Description of Data Elements

HCUP State Inpatient Databases (SID)

Volume 1 - Data Elements
Beginning with letters A-C

This document contains cumulative descriptions of data elements across all HCUP Central Distributor states and years of HCUP data from 1988 to the current data year. Please refer to the separate documents on the Availability of Data Elements (1995-1997) and (1998-2003) for specific information on which states and data elements are included in each year of the SID.

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

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ADATE - Admission date

General Notes

Admission date (ADATE) is assigned a valid nonmissing date, with the following exceptions:

- If an admission date is supplied by the data source, but one or more of the components of the admission date (year, month, day) is
  - Blank or a documented missing value, then ADATE = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), then ADATE = invalid (.A).
- If the admission day is inconsistent with the month (e.g., February 30), then ADATE = invalid (.A).
- If the data source does not provide the admission date, then beginning in the 1998 data, ADATE is not present on the HCUP files. In the 1988-1997 data, ADATE is retained on the HCUP files and is set to unavailable from source (.B).
- If the admission date is after the discharge date (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data), then ADATE is set to inconsistent (.C).

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, ADATE is replaced by admission month (AMONTH) and admission year (AYEAR). In databases before 1998, the day portion of the date stored in ADATE is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from ADATE are computed before ADATE is masked.

Uniform Values

Variable	Description	Value	Value Description
ADATE	Admission date	YYMMDD	Date of admission
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03; in 1988-1997 data, ED011

State Specific Notes

Colorado

Beginning in 1997, Colorado provided the admission date (ADATE) with a four-digit year. In prior years, only a two-digit year was available.

New York

Beginning with the 1998 data, admission date (ADATE) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

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

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

In the 1988-1997 HCUP New York databases, the data source provided admission year and month, but did not provide the day. A day of "01" was imputed for all records. The imputed date was not used to calculate other data elements or to perform edit checks. Beginning in 1998, the complete admission date was provided by the data source.

Washington

Beginning in 1999, Washington reported the admission date (ADATE) with a four-digit year. In prior years, only a two-digit year was available.

ADAYWK - Admission day of week

General Notes

Admission day of the week (ADAYWK) is calculated from the admission date (ADATE). If ADAYWK cannot be calculated (ADATE is missing or invalid), then:

- ADAYWK is set to the supplied admission day of the week, if available.
- ADAYWK is missing (.) if the supplied admission day of week is missing.
- If ADAYWK is out of range (ADAYWK NE 1-7) or nonnumeric, it is set to invalid (.A).
- In the 1988-1997 HCUP files, if the data source does not provide the admission date or admission day of week, then ADAYWK is set to unavailable from source (.B).

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

Uniform Values

Variable	Description	Value	Value Description
ADAYWK	Admission day of week	1	Sunday
		2	Monday
		3	Tuesday
		4	Wednesday
		5	Thursday
		6	Friday
		7	Saturday
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Maryland

During 1990-1992 HCUP processing, only the calculated admission day of week could be used to assign ADAYWK because Maryland did not report admission day of week.

Beginning in 1993, Maryland reported admission day of week. During HCUP processing, the reported admission day of week was assigned if ADAYWK could not be calculated from admission date.

New York

ADAYWK could not be calculated because New York did not report full admission dates. During HCUP processing, only the reported admission day of the week could be used to assign ADAYWK.

ADRG - All Patient Refined DRG

General Notes

All Patient Refined DRGs (APR-DRGs) are a DRG refinement developed by 3M Health Information Services to improve upon the Refined DRGs developed at Yale University. They were enhanced by incorporating additional pediatric DRG modifications, recognizing the impact of multiple Complications and Comorbidities (CCs), and refined CC definitions. The APR-DRGs eliminated the HCFA DRG splits for CCs and death, and all but two of the age splits and replaced them with complexity subclasses.

Except for newborn DRGs, each patient is assigned to a complexity subclass (HCUP data element ADRGSEV). Assignment to a complexity subclass is based, in part, on the complexity of a patient's secondary diagnoses, interactions among secondary diagnoses, age, principle diagnosis, and the presence of certain nonoperating room procedures.

APR-DRG codes are supplied by the data source. During HCUP processing, source values are maintained as reported. The two-digit APR MDC code is stored in the data element AMDC. The three-digit APR DRG code is stored in the data element ADRG. The one-digit complexity subclass is stored in ADRGSEV. The one-digit risk of mortality class is stored in ADRGRiskMortality beginning in the 1998 data and ADRGRMS in the earlier years.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

Uniform Values

Variable	Description	Value	Value Description
ADRG	All Patient Refined DRG	nnn	APR-DRG
		. or 0	Missing
		.A	Invalid

State Specific Notes

Kentucky

Source documentation does not include which version of the APR-DRG grouper was used.

Maine

For Maine only, the ADRG and AMDC data elements contain the 3M All Patient DRG and MDC rather than the 3M All Patient Refined DRG and MDC. Source documentation indicates that the current version of the All Patient DRG (ADRG) is applied to the data.

Massachusetts

Beginning in October 1999, Massachusetts used the Version 15 grouper to assign ADRG. Prior to that, Massachusetts used the Version 12 grouper to assign ADRG.

Michigan

Michigan provides the All Patient Refined DRG.

Utah

Prior to April 1998, ADRG is assigned using Version 12.0. Starting in April 1998, Utah uses Version 15.0. Source documentation indicates that there is a significant difference between version 12.0 and version 15.0.

ADRGRiskMortality - All Patient Refined Risk of Mortality Subclass

General Notes

The All Patient Refined Risk of Mortality Class (ADRGRiskMortality) reports the likelihood of dying as determined by the APR system. APR Risk of Mortality Class is supplied by the data source. During HCUP processing, the codes are assigned to the HCUP data element ADRGRMS as reported, without modification.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

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

Uniform Values

Variable	Description	Value	Value Description
ADRGRiskMortality	All Patient Refined Risk of Mortality Subclass	1	Minor likelihood of dying
		2	Moderate likelihood of dying
		3	Major likelihood of dying
		4	Extreme likelihood of dying
		.	Missing
		.A	Invalid

State Specific Notes

None

ADRGSEV - All Patient Refined DRG Complexity Subclass

General Notes

The All Patient Refined DRG Complexity Subclass (ADRGSEV) reports the complexity subclass for the All Patient Refined DRGs (APR-DRGs). This is an indicator of the extent of physiologic decompensation or organ system loss of function. With the exception of newborn patients, each APR-DRG is subdivided into four complexity subclasses. Newborn DRGs have a complexity code of zero (0). Assignment to a complexity subclass is based, in part, on the complexity of a patient's secondary diagnoses, interactions among secondary diagnoses, age, principal diagnosis, and the presence of certain nonoperating room procedures.

APR-DRG complexity subclass codes are supplied by the data source. During HCUP processing, the codes are assigned as reported, without modification.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

Uniform Values

Variable	Description	Value	Value Description
ADRGSEV	All Patient Refined DRG Complexity Subclass	0	Newborn DRGs
		1	Minor loss of function (includes cases with no comorbidity or complications)
		2	Moderate loss of function
		3	Major loss of function
		4	Extreme loss of function
		.	Missing
		.A	Invalid

State Specific Notes

None

AGE - Age in years at admission

General Notes

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

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

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

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

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

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

State Specific Notes

Arizona

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

California

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

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

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

Colorado

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

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

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

Florida

Beginning in 2004, Florida provides DOB and ADATE for all discharges.

In 1997, patient age could not be calculated from dates since Florida did not report admission or birth dates. During HCUP processing, the reported age was used to assign AGE. From 1998 to 2001, Florida supplied admission date and date of birth for patients less than 11 years old. For patients over 10 years old, the reported age in years was used to assign AGE. Beginning in 2002, Florida reported age for all discharges, but did not provide admission date and date of birth.

Iowa

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

Massachusetts

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

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

Michigan

Prior to 2001, age could not be calculated because Michigan did not report admission and birth dates. Beginning with the 2001 data, Michigan provided complete dates and AGE could be calculated.

Nebraska

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

Nevada

For discharges less than 90 years old, if the age could not be calculated from dates, then the reported age was used to assign AGE. For discharges that are 90 or older, only the calculated age could be used to assign AGE because Nevada sets age in yeas to 90 for all discharges age 90 and above.

New Jersey

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

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

New York

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

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

Oregon

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

South Carolina

The calculation of AGE differs across years.

Beginning in 2000

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

From 1996 to 1999

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

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

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

In 1993 and 1995

South Carolina reported a two-digit year for date of birth (DOB). During HCUP processing, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

In 1994

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

Utah

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

Washington

Availability of Reported Age

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

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

Ages Greater Than 99 Years

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

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

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

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

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

Wisconsin

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

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

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

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

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

General Notes

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

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

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

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

State Specific Notes

Arizona

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

California

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

Iowa

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

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

Kentucky

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

Maine

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

Massachusetts

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

Michigan

Prior to 2001, AGEDAY could not be calculated because Michigan did not report admission and birth dates. Beginning with the 2001 data, Michigan provided complete dates and AGEDAY could be calculated.

