Worker's Comp	6	Other
"Champus", "DOD"	CHAMPUS/VA/Other Government; Department of Defense		
"Unknown", Blank	Unknown	.	Missing
Other values		.A	Invalid

Illinois

Illinois			
(Valid beginning in 1998)			
PAY1_X, PAY2_X, and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
A98910	Medicare	1	Medicare
B98916	Illinois Medicaid	2	Medicaid
B98917	Other Medicaid	2	Medicaid
Cnnn, where nnn is a 3-digit number	Blue Cross Insurance	3	Private Insurance
Cnnnnnnnnn, where nnnnnnnnn is a 9-digit number	Commercial Insurance (may include TPA and Worker's Compensation coverage)	3	Private Insurance
C98920	Other Commercial Insurance	3	Private Insurance
Dnnnnnnnnn, where nnnnnnnnn is a 9-digit number	Commercial HMO	3	Private Insurance
Ennnnnnnnn, where nnnnnnnnn is a 9-digit number	Self-administered or Self-insured plans	3	Private Insurance
E98930	Other Self-administered or Self-insured plans	3	Private Insurance
F98918	Self-pay	4	Self-pay
H98912	Charity	5	No charge
H98913	Hill Burton Free Care		

H98911	Black Lung	6	Other
H98914	CHAMPUS		
H98915	CHAMPVA		
H98919	Miscellaneous		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Primary, secondary, and tertiary expected payer information was provided in two fields: a one character payer category ("A" through "H") and detailed payer identifier of 3, 5, or 9 digits. The 3-digit identifiers refer to Blue Cross plans, but no source documentation was available to link the 3-digit identifier to a Blue Cross plan name. The 9-digit identifiers refer to commercial, HMO, and self-administered plans, but no source documentation was available to link the 9-digit identifier to a plan name. The Illinois Department of Insurance may have a list of the plan names for the 9-digit codes. All 5-digit identifiers were named. This information is included in the above table.

The one-character payer category and the detailed payer identifier were concatenated together to create the HCUP variables PAY1_X, PAY2_X, and PAY3_X.

During HCUP processing, PAY1/PAY2 and HMOPPO1/HMOPPO2 were assigned using the first character of PAY1_X/PAY2_X (e.g., "A", "B", "C", etc.) with the following exception. When PAY1_X/PAY2_X started with "H", PAY1/PAY2 and HMOPPO1/HMOPPO2 were assigned using the 6 character code.

Illinois			
(Valid from 1995-1997)			
PAY1_X, PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
A98910	Medicare	1	Medicare
B98916	Illinois Medicaid	2	Medicaid
B98917	Other Medicaid	2	Medicaid
Cnnn, where nnn is a 3-digit number	Blue Cross Insurance	3	Private Insurance
Cnnnnnnnnn, where nnnnnnnnn is a 9-	Commercial Insurance (may include TPA and Worker's		

digit number	Compensation coverage)		
C98920	Other Commercial Insurance		
Dnnnnnnnnn, where nnnnnnnnn is a 9-digit number	Commercial HMO		
Ennnnnnnnn, where nnnnnnnnn is a 9-digit number	Self-administered or Self-insured plans		
E98930	Other Self-administered or Self-insured plans		
F98918	Self-pay	4	Self-pay
H98912	Charity	5	No charge
H98913	Hill Burton Free Care		
H98911	Black Lung	6	Other
H98914	CHAMPUS		
H98915	CHAMPVA		
H98919	Miscellaneous		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Primary, secondary, and tertiary expected payer information was provided in two fields: a one character payer category ("A" through "H") and detailed payer identifier of 3, 5, or 9 digits. The 3-digit identifiers refer to Blue Cross plans, but no source documentation was available to link the 3-digit identifier to a Blue Cross plan name. The 9-digit identifiers refer to commercial, HMO, and self-administered plans, but no source documentation was available to link the 9-digit identifier to a plan name. The Illinois Department of Insurance may have a list of the plan names for the 9-digit codes. All 5-digit identifiers were named. This information is included in the above table.

The one-character payer category and the detailed payer identifier were concatenated together to create the HCUP variables PAY1_X, PAY2_X, and PAY3_X.

During HCUP processing, PAY1/PAY2 were assigned using the first character of PAY1_X/PAY2_X (e.g., "A", "B", "C", etc.) with the following exception. When PAY1_X/PAY2_X started with "H", PAY1/PAY2 were assigned using the 6 character code.

Illinois			
(Valid from 1993-1994)			
PAY1_X, PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
A	Medicare	1	Medicare
B	Medicaid	2	Medicaid
C, E	Commercial, PPO; Self-administered	3	Private Insurance
D	HMO		
F	Self-pay	4	Self-pay
--		5	No charge
H	Other	6	Other
Blank		.	Missing
Other Values		.A	Invalid

Illinois			
(Valid from 1988-1992)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
98910	Medicare	1	Medicare
98916	Illinois Medicaid	2	Medicaid
98917	Other Medicaid		
3-digit codes	Blue Cross Insurance	3	Private Insurance
061055955	HMO/PHP	3	Private Insurance
232312490	HMO/PHP	3	Private Insurance
237137598	HMO/PHP	3	Private Insurance
361236610	HMO/PHP	3	Private Insurance
362171705	HMO/PHP	3	Private Insurance
362302593	HMO/PHP	3	Private

			Insurance
362748320	HMO/PHP	3	Private Insurance
362835382	HMO/PHP	3	Private Insurance
362858588	HMO/PHP	3	Private Insurance
363050287	HMO/PHP	3	Private Insurance
363156930	HMO/PHP	3	Private Insurance
363208585	HMO/PHP	3	Private Insurance
363232147	HMO/PHP	3	Private Insurance
363242084	HMO/PHP	3	Private Insurance
363251800	HMO/PHP	3	Private Insurance
363257067	HMO/PHP	3	Private Insurance
363261533	HMO/PHP	3	Private Insurance
363280214	HMO/PHP	3	Private Insurance
363290114	HMO/PHP	3	Private Insurance
363293099	HMO/PHP	3	Private Insurance
363300107	HMO/PHP	3	Private Insurance
363303922	HMO/PHP	3	Private Insurance
363303927	HMO/PHP	3	Private Insurance
363333675	HMO/PHP	3	Private Insurance
363334929	HMO/PHP	3	Private Insurance
363346492	HMO/PHP	3	Private

			Insurance
363357619	HMO/PHP	3	Private Insurance
363359925	HMO/PHP	3	Private Insurance
363363036	HMO/PHP	3	Private Insurance
363379945	HMO/PHP	3	Private Insurance
363385638	HMO/PHP	3	Private Insurance
363387762	HMO/PHP	3	Private Insurance
363410844	HMO/PHP	3	Private Insurance
363426222	HMO/PHP	3	Private Insurance
363447577	HMO/PHP	3	Private Insurance
363464332	HMO/PHP	3	Private Insurance
363513970	HMO/PHP	3	Private Insurance
363576982	HMO/PHP	3	Private Insurance
36361797l	HMO/PHP	3	Private Insurance
363617971	HMO/PHP	3	Private Insurance
363784962	HMO/PHP	3	Private Insurance
363807756	HMO/PHP	3	Private Insurance
363837523	HMO/PHP	3	Private Insurance
363864486	HMO/PHP	3	Private Insurance
371076964	HMO/PHP	3	Private Insurance
371105481	HMO/PHP	3	Private

			Insurance
371139917	HMO/PHP	3	Private Insurance
371153402	HMO/PHP	3	Private Insurance
371190216	HMO/PHP	3	Private Insurance
371192892	HMO/PHP	3	Private Insurance
371216698	HMO/PHP	3	Private Insurance
371221007	HMO/PHP	3	Private Insurance
371241037	HMO/PHP	3	Private Insurance
371260731	HMO/PHP	3	Private Insurance
376000511	HMO/PHP	3	Private Insurance
421172640	HMO/PHP	3	Private Insurance
421282065	HMO/PHP	3	Private Insurance
431131852	HMO/PHP	3	Private Insurance
431141117	HMO/PHP	3	Private Insurance
431361841	HMO/PHP	3	Private Insurance
431372307	HMO/PHP	3	Private Insurance
431386495	HMO/PHP	3	Private Insurance
541252797	HMO/PHP	3	Private Insurance
611013183	HMO/PHP	3	Private Insurance
611056884	HMO/PHP	3	Private Insurance
741844335	HMO/PHP	3	Private

			Insurance
953762261	HMO/PHP	3	Private Insurance
954053288	HMO/PHP	3	Private Insurance
963762261	HMO/PHP	3	Private Insurance
98920	Other commercial insurance	3	Private Insurance
98930	Other self-administered or self-insured plans	3	Private Insurance
98918	Self-pay	4	Self-pay
98912	Charity	5	No charge
98913	Hill Burton Free Care	5	No Charge
020140690	Workers' Compensation	6	Other
020172170	Workers' Compensation	6	Other
020177030	Workers' Compensation	6	Other
020304627	Workers' Compensation	6	Other
020308052	Workers' Compensation	6	Other
020311919	Workers' Compensation	6	Other
020342937	Workers' Compensation	6	Other
020349547	Workers' Compensation	6	Other
030316876	Workers' Compensation	6	Other
041027270	Workers' Compensation	6	Other
041282020	Workers' Compensation	6	Other
041288420	Workers' Compensation	6	Other
041543470	Workers' Compensation	6	Other
041590940	Workers' Compensation	6	Other
041924000	Workers' Compensation	6	Other
042177185	Workers' Compensation	6	Other
042475442	Workers' Compensation	6	Other
042656602	Workers' Compensation	6	Other
042680300	Workers' Compensation	6	Other
042739160	Workers' Compensation	6	Other
042794993	Workers' Compensation	6	Other
042974375	Workers' Compensation	6	Other

043058503	Workers' Compensation	6	Other
043058504	Workers' Compensation	6	Other
046017710	Workers' Compensation	6	Other
050303803	Workers' Compensation	6	Other
050393243	Workers' Compensation	6	Other
060237820	Workers' Compensation	6	Other
060291290	Workers' Compensation	6	Other
060294398	Workers' Compensation	6	Other
060303275	Workers' Compensation	6	Other
060303520	Workers' Compensation	6	Other
060336212	Workers' Compensation	6	Other
060383030	Workers' Compensation	6	Other
060464510	Workers' Compensation	6	Other
060480695	Workers' Compensation	6	Other
060529570	Workers' Compensation	6	Other
060566050	Workers' Compensation	6	Other
060640218	Workers' Compensation	6	Other
060732738	Workers' Compensation	6	Other
060848755	Workers' Compensation	6	Other
060876835	Workers' Compensation	6	Other
060907370	Workers' Compensation	6	Other
060949141	Workers' Compensation	6	Other
061008026	Workers' Compensation	6	Other
061008792	Workers' Compensation	6	Other
061010609	Workers' Compensation	6	Other
061024360	Workers' Compensation	6	Other
061053492	Workers' Compensation	6	Other
061055955	Workers' Compensation	6	Other
061067463	Workers' Compensation	6	Other
061092819	Workers' Compensation	6	Other
061117063	Workers' Compensation	6	Other
061182357	Workers' Compensation	6	Other
061206728	Workers' Compensation	6	Other
061222527	Workers' Compensation	6	Other
061325038	Workers' Compensation	6	Other

066032187	Workers' Compensation	6	Other
066033504	Workers' Compensation	6	Other
066033509	Workers' Compensation	6	Other
066105395	Workers' Compensation	6	Other
131675535	Workers' Compensation	6	Other
131941868	Workers' Compensation	6	Other
131941984	Workers' Compensation	6	Other
131963495	Workers' Compensation	6	Other
131963496	Workers' Compensation	6	Other
131988169	Workers' Compensation	6	Other
132559805	Workers' Compensation	6	Other
132611663	Workers' Compensation	6	Other
132653231	Workers' Compensation	6	Other
132661002	Workers' Compensation	6	Other
132669000	Workers' Compensation	6	Other
132673100	Workers' Compensation	6	Other
132758523	Workers' Compensation	6	Other
132781282	Workers' Compensation	6	Other
132791458	Workers' Compensation	6	Other
132832845	Workers' Compensation	6	Other
135277930	Workers' Compensation	6	Other
135283360	Workers' Compensation	6	Other
135303710	Workers' Compensation	6	Other
135316370	Workers' Compensation	6	Other
135339725	Workers' Compensation	6	Other
135358230	Workers' Compensation	6	Other
135379820	Workers' Compensation	6	Other
135459190	Workers' Compensation	6	Other
135460208	Workers' Compensation	6	Other
135481330	Workers' Compensation	6	Other
135539046	Workers' Compensation	6	Other
135540698	Workers' Compensation	6	Other
135616275	Workers' Compensation	6	Other
135617450	Workers' Compensation	6	Other
135669461	Workers' Compensation	6	Other

136081895	Workers' Compensation	6	Other
136104845	Workers' Compensation	6	Other
136107326	Workers' Compensation	6	Other
136108722	Workers' Compensation	6	Other
150476880	Workers' Compensation	6	Other
156020948	Workers' Compensation	6	Other
160366830	Workers' Compensation	6	Other
220731810	Workers' Compensation	6	Other
221608585	Workers' Compensation	6	Other
221708002	Workers' Compensation	6	Other
221721944	Workers' Compensation	6	Other
221721950	Workers' Compensation	6	Other
221964135	Workers' Compensation	6	Other
221964136	Workers' Compensation	6	Other
222005057	Workers' Compensation	6	Other
222053189	Workers' Compensation	6	Other
222227328	Workers' Compensation	6	Other
222227331	Workers' Compensation	6	Other
222342710	Workers' Compensation	6	Other
230342560	Workers' Compensation	6	Other
230580680	Workers' Compensation	6	Other
230723970	Workers' Compensation	6	Other
230959220	Workers' Compensation	6	Other
230961349	Workers' Compensation	6	Other
231330959	Workers' Compensation	6	Other
231471444	Workers' Compensation	6	Other
231502700	Workers' Compensation	6	Other
231614367	Workers' Compensation	6	Other
231620527	Workers' Compensation	6	Other
231624911	Workers' Compensation	6	Other
231641984	Workers' Compensation	6	Other
231642962	Workers' Compensation	6	Other
231740414	Workers' Compensation	6	Other
231742051	Workers' Compensation	6	Other
231892289	Workers' Compensation	6	Other

231903575	Workers' Compensation	6	Other
232182777	Workers' Compensation	6	Other
232640501	Workers' Compensation	6	Other
232643432	Workers' Compensation	6	Other
250410420	Workers' Compensation	6	Other
250687550	Workers' Compensation	6	Other
251118791	Workers' Compensation	6	Other
310396250	Workers' Compensation	6	Other
310501234	Workers' Compensation	6	Other
310542366	Workers' Compensation	6	Other
310708754	Workers' Compensation	6	Other
310826946	Workers' Compensation	6	Other
310926059	Workers' Compensation	6	Other
310970750	Workers' Compensation	6	Other
311160863	Workers' Compensation	6	Other
311241230	Workers' Compensation	6	Other
314177100	Workers' Compensation	6	Other
314177110	Workers' Compensation	6	Other
314316080	Workers' Compensation	6	Other
314423946	Workers' Compensation	6	Other
340368340	Workers' Compensation	6	Other
340438190	Workers' Compensation	6	Other
341022544	Workers' Compensation	6	Other
341172650	Workers' Compensation	6	Other
341316396	Workers' Compensation	6	Other
341532771	Workers' Compensation	6	Other
346513736	Workers' Compensation	6	Other
346516838	Workers' Compensation	6	Other
350145400	Workers' Compensation	6	Other
350198580	Workers' Compensation	6	Other
350293728	Workers' Compensation	6	Other
350293730	Workers' Compensation	6	Other
350410010	Workers' Compensation	6	Other
350410420	Workers' Compensation	6	Other
350913391	Workers' Compensation	6	Other

