

## **Description of Data Elements**

### **HCUP State Ambulatory Surgery Databases (SASD)**

#### **Volume 2 - Data Elements**

#### **Beginning with letters N-Z**

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 (1997) and (1998-2003) for specific information on which states and data elements are included in each year of the SASD.

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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## NCPT - Number of CPT/HCPCS procedures for this discharge

### General Notes

NCPT indicates the total number of CPT or HCPCS procedures (valid and invalid) coded on the discharge record. In assigning NCPT, the first listed CPT procedure is included in the count, even if it is blank, so long as there is an additional CPT procedure present (see table below).

Value	Description
0	No CPT or HCPCS procedures are coded on the record.
1	Only the first listed procedure (CPT1) is coded. All secondary procedures are blank.
2	One secondary procedure (CPT2) is coded. The first listed procedure (CPT1) may be coded or blank.
3	The second and third procedures (CPT2 and CPT3) are coded. The first listed procedure (CPT1) may be coded or blank.
etc.	

### Uniform Values

Variable	Description	Value	Value Description
NCPT	Number of CPT/HCPCS procedures for this discharge	0 - 25	Number of procedures

### State Specific Notes

*None*

## NDX - Number of diagnoses on this discharge

<b>General Notes</b>
----------------------

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

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

<b>Uniform Values</b>
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Variable	Description	Value	Value Description
NDX	Number of diagnoses on this discharge	0 - 30	Number of diagnoses

<b>State Specific Notes</b>
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*None*

## NEcode - Number of E codes on this record

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

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

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

<b>Uniform Values</b>
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Variable	Description	Value	Value Description
NEcode	Number of E codes on this record	nn	Number of E codes

<b>State Specific Notes</b>
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*None*

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

### General Notes

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

### Uniform Values

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

### State Specific Notes

#### Florida

NEOMAT is typically determined by diagnosis and procedure screens that identify maternal and neonatal ICD-9-CM codes. Prior to 1999, NEOMAT could only be assigned using diagnoses because Florida did not provide ICD-9-CM procedure codes.

## NPR - Number of procedures on this discharge

### General Notes

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

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

### Uniform Values

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

### State Specific Notes

#### South Carolina

Due to an error in processing the 1996 SASD for freestanding facilities, the number of coded procedures (NPR) can be greater than zero when no procedures are coded on the discharge. This was caused by procedure codes of "XXXX" being set to blank after the number of procedures was counted. The number of procedures (NPR) is accurately calculated in 1997.



## ORTIME - Operating room time

### General Notes

The time in the operating room (ORTIME) is retained as provided by the data source. Nonnumeric source data are set to invalid (.A). The reported time is exclusive of pre-operative and post-operative time.

### Uniform Values

Variable	Description	Value	Value Description
ORTIME	Operating room time	4(n)	Minutes
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

### State Specific Notes

#### New York

New York defines operating room time as the total time actually in the operating room exclusive of pre-operative (preparation) and post-operative (recovery) time.

If the operating room time was greater than 10 hours, New York reported the total time as 9 hours and 59 minutes (ORTIME = 599 minutes).

## PAY1 - Expected primary payer, uniform

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

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

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

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

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

Uniform Values			
Variable	Description	Value	Value Description
PAY1	Expected primary payer, uniform	1	Medicare
		2	Medicaid
		3	Private insurance
		4	Self-pay
		5	No charge
		6	Other
		.	Missing
		.A	Invalid

		.B	Unavailable from source (coded in 1988-1997 data only)
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<b>State Specific Notes</b>
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**Colorado**

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

<b>Colorado</b>			
<b>(Valid from 1993-1997)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>

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

<b>Colorado</b>			
<b>(Valid from 1988-1992)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
3	Medicare	1	Medicare
4	Medicaid	2	Medicaid
7	Blue Cross/Blue Shield	3	Private insurance
8	Commercial insurance		
B	HMO-PPO		
1	Self-Pay	4	Self-pay
9	No Charge	5	No charge
5	Title V	6	Other
2	Workers' Compensation		
6	Other government		
A, C	Other; Other non-gov		
"00", blank	Unknown	.	Missing

Other Values		.A	Invalid
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**Florida**

<b>Florida</b>			
<b>(Valid beginning in 1998)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
A	Medicare	1	Medicare
B	Medicare HMO	1	Medicare
C	Medicaid	2	Medicaid
D	Medicaid HMO	2	Medicaid
E	Commercial Insurance	3	Private Insurance
F	Commercial HMO	3	Private Insurance
G	Commercial PPO	3	Private Insurance
L	Self pay/Under-insured (No third party coverage or less than 30% estimated insurance coverage)	4	Self-pay
N	Charity	5	No charge
H	Worker's Compensation	6	Other
I	Champus		
J	VA		
K	Other State/Local Government		
M	Other		
O	KidCare (Healthy Kids, MediKids, and Children's Medical Services - beginning 2003)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

<b>Florida</b>			
<b>(Valid for 1997)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>

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

<b>Florida</b>			
<b>(Valid from 1992-1996)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
A, B	Medicare, Medicare HMO	1	Medicare
C, D	Medicaid, Medicaid HMO	2	Medicaid
E, G	Commercial insurance (includes self-insured and Blue Cross/Blue Shield); Commercial PPO	3	Private Insurance
F	Commercial HMO		
L	Self-pay, charity, underinsured	4	Self-pay
--		5	No charge
H	Workers' Compensation	6	Other
I, J	CHAMPUS; VA		
K	Other state/local government		
M	Other		
Blank		.	Missing
Other values		.A	Invalid

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

Iowa

Iowa			
(Valid beginning in 2003)			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare (Title 18)	1	Medicare
2	Medicaid (Title 19)	2	Medicaid
6	Blue Cross	3	Private Insurance
7	Commercial (private or group plans including HMO, PPO, ODS)		
8	Self-pay (the patient has no insurance, is ineligible for governmental assistance and is not a "no charge" patient)	4	Self-pay
10	No charge	5	No charge
3	Other State (including State Papers)	6	Other
4	County		
5	CHAMPUS		
9	Workers Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

<b>Iowa</b>			
<b>(Valid 1998-2002)</b>			
<b>PAY1_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Medicare (Title 18)	1	Medicare
11	Medicare Managed Care (Presently no predominant plans in Iowa)	1	Medicare
02	Medicaid (Title 19)	2	Medicaid
12	Medicaid Managed Care (e.g., Medipass, Heritage National, Care Choices, Principal Health Care)	2	Medicaid
06	Blue Cross (e.g., Blue Cross Alliance Select should be recorded as PPO; Blue Cross Unity Choice should be recorded as HMO)	3	Private Insurance
07	Commercial (private or group plans other than HMO, PPO, ODS)	3	Private Insurance
13	HMO (e.g., Care Choices, Medical Associates Health Plan, Inc., Principal Health Care of Iowa, Heritage National Healthplan, Inc., John Deere Family Health Plan, Principal Health Care of Nebraska, United Healthcare of the Midlands, Unity Choice)	3	Private Insurance
14	PPO (e.g., Alliance Select, Healthcare Preferred, Plains Health Network)	3	Private Insurance
15	Organized Delivery Systems (ODS) (e.g., SecureCare of Iowa)	3	Private Insurance
08	Self-pay (the patient has no insurance, is ineligible for governmental assistance and is not a "no charge" patient)	4	Self-pay
10	No charge	5	No charge
03	Other State (including State Papers)	6	Other
04	County		
05	CHAMPUS		
09	Workers Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

**Iowa**



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

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

**Kentucky**

<b>Kentucky</b>			
<b>PAY1_X, PAY2_X, PAY3_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
C	Medicare	1	Medicare
D	Medicaid	2	Medicaid
P	Passport Medicaid Managed Care (beginning with 2003 data)		
F	Commercial - Insurance Company	3	Private insurance
G	Commercial - Blue Cross/Blue Shield	3	Private insurance
J	Commercial - Indemnity	3	Private insurance
K	Commercial - Preferred Provider	3	Private insurance
L	Commercial - HMO	3	Private insurance
M	Commercial - Managed Care	3	Private insurance
A	Self Pay	4	Self-pay
--		5	No charge
B	Workers' Compensation	6	Other
E	Other Federal programs		
H	Champus		
I	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

**Maine**

<b>Maine</b>			
<b>(Valid beginning in 1999)</b>			
<b>PAY1_X, PAY2_X, PAY3_X</b>		<b>PAY1, PAY 2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
05	Blue Cross	3	Private insurance

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

## Maryland

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

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

Maryland			
(Valid from 1996-1997)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
1, 15	Medicare; Medicare HMO	1	Medicare
2, 14	Medicaid; Medicaid HMO	2	Medicaid
4, 16, 17	Blue Cross; Blue Cross NCA; Blue Cross - other State	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other
7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	<b>Primary Payer</b> Unknown; missing	.	Missing
99, 77, blank	<b>Secondary Payer</b> Unknown; not applicable; missing	.	Missing
Other Values		.A	Invalid

Maryland			
(Valid from 1993-1995)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description

1	Medicare	1	Medicare
2, 13,14	Medicaid; Medicaid (state only); Medicaid HMO	2	Medicaid
4	Blue Cross	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other
7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	<b>Primary Payer</b> Unknown; missing	.	Missing
99, 77, blank	<b>Secondary Payer</b> Unknown; not applicable; missing	.	Missing
Other Values		.A	Invalid

<b>Maryland</b>			
<b>(Valid from 1990-1992)</b>			
<b>PAY1_X and PAY2_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
1	Medicare	1	Medicare
2, 13,14	Medicaid; Medicaid (state only); Medicaid HMO	2	Medicaid
4	Blue Cross	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other
7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	Unknown; missing	.	Missing

Other Values		.A	Invalid
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## Michigan

Michigan			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare Fee for Service	1	Medicare
30	Medicare Managed Care Plans		
31	Medicare Type of Plan Unknown		
02	Medicaid Fee for Service	2	Medicaid
40	Medicaid Managed Care Plans		
41	Medicaid Type of Plan Unknown		
06	Blue Cross/Blue Shield	3	Private insurance
07	Other commercial insurance company		
09	Managed care or other		
11	Blue Cross/Blue Shield HMO		
12	Other HMO		
17	Blue Cross/Blue Shield PPO/PPA		
18	Other PPO/PPA	4	Self-pay
08	Self-pay		
10	No charge	5	No charge
03	Title V	6	Other
04	Other government source		
05	Worker's Compensation		
23	Mental Health Contract		
25	Corrections Contract		
99	Other		
00, Blank	Missing or invalid	.	Missing
Any values not documented by the data source		.A	Invalid

## Nebraska

Nebraska			
PAY1_X, PAY2_X and PAY3_X		PAY1	
Value	Description	Value	Description
02	Medicare	1	Medicare

04	Medicaid	2	Medicaid
12	Medicaid		
01	Commercial Insurance	3	Private Insurance
03	Commercial Insurance		
08	Commercial Insurance		
11	Commercial Insurance		
13	Commercial Insurance		
14	Commercial Insurance		
09	Self-pay	4	Self-pay
--	--	5	No charge
05	Worker's Compensation	6	Other
06	Champus/Champva		
07	Other Federal and State Programs		
10	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

### New Jersey

New Jersey			
(Valid beginning in 1998)			
PAY1_X and PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
011	Title XVII (Medicare) Part A	1	Medicare
015	Title XVII (Medicare) Part B		
017	Title XVII (Medicare) Part B - Physician Charges		
082	Medicare HMO (Beginning in 2003)		
012	Title XIX (Medicaid)	2	Medicaid
083	Medicaid HMO (Beginning in 2003)		
010	Blue Cross Plan: Alabama	3	Private Insurance
018	New Jersey State Health Benefits Plan	3	Private Insurance
020	Blue Cross Plan: Arkansas	3	Private Insurance
022	Blue Cross Plan: New Jersey - FEP	3	Private

			Insurance
025	Blue Cross Plan: New Jersey - Garden State	3	Private Insurance
026	Blue Cross Plan: New Jersey - Host	3	Private Insurance
029	Blue Cross Plan: Other Blue Cross	3	Private Insurance
030	Blue Cross Plan: Arizona	3	Private Insurance
040	Blue Cross Plan: California - all other groups	3	Private Insurance
041	Blue Cross Plan: Oakland (CA) (1994 only)	3	Private Insurance
042	Blue Cross Plan: San Francisco (CA) (1994 only)	3	Private Insurance
050	Blue Cross Plan: Colorado	3	Private Insurance
060	Blue Cross Plan: Connecticut	3	Private Insurance
070	Blue Cross Plan: Delaware	3	Private Insurance
080	Blue Cross Plan: District of Columbia	3	Private Insurance
090	Blue Cross Plan: Florida	3	Private Insurance
100	Blue Cross Plan: Columbus (GA) (1994 only)	3	Private Insurance
101	Blue Cross Plan: Georgia - all other groups	3	Private Insurance
110	Blue Cross Plan: Idaho	3	Private Insurance
121	Blue Cross Plan: Illinois	3	Private Insurance
130	Blue Cross Plan: Indiana	3	Private Insurance
140	Blue Cross Plan: Iowa - all other groups	3	Private Insurance
141	Blue Cross Plan: Sioux City (IA) (1994 only)	3	Private Insurance
150	Blue Cross Plan: Kansas	3	Private



			Insurance
160	Blue Cross Plan: Kentucky	3	Private Insurance
170	Blue Cross Plan: Louisiana	3	Private Insurance
180	Blue Cross Plan: Maine	3	Private Insurance
190	Blue Cross Plan: Maryland	3	Private Insurance
200	Blue Cross Plan: Massachusetts	3	Private Insurance
210	Blue Cross Plan: Michigan	3	Private Insurance
220	Blue Cross Plan: Minnesota	3	Private Insurance
230	Blue Cross Plan: Mississippi	3	Private Insurance
240	Blue Cross Plan: Missouri - Kansas City	3	Private Insurance
241	Blue Cross Plan: Missouri - St. Louis	3	Private Insurance
250	Blue Cross Plan: Montana	3	Private Insurance
260	Blue Cross Plan: Nebraska	3	Private Insurance
265	Blue Cross Plan: Nevada	3	Private Insurance
270	Blue Cross Plan: New Hampshire	3	Private Insurance
280	Blue Cross Plan: New Jersey - all other groups	3	Private Insurance
281	Blue Cross Plan: New Jersey - Non-Group Line of Business	3	Private Insurance
290	Blue Cross Plan: New Mexico	3	Private Insurance
300	Blue Cross Plan: Albany (NY) (1994 only)	3	Private Insurance
301	Blue Cross Plan: New York - Buffalo	3	Private Insurance
303	Blue Cross Plan: New York - New York	3	Private

			Insurance
304	Blue Cross Plan: New York - Rochester	3	Private Insurance
305	Blue Cross Plan: New York - Syracuse	3	Private Insurance
306	Blue Cross Plan: New York - Utica	3	Private Insurance
307	Blue Cross Plan: Watertown (NY) (1994 only)	3	Private Insurance
308	Blue Cross Plan: Part A only (NY) (1994 only)	3	Private Insurance
310	Blue Cross Plan: North Carolina	3	Private Insurance
320	Blue Cross Plan: North Dakota	3	Private Insurance
331	Blue Cross Plan: Canton (OH) (1994 only)	3	Private Insurance
332	Blue Cross Plan: Ohio - Cincinnati	3	Private Insurance
333	Blue Cross Plan: Ohio - Cleveland	3	Private Insurance
334	Blue Cross Plan: Columbus (OH) (1994 only)	3	Private Insurance
335	Blue Cross Plan: Lima (OH) (1994 only)	3	Private Insurance
337	Blue Cross Plan: Toledo (OH) (1994 only)	3	Private Insurance
338	Blue Cross Plan: Youngstown (OH) (1994 only)	3	Private Insurance
340	Blue Cross Plan: Oklahoma	3	Private Insurance
350	Blue Cross Plan: Oregon	3	Private Insurance
351	Blue Cross Plan: Portland	3	Private Insurance
360	Blue Cross Plan: Allentown (PA) (1994 only)	3	Private Insurance
361	Blue Cross plan: Pennsylvania - Harrisburg	3	Private Insurance
362	Blue Cross Plan: Pennsylvania -	3	Private

	Philadelphia		Insurance
363	Blue Cross plan: Pennsylvania - Pittsburgh	3	Private Insurance
364	Blue Cross plan: Pennsylvania - Wilkes-Barre	3	Private Insurance
370	Blue Cross plan: Rhode Island	3	Private Insurance
380	Blue Cross plan: South Carolina	3	Private Insurance
390	Blue Cross Plan: Tennessee - Chattanooga	3	Private Insurance
392	Blue Cross Plan: Tennessee - Memphis	3	Private Insurance
400	Blue Cross plan: Texas	3	Private Insurance
410	Blue Cross plan: Utah	3	Private Insurance
415	Blue Cross plan: Vermont	3	Private Insurance
423	Blue Cross plan: Virginia - all other groups	3	Private Insurance
424	Blue Cross Plan: Roanoke (VA) (1994 only)	3	Private Insurance
430	Blue Cross Plan: Alaska/Washington	3	Private Insurance
441	Blue Cross Plan: Charleston (WV) (1994 only)	3	Private Insurance
443	Blue Cross Plan: West Virginia - all other groups	3	Private Insurance
444	Blue Cross Plan: Wheeling (WV) (1994 only)	3	Private Insurance
450	Blue Cross Plan: Wisconsin	3	Private Insurance
460	Blue Cross Plan: Wyoming	3	Private Insurance
470	Blue Cross Plan: Puerto Rico	3	Private Insurance
471	Blue Cross Plan: Hawaii - all other groups	3	Private Insurance
865	Blue Cross Plan: Pennsylvania - Camp Hill	3	Private

	(effective 1/95)		Insurance
932	Blue Cross Plan: Seattle (WA/AK) (1994 only)	3	Private Insurance
936	Blue Cross Plan: Spokane (WA/AK) (1994 only)	3	Private Insurance
971	Blue Cross Plan: Blue Shield (HI) (1994 only)	3	Private Insurance
105	Commercial: Aetna	3	Private Insurance
106	Commercial: NJ Carpenter's Health Fund	3	Private Insurance
107	Commercial: AARP (effective 4/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Continental Assurance	3	Private Insurance
125	Commercial: Equitable	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Metropolitan Life	3	Private Insurance
155	Commercial: Mutual of Omaha	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Prudential	3	Private Insurance
175	Commercial: Travelers	3	Private Insurance
181	Commercial: Washington National	3	Private

	Insurance		Insurance
185	Commercial: New Jersey Auto Dealers Association	3	Private Insurance
186	Commercial: Allstate	3	Private Insurance
187	Commercial: Mutual Life of New York	3	Private Insurance
188	Commercial: National Association of Letter Carriers	3	Private Insurance
189	Commercial: Local Union Insurance	3	Private Insurance
191	Commercial: Lincoln National	3	Private Insurance
192	Commercial: New Jersey Turnpike Authority	3	Private Insurance
193	Commercial: Rasmussen	3	Private Insurance
194	Commercial: Inter County Health Plan	3	Private Insurance
195	Commercial: American Postal Workers	3	Private Insurance
196	Commercial: Leader Administrators	3	Private Insurance
197	Commercial: Fred S. James (James Benefit)	3	Private Insurance
198	Commercial: Mail Handlers Benefit Plan	3	Private Insurance
199	Commercial: Other Commercial Insurance	3	Private Insurance
032	HMO: Americaid Inc. (effective 11/96)	3	Private Insurance
033	HMO: American Preferred Provider Plan, Inc. (effective 11/96)	3	Private Insurance
034	HMO: United Health Care (Effective 8/96)	3	Private Insurance
035	HMO: MEDI-Group, Inc. (HMO Blue) (effective 11/95)	3	Private Insurance
036	HMO: Principal HMO (Effective 8/97)	3	Private Insurance
037	HMO: Mission Health Plans (effective 8/97)	3	Private

			Insurance
043	HMO: Crossroads Health Plan (1994 only)	3	Private Insurance
044	HMO: Cumberland Regional Health Plan (1994 only)	3	Private Insurance
045	HMO: HIP of NJ	3	Private Insurance
046	HMO: HIP of Greater NJ (1994 only)	3	Private Insurance
047	HMO: HMO Blue (Medigroup Central)	3	Private Insurance
048	HMO: HMO of PA-NJ (US Healthcare) & (AETNA Health Plans of NJ, Inc.)	3	Private Insurance
049	HMO: Rutgers Community Health Plan (1994 only)	3	Private Insurance
051	HMO: Southern Inter-County Med Assn (1994 only)	3	Private Insurance
052	HMO: Valley Health Plan (1994 only)	3	Private Insurance
053	HMO: AETNA Health Plans of New Jersey, Inc. (discontinued 6/98)	3	Private Insurance
054	HMO: HMO of NJ (1994 only)	3	Private Insurance
055	HMO: Omni Care (1994 only)	3	Private Insurance
056	HMO: CIGNA HealthCare of Northern NJ, Inc.	3	Private Insurance
057	HMO: Bergen County IPA (1994 only)	3	Private Insurance
058	HMO: PruCare of NJ	3	Private Insurance
059	HMO: Other HMO	3	Private Insurance
061	HMO: MetraHealth Care Plan of Upstate New York (discontinued 6/98)	3	Private Insurance
062	HMO: Garden State Health Plan (discontinued 6/98)	3	Private Insurance
063	HMO: HMO of PA (1994 only)	3	Private Insurance
064	HMO: PruCare (1994 only)	3	Private