Nebraska

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

Nevada

Only the calculated age in days was used to assign AGEDAY.

New Jersey

Beginning in 2001, the reported Age in Days was used when AGEDAY could not be calculated. Prior to 2001, only the calculated age could be used to assign AGEDAY because New Jersey did not supply age in days.

New York

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

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

North Carolina

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

Oregon

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

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

South Carolina

Only the calculated age could be used to assign AGEDAY because South Carolina supplied age in days at discharge.

Utah

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

Washington

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

West Virginia

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

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

General Notes

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

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

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

State Specific Notes

Michigan

Prior to 2001, AGEMONTH could not be calculated because Michigan did not report admission and birth dates. Beginning with the 2001 data, Michigan provided complete dates and AGEMONTH could be calculated.

Nebraska

Only the calculated age in months could be used to assign AGEMONTH because Nebraska did not supply this information.

Nevada

Only the calculated age in months could be used to assign AGEMONTH because Nevada did not supply this information.

AHAID - AHA hospital identifier

General Notes

There are up to three different types of hospital identifiers included in the HCUP databases.

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

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The hospital identifier (AHAID) contains the 7-digit American Hospital Association (AHA) hospital identifier that the AHA uses on their yearly AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

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

The data element AHAID is available in the Hospital file.

Uniform Values

Variable	Description	Value	Value Description
AHAID	AHA hospital identifier	7(n)	AHA hospital identifier with a leading 6
		Blank	Missing

State Specific Notes
None

AHOUR - Admission hour

General Notes

Admission hour (AHOUR) is coded in military time (e.g., 2:45 p.m. is represented as 1445). Invalid times are set to invalid (.A). No other edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AHOUR	Admission hour	HHMM	Admission hour
		.	Missing
		.A	Invalid

State Specific Notes

None

AMDC - All Patient Refined MDC

General Notes

All Patient Refined MDC (AMDC) reports the MDC as determined by the APR system. The AMDC is supplied by the data source. During HCUP processing, the codes are assigned to the HCUP data element AMDC as reported, without modification.

For more information see "All Patient Refined Diagnosis Related Groups (APR-DRGs)," published by 3M Health Information Services.

Uniform Values

Variable	Description	Value	Value Description
AMDC	All Patient Refined MDC	nn	APR MDC value
		. or 0	Missing
		.A	Invalid

State Specific Notes

Maine

For Maine only, the ADRG and AMDC data elements contain the 3M All Patient DRG and MDC rather than the 3M All Patient Refined DRG and MDC. Source documentation indicates that the current version of the All Patient DRG (ADRG) is applied to the data.

AMONTH - Admission month

General Notes

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

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

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

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

State Specific Notes

None

ANESTH - Method of anesthesia

General Notes

Method of Anesthesia (ANESTH) is reported by the data source and recoded into HCUP uniform values.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ANESTH	Method of anesthesia	0	No anesthesia
		10	Local anesthesia
		20	General anesthesia
		30	Regional anesthesia
		40	Other anesthesia
		.	Missing
		.A	Invalid

State Specific Notes

New York

New York reports the type of anesthesia administered on the patient during the stay. If during the stay, anesthesia is administered more than once, the level of anesthesia is reported in the following hierarchical order: General, Regional, Other, and Local.

APSDRG_X - All-Payer Severity-adjusted DRG, as received from data source

General Notes

This data element contains the All-Payer Severity-adjusted DRG as reported by the data source. No edit checks are performed on this data element during HCUP data processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
APSDRG_X	All-Payer Severity-adjusted DRG, as received from data source	Nnns	APS DRG value, where "nnn" is the consolidated DRG and "s" is the severity class
		.	Missing

State Specific Notes

None

ASCHED - Scheduled versus unscheduled admission

General Notes

The indicator of a scheduled admission (ASCHED) is reported by the data source and recoded into the HCUP uniform values.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASCHED	Scheduled versus unscheduled admission	0	Unscheduled admission
		1	Scheduled admission
		.	Missing
		.A	Invalid

State Specific Notes

California

Beginning in 1997, ASCHED is available. California defines a "Scheduled Admit" as scheduled at least 24 hours before admission. The source category "Infant, less than 24 hours old" is included in the uniform category "Unscheduled Admit" (ASCHED = 0).

New York

New York defined a "Scheduled" admission as one which was arranged through the hospital at least 24 hours before the admission.

ASOURCE - Admission source, uniform coding

General Notes

Three HCUP data elements contain information on the source of admission:

- ASOURCEUB92 (available beginning in 2002 data) indicates the source of admission and uses the same coding as the source of admission data element on the UB-92 claim form. ASOURCEUB92 has more detailed categories for routine admissions and transfers from other health facilities than the HCUP data element ASOURCE. Some states do not provide enough detail in the coding of the source of admission to accurately code ASOURCEUB92. For these states, the data element ASOURCEUB92 is not available.
- ASOURCE (available for all data years) indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) include referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals. If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).
- ASOURCE_X (available beginning in 1998 data) retains the source of admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. ASOURCE_X is available for all states that provide HCUP with information on admission source.

If the state includes enough detail in the coding of the source of admission to accurately code ASOURCEUB92, then the HCUP data element ASOURCE is coded from ASOURCEUB92 as specified below. Otherwise, ASOURCE is coded from ASOURCE_X and specifications are listed under State Specific Notes.

Coding of ASOURCEUB92 into ASOURCE			
ASOURCEUB92		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		

5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
2	Outpatient or Clinic		
1	Normal delivery (if ATYPE = 4)		
2	Premature delivery (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
Blank	Unknown, Missing, Invalid	.	Missing

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

State Specific Notes

Arizona

Arizona			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO/AHCCCS health plan referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

California

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

2mn, where m = 0-3, n = 0 or 2	Residential care facility	3	Other health facility including long-term care
3mn, where m = 0-3, n = 0 or 2	Ambulatory surgery		
4mn, where m = 0-3, n = 0 or 2	Skilled Nursing/Intermediate care		
5mn, where m = 0 or 3, n = 0 or 2	Acute inpatient hospital care (not a hospital)		
6mn, where m = 0-3, n = 0 or 2	Other inpatient hospital care		
8mn, where m = 0-3, n = 0 or 2	Prison/jail	4	Court/Law enforcement
1mn, where m = 0-3, n = 0 or 2	Home	5	Routine including births and other sources
7mn, where m = 0-3, n = 0 or 2	Newborn		
9mn, where m = 0-3, n = 0 or 2	Other		
000, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

The first digit of ASOURCE_X describes the site from which the patient originated (e.g., home (1), residential care facility (2), ambulatory surgery (3), skilled nursing/intermediate care (4), acute inpatient hospital care (5), other inpatient hospital care (6), newborn (7), prison/jail (8), other (9)).

The second digit of ASOURCE_X describes the license of site from which the patient originated (e.g., this hospital (1), another hospital (2), not a hospital (3)).

The third digit describes the route by which the patient was admitted (e.g., this hospital's emergency room (1), not this hospital's emergency room (2). Source value 2 includes patients seen in the emergency room of another

hospital and patients not seen in any emergency room.).

Newborns

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

Home Health Service

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

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

Court/Law Enforcement

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

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

Ambulatory Surgery

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

Colorado

Colorado			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
Beginning in 2002 HCUP data, ASOURCE is coded from ASOURCEUB92 instead of ASOURCE_X. The table below specifies how ASOURCE was coded from ASOURCE_X prior to 2002.			
7	Emergency room	1	Emergency department

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

Florida

Florida			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from skilled nursing facility	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		

10	Normal delivery (if ATYPE=4)		
11	Premature delivery (if ATYPE=4)		
12	Sick baby (if ATYPE=4)		
13	Extramural birth (if ATYPE=4)		
09, 14, Blank	Other/Unknown, Other/Unknown (if ATYPE=4), Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa

Iowa			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal birth (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Kentucky

Kentucky			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
A	Transfer from critical care hospital		
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Maine

Maine			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a critical access hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		

8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature delivery (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
0, 9, Blank	Missing	.	Missing
Any other values not documented by the data source		.A	Invalid

Maryland

Maryland			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
05	Admitted from home and the flag provided by MD indicates the record was admitted from the emergency room (ASOURCE_X is "05" and IER_FLAG is "1")	1	Emergency department
09, 99, Blank	Information on source of admission is missing but the flag provided by MD indicates the record was admitted from the emergency room (ASOURCE_X is missing and IER_FLAG is "1")		
00	Transferred from on-site acute care unit to rehabilitation unit	2	Another hospital
01	Transferred from another hospital to a specialty center		
02	Transferred from another hospital for any other reason		
11	Transfer from on-site acute care unit to psych unit (Beginning in 2000)		
03	Transferred from a nursing home	3	Other health

04	Transferred from any other institution		facility including long-term care
06	Transferred from Lithotripsy facility		
07	Transferred from on-site ambulatory outpatient surgery unit		
08	Transferred from off-site ambulatory outpatient surgery unit		
12	Admitted from on-site sub-acute facility		
13	Admitted from other sub-acute facility		
--		4	Court/Law enforcement
05	Admitted from home (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room IER_FLAG does not equal 1)	5	Routine including births and other sources
10	Newborn		
09, 99, Blank	Source of admission is missing or the flag provided by MD does not indicate the record was admitted from the emergency room (IER_FLAG not "1")	.	Missing
Any values not documented by the data source		.A	Invalid
There is not enough detail in the coding of ASOURCE_X to code the HCUP variable ASOURCE92. ASOURCE is coded directly from ASOURCE_X.			