350988041	Workers' Compensation	6	Other
351044900	Workers' Compensation	6	Other
351288885	Workers' Compensation	6	Other
351372324	Workers' Compensation	6	Other
351492884	Workers' Compensation	6	Other
351495207	Workers' Compensation	6	Other
351495208	Workers' Compensation	6	Other
351524574	Workers' Compensation	6	Other
356018566	Workers' Compensation	6	Other
356021485	Workers' Compensation	6	Other
360705950	Workers' Compensation	6	Other
360719665	Workers' Compensation	6	Other
360727430	Workers' Compensation	6	Other
360727470	Workers' Compensation	6	Other
360810360	Workers' Compensation	6	Other
360901240	Workers' Compensation	6	Other
361022580	Workers' Compensation	6	Other
361236610	Workers' Compensation	6	Other
361404320	Workers' Compensation	6	Other
361410470	Workers' Compensation	6	Other
361412255	Workers' Compensation	6	Other
361475332	Workers' Compensation	6	Other
361649210	Workers' Compensation	6	Other
361877247	Workers' Compensation	6	Other
361999760	Workers' Compensation	6	Other
362114545	Workers' Compensation	6	Other
362349119	Workers' Compensation	6	Other
362403971	Workers' Compensation	6	Other
362467238	Workers' Compensation	6	Other
362489372	Workers' Compensation	6	Other
362490086	Workers' Compensation	6	Other
362512064	Workers' Compensation	6	Other
362542404	Workers' Compensation	6	Other
362545393	Workers' Compensation	6	Other
362594678	Workers' Compensation	6	Other

36260579	Workers' Compensation	6	Other
362661515	Workers' Compensation	6	Other
362661954	Workers' Compensation	6	Other
362663083	Workers' Compensation	6	Other
362667627	Workers' Compensation	6	Other
362674180	Workers' Compensation	6	Other
362678778	Workers' Compensation	6	Other
362690333	Workers' Compensation	6	Other
362694846	Workers' Compensation	6	Other
362704643	Workers' Compensation	6	Other
362704802	Workers' Compensation	6	Other
362705935	Workers' Compensation	6	Other
362709121	Workers' Compensation	6	Other
362711653	Workers' Compensation	6	Other
362719165	Workers' Compensation	6	Other
362722478	Workers' Compensation	6	Other
362738349	Workers' Compensation	6	Other
362742183	Workers' Compensation	6	Other
362748320	Workers' Compensation	6	Other
362748795	Workers' Compensation	6	Other
362753986	Workers' Compensation	6	Other
362755546	Workers' Compensation	6	Other
362756532	Workers' Compensation	6	Other
362759195	Workers' Compensation	6	Other
362760101	Workers' Compensation	6	Other
362763106	Workers' Compensation	6	Other
362781080	Workers' Compensation	6	Other
362789296	Workers' Compensation	6	Other
362797073	Workers' Compensation	6	Other
362797074	Workers' Compensation	6	Other
362811124	Workers' Compensation	6	Other
362857399	Workers' Compensation	6	Other
362874262	Workers' Compensation	6	Other
362930605	Workers' Compensation	6	Other
362944577	Workers' Compensation	6	Other

362950161	Workers' Compensation	6	Other
362994662	Workers' Compensation	6	Other
362999368	Workers' Compensation	6	Other
362999370	Workers' Compensation	6	Other
363027848	Workers' Compensation	6	Other
363028761	Workers' Compensation	6	Other
363030511	Workers' Compensation	6	Other
363040078	Workers' Compensation	6	Other
363051031	Workers' Compensation	6	Other
363078103	Workers' Compensation	6	Other
363101262	Workers' Compensation	6	Other
363105508	Workers' Compensation	6	Other
363105737	Workers' Compensation	6	Other
363141762	Workers' Compensation	6	Other
363155373	Workers' Compensation	6	Other
363186541	Workers' Compensation	6	Other
363230348	Workers' Compensation	6	Other
363312218	Workers' Compensation	6	Other
363316692	Workers' Compensation	6	Other
363341779	Workers' Compensation	6	Other
363423817	Workers' Compensation	6	Other
363426425	Workers' Compensation	6	Other
363432551	Workers' Compensation	6	Other
363441652	Workers' Compensation	6	Other
363468793	Workers' Compensation	6	Other
363492700	Workers' Compensation	6	Other
363510294	Workers' Compensation	6	Other
363522250	Workers' Compensation	6	Other
363529298	Workers' Compensation	6	Other
363530161	Workers' Compensation	6	Other
363579407	Workers' Compensation	6	Other
363585968	Workers' Compensation	6	Other
363586255	Workers' Compensation	6	Other
363614264	Workers' Compensation	6	Other
363649555	Workers' Compensation	6	Other

363672824	Workers' Compensation	6	Other
363714287	Workers' Compensation	6	Other
363715387	Workers' Compensation	6	Other
363765116	Workers' Compensation	6	Other
363774557	Workers' Compensation	6	Other
363789786	Workers' Compensation	6	Other
363789787	Workers' Compensation	6	Other
363806723	Workers' Compensation	6	Other
366033855	Workers' Compensation	6	Other
366033921	Workers' Compensation	6	Other
366042949	Workers' Compensation	6	Other
366043106	Workers' Compensation	6	Other
366049887	Workers' Compensation	6	Other
366054328	Workers' Compensation	6	Other
366064756	Workers' Compensation	6	Other
366067575	Workers' Compensation	6	Other
366071400	Workers' Compensation	6	Other
366077839	Workers' Compensation	6	Other
366084669	Workers' Compensation	6	Other
366115679	Workers' Compensation	6	Other
370268670	Workers' Compensation	6	Other
370277830	Workers' Compensation	6	Other
370301640	Workers' Compensation	6	Other
370344310	Workers' Compensation	6	Other
370396180	Workers' Compensation	6	Other
370420520	Workers' Compensation	6	Other
370530080	Workers' Compensation	6	Other
370533080	Workers' Compensation	6	Other
370533100	Workers' Compensation	6	Other
370558630	Workers' Compensation	6	Other
370637646	Workers' Compensation	6	Other
370807507	Workers' Compensation	6	Other
370815476	Workers' Compensation	6	Other
370855395	Workers' Compensation	6	Other
370915434	Workers' Compensation	6	Other

371054042	Workers' Compensation	6	Other
371111076	Workers' Compensation	6	Other
371184187	Workers' Compensation	6	Other
371277771	Workers' Compensation	6	Other
376028411	Workers' Compensation	6	Other
380315280	Workers' Compensation	6	Other
380828980	Workers' Compensation	6	Other
380829210	Workers' Compensation	6	Other
380865250	Workers' Compensation	6	Other
381184490	Workers' Compensation	6	Other
381630841	Workers' Compensation	6	Other
381869912	Workers' Compensation	6	Other
382145898	Workers' Compensation	6	Other
382312731	Workers' Compensation	6	Other
382430150	Workers' Compensation	6	Other
390264050	Workers' Compensation	6	Other
390273710	Workers' Compensation	6	Other
390301590	Workers' Compensation	6	Other
390333950	Workers' Compensation	6	Other
390475300	Workers' Compensation	6	Other
390712210	Workers' Compensation	6	Other
390941450	Workers' Compensation	6	Other
390972608	Workers' Compensation	6	Other
391190263	Workers' Compensation	6	Other
391338397	Workers' Compensation	6	Other
391341459	Workers' Compensation	6	Other
391401314	Workers' Compensation	6	Other
396058596	Workers' Compensation	6	Other
396062860	Workers' Compensation	6	Other
410299900	Workers' Compensation	6	Other
410406690	Workers' Compensation	6	Other
410417460	Workers' Compensation	6	Other
410729473	Workers' Compensation	6	Other
410881659	Workers' Compensation	6	Other
410963301	Workers' Compensation	6	Other

410986076	Workers' Compensation	6	Other
411232071	Workers' Compensation	6	Other
411353943	Workers' Compensation	6	Other
520976199	Workers' Compensation	6	Other
521050076	Workers' Compensation	6	Other
420111280	Workers' Compensation	6	Other
420223390	Workers' Compensation	6	Other
420234980	Workers' Compensation	6	Other
420245990	Workers' Compensation	6	Other
420301440	Workers' Compensation	6	Other
420594770	Workers' Compensation	6	Other
420618271	Workers' Compensation	6	Other
420645088	Workers' Compensation	6	Other
420645088	Workers' Compensation	6	Other
421015537	Workers' Compensation	6	Other
421019055	Workers' Compensation	6	Other
421234898	Workers' Compensation	6	Other
426054959	Workers' Compensation	6	Other
430613000	Workers' Compensation	6	Other
431037123	Workers' Compensation	6	Other
431139865	Workers' Compensation	6	Other
431245798	Workers' Compensation	6	Other
431249228	Workers' Compensation	6	Other
436028696	Workers' Compensation	6	Other
440194612	Workers' Compensation	6	Other
440237557	Workers' Compensation	6	Other
440307890	Workers' Compensation	6	Other
440648645	Workers' Compensation	6	Other
440652707	Workers' Compensation	6	Other
440666926	Workers' Compensation	6	Other
460368854	Workers' Compensation	6	Other
470159155	Workers' Compensation	6	Other
470355979	Workers' Compensation	6	Other
470360368	Workers' Compensation	6	Other
470444314	Workers' Compensation	6	Other

470490411	Workers' Compensation	6	Other
470498866	Workers' Compensation	6	Other
470574325	Workers' Compensation	6	Other
470698507	Workers' Compensation	6	Other
476022701	Workers' Compensation	6	Other
476024508	Workers' Compensation	6	Other
480470690	Workers' Compensation	6	Other
480921045	Workers' Compensation	6	Other
510098159	Workers' Compensation	6	Other
520266645	Workers' Compensation	6	Other
520403120	Workers' Compensation	6	Other
520515280	Workers' Compensation	6	Other
520616768	Workers' Compensation	6	Other
521137203	Workers' Compensation	6	Other
586020487	Workers' Compensation	6	Other
590733942	Workers' Compensation	6	Other
591027412	Workers' Compensation	6	Other
591320184	Workers' Compensation	6	Other
591847174	Workers' Compensation	6	Other
610904881	Workers' Compensation	6	Other
621101490	Workers' Compensation	6	Other
630598629	Workers' Compensation	6	Other
741280541	Workers' Compensation	6	Other
741296673	Workers' Compensation	6	Other
750620550	Workers' Compensation	6	Other
751444207	Workers' Compensation	6	Other
751670124	Workers' Compensation	6	Other
756013587	Workers' Compensation	6	Other
756013697	Workers' Compensation	6	Other
756017952	Workers' Compensation	6	Other
756020448	Workers' Compensation	6	Other
760154296	Workers' Compensation	6	Other
840513811	Workers' Compensation	6	Other
840583213	Workers' Compensation	6	Other
840982643	Workers' Compensation	6	Other

850165753	Workers' Compensation	6	Other
850277191	Workers' Compensation	6	Other
850282785	Workers' Compensation	6	Other
860274508	Workers' Compensation	6	Other
880119246	Workers' Compensation	6	Other
910341780	Workers' Compensation	6	Other
910449750	Workers' Compensation	6	Other
910895822	Workers' Compensation	6	Other
911115311	Workers' Compensation	6	Other
920040526	Workers' Compensation	6	Other
940781581	Workers' Compensation	6	Other
941032958	Workers' Compensation	6	Other
941390273	Workers' Compensation	6	Other
941517098	Workers' Compensation	6	Other
941610280	Workers' Compensation	6	Other
942532388	Workers' Compensation	6	Other
946078058	Workers' Compensation	6	Other
951077060	Workers' Compensation	6	Other
951078160	Workers' Compensation	6	Other
951429618	Workers' Compensation	6	Other
951479095	Workers' Compensation	6	Other
951542353	Workers' Compensation	6	Other
952371728	Workers' Compensation	6	Other
952575892	Workers' Compensation	6	Other
956016640	Workers' Compensation	6	Other
980032627	Workers' Compensation	6	Other
980033230	Workers' Compensation	6	Other
990041610	Workers' Compensation	6	Other
98914	CHAMPUS	6	Other
98915	CHAMPVA	6	Other
98911	Black Lung	6	Other
98919	Miscellaneous	6	Other
Blank, "000000000"	Unknown	.	Missing
Other Values		.A	Invalid

Iowa

Iowa			
(Valid beginning in 2003)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
1	Medicare (Title 18)	1	Medicare
2	Medicaid (Title 19)	2	Medicaid
6	Blue Cross	3	Private Insurance
7	Commercial (private or group plans including HMO, PPO, ODS)		
8	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
3	Other State (including State Papers)	6	Other
4	County		
5	CHAMPUS		
9	Workers Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa			
(Valid 1998-2002)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
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	3	Private

	HMO, PPO, ODS)		Insurance
13	HMO (e.g., Care Choices, Medical Associates Health Plan, Inc., Principal 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)	3	Private Insurance
14	PPO (e.g., Alliance Select, Healthcare Preferred, Plaines 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

Iowa			
(Valid from 1991-1997)			
PAY1_X		**PAY1**	
Value	**Description**	**Value**	**Description**
01	Medicare (Title 18)	1	Medicare
02	Medicaid (Title 19)	2	Medicaid
06	Blue Cross (of Iowa, Western Iowa, or other state Blue Cross plans)	3	Private Insurance
08	Self-pay or relative	4	Self-pay
--		5	No charge
09	Workers' Compensation	6	Other
03, 04, 05	Other state; county (including state papers); Other federal government (including CHAMPUS, Veterans, Title V, Railroad, Hill-Burton, Crippled Children, etc.)		