			Insurance
065	HMO: MAXICARE (1994 only)	3	Private Insurance
066	HMO: HMO Blue (Medigroup Metro) (discontinued 6/98)	3	Private Insurance
067	HMO: HMO Blue (Medigroup North) (discontinued 6/98)	3	Private Insurance
068	HMO: HMO Blue (Medigroup South) (discontinued 6/98)	3	Private Insurance
069	HMO: HMO Blue (Medigroup Shoreline) (discontinued 6/98)	3	Private Insurance
071	HMO: MetraHealth Care Plan of NJ (discontinued 6/98)	3	Private Insurance
072	HMO: Oxford Health Plan	3	Private Insurance
073	HMO: NYL Care Health Plans of NJ, Inc.	3	Private Insurance
074	HMO: CIGNA Health Care of NJ., Inc. South	3	Private Insurance
075	HMO: Corporate Health Administrators (1994 only)	3	Private Insurance
077	HMO: QUALMED/Greater Atlantic Health Services	3	Private Insurance
078	HMO: Amerihealth HMO, Inc.	3	Private Insurance
081	HMO: Atlanticare Health Plan (effective 11/96)	3	Private Insurance
082	HMO: ChubbHealth Plan (discontinued 6/98)	3	Private Insurance
083	HMO: Community Health Care and Development Corp (discontinued 6/98)	3	Private Insurance
084	HMO: First Option Health Plan (effective 11/96)	3	Private Insurance
085	HMO: Harmony Health Plan (discontinued 6/98)	3	Private Insurance
086	HMO: HMO Blue (Blue Cross/Blue Shield of New Jersey) (discontinued 6/98)	3	Private Insurance
087	HMO: Liberty Health Plan (effective 11/96)	3	Private Insurance
088	HMO: Managed Health Care Systems of	3	Private

	New Jersey, Inc. (effective 11/96)		Insurance
089	HMO: Physician Health Care Plan of New Jersey (discontinued 6/98)	3	Private Insurance
094	HMO: Physician Health Services of New Jersey, Inc. (effective 11/96)	3	Private Insurance
097	HMO: University Health Plans, Inc. (effective 11/96)	3	Private Insurance
076	Miscellaneous: Premier Preferred Care of New Jersey	3	Private Insurance
091	Miscellaneous: Union Insurance	3	Private Insurance
093	Miscellaneous: MAGNET (Magna Care) (effective 1/95)	3	Private Insurance
096	Miscellaneous: QualCare (effective 1/95)	3	Private Insurance
309	No Fault: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other	3	Private Insurance
095	Miscellaneous: Indigent	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Miscellaneous: Hospital Responsibility	5	No charge
014	Champus	6	Other
016	Department of Vocational Rehabilitation		
092	Miscellaneous: Personnel Health Program		
099	Miscellaneous: Other		
019	Other Government		
013	Title V (Material and Child Health)		
205	Worker's Compensation: Aetna		
211	Worker's Compensation: Insurance Company of North America		
215	Worker's Compensation: Liberty Mutual		
221	Worker's Compensation: Employers Mutual		



225	Worker's Compensation: New Jersey Manufacturers		
231	Worker's Compensation: Travelers		
299	Worker's Compensation: Other		
000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

<b>New Jersey</b>			
<b>(Valid from 1988-1997)</b>			
<b>PAY1_X and PAY2_X and PAY3_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
011	Title XVII (Medicare) Part A	1	Medicare
015	Title XVII (Medicare) Part B	1	Medicare
017	Title XVII (Medicare) Part B - Physician Charges	1	Medicare
012	Title XIX (Medicaid)	2	Medicaid
010	Blue Cross: Alabama	3	Private Insurance
020	Blue Cross: Arkansas	3	Private Insurance
022	Blue Cross: New Jersey, FEP	3	Private Insurance
025	Blue Cross: New Jersey; Garden State	3	Private Insurance
026	Blue Cross: New Jersey, Host	3	Private Insurance
029	Blue Cross: Other Blue Cross	3	Private Insurance
030	Blue Cross: Arizona	3	Private Insurance
040	Blue Cross: California	3	Private Insurance
040	Blue Cross: California, all other groups (1994 only)		
040	Blue Cross: California, Woodland Hills (1988-1993 only)		
041	Blue Cross: California, Oakland (1994 only)	3	Private

			Insurance
042	Blue Cross: California, San Francisco (1994 only)	3	Private Insurance
050	Blue Cross: Colorado	3	Private Insurance
060	Blue Cross: Connecticut	3	Private Insurance
070	Blue Cross: Delaware	3	Private Insurance
080	Blue Cross: District of Columbia	3	Private Insurance
090	Blue Cross: Florida	3	Private Insurance
100	Blue Cross: Georgia	3	Private Insurance
100	Blue Cross: Georgia, all other groups (1994 only)		
100	Blue Cross: Georgia, Atlanta (1988-1993 only)		
101	Blue Cross: Georgia, Columbus (1994 only)	3	Private Insurance
110	Blue Cross: Idaho	3	Private Insurance
121	Blue Cross: Illinois	3	Private Insurance
130	Blue Cross: Indiana	3	Private Insurance
140	Blue Cross: Iowa	3	Private Insurance
140	Blue Cross: Iowa, all other groups (1994 only)		
140	Blue Cross: Iowa, not Sioux City (1988-1993 only)		
141	Blue Cross: Iowa, Sioux City (1994 only)	3	Private Insurance
141	Blue Cross: Iowa, Sioux city South Dakota (1988-1993 only)		
150	Blue Cross: Kansas	3	Private Insurance
160	Blue Cross: Kentucky	3	Private Insurance
170	Blue Cross: Louisiana	3	Private

			Insurance
180	Blue Cross: Maine	3	Private Insurance
190	Blue Cross: Maryland	3	Private Insurance
200	Blue Cross: Massachusetts	3	Private Insurance
210	Blue Cross: Michigan	3	Private Insurance
220	Blue Cross: Minnesota	3	Private Insurance
230	Blue Cross: Mississippi	3	Private Insurance
240	Blue Cross: Missouri, Kansas City	3	Private Insurance
241	Blue Cross: Missouri, St. Louis	3	Private Insurance
250	Blue Cross: Montana	3	Private Insurance
260	Blue Cross: Nebraska	3	Private Insurance
265	Blue Cross: Nevada	3	Private Insurance
270	Blue Cross: New Hampshire	3	Private Insurance
280	Blue Cross: New Jersey, All Other Groups	3	Private Insurance
281	Blue Cross: New Jersey, Non-Group Line of Business (valid beginning 1/93)	3	Private Insurance
290	Blue Cross: New Mexico	3	Private Insurance
300	Blue Cross: New York, Albany (1994 only)	3	Private Insurance
301	Blue Cross: New York, Buffalo	3	Private Insurance
303	Blue Cross: New York, New York	3	Private Insurance
304	Blue Cross: New York, Rochester	3	Private Insurance
305	Blue Cross: New York, Syracuse	3	Private

			Insurance
306	Blue Cross: New York, Utica	3	Private Insurance
307	Blue Cross: New York, Watertown (1994 only)	3	Private Insurance
308	Blue Cross: New York, Part A Only (1994 only)	3	Private Insurance
310	Blue Cross: North Carolina	3	Private Insurance
320	Blue Cross: North Dakota	3	Private Insurance
331	Blue Cross: Ohio, Canton (1994 only)	3	Private Insurance
332	Blue Cross: Ohio, Cincinnati	3	Private Insurance
333	Blue Cross: Ohio, Cleveland	3	Private Insurance
334	Blue Cross: Ohio, Columbus (1994 only)	3	Private Insurance
335	Blue Cross: Ohio, Lima (1994 only)	3	Private Insurance
337	Blue Cross: Ohio, Toledo (1994 only)	3	Private Insurance
338	Blue Cross: Ohio, Youngstown (1994 only)	3	Private Insurance
340	Blue Cross: Oklahoma	3	Private Insurance
350	Blue Cross: Oregon	3	Private Insurance
360	Blue Cross: Pennsylvania, Allentown (1994 only)	3	Private Insurance
361	Blue Cross: Pennsylvania, Harrisburg	3	Private Insurance
362	Blue Cross: Pennsylvania, Philadelphia	3	Private Insurance
363	Blue Cross: Pennsylvania, Pittsburgh	3	Private Insurance
364	Blue Cross: Pennsylvania, Wilkes-Barre	3	Private Insurance
370	Blue Cross: Rhode Island	3	Private

			Insurance
380	Blue Cross: South Carolina	3	Private Insurance
390	Blue Cross: Tennessee, Chattanooga	3	Private Insurance
392	Blue Cross: Tennessee, Memphis	3	Private Insurance
400	Blue Cross: Texas	3	Private Insurance
410	Blue Cross: Utah	3	Private Insurance
415	Blue Cross: Vermont	3	Private Insurance
423	Blue Cross: Virginia, all other groups (formerly Blue Cross: Virginia, Richmond)	3	Private Insurance
424	Blue Cross: Virginia, Roanoke (1994 only)	3	Private Insurance
430	Blue Cross: Alaska/Washington (formerly, Alaska/Washington, all other groups)	3	Private Insurance
441	Blue Cross: West Virginia, Charleston (1994 only)	3	Private Insurance
443	Blue Cross: West Virginia, Parkersburg	3	Private Insurance
444	Blue Cross: West Virginia, Wheeling (1994 only)	3	Private Insurance
450	Blue Cross: Wisconsin	3	Private Insurance
460	Blue Cross: Wyoming	3	Private Insurance
470	Blue Cross: Puerto Rico	3	Private Insurance
471	Blue Cross: Hawaii, all other groups (effective beginning 1/93)	3	Private Insurance
865	Blue Cross: Camp Hill (effective beginning 1/95)	3	Private Insurance
932	Blue Cross: Washington, Seattle (1994 only)	3	Private Insurance
936	Blue Cross: Washington, Spokane (1994 only)	3	Private Insurance
971	Blue Shield: Hawaii (1994 only)	3	Private

			Insurance
105	Commercial: Aetna	3	Private Insurance
106	Commercial: New Jersey Carpenters' Health Fund	3	Private Insurance
107	AARP (effective beginning 4/1/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Continental Assurance	3	Private Insurance
125	Commercial: Equitable	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Metropolitan Life	3	Private Insurance
155	Commercial: Mutual of Omaha	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Prudential	3	Private Insurance
175	Commercial: Travelers	3	Private Insurance
181	Commercial: Washington National Insurance	3	Private Insurance
185	Commercial: New Jersey Auto Dealers Association	3	Private Insurance
186	Commercial: Allstate (Formerly Companion Life)	3	Private Insurance
187	Commercial: Mutual Life of New York	3	Private

			Insurance
188	Commercial: National Association of Letter Carriers	3	Private Insurance
189	Commercial: Local Union Insurance	3	Private Insurance
191	Commercial: Lincoln National	3	Private Insurance
192	Commercial: New Jersey Turnpike Authority	3	Private Insurance
193	Commercial: Rasmussen	3	Private Insurance
194	Commercial: InterCounty Health Plan	3	Private Insurance
195	Commercial: American Postal Workers	3	Private Insurance
196	Commercial: Leader Administrators	3	Private Insurance
197	Commercial: Fred S. James (James Benefit)	3	Private Insurance
198	Commercial: Mail Handlers Benefit Plan	3	Private Insurance
199	Commercial: Other Commercial Insurance	3	Private Insurance
032	HMO: Americaid Inc. (effective beginning 11/8/96)	3	Private Insurance
033	HMO: Americaid Preferred Provider Plan, Inc. (effective beginning 11/8/96)	3	Private Insurance
034	HMO: United Healthcare (Effective beginning 1/1/97)	3	Private Insurance
035	HMO: MediGroup, Inc. (effective beginning 1/1/97)	3	Private Insurance
043	HMO: Crossroads Health Plan (1994 only)	3	Private Insurance
044	HMO: Cumberland Regional Health Plan (1994 only)	3	Private Insurance
045	HMO: HIP/RHP of New Jersey (formerly Health Care Plan of New Jersey)	3	Private Insurance
046	HMO: HIP of Greater New Jersey (1994 only)	3	Private Insurance
047	HMO: HMO Blue (Medigroup-Central)	3	Private

	(Formerly Mercer Regional Medical Group)		Insurance
048	HMO: HMO of PA/NJ (US Healthcare)	3	Private Insurance
049	HMO: Rutgers Community Health Plan (1994 only)	3	Private Insurance
051	HMO: Southern Inter-County Med Association (1994 only)	3	Private Insurance
052	HMO: Valley Health Plan (1994 only)	3	Private Insurance
053	HMO: Aetna Health Plans of New Jersey	3	Private Insurance
054	HMO: HMO of New Jersey (1994 only)	3	Private Insurance
055	HMO: OmniCare (1994 only)	3	Private Insurance
056	HMO: CIGNA Health Plan of New Jersey (Formerly Co. Med., Inc.)	3	Private Insurance
057	HMO: Bergen County IPA (1994 only)	3	Private Insurance
058	HMO: South Shore Health Plan	3	Private Insurance
059	HMO: Other HMO	3	Private Insurance
061	HMO: Travelers Health Plan	3	Private Insurance
062	HMO: Garden State Health Plan	3	Private Insurance
063	HMO: HMO of Pennsylvania (1994 only)	3	Private Insurance
064	HMO: PruCare (1994 only)	3	Private Insurance
065	HMO: Maxicare (1994 only)	3	Private Insurance
066	HMO: HMO Blue Medigroup - Metro, Inc.	3	Private Insurance
067	HMO: HMO Blue Medigroup - North, Inc.	3	Private Insurance
068	HMO: HMO Blue Medigroup - South, Inc.	3	Private Insurance
069	HMO: HMO Blue Medigroup - Shoreline,	3	Private



	Inc.		Insurance
071	HMO: Metlife Health Care Network	3	Private Insurance
072	HMO: Oxford Health Plan	3	Private Insurance
073	HMO: Sanus of New Jersey	3	Private Insurance
074	HMO: CIGNA Health Plan of Southern New Jersey (Formerly CIGNA Health Plan)	3	Private Insurance
075	HMO: Corporate Health Administrators (1994 only)	3	Private Insurance
076	HMO: Premier Preferred Care of New Jersey (effective beginning 1/93)	3	Private Insurance
077	HMO: Greater Atlantic Health Services (effective beginning 1/95)	3	Private Insurance
078	HMO: Delaware Valley HMO (effective beginning 1/95)	3	Private Insurance
081	HMO: Atlanticare Health Plan (effective beginning 11/8/96)	3	Private Insurance
082	HMO: ChubbHealth Plan (effective beginning 11/8/96)	3	Private Insurance
083	HMO: Community Health Care and Development Corp (effective beginning 11/8/96)	3	Private Insurance
084	HMO: First Option Health Plan (effective beginning 11/8/96)	3	Private Insurance
085	HMO: Harmony Health Plan (effective beginning 11/8/96)	3	Private Insurance
086	HMO: HMO Blue (Blue Cross/Blue Shield of New Jersey) (effective beginning 11/8/96))	3	Private Insurance
087	HMO: Liberty Health Plan (effective beginning 11/8/96)	3	Private Insurance
088	HMO: Managed Health Care Systems of New Jersey, Inc. (effective beginning 11/8/96)	3	Private Insurance
089	HMO: Physician Health Care Plan of New Jersey (effective beginning 11/8/96)	3	Private Insurance
093	Misc: Magnet (Magna Care) (effective beginning 1/95)	3	Private Insurance
094	HMO: Physician Health Services of New	3	Private

	Jersey, Inc. (effective beginning 11/8/96)		Insurance
096	Misc: Qual Care (effective beginning 11/8/96)	3	Private Insurance
097	HMO: University Health Plans, Inc. (effective beginning 11/8/96)	3	Private Insurance
091	Misc: Union Insurance	3	Private Insurance
309	No Fault: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other No Fault	3	Private Insurance
095	Miscellaneous: Indigent (effective beginning 1/93)	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Misc: Hospital Responsibility	5	No charge
014	CHAMPUS	6	Other
016	Department of Vocational Rehabilitation		
092	Misc: Personnel Health Program		
099	Misc: Other		
018	New Jersey State Health Benefits Plan		
019	Other Government		
013	Title V (Material and Child Health)		
205	Workers' Comp: Aetna		
211	Workers' Comp: Insurance Company of North America		
215	Workers' Comp: Liberty Mutual		
221	Workers' Comp: Employers Mutual		
225	Workers' Comp: New Jersey Manufacturers		
231	Workers' Comp: Travelers		
299	Workers' Comp: Other Workers' Compensation		
095	Misc: Indigent (effective from 1988-1992)		

000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## New York

<b>New York</b>			
<b>(Valid beginning in 1993)</b>			
<b>PAY1_X, PAY2_X, and PAY3_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
03	Medicare	1	Medicare
16	Medicare HMO		
04	Medicaid	2	Medicaid
17	Medicaid HMO		
06	Blue Cross	3	Private Insurance
08	Commercial Insurance Company		
11	HMO (Other)		
13	No-fault		
15	Self-insured, Self-administered plans		
01	Self-pay	4	Self-pay
09	No charge	5	No charge
02	Worker's Compensation	6	Other
07	Other Government		
10	Other		
12	CHAMPUS/VA		
14	Corrections (federal, state, or local) (1993-1995 only)		
18	Corrections Federal (beginning in 1996)		
19	Corrections State (beginning in 1996)		
20	Corrections Local (beginning in 1996)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

<b>New York</b>	
<b>(Valid for 1992)</b>	
<b>PAY1_X, PAY2_X</b>	<b>PAY1 and PAY2</b>

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

New York			
(Valid from 1988-1991)			
PAY1_X, PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
03	Medicare	1	Medicare
04	Medicaid	2	Medicaid
06	Blue Cross	3	Private Insurance
08	Commercial Insurance		
11	Other HMO		
01	Self-pay	4	Self-pay
09	No charge	5	No charge
02	Workers' Compensation	6	Other
07	Other government; Corrections (state, county, or city)		
10	Other		
Blank	<b>Primary:</b>	.	Missing

Blank, 00	<b>Secondary:</b>	.	Missing
Other Values		.A	Invalid

### North Carolina

North Carolina			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
B	Blue Cross	3	Private insurance
E	State Employee Health Plan (Beginning with 2004 data)		
H	HMO - PPO		
I	Other Insurance Companies		
S	Self-Insured (administered plan)		
P	Self-pay	4	Self-pay
--		5	No charge
C	Champus	6	Other
E	State Employee Health Plan (through 2003 data)		
N	NC Division of Health Services		
O	Other		
W	Workers' Compensation		
0, 1, 3, 8, 9, A, F, G, J, K, L, R, T, U, Y, Z, Blank	Documented by source as unknown values	.	Missing
Any values not documented by the data source		.A	Invalid

### South Carolina

South Carolina			
(Valid beginning in 2002)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare

2	Medicaid	2	Medicaid
4	Commercial (including Blue Cross)	3	Private insurance
5	HMO		
6	Self-Pay	4	Self-pay
--		5	No charge
9	Workers' Compensation	6	Other
10	Tricare, CHAMPUS, CHAMPVA		
12	Other Agency, Charity (i.e. Medical Indigent Assistance Program (MAIP), Hill Burton, County Government, etc.)		
13	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

### South Carolina

South Carolina			
(Valid 2000-2001)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare
13	Medicare managed care		
2	Medicaid	2	Medicaid
14	Medicaid managed care		
4	Commercial, PPO	3	Private insurance
5	HMO		
6	Self-Pay	4	Self-pay
--		5	No charge
9	Workers' Compensation	6	Other
10	CHAMPUS, CHAMPVA		
12	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina	
(Valid from 1998-1999)	

PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
6	Medicare	1	Medicare
7	Medicaid	2	Medicaid
12	Commercial, unspecified	3	Private insurance
13	Commercial, unspecified	3	Private insurance
14	Commercial, unspecified	3	Private insurance
16	HMO	3	Private Insurance
1	Self-pay	4	Self-pay
--		5	No charge
2	State or county indigent program, unspecified	6	Other
3	State or county indigent program, unspecified		
4	State or county indigent program, unspecified		
5	Champus		
8	State or county indigent program, unspecified		
9	Worker's Compensation		
10	State or county indigent program, unspecified		
11	State or county indigent program, unspecified		
15, Blank	Not Stated, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina			
(Valid from 1993-1997)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
02	Medicare	1	Medicare

03	Medicaid	2	Medicaid
04, 16	Blue Cross/Commercial; HMO	3	Private insurance
01	Self-pay	4	Self-pay
--		5	No charge
05, 06, 07	Workers' Comp; Indigent/Charity; Other government	6	Other
08, Blank	Missing	.	Missing
--	Other	.A	Invalid

## Utah

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

<b>Utah</b>			
<b>(Valid beginning in 1998)</b>			
<b>PAY1_X, PAY2_X and PAY3_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
04	Blue Cross/Blue Shield	3	Private Insurance
05	Other commercial	3	Private Insurance
06	Managed care (HMO and PPO)	3	Private Insurance
07	Self pay	4	Self-pay
--		5	No charge
03	Other government	6	Other
08	Industrial and Worker's compensation		



09	Unclassified		
12	Other		
13	Children's Health Insurance Plan (CHIP)		
10, 99, Blank	Unknown, Not reported, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

