# Description of Data Elements

# Nationwide Inpatient Sample (NIS)

# Volume 1 - Data Elements
# Beginning with letters A-L

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

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

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

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# ADAYWK - Admission day of week

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

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

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

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

## State Specific Notes

## Connecticut

The HCUP variable ADAYWK could not be assigned because Connecticut did not report an admission day of week or a complete admission date. Connecticut only provided admission month and year.

For admission date, Connecticut reported admission year and month, but did not provide the day of the month. During HCUP processing, a day of "01" was imputed for all records. The imputed date was not used to calculate other variables or to perform edit checks.

## Florida

To ensure the confidentiality of patients, admission day of week, ADAYWK, was set to missing (.) on all Florida discharges starting in 1993.

## Maryland

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

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

## Missouri

Only the calculated admission day of week could be used to assign ADAYWK because Missouri did not report admission day of week.

## New York

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

## Pennsylvania

Prior to 1995, Pennsylvania did not report admission day of week. Only the calculated admission day of week could be used to assign ADAYWK.

Beginning in 1995, the data source reported admission day of week. During HCUP processing, ADAYWK was assigned using the reported admission day of week if the day could not be calculated from admission date.

**Tennessee**

Only the calculated admission day of week could be used to assign ADAYWK because Tennessee did not report admission day of week.

# AGE - Age in years at admission

<table>
<tr><td colspan="4"><strong>General Notes</strong></td></tr>
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Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

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

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

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

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| AGE | Age in years at admission | 0-124 | Age in years |
| | | . | Missing |
| | | .A | Invalid |

| | | .B | Unavailable from source (coded in 1988-1997 data only) |
|---|---|---|---|
| | | .C | Inconsistent: beginning with 1998 data, EAGE02, EAGE03, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn |

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## State Specific Notes

### Arizona

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

### California

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

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

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

### Colorado

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

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

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

**Connecticut**

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

**Florida**

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

**Georgia**

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

**Hawaii**

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

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

**Illinois**

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

**Iowa**

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

**Massachusetts**

Prior to October 1998, ages greater than 100 years should be interpreted with caution. Age is calculated using the birth and admission date, but only a two-digit year for date of birth (DOB) was provided by the data source. An additional indicator variable provided by the data source, the "Century Birth date," indicates whether the age of the patient was greater or less than 100 years. HCUP experience has shown that this indicator was

often not set when it should have been. Thus, if the century indicator specified 1800 or the birth date occurred after the admit date, the century for the date of birth was set to 1800. If the birth date is erroneously after the admit date, this rule causes the age in years (AGE) to be incorrectly greater than 100. If the age does not agree with neonatal or maternal diagnoses and/or procedures, the age is set to inconsistent (.C).

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

**Nebraska**

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

**Nevada**

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

**New Jersey**

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

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

**New York**

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

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

**Oregon**

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

**Pennsylvania**

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

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

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

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

| | DRG's **OR** | Diagnoses **OR** | Procedures |
|---|---|---|---|
| Abortion | 380-381 | 634-634.92 (D) | 69.01, 69.02 |
| | | 635-635.99 (A) | 69.09 (AD) |
| | | 636-636.99 (D) | 69.51-69.59 |
| | | 637-637.99 (D) | 69.93 (D) |

| | | 638-638.99 (D) | 74.91, 75.0 |
|---|---|---|---|
| | | 639-639.99 (D) | 96.49 (D) |
| | | V61.7 | |
| AIDS/HIV | 488-490 | 042 | |
| | | 043-044.9 (D) | |
| | | 795.71 (A) | |
| | | 795.8 (D) | |
| | | V08 (A) | |
| | | V65.44 (A) | |
| Psychiatric | 424-432 | 290-302.9, 306-319 | 942.1--942.9, 943.1-943.9, 944.1-944.4, 945.1-945.2, 9459 |
| | | E95.0-E95.90 | |
| | | E98.0-E98.99 | |
| | | V11.0-V11.99 (A) | |
| | | V790, V798, V799 (A) | |
| Substance Abuse | 433-437, 521-523 | 303-305.93 | 944.5-944.6, 945.3-945.4, 946.1-946.9 |
| | | 980.0 (A) | |
| | | V65.42 (A) | |
| | | V791 | |
| Venereal Disease | | 090.0-099.9 | |
| | | V027 | |
| | | V028 | |

**South Carolina**

The calculation of AGE differs across years.

<u>Beginning in 2000</u>

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

<u>From 1996 to 1999</u>

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

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

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

<u>In 1993 and 1995</u>

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

<u>In 1994</u>

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

**Tennessee**

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

**Texas**

Age in years (AGE) was set to the midpoints of age ranges. There are 22 age groups for the general patient population and 5 age groups for the HIV or alcohol/drug use patients. The age groups are shown below:

| Texas Restriction on AGE for General Patient Population other than HIV or Drug/Alcohol Use Patients | |
|---|---|
| Age Range | New value of AGE |
| 0 | 0 |
| 1-4 | 2 |
| 5-9 | 7 |
| 10-14 | 12 |
| 15-17 | 16 |
| 18-19 | 19 |

| | |
|---|---|
| 20-24 | 22 |
| 25-29 | 27 |
| 30-34 | 32 |
| 35-39 | 37 |
| 40-44 | 42 |
| 45-49 | 47 |
| 50-54 | 52 |
| 55-59 | 57 |
| 60-64 | 62 |
| 65-69 | 67 |
| 70-74 | 72 |
| 75-79 | 77 |
| 80-84 | 82 |
| 85-89 | 87 |
| 90 and above | 90 |

**Texas Restriction on AGE for HIV or Drug/Alcohol Use Patients**

| Age Range | New value of AGE |
|---|---|
| 0 | 0 |
| 1-17 | 8 |
| 18-44 | 31 |
| 45-64 | 54 |
| 65-74 | 69 |
| 75 and above | 75 |

The HIV or drug/alcohol use patients are identified by any principal or secondary diagnosis code on the record having the first four characters equal to one of the values in the following list: "2910", "2911", "2912", "2913", "2914", "2915", "2918", "2919", "2920", "2921", "2922", "2928", "2929", "3030", "3039", "3040", "3041", "3042", "3043", "3044", "3045", "3046", "3047", "3048", "3049", "3050", "3052", "3053", "3054", "3055", "3056", "3057", "3058", "3059", "7903", and "042".

**Utah**

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

**Virginia**

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

**Washington**

Availability of Reported Age

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

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

Ages Greater Than 99 Years

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

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

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

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

Beginning in 1998, Washington provided a four-digit birth year with the century. If the reported date of birth was greater than the admission date, then the original date of birth

remains unchanged and the age at admission (AGE and AGEDAY) was set to inconsistent (.C).

**Wisconsin**

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

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

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

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

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

| General Notes |
|---|

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

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

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| AGEDAY | Age in days (when AGE is less than 1 year) | 0-364 | Days |
| | | . | Missing |
| | | .A | Invalid |

| | | .B | Unavailable from source (coded in 1988-1997 data only) |
|---|---|---|---|
| | | .C | Inconsistent: beginning with 1998 data, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn |

## State Specific Notes

**Arizona**

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

**California**

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

**Connecticut**

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

**Georgia**

During HCUP processing, only the reported age in days could be used to assign AGEDAY because Georgia doe snot supply patient date of birth.

Prior to 2001, AGEDAY is coded differently in Georgia than in the other HCUP states. Georgia supplied age in days using a mix of days (for patients up to one month old) and 30-day intervals for (patients older than one month):

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

The maximum value for AGEDAY is 330.

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

## Hawaii

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

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

## Illinois

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

## Iowa

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

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

## Kentucky

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

## Maine

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

## Minnesota

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

**Nebraska**

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

**Nevada**

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

**New Jersey**

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

**New York**

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

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

**North Carolina**

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

**Ohio**

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

**Oregon**

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

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

**Pennsylvania**

Pennsylvania discharges which are considered as having "sensitive conditions" based on their DRG, diagnoses, and procedures, had AGEDAY set to missing (.) if AGEDAY was coded (AGEDAY >= 0).

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

|  | DRG's **OR** | Diagnoses **OR** | Procedures |
|---|---|---|---|
| Abortion | 380-381 | 634-634.92 (D) | 69.01, 69.02 |
|  |  | 635-635.99 (A) | 69.09 (AD) |
|  |  | 636-636.99 (D) | 69.51-69.59 |
|  |  | 637-637.99 (D) | 69.93 (D) |
|  |  | 638-638.99 (D) | 74.91, 75.0 |
|  |  | 639-639.99 (D) | 96.49 (D) |
|  |  | V61.7 |  |
| AIDS/HIV | 488-490 | 042 |  |
|  |  | 043-044.9 (D) |  |
|  |  | 795.71 (A) |  |
|  |  | 795.8 (D) |  |
|  |  | V08 (A) |  |
|  |  | V65.44 (A) |  |
| Psychiatric | 424-432 | 290-302.9, 306-319 | 942.1--942.9, 943.1-943.9, 944.1-944.4, 945.1-945.2, 9459 |
|  |  | E95.0-E95.90 |  |
|  |  | E98.0-E98.99 |  |
|  |  | V11.0-V11.99 (A) |  |
|  |  | V790, V798, V799 (A) |  |
| Substance Abuse | 433-437, 521-523 | 303-305.93 | 944.5-944.6, 945.3-945.4, 946.1-946.9 |
|  |  | 980.0 (A) |  |
|  |  | V65.42 (A) |  |
|  |  | V791 |  |

| | | 090.0-099.9 | |
|---|---|---|---|
| Venereal Disease | | V027 | |
| | | V028 | |

**Rhode Island**

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

**Tennessee**

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

**Utah**

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

**Virginia**

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

**Vermont**

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

**Washington**

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

**West Virginia**

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

# AMONTH - Admission month

| General Notes |
|---|

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

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

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

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

| State Specific Notes |
|---|

*None*

# ASOURCE - Admission source, uniform coding

| General Notes |
| --- |

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

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

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

| Coding of ASOURCEUB92 into ASOURCE | | | |
| --- | --- | --- | --- |
| ASOURCEUB92 | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from an acute care hospital | 2 | Another hospital |
| A | Transfer from a rural primary care hospital | | |
| 5 | Transfer from a skilled nursing facility | 3 | Other health facility including long-term care |

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

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

| State Specific Notes |
|---|

**Arizona**

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

**California**

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

| 52n, where n = 0 or 2 | Acute inpatient care (another hospital) | | |
|---|---|---|---|
| 2mn, where m = 0-3, n = 0 or 2 | Residential care facility | 3 | Other health facility including long-term care |
| 3mn, where m = 0-3, n = 0 or 2 | Ambulatory surgery | | |
| 4mn, where m = 0-3, n = 0 or 2 | Skilled Nursing/Intermediate care | | |
| 5mn, where m = 0 or 3, n = 0 or 2 | Acute inpatient hospital care (not a hospital) | | |
| 6mn, where m = 0-3, n = 0 or 2 | Other inpatient hospital care | | |
| 8mn, where m = 0-3, n = 0 or 2 | Prison/jail | 4 | Court/Law enforcement |
| 1mn, where m = 0-3, n = 0 or 2 | Home | 5 | Routine including births and other sources |
| 7mn, where m = 0-3, n = 0 or 2 | Newborn | | |
| 9mn, where m = 0-3, n = 0 or 2 | Other | | |
| 000, Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

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

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

The third digit describes the route by which the patient was admitted (e.g.,

> this hospital's emergency room (1), not this hospital's emergency room (2). Source value 2 includes patients seen in the emergency room of another hospital and patients not seen in any emergency room.).