Blank		.	Missing
Other Values		.A	Invalid

Iowa			
(Valid from 1988-1990)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
01	Medicare (Title 18)	1	Medicare
02	Medicaid (Title 19)	2	Medicaid
06	Blue Cross (of Iowa, Western Iowa, or other state Blue Cross plans)	3	Private Insurance
07	Commercial (private or group)		
08	Self-pay or relative	4	Self-pay
--		5	No charge
09	Workers' Compensation	6	Other
03, 04, 05	Other state government; Other county government; Other federal government		
10	Other non-government		
Blank		.	Missing
Other Values		.A	Invalid

Indiana

Indiana			
(Valid beginning in 2003)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
4	Commercial Insurance	3	Private Insurance
5	Managed Care		
6	Self-pay	4	Self-pay
--		5	No charge
3	Other/Government	6	Other
7	Other/Unknown		

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

Kansas

Kansas			
(Valid beginning in 2003)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
001	Medicare	1	Medicare
101	Medicare Managed Care		
002	Medicaid	2	Medicaid
102	Medicaid Managed Care		
004	Blue Cross/Blue Shield	3	Private Insurance
007	Commercial/Private		
104	Blue Cross/Blue Shield Managed Care		
107	All Commercial Payers Managed Care		
006	Self-pay	4	Self-pay
008	Charity/No Charge	5	No charge
005	Workers Compensation	6	Other
009	Other Government		
010	Champus		
011	Other		
103	HealthWave/ Health Connect Managed Care - Kansas' State Children's Health Insurance Program (SCHIP)		
105	Workers Compensation Managed Care		
109	Other Government Managed Care (not Champus)		
110	Champus Managed Care		
111	Other Managed Care		
Blank, 00, 000	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Kansas
(Valid 1993-2002)

PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
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

Kentucky			
PAY1_X, PAY2_X, PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
C	Medicare	1	Medicare
D	Medicaid	2	Medicaid
P	Passport Medicaid Managed Care (beginning with 2003 data)		
F	Commercial - Insurance Company	3	Private insurance
G	Commercial - Blue Cross/Blue Shield	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

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/PPO	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	.A	Invalid
Any values not documented by the data source			

Maryland			
(Valid from 1996-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
1, 15	Medicare; Medicare HMO	1	Medicare
2,14	Medicaid; Medicaid HMO	2	Medicaid
4, 16, 17	Blue Cross; Blue Cross NCA; Blue Cross - other State	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other

7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	**Primary Payer** Unknown; missing	.	Missing
99, 77, blank	**Secondary Payer** Unknown; not applicable; missing	.	Missing
Other Values		.A	Invalid

Maryland			
(Valid from 1993-1995)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
1	Medicare	1	Medicare
2, 13,14	Medicaid; Medicaid (state only); Medicaid HMO	2	Medicaid
4	Blue Cross	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other
7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	**Primary Payer** Unknown; missing	.	Missing
99, 77, blank	**Secondary Payer** Unknown; not applicable; missing	.	Missing
Other Values		.A	Invalid

Maryland			
(Valid from 1990-1992)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**

1	Medicare	1	Medicare
2, 13,14	Medicaid; Medicaid (state only); Medicaid HMO	2	Medicaid
4	Blue Cross	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other
7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	Unknown; missing	.	Missing
Other Values		.A	Invalid

Massachusetts

Massachusetts			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
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		
T	Auto Insurance		
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		
N, Blank	None, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Massachusetts			
(Valid from 1996-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
3, F	Medicare; Medicare managed care	1	Medicare
4, B	Medicaid; Medicaid managed care	2	Medicaid
6, C	Blue Cross; Blue Cross managed care	3	Private Insurance
7, D, E	Commercial Insurance; Commercial managed care; PPO and other managed care not listed elsewhere		
8, J	HMO; Point of Service (added 4th Qtr 1997)		
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	**Primary Payer:** Other non-managed care		
0, A	**Secondary Payer:** Other non-managed care; Other or principal source of payment covered in full		
Blank	**Primary Payer:**	.	Missing
Blank	**Secondary Payer:**	.	Missing
Other values		.A	Invalid

Massachusetts
(Valid from Quarter 4 1993 through 1995)

PAY1_X and PAY2_X		TPAY1 and PAY2	
Value	**Description**	**Value**	**Description**
3, F	Medicare; Medicare managed care	1	Medicare
4, B	Medicaid; Medicaid managed care	2	Medicaid
6, C	Blue Cross; Blue Cross managed care	3	Private Insurance
7, D	Commercial Insurance; Commercial managed care		
8, J	HMO		
1	Self-pay	4	Self-pay
9	Free care (no charge)	5	No charge
2	Workers' Compensation	6	Other
5	Other government payment		
0, E	**Primary Payer:** Other non-managed care; PPO and other managed care not listed elsewhere		
0, A, E	**Secondary Payer:** Other non-managed care; Other or principal source of payment covered in full; PPO and other managed care not listed elsewhere		
Blank	**Primary Payer:**	.	Missing
"N",Blank	**Secondary Payer:**None	.	Missing
Other values		.A	Invalid

Massachusetts			
(Valid from 1988 through Quarters1-3, 1995)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
3	Medicare	1	Medicare
4	Medicaid	2	Medicaid
6	Blue Cross	3	Private Insurance
7	Commercial Insurance		
8	HMO		
1	Self-pay	4	Self-pay
9	Free care (no charge)	5	No charge
2	Workers' Compensation	6	Other

5	Other government payment		
0	**Primary Payer:** Other		
0, A	**Secondary Payer:** Other; Other or principal source of payment covered in full		
Blank	**Primary Payer:**	.	Missing
"N",Blank	**Secondary Payer:**None	.	Missing
Other values		.A	Invalid

Michigan

Michigan			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
01	Medicare Fee for Service	1	Medicare
30	Medicare Managed Care Plans		
31	Medicare Type of Plan Unknown		
02	Medicaid Fee for Service	2	Medicaid
40	Medicaid Managed Care Plans		
41	Medicaid Type of Plan Unknown		
06	Blue Cross/Blue Shield	3	Private insurance
07	Other commercial insurance company		
09	Managed care or other		
11	Blue Cross/Blue Shield HMO		
12	Other HMO		
17	Blue Cross/Blue Shield PPO/PPA		
18	Other PPO/PPA		
08	Self-pay	4	Self-pay
10	No charge	5	No charge
03	Title V	6	Other
04	Other government source		
05	Worker's Compensation		
23	Mental Health Contract		
25	Corrections Contract		
99	Other		
00, Blank	Missing or invalid	.	Missing

Any values not documented by the data source	.A	Invalid

Minnesota

Minnesota			
(Valid beginning in 1995)			
PAY1_X, PAY2_X and PAY3_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
2000000	Medicare	1	Medicare
6000003	Blue Cross, Medicare		
6000103	Blue Cross, MN, Medicare		
6009903	Blue Cross, Non-MN, Medicare		
7000102	Medica - Choice, Medicare		
7000202	Group Health, Medicare		
7000402	Medica - Primary, Medicare		
7000502	MedCenters, Medicare		
7000602	UCare, Medicare		
7000702	Blue Plus, Medicare		
7001002	Health Partners, Medicare		
7001402	Altru Health Plan, Medicare		
7001502	Sioux Valley, Medicare		
7000902	Blue Cross HMO, Medicare		
7009902	Other HMO, Medicare		
8000302	SelectCare, Medicare		
8000402	Preferred One, Medicare		
8000502	ARAZ, Medicare (formerly Ethix Midwest; also known as America's PPO)		
8000902	Blue Cross PPO, Medicare		
8001502	LaborCare PPO, Medicare		
8009902	Other PPO, Medicare		
3000000	Medicaid	2	Medicaid
3000001	Medicaid Pending		
3000100	Medicaid, Minnesota		
3000101	Pending, MN, Medicaid		
3000200	Medicaid, Wisconsin		
3000201	Medicaid, Wisconsin, Pending		

7000301	Ramsey Care, Medicaid		
3000900	Medicaid, South Dakota		
3001000	Medicaid, North Dakota		
3001100	Medicaid, Iowa		
3009900	Medicaid, Other		
3009901	Medicaid, Other, Pending Eligible		
7000101	Medica - Choice, Medicaid		
7000201	Group Health, Medicaid		
7000401	Medica - Primary, Medicaid		
7000501	MedCenters, Medicaid		
7000601	Ucare, Medicaid		
7000701	Blue Plus, Medicaid		
7000801	Metro. Health Plan, Medicaid		
7000901	Blue Cross HMO, Medicaid		
7009901	Unidentified HMO, Medicaid		
7001001	Health Partners, Medicaid		
7001201	Northwest National Life (NWNL) Health Network, Medicaid		
7001301	First Plan HMO, Medicaid		
7001401	Altru Health Plan, Medicaid		
7001501	Sioux Valley, Medicaid		
7009901	Other HMO, Medicaid		
8000301	SelectCare, Medicaid		
8000401	Preferred One, Medicaid		
8000901	Blue Cross PPO, Medicaid		
8001001	Medica Choice PPO, Medicaid		
8001501	LaborCare PPO, Medicaid		
8009901	Other PPO, Medicaid		
5000000	Commercial	3	Private insurance
5009900	Commercial		
5009901	Commercial (Regina)		
6000000	Blue Cross		
6000001	Blue Cross, Aware		
6000100	Blue Cross, MN		
6000101	Blue Cross, MN, Aware		

6000102	Blue Cross, Preferred Gold		
6000200	Blue Cross, North Dakota		
6009900	Blue Cross, Non-MN		
6009901	Blue Cross, Non-MN Aware		
7000000	Other HMO		
7000100	Medica - Choice		
7000200	Group Health		
7000300	Ramsey Health		
7000400	Medica - Primary		
7000500	MedCenters		
7000600	Ucare		
7000700	Blue Plus		
7000800	Metro. Health Plan		
7000900	Blue Cross HMO		
7000900	Unidentified HMO		
7001000	Health Partners		
7001200	Northwest National Life (NWNL) Health Network		
7001300	First Plan HMO		
7001400	Altru Health Plan		
7001500	Sioux Valley		
7009900	Other HMO		
8000000	Other PPO		
8000300	SelectCare		
8000320	SelectCare, Union		
8000400	Preferred One		
8000500	ARAZ, Union (formerly, Ethix Midwest; also known as America's PPO)		
8000520	ARAZ (formerly Ethix Midwest; also known as America's PPO)		
8000600	Aetna PPO		
8000700	Group Health PPO		
8000800	HealthEast Care, Inc.		
8000900	Blue Cross PPO		
8001000	Medica Choice PPO		
8001020	Medica, Union		

8001200	Northwest National LIfe (NWNL) PPO		
8002300	Private Health Care System		
8001400	Prudential Plus		
8001500	LaborCare PPO		
8001520	LaborCare PPO, Union		
8500100	Self Insured, Choice Plus		
8509900	Other Self Insured		
8009900	Other PPO		
8009920	Other PPO, union		
9001000	Other, Self-Insured Co		
9002000	Other, Unions		
1000000	Self-Pay	4	Self-Pay
1000100	Self-Pay		
1000200	Self-Pay, No Charge		
--	--	5	No charge
3060000	Minnesota Care	6	Other
3060100	Minnesota Care		
4000000	Other Government		
4000100	Title V		
4000200	Worker's Comp		
4000300	CHAMPUS		
4000400	MN Comp. Health Care		
4000500	General Assistance Medical Care (GAMC)/GA/Welfare		
4000600	Aid to Families with Dependent Children (AFDC)		
4000700	Children's Health Plan		
4009900	Other Govt., Other		
7000103	Medica - Choice, GAMC		
7000303	Ramsey Care, GAMC, etc.		
7000603	Ucare, GAMC, etc.		
7000604	U-Care, MNCare		
7000703	Blue Plus, GAMC, etc.		
7000704	Blue Plus, MNCare		
7000803	Metro. Health Plan, GAMC, etc.		

7001003	Health Partners, GAMC, etc.		
7009903	Other HMO, GAMC/GA/Welfare		
7009904	Other HMO, MNCare		
9000000	Other		
9009900	Other		
Blank	Missing	.	Missing
8888888	Missing/Unknown (or insurance master)		
9999999	Missing/Unknown (not on insurance master)		
Any values not documented by the data source		.A	Invalid

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.			

Nebraska

Nebraska			
PAY1_X, PAY2_X and PAY3_X		**PAY1**	
Value	**Description**	**Value**	**Description**
02	Medicare	1	Medicare
04	Medicaid	2	Medicaid

12	Medicaid		
01	Commercial Insurance	3	Private Insurance
03	Commercial Insurance		
08	Commercial Insurance		
11	Commercial Insurance		
13	Commercial Insurance		
14	Commercial Insurance		
09	Self-pay	4	Self-pay
--	--	5	No charge
05	Worker's Compensation	6	Other
06	Champus/Champva		
07	Other Federal and State Programs		
10	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Hampshire

New Hampshire			
PAY1_X		**PAY1**	
Value	**Description**	**Value**	**Description**
3	Medicare	1	Medicare
10	Medicare Managed Care		
4	Medicaid	2	Medicaid
11	Medicaid Managed Care		
5	HMO	3	Private Insurance
7	Blue Cross		
8	Commercial insurance		
1	Self-Pay	4	Self-pay
--		5	No charge
2	Worker's Compensation	6	Other
6	Other government		
9	Other		
Blank	Missing	.	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: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other	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	Other Government		
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

Nevada

Nevada			
PAY1_X and PAY2_X and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
10	Medicare	1	Medicare
16	Nevada Medicaid	2	Medicaid
17	Other Medicaid		
20	Commercial Insurer	3	Private insurance
21	Negotiated Discounts e.g. Preferred Provider Organization (PPO)		
22	Health Maintenance Organization (HMO)		
25	Nevada Blue Cross/Blue Shield (BC)		
26	Other Blue Cross/Blue Shield (BS)		
18	Self Pay	4	Self-pay
12	Charity	5	No charge
6	Black Lung	6	Other

13	Hill-Burton Free Care (HBFC)		
14	CHAMPUS (or successor)		
15	CHAMPVA (or successor)		
19	Miscellaneous - does not fit any of the other categories. This field covers insurers that are not licensed to sell insurance in Nevada		
23	County Indigent Referral (those already qualified for, or being referred to, the County Indigent program)		
24	State Industrial Insurance System (SIIS)		
99, Blank	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

New York			
(Valid for 1992)			
PAY1_X, PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
03	Medicare	1	Medicare
04	Medicaid	2	Medicaid
06	Blue Cross	3	Private Insurance
08, 13, 15	Commercial Insurance; no-fault; self-insured, self-administered plan		
11	Other HMO		
01	Self-pay	4	Self-pay
09	No charge	5	No charge
02	Workers' Compensation	6	Other
12	CHAMPUS/VA		
07, 14	Other government; Corrections (state, county, or city)		
10	Other		
Blank	Primary	.	Missing
Blank, 00	Secondary	.	Missing
Other Values		.A	Invalid

New York			
(Valid from 1988-1991)			
PAY1_X, PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
03	Medicare	1	Medicare
04	Medicaid	2	Medicaid
06	Blue Cross	3	Private

08	Commercial Insurance		Insurance
11	Other HMO		
01	Self-pay	4	Self-pay
09	No charge	5	No charge
02	Workers' Compensation	6	Other
07	Other government; Corrections (state, county, or city)		
10	Other		
Blank	**Primary:**	.	Missing
Blank, 00	**Secondary:**	.	Missing
Other Values		.A	Invalid

North Carolina

North Carolina			
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
E	State Employee Health Plan (Beginning with 2004 data)		
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	State Employee Health Plan (through 2003 data)		
N	NC Division of Health Services		
O	Other		
W	Workers' Compensation		
0, 1, 3, 8, 9, A, F, G, J, K, L, R, T, U, Y, Z,	Documented by source as unknown values	.	Missing

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

Ohio

Ohio			
PAY1_X		**PAY1**	
Value	**Description**	**Value**	**Description**
03	Medicare	1	Medicare
15	Medicare HMO		
04	Medicaid	2	Medicaid
13	Medicaid HMO		
06	Commercial Insurance	3	Private insurance
07	Blue Cross Crossover		
10	Blue Cross Primary		
11	HMO		
12	PPO		
14	Blue Cross HMO		
01	Self Pay	4	Self-pay
16	Bad Debt - beginning with 2003	5	No charge
17	Charity - beginning with 2003		
02	Workers Compensation	6	Other
05	Other Federal		
08	Champus		
09	Other		
18	Hospital Care Assurance Program (HCAP) - beginning with 2003		
00, Blank	Unknown, 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)		
B	Blue Cross/Blue Shield	3	Private Insurance
I	Commercial Insurance		
S	Self-Insured		
H	HMO/Managed Care		
K	Kaiser Permanente		
Y	PPO		
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		
T	Title V		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Oregon			
(Valid from 1995-1997)			
PAY1_X, PAY2_X, and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
M	Medicare	1	Medicare
D, X	Medicaid: HMO/Oregon Health Plan (Medicaid)	2	Medicaid
B	Blue Cross/Blue Shield	3	Private Insurance
I, Y, S	Commercial Insurance; PPO; Self-insured		
H, K	HMO/Managed Care; Kaiser Permanente		
P	Self Pay	4	Self-pay
Z	Medically Indigent/Free/Research	5	No charge
T	Title V	6	Other
W	Workers' Compensation		