<b>Utah</b>			
<b>(Valid for 1997)</b>			
<b>PAY1_X, PAY2_X and PAY3_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
04	Blue Cross/Blue Shield	3	Private Insurance
05	Other commercial		
06	Managed care (HMO and PPO)		
07	Self pay	4	Self-pay
--		5	No charge
03	Other government	6	Other
08	Industrial and Worker's compensation		
09	Unclassified		
12	Other		
10, 99, Blank	Unknown, Not reported, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

### Vermont

<b>Vermont</b>			
<b>(Valid beginning in 2001)</b>			
<b>PAY1_X, PAY2_X, PAY3_X</b>		<b>PAY1</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
B	Blue Cross	3	Private insurance

H	HMO		
I	Commercial		
P	Self Pay	4	Self-pay
Z	Medically Indigent/Free	5	No charge
E	Other Government Plans		
C	Champus	6	Other
W	Worker's Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

## Wisconsin

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

	Fee for service		Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative health care insurance plans	3	Private Insurance
OTH29	Employer self-funded - type unknown	3	Private Insurance
OTH31	Other organization self-funded - Fee for service	3	Private Insurance
OTH32	Other organization self-funded - Alternative health care insurance plans	3	Private Insurance
OTH39	Other organization self-funded - type unknown	3	Private Insurance
nnn01, where nnn is a 3-digit code	Blue Cross - Fee for service	3	Private Insurance
nnn02, where nnn is a 3-digit code	Blue Cross - Alternative health care insurance plans	3	Private Insurance
nnn09, where nnn is a 3-digit code	Blue Cross - type unknown	3	Private Insurance
OTH61	Self-pay	4	Self-pay
--		5	No charge
BGR01	Badger Care - Fee for service	6	Other
BGR02	Badger Care - Alternative health care insurance plans (HMO, PPO, PPA, etc.)		
BGR09	Badger Care - type unknown		
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA02	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA03	CHAMPUS, CHAMPVA (effective		

	beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		
OTH53	General Relief		
OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
bbb01, where b is a blank	Other - Fee for service (beginning in 1998)		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown		
bbb00, where b is a blank	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
PAYn_X is created by concatenating the source variables PAYID and PAYCAT (i.e. PAY1_X = PAYID    PAYCAT)			

<b>Wisconsin</b>			
<b>(Valid from 1989-1997)</b>			
<b>PAY1_X and PAY2_X</b>		<b>PAY1 and PAY2</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
MED01	Medicare - Fee for service, non-HMO Medicare, or non-HMO Medicaid	1	Medicare
MED02	Medicare - Alternative health care insurance plans (HMO, PPO, PPA, etc.)		
MED09	Medicare - Unable to determine insurance type		
T1901	Wisconsin Medicaid - Fee for service	2	Medicaid
T1902	Wisconsin Medicaid - Alternative health care insurance plans		

T1909	Wisconsin Medicaid - type unknown		
OTH51	Non-Wisconsin Medicaid		
WPS01	Wisconsin Physicians Service - Fee for service	3	Private Insurance
WPS02	Wisconsin Physicians Service - Alternative health care insurance plans	3	Private Insurance
WPS09	Wisconsin Physicians Service - type unknown	3	Private Insurance
OTH11	Commercial or private insurance - Fee for service	3	Private Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative health care insurance plans	3	Private Insurance
OTH29	Employer self-funded - type unknown	3	Private Insurance
OTH31	Other organization self-funded - Fee for service	3	Private Insurance
OTH32	Other organization self-funded - Alternative health care insurance plans	3	Private Insurance
OTH39	Other organization self-funded - type unknown	3	Private Insurance
nnn01, where nnn is a 3-digit code	Blue Cross - Fee for service	3	Private Insurance
nnn02, where nnn is a 3-digit code	Blue Cross - Alternative health care insurance plans	3	Private Insurance
nnn09, where nnn is a 3-digit code	Blue Cross - type unknown	3	Private Insurance
OTH61	Self-pay	4	Self-pay

--		5	No charge
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)	6	Other
CHA02	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA03	CHAMPUS, CHAMPVA (effective beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		
OTH53	General Relief		
OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
OTH01	Other - Fee for service (effective from 1989-1997)	.	Missing
OTH99	Unknown		
bbb00, where b is a blank	Unknown		
Blank	Missing	.A	Invalid
Any values not documented by the data source			

## PAY1\_N - Expected primary payer, nonuniform

### General Notes

PAY1\_N (where \_N indicates nonuniform) preserves much of the original expected primary payer detail from the various data sources. However, some categories of PAY1\_N are not available from some sources because not all sources have the same level of detail available.

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

### Uniform Values

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

### State Specific Notes

## Colorado

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

<b><u>HMO/PPO</u></b>	
1988 - 1992	The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability", no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.
Beginning 1993	The source reports separate categories for HMO/PPO (PAY1_N = 5), Medicare HMO (PAY1_N = 1), Medicaid HMO (PAY1_N = 2), and HMO/PPO service provided by other payers "Other Liability, No Fault Auto, and Home Casualty Insurance" (PAY1_N = 4).
<b><u>CHAMPUS/CHAMPVA</u></b>	
1988 - 1992	The source does not separately classify CHAMPUS/CHAMPVA. The documentation supplied by the data source does not indicate how these payers are coded.
Beginning 1993	The data source reports CHAMPUS/CHAMPVA as a distinct category (PAY1_N = 10).
<b><u>Colorado Medically Indigent Program</u></b>	
1988 - 1992	The source does not separately classify Colorado Medically Indigent Program. The documentation supplied by the data source does not indicate how these payers are reported.
Beginning 1993	The data source reports Colorado Medically Indigent Program as a distinct category, which is recoded to the HCUP category "Other Government" (PAY1_N = 11).
<b><u>Title V</u></b>	
1988 - 1992	The source reports a distinct category for Title V (PAY1_N = 8).
Beginning 1993	The source reports Title V as "Other Government" (PAY1_N = 11).

## Florida



## Medicare

In addition to the usual categories coded under Medicare (PAY1\_N = 1), a pay source of "Medicare HMO" is included.

## Medicaid

In addition to the usual categories coded under Medicaid (PAY1\_N = 2), a pay source of "Medicaid HMO" is included.

## Blue Cross

Florida does not separately classify Blue Cross. Blue Cross payers are categorized under Commercial, PPO (PAY1\_N = 4).

## Self-pay and Underinsured

Self-pay and Underinsured are categorized under Self pay (PAY1\_N = 6).

## **Maryland** Medicare

The HCUP category "Medicare" (PAY1\_N = 1) includes the source code "Medicare HMO" beginning in 1995.

## Medicaid

For 1990-1994, the HCUP category "Medicaid" (PAY1\_N = 2) includes the source code "Medicaid State Only (MSO)."

For all years, the HCUP category "Medicaid" (PAY1\_N = 2) includes the source code "Medicaid HMO."

## CHAMPUS/CHAMPVA

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY1\_N = 10). The available source documentation for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA."

## **New Jersey**

Unusual pay sources were recoded as follows:

<u>Pay source</u>	<u>Recoded to HCUP uniform value</u>
"No Fault"	Private Insurance, PPO (PAY1_N = 4)

"Personnel Health Plan"	Other (PAY1_N = 12)
"Indigent"	1988 1992: Other (PAY1_N = 11), From 1993: Self Pay (PAY1_N = 6)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY1\_N = 11) during HCUP processing of 1988-1992 data.

## New York

The source categories "No Fault" and "Self-Insured, Self-Administered Plan" were included in the HCUP category "Commercial, PPO" (PAY1\_N = 4).

New York does not separately classify "Title V" (PAY1\_N = 8). The source documentation available for New York Ambulatory Surgery data does not indicate which payer codes were used for "Title V."

Beginning in 1993, New York reports "Medicare HMO" separately from "Medicare" and "Medicaid HMO" separately from "Medicaid."

- Medicare HMO was included in the HCUP category "Medicare". (PAY1\_N = 1).
- Medicaid HMO was included in the HCUP category "Medicaid". (PAY1\_N = 2).

Beginning in 1995, New York reports "Corrections Federal," "Corrections-State," and "Corrections-Local" as distinct categories. These were included in the HCUP category "Other Government" (PAY1\_N=11).

## Utah

Utah does not separately classify:

- No Charge (PAY1\_N = 7),
- Title V (PAY1\_N = 8), or
- CHAMPUS, CHAMPVA (PAY1\_N = 10).

The source documentation indicates that No Charge is included in Other (PAY1\_N = 12). No documentation was available about which payer type(s) were used for Title V or CHAMPUS.

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

### General Notes

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

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

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

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

PAY1\_X is included in the NIS beginning in 1998.

### Uniform Values

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

### State Specific Notes

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

## PAYER1\_X - Expected primary payer identifier, plan specific

### General Notes

PAYER1\_X retains the expanded, detailed expected primary payer plan codes provided by the data source. PAY1\_X contains payer categories (e.g., commercial insurance); more detailed, plan-specific codes are reported in PAYER1\_X (e.g., AETNA and United Healthcare). The original values have not been recoded into uniform HCUP values and are source-specific.

### Uniform Values

Variable	Description	Value	Value Description
PAYER1_X	Expected primary payer identifier, plan specific	n(a)	State specific coding - See the "State Specific Notes" section for details

### State Specific Notes

#### Maryland

Beginning in 2003, HCUP retained the managed care payer information on the AS/ED files. PAYER1\_X includes the plan name of the managed care payer. This includes the health maintenance organizations (HMO), managed care organizations (MCO), and provider sponsored organizations (PSO). Source definitions are

Code	Description
01	AETNA Health Plan Atlantic
02	CapitalCare (Blue Cross National Capital Area)
03	CFS Health Group (Carefirst, Freestate, Potomac Health)
04	Chesapeake Health Plan
05	CIGNA Healthcare MidAtlantic Inc.
06	Columbia Medical Plan
07	Delmarva Health Plan
08	Humana Group Health Plan

09	GWU Health Plans
10	NYL Care (HealthPlus, Inc., Sanus, New York Life Care, New York Life)
11	Kaiser Permanente
12	MAMSI (MDIPA, Optimum Choice, Alliance)
13	Total Health Care
14	U.S. Healthcare
15	Prudential Healthcare Plan - Mid Atlantic
16	Principal Health Care of Mid Atlantic
17	Preferred Health Network of MD
18	Physicians Health Plan Inc.
19	Principal Health\Care of Delaware, Inc.
20	Maryland Physicians Care
21	Helix Family Health
22	JAI Medical
23	Priority Partners
24	United HealthCare
25	New American Health
26	Prime Health
29	Other HMO/MCO/PSO

Source values for "Not Applicable" and "Unknown" are recoded to missing (PAYER1\_X = " ").

### Vermont

PAYER1_X/PAYER2_X	
Value	Description
B1001	Blue Cross - Maine
B1002	Blue Cross - Massachusetts
B1003	Blue Cross - National
B1004	Blue Cross - New Hampshire
B1005	Blue Cross - New York
B1006	Blue Cross - Vermont
B9009	Blue Cross - Other
C8888	Champus - No Sub ID Needed

D1001	Medicaid - Maine
D1002	Medicaid - Massachusetts
D1004	Medicaid - New Hampshire
D1005	Medicaid - New York
D1006	Medicaid - Vermont
D2001	Medicaid - BC
D2002	Medicaid - CHP Kaiser
D2003	Medicaid - VHAP
D9009	Medicaid - Other
E8888	Other Government Plans - No Sub ID Needed
H2002	HMO - CHP Kaiser
H3001	HMO - Healthsource/Cigna
H3002	HMO - TVHP
H3003	HMO - Matthew Thornton
H3004	HMO - MVHP
H9009	HMO - Other
I8888	Commercial - No Sub ID Needed
M4001	Medicare - Standard Medicare
M4002	Medicare - Managed Care
P8888	Self Pay - No Sub ID Needed
W8888	Workers Comp - No Sub ID Needed
Z8888	Medically Indigent/Free - No Sub ID Needed

## PAY2 - Expected secondary payer, uniform

### General Notes

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

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

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

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

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

### Uniform Values

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

### State Specific Notes

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

## PAY2\_N - Expected secondary payer, nonuniform

### General Notes

PAY2\_N (where \_N indicates nonuniform) preserves much of the original expected secondary payer detail from the various data sources. However, some categories of PAY2\_N are not available from some sources because not all sources have the same level of detail available. The data element PAY2\_N was discontinued in 1998.

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

In the 1988-1997 HCUP databases, the secondary pay source (PAY2\_N) was set to inconsistent (.C) if the primary pay source and the secondary pay source are the same and the source is one of the following:

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

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

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



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

**State Specific Notes**

**Maryland**

Beginning in 1995, Maryland supplied a secondary pay source code.

Medicare

The HCUP category "Medicare" (PAY2\_N = 1) includes the source code "Medicare HMO."

Medicaid

The HCUP category "Medicaid" (PAY2\_N = 2) includes the source code "Medicaid HMO."

CHAMPUS/CHAMPVA

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY2\_N = 10). The available source documentation for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA."

**New Jersey**

Unusual pay sources were recoded as follows:

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

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY2\_N = 11) during HCUP processing of 1988 1992 data.

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

### General Notes

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

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

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

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

PAY2\_X is included in the NIS beginning in 1998.

### Uniform Values

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

### State Specific Notes

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

## PAYER2\_X - Expected secondary payer identifier, plan specific

### General Notes

PAYER2\_X retains the expanded, detailed expected secondary payer plan codes provided by the data source. PAY2\_X contains payer categories (e.g., commercial insurance); more detailed, plan-specific codes are reported in PAYER2\_X (e.g., AETNA and United Healthcare). The original values have not been recoded into uniform HCUP values and are source-specific.

Information on the definition of the source values contained in PAYER2\_X is available under the variable note for PAYER1\_X.

### Uniform Values

Variable	Description	Value	Value Description
PAYER2_X	Expected secondary payer identifier, plan specific	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 PAYER1\_X.

## PAY3\_X - Expected tertiary payer, as received from data source

### General Notes

PAY3\_X retains the expected tertiary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. There are no HCUP data elements that contain uniformly coded information about the expected tertiary payer.

Because the coding of expected primary and tertiary payer is the same, information on the coding of PAY3\_X is available under the note for expected primary payer (PAY1).

### Uniform Values

Variable	Description	Value	Value Description
PAY3_X	Expected tertiary payer, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

### State Specific Notes

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

## PCCHPRn - Clinical Classifications Software: procedure classification

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

PCCHPRn is coded as follows:

- PCCHPRn ranges from 1 to 231 if the procedure code (PRn) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- PCCHPRn is missing (.), if there is no procedure code (PRn = " ").
- PCCHPRn is set to invalid (.A), if the procedure code (PRn) is invalid (PRVn = 1).
- PCCHPRn is retained (values 1-231) when a valid procedure is flagged as inconsistent with age or sex (PRVn = .C). For best results, use PCCHPRn only when the procedure is valid and consistent (PRVn = 0).

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

### Labels

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

### Formats

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

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

<b>Uniform Values</b>			
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Variable	Description	Value	Value Description
PCCHPRn	Clinical Classifications	1 - 231	CCS procedure class
		.	No procedure code

	Software: procedure classification	.A	Invalid procedure code
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**State Specific Notes**

*None*

## PL\_CBSA - Patient location: Core Based Statistical Area (CBSA)

<b>General Notes</b>
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Core-Based Statistical Areas (CBSA) partition counties into three categories: Metropolitan, Micropolitan, and Outside Core-Based Statistical Areas. Metropolitan and Micropolitan areas are composed of a core containing a population nucleus and adjacent communities that have a high degree of integration with the core. In this system, counties with cities or urbanized areas of over 50,000 residents are classified as Metropolitan, while counties with urban areas of 10,000 to 49,999 residents are classified as Micropolitan. Outlying counties are added to one of these urban classes when they are adjacent and when at least 25 percent of their resident labor force commutes to them. Although the remaining, Outside Core-Based Statistical Areas are often considered to be rural, this is not entirely correct, because these counties may include substantial population concentrations.

A county-based system such as CBSA, which attempts to describe the diversity in settlement patterns in a relatively large area by a single number, may not provide an informative depiction. A county may be designated as Metropolitan even though only a small portion is urbanized and the rest is distinctly rural. However, because county boundaries don't change much, every county will be represented by a measure, even after an extended period of time.

CBSA were developed by the Office of Management and Budget (OMB). They are based on population and commuting information from the 2000 census and are defined according to the OMB 2003 Metropolitan definitions. CBSA are an updated replacement for MSA. Additional information about the CBSA classification scheme is available on the Internet at <http://www.ers.usda.gov/briefing/rurality/NewDefinitions/>.

<b>Uniform Values</b>			
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Variable	Description	Value	Value Description
PL_CBSA	Patient location: Core Based Statistical Area (CBSA)	0	Non-CBSA
		1	Micropolitan Statistical Area
		2	Metropolitan Statistical Area
		.	Missing



**State Specific Notes**

*None*

## PL\_MSA1993 - Patient location: Metropolitan Statistical Area (MSA) 1993

### General Notes

Metropolitan Statistical Areas (MSA) partition counties into two categories: Metropolitan and non-Metropolitan. Metropolitan areas are composed of a core containing a large population nucleus and adjacent communities that have a high degree of integration with the core. In this system, counties with cities or urbanized areas of over 50,000 residents and a total population of at least 100,000 are classified as Metropolitan. Outlying counties meeting a complex set of commuting and population characteristics are also designated Metropolitan. Although the remaining, non-Metropolitan areas are often considered to be rural, this is not entirely correct, because these counties may include substantial population concentrations.

A county-based system such as MSA, that attempts to describe the diversity in settlement patterns in a relatively large area by a single number, may not provide an informative depiction. A county may be designated as Metropolitan even though only a small portion is urbanized and the rest is distinctly rural. However, because county boundaries don't change much, every county will be represented by a measure, even after an extended period of time.

MSA were developed at the Office of Management and Budget (OMB). They are based on population and commuting information from the 1990 census and are defined according to the OMB 1993 Metropolitan definitions. PL\_MSA1993 is included on the HCUP file because of the widespread use of this measure in the past, but it has now been superseded by Core-Based Statistical Areas (CBSA), which are available as PL\_CBSA.

### Uniform Values

Variable	Description	Value	Value Description
PL_MSA1993	Patient location: Metropolitan Statistical Area (MSA) 1993	0	Non-MSA
		1	MSA
		.	Missing

### State Specific Notes

*None*

# PL\_RUCA - Patient location: Rural-Urban Commuting Area (RUCA) Codes

## General Notes

Rural Urban Commuting Areas (RUCA) are assigned to ZIP Codes using population and commuting information from the Census. They form a classification scheme that distinguishes urban ZIP Codes by population size and characterizes rural ZIP Codes by their population and the strength of their association with larger urban areas. Rural ZIP Codes are differentiated by three factors; the size of their largest urban community, the proportion of that population regularly commuting to larger urban areas, and the size of the urban destinations. RUCA are defined for 1993 ZIP Codes using population and commuting information from the 1990 census.

The 30 categories defined by the full RUCA scheme must generally be aggregated in some manner to avoid excessively small cell sizes. HCUP provides two alternative data elements that have collapsed the RUCAs -- PL\_RUCA10 and PL\_RUCA4.

The use of ZIP Codes to define RUCA provides greater locational precision than other (county-based) urban-rural schemes available for the HCUP data. However, county-based measures will better maintain their accuracy over time because of the greater frequency with which ZIP Codes are added and their boundaries change. RUCA precision degrades most quickly in regions of high population growth where many new ZIP Codes may be created, because RUCA categories are not defined for new ZIP Codes.

RUCA were developed by collaboration between the U.S. Health Resources and Service Administration's Federal Office of Rural Health Policy, the Department of Agriculture's Economic Research Service, and the Washington, Wyoming, Alaska, Montana, & Idaho (WWAMI) Rural Health Research Center. Additional information about this classification scheme is available on the Internet at <http://depts.washington.edu/uwruca/ruca1/rucas.html>. For many analyses, a smaller number of categories than those provided by the full RUCA may be more appropriate. Suggested alternatives for collapsing the RUCA are provided at [http://depts.washington.edu/uwruca/ruca1/use\\_healthcare.html](http://depts.washington.edu/uwruca/ruca1/use_healthcare.html).