## Newborns

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

## Home Health Service

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

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

## Court/Law Enforcement

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

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

## Ambulatory Surgery

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

**Colorado**

| Colorado | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| Beginning in 2002 HCUP data, ASOURCE is coded from ASOURCEUB92 | | | |

| | | | |
|---|---|---|---|
| instead of ASOURCE_X. The table below specifies how ASOURCE was coded from ASOURCE_X prior to 2002. | | | |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from a hospital | 2 | Another hospital |
| A | Transfer from a rural hospital | | |
| 5 | Transfer from SNF | 3 | Other health facility including long-term care |
| 6 | Transfer from another facility | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |
| 1 | Physician referral | 5 | Routine including births and other sources |
| 2 | Clinic referral | | |
| 3 | HMO referral | | |
| 1 | Normal delivery (if ATYPE=4) | | |
| 2 | Premature delivery (if ATYPE=4) | | |
| 3 | Sick baby (if ATYPE=4) | | |
| 4 | Extramural birth (if ATYPE=4) | | |
| 9, 0, Blank | Unknown, Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

**Connecticut**

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

| | | | |
|---|---|---|---|
| 7 | Still born | | |
| 8 | Same day care | | |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

## Florida

| Florida | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 07 | Emergency room | 1 | Emergency department |
| 04 | Transfer from hospital | 2 | Another hospital |
| 05 | Transfer from skilled nursing facility | 3 | Other health facility including long-term care |
| 06 | Transfer from another health care facility | | |
| 08 | Court/Law enforcement | 4 | Court/Law enforcement |
| 01 | Physician referral | 5 | Routine including births and other sources |
| 02 | Clinic referral | | |
| 03 | HMO referral | | |
| 10 | Normal delivery (if ATYPE=4) | | |
| 11 | Premature delivery (if ATYPE=4) | | |
| 12 | Sick baby (if ATYPE=4) | | |
| 13 | Extramural birth (if ATYPE=4) | | |
| 09, 14, Blank | Other/Unknown, Other/Unknown (if ATYPE=4), Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

## Georgia

| Georgia | |
|---|---|
| (Prior to 2002) | |
| ASOURCE_X | ASOURCE |

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

**Hawaii**

| Hawaii | | | |
|--------|--------|--------|--------|
| (Prior to 2002) | | | |
| **ASOURCE_X** | | **ASOURCE** | |
| **Value** | **Description** | **Value** | **Description** |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from hospital | 2 | Another hospital |
| A | Transfer from a rural hospital primary care facility | | |
| 5 | Transfer from a skilled nursing facility | 3 | Other health facility including long-term care |
| 6 | Transfer from another health care facility | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |

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

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

- If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source, Else ASOURCE_X = the admission source for non-newborns.

**Illinois**

| Illinois | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from hospital | 2 | Another hospital |
| A | Transfer from a rural hospital (beginning in 1997) | | |
| 5 | Transfer from SNF | 3 | Other health facility including long-term care |
| 6 | Transfer from another health care facility | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |
| 1 | Physician referral | 5 | Routine including births and other sources |
| 2 | Clinic referral | | |
| 3 | HMO referral | | |
| 1 | Normal Delivery (if ATYPE=4) | | |

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

**Iowa**

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

## Kentucky

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

## Maine

| Maine | | | |
|---|---|---|---|
| **(Prior to 2002)** | | | |
| **ASOURCE_X** | | **ASOURCE** | |
| **Value** | **Description** | **Value** | **Description** |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from a hospital | 2 | Another hospital |
| A | Transfer from a critical access hospital | | |

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

**Maryland**

| Maryland | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 05 | Admitted from home (when the emergency flag provided by MD indicates the record was admitted from the emergency room IER_FLAG=1) | 1 | Emergency department |
| 9, 99, Blank | Missing (when the emergency flag provided by MD indicates the record was admitted from the emergency room IER_FLAG=1) | | |
| 00 | Transferred from on-site acute care unit to rehabilitation unit | 2 | Another hospital |
| 01 | Transferred from another hospital to a specialty center | | |
| 02 | Transferred from another hospital for any other reason | | |

| 11 | Transfer from on-site acute care unit to psych unit (Beginning in 2000) | | |
|---|---|---|---|
| 03 | Transferred from a nursing home | 3 | Other health facility including long-term care |
| 04 | Transferred from any other institution | | |
| 06 | Transferred from Lithotripsy facility | | |
| 07 | Transferred from on-site ambulatory outpatient surgery unit | | |
| 08 | Transferred from off-site ambulatory outpatient surgery unit | | |
| 12 | Admitted from on-site sub-acute facility | | |
| 13 | Admitted from other sub-acute facility | | |
| -- | | 4 | Court/Law enforcement |
| 05 | Admitted from home (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room IER_FLAG does not equal 1) | 5 | Routine including births and other sources |
| 10 | Newborn | | |
| 9, 99, Blank | Missing (when the emergency flag provided by MD does not indicate the record was admitted from the emergency room IER_FLAG does not equal 1) | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

## Massachusetts

| Massachusetts | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Outside hospital emergency room | 1 | Emergency department |
| R | Within hospital emergency room (beginning in October 1999) | | |
| 4 | Transfer from an acute hospital | 2 | Another hospital |
| 5 | Transfer from a skilled nursing home | 3 | Other health facility |

| | | | |
|---|---|---|---|
| 6 | Transfer from Intermediate Care Facility | | including long-term care |
| T | Transfer from outside ambulatory surgery | | |
| X | Observation | | |
| Y | Within hospital ambulatory surgery | | |
| 9 | Other (to include level 4 nursing facility) (coded to "Other health facility" beginning in 2002) | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |
| 1 | Physician referral | 5 | Routine including births and other sources |
| 2 | Within hospital clinic referral | | |
| 3 | HMO referral | | |
| 9 | Other (to include level 4 nursing facility) (coded to "Routine" prior to 2002) | | |
| L | Outside hospital clinic referral | | |
| M | Walk-in / Self Referral | | |
| A | Normal delivery (if ATYPE = 4) | | |
| B | Premature delivery (if ATYPE = 4) | | |
| C | Sick baby (if ATYPE = 4) | | |
| W | Extramural birth (if ATYPE = 4) | | |
| D | Extramural birth (if ATYPE = 4) | | |
| -, 0, Z, Blank | Information not available, Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

**Minnesota**

| Minnesota | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from hospital | 2 | Another hospital |

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

**Missouri**

| Missouri | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from hospital | 2 | Another hospital |
| A | Transfer from a critical access hospital | | |
| 5 | Transfer from a skilled nursing facility | 3 | Other health facility including long-term care |
| 6 | Transfer from another health care facility | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |
| 1 | Physician referral | 5 | Routine including births and other sources |
| 2 | Clinic referral | | |

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

**Nebraska**

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

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

**New Jersey**

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

In 1995-1996, the admission source, "Transfer from a Rural Primary Care Hospital" was erroneously recoded to the HCUP uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3). Beginning in 1997, the admission source "Transfer from a Rural Primary Care Hospital" was correctly recoded to the HCUP uniform category "Another

Hospital" (ASOURCE = 2). This source value was not available from New Jersey prior to 1995.

**New York**

*Admitted from Outpatient Department*

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

*Transfer from a Rural Primary Care Hospital*

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

*Other Source*

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

| New York | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| **Value** | **Description** | **Value** | **Description** |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from hospital | 2 | Another hospital |
| A | Transfer from a rural primary care hospital | | |
| 5 | Transfer from SNF | 3 | |

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

## North Carolina

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

| 2 | Premature delivery (if ATYPE=4) | | |
|---|---|---|---|
| 3 | Sick baby (if ATYPE=4) | | |
| 4 | Extramural birth (if ATYPE=4) | | |
| 9, 0, 1, N, U, Y; 9,0,5,6,7; Blank | Documented by source as unknown values; Documented by source as unknown values (if ATYPE = 4) | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

**Oregon**

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

| data source | | |
|---|---|---|

## Pennsylvania

| Pennsylvania | | | | |
|---|---|---|---|---|
| **(Prior to 2002)** | | | | |
| **ASOURCE_X** | | | **ASOURCE** | |
| **Value** | **Description** | **Value** | **Description** | |
| 7 | Emergency room | 1 | Emergency department | |
| 4 | Transfer from hospital | 2 | Another hospital | |
| A | Transfer from a rural primary care facility (Beginning in 1995) | | | |
| 5 | Transfer from a skilled nursing facility | 3 | Other health facility including long-term care | |
| 6 | Transfer from another health care facility | | | |
| 0 | Transfer from psychiatric, substance abuse, or rehabilitation hospital (Beginning in 2000) | | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement | |
| 1 | Physician referral | 5 | Routine including births and other sources | |
| 2 | Clinic referral | | | |
| 3 | HMO referral | | | |
| 1 | Normal delivery (if ATYPE=4) | | | |
| 2 | Premature delivery (if ATYPE=4) | | | |
| 3 | Sick baby (if ATYPE=4) | | | |
| 4 | Extramural birth (if ATYPE=4) | | | |
| 0 | Unknown (Valid 1989 - 1999) | | | |
| 9, Blank | Unknown, Missing | . | Missing | |
| Any values not documented by the data | | .A | Invalid | |

| source | | |
| --- | --- | --- |

## Rhode Island

| Rhode Island | | | |
| --- | --- | --- | --- |
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| Z | Emergency room from nursing home | | |
| 4 | Transfer from hospital | 2 | Another hospital |
| 5 | Transfer from SNF | 3 | Other health facility including long-term care |
| 6 | Transfer from another health facility | | |
| 8 | Court/law enforcement | 4 | Court/Law enforcement |
| 1 | Physician referral | 5 | Routine including births and other sources |
| 2 | Clinical Referral | | |
| 3 | HMO Referral | | |
| A | Normal birth (if ATYPE=4) | | |
| B | Premature birth (if ATYPE=4) | | |
| C | Sick baby (if ATYPE=4) | | |
| D | Extramural birth (if ATYPE=4) | | |
| E | Newborn (if ATYPE=4) | | |
| F | Stillborn (if ATYPE=4) | | |
| 9, Blank | Information not available | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

## South Carolina

| South Carolina | |
| --- | --- |
| (Prior to 2002) | |
| ASOURCE_X | ASOURCE |

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

**Tennessee**

| Tennessee | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from hospital | 2 | Another hospital |
| 5 | Transfer from a skilled nursing facility | 3 | Other health facility including long-term care |
| 6 | Transfer from another health care facility | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |

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

**Texas**

| Texas | | | |
|---|---|---|---|
| (Prior to 2002) | | | |
| ASOURCE_X | | ASOURCE | |
| Value | Description | Value | Description |
| 7 | Emergency room | 1 | Emergency department |
| 4 | Transfer from a hospital | 2 | Another hospital |
| A | Transfer from a critical access hospital | | |
| 5 | Transfer from a skilled nursing facility | 3 | Other health facility including long-term care |
| 6 | Transfer from another health care facility | | |
| 0 | Transfer from a psychiatric, substance abuse, rehabilitation hospital | | |
| 8 | Court/Law enforcement | 4 | Court/Law enforcement |
| 1 | Physician referral | 5 | Routine including births and other sources |
| 2 | Clinic Referral | | |
| 3 | HMO referral | | |
| 2 | Premature deliver (if ATYPE=4) | | |
| 3 | Sick baby (if ATYPE=4) | | |

| | | | | |
|---|---|---|---|---|
| 4 | Extramural birth (if ATYPE =4) | | | |
| If ATYPE = 4 "Newborn" and ASOURCE_X is missing (2001 only) | | | | |
| 9, Blank | Missing | | . | Missing |
| "*" and any values not documented by the data source | | | .A | Invalid |
| Admission source (ASOURCE_X) is not provided by the data source for newborn discharges. In data year 2000, the HCUP data element for admission source (ASOURCE) is missing on all newborn records. Beginning in 2001, ASOURCE was set to "Routine" (ASOURCE=5) when ASOURCE_X was missing and the admission type indicated a newborn record (ATYPE=4). | | | | |

**Utah**

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

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

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

If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source,
Else ASOURCE_X = the admission source for non-newborns.