C	CHAMPUS		
E, L, N	County of State; Managed Assistance; Division of Health Services		
O	Other		
Blank	Missing	.	Missing
Other Values		.A	Invalid

Oregon			
(Valid from 1993-1994)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
6	Blue Cross	3	Private Insurance
7	Other commercial insurance		
8	Self-pay	4	Self-pay
--		5	No charge
3	Title V	6	Other
5	Workers' Compensation		
4	Other government		
9	Other		
0, blank	Missing	.	Missing
Other Values		.A	Invalid

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 or B - Fee for Service (Beginning in 7/99)	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 (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 (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
39	Blue Cross - Unknown/Not Listed (beginning in 2002)	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 (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 data)	3	Private Insurance
48	Commercial - Automobile	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

Pennsylvania			
(Valid from 1994-1997)			
PAY1_X, PAY2_X and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
10	Medicare - Other	1	Medicare
15	Medicare - HMO/PPO		
20	Medicaid - Other	2	Medicaid
25	Medicaid - HMO/PPO		
30	Blue Cross - Other	3	Private Insurance
35	Blue Cross - HMO/PPO		

36	BC - union health & welfare fund (1994-1997 only)		
38	Blue Cross - United Health & Welfare Fund		
39	Blue Cross - Association		
40	Commercial - Other		
45	Commercial - HMO/PPO		
46	Commercial - Union Health & Welfare Fund		
48	Commercial - Automobile		
49	Commercial - Association		
50	Employer Funded Plans - Other		
55	Employer Funded Plans - HMO/PPO		
56	Employer Funded Plans - Union Health & Welfare Fund		
59	Employer Funded Plans - Association Group		
05	Patient direct bill - HMO/PPO (1994-1997 only)		
00	Patient Direct Bill; Uninsured - Self Pay or Charity/Indigent Care	4	Self-pay
--		5	No charge
47	Commercial - Workers' Compensation	6	Other
57	Employer Funded Plans - Workers' Compensation		
80	Other government - Other/Unknown		
87	Other Government - State Workers Insurance Fund		
88	Other Government - Catastrophic Loss Fund		
90, 99, Blank	Unknown, Not Listed, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Pennsylvania	
(Valid from 1990-1993)	
PAY1_X, PAY2_X	**PAY1 and PAY2**

Value	Description	Value	Description
02	Medicare	1	Medicare
01	Medicaid	2	Medicaid
03	Blue on Blue	3	Private Insurance
04,10, 11, 12	Commercial; Employers; Associations; Auto Insurance		
05	HMO/PPO		
00 (not "0")	Self-pay	4	Self-pay
--		5	No charge
07	Workers' Compensation	6	Other
06, 08, 09	Health and Welfare; CAT fund; Other government programs		
99, blank	Unknown	.	Missing
(includes "0")	Other values	.A	Invalid

Rhode Island

Rhode Island			
(Valid beginning in 2003)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
0	Medicare	1	Medicare
M	Medicare FFS		
1	Medicaid	2	Medicaid
G	Rite Care, Rhode Island's Medicaid managed care program		
H	Neighborhood Health Plan - affiliated with Rite Care		
5	Blue Cross	3	Private Insurance
6	Commercial		
A	HMO		
C	Harvard Pilgrim - managed care		
D	United/Ocean State		
E	Blue Chip, HMO Rhode Island		
F	Other HMO		
I	Tufts Health Plan		

J	US Health Care		
K	Blue Cross, not otherwise specified		
Z	Unknown HMO		
7	Self-pay	4	Self-pay
9	Free care, no charge	5	No charge
B	CHAMPUS	6	Other
2	Title V		
3	Other government		
4	Workers' Compensation		
8	Other		
X,Y, Blank	Insurance error, Missing Info	.	Missing
Any values not documented by the data source		.A	Invalid

Rhode Island			
(Valid through 2002)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
1	Medicare	1	Medicare
2	Medicare managed care		
3	Medicaid fee for service	2	Medicaid
4	Rite Care, Rhode Island's Medicaid managed care program		
5	Medicaid managed care, not otherwise specified		
9	Commercial	3	Private Insurance
6	Blue Cross		
7	Blue Chip, HMO Rhode Island		
8	United		
13	Self-pay	4	Self-pay
14	Free care, no charge	5	No charge
10	CHAMPUS	6	Other
11	Worker's Comp		
12	Other		
99,	Error, Missing	.	Missing

Blank			
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 (including Blue Cross)	3	Private insurance
5	HMO		
6	Self-Pay	4	Self-pay
--		5	No charge
9	Workers' Compensation	6	Other
10	CHAMPUS, CHAMPVA (Prior to 2002)		
12	Other Agency, Charity (i.e. MAIP, Hill Burton, County Government, etc.)		
13	Other (Beginning in 2002)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina			
(Valid from 1998-1999)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
6	Medicare	1	Medicare
7	Medicaid	2	Medicaid
12	Commercial, unspecified	3	Private insurance
13	Commercial, unspecified	3	Private insurance
14	Commercial, unspecified	3	Private insurance
16	HMO	3	Private Insurance

1	Self-pay	4	Self-pay
--		5	No charge
2	State or county indigent program, unspecified	6	Other
3	State or county indigent program, unspecified		
4	State or county indigent program, unspecified		
5	Champus		
8	State or county indigent program, unspecified		
9	Worker's Compensation		
10	State or county indigent program, unspecified		
11	State or county indigent program, unspecified		
15, Blank	Not Stated, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina			
(Valid from 1993-1997)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
02	Medicare	1	Medicare
03	Medicaid	2	Medicaid
04, 16	Blue Cross/Commercial; HMO	3	Private insurance
01	Self-pay	4	Self-pay
--		5	No charge
05, 06, 07	Workers' Comp; Indigent/Charity; Other government	6	Other
08, Blank	Missing	.	Missing
--	Other	.A	Invalid

South Dakota

South Dakota			
(Beginning in 2004)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
1	Medicare (Title 18)	1	Medicare
2	Medicaid (Title 19)	2	Medicaid
06	Commercial Blue Cross	3	Private insurance
7	Commercial (private or group plans)		
8	Self pay	4	Self pay
10	No charge	5	No charge
3	Other State (Including State Papers)	6	Other
4	County		
5	Other Federal Government (e.g Champus, Veterans)		
9	Workers' Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Dakota			
(Valid through 2003)			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
01	Medicare (Title 18)	1	Medicare
11	Medicare managed care		
02	Medicaid (Title 19)	2	Medicaid
12	Medicaid managed care		
06	Blue Cross	3	Private insurance
07	Commercial (private or group plans other than HMO, PPO, ODS)		
13	HMO		
14	PPO		
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	6	Other
04	County		
05	Champus		
09	Workers' Compensation		
15	Indian Health Services		
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		
Q	TennCare Plan: TennCare Select		
R	TennCare Plan: Better Health Plans, Inc.		
V	TennCare Plan: Premier Behavioral Systems of TN		
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	6	Other
C	Federal, Champus (Military)		
E	County or state employee (redefined in 2000)		
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			
(Beginning in 2004)			
PAY1_X, PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
MA	Medicare Part A	1	Medicare
MB	Medicare Part B		
MC	Medicaid	2	Medicaid

12	Preferred Provider Organization (PPO)	3	Private insurance
13	Point of Service (POS)		
14	Exclusive Provider Organization (EPO)		
15	Indemnity Insurance		
16	Health Maintenance Organization (HMO) Medicare Risk		
AM	Automobile Medical		
BL	Blue Cross/Blue Shield		
CI	Commercial Insurance		
HM	Health Maintenance Organization		
LI	Liability		
LM	Liability Medical		
LM	Liability Medical		
09	Self-Pay	4	Self-pay
ZZ	Charity, Indigent, or Unknown (codes 90 and ZZ combined for 2004)	5	No charge
10	Central Certification (Beginning in 2004)	6	Other
11	Other Non-Federal Programs		
CH	CHAMPUS		
TV	Title V		
OF	Other Federal Program		
VA	Veteran Administration Plan		
WC	Workerâ™s Compensation Health Claim		
Blank	Missing	.	Missing
*, Any values not documented by the data source		.A	Invalid

Texas			
(Prior to 2004)			
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

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

Utah

In Utah, hospitals report plan-specific expected payer codes. The data organization that provides the Utah source files to HCUP (the Office of Health Care Statistics, Utah of Department of Health) maps the plan-specific payer codes into grouped payer categories. The data source reports that self-pay/uninsured are not identified very effectively since the original data are mostly based on billing information and they do not have any way to determine whether the payer declined to pay. There is a field for "patient as payer" on the source file, but it is not reliable coded and is only submitted by a small number of hospitals. HCUP receives only the grouped payer code.

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

Utah			
(Valid for 1997)			
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		
06	Managed care (HMO and PPO)		
07	Self pay	4	Self-pay
--		5	No charge
03	Other government	6	Other
08	Industrial and Worker's compensation		
09	Unclassified		
12	Other		
10, 99, Blank	Unknown, Not reported, Missing	.	Missing

Any values not documented by the data source	.A	Invalid

Virginia

Virginia			
PAY1_X		PAY1	
Value	**Description**	**Value**	**Description**
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
31	Medicaid - Out of State	2	Medicaid
3	Anthem/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 (New York Life)	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	.	Missing
Any values not documented by the data source		.A	Invalid

Vermont

Vermont			
(Valid beginning in 2001)			
PAY1_X, PAY2_X, PAY3_X		PAY1	
Value	**Description**	**Value**	**Description**
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
B	Blue Cross	3	Private insurance
H	HMO		
I	Commercial		
P	Self Pay	4	Self-pay
Z	Medically Indigent/Free	5	No charge
E	Other Government Plans	6	Other
C	Champus		
W	Worker's Compensation		
Blank	Missing	.	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

Washington			
(Valid from 1988-1997)			
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)		
610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service) (Beginning in 1994)		
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

610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service) (Prior to 1994)		
625	Other Sponsored Patients (e.g., CHAMPUS, Indian Health)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

West Virginia

West Virginia			
(Valid beginning in 2000)			
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)	3	Private Insurance
8	Commercial		
9	Nonprofit		
10	Employer/Union		
11	Self-pay	4	Self-pay
12	Charity	5	No charge
4	Workers Compensation	6	Other
5	Other Federal Government		
6	Other West Virginia Government		
7	Other States Government		
14	Not elsewhere classified		
13	Unknown	.	Missing
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
For Medicare, Medicaid, and private insurance payers (PAY1/PAY2 = 1, 2, or 3), information on fee for service and HMO payment is available. This information can be extracted from the detailed payment information available in the HCUP variables 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.	
PAYER1_X and PAYER2_X	
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

Wisconsin

Wisconsin			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
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 insurance - Fee for service	3	Private 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
BGR01	Badger Care - Fee for service	6	Other
BGR02	Badger Care - Alternative health care insurance plans (HMO, PPO, PPA, etc.)		
BGR09	Badger Care - type unknown		
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)		

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	.	Missing
bbb00, where b is a blank	Unknown		
Blank	Missing		
Any values not documented by the data source		.A	Invalid
PAYn_X is created by concatenating the source variables PAYID and PAYCAT (i.e. PAY1_X = PAYID || PAYCAT)			

Wisconsin			
(Valid from 1989-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
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.)		
MED09	Medicare - Unable to determine insurance type		
T1901	Wisconsin Medicaid - Fee for	2	Medicaid

	service		
T1902	Wisconsin Medicaid - Alternative health care insurance plans		
T1909	Wisconsin Medicaid - type unknown		
OTH51	Non-Wisconsin 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 insurance - Fee for service	3	Private 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	Blue Cross - type unknown	3	Private

nnn is a 3-digit code			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		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown	.	Missing
bbb00, where b is a blank	Unknown		
Blank	Missing		
Any values not documented by the data source		.A	Invalid

PAY1_N - Expected primary payer, nonuniform

General Notes

PAY1_N (where _N indicates nonuniform) preserves much of the original expected primary payer detail from the various data sources. However, some categories of PAY1_N are not available from some sources because not all sources have the same level of detail available.

The HCUP data element PAY1 contains more general categories for commercial and other payers. PAY1_X retains the expected primary payer as provided by the data source. The data element PAY1_N was discontinued in 1998.

Uniform Values

Variable	Description	Value	Value Description
PAY1_N	Expected primary payer, nonuniform	1	Medicare (mixed)
		2	Medicaid
		3	Blue Cross, Blue Cross PPO
		4	Commercial, PPO (mixed)
		5	Private HMO
		6	Self-pay
		7	No charge
		8	Title V
		9	Worker's Comp
		10	CHAMPUS, CHAMPVA
		11	Other Government
		12	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Arizona's coding of expected primary payer changes across years. For 1989-1994, PAY1_N is missing (.) for all discharges even though PAY1 is coded. This is because Arizona payer codes lacked the detail necessary to map them accurately to the nonuniform PAY1_N codes.

Beginning in 1995, Arizona reported enough detail to assign the nonuniform PAY1_N codes. Unusual pay sources were recoded as follows

Pay Source	Recoded to HCUP uniform value
"Medicare Risk"	Medicare (PAY1_N = 1)
"AHCCCS Health Care Group"	Medicaid (PAY1_N = 2)
MEDEXCEL	CHAMPUS/CHAMPVA (PAY1_N = 10)
"Children's Rehabilitation Services"	Other Government (PAY1_N = 11)
"Indian Health Services"	Other Government (PAY1_N = 11)
"Foreign National"	Other (PAY1_N = 12)

The Arizona category "HMO/Prepaid Health Plans/Blue Cross" was recoded into the HCUP category "Alternative Delivery Systems, HMO" (PAY1_N = 5), but it represents a mix of plans that are usually divided into:

- Blue Cross, Blue Cross PPO (PAY1_N = 3),
- Commercial, PPO (PAY1_N = 4), and
- Alt. delivery systems, HMO (PAY1_N = 5).

Arizona does not separately classify Title V (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

California

HMO Payers

The source reports "Medicare HMO payers" as "Medicare". These payers are included in the HCUP uniform category "Medicare" (PAY1_N = 1).

The source reports "Medi-Cal HMO payers" as "Medi-Cal". These payers are included in the HCUP uniform category "Medicaid" (PAY1_N = 2).

The source reports "Blue Cross/Blue Shield HMO payers" as "Blue Cross/Blue Shield." These payers are included in the HCUP uniform category "Blue Cross/Blue Shield" (PAY1_N = 3).

Title V

Beginning in 1995, the source does not separately classify "Title V" (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

CHAMPUS/CHAMPVA

Prior to 1995, California did not separately classify CHAMPUS/CHAMPVA payers. No documentation was available about which payer type(s) were used for CHAMPUS/CHAMPVA.

Beginning in 1995, the source reports CHAMPUS/CHAMPVA as a separate category. These records are included in the uniform category "CHAMPUS/CHAMPVA" (PAY1_N = 10).

Medically Indigent Services

A pay source of "Medically Indigent Services" is included in the HCUP uniform category "Other Government" (PAY1_N = 11).