## Uniform Values

Variable	Description	Value	Value Description
PL_RUCA	Patient location: Rural-Urban	1.0	Metropolitan-area core: primary flow within an Urbanized Area (UA)

Commuting Area (RUCA) Codes	1.1	Metropolitan-area core: primary flow within an UA, secondary flow 30-50% to larger UA
	2.0	Metropolitan-area high commuting: primary flow 30% or more to a UA
	2.1	Metropolitan-area high commuting: primary flow 30% or more to a UA, secondary flow 30-50% to larger UA
	2.2	Metropolitan-area high commuting: primary flow 30% or more to a UA, combined flows to two or more UAs 30% or more and greater than primary flow
	3.0	Metropolitan-area low commuting: primary flow 5-30% to a UA
	4.0	Large town core: primary flow within a place of 10,000 to 49,999
	4.1	Large town core: primary flow within a place of 10,000 to 49,999; secondary flow 30% to 50% to a UA
	5.0	Large town high commuting: primary flow 30% or more to a place of 10,000 to 49,999, primary flow to a 4.0 large town
	5.1	Large town high commuting: primary flow 30% or more to a place of 10,000 to 49,999, primary flow to a 4.1 large town
	6.0	Large town low commuting: primary flow 5% to 30% to a place of 10,000 to 49,999
	7.0	Small town core: primary flow within a place of 2,500 to 9,999
	7.1	Small town core: primary flow within a place of 2,500 to 9,999, secondary flow 30% to 50% to a UA
	7.2	Small town core: primary flow within a place of 2,500 to 9,999, secondary flow 30% to 50% to a large town
	7.3	Small town core: primary flow within a place of 2,500 to 9,999, secondary flow 5% to 30% to a UA
7.4	Small town core: primary flow within a place of 2,500 to 9,999, secondary flow 5% to 30% to a large town	

		8.0	Small town high commuting: primary flow 30% or more to a place of 2,500 to 9,999, primary flow to a 7.0 small town
		8.1	Small town high commuting: primary flow 30% or more to a place of 2,500 to 9,999, primary flow to a 7.1 small town
		8.2	Small town high commuting: primary flow 30% or more to a place of 2,500 to 9,999, primary flow to a 7.2 small town
		8.3	Small town high commuting: primary flow 30% or more to a place of 2,500 to 9,999, primary flow to a 7.3 small town
		8.4	Small town high commuting: primary flow 30% or more to a place of 2,500 to 9,999, primary flow to a 7.4 small town
		9.0	Small town low commuting: primary flow 5% to 30% to a place of 2,500 to 9,999
		9.1	Small town low commuting: primary flow 5% to 30% to a place of 2,500 to 9,999, secondary flow 5% to 30% to a UA
		9.2	Small town low commuting: primary flow 5% to 30% to a place of 2,500 to 9,999, secondary flow 5% to 30% to a large town
		10.0	Rural areas: primary flow to a tract without a place of 2,500 or more
		10.1	Rural areas: primary flow to a tract without a place of 2,500 or more, secondary flow 30% to 50% to a UA
		10.2	Rural areas: primary flow to a tract without a place of 2,500 or more, secondary flow 30% to 50% to a large town
		10.3	Rural areas: primary flow to a tract without a place of 2,500 or more, secondary flow 30% to 50% to a small town
		10.4	Rural areas: primary flow to a tract without a place of 2,500 or more, secondary flow 5% to 30% to a UA
		10.5	Rural areas: primary flow to a tract without a place of 2,500 or more, secondary flow 5% to 30% to a large town
		.	Missing

**State Specific Notes**

*None*

## PL\_RUCA10 - Patient location: Rural-Urban Commuting Area (RUCA) Codes, ten levels

### General Notes

Rural Urban Commuting Areas (RUCA) are assigned to ZIP Codes using population and commuting information from the Census. They form a classification scheme that distinguishes urban ZIP Codes by population size and characterizes rural ZIP Codes by their population and the strength of their association with larger urban areas. Rural ZIP Codes are differentiated by three factors; the size of their largest urban community, the proportion of that population regularly commuting to larger urban areas, and the size of the urban destinations. RUCA are defined for 1993 ZIP Codes using population and commuting information from the 1990 census.

PL\_RUCA10 is one method of combining the 30 categories defined by the full RUCA into broader categories. The 10 categories are created utilizing the integer portion of PL\_RUCA. This approach produces categories that focus on the population size of the origins and destinations of the primary commuting flow. The secondary commuting flows that provide additional refinements concerning the connection between areas, and are represented in the decimal portions of the codes, are discounted.

### Uniform Values

Variable	Description	Value	Value Description
PL_RUCA10	Patient location: Rural-Urban Commuting Area (RUCA) Codes, ten levels	1	Metro core
		2	Metro area, commuting to urban areas
		3	Metro area, low commuting
		4	Large town core (10,000-50,000)
		5	Large town, commuting to large towns
		6	Large towns, low commuting
		7	Small town core (2,500-10,000)
		8	Small town, commuting to small towns
		9	Small town, low commuting
		10	Rural
		.	Missing

**State Specific Notes**

*None*



## PL\_RUCA4 - Patient location: Rural-Urban Commuting Area (RUCA) Codes, four levels

### General Notes

Rural Urban Commuting Areas (RUCA) are assigned to ZIP Codes using population and commuting information from the Census. They form a classification scheme that distinguishes urban ZIP Codes by population size and characterizes rural ZIP Codes by their population and the strength of their association with larger urban areas. Rural ZIP Codes are differentiated by three factors; the size of their largest urban community, the proportion of that population regularly commuting to larger urban areas, and the size of the urban destinations. RUCA are defined for 1993 ZIP Codes using population and commuting information from the 1990 census.

PL\_RUCA4 is created using a method recommended by RUCA's developers for combining the 30 categories defined by the full RUCA into a few broader categories suitable for health care analysis. The full RUCA is collapsed into PL\_RUCA4 using this translation:

PL_RUCA4	PL_RUCA4 Description	RUCA Values
1	Urban	1.0, 1.1, 2.0-2.2, 3.0, 4.1, 5.1, 7.1, 8.1, 10.1
2	Large rural town	4.0, 5.0, 6.0
3	Small rural town	7.0, 7.2-7.4, 8.0, 8.2-8.4, 9.0-9.2
4	Isolated rural	10.0, 10.2-10.5

This approach produces four classes by combining categories defined by the population and primary destination of commuting flows of a ZIP Code. This definition is especially sensitive to commuting as a measure of urban influence. If large secondary commuting flows (> 30%) connect it with a more heavily urbanized area, a more urbanized category is assigned than the ZIP Code's population alone would dictate.

### Uniform Values

Variable	Description	Value	Value Description
PL_RUCA4	Patient location: Rural-Urban Commuting Area	1	Urban
		2	Large rural town
		3	Small rural town

	(RUCA) Codes, four levels	4	Isolated rural
		.	Missing

**State Specific Notes**

*None*

## PL\_RUCC - Patient location: Rural-Urban Continuum (RUCC) Codes

### General Notes

Rural-Urban Continuum Codes (RUCC) subdivides counties into 10 categories distinguished by population size in census-defined urbanized areas and by adjacency to metropolitan areas. To be adjacent, counties must be contiguous and have at least 2% of the resident labor force commuting to a central metropolitan county.

A county-based system such as RUCC, which attempts to describe the diversity in settlement patterns in a relatively large area by a single number, may not provide an accurate depiction. However, because county boundaries don't change much, every county will be represented by a measure, even after an extended period of time.

RUCC were developed at the U.S. Department of Agriculture's, Economic Research Service, as a refinement of the Office of Management and Budget (OMB) Metropolitan Statistical Area (MSA) definition. They are based on population and commuting information from the 1990 census and the OMB 1993 Metropolitan definitions.

Uniform Values			
Variable	Description	Value	Value Description
PL_RUCC	Patient location: Rural-Urban Continuum (RUCC) Codes	0	Metro-Central counties of metro areas, population >= 1 million
		1	Metro-Fringe counties of metro areas, population >= 1 million
		2	Metro-Central counties of metro areas, population 250,000 to 1 million
		3	Metro-Counties of metro areas, population < 250,000
		4	Non-Metro - Urban population of 20,000 or more, adjacent to a metro area
		5	Non-Metro - Urban population of 20,000 or more, not adjacent to a metro area
		6	Non-Metro - Urban population of 2,500 to 19,999, adjacent to a metro area
		7	Non-Metro - Urban population of 2,500 to 19,999, not adjacent to a metro area

		8	Non-Metro - Completely rural or less than 2,500 urban population, adjacent to a metro area
		9	Non-Metro - Completely rural or less than 2,500 urban population, not adjacent to a metro area
		.	Missing

<b>State Specific Notes</b>
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*None*

## PL\_RUCC2003 - Patient location: Rural-Urban Continuum (RUCC) Codes, 2003

<b>General Notes</b>
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The 2003 version of the Rural-Urban Continuum Codes (RUCC) subdivide counties into 9 categories distinguished by population size in census-defined urbanized areas and by adjacency to metropolitan areas. To be adjacent, counties must be contiguous and have at least 2% of the resident labor force commuting to a central metropolitan county.

A county-based system such as RUCC, which attempts to describe the diversity in settlement patterns in a relatively large area by a single number, may not provide an accurate depiction. However, because county boundaries don't change much, every county will be represented by a measure, even after an extended period of time.

RUCC were developed at the U.S. Department of Agriculture's, Economic Research Service, as a refinement of the Office of Management and Budget (OMB) Core-Based Statistical Area (CBSA) definition. They are based on population and commuting information from the 2000 census and the OMB 2003 CBSA definitions. Additional information about the RUCC classification scheme is available on the Internet at <http://www.ers.usda.gov/briefing/rurality/RuralUrbCon/>.

<b>Uniform Values</b>
-----------------------

Variable	Description	Value	Value Description
PL_RUCC2003	Patient location: Rural-Urban Continuum (RUCC) Codes, 2003	1	Metro - Counties in metro areas of 1 million population or more
		2	Metro - Counties in metro areas of 250,000 to 1 million population
		3	Metro - Counties in metro areas of fewer than 250,000 population
		4	Non-Metro - Urban population of 20,000 or more, adjacent to a metro area
		5	Non-Metro - Urban population of 20,000 or more, not adjacent to a metro area
		6	Non-Metro - Urban population of 2,500 to 19,999, adjacent to a metro area
		7	Non-Metro - Urban population of 2,500 to 19,999, not adjacent to a metro area

		8	Non-Metro - Completely rural or less than 2,500 urban population, adjacent to a metro area
		9	Non-Metro - Completely rural or less than 2,500 urban population, not adjacent to a metro area
		.	Missing

<b>State Specific Notes</b>
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*None*

## PL\_UIC - Patient location: Urban influence codes

### General Notes

Urban Influence Codes (UIC) emphasizes the relationship of outlying counties to major metropolitan areas. Counties are subdivided into nine categories distinguished by three features: population size in census-defined urbanized areas, adjacency to metropolitan areas, and the size of those adjacent communities. To be adjacent, counties must be contiguous and have at least 2% of the resident labor force commuting to a central metropolitan county.

A county-based system such as UIC, which attempts to describe the diversity in settlement patterns in a relatively large area by a single number, may not provide an accurate depiction. However, because county boundaries don't change much, every county will be represented by a measure, even after an extended period of time.

UIC were developed at the U.S. Department of Agriculture's Economic Research Service, as a refinement of the Office of Management and Budget (OMB) Metropolitan Statistical Area (MSA) definition. They are based on population and commuting information from the 1990 census and from the OMB 1993 Metropolitan definitions. Additional information about the UIC classification scheme is available on the Internet at <http://www.ers.usda.gov/Briefing/Rurality/urbaninf/1993UIC.htm>.

### Uniform Values

Variable	Description	Value	Value Description
PL_UIC	Patient location: Urban influence codes	1	Metro-Large, metro area with $\geq$ 1 million residents
		2	Metro-Small, metro area with $<$ 1 million residents
		3	Non-Metro - Adjacent to large metro area and contains city of $\geq$ 10,000 residents
		4	Non-Metro - Adjacent to large metro area and contains city of $<$ 10,000 residents
		5	Non-Metro - Adjacent to small metro area and contains city of $\geq$ 10,000 residents
		6	Non-Metro - Adjacent to small metro area and contains city of $<$ 10,000 residents
		7	Non-Metro - Not adjacent to metro area and contains city of $\geq$ 10,000 residents

		8	Non-Metro - Not adjacent to metro area and contains town of 2,500 - 9,999 residents
		9	Non-Metro - Not adjacent to metro area and contains town with < 2,500 residents
		.	Missing

<b>State Specific Notes</b>
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*None*



# PL\_UIC2003 - Patient location: Urban Influence Codes, 2003

**General Notes**

The 2003 version of the Urban Influence Codes (UIC) emphasizes the relationship of outlying counties to major metropolitan areas. Counties are subdivided into 12 categories distinguished by three features: population size in census-defined urbanized areas, adjacency to metropolitan or micropolitan areas, and the size of those adjacent communities. To be adjacent, counties must be contiguous and have at least 2% of the resident labor force commuting to a central metropolitan county.

A county-based system such as UIC, which attempts to describe the diversity in settlement patterns in a relatively large area by a single number, may not provide an accurate depiction. However, because county boundaries don't change much, every county will be represented by a measure, even after an extended period of time.

UIC were developed at the U.S. Department of Agriculture's Economic Research Service, as a refinement of the Office of Management and Budget (OMB) Core-Based Statistical Area (CBSA) definition. They are based on population and commuting information from the 2000 census and the OMB 2003 CBSA definitions. Additional information about the UIC classification scheme is available on the Internet at <http://www.ers.usda.gov/briefing/Rurality/UrbanInf/>.

Uniform Values			
Variable	Description	Value	Value Description
PL_UIC2003	Patient location: Urban Influence Codes, 2003	1	Metro - Large metro area of 1 million residents or more
		2	Metro - Small metro area of less than 1 million residents
		3	Non-Metro - Micropolitan adjacent to large metro
		4	Non-Metro - Noncore adjacent to large metro
		5	Non-Metro - Micropolitan adjacent to small metro
		6	Non-Metro - Noncore adjacent to small metro with own town
		7	Non-Metro - Noncore adjacent to small

			metro no own town
		8	Non-Metro - Micropolitan not adjacent to a metro area
		9	Non-Metro - Noncore adjacent to micro with own town
		10	Non-Metro - Noncore adjacent to micro with no own town
		11	Non-Metro - Noncore not adjacent to metro or micro with own town
		12	Non-Metro - Noncore not adjacent to metro or micro with no own town
		.	Missing

<b>State Specific Notes</b>
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*None*

## PL\_UR\_CAT4 - Patient Location: Urban-Rural 4 Categories

<b>General Notes</b>
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PL\_UR\_CAT4 is a four category urban-rural designation for the patient's county of residence. The categorization is a simplified adaptation of the 2003 version of the Urban Influence Codes (UIC). The 12 categories of the UIC are combined into four broader categories that differentiate between large and small metropolitan, micropolitan, and a non-urban residual as follows:

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

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

**Uniform Values**

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

**State Specific Notes**

*None*

## PL\_UR\_CAT5 - Patient Location: Urban-Rural 5 Categories

### General Notes

PL\_UR\_CAT5 (five category urban-rural designation) is a simplified, five category adaptation of the 2003 version of the Urban Influence Codes (UIC). The 12 categories of the UIC are combined into five broader categories that differentiate between large and small metropolitan, micropolitan, and a non-urban residual. The non-urban group is further subdivided between those adjacent to a metropolitan or micropolitan area, and those that are isolated from urban influences.

### Uniform Values

Variable	Description	Value	Value Description
PL_UR_CAT5	Patient Location: Urban-Rural 5 Categories	1	Large metropolitan areas with at least 1 million residents
		2	Small metropolitan areas with less than 1 million residents
		3	Micropolitan areas
		4	Non-urban areas adjacent to a metropolitan or micropolitan area
		5	Non-urban areas, not adjacent to a metropolitan or micropolitan area
		.	Missing

### State Specific Notes

*None*

## PNUM\_R - Person number (re-identified)

### General Notes

PNUM\_R is specific to patients (persons) so that multiple admissions by the same patient can be linked within and across institutions.

Because of a change in the algorithm for creating a person number, patients cannot be tracked from before 2003 to after 2003. In HCUP data prior to 2003, a synthetic person number (PNUM\_S), created using fixed-key encryption, was available. Starting in data year 2003, a reidentification number (PNUM\_R) was used. PNUM\_R includes an arbitrarily chosen, identifying number that is unique to the person identifier provided to HCUP.

PNUM\_R should not be used for analyses without first consulting summary statistics on:

- Frequencies of the number of discharges and the number of different hospitals per nonmissing PNUM\_R.
- State-level counts of the number of unique nonmissing PNUM\_Rs, the number of discharges associated with these PNUM\_Rs, the ratio of these two numbers (discharges/person), and the number of discharges without a PNUM\_R.

### Uniform Values

Variable	Description	Value	Value Description
PNUM_R	Person number (re-identified)	9(n)	Person number
		.	Missing

### State Specific Notes

#### North Carolina

North Carolina provides an encrypted social security number. Reporting of the patient's social security number is optional for hospitals in North Carolina. Beginning in the 2000 data, this data element is frequently missing. During HCUP processing, this identifier is re-encrypted.

## PNUM\_S - Synthetic person number

### General Notes

Beginning in 2003, this data element is called PNUM\_R.

PNUM\_S is specific to patients (persons) so that multiple admissions by the same patient can be linked within and across institutions.

PNUM\_S should not be used for analyses without first consulting summary statistics on:

- Frequencies of the number of discharges and the number of different hospitals per nonmissing PNUM\_S.
- State-level counts of the number of unique nonmissing PNUM\_Ss, the number of discharges associated with these PNUM\_Ss, the ratio of these two numbers (discharges/person), and the number of discharges without a PNUM\_S.

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

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,;:'\*@" are retained in the encrypted value but not in the same location.
- Leading zeros are retained. If the data source codes the same person number inconsistently (sometimes with leading zeros and sometimes with leading blanks), the HCUP person numbers are different.
- When the PNUM in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, PNUM\_S is the same.

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

### Uniform Values

Variable	Description	Value	Value Description
PNUM_S	Synthetic person number	17(a)	Person number
		Blank	Missing

## State Specific Notes

### North Carolina

North Carolina provides an encrypted social security number. Reporting of the patient's social security number is optional for hospitals in North Carolina. Beginning in the 2000 data, this data element is frequently missing. During HCUP processing, this identifier is re-encrypted.



## PRn - Procedure

### General Notes

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

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

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

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

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

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

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

- Prior to 1998 data, invalid and inconsistent procedures are retained on the record. Validity flags (PRVn) indicate invalid, inconsistent procedure codes. Clinical Classifications Software (CCS) data elements use the former name (PCCHPRn). The CCS was formerly known as the Clinical Classifications for Health Policy Research (CCHPRn). The procedure related data element are coded as follows:

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

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

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

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

In 1996 only, Iowa reported both CPT and ICD-9-CM codes in the procedure code field. During HCUP processing, the CPT codes were assigned to the HCUP variable CPTn and the ICD-9-CM codes were assigned to PRn.

In 1996 only, Iowa reports outpatient discharges for only selected CPT and ICD-9-CM codes:

<b><u>CPT Code</u></b>	<b><u>ICD-9-CM</u></b>	<b><u>Description</u></b>
66984	13.41, 13.71	Extracapsular cataract removal with lens insertion
66821	13.64	Discission of secondary membranes after cataract

69436	20.01	Myringotomy with tube insertion
64721	04.43	Carpal tunnel release
56340	51.23	Laparoscopic cholecystectomy
42825	28.2	Tonsillectomy less than 12 years of age
42820	28.3	Tonsillectomy with adnoidectomy less than 12 years of age
42830	28.6	Adnoidectomy without tonsillectomy less than 12 years of age
49505	53.00	Unilateral inguinal hernia repair
52281	57.32	Cystourethroscopy with calibration
43239	45.16	EGD with closed biopsy
45385	45.42	Colonoscopy with polypectomy
45378	45.23	Colonoscopy fiberoptic beyond splenic
56300	54.21	Laparoscopy, diagnostic
56301	66.29	Laparoscopy, tubal ligation
58600	66.32	Tubal ligation
27332	80.6	Excision of semilunar cartilage of knee
52204	57.33	Closed biopsy of bladder
31625	33.24	Bronchoscopy with biopsy
45305	48.24	Proctosigmoidoscopy with biopsy
55250	63.73	Vasectomy
58120	69.09	Dilation and curettage, diagnostic or therapeutic
59160	69.02	Dilation and curettage, post delivery
46255	49.46	Hemorrhoidectomy
19120	85.21	Excision of lesion of breast
19101	85.12	Open biopsy of breast
93510	37.22	Left heart cath with coronary arteriogram and venticulogram
93543	88.56	Same as above
93545	88.53	Same as above
93555		Same as above
93556		Same as above
93526	37.23	Left and right heart cath with coronary arteriogram and venticulogram
93543	88.56	Same as above
93545	88.53	Same as above

93555		Same as above
93556		Same as above
93544	88.42	Same as above, but cardiac catheterization with aortography
93540		Same as above, but cardiac catheterization with check of aorto-coronary bypass graft
62284	87.21	Myelogram
50590	98.21	Lithotripsy

### **Kentucky**

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

### **Maine**

Maine recommends using only the CPT4/HCPC codes for analysis of surgical and diagnostic procedures and does not recommend the use of ICD9 procedure codes found on the visit level records. Maine considers the ICD9 codes to be added information for follow up visits or pre-op visits. HCUP will keep the ICD9 codes for both consistency with past years and for extra information.

In 1999, only 10% of the records in the Maine SASD file have ICD-9-CM procedure codes reported on the record. For more information on procedures, refer to the CPT/HCPCS procedure codes provided in the Maine SASD file.

### **Maryland**

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

### **Maryland**

Beginning in July 2001, ICD-9-CM procedure codes are not collected by Maryland. Only CPT-4 procedure codes are collected on ambulatory surgery records.

### **Nebraska**

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

## **North Carolina**

Because of an error during HCUP data processing, invalid CPT codes beginning with the letters "W" through "Z" were not identified in the 2003 North Carolina SASD. This error was corrected beginning with the 2004 data.

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

## **South Carolina**

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

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

Prior to 2000 data, a small number of discharges explicitly included decimals in the procedure field, usually the decimal is implicit. This is problematic because South Carolina supplied procedures in a field of length 4. If decimals were included, then a valid 4-digit code would be truncated. For example, the procedure for a simple mastoidectomy "2041" would be incorrectly reported as "20.4". Prior to 1998, invalid procedure codes are marked by a validity flag (PRVn = 1). Beginning in 1998, invalid procedure codes are masked (PRn = "invl"). Beginning in 2000 data this was no longer a problem; explicit decimals were not included in the procedure codes.