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

### Virginia

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

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

## Vermont

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

## Washington

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

## West Virginia

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

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

**Wisconsin**

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

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

# ASOURCE_X - Admission source, as received from source

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

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

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

**State Specific Notes**

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

# ATYPE - Admission type

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

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

### Uniform Values

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

### State Specific Notes

**Arizona**

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

**Colorado**

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

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

**Connecticut**

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

**Florida**

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

**Georgia**

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

**Hawaii**

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

**Illinois**

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

**Iowa**

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

**Kansas**

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

**Kentucky**

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

**Maine**

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

**Maryland**

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

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

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

**Massachusetts**

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

**Minnesota**

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

**Missouri**

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

**Nebraska**

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

**Nevada**

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

- Trauma was included under the uniform category "Emergency" (ATYPE = 1)
- Semi-Urgent was included under the uniform category "Urgent" (ATYPE = 2).

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

**New Jersey**

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

**New York**

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

**North Carolina**

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

**Ohio**

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

- Admission for Pending Medicaid recipient
- Medicaid recipient not reviewed
- Transferred to another hospital
- Rehabilitation Court committal.

These admissions were included under the uniform category "Other" (ATYPE = 6).

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

**Oregon**

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

**Pennsylvania**

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

**Rhode Island**

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

**South Carolina**

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

**South Dakota**

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

**Tennessee**

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

**Texas**

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

**Utah**

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

**Vermont**

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

**Washington**

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

**West Virginia**

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

**Wisconsin**

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

# AWEEKEND - Admission day is on a weekend

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

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

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

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

## State Specific Notes

**Florida**

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

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

**New York**

The assignment of AWEEKEND varies by year in New York:

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

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

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

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

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

# D10CWT_U - 10% sample weight to discharges in the universe

| General Notes |
|---|

D10CWT_U is the discharge-level weight on the 10% NIS Sample Core file prior to 1998. To produce national estimates, use D10CWT_U to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- In the 2001 NIS, DISCWT10 should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT10 and DISCWTcharge10). DISCWT10 should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge10 should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT10 should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named D10CWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| D10CWT_U | 10% sample weight to discharges in the universe | nnn.nnnn | 10% sample weight to discharges in the universe |

| State Specific Notes |
|---|

*None*

# DCCHPRn - Clinical Classifications Software: diagnosis classification

| General Notes |
|---|

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified. All E-codes (External Causes of Injury and Poisoning) are combined into the last category, 260.

DCCHPRn is coded as follows:

- DCCHPRn ranges from 1 to 260 if the diagnosis code (DXn) 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.
- DCCHPRn is missing (.), if there is no diagnosis code (DXn = " ").
- DCCHPRn is set to invalid (.A), if the diagnosis code (DXn) is invalid (DXVn = 1).

DCCHPRn is retained (values 1-260) when a valid diagnosis is flagged as inconsistent with age or sex (DXVn = .C). For best results, use DCCHPRn only when the diagnosis is valid and consistent (DXVn = 0).

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

**Labels**

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

**Formats**

Formats to label CCS, formerly known as CCHPR, categories are documented in HCUP Tools: Labels and Formats. Both sixteen-and forty-character labels are available.

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 documented in HCUP Tools: Labels and Formats.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DCCHPRn | Clinical Classifications Software: diagnosis classification | 1-260 | CCS Diagnosis Codes |
| | | . | No diagnosis code |
| | | .A | Invalid diagnosis code |

**State Specific Notes**

*None*

# DIED - Died during hospitalization

| General Notes |
|---|

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

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

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

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

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

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

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

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DIED | Died during hospitalization | 0 | Did not die |
|  |  | 1 | Died |
|  |  | . | Missing |
|  |  | .A | Invalid |

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

## State Specific Notes

**New Jersey**

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

# DISCWT - Weight to discharges in the universe

| General Notes |
|---|

DISCWT is the discharge-level weight on the NIS Core file. To produce national estimates, use DISCWT to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- In the 2001 NIS, DISCWT should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named DISCWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DISCWT | Weight to discharges in the universe | nn.nnnn | Weight to discharges in the universe. |

| State Specific Notes |
|---|

*None*

# DISCWT_U - Weight to discharges in universe

| General Notes |
| --- |

DISCWT_U contains the weight to the discharges in the universe of community hospitals. To produce national estimates, use DISCWT_U to weight sampled discharges to the universe of discharges from all community hospitals located in the U.S.

- In the 2001 NIS, DISCWT should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named DISCWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

| Uniform Values | | | |
| --- | --- | --- | --- |
| **Variable** | **Description** | **Value** | **Value Description** |
| DISCWT_U | Weight to discharges in universe | nn.nnnn | Weight to discharges in universe |

| State Specific Notes |
| --- |

*None*

# DISCWT10 - 10% sample weight to discharges in the universe

DISCWT10 is the discharge-level weight on the 10% NIS Sample Core file. To produce national estimates, use DISCWT10 to weight discharges in the Core file to the discharges from all community hospitals located in the U.S.

- In the 2001 NIS, DISCWT10 should be used to create all national estimates, including total charge.
- In the 2000 NIS, there are two discharge-level weights (DISCWT10 and DISCWTcharge10). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge10 should be used to create national estimates of total charge.
- In the 1998-1999 NIS, DISCWT10 should be used to create all national estimates, including total charge.
- Prior to 1998, the discharge weight was named D10CWT_U.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DISCWT10 | 10% sample weight to discharges in the universe | nnn.nnnn | 10% sample weight to discharges in the universe. |

## State Specific Notes

*None*

# DISCWTcharge - Weight to discharges in the universe for national estimates of total charge in 2000.

| General Notes |
|---|

DISCWTcharge is a discharge-level weight that is only available in the 2000 NIS. To produce national estimates of total charge in 2000, use DISCWTcharge to weight total charge (TOTCHG) in the Core file to the total charge from all community hospitals located in the U.S.

- In the 2000 NIS, there are two discharge-level weights (DISCWT and DISCWTcharge). DISCWT should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge should be used to create national estimates of total charge.
- In all data years except 2000, DISCWT (beginning in 1998) or DISCWT_U (prior to 1997) should be used to create all national estimates.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

| Uniform Values | | | |
|---|---|---|---|
| Variable | Description | Value | Value Description |
| DISCWTcharge | Weight to discharges in the universe for national estimates of total charge in 2000. | nn.nnnn | Weight to discharges in the universe for national estimates of total charge in 2000 |

| State Specific Notes |
|---|

*None*

# DISCWTcharge10 - 10% sample weight to discharges in the universe for national estimates of total charge in 2000.

---

**General Notes**

---

DISCWTcharge10 is a discharge-level weight that is only available in the 2000 10% NIS Sample. To produce national estimates of total charge in 2000, use DISCWTcharge10 to weight total charge (TOTCHG) in the 10% Sample Core file to the total charge from all community hospitals located in the U.S.

- In the 2000 NIS, there are two discharge-level weights (DISCWT10 and DISCWTcharge10). DISCWT10 should be used to create national estimates for all analyses except those that involve total charge. DISCWTcharge10 should be used to create national estimates of total charge.
- In all data years except 2000, DISCWT10 (beginning in 1998) or D10CWT_U (prior to 1997) should be used to create all national estimates.

For detailed information about the development and use of discharge and hospital weights, see the year-specific report on the Design of the HCUP Nationwide Inpatient Sample.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DISCWTcharge10 | 10% sample weight to discharges in the universe for national estimates of total charge in 2000. | nnn.nnnn | 10% sample weight to discharges in the universe for national estimates of total charge in 2000 |

---

**State Specific Notes**

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*None*

# DISP - Disposition of patient

DISP indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). Patients that died outside of the hospital are coded as died (DISP =20).

The distinction between discharged to a skilled nursing facility (DISP = 3) and intermediate care facility (DISP = 4) may be defined differently for different data sources.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DISP | Disposition of patient | 1 | Routine |
| | | 2 | Short-term hospital |
| | | 3 | Skilled Nursing Facility (SNF) |
| | | 4 | Intermediate Care Facility (ICF) |
| | | 5 | Another type of facility |
| | | 6 | Home Health Care (HHC) |
| | | 7 | Against medical advice (AMA) |
| | | 20 | Died |
| | | . | Missing |
| | | .A | Invalid |
| | | .B | Unavailable from source (coded 1988-1997 data only) |

**Arizona**

In 1995, Arizona added the disposition "Home IV Provider." This is recoded to the HCUP discharge disposition Home Health Care (DISP = 6).

**California**

Beginning in 1995, California differentiates the discharge disposition to care within the same facility and discharges to another facility. Patients discharged to another level of care (e.g., long term care, residential care, and other care) were included in the uniform category "Another Type of Facility" (DISP = 5) regardless of whether the patient was physically transferred to another hospital or stayed in the same facility. Discharges to acute care were included in the uniform category "Short-Term Hospital" (DISP = 2).

Beginning in 1995, the source reports a separate category for discharges to "Prison/Jail." These discharges were included in the uniform category "Routine" (DISP = 1).

**Colorado**

Beginning in 1997, Colorado reports two new categories for discharge disposition:

- "Hospice-Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP=5), and
- "Hospice-Home" which was recoded to the HCUP category "Home Health Care" (DISP=6).

**Connecticut**

Beginning in 1997, Connecticut reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

**Florida**

Prior to 1997, the source category of "Discharged Home on IV Medications" was recoded to the HCUP discharge disposition of Home (DISP = 1). Beginning in 1997, this source category was recoded to Home Health Care (DISP = 6) to be consistent with the coding of this discharge disposition in other states.

**Georgia**

In addition to the usual categories coded under died (DISP = 20), the following dispositions are included:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

**Hawaii**

Even though Hawaii allows a range of discharge dispositions to be coded (i.e., SNF, ICF, another facility, and home health care), most of the Hawaii discharges are coded with a discharge disposition of:

- Routine (DISP = 1),
- Transfer to an acute care facility (DISP = 2), or
- Died (DISP = 20).

**Illinois**

In 1993, Illinois changed the categories used to report disposition of patient (referred to by the source as patient status). Several categories used from 1988-1992 are not included starting in 1993. In 1995, two new categories are added.

For all years, the source disposition "Discharged to home under the care of a Home IV Drug Therapy provider" is included in the HCUP category "Home health care" (DISP = 6).

Dispositions reported only in 1988-1992:

- The source disposition "Discharged, no longer covered by Medicaid" is included in the HCUP category "Routine" (DISP = 1).
- The source disposition "Transferred to another category of service" is included in the HCUP category "Another type of facility" (DISP = 5). This source category may include intrahospital transfers which may not represent the final disposition of the patient. However, these records cannot be distinguished from others legitimately coded under "Another type of facility."

Dispositions added in 1995:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

**Kansas**

The source codes for "Rehabilitation Center", "Psychiatric Facility", and "Custodial Care" are included in the HCUP category "Another Type of Facility" (DISP = 5).

The source codes for "Coroner's Case, autopsy" and "Coroner's Case, no autopsy" are included in the HCUP category "Died" (DISP = 20).

**Maryland**

Another Type of Facility

The following source codes were included in the HCUP category "Another Type of Facility" (DISP = 5):

- "Rehab Facility,"
- "Rehab Unit-Other Hosp," and
- "On-site Distinct Rehab Unit."

Beginning in 1996, three additional source codes were included in the HCUP category "Another Type of Facility" (DISP = 5):

- "On-site Psychiatric Unit,"
- "On-site Sub-acute Facility", and
- "Other Sub-acute Facility."

Intermediate Care Facility

Maryland does not separately classify the disposition of Intermediate Care Facility (DISP=4). No documentation was available about which discharge disposition was used for Intermediate Care Facility.