Colorado

Colorado redefined payer codes and categories in 1993. Several of the HCUP payer recodes are affected:

HMO/PPO	
1988 - 1992	The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability", no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.
Beginning 1993	The source reports separate categories for HMO/PPO (PAY1_N = 5), Medicare HMO (PAY1_N = 1), Medicaid HMO (PAY1_N = 2), and HMO/PPO service provided by other payers "Other Liability, No Fault Auto, and Home

	Casualty Insurance" (PAY1_N = 4).
CHAMPUS/CHAMPVA	
1988 - 1992	The source does not separately classify CHAMPUS/CHAMPVA. The documentation supplied by the data source does not indicate how these payers are coded.
Beginning 1993	The data source reports CHAMPUS/CHAMPVA as a distinct category (PAY1_N = 10).
Colorado Medically Indigent Program	
1988 - 1992	The source does not separately classify Colorado Medically Indigent Program. The documentation supplied by the data source does not indicate how these payers are reported.
Beginning 1993	The data source reports Colorado Medically Indigent Program as a distinct category, which is recoded to the HCUP category "Other Government" (PAY1_N = 11).
Title V	
1988 - 1992	The source reports a distinct category for Title V (PAY1_N = 8).
Beginning 1993	The source reports Title V as "Other Government" (PAY1_N = 11).

Connecticut

Beginning in 1997, a pay source of "Medicare Managed Care" is included with the usual categories coded under Medicare (PAY1_N = 1).

Florida

Medicare

In addition to the usual categories coded under Medicare (PAY1_N = 1), a pay source of "Medicare HMO" is included.

Medicaid

In addition to the usual categories coded under Medicaid (PAY1_N = 2), a pay source of "Medicaid HMO" is included.

Blue Cross

Florida does not separately classify Blue Cross. Blue Cross payers are categorized under Commercial, PPO (PAY1_N = 4).

Self-pay, Charity, and Underinsured

From 1988-1991, the payers self-pay, charity, and underinsured were categorized under Other (PAY1_N = 12), because Florida did not separately identify them.

From 1992-1996, Florida provided one payer category for "Self-pay, Charity, and Underinsured" which was categorized under the Self pay (PAY1_N = 6).

Beginning in 1997, "Charity" is identified by Florida with a separate source value and is recoded to "No Charge" (PAY1_N = 7). Self-pay and Underinsured continue to be categorized under Self pay (PAY1_N = 6).

Georgia

Georgia reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability", no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.

The source category "Self Insured" is included in the HCUP category "Commercial, PPO" (PAY1_N = 4).

Georgia does not separately classify "Title V" (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

Hawaii

Hawaii does not separately classify:

- Blue Cross (PAY1_N = 3),
- No Charge (PAY1_N = 7),
- Title V (PAY1_N = 8), or
- CHAMPUS, CHAMPVA (PAY1_N = 10).

The source documentation indicates that CHAMPUS is included in Other Government (PAY1_N = 11). No documentation was available about which payer type(s) were used for Blue Cross, No Charge, or Title V.

The HCUP category "Medicaid" (PAY1_N = 2) includes the source codes "Quest" and "SHIP".

The source categories "No Fault", and "HMSA" are included in the HCUP category "Commercial, PPO" (PAY1_N = 4).

Illinois

The source coding of expected payer changes across years.

In 1988-1992, Illinois used individual payer codes. For example, charity admissions are identified by a unique value.

In 1993, Illinois redefined their payer codes into categories. Using the previous example, charity admissions are included under Illinois' payer category of Other and can not be separately identified.

Beginning in 1995, Illinois added a payer identification number that is used with the payer categories to once again distinguish charity and some other types of payers.

Blue Cross	
1988-1992	The source reports this payer separately, and it is recoded to the HCUP non-uniform category "Blue Cross" (PAY1_N = 3).
Beginning 1993	The source reports Blue Cross with all other commercial payers, therefore Blue Cross is included in the HCUP non-uniform category "Commercial" (PAY1_N = 4).
Charity	
1988-1992	The source reports this category separately, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
1993-1994	The source includes Charity in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Charity as a separate category, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
Hill Burton Free Care	
1988-1992	The source reports this category separately, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
1993-1994	The source includes Hill Burton Free Care in the payer type "Other," therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Hill Burton Free Care as a separate category, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).

Worker's Compensation	
1988-1992	During HCUP processing, Worker's Compensation codes had to be matched using two separate files provided by the data source to identify Worker's Compensation payers, however only 81% of Worker's Compensation payers could be matched to codes. As a result, some Worker's Compensation payers may have been assigned to the HCUP payer "Commercial, PPO" (PAY1_N = 4), instead of "Worker's Compensation" (PAY1_N = 9).
Beginning 1993	The source includes Worker's Compensation in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
CHAMPUS/CHAMPVA	
1988-1992	The source reports this payer type separately, and it is recoded to the HCUP non-uniform category "CHAMPUS and CHAMPVA" (PAY1_N = 10).
1993-1994	The source includes CHAMPUS/CHAMPVA in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source identifies CHAMPUS/CHAMPVA as a separate category, and it is recoded to the HCUP non-uniform category "CHAMPUS and CHAMPVA" (PAY1_N = 10).
Black Lung	
1988-1992	The source reports this category separately, and it is recoded to the HCUP non-uniform category "Other government" (PAY1_N = 11).
1993-1994	The source includes Black Lung in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Black Lung as a separate category, and it is recoded to the HCUP non-uniform category "Other Government" (PAY1_N = 11).
Self-Administered Insurance Plans	
All years	The source category "Self-administered insurance plans or self-insured plans" is included

	in the HCUP category "Commercial insurance" (PAY1_N = 4).

Iowa

Iowa data do not separately classify:

- Alternative Delivery System (PAY1_N = 5),
- No Charge (PAY1_N = 7),
- Title V (PAY1_N = 8), or
- CHAMPUS, CHAMPVA (PAY1_N = 10).

The documentation indicates that Alternative Delivery Systems are included in Commercial (PAY1_N = 4). Title V and CHAMPUS, CHAMPVA are included in Other Government (PAY1_N = 11). No documentation was available about which payer type(s) were used for No Charge

Some hospitals assign the same payer source to all discharges. Examination of the data indicates that these sources are either Medicare (PAY1_N = 1), Commercial Insurance (PAY1_N = 4), or both (PAY1_N=1 and PAY1_N = 4).

Kansas

PAY1_N is missing (.) for all discharges even though PAY1 is coded. This is because Kansas payer codes lacked the detail necessary to map them accurately to the nonuniform PAY1_N codes.

Maryland

The HCUP category "Medicare" (PAY1_N = 1) includes the source code "Medicare HMO".

The HCUP category "Medicaid" (PAY1_N = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO".

In addition to the usual categories coded under the HCUP category "Other" (PAY1_N = 12), a pay source of "Donor" is included.

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY1_N = 10). The source documentation available for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA".

Massachusetts

For all years, Massachusetts does not separately classify Title V (PAY1_N = 8) or CHAMPUS/CHAMPVA (PAY1_N = 10). The source documentation available for

Massachusetts did not indicate which payer type(s) were used for Title V or CHAMPUS/CHAMPVA.

Beginning in 1993, quarter 4, Massachusetts reports separate managed care categories:

Source Payer	HCUP Payer	PAY1_N
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2
Blue Cross Managed Care	Blue Cross, Blue Cross PPO	3
Commercial Managed Care	Commercial, PPO	4
Other Non-Managed Care	Other	12

Beginning in 1996, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Commercial, PPO" (PAY1_N = 4). From 1993 to 1995, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Other" (PAY1_N = 12).

Beginning in 1997, the source code "Point of Service" was included in the HCUP uniform category "Alternative Delivery Systems" (PAY1_N = 5).

Missouri

According to the Missouri Hospital Association, some hospitals do not separately classify "Blue Cross/Blue Shield" (PAY1_N = 3), but instead group "Blue Cross/Blue Shield" with "Commercial, PPO" (PAY1_N = 4).

Missouri does not separately classify alternate delivery systems, HMO, PHP, etc. (PAY1_N = 5). According to the documentation, these are included with "Commercial/Private Insurance" which are included in the HCUP category "Commercial, PPO" (PAY1_N = 4).

Missouri does not separately classify CHAMPUS/CHAMPVA payers (PAY1_N = 10). According to the documentation available from the hospital association, CHAMPUS and CHAMPVA are categorized as "Other Government (CHAMPUS)". These are included in the uniform category "Other Government" (PAY1_N = 11).

New Jersey

Unusual pay sources were recoded as follows:

Pay source	Recoded to HCUP uniform value
"No Fault"	Private Insurance, PPO (PAY1_N = 4)
"Personnel Health Plan"	Other (PAY1_N = 12)
"Indigent"	1988 1992: Other (PAY1_N = 11), From 1993: Self Pay (PAY1_N = 6)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY1_N = 11) during HCUP processing of 1988-1992 data.

New York

New York does not separately classify Title V (PAY1_N = 8). The source documentation available for New York does not indicate which payer type(s) were used for Title V.

The source categories "No Fault", "Self Insured", and "Self Administered Plan" are included in the HCUP category "Commercial, PPO" (PAY1_N = 4).

Prior to 1996, the source category "Corrections (State, County or City)" is included in the HCUP category "Other Government" (PAY1_N = 11). Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local". All of these source values were recoded to the HCUP uniform category "Other Government" (PAY1_N = 11).

Beginning in 1993:

- The source separately classifies "Medicare HMO". This is assigned to the HCUP category "Medicare" (PAY1_N = 1).
- The source separately classifies "Medicaid HMO". This is assigned to the HCUP category "Medicaid" (PAY1_N = 2).

Oregon

Prior to 1995, Oregon did not separately classify the HCUP categories:

- "Alternative Delivery System" (PAY1_N = 5),
- "No Charge" (PAY1_N = 7),
- "TITLE V" (PAY1_N = 8), or
- "CHAMPUS, CHAMPVA" (PAY1_N = 10).

The source documentation supplied by Oregon did not indicate which source categories are used for these payers. Starting in 1995, these payers are reported as separate categories.

In 1995, two source categories for payer were added:

- The source category "Self insured" is included in the HCUP category "Commercial insurance" (PAY1_N = 4), and
- The source category "Managed Assistance" is included in the HCUP category "Other Government" (PAY1_N = 11).

Pennsylvania

In all years

Pennsylvania does not separately classify No Charge (PAY1_N = 7) Title V (PAY1_N = 8), and CHAMPUS/CHAMPVA (PAY1_N = 10). The source documentation available for Pennsylvania data does not indicate which code(s) were used for these payers.

Beginning in 1994

Pennsylvania redefined payer codes and categories in 1994. Several of the HCUP payer recodes are affected.

HMO/PPO

1989-1993	The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("commercial", "employers" "associations", and "auto insurance") are included in the source data as HMO/PPO.
Starting in 1994	The source reports separate categories for • Medicare HMO/PPO (PAY1_N = 1), • Medicaid HMO/PPO (PAY1_N = 2), and • HMO/PPO service provided by payers such as "Blue Cross • HMO/PPO," "Patient Direct Bill HMO/PPO," "Commercial • HMO/PPO," and "Employer Direct Bill HMO/PPO" (PAY1_N = 5).

Worker's Compensation

1989-1993	The source reports one distinct category for Worker's Compensation (PAY1_N = 9).
Starting in 1994	The source reports separate categories for: • "Commercial Workers' Compensation"

	• "Employer Direct Bill Worker's Compensation," and • "Other Government State Worker's Insurance". These are recoded to the HCUP category Worker's Compensation (PAY1_N = 9).

Commercial

1989-1993	The source reports distinct categories for: • "Employers" (which includes self-insured employers, union and labor) and • "Associations" (which includes payers such as chambers of commerce and associations of retirees). These are recoded to the HCUP category Commercial, PPO (PAY1_N = 4).
Starting in 1994	The source reports distinct categories for: • "Commercial", • "Commercial Union Health and Welfare Fund", • "Commercial Auto", • "Commercial Association", • "Employer Direct Bill" • "Employer Direct Bill Union Health and Welfare Fund", and • "Employer Direct Bill Association" These are recoded to the HCUP category Commercial, PPO (PAY1_N = 4).

Health and Welfare

1989-1993	The source reports a single category for "Health and Welfare Fund" which is recoded to the HCUP category Other Government (PAY1_N = 11).
Starting in 1994	The source separates "Health and Welfare Fund" into several categories: • "Blue Cross Health and Welfare Fund",

	(PAY1_N = 3) • "Commercial Union Health and Welfare Fund", (PAY1_N = 4) and • "Employer Direct Bill Health and Welfare Fund", (PAY1_N = 4).

South Carolina

PAY1_N is missing (.) for all discharges even though PAY1 is coded. South Carolina payer codes lacked the detail necessary to map them accurately to the nonuniform PAY1_N codes.

Tennessee

Tennessee reports HMO and managed care separately for commercial, Medicare, and Medicaid payers:

- The uniform category "Medicare" (PAY1_N = 1) includes the source payer "Medicare Managed Care".
- The uniform category "Medicaid" (PAY1_N = 2) includes the source payer "TennCare".
- The uniform category "HMO, PHP, etc." (PAY1_N = 5) includes the source payer "HMO/Managed Care".

Title V

Tennessee does not separately classify Title V (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

Other Government

The source categories "Managed Assistance", "County or State Employee", and "Division of Health Services (Vocational Rehabilitation)" are included in the HCUP category "Other Government" (PAY1_N = 11).

Utah

Utah does not separately classify:

- No Charge (PAY1_N = 7),
- Title V (PAY1_N = 8), or
- CHAMPUS, CHAMPVA (PAY1_N = 10).

The source documentation indicates that No Charge is included in Other (PAY1_N = 12). No documentation was available about which payer type(s) were used for Title V or CHAMPUS.

Washington

Washington does not separately classify CHAMPUS and CHAMPVA payers (PAY1_N = 10). According to the documentation available from the state, CHAMPUS and CHAMPVA are categorized as "other sponsored patients", which are included in the HCUP category "Other" (PAY1_N = 12).

Washington does not separately classify Blue Cross payers (PAY1_N = 3). The source category "Health Care Service Contractors" includes a mix of Blue Cross, County Medical Bureaus, Washington Physicians Service, and other commercial payers. This source value was recoded into the non-uniform category "Other" (PAY1_N = 12).

Wisconsin

Wisconsin does not separately classify:

- No Charge (PAY1_N = 7), or
- Title V (PAY1_N = 8).

No documentation was available about which payer type(s) were used for Title V and No charge.

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 variable PAY1 is available under the note for expected primary payer PAY1.

PAY1_X is included in the NIS beginning in 1998.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
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

Variable	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_N - Expected secondary payer, nonuniform

General Notes

PAY2_N (where _N indicates nonuniform) preserves much of the original expected secondary payer detail from the various data sources. However, some categories of PAY2_N are not available from some sources because not all sources have the same level of detail available. The data element PAY2_N was discontinued in 1998.

The HCUP data element PAY2_X retains the expected secondary payer as provided by the data source.

In the 1988-1997 HCUP databases, the secondary pay source (PAY2_N) was set to inconsistent (.C) if the primary pay source and the secondary pay source are the same and the source is one of the following:

- Medicare (ED951),
- Medicaid (ED951),
- CHAMPUS (ED952),
- Worker's Compensation (ED952), and
- Title V (ED952).

No edit checks were performed on the payer data elements beginning in the 1998 databases.

Uniform Values

Variable	Description	Value	Value Description
PAY2_N	Expected secondary payer, nonuniform	1	Medicare (mixed)
		2	Medicaid
		3	Blue Cross, Blue Cross PPO
		4	Commercial, PPO (mixed)
		5	Private HMO
		6	Self-pay
		7	No charge
		8	Title V
		9	Worker's Comp
		10	CHAMPUS, CHAMPVA
		11	Other Government

		12	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: in 1998-1997 data, ED951, ED952

State Specific Notes

Connecticut

Beginning in 1997, a pay source of "Medicare Managed Care" is included with the usual categories coded under Medicare (PAY2_N = 1).