## **South Carolina**

In the 1996 data, the frequency of procedures was greater than expected for PR9 and PR10. Although an upturn in the distribution of procedures is typical at the end of the procedure vector, this increase was much larger than expected and was due to reporting practices of one hospital (DSHOSPID = 480). Certain procedures such as abdominal CAT scan, circumcision, and packed-cell transfusion made up the bulk of procedures for PR9 and PR10.

## **Utah**

Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was \$14.

## **Vermont**

In 2001, expect secondary procedures PR14 - PR20 to be blank. No more than 13 procedures were provided by the data source.

It is possible that none of the discharges have all of the procedure fields coded. The Vermont inpatient and outpatient source files come to HCUP in the same layout. To simplify HCUP processing, the number of procedure fields on the Vermont HCUP SID and SASD is the same.

## **Wisconsin**

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

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

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

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

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

PRCCSn is coded as follows:

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

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

### Labels

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

### Formats

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

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

			EAGE05, EPR03
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<b>State Specific Notes</b>
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*None*



## PRDATE<sub>n</sub> - Date of procedure

### General Notes

Date of procedure performed (PRDATE<sub>n</sub>) is assigned a valid nonmissing date, with the following exceptions:

- If a procedure date is supplied by the data source, but one or more of the components of the procedure date (year, month, day) is
  - Blank or a documented missing value, PRDATE<sub>n</sub> = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), PRDATE<sub>n</sub> = invalid (.A).
- PRDATE<sub>n</sub> = invalid (.A) if the procedure day is inconsistent with the month (e.g., February 30).
- If the data source does not supply procedure date, then beginning in the 1998 data, PRDATE<sub>n</sub> is not present on the HCUP files. In the 1988-1997 data, PRDATE<sub>n</sub> is retained on the HCUP files and is set to unavailable from source (.B).
- PRDATE<sub>n</sub> is inconsistent (.C) if
  - there is a day of procedure without a coded procedure (ED7nn), or
  - the day of procedure is not during the stay (EPRDAY01 beginning in the 1998 data and ED8nn in the 1988-1997 data).
- Edit checks ED7nn are only performed on the 1988-1997 data. Beginning in the 1998 data, the procedure date without a coded procedure is discarded.

The procedure date vector (PRDATE<sub>n</sub>) is shifted with the ICD-9-CM procedure codes (PR<sub>n</sub>) when the procedure vector is packed.

Some sources do not require procedure dates for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data.

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, PRDATE<sub>n</sub> is replaced by procedure

month (PRMONTHn) and procedure year (PRYEARn). In databases before 1998, the day portion of the date stored in PRDATEn 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 PRDATEn are computed before PRDATEn is masked.

Uniform Values			
Variable	Description	Value	Value Description
PRDATEn	Date of procedure	YYMMDD	Date of procedure
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EPRDAY01; in 1997 data, ED7nn, ED8nn

State Specific Notes
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**Colorado**

Beginning in 1997, Colorado provided the procedure dates (PRDATEn) with a four-digit year. In prior years, only a two-digit year was available.

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

### General Notes

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

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

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

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

Some sources do not require procedure dates/days for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)

- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data.

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

Uniform Values			
Variable	Description	Value	Value Description
PRDAYn	Number of days from admission to procedure n	-4 - -1	Days prior to admission
		0	Day of admission
		1 - LOS+3	Days after admission
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EPRDAY01; in 1998-1997 data, ED7nn, ED8nn

State Specific Notes
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**Colorado**

Only the calculated day of principal procedure could be used to assign PRDAY1 because Colorado did not supply principal procedure day.

**Maine**

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

**Maine**

The Maine SASD file contains both ambulatory surgery and non-surgical services. Information on recurring visits which list several visits for the same type of procedure/treatment performed on scheduled days (e.g., physical therapy and chemotherapy visits) are bundled into one record. If the length of stay is greater than 3 days, edit check ELOS04 will set LOS to inconsistent (.C). Edit check EPRDAY01 will set PRDAYn to inconsistent (.C) if the day of procedure is greater than 3 days.

## **Nebraska**

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

## **New Jersey**

Only the calculated day of procedure could be used to assign PRDAY because New Jersey did not supply the day of procedure.

## **Utah**

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

## **Wisconsin**

Principal procedure day is only required for major procedures (defined below). Procedure days are set to missing for all other cases.

Major procedures are defined as Class 1 or 2 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data

## PRMONTHn - Month of procedure

### General Notes

Month of procedure (PRMONTHn) is derived from the procedure date (PRDATEn). If PRDATEn is missing, then PRMONTHn is missing (.). If PRDATEn is invalid, then PRMONTHn is invalid (.A).

### Uniform Values

Variable	Description	Value	Value Description
PRMONTHn	Month of procedure	1-12	Procedure month
		.	Missing
		.A	Invalid

### State Specific Notes

*None*

## PROCESS - HCUP processing identification record number

### General Notes

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

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

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

### Uniform Values

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

### State Specific Notes

*None*

## PROFEE - Indicator of professional fees in total charges

### General Notes

An indicator that professional fees are included in total charges (PROFEE) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

### Uniform Values

Variable	Description	Value	Value Description
PROFEE	Indicator of professional fees in total charges	1	Yes
		2	No
		.	Missing

### State Specific Notes

#### Florida

PROFEE is a required submission field for ambulatory surgery data in Florida. PROFEE indicates whether or not professional fees for radiology services are included in total charges (TOTCHG and TOTCHG\_X).

The coding of TOTCHG and TOTCHG\_X in Florida is inconsistent with the coding of total charges in other states. In Florida, total charges may include professional fees. In all other HCUP states, either professional fees are not included in the supplied total charges or the professional fees are subtracted from the total during HCUP processing. Use the variable PROFEE to identify records for which the total charges include professional fees.



## PRSYS - Procedure coding system

### General Notes

PRSYS indicates the coding system for the procedures:

- Almost all HCUP inpatient stays use ICD-9-CM procedure codes (PRSYS = 1)
- If Physicians' Current Procedural Terminology (CPT) or HCFA Common Procedure Coding System (HCPCS) procedure codes are indicated (PRSYS = 2 or 3), then the procedure codes are set to missing (PRn = blank). CPT and HCPCS procedure codes could not be retained in the HCUP data because they are 5 characters, and the HCUP procedure fields (PRn) are 4 characters in length.
- If the procedure coding system was not specified by the data source, then PRSYS is missing (PRSYS =I .)

The data element PRSYS was discontinued in 1998.

### Uniform Values

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

### State Specific Notes

#### Florida

Florida did not supply any ICD-9-CM procedure codes. Florida provided only CPT-4 and HCPCS procedure codes. PRSYS is set to 3.

## PRVn - Validity Flag: Procedure n

### General Notes

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

The following are acceptable values for PRVn:

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

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

### Uniform Values

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

### State Specific Notes

*None*

## PRYEARn - Year of procedure

### General Notes

Year of procedure (PRYEARn) is derived from the procedure date (PRDATEn). If PRDATEn is missing, then PRCYEARn is missing (.). If PRDATEn is invalid, then PRCYEARn is invalid (.A).

### Uniform Values

Variable	Description	Value	Value Description
PRYEARn	Year of procedure	yyyy	Procedure year
		.	Missing
		.A	Invalid

### State Specific Notes

*None*

## PSTATE - Patient State postal code

### General Notes

PSTATE indicates the two-character state postal code (e.g., "CA" for California) for the patient's residence. If the data source provided the state of the patient's residence, then PSTATE is assigned to the reported state. Otherwise, PSTATE is assigned by mapping the patient's ZIP Code to a state.

### Uniform Values

Variable	Description	Value	Value Description
PSTATE	Patient State postal code	aa	Postal code
		Blank	Missing

### State Specific Notes

*None*

## PSTCO - Patient state/county FIPS code

### General Notes

The patient State/county FIPS code (PSTCO) is coded from county supplied by the data source only when that information was not derived from the patient's zip code. Nonnumeric values are set to invalid (.A).

### Uniform Values

Variable	Description	Value	Value Description
PSTCO	Patient state/county FIPS code	nnnnn	State/County FIPs Code
		.	Missing
		.A	Invalid

### State Specific Notes

#### Colorado

Beginning in 1997, the patient state/county code (PSTCO) is available in the Colorado ambulatory surgery data. The hospital association reports PSTCO for Colorado counties only.

#### Iowa

Beginning in 1993, FIPS state and county codes are available, but for Iowa counties only.

#### Maryland

Maryland reported patient county codes for Maryland residents only. Residents of other states were classified by state, but not county. During HCUP processing, a missing county code of 000 was assigned for out-of-state (non-Maryland) patients:

<u>PSTCO</u>	<u>State</u>
10000	Delaware
11000	Washington, D.C.

24000	Maryland (county not specified)
42000	Pennsylvania
51000	Virginia
54000	West Virginia

### **New Jersey**

New Jersey classifies patient state and county codes for residents of New Jersey. The patient state and county codes are available for residents of New York and Pennsylvania in some years. For patients from states other than New Jersey, New York and Pennsylvania, PSTCO contains a valid FIPS state code (first two digits) and "000" for the county code (last three digits).

### **New York**

Patient state/county code (PSTCO) is reported for New York counties only. PSTCO is missing (PSTCO = .) for homeless patients.

### **South Carolina**

South Carolina separately classifies patient state and county codes for residents of South Carolina, North Carolina, and Georgia. Residents of Georgia and North Carolina may have a specific county code or the county code may be missing (000).

For patients classified by the data source as residents of states other than South Carolina, North Carolina, or Georgia, and patients whose state and county codes are missing:

- PSTCO is assigned to invalid (.A) in the 1993 data, and
- PSTCO is assigned to missing (.) beginning in the 1994 data.

### **Vermont**

Prior to 2005 data, an error during HCUP processing mistakenly recoded the township value used for Massachusetts discharges (TOWN = "2400") to a Nw Hampshire county (value 33007) for patient's county (PSTCO). PSTCO should have been set to missing for these Massachusetts discharges.

## PSTCO2 - Patient state/county FIPS code, possibly derived from ZIP Code

### General Notes

PSTCO2 (Patient State and County 2) provides the most complete enumeration of patient state and county FIPS codes available on this file. As such, it is the variable that should be used to link other county-based data to the HCUP discharge files.

PSTCO2 contains the county coded in PSTCO, when the patient reported a county of residence. When PSTCO is missing, county is imputed, when possible, from the patient ZIP Code (ZIP) variable. ZIP Codes were translated into counties by assigning the county located at the center of the ZIP Code area, as of 2001, from a translation list provided by Claritas.

### Uniform Values

Variable	Description	Value	Value Description
PSTCO2	Patient state/county FIPS code, possibly derived from ZIP Code	nnnnn	State/county FIPS code
		.	Missing

### State Specific Notes

#### Vermont

Prior to 2005 data, an error during HCUP processing mistakenly recoded the township value used for Massachusetts discharges (TOWN = "2400") to a Nw Hampshire county (value 33007) for patient's county (PSTCO). PSTCO should have been set to missing for these Massachusetts discharges.

## RACE - Race

### General Notes

HCUP coding includes race and ethnicity in one data element (RACE). If the source supplied race and ethnicity in separate data elements, ethnicity takes precedence over race in setting the HCUP value for race.

Two HCUP data elements contain source-specific information about the race and ethnicity of the patient.

- RACE\_X retains information on the race of the patient as provided by the data source.
- HISPANIC\_X retains information on the Hispanic ethnicity as provided by the data source.

Not all data sources provide information on race (RACE\_X) and ethnicity (HISPANIC\_X).

### Uniform Values

Variable	Description	Value	Value Description
RACE	Race	1	White
		2	Black
		3	Hispanic
		4	Asian or Pacific Islander
		5	Native American
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

### State Specific Notes

#### Colorado



Colorado			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
5	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
4	Native American	5	Native American
6	Other	6	Other
7,0, Blank	Missing	.	Missing
Any other values		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

#### Florida

Florida			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
5	Hispanic - White	3	Hispanic
6	Hispanic - Black		
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo/Aleut	5	Native American
7	Other	6	Other
8, Blank	No Response, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

#### Iowa

Iowa			
RACE_X		RACE	
Value	Description	Value	Description

1	White	1	White
2	Black	2	Black
--		3	Hispanic
4	Asian or Pacific Islander	4	Asian or Pacific Islander
3	American Indian or Alaskan native	5	Native American
--		6	Other
9, Blank	Other/Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Iowa does not separately classify Hispanic (RACE = 3). No documentation was available about how these were coded. HISPANIC_X is not available.			
Iowa uses one category for "Other" and "Unknown", which is assigned to the HCUP category for missing (.).			
Some Iowa hospitals report "Other" race for all or a high percentage of their discharges. Some hospitals report "White" race for all discharges.			

## Maryland

Beginning in 1993, Maryland reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Spanish/Hispanic origin, patient race was set to Hispanic (RACE = 3) during HCUP processing.

Prior to 1993, Maryland did not report Hispanic ethnicity as a separate variable or category of race. Hispanic ethnicity (RACE = 3) is not coded in the 1988-1992 HCUP Maryland data. The source documentation available for Maryland did not indicate which race code(s) were used for Hispanic ethnicity.

Maryland			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	African American	2	Black
If HISPANIC_X = 1		3	Hispanic
3	Asian or Pacific Islander	4	Asian or Pacific Islander
4	American Indian, Eskimo, Aleut	5	Native American

5	Other	6	Other
9	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
1		Spanish/Hispanic origin	
2		Not of Spanish/Hispanic origin	
9		Unknown	

### Michigan

<b>Michigan</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>
4	White	1	White
3	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
2, 7	Asian; Native Hawaiian/Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo/Aleut	5	Native American
5	Other	6	Other
0, Blank	Missing, invalid or unrecorded	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
1		Hispanic origin	
2		Other	
3		Arabic	
0		Unknown or not stated	

### New Jersey

<b>New Jersey</b>			
<b>RACE_X</b>		<b>RACE</b>	
<b>Value</b>	<b>Description</b>	<b>Value</b>	<b>Description</b>

1	White (Includes Mexican, Puerto Rican and Other Caucasian, Cajun and Creole)	1	White
2	Black	2	Black
If HISPANIC_X = 1, 2, 3, 4, or 5		3	Hispanic
4	Chinese	4	Asian or Pacific Islander
5	Japanese		
6	Hawaiian (including part Hawaiian)		
7	Filipino		
8	Other Asian or Pacific Islander (e.g. Pakistani, Bangladeshi, Cambodian, Thai)		
A	Asian Indian (Beginning 2005)		
B	Korean (Beginning 2005)		
C	Samoan (Beginning 2005)		
D	Vietnamese (Beginning 2005)		
E	Guamian (Beginning 2005)		
3	Indian (North American, Central American, South American, Eskimo, Aleut)	5	Native American
0	Other races	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
0		Non-Hispanic	
1		Mexican	
2		Puerto Rican	
3		Cuban	
4		Central or South American	
5		Other and Unknown Hispanic	
9		Not Classified or Unknown	
<p><i>Beginning in 1993. New Jersey reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic),</i></p>			

patient race was set to Hispanic (RACE = 3) during HCUP processing.

*Prior to 1993.* New Jersey reported Hispanic ethnicity as a category of race. If New Jersey reported patient race as Hispanic, HCUP assigned patient race as Hispanic (RACE = 3).

### New York

New York			
RACE_X		RACE	
Value	Description	Value	Description
01	White	1	White
02	African American (Black)	2	Black
If HISPANIC_X = 1		3	Hispanic
04	Asian	4	Asian or Pacific Islander
04	Asian	05	Native Hawaiian or Other Pacific Islander
03	Native American (American Indian, Eskimo, Aleut)	5	Native American
88	Other	6	Other
99, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1	Spanish/Hispanic origin	1	Spanish/Hispanic origin
2	Not of Spanish/Hispanic origin	2	Non-Spanish/Non-Hispanic
9, Blank	Missing	9	Unknown

### South Carolina

South Carolina			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	African American	2	Black
6	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander

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

## Vermont

Vermont			
RACE_X		RACE	
Value	Description	Value	Description
4	White/Non-Hispanic	1	White
3	Black/Non-Hispanic	2	Black
7	Hispanic-White	3	Hispanic
8	Hispanic-Black		
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Alaska Native	5	Native American
5	Other Race	6	Other
6, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

## Wisconsin

Wisconsin			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian or Alaskan Native	5	Native American
5	Other	6	Other

6, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
<b>HISPANIC_X</b>			
	1		Hispanic origin
	2		Not of Hispanic origin
	6		Unknown

## RACE\_X - Race, as received from data source

### General Notes

RACE\_X retains information on the race of the patient as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain other information about the race of the patient:

- HISPANIC\_X retains information on the Hispanic ethnicity as provided by the data source.
- RACE contains uniformly coded information about the race and ethnicity of the patient. The data element RACE should be used when analyzing race across data sources.

### Uniform Values

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

### State Specific Notes

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



## READMIT - Readmission

### General Notes

Information on readmissions (READMIT) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

### Uniform Values

Variable	Description	Value	Value Description
READMIT	Readmission	0	Not a readmission
		1	Readmission
		.	Missing
		.A	Invalid

### State Specific Notes

#### New Jersey

A readmission (READMIT = 1) is defined as admission to the same facility from which the patient was discharged within the previous seven days.

#### Vermont

A readmission (READMIT = 1) is defined as admission to the same facility from which the patient was discharged within the previous thirty days.

## REVCDn - Revenue code

### General Notes

Revenue center codes specify a specific accommodation, ancillary service, or billing calculation. Many states use the codes defined by the UB-92, but some states have developed their own coding scheme. Line item revenue center codes specify a specific accommodation, ancillary service, or billing calculation. States Data organizations that report line item revenue center codes use UB-92 definitions as defined by the National Uniform Billing Committee. Revenue codes (REVCDn) are retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. No validity checks are performed.

### Uniform Values

Variable	Description	Value	Value Description
REVCDn	Revenue code	nnnn	Revenue Code
		Blank	Missing or Invalid

### State Specific Notes

#### Maryland

Two types of detailed charges were provided in 2001:

- *Beginning in July 2001*, 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.
- *From January 2001 to June 30, 2001*, Maryland supplied eight specific charges without revenue codes or units. To be compatible with the revenue code specific charges and units provided starting in July 2001, revenue codes (REVCDn) were imputed on records in January through June 2001 and units (UNITn) were set to missing (.). Revenue codes in January through June 2001 were assigned as follows:
  - CHG1 - Room and Board - REVCD1 set to "101" (All inclusive Room and Board)
  - CHG2 - Operating Room - REVCD2 set to "360" (General Classification OR Services)

- CHG3 - Drug - REVCD3 set to "250" (General Classification Pharmacy)
- CHG4 - Radiology - REVCD4 set "AAA" because diagnostic and therapeutic radiology services use different UB-92 revenue codes
- CHG5 - Laboratory - REVCD5 set to "300" (General Classification Laboratory)
- CHG6 - Medical Supplies - REVCD6 set to "270" (General Classification Med/Surg Supplies)
- CHG7 - Therapy - REVCD7 set to "BBB" because different types of therapy require different UB-92 revenue codes
- CHG8 - Other - REVCD8 set to "CCC"

## REVCODE - Line item revenue code as received from source

### General Notes

Line item revenue center codes specify a specific accommodation, ancillary service, or billing calculation. Data organizations that report line item revenue center codes use UB-92 definitions as defined by the National Uniform Billing Committee. Line item revenue codes (REVCODE) are retained as provided by the data source. No edit checks are performed on this data element during HCUP processing.

REVCODE is contained in a line item charge detail file. There may be multiple observations in the file with the same revenue code for a discharge record. To identify the total charge and units of service to specific revenue centers, the line item charge (CHARGE) and unit detail (UNITS) for a discharge should be summarized by revenue code (REVCODE) and the HCUP variable KEY which uniquely identifies a discharge. KEY can also be used to merge the detail charge information onto the discharge record in the Core file.

### Uniform Values

Variable	Description	Value	Value Description
REVCODE	Line item revenue code as received from source	nnnn	Revenue Code
		Blank	Missing or Invalid

### State Specific Notes

*None*

## SEQ\_ASD - SASD sequence number

### General Notes

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

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

### Uniform Values

Variable	Description	Value	Value Description
SEQ_ASD	SASD sequence number	13(n)	Record sequence number in SASD

### State Specific Notes

*None*

## SERVDAY - Line item days from admission date

### General Notes

Days from admission date (SERVDAY) is calculated by subtracting the line item service date provided by the data source from the admission date. If the calculated day is negative or greater than 3 years (1095 days), then the day is set to invalid (.A).

### Uniform Values

Variable	Description	Value	Value Description
SERVDAY	Line item days from admission date	0-1095 (3 years)	Days from Admission
		.	Missing
		.A	Invalid

### State Specific Notes

#### Maine

Maine provided the information on the date of service for each line item charge detail record. The number of days from admission was calculated by subtracting the admission date from the service date. If the date was missing or an invalid date, the day of service is missing. The original service dates are not retained on the HCUP database.

## SEX - Sex of the patient

### General Notes

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

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

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

### Uniform Values

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

### State Specific Notes

#### Colorado

From 1988-1992, the source provided an "Other/Unknown" sex category, which included patients undergoing sex changes, undetermined sex, live births with congenital abnormalities that make it impossible to determine sex, and patients whose sex was unavailable from any source document. The "Other/Unknown" category was included under missing (.).

Starting in 1993, there was no documented source code for category of "Other". Any undocumented codes were set to invalid (.A).