**Massachusetts**

For all years, the source code for "Discharge Other" was included in the HCUP category "Missing" (DISP = .).

Beginning in 1993, quarter 4, the source codes for "Further Care - Inpatient or Outpatient Department" and "Rest Home" were included in the HCUP category "Another Type of Facility" (DISP = 5).

**New Jersey**

Beginning in October 1995, New Jersey reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

**New York**

*In All Years*

- The source category "Neonatal Aftercare" was recoded to the HCUP uniform category "Short-Term Hospital" (DISP = 2).
- The source category "Psychiatric Chronic Care Facility" was recoded to the HCUP uniform category "Another Type of Facility" (DISP = 5).

*Residential Health Care Facility*

- For 1988-1992, the source coded "Intermediate Care Facility" and "Residential Health Care Facility" in a single category. This was recoded to the HCUP category "Intermediate Care Facility (ICF)" (DISP = 4).
- For 1993, New York included "Residential Health Care Facility" with their category for "Skilled Nursing Facility." This was assigned to the HCUP category "Skilled Nursing Facility" (DISP = 3). "Intermediate Care Facility" was coded in its own category.
- Beginning in 1994, the source reports "Domiciliary Health Care Facility" in place of "Residential Health Care Facility." This was recoded to "Another Type of Facility" (DISP = 5).

*Tertiary Aftercare*

- Beginning in 1994, the source reports "Transferred to Another Hospital for Tertiary Aftercare." This was recoded to the HCUP category "Short-Term Hospital" (DISP = 2).

*Hospice*

- Beginning in October 1995, New York reports two new categories for discharge disposition:
  - "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
  - "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

*Expired*

- Beginning in 1997, New York reports three new categories coded under died (DISP = 20):
  - "Expired at home,"
  - "Expired at a medical facility," and
  - "Expired, place unknown."

**Oregon**

According to Oregon's 1993 report to HCUP on their data practices, some Oregon hospitals do not differentiate discharges to home (DISP = 1) and discharges to home health care (DISP = 6). These discharges would be reported in the HCUP Oregon data

as discharges to home (DISP = 1). Information on more recent practices is not available.

Prior to 1995, Oregon did not report discharges to "Other short-term facility" (DISP = 2) although the category was included in the source documentation. Beginning in 1995, this discharge disposition was reported.

Beginning in 1997, Oregon reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

## Pennsylvania

In addition to the usual categories coded under died (DISP = 20), the following dispositions include:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

In 1993, blank values reported by Pennsylvania were incorrectly assigned to the HCUP category Invalid (.A) instead of missing (.). DISP was processed correctly in other years.

## South Carolina

In addition to the usual categories coded under died (DISP = 20), the following dispositions are include:

- "Expired at home,"
- "Expired at a medical facility," and
- "Expired, place unknown."

Beginning in 1996, South Carolina reports two new categories for discharge disposition:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

## Tennessee

The source disposition "Mental Health Center" is included in the HCUP category "Another type of facility" (DISP = 5).

In 1995, the source disposition "Admitted as an inpatient to this hospital (only for Medicare outpatient claims)" was included in the HCUP category "Invalid" (DISP = .A). Beginning in 1996, discharges with the source disposition "Admitted as an inpatient to this hospital (only for Medicare outpatient claims)" were excluded from the HCUP inpatient files.

**Utah**

In addition to the usual categories coded under died (DISP = 20), the following dispositions are included:

- "Expired at home,"
- "Expired in a medical facility," and
- "Expired, place unknown."

**Wisconsin**

Beginning in 1995, Wisconsin reports two new categories:

- "Hospice - Medical Facility" which was recoded to the HCUP category "Another type of facility" (DISP = 5), and
- "Hospice - Home" which was recoded to the HCUP category "Home Health Care" (DISP = 6).

# DISPUB92 - Disposition of patient, UB92 coding

| General Notes |
|---|

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

DISPUB92 has more detailed categories for transfers and Home Health Care than the HCUP data element DISPUniform. Some states do not provide enough detail in the coding of the discharge status to accurately code DISPUB92. For these states, the data element DISPUB92 is not available. DISPUniform is available for all states. DISP_X retains the disposition of patient as provided by the data source.

DISP_X is not available on the HCUP Nationwide Inpatient Sample (NIS).

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

| | | 61 | Within this institution to a Medicare-approved swing bed, beginning in 2000 data |
|---|---|---|---|
| | | 62 | Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data |
| | | 63 | Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data |
| | | 64 | Discharge, transferred to a nursing facility certified by Medicaid, but not certified by Medicare |
| | | 71 | Another institution for outpatient services, beginning in 2000 data |
| | | 72 | This institution for outpatient services, beginning in 2000 data |
| | | 99 | Discharge alive, destination unknown, beginning in 2001 data |
| | | . | Missing |
| | | .A | Invalid |

## State Specific Notes

**Arizona**

| Arizona | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 1 | Home or self care (routine) | 1 | Routine |
| 2 | Another short term | 2 | Short-term hospital |

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

| the data source | | |
|---|---|---|
| DISPUniform is coded directly from DISPUB92. | | |

## California

DISPUB92 is missing on all Maryland discharges. The data source does not provide sufficient detail to accurately assign the HCUP variable DISPUB92.

## Colorado

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

| | term care hospital | | long term care hospital swing bed, beginning in 2001 data. |
|---|---|---|---|
| 64 | Nursing facility certified under Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharge alive, destination unknown, beginning in 2001 data. |
| Blank | Missing | . | Missing |
| Any other values | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Connecticut**

| Connecticut | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Home | 1 | Routine |
| 02 | Other hospital | 2 | Short-term hospital |
| 09 | Admitted to this hospital (SASD and SEDD prior to 2001). | | |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Other facility | 5 | Another type of facility |
| 06 | Home health care | 6 | Home health care |
| 07 | Left AMA | 7 | Against medical advice |
| 08 | Home IV therapy | 8 | Home IV provider |
| 09 | Admitted to this hospital (SASD and SEDD beginning in 2001). | 9 | Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on |

| | | | outpatient data. |
|---|---|---|---|
| 20 | Expired | 20 | Died in the hospital |
| 40 | Died at home (beginning in 2002) | 40 | Died at home |
| 41 | Died in other medical facility (beginning in 2002) | 41 | Died in other medical facility |
| 42 | Died, place unknown (beginning in 2002) | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2002) | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002 data) | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data) |
| 63 | Long term care hospital (beginning in 2002 data) | 63 | Long term care hospital (beginning in 2001 data) |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services (beginning in 2002 data) | 71 | Another institution for outpatient services (beginning in 2000 data) |
| 72 | This institution for outpatient services (beginning in 2002 data) | 72 | This institution for outpatient services (beginning in 2000 data) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data) |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Florida**

| Florida | | | | |
| --- | --- | --- | --- | --- |
| DISP_X | | DISPUB92 | | |
| Value | Description | Value | Description | |
| 01, 1 | Home | 1 | Routine | |
| 02, 2 | Short term general hospital | 2 | Short-term hospital | |
| 03, 3 | Skilled nursing facility | 3 | Skilled nursing facility | |
| 04, 4 | Intermediate care facility | 4 | Intermediate care facility | |
| 05, 5 | Another type of institution | 5 | Another type of facility | |
| 06, 6 | Home under care of home health care organization | 6 | Home health care | |
| 07, 7 | Left against medical advice | 7 | Against medical advice | |
| 08, 8 | Home on IV medications | 8 | Home IV provider | |
| -- | | 9 | Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data. | |
| 20 | Expired | 20 | Died in the hospital | |
| -- | | 40 | Died at home | |
| -- | | 41 | Died in other medical facility | |
| -- | | 42 | Died, place unknown | |
| -- | | 50 | Hospice - home | |
| -- | | 51 | Hospice - medical facility | |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data) | |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). | |
| -- | | 63 | Long term care hospital (beginning in 2001 data). | |
| -- | | 64 | Nursing facility certified under | |

| | | | Medicaid but not certified under Medicare (beginning in 2002 data) |
|---|---|---|---|
| -- | | 71 | Another institution for outpatient services (added for 2000 data) |
| -- | | 72 | This institution for outpatient services (added for 2000 data) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| Blank | Missing | | |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Georgia**

<table>
<tr><th colspan="4">Georgia</th></tr>
<tr><th colspan="2">DISP_X</th><th colspan="2">DISPUB92</th></tr>
<tr><th>Value</th><th>Description</th><th>Value</th><th>Description</th></tr>
<tr><td>01, 1</td><td>Home or self care (routine)</td><td>1</td><td>Routine</td></tr>
<tr><td>02, 2</td><td>Another short-term general hospital</td><td>2</td><td>Short-term hospital</td></tr>
<tr><td>03, 3</td><td>Skilled nursing facility</td><td>3</td><td>Skilled nursing facility</td></tr>
<tr><td>04, 4</td><td>Intermediate care facility</td><td>4</td><td>Intermediate care facility</td></tr>
<tr><td>05, 5</td><td>Another type of institution</td><td>5</td><td>Another type of facility</td></tr>
<tr><td>06, 6</td><td>Home health care</td><td>6</td><td>Home health care</td></tr>
<tr><td>07, 7</td><td>Left against medical advice</td><td>7</td><td>Against medical advice</td></tr>
<tr><td>08, 8</td><td>Home under care of Home IV Provider</td><td>8</td><td>Home IV provider</td></tr>
<tr><td>--</td><td></td><td>9</td><td>Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.</td></tr>
<tr><td>20</td><td>Expired</td><td>20</td><td>Died in the hospital</td></tr>
<tr><td>40</td><td>Expired at home</td><td>40</td><td>Died at home</td></tr>
<tr><td>41</td><td>Expired in medical facility</td><td>41</td><td>Died in other medical facility</td></tr>
<tr><td>42</td><td>Expired - place unknown</td><td>42</td><td>Died, place unknown</td></tr>
<tr><td>50</td><td>Hospice - home (Beginning in 2000)</td><td>50</td><td>Hospice - home</td></tr>
</table>

| 51 | Hospice - medical facility (Beginning in 2000) | 51 | Hospice - medical facility |
|---|---|---|---|
| 61 | Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000) | 61 | Within this institution to a hospital-based Medicare approved swing bed (Beginning in 2000) |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002 data) | 62 | Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 63 | Long term care hospital (beginning in 2002 data) | 63 | Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data. |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services (Beginning in 2000) | 71 | Another institution for outpatient services (Beginning in 2000) |
| 72 | This institution for outpatient services (Beginning in 2000) | 72 | This institution for outpatient services (Beginning in 2000) |
| -- | | 99 | Discharge alive, destination unknown, beginning in 2001 data. |
| 0, 9, 99, Blank | Unknown, Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## Hawaii

| Hawaii | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 1 | Home or self care (routine) | 1 | Routine |

| | | | |
|---|---|---|---|
| 2 | Another short term general hospital | 2 | short-term hospital |
| 3 | Skilled nursing facility | 3 | Skilled nursing facility |
| 4 | Intermediate care facility | 4 | Intermediate care facility |
| 5 | Another type of institution | 5 | another type of facility |
| 6 | Home health service organization | 6 | Home health care |
| 7 | Left against medical advice | 7 | Against medical advice |
| 8 | Home under care of Home IV Provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital (beginning in 2001 data). |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in medical facility | 41 | Died in other medical facility |
| 42 | Expired - place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital | 62 | Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 63 | Long term care hospital | 63 | Long term care hospital (beginning in 2001 data). |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data). |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |

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

**Illinois**

| Illinois | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Routine | 1 | Routine |
| 02 | Short-term General Hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Another type of institution | 5 | Another type of facility |
| 06 | Home under care of organized home health service | 5 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Home under care of a Home IV drug therapy provider | 8 | Home under IV provider |
| 20 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| 50 | Hospice - Home | 50 | Hospice - home |
| 51 | Hospice - Medical Facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based | 61 | Within this institution to a |

| | Medicare approved swing bed (added in 2001) | | hospital-based Medicare approved swing bed (beginning in 2000) |
|---|---|---|---|
| Discharged/transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital (added in 2001) | | 62 | Discharged, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | Discharged/transferred to a long term care hospital (added in 2001) | 63 | Discharged, transferred to a long term care hospital swing bed (beginning in 2001 data). |
| 64 | Nursing facility certified uner Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services (added in 2001) | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | This institution for outpatient services (added in 2001) | 72 | This institution for outpatient services (beginning in 2000) |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Iowa**

| Iowa | | | |
|------|--|--|--|
| **(Valid beginning in 2001)** | | | |
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 1 | Home or self-care | 1 | Routine |
| 2 | Another short-term general hospital | 2 | Short-term hospital |
| 3 | Skilled nursing facility (SNF) | 3 | Skilled nursing facility |
| 4 | Intermediate care facility | 4 | Intermediate care facility |
| 5 | Another type of institution for inpatient care or referred for outpatient services to another institution | 5 | Another type of facility |
| 10 | Mental health care - Medicaid only | | |
| 12 | Medicaid certified substance abuse unit - Medicaid only | | |
| 13 | Medicaid certified psychiatric unit - Medicaid only | | |
| 6 | Home under care of home-health service organization | 6 | Home health care |
| 7 | Against medical advice | 7 | Against medical advice |
| 8 | Home under care of a Home IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| 50 | Hospice-Home | 50 | Hospice - home |
| 51 | Hospice-medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare-approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed |

| | | | (beginning in 2000) |
|---|---|---|---|
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data) | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 11 | Medicaid certified rehabilitation unit - Medicaid only | | |
| 63 | Long term care hospital (beginning in 2001 data) | 63 | Long term care hospital, beginning in 2001 data. |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services as specified by the discharge plan of care | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | This institution for outpatient services as specified by the discharge plan of care | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown, beginning in 2001 data. |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Iowa**

| Iowa | | | |
|---|---|---|---|
| **(Valid through 2000)** | | | |
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 1 | Home or self-care | 1 | Routine |
| 3 | Other acute hospital | 2 | Short-term hospital |
| 4 | SNF | 3 | Skilled nursing facility |
| 5 | ICF | 4 | Intermediate care facility |
| 6 | Other health care | 5 | Another type of facility |

| | facility | | |
|---|---|---|---|
| 2 | Home health service | 6 | Home health care |
| 7 | Against medical advice | 7 | Against medical advice |
| -- | | 8 | Home IV provider |
| 8 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| -- | | 71 | Another institution for outpatient services (beginning in 2000) |
| -- | | 72 | This institution for outpatient services (beginning in 2000) |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Kansas**

| Kansas | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 1 | Routine | 1 | Routine |
| 31 | Transfer: other hospital | 2 | Short-term hospital |
| 32 | Transfer: skilled nursing facility | 3 | Skilled nursing facility |
| 33 | Transfer: intermediate care facility | 4 | Intermediate care facility |

| 34 | Transfer: Rehabilitation center | | |
|---|---|---|---|
| 35 | Transfer: Psychiatric facility | 5 | Another type of facility |
| 37 | Transfer: Custodial | | |
| 38 | Transfer: Other | | |
| 36 | Transfer: Organized home care | 6 | Home health care |
| 2 | Against medical advice | 7 | Against medical advice |
| -- | | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data. |
| 4 | Expired (no autopsy) | | |
| 5 | Expired (autopsy) | | |
| 6 | Coroner's case (no autopsy) | 20 | Died in the hospital |
| 7 | Coroner's case (autopsy) | | |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital. |
| -- | | 63 | Long-term care hospital (beginning in 2001). |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| -- | | 71 | Another institution for outpatient services (beginning in 2000) |
| -- | | 72 | This institution for outpatient |

| | | | |
|---|---|---|---|
| | | | services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

Information on the disposition of the patient was provided in two fields: discharge status and transfer destination. If the discharge status indicated a transfer, then DISP_X is assigned using both the discharge status (value 3) and the transfer destination (values 1-8) to create a two-digit value 31-38. For non-transfers, DISP_X contains one digit discharge status.

DISPUniform is coded directly from DISPUB92.

**Kentucky**

| Kentucky | | | |
|---|---|---|---|
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 01 | Routine (home/self-care) | 1 | Routine |
| 02 | Short-term hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Another type of facility | 5 | Another type of facility |
| 06 | Home health care | 6 | Home health care |
| 07 | Against medical advice | 7 | Against medical advice |
| 08 | Home IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20, 21 | Expired | 20 | Died in the hospital |
| 40 | Died at home | 40 | Died at home |
| 41 | Died in other medical facility | 41 | Died in other medical facility |
| 42 | Died, place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a | 61 | Within this institution to a |

| | hospital-based Medicare approved swing bed | | hospital-based Medicare approved swing bed (added for 2000 data) |
|---|---|---|---|
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2002 data) | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | Long term care hospital (beginning in 2002 data) | 63 | Long term care hospital (beginning in 2001 data). |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (added for 2000 data) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (added for 2000 data) |
| 10, 11 | No longer covered by Medicaid. Transferred to another category of service (beginning in 2001) | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| 10, 11, Blank | No longer covered by Medicaid. Transferred to another category of service (prior to 2001), Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Maine**

| Maine | | | |
|---|---|---|---|
| (Valid beginning in 2000) | | | |
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 01 | Home/Self-Care/Routine | 1 | Routine |
| 02 | Short Term Hospital | 2 | Short-term hospital |
| 03 | SNF | 3 | Skilled nursing |

| | | | facility |
|----|---------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------|
| 04 | Intermediate Care Facility | 4 | Intermediate care facility |
| 05 | Other Facility | 5 | Another type of facility |
| 06 | Home Health Service | 6 | Home health care |
| 07 | Left Against Medical Advice | 7 | Against medical advice |
| 08 | Home IV Service | 8 | Home IV provider |
| 09 | Admitted as an Inpatient to the Hospital (Medicare Claims) | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home (hospice care) | 40 | Died at home |
| 41 | Expired in medical facility (hospice care) | 41 | Died in other medical facility |
| 42 | Expired - place unknown (hospice care) | 42 | Died, place unknown |
| 50 | Hospice - Home | 50 | Hospice - home |
| 51 | Hospice - Medical Facility | 51 | Hospice - medical facility |
| 61 | Discharged/Transferred/Referred within the same institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed, beginning in 2000 |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 63 | Long term care hospital | 63 | Long term care hospital, beginning in 2001 data. |
| -- | | 64 | Nursing facility |

| | | | certified under Medicaid but not certified under Medicare, beginning in 2002 data. |
|---|---|---|---|
| 71 | Discharged/Transferred/Referred to another institution for outpatient services | 71 | Another institution for outpatient services, beginning in 2000 |
| 72 | Discharged/Transferred/Referred to same institution for outpatient services | 72 | This institution for outpatient services, beginning in 2000 |
| -- | | 99 | Discharged alive, destination unknown, beginning in 2001 data. |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Maine**

| Maine | | | |
|---|---|---|---|
| (Valid in 1999) | | | |
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 1 | Home | 1 | Routine |
| 7 | Boarding home | | |
| 3 | Another acute care hospital | 2 | Short-term hospital |
| 4 | Skilled Nursing Facility | 3 | Skilled Nursing Facility |
| 5 | Intermediate care facility | 4 | Intermediate care facility |
| 6 | Another health care facility | 5 | Another type of facility |
| 8 | Home health care agency | 6 | Home health care |
| 2 | Left against medical advice | 7 | Against medical advice |
| -- | | 8 | Home IV provider |
| 9 | Died | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical |

| | | | |
|---|---|---|---|
| | | | facility |
| -- | | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## Massachusetts

| Massachusetts | | | |
|---|---|---|---|
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 01 | Home (routine) | 1 | Routine |
| 14 | Rest Home (Beginning in 1998) | | |
| 15 | Shelter (Beginning in 1999) | | |
| 02 | Another short-term general hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Further care - Inpatient or OPD | 5 | Another type of facility |
| 10 | Chronic hospital | | |
| 11 | Mental health facility | | |
| 13 | Rehab hospital | | |
| 14 | Rest Home (Prior to 1998) | | |
| 06 | Home under care of home health agency | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Home for IV drug | 8 | Home IV provider |

| | | | |
|---|---|---|---|
| | therapy | | |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| -- | | 63 | Long term care hospital swing bed, beginning in 2001 data. |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| -- | | 71 | Another institution for outpatient services (beginning in 2000) |
| -- | | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown, beginning in 2001 data. |
| 12 | Discharge Other | | |
| 00, Blank | Missing | . | Missing |
| 09 | Not used (Beginning in 1999) | .A | Invalid |
| Any values not documented by the data source | | | |

**Minnesota**

| Minnesota | | | | |
|---|---|---|---|---|
| **DISP_X** | | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** | |
| 01 | Home or self care | 1 | Routine | |
| 02 | Another short-term hospital for inpatient care | 2 | Short-term hospital | |
| 03 | Skilled Nursing Facility (SNF) | 3 | Skilled nursing facility | |
| 04 | Intermediate care facility (ICF) | 4 | Intermediate care facility | |
| 05 | Another type of institution for inpatient care | 5 | Another type of facility | |
| 10 | Mental Health Center | | | |
| 06 | Home under care of organized home health service organization | 6 | Home health care | |
| 07 | Left against medical advice or discontinued care | 7 | Against medical service | |
| 08 | Home under care of a Home IV provider | 8 | Home IV provider | |
| 09 | Admitted to this hospital (valid in outpatient databases only) | 9 | Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data. | |
| 20 | Expired | 20 | Died in the hospital | |
| 40 | Expired at home | 40 | Died at home | |
| 41 | Expired in a medical facility | 41 | Died in other medical facility | |
| 42 | Expired, place unknown | 42 | Died, place unknown | |
| 50 | Hospice - home | 50 | Hospice - home | |
| 51 | Hospice - Medical Facility | 51 | Hospice - medical facility | |
| 61 | Within this institution to hospital-based Medicare approved swing bed | 61 | Within this institution to hospital-based Medicare approved swing bed (added for 2000 data) | |
| 62 | Another rehabilitation facility including | 62 | Another rehabilitation facility including rehabilitation distinct | |

| | | | |
|---|---|---|---|
| | rehabilitation distinct part units of a hospital | | part units of a hospital (beginning in 2001 data) |
| 63 | Long term care hospital | 63 | Long term care hospital (beginning in 2001 data) |
| 64 | -- | 64 | Nursing facility certified under Medicaid bu tnot certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services as specified by the discharge plan of care | 71 | Another institution for outpatient services (beginning in 2000 data) |
| 72 | This institution for outpatient services as specified by the discharge plan of care | 72 | This institution for outpatient services (beginning in 2000 data) |
| -- | -- | 99 | Discharged alive, destination unknown (beginning in 2001 data) |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Missouri**

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

| | | | |
|----|----|----|----|
| 71 | Another institution for outpatient services (prior to 2000) | | |
| 72 | This institution for outpatient services (prior to 2000) | | |
| 06 | Home health care | 6 | Home health care |
| 07 | Against medical advice | 7 | Against medical advice |
| 08 | Home IV Service | 8 | Home IV provider |
| 09 | Admitted as an inpatient to this hospital (valid in SASD/SEDD databases only). | 9 | Admitted as an inpatient to this hospital (beginning in 2001). Valid only on SASD data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home (hospice care) | 40 | Died at home |
| 41 | Expired in medical facility | 41 | Died in other medical facility |
| 42 | Expired - place unknown | 42 | Died, place unknown |
| 50 | Hospice - Home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000). | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000). |
| 62 | Another rehabilitation facility (beginning in 2002 data) | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | Long term care hospital (beginning in 2002 data) | 63 | Long term care hospital (beginning in 2001 data). |
| 64 | Nursing facility Medicaid certified only (beginning in 2002 data) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services (beginning in 2000 data). | 71 | Another institution for outpatient services (beginning in 2000 data). |
| 72 | This institution for outpatient services (beginning in 2000 data). | 72 | This institution for outpatient services (beginning in 2000 data) |
| -- | | 99 | Discharged alive, destination |