Massachusetts

Massachusetts			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Outside hospital emergency room	1	Emergency department
R	Within hospital emergency room (beginning in October 1999)		
4	Transfer from an acute hospital	2	Another hospital
5	Transfer from a skilled nursing home	3	Other health facility including long-term care
6	Transfer from Intermediate Care Facility		
T	Transfer from outside ambulatory		

	surgery		
X	Observation		
Y	Within hospital ambulatory surgery		
9	Other (to include level 4 nursing facility) (coded to "Other health facility" beginning in 2002)		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Within hospital clinic referral		
3	HMO referral		
9	Other (to include level 4 nursing facility) (coded to "Routine" prior to 2002)		
L	Outside hospital clinic referral		
M	Walk-in / Self Referral		
A	Normal delivery (if ATYPE = 4)		
B	Premature delivery (if ATYPE = 4)		
C	Sick baby (if ATYPE = 4)		
W	Extramural birth (if ATYPE = 4)		
D	Extramural birth (if ATYPE = 4)		
-, 0, Z, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Michigan

Michigan			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care

6	Transferred from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic/outpatient referral		
3	HMO referral		
N	Newborn at this facility		
0	Missing, invalid or unrecorded	.	Missing
9	Information not available		
Any values not documented by the data source		.A	Invalid

Nebraska

Nebraska			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from critical access hospital		
6	Transfer from another health care facility other than an acute care facility	3	Other health facility including long-term care
B	Transfer from another home health agency		
C	Readmission to same home health agency		
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Missing	.	Missing

Any values not documented by the data source	.A	Invalid

New Jersey

New Jersey			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
1	Normal birth (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

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

New York

Admitted from Outpatient Department

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

Transfer from a Rural Primary Care Hospital

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

Other Source

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

New York			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		

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

North Carolina

North Carolina			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, 1, N, U, Y; 9,0,5,6,7; Blank	Documented by source as unknown values; Documented by source as unknown values (if	.	Missing

	ATYPE = 4)		
Any values not documented by the data source		.A	Invalid

Oregon

Oregon			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description
07	Emergency room	1	Emergency department
04	Transfer from hospital	2	Another hospital
05	Transfer from SNF	3	Other health facility including long-term care
06	Transfer from another health care facility		
08	Court/Law enforcement	4	Court/Law enforcement
01	Physician referral	5	Routine including births and other sources
02	Clinic referral		
03	HMO referral		
00	Home Health (discontinued in 1999)		
11	Normal delivery		
12	Premature delivery		
13	Sick baby		
14	Extramural birth		
21	Admissions office (discontinued in 1998)		
22	Newborn (discontinued in 1998)		
09, 19, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Rhode Island

Rhode Island			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	Description	Value	Description

7	Emergency room	1	Emergency department
Z	Emergency room from nursing home		
4	Transfer from hospital	2	Another hospital
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another health facility		
8	Court/law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinical Referral		
3	HMO Referral		
A	Normal birth (if ATYPE=4)		
B	Premature birth (if ATYPE=4)		
C	Sick baby (if ATYPE=4)		
D	Extramural birth (if ATYPE=4)		
E	Newborn (if ATYPE=4)		
F	Stillborn (if ATYPE=4)		
9, Blank	Information not available	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina

South Carolina			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
A	Transfer from a rural primary care hospital		
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		

8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
0, 9, Blank	Information not available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Utah

Utah			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician Referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE=4) (This is not available in the SASD)		
2	Premature delivery (if ATYPE=4) (This is not available in the SASD)		
3	Sick baby (if ATYPE=4) (This is		

	not available in the SASD)		
4	Extramural birth (if ATYPE=4) (This is not available in the SASD)		
0	Newborn		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

SID and SEDD: Admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows:

If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source,

Else ASOURCE_X = the admission source for non-newborns.

SASD: Only the non-newborn admission source was provided.

Washington

Washington			
(Prior to 2002)			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
9	Other		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if		

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

West Virginia

West Virginia			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature birth (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Wisconsin

Wisconsin			
(Prior to 2002)			
ASOURCE_X		ASOURCE	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal newborn (if ATYPE = 4)		
2	Premature newborn (if ATYPE = 4)		
3	Sick baby (if ATYPE = 4)		
4	Extramural birth (if ATYPE = 4)		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

ASOURCE_X - Admission source, as received from source

General Notes

Three HCUP data elements contain information on the source of admission:

- ASOURCEUB92 (available beginning in 2002 data) indicates the source of admission and uses the same coding as the source of admission data element on the UB-92 claim form. ASOURCEUB92 has more detailed categories for routine admissions and transfers from other health facilities than the HCUP data element ASOURCE. Some states do not provide enough detail in the coding of the source of admission to accurately code ASOURCEUB92. For these states, the data element ASOURCEUB92 is not available.
- ASOURCE (available for all data years) indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) include referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals. If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).
- ASOURCE_X (available beginning in 1998 data) retains the source of admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. ASOURCE_X is available for all states that provide HCUP with information on admission source.

Uniform Values

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

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element ASOURCE or ASOURCEUB92.

ASOURCEUB92 - Admission source, (UB-92 standard coding)

General Notes

Three HCUP data elements contain information on the source of admission:

- ASOURCEUB92 (available beginning in 2002 for HCUP data in general, and in 2003 for the NIS) indicates the source of admission and uses the same coding as the source of admission data element on the UB-92 claim form. ASOURCEUB92 has more detailed categories for routine admissions and transfers from other health facilities than the HCUP data element ASOURCE. Some states do not provide enough detail in the coding of the source of admission to accurately code ASOURCEUB92. For these states, the data element ASOURCEUB92 is not available.
- ASOURCE (available for all data years) indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) include referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals. If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).
- ASOURCE_X (available beginning in 1998 data) retains the source of admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. ASOURCE_X is available for all states that provide HCUP with information on admission source.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASOURCEUB92	Admission source, (UB-92 standard coding)	1	If non-newborn admissions (ATYPE NE 4) Physician referral
		2	If non-newborn admissions (ATYPE NE 4) Clinic referral
		3	If non-newborn admissions (ATYPE NE 4) HMO referral
		4	If non-newborn admissions (ATYPE NE 4) Transfer from a hospital
		5	If non-newborn admissions (ATYPE NE

			4) Transfer from a skilled nursing facility
		6	If non-newborn admissions (ATYPE NE 4) Transfer from another health facility
		7	If non-newborn admissions (ATYPE NE 4) Emergency room
		8	If non-newborn admissions (ATYPE NE 4) Court/Law enforcement
		A	If non-newborn admissions (ATYPE NE 4) Transfer from a Critical Access hospital
		.	If non-newborn admissions (ATYPE NE 4) Missing/Invalid
		1	If newborn admissions (ATYPE = 4) Normal newborn
		2	If newborn admissions (ATYPE = 4) Premature delivery
		3	If newborn admissions (ATYPE = 4) Sick baby
		4	If newborn admissions (ATYPE = 4) Extramural birth
		.	If newborn admissions (ATYPE = 4) Missing/Invalid

State Specific Notes

Florida

Florida			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing

			facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
09, Blank, Any undocumented values	Other/Unknown, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
10	Normal delivery	1	Normal newborn
11	Premature delivery	2	Premature delivery
12	Sick baby	3	Sick baby
13	Extramural birth	4	Extramural birth
14, Blank, Any undocumented values	Other/Unknown (if ATYPE=4), Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Iowa

Iowa			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room

8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank	Information not available	Blank	Missing or Invalid
Other	Any other values		
Newborn Admission (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, 0, Other	Information not available	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Kentucky

Kentucky			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
11	Normal delivery	1	Normal newborn
12	Premature delivery	2	Premature delivery

13	Sick baby	3	Sick baby
14	Extramural birth	4	Extramural birth
09, 19, Blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Maine

Maine			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access hospital	A	Transfer from a Critical Access hospital
9, Blank	Missing	.	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal birth	1	Normal newborn
2	Premature birth	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Massachusetts