## STATE\_AS - State indicator of ambulatory surgery record

### General Notes

STATE\_AS is used to identify ambulatory surgery (AS) records. A value of 1 indicates that the statewide data source has designated the record as AS. A value of 0 marks records that are not identified as AS by the data source. A missing value implies that the state does not identify AS records.

### Uniform Values

Variable	Description	Value	Value Description
STATE_AS	State indicator of ambulatory surgery record	1	Record meets state Ambulatory Surgery criteria
		0	Record does not meet state Ambulatory Surgery criteria
		.A	Invalid
		.	Missing

### State Specific Notes

*None*



## STATE\_ED - State indicator of emergency department record

### General Notes

STATE\_ED is used to identify emergency department (ED) records. A value of 1 indicates that the statewide data source has designated the record as ED. A value of 0 marks records that are not identified as ED by the data source. A missing value implies that the state does not identify ED records.

### Uniform Values

Variable	Description	Value	Value Description
STATE_ED	State indicator of emergency department record	1	Record meets state Ambulatory Surgery criteria
		0	Record does not meet state Ambulatory Surgery criteria
		.A	Invalid
		.	Missing

### State Specific Notes

*None*

## STATE\_OS - State indicator of observation stay record

### General Notes

STATE\_OS is used to identify observation stay (OS) records. A value of 1 indicates that the statewide data source has designated the record as OS. A value of 0 marks records that are not identified as OS by the data source. A missing value implies that the state does not identify OS records.

### Uniform Values

Variable	Description	Value	Value Description
STATE_OS	State indicator of observation stay record	1	Record meets state Observation Stay criteria
		0	Record does not meet state Observation Stay criteria
		.A	Invalid
		.	Missing

### State Specific Notes

*None*

## SURGID\_S - Synthetic primary surgeon number

### General Notes

For HCUP data from 2001 to 2002, this data element is called MDNUM2\_S. Beginning in 2003, this data element is called MDNUM2\_R.

SURGID\_S contains a fixed-key (one-to-one) encryption of the supplied primary surgeon number (SURGID), according to the following rules:

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

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

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

### Uniform Values

Variable	Description	Value	Value Description
SURGID_S	Synthetic primary surgeon number	16(a)	Synthetic physician identifier
		Blank	Missing

## State Specific Notes

### **Colorado**

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

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

### **Florida**

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

### **Kentucky**

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

### **Maryland**

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

### **New Jersey**

New Jersey provided state license numbers as physician identifiers for all years.

### **New York**

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

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

Source physician identifiers are encrypted during HCUP processing.

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

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

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

## SURGSPEC - Primary surgeon specialty, as received from source

### General Notes

Beginning in 2001, this data element is called MDSPEC2.

The primary surgeon's specialty (SURGSPEC) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

### Uniform Values

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

### State Specific Notes

#### Maine

In Maine, SURGSPEC is coded as follows:

SURGSPEC	
<u>Value</u>	<u>Description</u>
01	Emergency Medicine
02	Preventative Medicine
03	Occupational Medicine
04	Public Health/Epidemiology
05	Oncology
06	General Practice
07	Alcohol Rehab
08	Infectious Diseases

09	Geriatrics
10	Allergy
11	Dermatology
12	Cardiology
13	Pulmonary/Respiratory
14	Physical Med/Rehab
15	DO Radiology
16	Not Used
17	DO Pathology
18	DO Anesthesiology
19	DO General Practice
20	Internal Medicine
21	Endocrinology
22	Gastroenterology
23	Nephrology
24	Urology
25	Hematology
26	Psychiatry
27	Proctology
28	Rheumatology
29	DO Dermatology
30	Not Used
31	Neurology
32	Ophthalmology
33	Otolaryngology
34	Nurse Anesthetist
35	Physicians Assistant
36	Optometrist
37	Genetics
38	Registered Nurse
39	Not Used
40	Radiology
41	Not Used
42	Not Used
43	Pathology

44	Not Used
45	Anesthesiology
46	Radiation Oncology
47	Not Used
48	Not Used
49	Not Used
50	Obstetrics & Gynecology
51	Pediatrics
52	Not Used
53	Pediatric Cardiology
54	Neonatology
55	Hospital Resident (D.O.)
56	Hospital Resident (M.D.)
57	DO Oncology/Hematology
58	Pediatric Neurology
59	Pediatric Oncology/Hematology
60	General Surgery
61	Orthopaedic Surgery
62	Plastic Surgery
63	Thoracic Surgery
64	Neurological Surgery
65	Not Used
66	Not Used
67	Not Used
68	Not Used
69	Unknown
70	General Dentistry
71	Podiatry
72	Oral Surgery
73	Not Used
74	Not Used
75	Not Used
76	Not Used
77	Not Used
78	DO Gastroenterology



79	DO Cardiology
80	DO Family Practice
81	DO Emergency Medicine
82	DO Physical Med/Rehab
83	DO Internal Medicine
84	DO Urology
85	DO Proctology
86	DO Neurology
87	DO Ophthalmology
88	DO Otolaryngology
89	DO Psychiatry
90	DO Obstetrics & Gynecology
91	DO General Surgery
92	DO Orthopaedic Surgery
93	DO Plastic Surgery
94	DO Thoracic Surgery
95	DO Pediatrics
96	Psychology
97	Nurse Mid-Wife
98	Surgical Assistant
99	Family Practice

### South Carolina

South Carolina reports physician specialty as the area in which the physician spends the most hours per week, as reported at license renewal. If the physician does not report hours, South Carolina assigns physician specialty as the first practice type reported by the physician.

Physicians report their specialties to South Carolina using the categories and abbreviations in the "source-specific descriptions" column of the following table. South Carolina assigns them to three-character codes and reports the data in that format. During HCUP processing, the three-character codes supplied by the state were assigned to SURGSPEC.

In South Carolina, SURGSPEC is coded as follows. Any other codes are undefined.

Source Value	Description
--------------	-------------

0AA	Pediatric Endocrinology (PDE)
0AB	Internal Medicine/Diagnostic Laboratory Immunology (ILI)
0AC	Internal Medicine, Geriatrics (IMG)
0AD	Neurological Surgery, Critical Care (NCC)
0AE	Pathology, Neuropathology (NP)
0AF	Neurology, Pediatric Surgery (NSP)
0AG	Orthopedic Surgery, Adult Reconstructive Orthopedics (OAR)
0AH	Obstetrics & Gynecology/Critical Care Medicine (OCC)
0AI	Orthopedic Surgery, Musculoskeletal Oncology (OMO)
0AJ	Orthopedic Surgery, Pediatric Orthopedics (OP)
0AK	Orthopedic Surgery, Sports Medicine (OSM)
0AL	Orthopedic Surgery, Trauma (OTR)
0AM	Pathology, Chemical (PCH)
0AN	Pathology, Cytopathology (PCP)
0AO	Pediatric Gastroenterology (PG) (code is zero-A-oh)
0AP	Pathology, Immunopathology (PIP)
0AQ	Pediatrics/Diagnostic Laboratory Immunology (PLI)
0AT	Undersea Medicine (UM)
0AU	Radiology, Vascular and Interventional (VIR)
0AV	Addiction Medicine (ADM)
0BB	Pathology, Radioisotopic (RIP)
0BJ	Pediatric Otolaryngology
0BL	Pain Medicine
0BM	Pediatric Ophthalmology
0BS	Obstetrics
0CB	Cardiothoracic Surgery
0CC	Surgery, Vascular (VS)
0CE	Cardiac Electrophysiology
0CJ	Pediatric Infectious Disease
0DD	Neonatal Medicine (NEO)
0EE	Pediatric Pulmonology (PDP)
0FF	Radiation Oncology (RO)
0HH	Pediatric Emergency Medicine (PEM)
0II	Medical Genetics (MG)

0JJ	Psychiatry, Geriatric (PYG)
0KK	Orthopedic Surgery, Spine Surgery (OSS)
0LL	Allergy & Immunology/Diagnostic Laboratory Immunology (ALI)
0MM	Anesthesiology, Pain Management (APM)
0OO	Pathology, Blood Banking (BBK) (code is zero-oh-oh)
0PP	Anesthesiology, Critical Care (CCA)
0QQ	Pediatric Critical Care (CCP)
0RR	Surgery, Critical Care (CCS)
0SS	Neurology, Clinical Neurophysiology (CN)
0TT	Dermatological Immunology/Diagnostic Laboratory Immunology (DDL)
0UU	Family Practice, Geriatric Medicine (FPG)
0VV	Family Practice, Sports Medicine (FSM)
0WW	Pathology, Hematology (HMP)
0XX	Orthopedic Surgery, Hand Surgery (HSO)
0YY	Plastic Surgery, Hand Surgery (HSP)
0ZZ	Internal Medicine Cardiac Electrophysiology (ICE)
001	Aerospace Medicine (AM)
002	Allergy & Immunology (AI)
003	Anesthesiology (AN)
005	Cardiovascular Disease (CD)
006	Dermatology (D)
007	Diabetes (DIA)
008	Emergency Medicine (EM)
009	Endocrinology (END)
010	Family Practice (FP, FPP)
011	Gastroenterology (GE)
012	General Practice (GP), Dental Health Program (DHP), Intern
013	General Preventative Medicine (GPM)
014	Geriatrics (GER)
015	Gynecology (GYN, G)
016	Hematology (HEM)
018	Infectious Diseases (ID)
019	Internal Medicine (IM)

021	Legal Medicine (LM)
023	Nephrology (NEP)
024	Neurology (N)
025	Neurology, Child (CHN)
026	Neuropathology (NA)
027	Nuclear Medicine (NM)
028	Nutrition (NTR)
029	Obstetrics (OBS)
030	Obstetrics & Gynecology (OBG)
031	Occupational Medicine (OM)
032	Ophthalmology (OPH)
033	Otology (OT)
034	(OTL)
035	Pathology, Anatomic/Clinical (PTH)
036	Pathology, Clinical (CLP)
037	Pathology, Forensic (FOP)
038	Pediatrics (PD)
039	Pediatric Allergy (PDA)
040	Pediatric Cardiology (PDC)
041	Pharmacology, Clinical (PA)
042	Physical Medicine & Rehabilitation (PM)
043	Psychiatry (P)
044	Psychiatry, Child (CHP)
045	Psychoanalysis (PYA)
047	Public Health (PH)
048	Pulmonary Disease (PUD)
049	Radiology (R)
050	Radiology, Diagnostic (DR)
051	Radiology, Pediatric (PDR)
052	Therapeutic Radiology (TR)
053	Rheumatology (RHU)
056	Abdominal Surgery (ABS)
057	Surgery, Cardiovascular (CDS)
058	Surgery, Colon & Rectal (CRS)
059	Surgery, General (GS)

060	Surgery, Hand (HS)
061	Surgery, Head & Neck (HNS)
062	Surgery, Neurological (NS)
063	Surgery, Orthopedic (ORS)
064	Surgery, Pediatric (PDS)
065	Surgery, Plastic (PS)
066	Surgery, Thoracic (TS)
067	Surgery, Traumatic (TRS)
068	Surgery, Urological (U)
069	1993: Nuclear Radiology (NR)
	1994: Nuclear Radiology (OTHER)
071	Immunology (IG)
073	Oncology Medical (ON)
074	Otolaryngology (OTO)
080	Administrative Medicine (ADM)
081	Student Health (SH)
082	Pediatric Hematology-Oncology (PHO)
083	Pediatric Nephrology (PN, PNP)
084	Neonatal-Perinatal Medicine (NPM)
085	Pathology, Anatomic (ATP)
086	Gynecological Oncology (GO, ONC)
087	Maternal & Fetal Medicine (MFM)
088	Reproductive Endocrinology (REN, RE)
089	Allergy (A)
090	Adolescent Medicine (ADL)
091	Blood Banking (BLB)
092	Critical Care Medicine (CCM)
093	Chemical Pathology (CMP)
094	Diagnostic Lab Immunology (DLI)
095	Dermatopathology (DMP)
096	Facial Plastic Surgery, Otolaryngology (FPS)
097	Immunopathology (SID and NIS)
098	Medical Microbiology (MM)
099	Nuclear Radiology (NR)
103	General Practice, Dentist (GP-DENT)

108	Oral Surgery (OS-DENT)
110	Periodontics Dentist (PERIO-DENT)

South Carolina data do not separately classify some physician specialties. No documentation was available describing which physician specialties were used for:

- U.S. Air Force (AF)
- Pathology, Pediatric Pathology (PP)
- U.S. Navy (USN)
- U.S. Army (USA)
- Osteopathy (OST)
- U.S. Public Health Service (PHS)

# TOTCHG - Total charges, cleaned

## General Notes

TOTCHG contains the edited total charges. The original value provided by the data source is retained in the data element TOTCHG\_X. How total charges are edited depends on the year of the data.

In the 1988-1997 HCUP databases, the following edits are applied to total charges (TOTCHG):

- Values are rounded to the nearest dollar; and
- Zero charges are set to missing (.);
- Negative charges are set to invalid (.A); and
- For HCUP inpatient databases, if charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C).
- For HCUP outpatient databases, if total charges are excessively low (ED912) or high (ED922), then TOTCHG is set to inconsistent (.C). (SASD)

Beginning in the 1998 HCUP databases, the following edits are applied to total charges (TOTCHG):

- Values are rounded to the nearest dollar; and
- Zero charges are set to missing (.);
- If total charges are excessively low (ETCHG01) or high (ETCHG02), then TOTCHG is set to inconsistent (.C). The limits for excessively low and high total charges vary for inpatient and outpatient databases.

Generally, total charges (TOTCHG and TOTCHG\_X) do not include professional fees and non-covered charges. If the source provides total charges with professional fees, then the professional fees are removed from the charge during HCUP processing. In a small number of HCUP databases, professional fees can not be removed from total charges because the data source cannot provide the information. In these rare cases, the HCUP data element PROFEE, that identifies which records have professional fees included in the total charge, is included on the HCUP database.

Emergency department charges incurred prior to admission to the hospital may be included in total charges (TOTCHG and TOTCHG\_X). Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department. Other payers may or may not have similar requirements.

Uniform Values			
Variable	Description	Value	Value Description
TOTCHG	Total charges, cleaned	25 - 1 million	Total Charge rounded (In the 1988-1997 data, TOTCHG can be less than 25 and greater than 1 million)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ETCHG01, ETCHG02; in 1998-1997 data, ED911, ED912, ED921, ED922

State Specific Notes
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**Colorado**

According to Colorado, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG\_X).

**Florida**

The coding of TOTCHG and TOTCHG\_X in Florida is inconsistent with the coding of total charges in other states. In Florida, total charges may include professional fees. In all other HCUP states, either professional fees are not included in the supplied total charges or the professional fees are subtracted from the total during HCUP processing.

Use the variable PROFEE to identify records for which the total charges include professional fees. PROFEE is a required submission field for ambulatory surgery data in Florida. PROFEE indicates whether or not professional fees for radiology services are included in total charges (TOTCHG and TOTCHG\_X).

**Iowa**

Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG\_X) during HCUP processing to make Iowa total charges comparable to data from other states.

**Maine**



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

Beginning in 2000, total charges (TOTCHG) were collected from the patient summary record and not the detail charge and revenue code array. Prior to 2000, total charges (TOTCHG and TOTCHG\_X) were identified by revenue code "001" and extracted from the detail charge and revenue code array.

The Maine SASD file contains both ambulatory surgery and non-surgical services causing the distribution of total charges to be atypical of an ambulatory surgery file. Information on recurring visits which list several visits for the same type of procedure/treatment performed on scheduled days (e.g., physical therapy and chemotherapy visits) are bundled into one record and included in the SASD file.

## **Maryland**

Maryland excluded the following from total charges:

- Physician charges and
- Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

## **South Carolina**

Beginning in 1996, professional fees and charges for patient convenience items were subtracted from the reported total charges during HCUP processing to make South Carolina total charges (TOTCHG and TOTCHG\_X) comparable to data from other states.

Prior to 1996, only professional fees were subtracted from the reported total charges because the source did not supply an itemized charge for patient convenience items.

## **South Carolina**

The total charges for South Carolina freestanding clinic data may include professional fees and charges for patient convenience items. South Carolina did not supply detailed charges with the freestanding clinic data. Professional fees and charges for patient convenience items could not be subtracted from total charges (TOTCHG and TOTCHG\_X) during HCUP processing as was done with the South Carolina inpatient and hospital-based ambulatory surgery data.

## **Utah**

Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was \$14.

### **Wisconsin**

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

## TOTCHG\_X - Total charges, as received from data source

<b>General Notes</b>
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TOTCHG\_X retains the total charge supplied by a data source, including cents and negative values, with the following exceptions:

- Zero charges are set to missing (.); and
- Charges that round to zero are set to missing (.).

TOTCHG\_X has the same value as TOTCHG just before edit checks on total charges are performed. TOTCHG contains the cleaned total charges. TOTCHG\_X contains the original value of total charges.

Generally, total charges (TOTCHG and TOTCHG\_X) do not include professional fees and non-covered charges. If the source provides total charges with professional fees, then the professional fees are removed from the charge during HCUP processing. In a small number of HCUP databases, professional fees can not be removed from total charges because the data source cannot provide the information. In these rare cases, the HCUP data element PROFEE, that identifies which records have professional fees included in the total charge, is included on the HCUP database.

In some cases, only copay amounts, such as \$10 or \$20, may be in the total charges. There is no documentation as to the prevalence of this practice.

Emergency department charges incurred prior to admission to the hospital may be included in total charges (TOTCHG and TOTCHG\_X). Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department. Other payers may or may not have similar requirements.

<b>Uniform Values</b>			
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Variable	Description	Value	Value Description
TOTCHG_X	Total charges, as received from data source	+/- 100 million	Total charge (with 2 decimal places)
		.	Missing
		.A	Invalid (nonnumeric or out of range)

## State Specific Notes

### Colorado

According to Colorado, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG\_X).

### Florida

The coding of TOTCHG and TOTCHG\_X in Florida is inconsistent with the coding of total charges in other states. In Florida, total charges may include professional fees. In all other HCUP states, either professional fees are not included in the supplied total charges or the professional fees are subtracted from the total during HCUP processing.

Use the variable PROFEE to identify records for which the total charges include professional fees. PROFEE is a required submission field for ambulatory surgery data in Florida. PROFEE indicates whether or not professional fees for radiology services are included in total charges (TOTCHG and TOTCHG\_X).

### Iowa

Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG\_X) during HCUP processing to make Iowa total charges comparable to data from other states.

### Maine

Beginning in 2000, total charges (TOTCHG and TOTCHG\_X) were collected from the patient summary record and not the detail charge and revenue code array. Prior to 2000, total charges (TOTCHG and TOTCHG\_X) were identified by revenue code "001" and extracted from the detail charge and revenue code array.

The Maine SASD file contains both ambulatory surgery and non-surgical services causing the distribution of total charges to be atypical of an ambulatory surgery file. Information on recurring visits which list several visits for the same type of procedure/treatment performed on scheduled days (e.g., physical therapy and chemotherapy visits) are bundled into one record and included in the SASD file.

### Maryland

Maryland excluded the following from total charges:

- Physician charges and
- Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

## **South Carolina**

The total charges for South Carolina freestanding clinic data may include professional fees and charges for patient convenience items. South Carolina did not supply detailed charges with the freestanding clinic data. Professional fees and charges for patient convenience items could not be subtracted from total charges (TOTCHG and TOTCHG\_X) during HCUP processing as was done with the South Carolina inpatient and hospital-based ambulatory surgery data.

## **Wisconsin**

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

## TOWN - Patient town of residence, as received from source

### General Notes

Information on the town in which the patient resides (TOWN) is retained as provided by the data source. No edit checks are performed on this data element during HCUP processing.

### Uniform Values

Variable	Description	Value	Value Description
TOWN	Patient town of residence, as received from source	n/a	State specific coding - See the "State Specific Notes" section for details

### State Specific Notes

#### Nebraska

Nebraska provided the full name of the patient's town.

#### New Jersey

New Jersey	
Value of TOWN	Description
<b>1 = Atlantic County</b>	
101	Absecon City
102	Atlantic City
103	Brigantine City
104	Buena Boro
105	Buena Vista Twp.
106	Corbin City
107	Egg Harbor City
108	Egg Harbor Twp.

109	Estell Manor City
110	Folsom Boro
111	Galloway Twp.
112	Hamilton Twp.
113	Hammonton Town
114	Linwood City
115	Longport Boro
116	Margate City
117	Mullica Twp.
118	Northfield City
119	Pleasantville City
120	Port Republic City
121	Somers Point City
122	Ventnor City
123	Weymouth Twp.
<b>2 = Bergen County</b>	
201	Allendale Boro
202	Alpine Boro
203	Bergenfield Boro
204	Bogota Boro
205	Carlstadt Boro
206	Cliffside Park Boro
207	Closter Boro
208	Cresskill Boro
209	Demarest Boro
210	Dumont Boro
211	Elmwood Park Boro
212	East Rutherford Boro
213	Edgewater Boro
214	Emerson Boro
215	Englewood City
216	Englewood Cliffs Boro
217	Fair Lawn Boro
218	Fairview Boro
219	Fort Lee Boro

220	Franklin Lakes Boro
221	Garfield City
222	Glen Rock Boro
223	Hackensack City
224	Harrington Park Boro
225	Hasbrouck Heights Boro
226	Haworth Boro
227	Hillsdale Boro
228	Hohokus Boro
229	Leonida Boro
230	Little Ferry Boro
231	Lodi Boro
232	Lyndhurst Twp.
233	Mahwah Twp.
234	Maywood Boro
235	Midland Park Boro
236	Montvale Boro
237	Moonachie Boro
238	New Milford Boro
239	North Arlington Boro
240	Northvale Boro
241	Norwood Boro
242	Oakland Boro
243	Old Tappan Boro
244	Oradell Boro
245	Palisade Park Boro
246	Paramus Boro
247	Park Ridge Boro
248	Ramsey Boro
249	Ridgefield Boro
250	Ridgefield Park Village
251	Ridgefield Village
252	River Edge Boro
253	River Vale Twp.
254	Rochelle Park Twp.