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

## Nebraska

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

| 61 | Within this institution to hospital-based Medicare approved swing bed | 61 | Within this institution to hospital-based Medicare approved swing bed |
|---|---|---|---|
| 62 | Inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital | 62 | Inpatient rehabilitation facility including rehabilitation distinct part units of a hospital |
| 63 | Medicare certified long term | 63 | Long term care hospital |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services as specified by the discharge plan of care | 71 | Another institution for outpatient services |
| 72 | To this institution for outpatient services as specified by the discharge plan of care | 72 | This institution for outpatient services |
| -- | -- | 99 | Discharged alive, destination unknown |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Nevada**

| Nevada | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 01 | Routine - discharge to home or self care | 1 | Routine |
| 02 | Discharged/transferred to another short term general hospital | 2 | Short-term hospital |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) | 3 | Skilled nursing facility |
| 04 | Discharged/transferred to an intermediate care facility (ICF) | 4 | Intermediate care facility |
| 05 | Discharged/transferred to another type | 5 | Another type of |

| | of institution | | facility |
|---|---|---|---|
| 06 | Discharged/transferred to a home under care of Organized Home Health Service Organization | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Discharged/transferred to a home under care of a home IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in a medical facility | 41 | Died in other medical facility |
| 42 | Expired place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed |
| 62 | Discharged/transferred to an inpatient rehabilitation facility (IRF). (Effective retroactice to 1/1/02) | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data) |
| 63 | Discharged/transferred to Medicare certified long term care hospital (LTCH). (Effective 5/9/02) | 63 | Long term care hospital (beginning in 2001 data). |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare (Effective 10/1/22) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Discharged/transferred/referred to another institution for outpatient | 71 | Another institution for outpatient |

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

**New Jersey**

| New Jersey | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Home or self care (routine) | 1 | Routine |
| 02 | Another short term general hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Another type of institution | 5 | Another type of facility |
| 06 | Home under care of organized HHA | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Home with IV therapy | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired, no autopsy | 20 | Died in the hospital |
| 21 | Expired, with autopsy | | |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |

| 50 | Hospice - home | 50 | Hospice - home |
|---|---|---|---|
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data) |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital | 62 | Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 63 | Long term care hospital | 63 | Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data. |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (added for 2000 data) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (added for 2000 data) |
| -- | | 99 | Discharge alive, destination unknown, beginning in 2001 data. |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## New York

| New York | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Home or self care (routine) | 1 | Routine |
| 90 | Plan of care completed (Ambulatory Surgery data only) | | |
| 91 | Pre-admission (Ambulatory Surgery data only) | | |

| | | | |
|---|---|---|---|
| 02 | Another acute general hospital | 2 | Short-term hospital |
| 09 | Admitted as an inpatient to this hospital (Ambulatory surgery data only prior to 2001). | | |
| 10 | Neonate discharged another hospital for neonatal aftercare for weight gain (Inpatient data only) | | |
| 13 | Another hospital for tertiary aftercare (Inpatient data only) | | |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 12 | Intermediate care facility for the mentally retarded | | |
| 05 | Another type of institution | 5 | Another type of facility |
| 11 | Short-term psychiatric, chronic hospital or long-term specialty hospital providing for psychiatric illnesses | | |
| 14 | Domiciliary Care Facility (Inpatient data only) | | |
| 06 | Home under care of organized home health service organization | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Home under care of a Home IV provider (Inpatient data only) | 8 | Home IV provider |
| 09 | Admitted as an inpatient to this hospital (ambulatory surgery data only beginning in 2001). | 9 | Admitted as an inpatient to this hospital (beginning in 2001data). Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in a medical facility | 41 | Died in other medical facility |
| 42 | Expired, place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |

| 61 | Transfer within institution to a Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data) |
|---|---|---|---|
| 62 | Discharged/transferred to another type of institution for inpatient care or referred for rehabilitation services | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | Discharged/transferred to another type of institution or referred for Long Term Care Services | 63 | Long term care hospital (beginning in 2001 data) |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care | 71 | Another institution for outpatient services (added for 2000 data) |
| 72 | Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care | 72 | This institution for outpatient services (added for 2000 data) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## North Carolina

| North Carolina | |
|---|---|
| **DISP_X** | **DISPUB92** |

| Value | Description | Value | Description |
|---|---|---|---|
| 1 | Home or self-care (Routine) | 1 | Routine |
| 2 | Another short term general hospital | 2 | Short-term hospital |
| 3 | Skilled nursing facility | 3 | Skilled nursing facility |
| 4 | Intermediate care facility | 4 | Intermediate care facility |
| 5 | Another type of institution | 5 | Another type of facility |
| 6 | Home under care of home health care organization | 6 | Home health care |
| 7 | Left against medical advice | 7 | Against medical advice |
| 8 | Home under care of Home IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Died at home | 40 | Died at home |
| 41 | Died in other medical facility | 41 | Died in other medical facility |
| 42 | Died, place unknown | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data) |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| -- | | 63 | Long term care hospital (beginning in 2001 data) |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| -- | | 71 | Another institution for outpatient |

| | | | services (beginning in 2000 data) |
|---|---|---|---|
| -- | | 72 | This institution for outpatient services (beginning in 2000 data) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| 9, 10, 50, 51, Blank | Documented by source as unknown values | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Ohio**

| Ohio | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 01 | Alive to home | 1 | Routine |
| 02 | Short Term Care | 2 | Short-term hospital |
| 03 | SNF | 3 | Skilled nursing facility |
| 04 | Intermediate care | 4 | Intermediate care facility |
| 05 | Another institution | 5 | Another type of facility |
| 10 | Medicaid Discharge to Psychiatric | | |
| 06 | Home health | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Left under Home IV | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital. |
| 20 | Died | 20 | Died in the hospital |
| 40 | Medicare Hospice Expired at Home | 40 | Died at home |
| 41 | Medicare Hospice Expired at Medical Facility | 41 | Died in other medical facility |
| 42 | Medicare Hospice Claims Only Place Unknown | 42 | Died, place unknown |

| 50 | Hospice - Home | 50 | Hospice - home |
|---|---|---|---|
| 51 | Medical Facility | 51 | Hospice - medical facility |
| 61 | Within hospital based approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed. |
| 62 | Another rehab facility | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital. |
| 63 | Long term care hospital | 63 | Long term care hospital. |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services |
| -- | | 99 | Discharge alive, destination unknown |
| 00, Blank | Unknown, Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## Oregon

| Oregon | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 01 | Routine discharge (to home of self care) | 1 | Routine |
| 10 | Discharged - no longer covered by Medicaid | | |
| 02 | Another short term hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Another type of institution | 5 | Another type of facility |
| 11 | Transferred to another category of service | | |

| 06 | Home health care service | 6 | Home health care |
|---|---|---|---|
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Discharged home under care of a Home IV Service | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 21 | Expired - not covered by Medicaid | -- | |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in medical facility | 41 | Died in other medical facility |
| 42 | Expired - place unknown | 42 | Died, place unknown |
| 50 | Hospice - Home | 50 | Hospice - home |
| 51 | Hospice - Medical Facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed, beginning in 2000 |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital. | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 63 | Long term care hospital | 63 | Long term care hospital, beginning in 2001 data. |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services, added for 2000. |
| -- | | 99 | Discharge alive, destination unknown, beginning in 2001 data. |
| 00, Blank | Missing | . | Missing |
| Any values not documented by the | | .A | Invalid |

| data source | | |
|---|---|---|
| DISPUniform is coded directly from DISPUB92. | | |

## Pennsylvania

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

| | hospice facility | | facility |
|---|---|---|---|
| 61 | Within the institution to a hospital - based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| Another rehabilitation facility including rehabilitation distinct part units of a hospital | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| Long term care hospital | | 63 | Long term care hospital swing bed (beginning in 2001 data). |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## Rhode Island

| Rhode Island | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Home or self care | 1 | Routine |
| 02 | Another short-term | 2 | Short-term hospital |

| | general hospital | | |
|---|---|---|---|
| 03 | SNF | 3 | Skilled nursing facility |
| 04 | ICF | 4 | Intermediate care facility |
| 05 | Another institution | 5 | Another type of facility |
| 06 | Home health service | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Home under care of IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 21 | Autopsied | | |
| 22 | Expired in operating room | | |
| 23 | Expired post-op | | |
| 24 | Coroner's Case | | |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital. |
| -- | | 63 | Long term care hospital. |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| -- | | 71 | Another institution for outpatient services |
| -- | | 72 | This institution for outpatient services |
| -- | | 99 | Discharged alive, destination unknown. |
| 00, | Error, Missing | . | Missing |

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

## South Carolina

| South Carolina | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 1, 01 | Home or self care (routine) | 1 | Routine |
| 2, 02 | Another short term general hospital | 2 | Short-term hospital |
| 9, 09 | Admitted as an inpatient to this hospital prior to 2001 data. (Invalid for the SID, valid for the SASD and SEDD). | | |
| 3, 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 4, 04 | Intermediate care facility | 4 | Intermediate care facility |
| 5, 05 | Another type of institution | 5 | Another type of facility |
| 6, 06 | Home under care of home health service organization | 6 | Home health care |
| 7, 07 | Left against medical advice | 7 | Against medical advice |
| 8, 08 | Home under care of Home IV Provider | 8 | Home IV provider |
| 9, 09 | Admitted as an inpatient to this hospital prior to 2001 data. (Invalid for the SID, valid for the SASD and SEDD). | 9 | Admitted as an inpatient to this hospital (beginning with 2001 data). Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in medical facility | 41 | Died in other medical facility |
| 42 | Expired, place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to Medicare approved swing | 61 | Within this institution to a hospital-based Medicare |

| | bed | | approved swing bed (added for 2000 data) |
|---|---|---|---|
| 62 | Another rehabilitation facility including rehabilitation including distinct part units of a hospital | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data) |
| 63 | Long term care hospital | 63 | Long term care hospital (beginning in 2001 data) |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (added for 2000 data) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (added for 2000 data) |
| 99 | Discharged alive, destination unknown | 99 | Discharged alive, destination unknown (beginning in 2001 data) |
| 0, 00, Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |

## South Dakota

| South Dakota | | | |
|---|---|---|---|
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 1 | Home or self care | 1 | Routine |
| 3 | Other acute hospital | 2 | Short-term hospital |
| 4 | SNF | 3 | Skilled nursing facility |
| 5 | ICF | 4 | Intermediate care facility |
| 6 | Another type of institution | 5 | Another type of facility |
| -- | | | |
| -- | | | |

| | | | |
|---|---|---|---|
| -- | | | |
| 2 | Home health service | 6 | Home health care |
| 7 | Against Medical Advice | 7 | Against medical advice |
| -- | | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital. |
| 8 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died inother medical facility |
| -- | | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| -- | | 61 | Within this institution to a hospital-based Medicare approved swing bed. |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital. |
| -- | | 63 | Long term care hospital |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare. |
| -- | | 71 | Another institution for outpatient services |
| -- | | 72 | This institution for outpatient services |
| -- | | 99 | Discharged alive, destination unknown |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded from DISPUB92. | | | |