Massachusetts			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Within hospital clinic referral	2	Clinic referral
L	Outside hospital clinic referral		
3	HMO referral	3	HMO referral
4	Transfer from an acute hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing home	5	Transfer from a skilled nursing facility
6	Transfer from Intermediate Care Facility	6	Transfer from another health care facility
T	Transfer from outside ambulatory surgery		
Y	Transfer from hospital surgery		
X	Observation		
9	Other (to include level 4 nursing facility)		
7	Outside hospital emergency room	7	Emergency room
R	Within hospital emergency room		
M	Walk-in/Self referral		
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
-. 0, Z, Blank	Information not available, missing	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
A	Normal delivery	1	Normal newborn
B	Premature delivery	2	Premature delivery
C	Sick baby	3	Sick baby

D, W	Extramural birth	4	Extramural birth
-, 0, Z, Blank	Information not available, Missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Michigan

Michigan			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic/outpatient referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a rural primary care hospital	A	Transfer from a Critical Access hospital
0	Missing, invalid or unrecorded	Blank	Missing or Invalid
9	Information not available		
Newborn Admission (TYPE = 4)			
N	Normal newborn	1	Normal newborn
--	Premature delivery	2	Premature delivery
--	Sick baby	3	Sick baby
--	Extramural birth	4	Extramural birth
--	Missing or unknown	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Nebraska

Nebraska			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
B	Transfer from another home health agency		
C	Readmission to same home health agency		
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a critical access hospital	A	Transfer from a Critical Access hospital
0, 9, Blank	Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, Blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Nevada

Nevada			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic Referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access Hospital	A	Transfer from a Critical Access hospital
Blank, 9, any undocumented values	Unknown, Missing	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
11	Normal delivery	1	Normal newborn
12	Premature delivery	2	Premature delivery
13	Sick baby	3	Sick baby
14	Extramural birth	4	Extramural birth
Blank, 99, any undocumented values;	Unknown, missing	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

New Jersey

New Jersey	
(Beginning in 2002)	
ASOURCE_X	**ASOURCEUB92**

Value	Description	Value	Description
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Outpatient of Clinic	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from an acute care hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a rural primary care hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery (if ATYPE = 4)	1	Normal newborn
2	Premature delivery (if ATYPE = 4)	2	Premature delivery
3	Sick baby (if ATYPE = 4)	3	Sick baby
4	Extramural birth (if ATYPE =4)	4	Extramural birth
		.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

New York

New York			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral

4	Transfer from hospital	4	Transfer from a hospital
5	Transfer from SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from critical access hospital	A	Transfer from a Critical Access hospital
9, Blank	Unknown, Missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery (if ATYPE = 4)	1	Normal newborn
2	Premature delivery (if ATYPE = 4)	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank	Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

North Carolina

North Carolina			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room

8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
Blank, 9, 0, 1, N, U, Y	Missing, unknown	Blank	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
Blank, 0, 5, 6, 7, 9	Missing, unknown	Blank	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Rhode Island

Rhode Island			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
Z	Emergency room from nursing home		
8	Court/Law enforcement	8	Court/Law enforcement
		A	Transfer from a Critical Access

			hospital
9, Blank, Any undocumented values	Information not available	Blank	Missing or Invalid
Newborn Admissions (TYPE = 4)			
A, E	Normal birth, Newborn	1	Normal newborn
B	Premature birth	2	Premature delivery
C	Sick baby	3	Sick baby
D	Extramural birth	4	Extramural birth
F, 9, Blank, Any undocumented values	Stillborn, information not available	Blank	Missing or Invalid
Any values not documented by the data source	Invalid		
ASOURCE is coded directly from ASOURCEUB92.			

Utah

Utah			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--	--	A	Transfer from a Critical Access hospital

0, 9, Blank, any undocumented values	Information not available, missing	.	Missing or Invalid
Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
0, 9, Blank, any undocumented values	Invalid, Missing	.	Missing or Invalid
SID: Admission source information was provided in two fields: one for newborns and one for all other patients. ASOURCE_X was assigned as follows: If a new born record (ATYPE=4) then ASOURCE_X = the newborn admission source. Else ASOURCE_X = the admission source for non-newborns			
SASD: Admission source is provided in one field for all patients.			

Washington

Washington			
(Beginning in 2002)			
ASOURCE_X		**ASOURCEUB92**	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a SNF	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
--		A	Transfer from a Critical Access hospital
9, Blank	Other/Missing	.	Missing or Invalid

Newborn Admission (TYPE = 4)			
1	Normal delivery	1	Normal newborn
5	Multiple birth		
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth
9, Blank	Other/Missing	.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

Wisconsin

Wisconsin			
(Beginning in 2002)			
ASOURCE_X		ASOURCEUB92	
Value	**Description**	**Value**	**Description**
Non-newborn admissions (ATYPE NE 4)			
1	Physician referral	1	Physician referral
2	Clinic referral	2	Clinic referral
3	HMO referral	3	HMO referral
4	Transfer from a hospital	4	Transfer from a hospital
5	Transfer from a skilled nursing facility	5	Transfer from a skilled nursing facility
6	Transfer from another health care facility	6	Transfer from another health care facility
7	Emergency room	7	Emergency room
8	Court/Law enforcement	8	Court/Law enforcement
A	Transfer from a Critical Access Hospital	A	Transfer from a Critical Access Hospital
--		A	Transfer from a Critical Access hospital
9, Blank	Unknown, missing	.	Missing or Invalid
Newborn Admissions (TYPE = 4)			
1	Normal newborn	1	Normal newborn
2	Premature delivery	2	Premature delivery
3	Sick baby	3	Sick baby
4	Extramural birth	4	Extramural birth

--		.	Missing or Invalid
ASOURCE is coded directly from ASOURCEUB92.			

ATYPE - Admission type

General Notes

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

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

Uniform Values

Variable	Description	Value	Value Description
ATYPE	Admission type	1	Emergency
		2	Urgent
		3	Elective
		4	Newborn
		5	Delivery (coded in 1988-1997 data only)
		5	Trauma Center (beginning in 2003)
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Arizona

Arizona provides a source value "5" for admissions from "observation" status. During HCUP processing through 2002, the source category Observation was recoded to the HCUP category "Other" (ATYPE = 6). Beginning with 2003, the source category Observation was recoded to the HCUP category "Urgent" (ATYPE = 2).

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

Colorado

Beginning in 2003, Colorado reports an admission type of "Trauma Center".

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

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

Florida

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

Iowa

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

Kentucky

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

Maine

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

Maryland

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

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

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

Massachusetts

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

Nebraska

The source value for Trauma Center (value 5) was recoded to Other (ATYPE=6) in 2002. Beginning in 2003, this source value was recoded to Trauma Center (ATYPE=5) for inpatient and outpatient data.

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

Nevada

Nevada reported a separate category for the following types of admissions:

- Beginning with 2003 data:
  - Trauma was included under the uniform category "Trauma" (ATYPE = 5)
  - Semi-Urgent was included under the uniform category "Urgent" (ATYPE = 2)
- IN the 2002 data:
  - Trauma was included under the uniform category "Emergency" (ATYPE = 1)
  - Semi-Urgent was included under the uniform category "Urgent" (ATYPE = 2)

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

New Jersey

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

New York

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

North Carolina

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

Oregon

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

Oregon reports admission from "home health." During HCUP processing, this value is set to admission type "other."

Beginning with 2003, the Oregon codes an admission type of trauma center.

Rhode Island

Rhode Island reported a separate category for "Court committal" admissions. These discharges were included under the uniform category "Other" (ATYPE=6). Rhode Island does not separately classify deliveries. The source documentation supplied by Rhode Island does not include which source categories were used for deliveries.

South Carolina

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

Utah

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

Washington

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

West Virginia

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

Wisconsin

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

AWEEKEND - Admission day is on a weekend

General Notes

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

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

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

Uniform Values

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

State Specific Notes

Florida

Beginning in 1997, the reported admission day of week was used to assign AWEEKEND. In 1997, Florida did not provide admission date. Beginning in 1998, admission date was provided only for those discharges less than 11 years old.

From data year 1998 to 2000, there may be an error in AWEEKEND. The data source in Florida has reported that during this time period, the reported value was sometimes incorrect. The data source could not specify the magnitude of the problem.

Michigan

Prior 20 2001, the reported admission day of week was used to assign AWEEKEND. Michigan did not provide admission date. Beginning in 2001, Michigan provided admission date.

New York

The assignment of AWEEKEND varies by year in New York:

- Beginning in 2000 data, AWEEKEND is assigned from the reported admission day of the week if the admission date is missing.

- In the 1998-1999 data purchased from NTIS, AWEEKEND was calculated from the admission date. Because New York masked the admission and discharge dates on AIDS/HIV* records, AWEEKEND was missing (.) on these discharges. An updated version of the 1998-1999 data is available through the HCUP Central Distributor with AWEEKEND coded on the New York AIDS/HIV* records. In the 1998-1999 data purchased from HCUP Central Distributor, AWEEKEND in New York was calculated from the reported admission day of week.

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

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

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

AYEAR - Admission year

General Notes

Admission year (AYEAR) is derived from the admission date (ADATE). If ADATE is missing, then AYEAR is missing (.). If ADATE is invalid, then AYEAR is invalid (.A).