255	Rockleigh Boro
256	Rutherford Boro
257	Saddle Brook Twp.
258	Saddle River Boro
259	South Hackensack Twp.
260	Teaneck Twp.
261	Tenafly Boro
262	Teterboro Boro
263	Upper Saddle River Boro
264	Waldwick Boro
265	Wallington Boro
266	Washington Twp.
267	Westwood Boro
268	Woodcliff Lake Boro
269	Wood-Ridge Boro
270	Wyckoff Twp.
<b>3 = Burlington County</b>	
301	Bass River Twp.
302	Beverly City
303	Bordentown City
304	Bordentown Twp.
305	Burlington City
306	Burlington Twp.
307	Chesterfield Twp.
308	Cinnaminson Twp.
309	Delanco Twp.
310	Delran Twp.
311	Eastampton Twp.
312	Edgewater Park Twp.
313	Evesham Twp.
314	Fieldsboro Boro
315	Florence Twp.
316	Hainesport Twp.
317	Lumberton Twp.
318	Mansfield Twp.

319	Maple Shade Twp.
320	Medford Twp.
321	Medford Lakes Boro
322	Moorestown Twp.
323	Mount Holly Twp.
324	Mount Laurel Twp.
325	New Hanover Twp.
326	North Hanover Twp.
327	Palmyra Boro
328	Pemberton Boro
329	Pemberton Twp.
330	Riverside Twp.
331	Riverton Boro
332	Shamong Twp.
333	Southampton Twp.
334	Springfield Twp.
335	Tabernacle Twp.
336	Washington Twp.
337	Westampton Twp.
338	Willingboro Twp.
339	Woodland Twp.
340	Wrightstown Boro
<b>4 = Camden County</b>	
401	Audubon Boro
402	Audubon Park Boro
403	Barrington Boro
404	Bellmawr Boro
405	Berlin Boro
406	Berlin Twp.
407	Brooklawn Boro
408	Camden City
409	Cherry Hill Twp.
410	Chelsilhurst Boro
411	Clementon Boro
412	Collingswood Boro

413	Gibbsboro Boro
414	Gloucester City
415	Gloucester Twp.
416	Haddon Twp.
417	Haddonfield Boro
418	Haddon Heights Boro
419	Hi-Nella Boro
420	Laurel Springs Boro
421	Lawnside Boro
422	Lindenwold Boro
423	Magnolia Boro
424	Merchantville Boro
425	Mount Ephraim Boro
426	Oaklyn Boro
427	Pennsauken Twp.
428	Pine Hill Boro
429	Pine Valley Boro
430	Runnemede Boro
431	Somerdale Boro
432	Stratford Boro
433	Tavistock Boro
434	Voorhees Twp.
435	Waterford Twp.
436	Winslow Twp.
437	Woodlynne Boro
<b>5 = Cape May County</b>	
501	Avalon Boro
502	Cape May City
503	Cape May Point Boro
504	Dennis Twp.
505	Lower Twp.
506	Middle Twp.
507	North Wildwood City
508	Ocean City
509	Sea Isle City

510	Stone Harbor Boro
511	Upper Twp.
512	West Cape May Boro
513	West Wildwood Boro
514	Wildwood City
515	Wildwood Crest Boro
516	Woodbine Boro
<b>6 = Cumberland County</b>	
601	Bridgeton City
602	Commercial Twp.
603	Deerfield Twp.
604	Downe Twp.
605	Fairfield Twp.
606	Greenwich Twp.
607	Hopewell Twp.
608	Lawrence Twp.
609	Maurice River Twp.
610	Millville City
611	Shiloh Boro
612	Stow Creek Twp.
613	Upper Deerfield Twp.
614	Vineland City
<b>7 = Essex County</b>	
701	Belleville Twp.
702	Bloomfield Twp.
703	Caldwell Boro Twp.
704	Cedar Grove Twp.
705	East Orange City
706	Essex Fells Twp.
707	Fairfield Twp.
708	Glen Ridge Boro Twp.
709	Irvington Twp.
710	Livingston Twp.
711	Maplewood Twp.
712	Millburn Twp.

713	Montclair Twp.
714	Newark City
715	North Caldwell Boro
716	Nutley Twp.
717	City of Orange Twp.
718	Roseland Boro
719	South Orange Village Twp.
720	Verona Twp.
721	West Caldwell Twp.
722	West Orange Twp.
<b>8 = Gloucester County</b>	
801	Clayton Boro
802	Deptford Twp.
803	East Greenwich Twp.
804	Elk Twp.
805	Franklin Twp.
806	Glassboro Boro
807	Greenwich Twp.
808	Harrison Twp.
809	Logan Twp.
810	Mantua Twp.
811	Monroe Twp.
812	National Park Boro
813	Newfield Boro
814	Paulsboro Boro
815	Pitman Boro
816	South Harrison Twp.
817	Swedesboro Boro
818	Washington Twp.
819	Wenonah Boro
820	West Deptford Twp.
821	Westville Boro
822	Woodbury City
823	Woodbury Heights Boro
824	Woolwich Twp.

<b>9 = Hudson County</b>	
901	Bayonne City
902	East Newark Boro
903	Guttenberg Town
904	Harrison Town
905	Hoboken City
906	Jersey City
907	Kearny Town
908	North Bergen Twp.
909	Secaucus Town
910	Union City
911	Weehawken Twp.
912	West New York Town
<b>10 = Hunterdon County</b>	
1001	Alexandria Twp.
1002	Bethlehem Twp.
1003	Bloomsbury Boro
1004	Califon Boro
1005	Clinton Town
1006	Clinton Twp.
1007	Delaware Twp.
1008	East Amwell Twp.
1009	Flemington Boro
1010	Franklin Twp.
1011	Frenchtown Boro
1012	Glen Gardner Boro
1013	Hampton Boro
1014	High Bridge Boro
1015	Holland Twp.
1016	Kingwood Twp.
1017	Lambertville City
1018	Lebanon Boro
1019	Lebanon Twp.
1020	Milford Boro
1021	Raritan Twp.

1022	Readington Twp.
1023	Stockton Boro
1024	Tewksbury Twp.
1025	Union Twp.
1026	West Amwell Twp.
<b>11 = Mercer County</b>	
1101	East Windsor Twp.
1102	Ewing Twp.
1103	Hamilton Twp.
1104	Hightstown Boro
1105	Hopewell Boro
1106	Hopewell Twp.
1107	Lawrence Twp.
1108	Pennington Boro
1109	Princeton Boro
1110	Princeton Twp.
1111	Trenton City
1112	Washington Twp.
1113	West Windsor Twp.
<b>120 = Middlesex County</b>	
1201	Carteret Boro
1202	Cranbury Twp.
1203	Dunellen Boro
1204	East Brunswick Twp.
1205	Edison Twp.
1206	Helmetta Boro
1207	Highland Park Boro
1208	Jamesburg Boro
1209	Old Bridge Twp.
1210	Metuchen Boro
1211	Middlesex Boro
1212	Milltown Boro
1213	Monroe Twp.
1214	New Brunswick City
1215	North Brunswick Twp.

1216	Perth Amboy City
1217	Piscataway Twp.
1218	Plainsboro Twp.
1219	Sayreville Boro
1220	South Amboy City
1221	South Brunswick Twp.
1222	South Plainfield Boro
1223	South River Boro
1224	Spotswood Boro
1225	Woodbridge Twp.
<b>13 = Monmouth County</b>	
1301	Allenhurst Boro
1302	Allentown Boro
1303	Asbury Park City
1304	Atlantic Highlands Boro
1305	Avon-By-The-Sea Boro
1306	Belmar Boro
1307	Bradley Beach Boro
1308	Brielle Boro
1309	Colts Neck Twp.
1310	Deal Boro
1311	Eatontown Boro
1312	Englishtown Boro
1313	Fair Haven Boro
1314	Farmingdale Boro
1315	Freehold Boro
1316	Freehold Twp.
1317	Highlands Boro
1318	Holmdel Twp.
1319	Howell Twp.
1320	Interlaken Boro
1321	Keansburg Boro
1322	Keyport Boro
1323	Little Silver Boro
1324	Loc Arbour Village



1325	Long Branch City
1326	Manalapan Twp.
1327	Manasquan Boro
1328	Marlboro Twp.
1329	Matawan Boro
1330	Aberdeen Twp.
1331	Middletown Twp.
1332	Millstone Twp.
1333	Monmouth Beach Boro
1334	Neptune Twp.
1335	Neptune City Boro
1336	Tinton Falls Boro
1337	Ocean Twp.
1338	Oceanport Boro
1339	Hazlet Twp.
1340	Red Bank Boro
1341	Roosevelt Boro
1342	Rumson Boro
1343	Sea Bright Boro
1344	Sea Girt Boro
1345	Shrewsbury Boro
1346	Shrewsbury Twp.
1347	South Belmar Boro
1348	Spring Lake Boro
1349	Spring Lake Heights Boro
1350	Union Beach Boro
1351	Upper Freehold Twp.
1352	Wall Twp.
1353	West Long Branch Boro
<b>14 = Morris County</b>	
1401	Boonton Town
1402	Boonton Twp.
1403	Butler Boro
1404	Chatham Boro
1405	Chatham Twp.

1406	Chester Boro
1407	Chester Twp.
1408	Denville Twp.
1409	Dover Town
1410	East Hanover Twp.
1411	Florham Park Boro
1412	Hanover Twp.
1413	Harding Twp.
1414	Jefferson Twp.
1415	Kinnelon Boro
1416	Lincoln Park Boro
1417	Madison Boro
1418	Mendham Boro
1419	Mendham Twp.
1420	Mine Hill Twp.
1421	Montville Twp.
1422	Morris Twp.
1423	Morris Plains Boro
1424	Morristown Town
1425	Mountain Lakes Boro
1426	Mount Arlington Boro
1427	Mount Olive Twp.
1428	Netcong Boro
1429	Parsippany-Troy Hills Twp.
1430	Passaic Twp.
1431	Pequannock Twp.
1432	Randolph Twp.
1433	Riverdale Boro
1434	Rockaway Boro
1435	Rockaway Twp.
1436	Roxbury Twp.
1437	Victory Gardens Boro
1438	Washington Twp.
1439	Wharton Boro
<b>15 = Ocean County</b>	

1501	Barnegat Light Boro
1502	Bay Head Boro
1503	Beach Haven Boro
1504	Beachwood Boro
1505	Berkeley Twp.
1506	Brick Twp.
1507	Dover Twp.
1508	Eagleswood Twp.
1509	Harvey Cedars Boro
1510	Island Heights Boro
1511	Jackson Twp.
1512	Lacey Twp.
1513	Lakehurst Boro
1514	Lakewood Twp.
1515	Lavallette Boro
1516	Little Egg Harbor Twp.
1517	Long Beach Twp.
1518	Manchester Twp.
1519	Mantaloking Boro
1520	Ocean Twp.
1521	Ocean Gate Boro
1522	Pine Beach Boro
1523	Plumsted Twp.
1524	Point Pleasant Boro
1525	Point Pleasant Beach Boro
1526	Seaside Heights Boro
1527	Seaside Park Boro
1528	Ship Bottom Boro
1529	South Toms River Boro
1530	Stafford Twp.
1531	Surf City Boro
1532	Tuckerton Boro
1533	Barnegat Twp.
<b>16 = Passaic County</b>	
1601	Bloomingtondale Boro

1602	Clifton City
1603	Haledon Boro
1604	Hawthorne Boro
1605	Little Falls Twp.
1606	North Haledon Boro
1607	Passaic City
1608	Paterson City
1609	Pompton Lakes Boro
1610	Prospect Park Boro
1611	Ringwood Boro
1612	Totowa Boro
1613	Wanaque Boro
1614	Wayne Twp.
1615	West Milford Twp.
1616	West Paterson Boro
<b>17 = Salem County</b>	
1701	Alloway Twp.
1702	Elmer Boro
1703	Elsinboro Twp.
1704	Lower Alloways Creek Twp.
1705	Mannington Twp.
1706	Oldsman Twp.
1707	Penns Grove Boro
1708	Pennsville Twp.
1709	Pilesgrove Twp.
1710	Pittsgrove Twp.
1711	Quinton Twp.
1712	Salem City
1713	Carneys Point Twp.
1714	Upper Pittsgrove Twp.
1715	Woodstown Boro
<b>18 = Somerset County</b>	
1801	Bedminster Twp.
1802	Bernards Twp.
1803	Bernardsville Boro

1804	Bound Brook Boro
1805	Branchburg Twp.
1806	Bridgewater Twp.
1807	Far Hills Boro
1808	Franklin Twp.
1809	Green Brook Twp.
1810	Hillsborough Twp.
1811	Manville Boro
1812	Millstone Boro
1813	Montgomery Twp.
1814	North Plainfield Boro
1815	Peapack Gladstone Boro
1816	Raritan Boro
1817	Rocky Hill Boro
1818	Somerville Boro
1819	South Bound Brook Boro
1820	Warren Twp.
1821	Watchung Boro
<b>19 = Sussex County</b>	
1901	Andover Boro
1902	Andover Twp.
1903	Branchville Boro
1904	Byram Twp.
1905	Frankford Twp.
1906	Franklin Boro
1907	Fredon Twp.
1908	Green Twp.
1909	Hamburg Boro
1910	Hampton Twp.
1911	Hardyston Twp.
1912	Hopatcong Boro
1913	Lafayette Twp.
1914	Montague Twp.
1915	Newton Town
1916	Ogdensburg Boro

1917	Sandyston Twp.
1918	Sparta Twp.
1919	Stanhope Boro
1920	Stillwater Twp.
1921	Sussex Boro
1922	Vernon Twp.
1923	Walpack Twp.
1924	Wantage Twp.
<b>20 = Union County</b>	
2001	Berkeley Heights Twp.
2002	Clark Twp.
2003	Cranford Twp.
2004	Elizabeth City
2005	Fanwood Boro
2006	Garwood Boro
2007	Hillside Twp.
2008	Kenilworth Boro
2009	Linden City
2010	Mountainside Boro
2011	New Providence Boro
2012	Plainfield City
2013	Rahway City
2014	Roselle Boro
2015	Roselle Park Boro
2016	Scotch Plains Twp.
2017	Springfield Twp.
2018	Summit City
2019	Union Twp.
2020	Westfield Twp.
2021	Winfield Twp.
<b>21 = Warren County</b>	
2101	Allamuchy Twp.
2102	Alpha Boro
2103	Belvidere Twp.
2104	Blairstown Twp.

2105	Franklin Twp.
2106	Frelinghuysen Twp.
2107	Greenwich Twp.
2108	Hackettstown Town
2109	Hardwick Twp.
2110	Harmony Twp.
2111	Hope Twp.
2112	Independence Twp.
2113	Knowlton Twp.
2114	Liberty Twp.
2115	Lopatcong Twp.
2116	Mansfield Twp.
2117	Oxford Twp.
2118	Pahaquarry Twp.
2119	Phillipsburg Town
2120	Pohatcong Twp.
2121	Washington Boro
2122	Washington Twp.
2123	White Twp.

## Vermont

Prior to 2005 data, an error during HCUP processing mistakenly recoded the township value used for Massachusetts discharges (TOWN = "2400") to a Nw Hampshire county (value 33007) for patient's county (PSTCO). PSTCO should have been set to missing for these Massachusetts discharges.

## Vermont

County Code	Town
<b>01 = Addison County</b>	
0101	Addison
0102	Bridport
0103	Bristol
0104	Cornwall
0105	Ferrisburg, Basin Harbor, No. Ferrisburg
0106	Goshen

0107	Granville
0108	Hancock
0109	Leicester
0110	Lincoln, East Middlebury
0111	Middlebury
0112	Monkton
0113	New Haven
0114	Orwell
0115	Panton
0116	Ripton
0117	Salisbury
0118	Shoreham
0119	Starksboro
0120	Vergennes
0121	Waltham
0122	Weybridge
0123	Whiting
<b>02 = Bennington County</b>	
0201	Arlington, East Arlington
0202	Bennington, North Bennington
0203	Dorset, South Dorset, East Dorset
0204	Landgrove, North Landgrove
0205	Manchester, Manchester Center, Manchester Depot
0206	Peru
0207	Pownal, North Pownal
0208	Readsboro, Heartswellville
0209	Rupert, West Rupert
0210	Sandgate
0211	Searsburg
0212	Shaftsbury
0213	Stamford
0214	Sunderland
0215	Winhall, Bondville
0216	Woodford
0217	Glastenbury



<b>03 = Caledonia County</b>	
0301	Barnet, Mcindoe, Passumpsic
0302	Burke, West Burke, East Burke
0303	Danville, West Danville
0304	Groton
0305	Hardwick, East Hardwick
0306	Kirby
0307	Lyndon, Lyndonville, Lyndon Center
0308	Newark
0309	Peacham
0310	Ryegate, South Ryegate, East Ryegate
0311	Sheffield
0312	St. Johnsbury, East St. Johnsbury, St. Johnsbury Center
0313	Stannard
0314	Sutton
0315	Walden
0316	Waterford, Lower Waterford
0317	Wheelock
<b>04 = Chittenden County</b>	
0401	Bolton
0402	Burlington
0403	Charlotte
0404	Colchester, Malletts Bay
0405	Essex, Essex Junction
0406	Hinesburg
0407	Huntington, Hanksville
0408	Jericho
0409	Milton
0410	Richmond, Jonesville
0411	St. George
0412	Shelburne
0413	So. Burlington
0414	Underhill, Underhill Center
0415	Westford
0416	Williston

0417	Winooski
0418	Ft. Ethan Allen
0419	Buell's Gore
<b>05 = Essex County</b>	
0501	Bloomfield
0502	Brighton, Island Pond
0503	Brunswick
0504	Canaan, Beebe Pond, Beecher Falls, Wallace Pond
0505	Concord, East Concord, North Concord
0506	East Haven
0507	Granby
0508	Guildhall
0509	Lemington
0510	Lunenburg, Gilman, South Lunenburg
0511	Maidstone
0512	Norton
0513	Victory
0514	Averill
0515	Avery's Gore
0516	Ferdinand
0517	Lewis
0518	Warner's Grant
0519	Warren Gore
<b>06 = Franklin County</b>	
0601	Bakerfield
0602	Berkshire, East Berkshire, West Birkshire
0603	Enosburg
0604	Fairfax
0605	Fairfield, East Fairfield
0606	Fletcher
0607	Franklin
0608	Georgia
0609	Highgate, Highgate Springs, East Highgate
0610	Montgomery, Montgomery Ctr.
0611	Richford

0612	Sheldon, Sheldon Springs, Sheldon Junction
0613	St. Albans City
0614	St. Albans Town, St. Albans Bay
0615	Swanton
<b>07 = Grande Isle County</b>	
0701	Alburg
0702	Grand Isle
0703	Isle La Motte
0704	North Hero
0705	South Hero
<b>08 = Lamoille County</b>	
0801	Belvidere
0802	Cambridge, Jeffersonville
0803	Eden, Eden Mills
0804	Elmore, Lake Elmore
0805	Hyde Park, North Hyde Park
0806	Johnson
0807	Morristown, Morrisville, Cady's Falls
0808	Stowe, Moscow
0809	Waterville
0810	Wolcott
<b>09 = Orange County</b>	
0901	Bradford
0902	Braintree
0903	Brookfield
0904	Chelsea
0905	Corinth, Cookville, East Corinth
0906	Fairlee, Ely
0907	Newbury, Wells River, Boltonsville, South Newbury, West Newbury
0908	Orange
0909	Randolph, East Randolph, Randolph Center
0910	Strafford, South Strafford
0911	Thetford, Thetford Center, Post Mills, East Thetford, Union Village, North Thetford

0912	Topsham, Waits River, West Topsham
0913	Tunbridge
0914	Vershire
0915	Washington
0916	West Fairlee
0917	Williamstown
<b>10 = Orleans County</b>	
1001	Albany
1002	Barton, Orleans
1003	Brownington, Evansville
1004	Charleston, East Charleston, West Charleston
1005	Coventry
1006	Craftsbury, Craftsbury Common
1007	Derby, Beebe Plains, Derby Line
1008	Glover, West Glover
1009	Greensboro
1010	Holland
1011	Irasburg
1012	Jay
1013	Lowell
1014	Morgan, Morgan Center
1015	Newport City
1016	Newport Town, Newport Center
1017	Troy, North Troy
1018	Westfield
1019	Westmore
<b>11 = Rutland County</b>	
1101	Benson
1102	Brandon, Forest Dale
1103	Castleton, Hydeville, Bomoseen
1104	Chittenden, Holden
1105	Clarendon, North Clarendon
1106	Danby
1107	Fair Haven
1108	Hubbardton