Illinois

The source coding of expected payer changes across years.

In 1988-1992, Illinois used individual payer codes. For example, charity admissions are identified by a unique value.

In 1993, Illinois redefined their payer codes into categories. Using the previous example, charity admissions are included under Illinois payer category of Other and can not be separately identified.

Beginning in 1995, Illinois added a payer identification number that is used with the payer categories to once again distinguish charity and some other types of payers.

Blue Cross

Blue Cross	
1988-1992	The source reports this payer separately, and it is recoded to the HCUP non-uniform category "Blue Cross" (PAY1_N = 3).
Beginning 1993	The source reports Blue Cross with all other commercial payers, therefore Blue Cross is included in the HCUP non-uniform category "Commercial" (PAY1_N = 4).
Charity	
1988-	The source reports this category separately, and

1992	it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
1993-1994	The source includes Charity in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Charity as a separate category, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
Hill Burton Free Care	
1988-1992	The source reports this category separately, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
1993-1994	The source includes Hill Burton Free Care in the payer type "Other," therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Hill Burton Free Care as a separate category, and it is recoded to the HCUP non-uniform category "No Charge" (PAY1_N = 7).
Worker's Compensation	
1988-1992	During HCUP processing, Worker's Compensation codes had to be matched using two separate files provided by the data source to identify Worker's Compensation payers, however only 81% of Worker's Compensation payers could be matched to codes. As a result, some Worker's Compensation payers may have been assigned to the HCUP payer "Commercial, PPO" (PAY1_N = 4), instead of "Worker's Compensation" (PAY1_N = 9).
Beginning 1993	The source includes Worker's Compensation in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
CHAMPUS/CHAMPVA	
1988-1992	The source reports this payer type separately, and it is recoded to the HCUP non-uniform category "CHAMPUS and CHAMPVA" (PAY1_N = 10).
1993-1994	The source includes CHAMPUS/CHAMPVA in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other"

	(PAY1_N = 12).
Beginning 1995	The source identifies CHAMPUS/CHAMPVA as a separate category, and it is recoded to the HCUP non-uniform category "CHAMPUS and CHAMPVA" (PAY1_N = 10).
Black Lung	
1988-1992	The source reports this category separately, and it is recoded to the HCUP non-uniform category "Other government" (PAY1_N = 11).
1993-1994	The source includes Black Lung in the payer type "Other", therefore it is included in the HCUP non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Black Lung as a separate category, and it is recoded to the HCUP non-uniform category "Other Government" (PAY1_N = 11).
Self-Administered Insurance Plans	
All years	The source category "Self-administered insurance plans or self-insured plans" is included in the HCUP category "Commercial insurance" (PAY1_N = 4).

Kansas

PAY2_N is missing (.) for all discharges even though PAY2 is coded. This is because Kansas payer codes lacked the detail necessary to map them accurately to the nonuniform PAY2_N codes.

Maryland

The HCUP category "Medicare" (PAY2_N = 1) includes the source code "Medicare HMO."

The HCUP category "Medicaid" (PAY2_N = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO."

In addition to the usual categories coded under the HCUP category "Other" (PAY2_N = 12), a pay source of "Donor" is included.

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY2_N = 10). The source documentation available for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA."

Massachusetts

For all years:

- Massachusetts does not separately classify Title V (PAY2_N = 8) or CHAMPUS/CHAMPVA (PAY2_N = 10). The source documentation available for Massachusetts did not indicate which payer type(s) were used for Title V or CHAMPUS/CHAMPVA.
- The source payer codes for "Other or principal source covered payment in full" were included in the HCUP category "Other" (PAY2_N = 12).

Beginning in 1993, quarter 4, Massachusetts reports separate managed care categories:

Source Payer	HCUP Payer	PAY2_N
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2
Blue Cross Managed Care	Blue Cross, Blue Cross PPO	3
Commercial Managed Care	Commercial, PPO	4
Other Non-Managed Care	Other	12

Beginning in 1996, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Commercial, PPO" (PAY2_N = 4). From 1993 to 1995, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Other" (PAY2_N = 12).

Beginning in the 4th quarter of 1997, the source code "Point of Service" was included in the HCUP uniform category "Alternative Delivery Systems" (PAY2_N = 5).

Missouri

According to the Missouri Hospital Association, some hospitals do not separately classify "Blue Cross/Blue Shield" (PAY2_N = 3), but instead group "Blue Cross/Blue Shield" with "Commercial, PPO" (PAY2_N = 4).

Missouri does not separately classify alternate delivery systems, HMO, PHP, etc. (PAY2_N = 5). According to the documentation, these are included with "Commercial/Private Insurance" which are included in the HCUP category "Commercial, PPO" (PAY2_N = 4).

Missouri does not separately classify CHAMPUS/CHAMPVA payers (PAY2_N = 10). According to the documentation available from the hospital association, CHAMPUS and CHAMPVA are categorized as "Other Government (CHAMPUS)." These are included in the uniform category "Other Government" (PAY2_N = 11).

New Jersey

Unusual pay sources were recoded as follows:

Pay Source	Recoded to HCUP uniform value
"No Fault"	Private Insurance, PPO (PAY2_N = 4)
"Personnel Health Plan"	Other (PAY2_N = 12)
"Indigent"	1988 1992: Other (PAY2_N = 11), From 1993: Self Pay (PAY2_N = 6)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY2_N = 11) during HCUP processing of 1988 1992 data.

New York

New York does not separately classify Title V (PAY2_N = 8). The source documentation available for New York does not indicate which payer type(s) were used for Title V.

The source categories "No Fault," "Self Insured," and "Self Administered Plan" are included in the HCUP category "Commercial, PPO" (PAY2_N = 4).

Prior to 1996, the source category "Corrections (State, County or City)" is included in the HCUP category "Other Government" (PAY2_N = 11). Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local." All of these source values were recoded to the HCUP uniform category "Other Government" (PAY2_N = 11).

Beginning in 1993:

- The source separately classifies "Medicare HMO." This is assigned to the HCUP category "Medicare" (PAY2_N = 1).
- The source separately classifies "Medicaid HMO." This is assigned to the HCUP category "Medicaid" (PAY2_N = 2).

Oregon

Prior to 1995, Oregon did not separately classify the HCUP categories:

- "Alternative Delivery System" (PAY2_N = 5),

- "No Charge" (PAY2_N = 7),
- "TITLE V" (PAY2_N = 8), or
- "CHAMPUS, CHAMPVA" (PAY2_N = 10).

The source documentation supplied by Oregon did not indicate which source categories are used for these payers. Starting in 1995, these payers are reported as separate categories.

In 1995, two source categories for payer were added:

- the source category "Self insured" is included in the HCUP category "Commercial insurance" (PAY2_N = 4), and
- The source category "Managed Assistance" is included in the HCUP category "Other Government" (PAY2_N = 11).

Pennsylvania

Beginning in 1995, Pennsylvania supplied an expected secondary and tertiary payer in addition to the expected primary payer.

Pennsylvania does not separately classify No Charge (PAY2_N = 7) Title V (PAY2_N = 8), and CHAMPUS/CHAMPVA (PAY2_N = 10). The source documentation available for Pennsylvania data does not indicate which code(s) were used for these payers.

<u>HMO/PPO</u>

The source reports separate categories for

- Medicare HMO/PPO (PAY2_N = 1),
- Medicaid HMO/PPO (PAY2_N = 2), and
- HMO/PPO service provided by payers such as "Blue Cross HMO/PPO," "Patient Direct Bill HMO/PPO," "Commercial HMO/PPO," and "Employer Direct Bill HMO/PPO" (PAY2_N = 5).

<u>Worker's Compensation</u>

The source reports separate categories for

- "Commercial Worker's Compensation,"
- "Employer Direct Bill Worker's Compensation," and
- "Other Government State Worker's Insurance."

These are recoded to the HCUP category Worker's Compensation (PAY2_N = 9).

<u>Commercial</u>

The source reports distinct categories for

- "Commercial,"
- "Commercial Union Health and Welfare Fund,"
- "Commercial Auto,"
- "Commercial Association,"
- "Employer Direct Bill,"
- "Employer Direct Bill Union Health and Welfare Fund," and
- "Employer Direct Bill Association."

These are recoded to the HCUP category Commercial, PPO (PAY2_N = 4).

Health and Welfare

The source separates "Health and Welfare Fund" into several categories:

- "Blue Cross Health and Welfare Fund," (PAY2_N = 3)
- "Commercial Union Health and Welfare Fund," (PAY2_N = 4) and
- "Employer Direct Bill Health and Welfare Fund" (PAY2_N = 4).

South Carolina

PAY2_N is missing (.) for all discharges even though PAY2 is coded. South Carolina payer codes lacked the detail necessary to map them accurately to the nonuniform PAY2_N codes.

Tennessee

Tennessee reports HMO and managed care separately for commercial, Medicare, and Medicaid payers:

- The uniform category "Medicare" (PAY2_N = 1) includes the source payer "Medicare Managed Care."
- The uniform category "Medicaid" (PAY2_N = 2) includes the source payer "TennCare."
- The uniform category "HMO, PHP, etc." (PAY2_N = 5) includes the source payer "HMO/Managed Care."

Title V

Tennessee does not separately classify Title V (PAY2_N = 8). No documentation was available about which payer type(s) were used for Title V.

Other Government

The source categories "Managed Assistance," "County or State Employee," and "Division of Health Services (Vocational Rehabilitation)" are included in the HCUP category "Other Government" (PAY2_N = 11).

Utah

Utah does not separately classify:

- No Charge (PAY2_N = 7),
- Title V (PAY2_N = 8), or
- CHAMPUS, CHAMPVA (PAY2_N = 10).

The source documentation indicates that No Charge is included in Other (PAY2_N = 12). No documentation was available about which payer type(s) were used for Title V or CHAMPUS.

Washington

Washington does not separately classify CHAMPUS and CHAMPVA payers (PAY2_N = 10). According to the documentation available from the state, CHAMPUS and CHAMPVA are categorized as "other sponsored patients," which are included in the HCUP category "Other" (PAY2_N = 12).

Washington does not separately classify Blue Cross payers (PAY2_N= 3). The source category "Health Care Service Contractors" includes a mix of Blue Cross, County Medical Bureaus, Washington Physicians Service, and other commercial payers. This source value was recoded into the non-uniform category "Other" (PAY2_N = 12).

Wisconsin

Wisconsin does not separately classify:

- No Charge (PAY2_N = 7), or
- Title V (PAY2_N = 8).

No documentation was available about which payer type(s) were used for Title V and No charge.

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).

PAY2_X is included in the NIS beginning in 1998.

Uniform Values

Variable	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.

PCCHPRn - Clinical Classifications Software: procedure classification

General Notes

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 231 procedure categories. This system is based on ICD-9-CM codes. All procedure codes are classified.

PCCHPRn is coded as follows:

- PCCHPRn ranges from 1 to 231 if the procedure code (PRn) is valid by the HCUP criteria, which allows a six-month window (three months before and three 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.
- PCCHPRn is missing (.), if there is no procedure code (PRn = " ").
- PCCHPRn is set to invalid (.A), if the procedure code (PRn) is invalid (PRVn = 1).
- PCCHPRn is retained (values 1-231) when a valid procedure is flagged as inconsistent with age or sex (PRVn = .C). For best results, use PCCHPRn only when the procedure is valid and consistent (PRVn = 0).

Beginning in the 1998 data, this data element is called PRCCSn.

Labels

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

Formats

Formats for CCS, formerly known as CCHPR, categories are provided 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. These formats are also provided in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PCCHPRn	Clinical Classifications Software: procedure classification	1 - 231	CCS procedure class
		.	No procedure code
		.A	Invalid procedure code

State Specific Notes
None

PL_UR_CAT4 - Patient Location: Urban-Rural 4 Categories

General Notes

PL_UR_CAT4 is a four category urban-rural designation for the patient's county of residence. The categorization is a simplified adaptation of the 2003 version of the Urban Influence Codes (UIC). The 12 categories of the UIC are combined into four broader categories that differentiate between large and small metropolitan, micropolitan, and a non-urban residual as follows:

PL_UR_CAT4			
2003 UIC Value			
Value	**Description**	**Value**	**Description**
1	Large metropolitan areas with at least 1 million residents	1	Metro - Large metro area of 1 million residents or more
2	Small metropolitan areas with less than 1 million residents	2	Metro - Small metro area of less than 1 million residents
3	Micropolitan areas	3	Non-Metro - Micropolitan adjacent to large metro
3	Micropolitan areas	5	Non-Metro - Micropolitan adjacent to small metro
3	Micropolitan areas	8	Non-Metro - Micropolitan not adjacent to a metro area
4	Non-urban	4	Non-Metro - Noncore adjacent to large metro
4	Non-urban	6	Non-Metro - Noncore adjacent to small metro with own town
4	Non-urban	7	Non-Metro - Noncore adjacent to small metro no own town
4	Non-urban	9	Non-Metro - Noncore adjacent to micro with own town
4	Non-urban	10	Non-Metro - Noncore adjacent to micro with no own town
4	Non-urban	11	Non-Metro - Noncore not

			adjacent to metro or micro with own town
4	Non-urban	12	Non-Metro - Noncore not adjacent to metro or micro with no own town

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PL_UR_CAT4	Patient Location: Urban-Rural 4 Categories	1	Large metropolitan areas with at least 1 million residents
		2	Small metropolitan areas with less than 1 million residents
		3	Micropolitan areas
		4	Non-urban
		.	Missing

State Specific Notes

None

PRn - Procedure

General Notes

In the HCUP inpatient databases, the first listed procedure (PR1) is usually the principal procedure. In the HCUP outpatient databases, the first listed procedure (PR1) may not be the principal procedure; it may just be the first listed procedure on the record.

The original value of the ICD-9-CM first listed 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 first listed 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). Prior to 1998 data, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a six month window (three months before and three 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 prior to 1998 data) and the patient's age (EAGE05 beginning in the 1998 data and ED5nn prior to 1998 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.

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

- Prior to 1998 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:

	Invalid Procedure	**Inconsistent Code**
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).

The maximum number of procedures reported varies by state. HCUP retains all procedure fields provided by the data source.