## Tennessee

| Tennessee | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| Value | Description | Value | Description |
| 01 | Home or self care (routine) | 1 | Routine |

| 02 | Another short term general hospital | 2 | Short-term hospital |
|----|----|----|----|
| 09 | Admitted as an inpatient to this hospital. (Discontinued in 2001). | | |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Another type of institution | 5 | Another type of facility |
| 10 | Discharged/transferred to a mental health center | | |
| 06 | Home under care of organized home health service organization | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Home under care of a Home IV Provider | 8 | Home IV provider |
| 09 | Admitted to this hospital (valid in outpatient databases only). This recode began in data year 2001. | 9 | Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Died at home (beginning in 2000) | 40 | Died at home |
| 41 | Died in other medical facility (Beginning in 2000) | 41 | Died in other medical facility |
| 42 | Died, place unknown (Beginning in 2000) | 42 | Died, place unknown |
| 50 | Hospice - home (Beginning in 2000) | 50 | Hospice - home |
| 51 | Hospice - medical facility (Beginning in 2000) | 51 | Hospice - medical facility |
| 61 | Hospital-based swing bed within this institution | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data) |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | Long-term care hospital | 63 | Long-term care hospital (beginning in 2001 data). |
| 64 | Nursing facility certified under | 64 | Nursing facility certified |

| | Medicaid but not certified under Medicare | | under Medicaid but not certified under Medicare (beginning in 2002 data). |
|---|---|---|---|
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services (added for 2000 data) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (added for 2000 data) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Texas**

| Texas | | | |
|---|---|---|---|
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 1 | Home or Self-care (routine discharge) | 1 | Routine |
| 2 | Short-term general hospital | 2 | Short-term hospital |
| 3 | Skilled nursing facility | 3 | Skilled nursing facility |
| 4 | Intermediate care facility | 4 | Intermediate care facility |
| 5 | Other inpatient care facility | 5 | Another type of facility |
| 6 | Home health service | 6 | Home health care |
| 7 | Against medical advice | 7 | Against medical advice |
| 8 | Home IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in other medical | 41 | Died in other medical facility |

| | facility | | |
|---|---|---|---|
| 42 | Expired, place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed |
| -- | | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| -- | | 63 | Long term care hospital, beginning in 2001 data. |
| 64 | Medicaid-certified nursing facility (in effect October 1, 2002) | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services |
| -- | | 99 | Discharged alive, destination unknown, beginning in 2001 data. |
| Blank | Missing | . | Missing |
| " * " or any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## Utah

| Utah | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Discharge to home or self care (routine) | 1 | Routine |
| 02 | Another short term hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |

| 05 | Another type of institution | 5 | Another type of facility |
|---|---|---|---|
| 06 | Home under care of organized home health service organization | 6 | Home health care |
| 07 | Left against medical advice | 7 | Against medical advice |
| 08 | Discharged to home under care of a home IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home | 40 | Died at home |
| 41 | Expired in a medical facility | 41 | Died in other medical facility |
| 42 | Expired - place unknown | 42 | Died, place unknown |
| 50 | Hospice - home | 50 | Hospice - home |
| 51 | Hospice - medical facility | 51 | Hospice - medical facility |
| 61 | Within institution to hospital-based medicare swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (added in 2000) |
| 62 | Another rehab facility including distinct part units in hospital | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | A long term care hospital | 63 | Discharge, transferred to a long term care hospital swing bed (beginning in 2001 data). |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002). |
| 71 | Another institution for outpatient (as per plan of care) | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | To this institution for outpatient services (as per plan of care) | 72 | This institution for outpatient services (beginning in 2000) |

| | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
|---|---|---|---|
| 09, 00, Blank | Unknown, Missing | . | Missing |
| Any other values | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Virginia**

| Virginia | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Home or self care | 1 | Routine |
| 02 | Another hospital | 2 | Short-term hospital |
| 03 | Skilled nursing facility | 3 | Skilled nursing facility |
| 04 | Intermediate care facility | 4 | Intermediate care facility |
| 05 | Another type of institution | 5 | Another type of facility |
| 06 | Home under care of home health service organization | 6 | Home health care |
| 07 | Against medical advice | 7 | Against medical advice |
| 08 | Home under IV provider | 8 | Home IV provider |
| -- | | 9 | Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| 50 | Hospice - home (beginning in 2002) | 50 | Hospice - home |
| 51 | Hospice - medical facility (beginning in 2002) | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2002) | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data) |
| 62 | Another rehabilitation | 62 | Discharge, transferred to |

| | | | |
|---|---|---|---|
| | facility including rehabilitation distinct part units of a hospital (beginning in 2002) | | another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data. |
| 63 | Long term care hospital (beginning in 2002) | 63 | Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data. |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services (beginning in 2002) | 71 | Another institution for outpatient services (added for 2000 data) |
| 72 | This institution for outpatient services (beginning in 2002) | 72 | This institution for outpatient services (added for 2000 data) |
| -- | | 99 | Discharge alive, destination unknown, beginning in 2001 data. |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Vermont**

| Vermont | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUB92** | |
| **Value** | **Description** | **Value** | **Description** |
| 1, 01 | Discharged to home or self care (routine charge) | 1 | Routine |
| 2, 02 | Discharged/transferred to another short term general hospital | 2 | Short-term hospital |
| 3, 03 | Discharged/transferred to skilled nursing facility | 3 | Skilled nursing facility |
| 4, 04 | Discharged/transferred to intermediate care facility | 4 | Intermediate care facility |
| 5, 05 | Discharged/transferred to another facility | 5 | Another type of facility |

| 6, 06 | Discharged/transferred to home under home health service organization | 6 | Home health care |
|---|---|---|---|
| 7, 07 | Left against medical advice or discontinued care | 7 | Against medical advice |
| 8, 08 | Discharged/transferred to home under care of Home IV provider | 8 | Home IV provider |
| 9, 09 (Outpatient only) | Admitted as an inpatient to this hospital | 9 | Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data. |
| 20 | Expired | 20 | Died in the hospital |
| -- | | 40 | Died at home |
| -- | | 41 | Died in other medical facility |
| -- | | 42 | Died, place unknown |
| -- | | 50 | Hospice - home |
| -- | | 51 | Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (added for 2000). |
| 62 | Another rehabilitation facility including rehabilitation | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001). |
| 63 | Long term care hospital (beginning in 2001data) | 63 | Long term care hospital (beginning in 2001) |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Discharged/transferred to | 71 | Another institution for |

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

## Washington

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

| 61 | Within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
|---|---|---|---|
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001). |
| 63 | Long term care hospital | 63 | Long term care hospital (beginning in 2001). |
| 64 | Nursing facility certified under Medicaid but not certified under Medicare | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| -- | | 71 | Another institution for outpatient services (beginning in 2000) |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

## West Virginia

| West Virginia | | | |
|---|---|---|---|
| DISP_X | | DISPUB92 | |
| Value | Description | Value | Description |
| 01 | Home/Self-Care/Routine | 1 | Routine |
| 02 | Sort Term Hospital | 2 | Short-term hospital |
| 03 | Skilled Nursing Facility | 3 | Skilled nursing facility |
| 04 | Intermediate Care Facility | 4 | Intermediate care facility |
| 05 | Other facility | 5 | Another type of facility |
| 06 | Home Health Service | 6 | Home health care |
| 07 | Left Against Medical Advice | 7 | Against medical advice |
| 08 | Home IV Service | 8 | Home IV provider |

| | | 9 | Admitted as an inpatient to this hospital (beginning in 2001 data). Valid only on outpatient data. |
|---|---|---|---|
| -- | | | |
| 20 | Expired | 20 | Died in the hospital |
| 40 | Expired at home (hospice care) | 40 | Died at home |
| 41 | Expired in medical facility (hospice care) | 41 | Died in other medical facility |
| 42 | Expired - place unknown (hospice care) | 42 | Died, place unknown |
| 50 | Hospice - Home | 50 | Hospice - home |
| 51 | Hospice - Medical Facility | 51 | Hospice - medical facility |
| 61 | Within this institution to a hospital-based Medicare approved swing bed | 61 | Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000) |
| 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital | 62 | Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data). |
| 63 | Long term care hospital | 63 | Long term care hospital, beginning in 2001 data. |
| -- | | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Another institution for outpatient services | 71 | Another institution for outpatient services |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (beginning in 2000) |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001 data). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

**Wisconsin**

<table>
<tr><td colspan="4" align="center"><strong>Wisconsin</strong></td></tr>
<tr><td colspan="2" align="center"><strong>DISP_X</strong></td><td colspan="2" align="center"><strong>DISPUB92</strong></td></tr>
<tr><td><strong>Value</strong></td><td><strong>Description</strong></td><td><strong>Value</strong></td><td><strong>Description</strong></td></tr>
<tr><td>1, 01</td><td>Home or self care (routine)</td><td>1</td><td>Routine</td></tr>
<tr><td>2, 02</td><td>Short-term general hospital</td><td>2</td><td>Short-term hospital</td></tr>
<tr><td>3, 03</td><td>Skilled nursing facility</td><td>3</td><td>Skilled nursing facility</td></tr>
<tr><td>4, 04</td><td>Intermediate care facility</td><td>4</td><td>Intermediate care facility</td></tr>
<tr><td>5, 05</td><td>Another type of facility</td><td>5</td><td>Another type of facility</td></tr>
<tr><td>6, 06</td><td>Home health care</td><td>6</td><td>Home health care</td></tr>
<tr><td>7, 07</td><td>Against medical advice</td><td>7</td><td>Against medical advice</td></tr>
<tr><td>8, 08</td><td>Home intravenous provider</td><td>8</td><td>Home IV provider</td></tr>
<tr><td>--</td><td></td><td>9</td><td>Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.</td></tr>
<tr><td>20</td><td>Died</td><td>20</td><td>Died in the hospital</td></tr>
<tr><td>--</td><td></td><td>40</td><td>Died at home</td></tr>
<tr><td>--</td><td></td><td>41</td><td>Died in other medical facility</td></tr>
<tr><td>--</td><td></td><td>42</td><td>Died, place unknown</td></tr>
<tr><td>50</td><td>Hospice - Home</td><td>50</td><td>Hospice - Home</td></tr>
<tr><td>51</td><td>Hospice - Medical facility</td><td>51</td><td>Hospice - Medical facility</td></tr>
<tr><td>61</td><td>Medicare approved swing bed</td><td>61</td><td>Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000).</td></tr>
<tr><td>62</td><td>Another rehab facility</td><td>62</td><td>Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001).</td></tr>
</table>

| 63 | Long-term care facility | 63 | Long term care hospital swing bed (beginning in 2001). |
|---|---|---|---|
| 64 | Medicaid approved nursing facility | 64 | Nursing facility certified under Medicaid but not certified under Medicare (beginning in 2002 data) |
| 71 | Other institution for outpatient services | 71 | Another institution for outpatient services (beginning in 2000). |
| 72 | This institution for outpatient services | 72 | This institution for outpatient services (beginning in 2000). |
| -- | | 99 | Discharged alive, destination unknown (beginning in 2001). |
| Blank | Missing | . | Missing |
| Any values not documented by the data source | | .A | Invalid |
| DISPUniform is coded directly from DISPUB92. | | | |

# DISPUniform - Disposition of patient, uniform coding

| General Notes |
|---|

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

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

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

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

| | | | |
|---|---|---|---|
| 5 | Another Type of Facility | | (SNF), Intermediate Care Facility (ICF), Another Type of Facility |
| 51 | Hospice - Medical Facility | | |
| 61 | Within this institution to a hospital-based Medicare approved swing bed. *Value was added beginning in the 2000 HCUP data.* | | |
| 62 | Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital. *Value was added beginning in 2001 HCUP data.* | | |
| 63 | Discharge, transferred to a long term care hospital swing bed. *Value was added beginning in the 2001 HCUP data.* | | |
| 64 | Discharge, transferred to a nursing facility certified by Medicaid, but not certified by Medicare. *Value was added beginning in the 2002 HCUP data.* | | |
| 6 | Home Health Care (HHC) | | |
| 8 | Home IV Provider | 6 | Home Health Care (HHC) |
| 50 | Hospice-Home | | |
| 7 | Against Medical Advice (AMA) | 7 | Against Medical Advice (AMA) |
| 20 | Died in Hospital | 20 | Died |
| 40 | Died at Home. *Prior to the 2001 data, value 40 "Died at Home" was mapped to missing (.).* | 99 | Discharge alive, destination unknown. *Value was added beginning in the 2001 data.* |
| 41 | Died in Medical Facility. *Prior to 2001 data, value 41 "Died in Medical Facility" was mapped to missing (.).* | | |
| 42 | Died, place unknown. *Prior to the 2001 data, value 42 "Died, place unknown" was mapped to missing (.).* | | |

| 99 | Discharged alive, destination unknown. *Value was added beginning in the 2001 data.* | | |
|----|------|----|------|
| . | Missing | . | Missing |
| .A | Invalid | .A | Invalid |

DISP_X retains the disposition of patient as provided by the data source.