Uniform Values

Variable	Description	Value	Value Description
AYEAR	Admission year	yyyy	Admission year
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, admission year (AYEAR) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

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

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

BILLTYPE - Type of bill, UB-92 coding

General Notes

Bill type is retained as provided by the data source. We expect that the information is coded according to UB-92 regulations, but no edit checks are performed on this data element during HCUP processing. The first digit indicates type of facility, the second digit indicates bill classification, and the third digit indicates frequency. Examples of bill types typically seen in the HCUP data are listed below. Refer to a UB-92 manual for the complete list of values.

Sample Values for Bill Type	
111	Hospital - Inpatient (Including Medicare Part A) - Admit Through Discharge Claims
121	Hospital - Inpatient (Medicare Part B Only) - Admit Through Discharge Claims
131	Hospital - Outpatient - Admit Through Discharge Claims
831	Special Facility - Ambulatory Surgery Center - Admit Through Discharge Claims
851	Special Facility - Critical Access Hospital - Admit Through Discharge Claims

Uniform Values

Variable	Description	Value	Value Description
BILLTYPE	Type of bill, UB-92 coding	Aaa	UB-92 bill type code
		Blank	Missing

State Specific Notes

None

BLOOD - Pints of blood furnished to the patient

General Notes

Pints of blood furnished to the patient (BLOOD) are retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
BLOOD	Pints of blood furnished to the patient	0-999.99	Pints of blood furnished
		.	Missing
		.A	Invalid

State Specific Notes

New York

New York reports the total number of pints of whole blood or units of packed red cells furnished to the patient, whether or not replaced.

BMONTH - Birth month

General Notes

Birth month (BMONTH) is derived from the date of birth (DOB). If DOB is missing, then BMONTH is missing (.). If DOB is invalid, then BMONTH is invalid (.A).

Uniform Values

Variable	Description	Value	Value Description
BMONTH	Birth month	1-12	Birth month
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, birth month (BMONTH) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

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

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

BWT - Birth weight in grams

General Notes

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

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

State Specific Notes

Colorado

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

Kentucky

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

Maine

For 2001, Maine does not collect information on birth weight directly. The information is extrapolated from the 5th digit of ICD-9-CM diagnosis codes 764-765 and provides only the midpoints of the weight ranges.

Maryland

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

Massachusetts

Because of the timing of HCUP data processing for the 1999 NIS, the Massachusetts source file provided to HCUP was an interim file that included records that had failed edit checks. The percent of failed records is very small, ranging from 0.0% to 1.5% (with a mean of 0.4%) for most hospitals. A handful of hospitals had a large percent of failed records. Failed records have one or more of the following errors:

- Invalid diagnosis code *
- Invalid procedure code *
- Invalid or missing birth weight
- Invalid claim certificate number **
- Invalid or inconsistent UB-92 revenue code
- Invalid medical record or person number
- Invalid type of payer *
- Inconsistent primary and secondary payer
- Invalid physician identifier
- Invalid patient or employer ZIP Code. **

* These errors would have been handled during HCUP data processing.

** These data elements are not included in the HCUP data files.

New Jersey

New Jersey documentation indicates that birth weight is reported for children under 29 days old. New Jersey restricts the values of birth weight to the range 100-9000 grams.

New York

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

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

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

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

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

BYEAR - Birth year

General Notes

Birth year (BYEAR) is derived from the date of birth (DOB). If DOB is missing, then BYEAR is missing (.). If DOB is invalid, then BYEAR is invalid (.A).

Uniform Values

Variable	Description	Value	Value Description
BYEAR	Birth year	yyyy	Birth year
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, birth year (BYEAR) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

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

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

CHGn - Detailed charges

General Notes

Detailed charges are submitted charges that pertain to a specified revenue center or group of revenue centers. Detailed charges (CHGn) are retained as provided by the data source, including cents and negative values. Zero charges are retained as a zero and are NOT set to missing (.). Charges greater than $9,999,999 are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
CHGn	Detailed charges	+/- 7(n).nn	Charges
		.	Missing
		.A	Invalid

State Specific Notes

Arizona

Beginning in 1995, the source reports detailed charges. Arizona uses the UB-92 revenue codes to group similar charges. For example, CHG8 "Nursery" includes all charges to the three-digit UB-92 revenue codes that begin with 17. This will include "Routine Newborn," revenue code 170, and "Neo-Natal ICU," revenue code 175.

The detailed charges are almost always missing (usually between 90-100% of records contain no charges). Some exceptions are:

- Revenue Center - Missing
- Room and Board, two beds - 55%;
- Pharmacy - 11%
- Medical/surgical supplies - 17%
- Laboratory - 11%
- Radiology-Diagnostic - 48%
- Emergency Room - 58%... etc.

Detailed charge categories for Arizona are:

CHGn	Description	UB-92 Revenue Codes
CHG1	All Inclusive Room and Board	10x
CHG2	Room and Board, Private	11x
CHG3	Room and Board, Two Beds	12x
CHG4	Room and Board, 3-4 Beds	13x
CHG5	Private (Deluxe)	14x
CHG6	Room and Board, Ward	15x
CHG7	Room and Board, Other	16x
CHG8	Nursery	17x
CHG9	ICU	20x
CHG10	CCU	21x
CHG11	Special Charges	22x
CHG12	Incremental Charges	23x
CHG13	All Inclusive Ancillary	24x
CHG14	Pharmacy	25x
CHG15	IV Therapy	26x
CHG16	Medical/Surgical Supplies	27x
CHG17	Oncology	28x
CHG18	DME (Other than renal)	29x
CHG19	Laboratory	30x
CHG20	Laboratory Pathology	31x
CHG21	Radiology, Diagnostic	32x
CHG22	Radiology, Therapeutic	33x
CHG23	Nuclear Medicine	34x
CHG24	CT Scan	35x
CHG25	Operating Room	36x
CHG26	Anesthesia	37x
CHG27	Blood	38x
CHG28	Blood Storage/Processing	39x
CHG29	Other Imaging	40x
CHG30	Respiratory Services	41x
CHG31	Physical Therapy	42x
CHG32	Occupational Therapy	43x
CHG33	Speech Therapy	44x

CHG34	Emergency Room	45x
CHG35	Pulmonary Function	46x
CHG36	Audiology	47x
CHG37	Cardiology	48x
CHG38	Osteopathic Services	53x
CHG39	Ambulance	54x
CHG40	Medical Social Services	56x
CHG41	MRI	61x
CHG42	Medical Surgical Supplies (extension of revenue codes 27x)	62x
CHG43	Drugs requiring specific ID	63x
CHG44	Cast Room	70x
CHG45	Recovery Room	71x
CHG46	Labor/Delivery Room	72x
CHG47	EKG/ECG	73x
CHG48	EEG	74x
CHG49	Gastro Intestinal Services	75x
CHG50	Treatment/Observation Room	76x
CHG51	Lithotripsy	79x
CHG52	Inpatient Renal Dialysis	80x
CHG53	Organ Acquisition	81x
CHG54	Miscellaneous Dialysis	88x
CHG55	Psychiatric Treatment	90x
CHG56	Psychiatric Services	91x
CHG57	Other Diagnostic Services	92x
CHG58	Other Therapeutic Services	94x
CHG59	Professional Fees	96x
CHG60	Professional Fees	97x
CHG61	Professional Fees	98x
CHG62	Patient Convenience Items	99x
CHG63	All Other Charges	---

Colorado

The charge categories for Colorado are:

CHG1	Routine Charges (UB-92 Revenue Codes 100-239)
CHG2	Laboratory Charges (UB-92 Revenue Codes 300-319)
CHG3	Radiology Charges (UB-92 Revenue Codes 320-359, 400-409, 610-619)
CHG4	Pharmacy Charges (UB-92 Revenue Codes 250-259)
CHG5	All Other Charges (All other UB-92 Revenue Codes)

Florida

Starting in 1992, Florida supplied charge details by aggregated UB-82 revenue center categories. The following are the revenue centers associated with each variable. The small x refers to all valid digits within the general category, e.g., revenue center 11x refers to 110-119.

Variable	Category	Aggregated UB-82 Revenue Centers
CHG1	Room Charges	11x-16x
CHG2	Nursery	17x
CHG3	Intensive Care	20x (Not available in 1997)
CHG4	Coronary Care	21x (Not available in 1997)
CHG5	Pharmacy	25x (Not available in 1997)
CHG6	Medical/Surgical Supplies & Devices	27x (Not available in 1997)
CHG7	Oncology	28x
CHG8	Laboratory	30x
CHG9	Laboratory Pathological	31x
CHG10	Radiology-Diagnostic	32x
CHG11	Radiology-Therapeutic	33x
CHG12	Nuclear Medicine	34x
CHG13	CT Scan	35x
CHG14	Operating Room Service	36x
CHG15	Anesthesia	37x
CHG16	Respiratory Services	41x
CHG17	Physical Therapy	42x
CHG18	Occupational Therapy	43x

CHG19	Emergency Room	45x
CHG20	Cardiology	48x
CHG21	Magnetic Resonance Imaging (MRI)	61x
CHG22	Recovery Room	71x
CHG23	Labor Room/Delivery	72x
CHG24	Other (not covered by preceding revenue code groups)	---

Iowa

Beginning in 1993, Iowa includes professional fees (CHG1) 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. Beginning with 2003, Iowa no longer collects separate professional fees (CHG1).