Number of Procedures Provided by the Data Source							
State	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**
Arkansas	n/a	n/a	n/a	n/a	n/a	n/a	6
Arizona	6	6	6	6	6	6	6
California	21	21	21	21	21	21	21
Colorado	15	15	15	15	15	15	15
Connecticut	30	30	30	30	30	30	30
Florida	10	10	10	10	6	10	10
Georgia	6	6	6	6	6	6	6
Hawaii	10	10	10	10	10	15	20
Illinois	6	6	6	6	6	6	6
Indiana	n/a	n/a	n/a	n/a	n/a	15	15
Iowa	6	6	6	6	6	6	6
Kansas	25	25	25	25	25	25	25
Kentucky	n/a	n/a	6	6	6	6	6
Maine	n/a	10	6	6	6	6	
Maryland	15	15	15	15	15	15	15
Massachusetts	10	15	15	15	15	15	15
Michigan	n/a	30	30	30	30	30	30
Minnesota	n/a	n/a	n/a	6	6	6	6

Missouri	25	25	25	25	25	25	25
Nebraska	n/a	n/a	n/a	6	6	6	6
Nevada	n/a	n/a	n/a	n/a	6	9	9
New Hampshire	n/a	n/a	n/a	n/a	n/a	6	6
New Jersey	8	8	8	8	8	8	8
New York	15	15	15	15	15	15	15
North Carolina	n/a	n/a	10	11	6	6	6
Ohio	n/a	n/a	n/a	n/a	9	9	9
Oregon	6	6	6	6	6	6	6
Pennsylvania	6	6	6	6	6	6	
Rhode Island	n/a	n/a	n/a	11	11	11	11
South Carolina	10	10	10	10	10	10	10
South Dakota	n/a	n/a	n/a	n/a	6	6	6
Tennessee	6	6	6	6	6	6	6
Texas	n/a	n/a	6	6	6	6	25
Utah	6	6	6	6	6	6	6
Vermont	n/a	n/a	n/a	20	10	20	20
Virginia	n/a	6	6	6	6	6	6
Washington	6	6	6	6	6	6	6
West Virginia	n/a	n/a	6	6	6	6	6
Wisconsin	6	6	6	6	6	6	6

Since NPR can be greater than the number of procedures available on the inpatient record, caution needs to be taken when using NPR to loop through the procedures. A counter for the loop should not extend past 15. Programming code such as the following example SAS statement is needed to take this into account:

```
DO I = 1 to MIN (15, NPR); Followed by code to process all procedures.
END;
```

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
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:

- 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.

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.

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:

Procedure	Year
997I	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.

Massachusetts

CPT-4 and ICD-9-CM procedure codes were mixed together in the source supplied array of procedures. The CPT-4 procedures were moved into the HCUP array for CPT-4 codes (CPTn) and the ICD-9-CM procedures were packed into the HCUP array for ICD-9-CM codes (PRn). The first listed procedure was retained in the first position and all subsequent procedures were packed so there are no empty spots after the second position of the array (i.e., CPT2 or PR2).

Nebraska

Nebraska supplied procedure codes in a field of length 7. 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).

New Jersey

In 1993 only. Due to an error in HCUP processing, the invalid three-digit code was saved in PRn instead of the invalid four-digit code.

** *In 1993 only.* An error in HCUP processing caused invalid four-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digit created a valid code, then

- PRn was set to the stripped valid code,
- PRVn was set 0 to indicate a valid code,
- PCCHPR was set based on the stripped valid code, and
- DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED2nn, and ED5nn may have been incorrectly assigned based on the stripped valid code.

Nevada

Nevada supplied procedure codes in a field of length 10. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

Ohio

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

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.

<u>Handling CPT and HCPCS Codes in 1995-1996</u>

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 variables and validated. Results from the validation are indicated by the PRVn variables. 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 variables and validated. Results from the validation are indicated by the PRVn variables. 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 variable.

<u>Handling Suspected CPT and HCPCS Codes in 1997</u>

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.

Pennsylvania

From 1995-1996, the number of discharges for which the procedure coding system indicated that the procedures were CPT or HCPCS (PRSYS = 2 or 3) follows:

- NIS, Release 4 (1995 data) has no records.
- NIS, Release 5 (1996 data) has 1,711 records.

Rhode Island

Rhode Island 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.

South Carolina

In the 2004 outpatient data from South Carolina, there were a number of records with X-filled values in the list of procedures. This data source attempted to translate any CPT procedure codes into ICD-9-CM procedure codes. If this was not possible, the data source masked the CPT code with Xâ™s. During HCUP data processing, the X-filled values were discarded, and the procedure array was packed to eliminate the blank entries.

Also in 2004, we suspect that some South Carolina hospitals truncated their CPT codes to four digits instead of masking them with Xâ™s. The following hospitals have a large number of invalid ICD-9-CM procedure codes: DSHOSPID 045, 090, 1405, 370, 420, 565, 670. The invalid ICD-9-CM procedure codes look suspiciously like truncated CPT codes. It is also possible that some of the truncated CPT procedure codes were not identified because the 4-digit value was a valid ICD-9-CM code.

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.

South Dakota

South Dakota supplied procedure codes in a field of length 9. Only the first four characters contained in the left-justified source field were used to assign the HCUP 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 variables (PRn) are length 4, the last digit of the CPT and HCPCS code is excluded.

Vermont

Vermont 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.

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.

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.

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.

PRCCSn - Clinical Classifications Software (CCS): procedure classification

General Notes

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.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRCCSn	Clinical Classifications Software (CCS): procedure classification	1 - 231	CCS procedure class
		.	No procedure code
		.A	Invalid procedure code: beginning with 1998 data, EPR02
		.C	Inconsistent: beginning with 1998 data, EAGE05, EPR03

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.

PRDAY1 is present on the NIS from 1988 onward; secondary procedures (PRDAY2-15) are present on the NIS beginning in 1998.

Uniform Values			
Variable	**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

State Specific Notes

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.

Arkansas

Only the calculated day of procedure could be used to assign PRDAYn because Arkansas did not supply procedure day.

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.

Indiana

Only the calculated day of procedure could be used to assign PRDAYn because Indiana did not supply this information.

Maine

Only the calculated day of procedure could be used to assign PRDAYn because Maine did not supply procedure days.

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.

Minnesota

Only the calculated day of procedure could be used to assign PRDAYn because Minnesota did not supply day of procedure.

Nebraska

Only the calculated day of procedure could be used to assign PRDAYn because Nebraska did not supply day of procedure.

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.

North Carolina

Only the reported day of procedure could be used to assign PRDAYn because North Carolina did not supply procedure dates.

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.

Rhode Island

Only the calculated day of procedure could be used to assign PRDAYn because Rhode Island did not supply day of procedure.

South Carolina

Only the calculated day of procedure could be used to assign PRDAYn because South Carolina did not supply the day of procedure.

South Dakota

Only the calculated day of procedure could be used to assign PRDAYn because South Dakota did not supply 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

PROCESS - HCUP processing identification record number

General Notes

The HCUP processing number (PROCESS) is coded YYSSnnnnnnn, where:

- YY = discharge year,
- SS = state FIPS code, and
- nnnnnnn = a 7-digit sequence number.

PROCESS is assigned to each discharge record in the earliest stage of HCUP processing, so that it can be used to track records throughout production. PROCESS is kept on the HCUP files to facilitate the tracking of specific discharges back to the original raw data, should that be necessary. The data element PROCESS was discontinued in 1998.

Uniform Values

Variable	Description	Value	Value Description
PROCESS	HCUP processing identification record number	11(n)	Processing Number

State Specific Notes

None

PRSYS - Procedure coding system

General Notes

PRSYS indicates the coding system for the procedures:

- Almost all HCUP inpatient stays use ICD-9-CM procedure codes (PRSYS = 1)
- If Physicians' Current Procedural Terminology (CPT) or HCFA Common Procedure Coding System (HCPCS) procedure codes are indicated (PRSYS = 2 or 3), then the procedure codes 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 (PRn) are 4 characters in length.
- If the procedure coding system was not specified by the data source, then PRSYS is missing (PRSYS =l .)

The data element PRSYS was discontinued in 1998.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRSYS	Procedure coding system	1	ICD-9-CM
		2	CPT-4
		3	HCPCS/CPT-4
		.	Missing
		.A	Invalid

State Specific Notes

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 (PRSYS = 1).
- From 1995-1996, Pennsylvania supplied a mixture of ICD-9-CM, CPT and HCPCS codes. PRSYS which identifies the procedure coding system was assigned based on the value reported by the data source (PRSYS = 1, 2, or 3).

- In 1997, Pennsylvania source documentation indicated that all procedure codes were ICD-9-CM codes (PRSYS = 1).. Any procedure codes that were suspected of being CPT or HCPCS codes were masked during HCUP processing.
- Beginning in 1998, Pennsylvania supplied only ICD-9-CM procedure codes.

See the Pennsylvania note on procedures (PRn) for more specific details.

Pennsylvania

Prior to 1995, CPT and HCPCS procedure codes were not included in the Pennsylvania data.

From 1995-1996, the number of discharges for which the procedure coding system indicated that the procedures were CPT or HCPCS (PRSYS = 2 or 3) follows:

- NIS, Release 4 (1995 data) has no records.
- NIS, Release 5 (1996 data) has 1,711 records.

In 1997, CPT and HCPCS procedure codes do not occur in the data supplied by Pennsylvania.

PRVn - Validity Flag: Procedure n

General Notes

PRVn are validity flags that identify invalid or inconsistent ICD-9-CM procedures in the data elements PRn. There is one validity flag for each procedure, i.e., PRV1 is the validity flag for PR1.

The following are acceptable values for PRVn:

0	Indicates a valid and consistent procedure code.
1	Indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.
.	Indicates a missing (blank) procedure code.
.C	Indicates that the code is inconsistent with sex of the patient (ED2nn) or the patient's age (ED5nn).

This data element was discontinued in 1998. Information on the validity of a procedure code is retained within the data element PRn.

Uniform Values

Variable	Description	Value	Value Description
PRVn	Validity Flag: Procedure n	0	Valid code
		1	Invalid code
		.	No procedure code
		.C	Inconsistent: in 1988-1997 data, ED2nn, ED5nn

State Specific Notes

None

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 (RACE_X) and ethnicity (HISPANIC_X).

States providing race/ethnicity information are listed in the "State Specific Notes" section below. RACE_X and HISPANIC_X are not available on the HCUP Nationwide Inpatient Sample (NIS).

Uniform Values

Variable	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			
(Beginning July 2003)			
RACE_X		RACE	
Value	Description	Value	Description
5	White	1	White
3	Black or African American	2	Black
4	Hispanic or Latino	3	Hispanic
2	Asian	4	Asian or Pacific Islander
6	Hawaiian Native or Other Pacific Islander		
1	American Indian or Alaska Native	5	Native American
7	Other (Use if patient not described above)	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.			

Arizona			
(Valid through June 2003)			
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.		

Arkansas

Arkansas			
(Beginning July 2003)			
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 Alaska Native	5	Native American
5	Other	6	Other
0, 6, Blank	Unknown, Missiing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Spanish/Hispanic origin	
2		Non-Spanish/Non-Hispanic	
0, 6, 9, Blank		Unknown, undefined, missing	

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	
Information on ethnicity was provided by California and used to code RACE beginning in 1995. The variable HISPANIC_X was retained on the HCUP databases beginning in 1998. There are a small number of discharges with undocumented values in HISPANIC_X that are not considered valid by the data source.			

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
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

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		
9, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Spanish/Hispanic origin	
2		Non-Spanish/Non-Hispanic	

Florida

Florida			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
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.

Hawaii			
RACE_X		RACE	
Value	Description	Value	Description
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 native	5	Native American
--		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.			

Indiana

Indiana			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	Black	2	Black
--		3	Hispanic
--		4	Asian or Pacific Islander
--		5	Native American
4	Other	6	Other
3	Minority		
0, 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.			

Kansas

Kansas	
Valid beginning in 2003	
RACE_X	**RACE**

Value	Description	Value	Description
1	White	1	White
2	Black or African American	2	Black
	If HISPANIC_X = 1	3	Hispanic
4	Asian	4	Asian or Pacific Islander
5	Native Hawaiian/Pacific Islander		
3	American Indian/Alaska Native	5	Native American
6	Other	6	Other
7	Multi-Racial (2 or more races)		
Blank, 9, 0	Missing, Unknown or patient refused	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic or Latino	
2		Neither Hispanic nor Latino	
0, blank		Unknown	

Kansas			
Valid through 2002			
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		.A	Invalid

source		
Separate information on ethnicity is not provided. HISPANIC_X is not available.		

Maryland

Beginning in 1993, Maryland reported Hispanic ethnicity as a separate variable. 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 variable 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.

Maryland			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
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
HISPANIC_X			
1		Spanish/Hispanic origin	
2		Not of Spanish/Hispanic origin	
9		Unknown	

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.			

Massachusetts			
(Valid prior to October 1999)			
RACE_X		RACE	
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.			

Michigan

Michigan			
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
0, Blank	Missing, invalid or unrecorded	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic origin	
2		Other	
3		Arabic	
0		Unknown or not stated	

Missouri

Missouri			
(Valid beginning in 2003)			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
4	Asian	4	Asian or Pacific Islander
5	Native Hawaiian/Pacific Islander		
3	American Indian/Alaskan Native	5	Native American
6	Other	6	Other
7	Multi-racial		
9	Unknown	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic or Latino	
2		Neither Hispanic nor Latino	

9	Unknown

Missouri			
(Valid through 2002)			
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
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.			

Nebraska

Nebraska			
RACE_X		RACE	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
3	Hispanic		
4	Asian or Pacific Islander	4	Asian or Pacific Islander
5	American Indian or Alaska Native	5	Native American
6	Other	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			

1	Spanish/Hispanic origin
2	Non-Spanish/Non-Hispanic
9	Unknown

New Hampshire

New Hampshire			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
1	White, non-Hispanic	1	White
2	Black, non-Hispanic	2	Black
5	Hispanic	3	Hispanic
3	Asian/Pacific Islander	4	Asian or Pacific Islander
4	American Indian	5	Native American
6	Multiracial	6	Other
7	Other		
X, 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.			

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,	5	Native American

	Aleut)		
0	Other races	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
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	
Beginning in 1993. New Jersey reported Hispanic ethnicity as a separate variable. 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. *Prior to 1993.* 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).			

New York

New York			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
01	White	1	White
02	African American (Black)	2	Black
If HISPANIC_X = 1		3	Hispanic
04	Asian	4	Asian or Pacific Islander
04	Asian	05	Native Hawaiian or Other Pacific Islander
03	Native American (American Indian, Eskimo, Aleut)	5	Native American
88	Other	6	Other
99,	Missing	.	Missing

Blank			
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1	Spanish/Hispanic origin	1	Spanish/Hispanic origin
2	Not of Spanish/Hispanic origin	2	Non-Spanish/Non-Hispanic
9, Blank	Missing	9	Unknown

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.			

Pennsylvania

Pennsylvania			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
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
HISPANIC_X			
1		Hispanic/Latino origin or descent	
2		Not of Hispanic/Latino origin or descent	

Rhode Island

Rhode Island			
(Valid beginning 4/1/03)			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
A	White	1	White
B	Black	2	Black
	If HISPANIC_X=1	3	Hispanic
C	Asian	4	Asian or Pacific Islander
E	Hawaiian/Pacific Islander		
D	Native American	5	Native American
F	White/Black	6	Other
G	White/Asian		
H	White/American Indian or Alaska Native		
I	White/Native Hawaiian or Other Pacific Islander		
J	Black/Asian		
K	Black/American Indian or Alaska Native		
L	Black/Native Hawaiian or Other Pacific Islander		
M	Asian/American Indian or Alaska Native		
N	American Indian or Alaska Native/Native Hawaiian or Other Pacific Islander		
O	Asian/Native Hawaiian or Other Pacific Islander		
P	All Others		
Blank,	Missing, Not provided	.	Missing

Q			
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic	
2		Not Hispanic	
3		Not Reported	

Rhode Island			
(Valid beginning 1/1/03-3/31/03)			
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
Blank, 9	Missing, Unknown	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Rhode Island			
(Valid through 2002)			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
4	White, not Hispanic	1	White
3	Black, not Hispanic	2	Black
7	White Hispanic	3	Hispanic
8	Black Hispanic		
2	Asian	4	Asian or Pacific Islander
1	Native American	5	Native American

5	Other	6	Other
Blank, 6	Missing, Unknown	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

South Carolina

South Carolina			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	African American	2	Black
6	Hispanic	3	Hispanic
3	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.			