1109	IRA
1110	Mendon
1111	Middletown Springs
1112	Mt. Holly, Healdville, Belmont
1113	Mt. Tabor
1114	Pawlett, West Pawlett
1115	Pittsfield
1116	Pittsford, Florence
1117	Poultney, East Poultney
1118	Proctor
1119	Rutland City
1120	Rutland Town, Rutland Center
1121	Sherburne, Killington
1122	Shrewsbury, Cuttingsville
1123	Sudbury
1124	Tinmouth
1125	Wallingford, East Wallingford, West Wallingford
1126	Wells
1127	West Haven
1128	West Rutland
<b>12 = Washington County</b>	
1201	Barre City
1202	Barre Town, Websterville, South Barre, East Barre, Graniteville, Trow Hill
1203	Berlin, Riverton
1204	Cabot
1205	Calais, Adamant, East Calais
1206	Duxbury
1207	East Montpelier, North Montpelier, Montpelier Center, Fairmorth
1208	Fayston
1209	Marshfield
1210	Middlesex, Putnamville, Wrightsville
1211	Montpelier
1212	Moretown

1213	Northfield, Northfield Falls
1214	Plainfield
1215	Roxbury
1216	Waitsfield
1217	Warren
1218	Waterbury, Colbyville, Watebury Center
1219	Woodbury, South Woodbury
1220	Worcester
<b>13 = Windham County</b>	
1301	Athens
1302	Brattelboro
1303	Brookline
1304	Dover, West Dover, East Dover
1305	Dummerston, West Dummerston
1306	Grafton
1307	Guilford
1308	Halifax, West Halifax
1309	Jamaica, Rawsonville
1310	Londonderry, South Londonderry
1311	Marlsboro
1312	Newfane, Williamsville, South Newfane
1313	Putney
1314	Rockingham, Bellows Falls, Saxtons River, Brockway's Mills, Bartonville, Cambridgeport
1315	Stratton
1316	Townshend, West Townshend
1317	Vernon
1318	Wardsboro, West Wardsboro
1319	Westminster, Westminster Stat.
1320	Whitingham, Jacksonville
1321	Wilmington
1322	Windham - 05301 zips
1323	Somerset
<b>14 = Windsor County</b>	
1401	Andover, Simonsville

1402	Baltimore
1403	Barnard
1404	Bethel
1405	Bridgewater, Bridgewater Corners
1406	Cavendish, Proctorsville
1407	Chester, Gassetts
1408	Hartford, Quechee, Wilder, White River Junction, West Hartford
1409	Hartland, Hartland Four Corners, North Hartland
1410	Ludlow
1411	Norwich, Lewiston
1412	Plymouth, Tyson
1413	Pomfret, North Pomfret, South Pomfret
1414	Reading
1415	Rochester
1416	Royalton, South Royalton
1417	Sharon
1418	Springfield, North Springfield
1419	Stocksbridge, Gaysville
1420	Weathersfield, Perkinsville, Ascutney, Amsden
1421	Weston
1422	West Windsor
1423	Windsor, Brownsville, West Windsor
1424	Woodstock, Taftsville, South Woodstock
1425	Windsor Prison
<b>21 = Belknap County</b>	
2101	Alton
2102	Barnstead
2103	Belmont
2104	Center Harbor
2105	Gilford
2106	Gilmanton
2107	Laconia (Lakeport, The Weirs, Co. Hospital)
2108	Meredith
2109	New Hampton

2110	Sanbornton
2111	Tilton (Lochmere)
<b>22 = Carroll County</b>	
2201	Albany
2202	Bartlett (Glen)
2203	Brookfield
2204	Chatham
2205	Conway (Intervale, Intervale-Readstone, Kearsage)
2206	Eaton (Snowville)
2207	Effingham
2208	Freedom
2209	Hart's Location
2210	Jackson
2211	Madison (Silver Lake)
2212	Moultonborough
2213	Ossipee (Water Village, Moultonville, Co. Hospital)
2214	Sandwich (No. Sandwich)
2215	Tamworth (Wonalancet, Chocorua, Whittier)
2216	Tuftonboro (Melvin Village)
2217	Wakefield (Sanbornville, Union, Woodman Village)
2218	Wolfeboro
<b>23 = Cheshire County</b>	
2301	Alstead
2302	Chesterfield (Spofford, W. Chesterfield)
2303	Dublin
2304	Fitzwilliam (State Line)
2305	Gilsum
2306	Harrisville (Chesham)
2307	Hinsdale
2308	Jaffrey
2309	Keene
2310	Marlboro
2311	Marlow
2312	Nelson (Munsonville)
2313	Richmond



2314	Rindge
2315	Roxbury
2316	Stoddard
2317	Sullivan
2318	Surry
2319	Swanzey (West Port)
2320	Troy
2321	Walpole (Drewville)
2322	Westmoreland
2323	Winchester (Ashuelot)
<b>24 = Goss County</b>	
2401	Atkinson, Gilmanton Academy Grant
2402	Bean's Purchase
2403	Berlin
2404	Cambridge Township
2405	Carroll, Twin Mountain
2406	Clarksville
2407	Colebrook
2408	Columbia
2409	Dalton
2410	Dartmouth College Grant
2411	Dix's Grant
2412	Dixville
2413	Dummer
2414	Errol
2415	Erving's Location
2416	Gorham (Cascade)
2417	Green's Grant
2418	Jefferson (Riverton)
2419	Kilkenny Township
2420	Lancaster
2421	Martin's Location
2422	Milan
2423	Millsfield Township
2424	Northumberland (Groveton)

2425	Odell Township
2426	Pinkham's Grant
2427	Pittsburg
2428	Randolph
2429	Shelburne
2430	Stark (Percy-Crystal)
2431	Stewartstown (Riverside)
2432	Stratford
2433	Success Township
2434	Thompson & Meserve's Purch.
2435	Wentworth's Location
2436	Whitefield
<b>25 = Grafton County</b>	
2501	Alexandria
2502	Ashland
2503	Bath
2504	Benton (State Sanitarium)
2505	Bethlehem
2506	Bridgewater
2507	Bristol
2508	Beebe River (Campton)
2509	Canaan
2510	Dorchester
2511	Easton
2512	Ellsworth
2513	Enfield
2514	Franconia
2515	Grafton
2516	Groton
2517	Hanover (Etna)
2518	Haverhill (Woodsville, Pike Co. Hospital)
2519	Hebron
2520	Holderness
2521	Landaff
2522	Lebanon (Mascoma)

2523	Lincoln
2524	Lisbon
2525	Littleton
2526	Livermore
2527	Lyman
2528	Lyme
2529	Monroe
2530	Orange
2531	Orford
2532	Piermont
2533	Plymouth
2534	Rumney (Stinson Lkquincy)
2535	Thornton
2536	Warren (Glenclyff)
2537	Waterville
2538	Wentworth
2539	Woodstock
2540	Sugar Hill
<b>26 = Hillsborough County</b>	
2601	Amherst
2602	Antrim
2603	Bedford
2604	Bennington
2605	Brookline
2606	Deering
2607	Francestown
2608	Goffstown (Grasmere - Pinardville)
2609	Greenfield
2610	Greenville
2611	Hancock
2612	Hillsborough
2613	Hollis
2614	Hudson
2615	Litchfield
2616	Lyndeborough

2617	Manchester (Goffs Falls)
2618	Mason
2619	Merrimack (Reed's Ferry - Thornton's Ferry)
2620	Milford
2621	Mount Vernon
2622	Nashua
2623	New Boston
2624	New Ipswich
2625	Pelham
2626	Peterborough
2627	Sharon
2628	Temple
2629	Weare
2630	Wilton
2631	Windsor
<b>27 = Merrimack County</b>	
2701	Allenstown (Suncook)
2702	Andover (Potter Place)
2703	Boscawen (Gerrish)
2704	Bow
2705	Bradford
2706	Canterbury
2707	Chichester
2708	Concord (Penacook - Riverhill)
2709	Danbury
2710	Dunbarton
2711	Epsom (Gossville Falls)
2712	Franklin
2713	Henniker
2714	Hill
2715	Hooksett
2716	Hopkinton (Contoocook)
2717	Loudon
2718	Newbury (Blodgett's Landing)
2719	New London (Elkins)

2720	Northfield
2721	Pembroke
2722	Pittsfield
2723	Salisbury
2724	Sutton
2725	Warner (Melvin Mills)
2726	Webster
2727	Wilmot
<b>28 = Rockingham County</b>	
2801	Atkinson
2802	Auburn
2803	Brentwood (County Hospital)
2804	Candia
2805	Chester
2806	Danville
2807	Deerfield
2808	Derry
2809	East Kingston
2810	Epping
2811	Exeter
2812	Fremont
2813	Greenland - Riverside
2814	Hampstead
2815	Hampton
2816	Hampton Falls
2817	Kensington
2818	Kingston
2819	Londonderry
2820	New Castle
2821	Newfields
2822	Newington
2823	Newmarket
2824	Newton
2825	North Hampton
2826	Northwood

2827	Nottingham
2828	Plaistow (Westville)
2829	Portsmouth
2830	Raymond
2831	Rye
2832	Salem
2833	Sandown
2834	Seabrook (Smithtown)
2835	South Hampton
2836	Stratham
2837	Windham
<b>29 = Strafford County</b>	
2901	Barrington
2902	Dover (Co. Hospital)
2903	Durham
2904	Farmington
2905	Lee
2906	Madbury
2907	Middleton
2908	Milton (Milton Mills)
2909	New Durham
2910	Rochester (Gonic)
2911	Rollinsford (Salmon Falls)
2912	Somersworth
2913	Strafford
<b>30 = Sullivan County</b>	
3001	Aceworth
3002	Charlestown
3003	Claremont
3004	Cornish
3005	Croydon
3006	Goshen
3007	Grantham
3008	Langdon
3009	Lempster

3010	Newport (Guild - Kellyville)
3011	Plainfield (Meriden)
3012	Springfield
3013	Sunapee (Wendell - Georges Mills)
3014	Unity (Co. Hospital)
3015	Washington
<b>2400 = Massachusetts</b>	
<b>3500 = New York</b>	
3500	New York (most counties)
3510	Washington County
3511-12816	Cambridge
3512-12865	Salem
3513-12057	White Creek
3514-12057	Eagle Bridge
3515-12811	Mechanicsville
3520	Rensselaer County
3520-12133	N. Hoosick
3521-12090	Hoosick Falls
3522-12028	Buskirk
3523-12138	Petersburg
3524-12022	Berlin
3525-12094	Johnsonville
<b>1600 = Other USA</b>	
<b>1700 = Canada</b>	
<b>1800 = Elsewhere</b>	

## UNITn - Units of service

### General Notes

The unit of service (UNITn) is retained as provided by the data source. Negative values are set to invalid (.A). If supplied by the data source, fractional values of units of service (UNIT) are rounded, with any non-zero value less than 1 (0.01-0.99) rounded to 1.

### Uniform Values

Variable	Description	Value	Value Description
UNITn	Units of service	nnnn	Units of Service
		.	Missing
		.A	Invalid

### State Specific Notes

#### 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, 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.

#### Maryland

Beginning in July 2001, 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.

From January 2001 to June 30, 2001, Maryland supplied eight specific charges without revenue codes or units. To be compatible with the revenue code specific charges and units provided starting in July 2001, units (UNITn) were set to missing (.) in the first half of the year.



## New Jersey

The unit categories from New Jersey are:

UNIT1	Medical-Surgical Days
UNIT2	Obstetric Days
UNIT3	Pediatric Days
UNIT4	Psychiatric Days
UNIT5	Burn Care Unit Days
UNIT6	Intensive Care Unit Days
UNIT7	Coronary Care Unit Days
UNIT8	Neonatal Intensive Care Unit Days
UNIT9	Newborn Nursery Days
UNIT10	Emergency Room Visits
UNIT11	Clinic Visits
UNIT12	Home Health Visits
UNIT13	Anesthesiology Minutes Used
UNIT14	Cardiac Catheterization Procedures
UNIT15	Delivery and/or Gyn Procedures
UNIT16	Dialysis Treatments
UNIT17	Times Drugs or Pharmacy Used
UNIT18	Electrocardiograms
UNIT19	Laboratory Tests
UNIT20	Number of Medical Surgical Supplies
UNIT21	Number of EEGs and EMGs
UNIT22	Nuclear Medicine Procedures
UNIT23	Occupational Therapy Visits
UNIT24	Operating Room Procedures
UNIT25	Organ Transplants
UNIT26	Physical Therapy Visits
UNIT27	Psychiatric Hours (Spent with Patient)
UNIT28	Times Radiology Used
UNIT29	Respiratory Therapy Treatments
UNIT30	Speech Pathology Visits
UNIT31	Therapeutic Radiology Procedures
UNIT32	Same Day Surgery Visits

UNIT33	Excluded Revenue Codes
UNIT34	Non-Acute Ancillary Revenue Codes
UNIT35	Medicare, Part B, Non-Acute Codes

## UNITS - Line item units as received from source

### General Notes

Line item units (UNITS) are retained as provided by the data source. No edit checks are performed on this data element during HCUP processing.

UNITS are contained in a line item charge detail file. There may be multiple observations in the file with the same revenue code for a discharge record. To identify the total charge and units of service to specific revenue centers, the line item charge (CHARGE) and unit detail (UNITS) for a discharge should be summarized by revenue code (REVCODE) and the HCUP variable KEY which uniquely identifies a discharge. KEY can also be used to merge the detail charge information onto the discharge record in the Core file.

### Uniform Values

Variable	Description	Value	Value Description
UNITS	Line item units as received from source	n	Units of Service
		.	Missing
		.A	Invalid

### State Specific Notes

*None*

## YEAR - Calendar year

### General Notes

The discharge year (YEAR) is always coded. In the 1988-1997 HCUP databases, YEAR is two-digits (e.g., if the discharge year is 1990, then YEAR = 90). Beginning in the 1998 HCUP databases, YEAR is four-digits (e.g., 1998).

### Uniform Values

Variable	Description	Value	Value Description
YEAR	Calendar year	yy	2-digit calendar year in 1988-1997 data
		yyyy	4-digit calendar year beginning with 1998 data

### State Specific Notes

*None*

## ZIP - Patient zip code

### General Notes

The patient's zip code (ZIP) is retained as provided by the data source with the following exceptions:

- Foreign zip codes are recoded to indicate Canadian, Mexican, and other or unspecified foreign zip codes.
- Invalid zip codes are identified (ZIP = "A"). In the 1988-1992 HCUP databases, the zip code is validated against a composite list of zip codes valid as of December 1987, 1990, and 1992. Beginning in the 1993 HCUP databases, the zip code is required only to be numeric.
- The zip code for homeless patients is set to missing (ZIP = " ") in the 1988-1999 HCUP databases. Beginning in the 2000 HCUP databases, ZIP is set to "H".

### Uniform Values

Variable	Description	Value	Value Description
ZIP	Patient zip code	nnnnn	Zip codes
		C	Canada
		M	Mexico
		F	Other or unspecified foreign
		H	Homeless (beginning with 2000 data)
		Blank	Missing
		A	Invalid
		B	Unavailable from source (coded 1988-1997 data only)

### State Specific Notes

#### Colorado

In 1993, Colorado redefined zip code categories and included a separate category for foreign and homeless patients. Colorado used only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F"). Colorado used the zip code "00003" for

homeless patients. Beginning in 2000, this zip code was assigned to the HCUP category for Homeless (ZIP = "H"). Prior to 2000, this zip code was recoded to blank (ZIP = " ").

## **Colorado**

Due to an error in HCUP processing for 1993 and 1994 data, the new source category for foreign zip codes was recoded to the HCUP category "Invalid " (ZIP = "A "). Other years are not affected.

## **Florida**

Prior to 2004, Florida masked zip codes of areas in Florida where the population is less than 500 people and also for patients who reside out of state. These masked codes were set to missing (ZIP = " ") during HCUP processing. Beginning in 2004, Florida provides HCUP with unmasked zip codes for all records.

Florida reports a single "Foreign Country" category which includes Canada and Mexico. During HCUP processing, "Foreign Country" was assigned to the uniform category for "Other/Unspecified Foreign" (ZIP = "F").

Beginning in 1997, Florida reports a separate zip code category for homeless patients. Beginning in 2000, this zip code was assigned to the HCUP category for Homeless (ZIP = "H"). Prior to 2000, this zip code was recoded to blank (ZIP=" ").

Due to an error in HCUP data processing, the Florida 1990 supplemental file is missing ZIP\_S.

## **Iowa**

Iowa does not code foreign zip codes. Any non-U.S. zip codes would appear as missing (' ') or invalid ('A').

## **Kentucky**

Kentucky uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F").

## **Michigan**

Michigan reports four separate ZIP Code categories for Sault Ste. Marie, Sarnia, Windsor, and "All other Canada." For 2001-2002, the ZIP Code category for "All other Canada" was recoded to blank (ZIP=" "). Beginning in 2003, this ZIP Code was also assigned to the HCUP category for Canada (ZIP="C").

Beginning in 2001, Michigan supplies a five digit patient ZIP Code and identifies foreign residents. Canadian residents are coded to "Canada" (ZIP="C") and all others are coded to "Foreign" (ZIP="F").

Prior to 2001, Michigan only supplied the first three digits of the patient's ZIP Code, ZIP is blank ("").

### **Nebraska**

Nebraska does not separately classify Canadian, Mexican, or other foreign zip codes.

### **New Jersey**

New Jersey does not report foreign, Canadian or Mexican zip postal codes. In the source data, these ZIP codes are blank. During HCUP processing, blank values were assigned to missing (" ").

### **New York**

For 1988-1992, New York uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F").

Beginning in 1993, New York separately classifies Canadian, but not Mexican zip codes. Mexican zip codes are included in the HCUP category for Other/Unspecified Foreign (ZIP = "F").

### **North Carolina**

North Carolina does not separately classify Canadian, Mexican, or other foreign zip codes.

### **Utah**

Utah uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F").

Utah masks zip codes under the following conditions:

- Patients in Utah or non-Utah zip codes with less than 30 discharges in a calendar year,
- Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25), and
- Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

During HCUP processing, the masked zip code is recoded as missing (ZIP = blank).

Utah reports a zip code category for homeless patients. Beginning in 2000, this zip code was assigned to the HCUP category for Homeless (ZIP = "H"). Prior to 2000, this zip code was recoded to blank (ZIP = " ").

### **Vermont**

Canadian residents are coded to "Canada" (ZIP="C") and all other foreign discharges are coded to "Foreign" (ZIP="F"). Homeless patients are not identified.

### **Wisconsin**

Wisconsin uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F").

Wisconsin suppressed zip codes with low frequency (less than 30 discharges per quarter) or low population (less than 1000 people). These zip codes will appear as missing (" ") in the HCUP Wisconsin data.



## ZIP\_S - Synthetic patient zip code

<b>General Notes</b>
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ZIP\_S contains a fixed-key (one-to-one) encryption of the patient's residential zip code (ZIP). To prevent inadvertent or intentional identification of specific patients based on the patient's residential zip code, the last 2 digits were encrypted. While it is still possible to identify the state of a patient's residence using the first three unencrypted zip code digits, ZIP\_S does not allow placement of a specific patient within a narrower, zip code-based geography.

If the zip code in the HCUP outpatient surgery databases and the inpatient databases are the same, the synthetic identifier, ZIP\_S is the same.

Users of the encrypted zip code data element are strictly forbidden to identify the actual zip code associated with the encrypted zip code.

The encrypted zip code (ZIP\_S) contains the following special values:

- Canadian, Mexican, and other or unspecified foreign zip codes (ZIP\_S = "C", "M", or "F", respectively).
- Invalid zip codes (ZIP = "A"). In the 1988-1992 HCUP databases, the zip code is validated against a composite list of zip codes valid as of December 1987, 1990, and 1992. Beginning in the 1993 HCUP databases, the zip code is required only to be numeric.
- Homeless patients. In the 1988-1999 HCUP databases, (ZIP\_S = " ") . Beginning in the 2000 HCUP databases, ZIP\_S = "H".

<b>Uniform Values</b>
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Variable	Description	Value	Value Description
ZIP_S	Synthetic patient zip code	nnnnn	Synthetic zip codes
		C	Canada
		M	Mexico
		F	Other or unspecified foreign
		H	Homeless (beginning with 2000 data)
		Blank	Missing
		A	Invalid
		B	Unavailable from source (coded 1988-1997 data only)

## State Specific Notes

### **Maine**

Maine does not separately classify Canadian, Mexican, or other foreign zip codes.

### **Utah**

Utah uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP\_S = "F").

Utah masks zip codes under the following conditions:

- Patients in Utah or non-Utah zip codes with less than 30 discharges in a calendar year,
- Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25), and
- Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

Utah reports a zip code category for homeless patients. Beginning in 2000, this zip code was assigned to the HCUP category for Homeless (ZIP\_S = "H"). Prior to 2000, this zip code was recoded to blank (ZIP\_S = " ").

## ZIP3 - Patient ZIP Code, first 3 digits

### General Notes

The first three digits of the patient's ZIP Code (ZIP3) provides sufficient information to identify the location of a patient's residence within a broad region within a state. ZIP3 is retained as provided by the data source with the following exceptions:

- Foreign ZIP Codes are recoded to indicate Canadian, Mexican, and other or unspecified foreign ZIP Codes.
- Non-numeric ZIP Codes are identified (ZIP = "A").
- The ZIP Code for homeless patients is set to "H".

### Uniform Values

Variable	Description	Value	Value Description
ZIP3	Patient ZIP Code, first 3 digits	nnn	First 3 digits of patient ZIP Code
		C	Canada
		M	Mexico
		F	Other or unspecified foreign
		H	Homeless
		Blank	Missing
		A	Invalid

### State Specific Notes

*None*