Beginning in 1998, Iowa provides 22 additional detailed charges for a total of 23 detailed charges. They are as follows:

HCUP Variable	**Revenue Centers**	**UB-92 Codes**
CHG1	Professional component charges	Not specified
CHG2	Room	11x-16x, 230, 235, 239
CHG3	Nursery	17x, 231
CHG4	ICU	20x, 21x, 233, 234
CHG5	Pharmacy	25x, 63x
CHG6	Medical/Surgical Supply	27x, 62x
CHG7	Laboratory	30x, 31x
CHG8	MRI and CAT Scans	35x, 61x
CHG9	Therapeutic Radiology	33x
CHG10	Other Imaging Services	32x, 40x
CHG11	Nuclear Medicine	34x
CHG12	Operating Room	36x
CHG13	Anesthesia	37x
CHG14	Respiratory Therapy	41x
CHG15	Physical Therapy	42x

CHG16	Uncovered	253, 99x
CHG17	Professional Fees	96x, 97x, 98x
CHG18	Treatment or Observation Room	76x
CHG19	Ambulatory Surgical Care	49x
CHG20	Emergency Room	45x
CHG21	Recovery Room	71x
CHG22	Prior to 7/1/03: Other Beginning 7/1/03: Labor and Delivery (UB-92 codes 72x)	
CHG23	Prior to 7/1/03: Labor and Delivery (UB-92 codes 72x) Beginning 7/1/03: Other	

Kentucky

Detailed charges (CHGn) are associated with identified revenue centers (REVCDn) and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. Kentucky reports detailed charges (CHGn) associated with standard UB-92 revenue codes stored in REVCDn. Kentucky does not collapse or redefine ranges of revenue codes.

Information on total charges (revenue center 001) was removed from the detailed charge arrays. (CHGn, REVCDn, and UNITn). Information on total charges is available in the HCUP variables TOTCHG and TOTCHG_X.

Maine

The number of available detail charges varies by year.

In 1999, Maine provides total charges for professional fees (CHG1). Professional charges (CHG1) were subtracted from the supplied total charge during HCUP processing to make Maine total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Beginning in 2000, Maine provides 33 detail charges. Detailed charges (CHG1-CHG33) are associated with the identified revenue centers (REVCD1-REVCD33), and units of service (UNIT1-UNIT3). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. Revenue codes are available for accommodation and ancillary charges. Units are available for accommodation charges. Maine also provides total charge for professional fees (CHG34). Professional charges (CHG34) were subtracted from the supplied total charge during HCUP processing to make Maine total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

In 2003, Maine did not supply HCUP with detailed charge information but did provide 3 Units of Service and 33 Revenue Centers.

Maryland

For 1990-1992, detailed charges were reported by Maryland but were not processed as HCUP variables. Beginning in 1993, detailed charges are available for Maryland.

The charge categories for Maryland are:

CHG1	Medical/Surgical Acute Charges
CHG2	Coronary Care Charges
CHG3	Medical/Surgical Intensive Care Charges
CHG4	Nursery Charges
CHG5	Oncology Charges
CHG6	Skilled Nursing Care Charges
CHG7	Psychiatric Acute Charges
CHG8	Operating Room Charges
CHG9	Drug Charges
CHG10	Radiology Diagnostic Charges
CHG11	Radiology Therapeutic Charges
CHG12	Nuclear Medicine Charges
CHG13	CAT Scan Charges
CHG14	MRI Charges
CHG15	Cardiac Catheterization Charges
CHG16	Laboratory Charges
CHG17	Medical Supplies Charges
CHG18	Respiratory Therapy Charges
CHG19	Physical Therapy Charges
CHG20	Occupational Therapy Charges
CHG21	Speech and Audiology Charges
CHG22	Pulmonary Function Charges
CHG23	Anesthesiology Charges
CHG24	Blood Charges
CHG25	Emergency Room Charges
CHG26	Outpatient Clinic Charges
CHG27	Freestanding Clinic Charges

CHG28	Labor and Delivery Charges
CHG29	EKG Charges
CHG30	EEG Charges
CHG31	Other Charges

Massachusetts

The charge detail provided by Massachusetts varies across years.

- *Starting in 1999:* Detailed charges (CHGn) are associated with the UB-92 revenue centers (REVCDn), and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service are specified in UNIT1. Massachusetts provides 110 revenue codes, detail charges, and units, but not all revenue centers (REVCDn) have an associated charge (CHGn = .). During HCUP processing, the array of revenue codes, charges, and units are condensed so that only the revenue codes that have non-missing charges are retained. No information is lost.

- *In 1998:* Detailed charges (CHGn) are associated with the UB-92 revenue centers (REVCDn), and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service are specified in UNIT1. Massachusetts provides 110 revenue codes, detail charges, and units, but not all revenue centers (REVCDn = .) have a charge (CHGn = .). The revenue codes are constant across records. For example, REVCD1 = 111 on all discharges even if there is no charge (CHG1 = .) for that revenue center.

- *1994-1997:* Massachusetts reported charge details and units by <u>specific</u> UB-92 revenue centers. The detailed charges and units are retained on the HCUP files in assigned positions. For example, CHG1 is always for UB-92 revenue code 111 "Routine Medical/Surgical." Refer to the tables below for CHGn revenue center definitions for 1994-1997 files. Definitions of detail charges (CHGn) and units (UNITn) in the HCUP Massachusetts files do not necessarily match definitions in earlier years.

- *1988-1993:* Massachusetts reported charge details and units by <u>aggregated</u> revenue center categories. Hospitals were responsible for mapping UB-82 revenue center codes into Massachusetts' revenue center categories. For example, all laboratory charges that would be charged to UB-82 revenue codes 300-312, 314, 319, and 971 were aggregated and reported to Massachusetts under one category. The detailed charges and units are retained on the HCUP files in assigned positions. Refer to the tables below for CHGn revenue center definitions for 1988-1993 files.

The HCUP Massachusetts files for 1988-1993 include an "unknown revenue center" charge (CHG43) that is not included for subsequent years. Detailed charges, excluding

the "unknown revenue center" charges, can be summed to the total charges (TOTCHG and TOTCHG_X).

Charge Categories in 1994-1997

For 1994-1997, Massachusetts provided 81 charge categories. Beginning in the 4th quarter of 1997, seven more charge categories (CHG82-CHG88) were added. Data quality problems often appear in the first year that data elements are added, so use these data elements with caution. The following are the UB-92 revenue centers associated with each variable:

Included UB-92 Category	Variable	Revenue Center
Routine Medical/Surgical	CHG1	111
Routine Obstetrics	CHG2	112
Routine Pediatrics	CHG3	113
Routine Psychiatric	CHG4	114
Routine Hospice	CHG5	115
Routine Detoxification	CHG6	116
Routine Oncology	CHG7	117
Routine Rehabilitation	CHG8	118
Other Routine Accommodation	CHG9	119
Routine Newborn	CHG10	170
Neo-Natal ICU	CHG11	175
Medical/Surgical ICU	CHG12	200
Pediatric ICU	CHG13	203
Psychiatric ICU	CHG14	204
Post Care ICU	CHG15	206
Burn Unit	CHG16	207
Trauma ICU	CHG17	208
Other Special Care ICU	CHG18	209
Coronary Care Unit	CHG19	210
Myocardial Infarction Unit	CHG20	211
Pulmonary Care Unit	CHG21	212
Heart Transplant Unit	CHG22	213
Post Coronary Care Unit	CHG23	214
Other Coronary Care Unit	CHG24	219
Special Charges	CHG25	220

Incremental Nursing Charge Rate	CHG26	230
All Inclusive Ancillary	CHG27	240
Pharmacy	CHG28	250
IV Therapy	CHG29	260
Medical/Surgical Supplies	CHG30	270
Oncology	CHG31	280
Durable Medical Equipment	CHG32	290
Laboratory	CHG33	300
Laboratory Pathological	CHG34	310
Diagnostic Radiology	CHG35	320
Therapeutic Radiology	CHG36	330
Nuclear Medicine	CHG37	340
CAT Scan	CHG38	350
Surgical Service (OR)	CHG39	360
Anesthesia	CHG40	370
Blood	CHG41	380
Blood Storage/Processing	CHG42	390
Other Imaging Services	CHG43	400
Respiratory Services	CHG44	410
Physical Therapy	CHG45	420
Occupational Therapy	CHG46	430
Speech-Language Pathology	CHG47	440
Emergency Room	CHG48	450
Pulmonary Function	CHG49	460
Audiology	CHG50	470
Cardiology	CHG51	480
Ambulatory Surgical Care	CHG52	490
Outpatient Services before Admission (Invalid for Inpatient Services)	CHG53	500
Clinic (Invalid for Inpatient Purposes)	CHG54	510
Ambulance	CHG55	540
Medical Social Services	CHG56	560
MRI	CHG57	610
Med./Surg. Supplies (extends 270)	CHG58	620
Drugs Req. Specific Identification	CHG59	630