South Dakota

South Dakota			
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 Native	5	Native American
9	Other or Unknown	6	Other
Blank	Missing	.	Missing
Any values not documented by the data		.A	Invalid

source		
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 source		.A	Invalid
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		.A	Invalid

data source		
HISPANIC_X		
1	Hispanic origin	
2	Not of Hispanic origin	
*	Invalid	

Utah

Utah			
(Beginning in 2003)			
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
HISPANIC_X			
1		Spanish/Hispanic origin	
2		Non-Spanish/Non-Hispanic	
In 2003, Utah changed their race coding from White, Non-White, White-Hispanic, and Non-White-Hispanic to the more common White, Black, Hispanic, Asian, Native American, and Other. This caused the number of reported Hispanics to decrease.			

Utah			
(Prior to 2003)			
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 origin	6	Other
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.			

Vermont

Vermont			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
4	White/Non-Hispanic	1	White

3	Black/Non-Hispanic	2	Black
7	Hispanic-White	3	Hispanic
8	Hispanic-Black		
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Alaska Native	5	Native American
5	Other Race	6	Other
6, 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
HISPANIC_X			
1		Hispanic origin	
2		Not of Hispanic origin	
6		Unknown	

SEQ - Sequence number

General Notes

Sequence number (SEQ) is a unique number assigned to each discharge. SEQ does not match the sequence number SEQ_SID. Beginning in the 1998 data, the data element KEY is used instead of SEQ on all HCUP databases.

Beginning in 1994:

The Nationwide Inpatient Sample is sorted by SEQ. SEQ is only included in the Nationwide Inpatient Sample, not the State Inpatient Databases.

SEQ_SID is included in both the Nationwide Inpatient Sample and the State Inpatient Databases. SEQ_SID is identical for discharges present in both the Nationwide Inpatient Sample and State Inpatient Databases. The State Inpatient Databases are sorted by SEQ_SID.

From 1988-1993:

Both the Nationwide Inpatient Sample and the State Inpatient Databases are sorted by SEQ. SEQ is identical for discharges present in both the HCUP Nationwide Inpatient Sample and State Inpatient Databases.

SEQ_SID is not included in either the HCUP Nationwide Inpatient Sample or the State Inpatient Databases.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
SEQ	Sequence number	13(n)	HCUP Record sequence number

State Specific Notes
None

SEQ_SID - HCUP SID sequence number

General Notes

The unique HCUP record number assigned to each discharge varies by year.

- In the 1988-1993 data, the data element SEQ is on all HCUP databases.
- In the 1994-1997 data,
  - SEQ is only on the NIS.
  - SEQ_SID is on the HCUP inpatient databases (SID and NIS), and
  - SEQ_ASD is on the HCUP outpatient databases.
- Beginning in the 1998 data, the data element KEY is used on all HCUP databases.

Uniform Values

Variable	Description	Value	Value Description
SEQ_SID	HCUP SID sequence number	13(n)	Record sequence number in SID

State Specific Notes

None

SEX - Sex of the patient

General Notes

The sex of the patient (SEX) is provided by the data source. All non-male, no-female (e.g., "other") values are set to missing (.).

If SEX is inconsistent with diagnoses (DE1nn) or procedures (DE2nn), SEX is set to inconsistent (.C).

Beginning in 1998, this information is retained in the data element FEMALE.

Uniform Values

Variable	Description	Value	Value Description
SEX	Sex of the patient	1	Male
		2	Female
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: ED1nn, ED2nn

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.

Florida

Beginning in 1997, Florida reports an "Other" sex category. These values are included under missing (.).

Pennsylvania

In addition to the usual sex categories, the source reports an "Other/Unknown" sex category. These values are included under missing (.).

SURGID_S - Synthetic primary surgeon number

General Notes

For HCUP data from 2001 to 2002, this data element is called MDNUM2_S. Beginning in 2003, this data element is called MDNUM2_R.

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.

Beginning with 1993 NIS, supplied surgeon 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 inpatient data, the encrypted surgeon identifiers from 1993 on may not match those in earlier years. However, no null characters were found in the 1994 identifiers, and they were rare in prior years.

Uniform Values			
Variable	**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).

Maryland

Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI) for the attending physician. Source documentation describes strict assignment and verification rules for this field.

Michigan

Michigan reports hospital-specific physician identifiers for the surgeon. Coding of physician identifiers is not consistent across hospitals.

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/midwifes, 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.

Beginning in the 1998 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.

North Carolina

North Carolina provides the Universal Physician Identification Number (UPINs) for the 1st other physician. During HCUP processing, this identifier is encrypted.

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) for the physician that performed the first procedure. 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.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
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

State Specific Notes

Arizona

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges (CHG59, CHG60, CHG61 and CHG62). 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. Total charges (TOTCHG and TOTCHG_X) can be corrected by subtracting the detail charge, CHG61. No other years need correction.

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 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. 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 5% to 25% 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 (.).

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" (.).

Maine

For the 2003 data year, Maine did not provide any charge information on their inpatient or outpatient files. This includes the detail charge records as well as the various total charge data elements (i.e., total charge, total professional fees, and total ancillary charges). This restriction is due to changes in Maineâ™s data release policies.

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).

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.

Missouri

According to the Missouri Hospital Association, most hospitals excluded professional fees from total charges (TOTCHG and TOTCHG_X).

Nevada

The total charges for Nevada are the charges reported for UB-92 revenue center "0001".

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 is 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.

Ohio

Ohio excludes the following charges:

- Total charges < $100
- Total charges > $1,000,000
- Total charges = 0

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.

Rhode Island

Charges for patient convenience items were subtracted from the reported total charges during HCUP processing to make Rhode Island total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

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.

South Dakota

Charges for professional fees, professional component charges, and non-covered charges were subtracted from the reported total charges during HCUP processing to

make South Dakota total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

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.

Utah

Beginning in 2002, professional fees were subtracted from the reported total charges during HCUP processing to make Utah total charges (TOTCHG and TOTCHG_X) comparable to data from other states. Utah indicates that for the majority of the discharges, the reported total charge includes professional fees. Utah reports the total charge for the UB-92 revenue code "001" if the hospital provides individual revenue codes to the data organization; otherwise the total charge is the hospital-reported total. For the hospitals that do not provide individual revenue codes, Utah does not have any means of determining whether or not professional charges are included. Prior to 2002, professional fees were not subtracted from the total charges (TOTCHG and TOTCHG_X). To make the total charges comparable to data from other states, professional fees (CHG2) should be subtracted from total charges (TOTCHG and TOTCHG_X).

Virginia

The maximum value allowed for total charges in the Virginia source files is $9,999,999.

Incorrect Charge Information in 2001 for Three Virginia Hospitals. Please set TOTCHG and TOTCHG_X to missing in 2001 for the following three Virginia hospitals:

- DSHOSPID=490071
- DSHOSPID=490112
- DSHOSPID=490118.

The data source reported incorrect charges for these hospitals.

West Virginia

West Virginia has rate setting. The data source confirms that the all covered charges are included in the total charge (TOTCHG).

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.

Wisconsin

An error during HCUP processing of 1993 discharges caused negative values of total charges (TOTCHG) to be set to missing (.) instead of invalid (.A). For other years, negative values of TOTCHG were processed correctly.

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

Variable	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 (CHG59, CHG60, CHG61 and CHG62). 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. Total charges (TOTCHG and TOTCHG_X) can be corrected by subtracting the detail charge, CHG61. No other years need correction.

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.

<u>No Charges</u>

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).

Illinois

Due to an error in HCUP processing, a few zero charges occur in the Illinois 1990-1991 HCUP Illinois files. Input values of zero were set to missing (.) before TOTCHG was rounded. If the input charge was between $0.01 and $0.49, then the rounded TOTCHG is 0.

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 5% to 25% 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 (.).

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.

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).

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.

Missouri

According to the Missouri Hospital Association, most hospitals excluded professional fees from total charges (TOTCHG and TOTCHG_X).

Nevada

The total charges for Nevada are the charges reported for UB-92 revenue center "0001".

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 is 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.

Ohio

Ohio excludes the following charges:

- Total charges < $100
- Total charges > $1,000,000
- Total charges = 0

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.

Rhode Island

Charges for patient convenience items were subtracted from the reported total charges during HCUP processing to make Rhode Island total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

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.

Utah

Beginning in 2002, professional fees were subtracted from the reported total charges during HCUP processing to make Utah total charges (TOTCHG and TOTCHG_X) comparable to data from other states. Utah indicates that for the majority of the discharges, the reported total charge includes professional fees. Utah reports the total charge for the UB-92 revenue code "001" if the hospital provides individual revenue codes to the data organization; otherwise the total charge is the hospital-reported total. For the hospitals that do not provide individual revenue codes, Utah does not have any means of determining whether or not professional charges are included. Prior to 2002, professional fees were not subtracted from the total charges (TOTCHG and TOTCHG_X). To make the total charges comparable to data from other states, professional fees (CHG2) should be subtracted from total charges (TOTCHG and TOTCHG_X).

Virginia

The maximum value allowed for total charges in the Virginia source files is $9,999,999.

Incorrect Charge Information in 2001 for Three Virginia Hospitals. Please set TOTCHG and TOTCHG_X to missing in 2001 for the following three Virginia hospitals:

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West Virginia

West Virginia has rate setting. The data source confirms that the all covered charges are included in the total charge (TOTCHG_X).

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.

Wisconsin

An error during HCUP processing of 1993 discharges caused negative values of total charges (TOTCHG_X) to be set to missing (.) instead of retained as reported by the data source. For other years, negative values of TOTCHG_X were processed correctly.

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			
Variable	**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 (based on 1999 demographics)

General Notes

This categorical variable (ZIPINC) indicates 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.

Beginning in 2003, another categorical variable (ZIPINC_QRTL) provides a quartile classification derived from annual ZIP Code-demographic data obtained from Claritas. Because these estimates are updated annually, the value ranges for the ZIPINC_QRTL categories vary by year.

To protect patient confidentiality, precautions are taken to avoid indirectly identifyiing ZIP Codes. ZIPINC values have been suppressed for all ZIP Codes with populations below a minimum threshold. Also, 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.

Prior to 1998, information on the median household income for a patient's ZIP Code was retained in two data elements ZIPINC4 and ZIPINC8.

Uniform Values

Variable	Description	Value	Value Description
ZIPINC	Median household income for patient's ZIP Code (based on 1999 demographics)	1	$1-24,999
		2	$25,000-34,999
		3	$35,000-44,999
		4	45,000 or more
		.	Missing

State Specific Notes

None

ZIPINC4 - Median income for patient's ZIP Code (4 categories)

General Notes

Prior to 1998, there are two categorical median income ZIP Code data elements derived from the patient's ZIP Code, one with four categories (ZIPINC4) and another more specific data element with eight categories (ZIPINC8). ZIPINC4 and ZIPINC8 are based on median household income. Beginning in 1998, there is only one data element for median household income of the patient's ZIP Code: ZIPINC from 1998-2002 and ZIPINC_QRTL beginning in 2003.

To protect patient confidentiality, precautions are taken to mask the more specific eight-category data element. When less than three ZIP Codes were represented in a particular category in ZIPINC8 for a state, ZIPINC8 was set to missing and only ZIPINC4 is reported for that state. Otherwise both ZIPINC8 and ZIPINC4 are reported. The categories for ZIPINC4 were designed specifically so that no category would represent less than three zip codes in any state.

For example, if in state A only 2 ZIP codes fall into the $25,001-30,000 median income range, then ZIPINC8 is missing (.) for all ZIP codes in state A.

ZIPINC4 is missing (.) when the patient's ZIP code is missing, invalid, or outside of the United States.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ZIPINC4	Median income for patient's ZIP Code (4 categories)	1	$0-25,000
		2	$25,001-30,000
		3	$30,001-35,000
		4	$35,001 +
		.	Missing

State Specific Notes

None

ZIPINC8 - Median income for patient's ZIP Code (8 categories)

General Notes

Prior to 1998, there are two categorical median income ZIP Code data elements derived from the patient's ZIP Code, one with four categories (ZIPINC4) and another more specific data element with eight categories (ZIPINC8). ZIPINC4 and ZIPINC8 are based on median household income. Beginning in 1998, there is only one data element for median household income of the patient's ZIP Code: ZIPINC from 1998-2002 and ZIPINC_QRTL beginning in 2003.

To protect patient confidentiality, precautions are taken to mask the more specific eight-category data element. When less than three ZIP codes were represented in a particular category in ZIPINC8 for a state, ZIPINC8 was set to missing and only ZIPINC4 is reported for that state. Otherwise both ZIPINC8 and ZIPINC4 are reported. The categories for ZIPINC4 were designed specifically so that no category would represent less than three zip codes in any state.

For example, if in state A only 2 ZIP codes fall into the $25,001-30,000 median income range, then ZIPINC8 is missing (.) for all ZIP codes in state A.

ZIPINC8 is missing (.) when the patient's ZIP code is one of the following:

- missing,
- invalid,
- outside of the United States, or
- from a state in which any ZIPINC8 income category contained less than 3 ZIP codes.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ZIPINC8	Median income for patient's ZIP Code (8 categories)	1	$0-15,000
		2	$15,001-20,000
		3	$20,001-25,000
		4	$25,001-30,000
		5	$30,001-35,000
		6	$35,001-40,000
		7	$40,001-45,000
		8	$45,001 +
		.	Missing

State Specific Notes
None

ZIPINC_QRTL - Median household income for patient's ZIP Code (based on current year)

General Notes

This categorical variable (ZIPINC_QRTL) provides a quartile classification of the estimated median household income of residents in the patientâ™s ZIP Code. The quartiles are identified by values of 1 to 4, indicating the poorest to wealthiest populations. These values are derived from ZIP Code-demographic data obtained from Claritas. Because these estimates are updated annually, the value ranges for the ZIPINC_QRTL categories vary by year. The dollar ranges represented by each category are:

Quartile Ranges of ZIPINC_QRTL by Year				
Year	**Quartile 1**	**Quartile 2**	**Quartile 3**	**Quartile 4**
1997	1-28,999	29,000-35,999	36,000-46,999	47,000+
1998	1-28,999	29,000-36,999	37,000-49,999	50,000+
1999	1-30,999	31,000-39,999	40,000-51,999	52,000+
2000	1-31,999	32,000-41,999	42,000-54,999	55,000+
2001	1-33,999	34,000-43,999	44,000-58,999	59,000+
2002	1-35,999	36,000-45,999	46,000-61,999	62,000+
2003	1-35,999	36,000-44,999	45,000-59,999	60,000+
2004	1-35,999	36,000-44,999	45,000-58,999	59,000+

Another categorical variable (ZIPINC) indicates the median household income of the patient's ZIP Code of residence based on 1999 demographics. 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. ZIPINC_QRTL values have been suppressed for all ZIP Codes with populations below a minimum threshold. Also, when only one ZIP Code in a state was represented in a particular ZIPINC_QRTL category, ZIPINC_QRTL was set to missing (.). ZIPINC_QRTL is also reported as missing when the patient's ZIP Code was not reported, or it could not be matched to the Claritas file.

Prior to 1998, information on the median household income for a patient's ZIP Code was retained in two data elements ZIPINC4 and ZIPINC8.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ZIPINC_QRTL	Median household income for patient's ZIP Code (based on current year)	1	0-25th percentile
		2	26th to 59th percentile (median)
		3	51st to 75th percentile
		4	76th to 100th percentile
		.	Other (includes ZIP equal blank A, C, M, F and B)

State Specific Notes
None