Hospice Services	CHG60	650
Cast Room	CHG61	700
Recovery Room	CHG62	710
Labor Room/Delivery	CHG63	720
EKG/ECG	CHG64	730
EEG	CHG65	740
Gastro-Intestinal Services	CHG66	750
Treatment or Observation Room	CHG67	760
Lithotripsy	CHG68	790
Inpatient Renal Dialysis	CHG69	800
Organ Acquisition	CHG70	810
Dialysis (National Assignment)	CHG71	860
Miscellaneous Dialysis	CHG72	880
Other Donor Bank	CHG73	890
Psychiatric/Psycholog. Treatments	CHG74	900
Psychiatric/Psychological Services	CHG75	910
Other Diagnostic Services	CHG76	920
Other Therapeutic Services	CHG77	940
Other Ancillary Services	CHG78	950
Professional Fees	CHG79	960
Professional Fees	CHG80	970
Professional Fees	CHG81	980
Chronic	CHG82	192 (Available 4th qtr 1997)
Sub-Acute	CHG83	196 (Available 4th qtr 1997)
TCU	CHG84	197 (Available 4th qtr 1997)
SNF	CHG85	198 (Available 4th qtr 1997)
Treatment Room	CHG86	761 (Available 4th qtr 1997)
Observation Room	CHG87	762 (Available 4th qtr 1997)
Other Observation Room	CHG88	769 (Available 4th qtr 1997)

Charge Categories in 1988-1993

For 1988-1993, Massachusetts provided 43 charge categories. The following are the revenue centers associated with each variable:

Included UB-92 Category	**Variable**	**Revenue Center**
Routine Medical/Surgical	CHG1	111, 121, 131, 141, 151
Routine Obstetrics	CHG2	112, 122, 132, 142, 152
Routine Pediatrics	CHG3	113, 123, 133, 143, 153
Routine Psychiatric	CHG4	114, 124, 134, 144, 154
Routine Other	CHG5	119, 129, 139, 149, 159
Routine Newborn	CHG6	170, 171, 172, 179
Neo-Natal ICU	CHG7	175
Medical/Surgical ICU	CHG8	201, 202
Pediatric ICU	CHG9	203
Psychiatric ICU	CHG10	204
Burn Unit	CHG11	207
Other ICU	CHG12	209
Coronary Care Unit	CHG13	210
Pharmacy	CHG14	250-259
IV Therapy	CHG15	260
Medical/Surg Supplies	CHG16	270, 272-275, 277-279, 290-292, 299
Laboratory	CHG17	300-307, 309-312, 314, 319, 971
Diagnostic Radiology	CHG18	320-321, 324, 329, 400-402, 409, 972
Therapeutic Radiology	CHG19	330-333, 335, 339, 973
Nuclear Medicine	CHG20	340-342, 349, 974
CAT Scanner	CHG21	350-352, 359
Surgical Service (OR)	CHG22	360-362, 367, 369, 975
Anesthesiology	CHG23	370, 374, 379, 963-964
Blood	CHG24	380-382, 389
Blood Storage Proc & Adm	CHG25	390-391, 399
Respiratory Therapy	CHG26	410, 412-413, 419, 976
Physical Therapy	CHG27	420, 429, 977
Occupational Therapy	CHG28	430, 439, 978

Speech Therapy	CHG29	440, 449, 979
Emergency Room	CHG30	450, 459, 981
Pulmonary Function	CHG31	460, 469
Audiology	CHG32	470-472, 479
Cardiac Catheterization	CHG33	480-482, 489
Ambulance	CHG34	540-545, 549
Recovery Room	CHG35	710, 719
Labor and Delivery	CHG36	720-724, 729
EKG	CHG37	730-731, 739, 985
EEG	CHG38	740, 749, 922, 986
Renal Dialysis	CHG39	800-802, 805-814, 880-881
Kidney Acquisition	CHG40	860-866
Psychology/Psychiatry	CHG41	900-903, 909-919, 961
Other Ancillary	CHG42	280, 490, 499, 510-512, 519, 530-531, 539, 560, 700, 709, 750, 759, 890-893, 899, 920-921,929, 940-943, 949, 960, 962, 969, 984, 987, 988, 989
Unknown Revenue Center	CHG43	Includes charges for which the UB-82 revenue center was invalid, not used by Massachusetts Rate Setting Commission, or unspecified.

Nebraska

Detailed charges (CHGn) pertain to are associated with the identified revenue centers as indicated by the revenue code (REVCDn) and the units of service (UNITn) for one service (CPTn). For example, CHG1 pertains applies to the revenue center coded in REVCD1 and the units of service specified in UNIT1 for a specified service CPT1.

Nebraska provided the charge detail in a separate, linkable file. During HCUP processing, the source file was manipulated to be consistent with the format of detail charge information in other states. The source file had one record per service, multiple records per discharge. The HCUP file has one record per discharge that includes all of the provided detail.

Nevada

Detailed charges (CHGn) are associated with the identified revenue centers (REVCDn) and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1.

In the rare event that there were more revenue charges than could be retained in the array of revenue codes, charges, and units, Nevada set the revenue code to "9999", the charge to the sum of the remaining charges, and the units to the sum of the remaining units.

New Jersey

The charge categories from New Jersey are:

CHG1	Medical - Surgical Charges
CHG2	Obstetric Charges
CHG3	Pediatric Charges
CHG4	Psychiatric Charges
CHG5	Burn Care Unit Charges
CHG6	Intensive Care Unit Charges
CHG7	Coronary Care Unit Charges
CHG8	Neonatal Intensive Care Unit Charges
CHG9	Newborn Nursery Charges
CHG10	Emergency Room Charges
CHG11	Clinic Charges
CHG12	Home Health Charges
CHG13	Anesthesiology Charges
CHG14	Cardiac Catheterization Charges
CHG15	Delivery and/or Gyn Charges
CHG16	Dialysis Charges
CHG17	Drug or Pharmacy Charges
CHG18	Electrocardiogram Charges
CHG19	Laboratory Charges
CHG20	Medical Surgical Supply Charges
CHG21	Neurology Charges
CHG22	Nuclear Medicine Charges
CHG23	Occupational Therapy Charges
CHG24	Operating Room Charges
CHG25	Organ Acquisition Charges
CHG26	Physical Therapy Charges
CHG27	Psychiatric Charges
CHG28	Radiology Charges

CHG29	Respiratory Therapy Charges
CHG30	Speech Pathology Charges
CHG31	Therapeutic Radiology Charges
CHG32	Same Day Surgery Charges
CHG33	Excluded Charges
CHG34	Non-Acute Ancillary Charges
CHG35	Medicare, Part B, Non-Acute Charges

Warning: In 1995, confusion over the mapping of Uniform Billing revenue codes to Neonatal Intensive Care Unit charges (CHG8) and newborn nursery charges (CHG9) caused some hospitals to erroneously place NICU charges (CHG8) under nursery charges (CHG9). This does not affect other years.

New Jersey includes professional fees in several charge categories because professional fees are aggregated within the revenue centers and the fees cannot be separated. There is no documentation available from the data source to determine where professional fees were included.

New York

Detailed charges (CHGn) are associated with the identified revenue centers (REVCDn), units of service (UNITn) and rates (RATEn). For example, CHG1 applies to the revenue center in REVCD1 for the rate in RATE1 and the units of service specified in UNIT1. Revenue codes are available for accommodation and ancillary charges. Units and rates are available only for accommodation charges.

- CHG1-CHG5 contain accommodation charges and
- CHG6-CHG25 contains ancillary charges.

See note under revenue codes (REVCDn) for a definition of all of the revenue codes associated with these detailed charges (CHGn).

Blood Charges

- For 1988-1992, CHG26 contains blood charges but there is no associated revenue center.
- For 1993, there are no blood charges included in the HCUP New York Inpatient data.
- Beginning in 1994, blood charges are indicated by revenue centers 381 (packed red blood cells) and 382 (whole blood).

Adjustment to Charges for Interim Bills

- For 1988-1992, 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) and charge details (CHGn, RATEn, UNITn, REVCDn) 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 1993, billing dates were not reported by New York and the adjustment to charge details (CHGn, RATEn, UNITn, REVCDn) was not made.

North Carolina

Beginning in 2002, detailed charges (CHGn) are associated with the identified revenue centers (REVCDn) and units of service (UNITn), and daily rates (RATEn). For example, CHG1 applies to the revenue center in REVCD1, the units of service specified in UNIT1, and the rate in RATE1. North Carolina reports detailed charges (CHGn) associated with standard UB-92 revenue codes stored in REVCDn.

For 2002-2003 data, charge detail was incorrect for about 1% of the discharges. Some facilities in North Carolina reused their record identifiers across fiscal years (starting each October). This means that two distinct discharges share an identical state-supplied record identifier. The charge detail for the different discharges were erroneously combined because of the identical record identifiers. There is no way to determine which HCUP records have this problem.

Prior to 2002, North Carolina provided 10 detail charges:

HCUP Variables	Description
CHG1	Routine charges
CHG2	ICU/CCU charges
CHG3	Surgery charges
CHG4	Laboratory charges
CHG5	Pharmacy charges
CHG6	Radiology charges
CHG7	Respiratory charges
CHG8	Physical Therapy charges
CHG9	Supplies charges
CHG10	Other charges

Oregon

Beginning in 1995 HCUP Oregon databases, ten detailed charge categories are available:

Variable	Charge Category
CHG1	Ancillary charges
CHG2	Room and board charges
CHG3	Anesthesiology charges
CHG4	Laboratory charges
CHG5	Labor and delivery charges
CHG6	Oncology charges
CHG7	Operating room charges
CHG8	Pharmacy charges
CHG9	Radiology charges
CHG10	Other charges

The ancillary charge (CHG1) is the sum of all charges except room and board charges (CHG3-CHG10).

Some hospitals reported detailed charges (CHG1-CHG10) but not total charges (TOTCHG and TOTCHG_X) on charity bills since there are no charges to the patient. Other hospitals did not submit data for the detailed charge categories (CHG1-CHG10), although total charges (TOTCHG and TOTCHG_X) were reported.

Rhode Island

Rhode Island provides 12 detail charges:

HCUP Variables	Description
CHG1	Room and Board general
CHG2	Room and Board special
CHG3	OR/Recovery room charges
CHG4	Anesthesia charges
CHG5	Supplies & equipment charges
CHG6	Laboratory charges
CHG7	Diagnostic tests charges
CHG8	Therapy charges
CHG9	Blood charges
CHG10	Pharmacy charges
CHG11	Other ancillary charges
CHG12	Patient convenience items charges

South Carolina

The number of detailed charges supplied by South Carolina changes across years.

- Prior to 1995, South Carolina supplied 51 detailed charges and no charge for "Other Charges".
- In 1995, South Carolina supplied 52 detailed charges. They created charge fields (CHG1-CHG51) that were comparable to previous years and added a new charge field (CHG52) labeled "Other Charges".
- Starting in 1996, South Carolina supplied 78 detailed charges. Some charges are an addition to those previously supplied. For example, starting in 1996 there is a category for room and board charges from a Hospice. Other charges give more detail than previously supplied. For example, prior to 1996 there was one charge for ICU charges. Starting in 1996, there are 5 different ICU charges.

Starting in 1996, the detailed charge categories from South Carolina were:

CHGn	Charge Category
CHG1	Room and Board - All Inclusive Rate
CHG2	Room and Board - General medical charges
CHG3	Room and Board - Psych charges
CHG4	Room and Board - Hospice charges
CHG5	Room and Board - Detox charges
CHG6	Room and Board - Oncology charges
CHG7	Room and Board - Rehab charges
CHG8	Room and Board - Other charges
CHG9	Nursery - Levels I and Other charges
CHG10	Nursery - Level II
CHG11	Nursery - Level III
CHG12	Nursery - Level IV
CHG13	ICU charges
CHG14	ICU - Pediatric charges
CHG15	ICU - Psych charges
CHG16	ICU - Intermediate ICU charges
CHG17	ICU - Burn Unit charges
CHG18	Coronary Care charges
CHG19	Coronary Care - Intermediate CCU charges
CHG20	Special charges
CHG21	Nursing acuity charges

CHG22	All Inclusive Ancillary
CHG23	Pharmacy charges
CHG24	IV Therapy charges
CHG25	Supplies charges
CHG26	Oncology charges
CHG27	Equipment charges
CHG28	Laboratory charges
CHG29	Radiology - Diagnostic charges
CHG30	Radiology - Therapeutic services charges
CHG31	Chemotherapy charges
CHG32	Linear Accelerator
CHG33	Nuclear medicine charges
CHG34	CT scan charges
CHG35	Operating room charges
CHG36	Anesthesia charges
CHG37	Blood charges
CHG38	Other Imaging charges
CHG39	PET Scan charges
CHG40	Respiratory therapy charges
CHG41	Physical therapy charges
CHG42	Occupational therapy charges
CHG43	Speech and Audiology charges
CHG44	Emergency room charges
CHG45	Pulmonary function charges
CHG46	Cardiology charges
CHG47	Cath lab charges
CHG48	Ambulatory surgical care (ASC) charges
CHG49	Outpatient services - general charges
CHG50	Outpatient Clinic services charges
CHG51	Outpatient Clinic - freestanding charges
CHG52	Other Inpatient services charges
CHG53	Ambulance services charges
CHG54	Skilled Nursing charges
CHG55	Home Health Agency (HHA) charges
CHG56	MRI charges

CHG57	Hospice charges
CHG58	Outpatient Special Resident charges
CHG59	Recovery room charges
CHG60	Labor room/delivery charges
CHG61	EKG charges
CHG62	EEG charges
CHG63	Gastro Intestinal charges
CHG64	Observation Beds charges
CHG65	Preventative Care services charges
CHG66	Vaccine Administration charges
CHG67	Lithotripsy charges
CHG68	Renal Dialysis - Inpatient charges
CHG69	Organ acquisition charges
CHG70	Dialysis Outpatient charges
CHG71	Psychiatric/Psychol services charges
CHG72	Other Therapy Rehabilitation charges
CHG73	Cardiac rehabilitation charges
CHG74	Alcohol and Drug rehabilitation charges
CHG75	Professional fees - Providers and Other Specialists charges
CHG76	Professional fees - Therapies and Lab charges
CHG77	Professional fees - Other and Outpatient services charges
CHG78	Patient Convenience charges

Prior to 1996, the detailed charge categories from South Carolina were:

CHGn	**Charge Category**
CHG1	Room and Board - general medical charges
CHG2	Room and Board - psychology charges
CHG3	Room and Board - detoxification charges
CHG4	Room and Board - oncology charges
CHG5	Room and Board - rehabilitation charges
CHG6	Room and Board - other charges
CHG7	Nursery charges
CHG8	Premature nursery charges
CHG9	Neonatal ICU charges

CHG10	ICU charges
CHG11	CCU charges
CHG12	Nursing acuity charges
CHG13	Pharmacy charges
CHG14	Supplies charges
CHG15	Equipment charges
CHG16	Laboratory charges
CHG17	Radiology charges
CHG18	Chemotherapy charges
CHG19	Radiology-therapeutic services charges
CHG20	Nuclear medicine charges
CHG21	CT scan charges
CHG22	Operating room charges
CHG23	Anesthesia charges
CHG24	Blood charges
CHG25	PET scan charges
CHG26	Respiratory therapy charges
CHG27	Physical therapy charges
CHG28	Other therapy charges
CHG29	Emergency room charges
CHG30	Pulmonary function charges
CHG31	Cardiology charges
CHG32	Cardiac Catherization lab charges
CHG33	Ambulatory surgical services charges
CHG34	Ambulance services charges
CHG35	MRI charges
CHG36	Recovery room charges
CHG37	Labor room/delivery charges
CHG38	EKG charges
CHG39	EEG charges
CHG40	Observation charges
CHG41	Lithotripsy charges
CHG42	Inpatient renal dialysis charges
CHG43	Organ acquisition charges
CHG44	Miscellaneous dialysis charges

CHG45	Psychiatric/psychological treatment charges
CHG46	Cardiac rehabilitation charges
CHG47	Complex medical equipment charges
CHG48	Professional fees
CHG49	Other inpatient charges
CHG50	Other outpatient charges
CHG51	Invalid revenue code charges
CHG52	Other charges (valid beginning in 1995)

Utah

The charge categories for Utah are:

CHG1	Facility charges (revenue codes 10x-94x)
CHG2	Professional charges (revenue codes 95x-98x)
CHG3	Emergency department charges (revenue codes 45x) (beginning in 2002 in the SID and 2001 in the SEDD)

Washington

Detailed charges (CHGn) are associated with the identified revenue centers (REVCDn) and the units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1.

Units are not required for all revenue sources; the units field may be coded as missing (.) or zero.

Beginning in 2000, if total charges are identified in the detail charges (REVCDn = "001"), the corresponding detail charge, unit, and revenue code are set to missing.

West Virginia

Detailed charges (CHGn) are associated with identified revenue centers (REVCDn) and units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. West Virginia reports detailed charges (CHGn) associated with standard UB-92 revenue codes stored in REVCDn. West Virginia does not collapse or redefine ranges of revenue codes.

The first 12 variables in each array (CHG1-CHG12, REVCD1-REVCD12, and UNIT1-UNIT12) are reserved for room and board services; the remaining variables are used for ancillary services.