DISP_X is not available on the HCUP Nationwide Inpatient Sample (NIS).

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

**State Specific Notes**

**California**

| California | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUniform** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Routine (Home) | 1 | Routine |
| 09 | Prison/Jail | | |
| 02 | Acute care (within this hospital) | 2 | Transfer to short-term hospital |
| 05 | Acute care (another hospital) | | |
| 03 | Other care (within this hospital) | 5 | Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility |
| 04 | Skilled nursing/Intermediate care (within this hospital) | | |
| 06 | Other care (another hospital) | | |
| 07 | Skilled nursing/Intermediate care (another hospital) | | |
| 08 | Residential care facility | | |
| 12 | Home Health Services | 6 | Home health care |
| 10 | Against medical advice | 7 | Against medical advice |
| 11 | Died | 20 | Died in hospital |
| 13 | Other (beginning in 2001) | 99 | Discharged alive, destination unknown (beginning in 2001 data) |
| 00, Blank | Missing | . | Missing (includes died outside of hospital) |
| Any values not documented by the data source | | .A | Invalid |
| There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92. | | | |
| Beginning in 2001, the DISP_X value of "13" (Other) will be mapped to the HCUP DISPUniform value of "99" (Discharged alive, destination unknown). This change more accurately reflects the documentation provided by California as "Other" does not pertain to "Another Hospital". Prior to 2001, DISP_X value "13" was mapped to the DISPUniform value "5" (Transfer other). | | | |

**Maryland**

| Maryland | | | |
|---|---|---|---|
| **DISP_X** | | **DISPUniform** | |
| **Value** | **Description** | **Value** | **Description** |
| 01 | Home or self-care | 1 | Routine |
| 05 | Acute care general hospital | 2 | Transfer to short-term hospital |
| 06 | Other health care facility | 5 | Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility |
| 10 | Rehabilitation facility | | |
| 11 | Rehabilitation unit of other hospital | | |
| 12 | On-site distinct rehabilitation unit | | |
| 13 | Transfer to nursing facility | | |
| 14 | On-site psychiatric unit (inpatient only) | | |
| 15 | On-site sub-acute unit (inpatient only) | | |
| 16 | Other sub-acute care facility (inpatient only) | | |
| 03 | Home health care | 6 | Home health care |
| 08 | Left against medical advice | 7 | Against medical advice |
| 07 | Died | 20 | Died |
| -- | | 99 | Discharged alive, destination unknown, beginning in 2001 |
| 09, 99, Blank | Unknown | . | Missing (includes died outside of hospital) |
| 02 | Do not use | .A | Invalid |
| 04 | Do not use | | |
| Any values not documented by the data source | | | |
| There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92. | | | |

# DQTR - Discharge quarter

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

## Uniform Values

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

## State Specific Notes

**Florida**

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

# DRG - DRG in use on discharge date

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

## Diagnosis and Procedures Used for DRG Assignment

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

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

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

## Different Definitions of Diagnosis and Procedure Validity

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

The DRG Grouper rules differ in two ways:

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

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

## Changes in DRG Grouper Logic

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

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

## The Need for a Valid Discharge Date

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

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

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

## Labels

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DRG | DRG in use on discharge date | nnn | DRG value |

## California

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

No other years are affected.

## Iowa

Beginning in data year 2001, the Iowa Hospital Association prohibits the release of two types of discharges:

- HIV Infections (defined by MDC of 25) and
- Behavioral Health including chemical dependency care or psychiatric care (defined by a service code of BHV).

These discharges were not included in the source file provided to HCUP and are therefore not included in the HCUP files.

## Massachusetts

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

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

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

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

**Washington**

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

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

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

**Wisconsin**

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

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

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

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

# DRG10 - DRG, Version 10

The Diagnosis Related Group, Version 10 (DRG10) is assigned by the HCFA DRG Grouper algorithm during HCUP processing.

## Diagnosis and Procedures Used for DRG Assignment

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

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

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

## Logically Mapping ICD-9-CM Codes for DRG Version 10

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 1992, the period associated with DRG Version 10. The translated codes are then passed to the DRG Version 10 HCFA Grouper software. Caution: The 3M Mapper can translate only those codes with a discharge date occurring after September 30, 1988. Therefore, codes which changed definition on October 1, 1988 may not be properly handled.

## Different Definitions of Diagnosis and Procedure Validity

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

The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and

- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

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

## Changes in DRG Grouper Logic

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

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

## Labels

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DRG10 | DRG, Version 10 | nnn | DRG value |

| State Specific Notes |
|---|

**California**

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

## Massachusetts

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected: 1 record in 1989 and 1 record in 1990.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:

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

Beginning with 1992 discharges, DRG10 and MDC10 were processed correctly.

## Washington

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of a error in HCUP processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

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

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

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

**Wisconsin**

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

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:

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

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

# DRG18 - DRG, Version 18

## General Notes

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

### Diagnosis and Procedures Used for DRG Assignment

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

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

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

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

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

### Different Definitions of Diagnosis and Procedure Validity

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

The DRG Grouper rules differ in two ways:

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

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

**Changes in DRG Grouper Logic**

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

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

**Labels**

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

**Formats**

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DRG18 | DRG, Version 18 | nnn | DRG value |

| State Specific Notes |
|---|

*None*

# DRGVER - DRG grouper version used on discharge date

| General Notes |
|---|

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DRGVER | DRG grouper version used on discharge date | 4 | 4th revision, eff. Oct 1, 1987 |
| | | 5 | 5th revision, eff. Oct 1, 1988 |
| | | 6 | 6th revision, eff. Oct 1, 1989 |
| | | 7 | 7th revision, eff. Oct 1, 1990 |
| | | 9 | Version 9, eff. Oct 1, 1991 |
| | | 10 | Version 10, eff. Oct 1, 1992 |
| | | 11 | Version 11, eff. Oct 1, 1993 |
| | | 12 | Version 12, eff. Oct 1, 1994 |
| | | 13 | Version 13, eff. Oct 1, 1995 |
| | | 14 | Version 14, eff. Oct 1, 1996 |
| | | 15 | Version 15, eff. Oct 1, 1997 |
| | | 16 | Version 16, eff. Oct 1, 1998 |
| | | 17 | Version 17, eff. Oct 1, 1999 |
| | | 18 | Version 18, eff. Oct 1, 2000 |
| | | 19 | Version 19, eff. Oct 1, 2001 |
| | | 20 | Version 20, eff. Oct 1, 2002 |

## State Specific Notes

*None*

# DSHOSPID - Data source hospital number

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

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

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

DSHOSPID is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DSHOSPID | Data source hospital number | 13(a) | Data source hospital number |

## State Specific Notes

**California**

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

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

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

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

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

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

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

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

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

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and
- rehabilitation care (value = 6).

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

**Oregon**

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

**Pennsylvania**

The coding of DSHOSPID varies by data year.

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

**Washington**

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

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

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

# DSNDX - Maximum number of diagnoses provided by source

DSNDX contains the maximum number of diagnosis codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

A maximum of 15 diagnosis fields are retained in the Nationwide Inpatient Sample. For data sources that provide more than 15 diagnosis fields, the value for this variable will be greater than 15.  This data element was discontinued in 1998.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DSNDX | Maximum number of diagnoses provided by source | 0 - 30 | Total diagnoses possible |

**State Specific Notes**

*None*

# DSNPR - Maximum number of procedures provided by source

| General Notes |
|---|

DSNPR contains the maximum number of procedure codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

A maximum of 15 procedure fields are retained in the Nationwide Inpatient Sample. For data sources that provide more than 15 procedure fields, the value for this variable will be greater than 15. This data element was discontinued in 1998.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DSNPR | Maximum number of procedures provided by source | 0 - 30 | Total procedures possible |

| State Specific Notes |
|---|

*None*

# DSNUM - Date source identification number

<table>
<tr><td colspan="4" align="center"><strong>General Notes</strong></td></tr>
</table>

The data source number (DSNUM) is assigned in the order in which the different data sources are processed. Therefore, the first data source processed has DSNUM = 1; the second data source has DSNUM = 2, and so forth.  This data element was discontinued in 1998.

<table>
<tr><td colspan="4" align="center"><strong>Uniform Values</strong></td></tr>
<tr><td><strong>Variable</strong></td><td><strong>Description</strong></td><td><strong>Value</strong></td><td><strong>Value Description</strong></td></tr>
<tr><td>DSNUM</td><td>Date source identification number</td><td>nn</td><td>Data source number</td></tr>
</table>

<table>
<tr><td align="center"><strong>State Specific Notes</strong></td></tr>
</table>

*None*

# DSTYPE - Data source type

<table>
<tr><td colspan="4"><strong>General Notes</strong></td></tr>
</table>

DSTYPE is a categorical data element that identifies whether the discharge comes from a state data organization, a hospital association, or a private data organization (e.g., consortia).  This data element was discontinued in 1998.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DSTYPE | Data source type | 1 | State data organization |
| | | 2 | Hospital association |
| | | 3 | Consortia |
| | | 4 | Other |

<table>
<tr><td><strong>State Specific Notes</strong></td></tr>
</table>

*None*

# DXn - Diagnosis

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

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

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

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

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

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

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

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

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

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

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

| Number of Diagnoses Provided by the Data Source | | | | | |
|---|---|---|---|---|---|
| State | 1998 | 1999 | 2000 | 2001 | 2002 |
| Arizona | 11 | 11 | 11 | 11 | - |
| California | 30 | 30 | 30 | 30 | 30 |
| Colorado | 15 | 15 | 15 | 15 | 15 |
| Connecticut | 30 | 30 | 30 | 30 | 30 |
| Florida | 10 | 10 | 10 | 10 | 10 |
| Georgia | 10 | 10 | 10 | 10 | 10 |
| Hawaii | 11 | 11 | 11 | 11 | 11 |
| Illinois | 9 | 9 | 9 | 9 | 9 |
| Iowa | 11 | 11 | 11 | 11 | - |
| Kansas | 30 | 30 | 30 | 30 | 30 |
| Kentucky | n/a | n/a | 10 | 10 | 11 |
| Maine | n/a | 10 | 10 | 10 | 10 |
| Maryland | 16 | 16 | 16 | 16 | 16 |
| Massachusetts | 10 | 16 | 16 | 16 | 16 |
| Michigan | n/a | n/a | n/a | 30 | 30 |
| Minnesota | n/a | n/a | n/a | 10 | 10 |
| Missouri | 30 | 30 | 30 | 30 | 30 |
| Nebraska | n/a | n/a | n/a | 10 | 10 |
| Nevada | n/a | n/a | n/a | n/a | 15 |
| New Jersey | 10 | 10 | 10 | 10 | 10 |

| | | | | | |
|---|---|---|---|---|---|
| New York | 17 | 17 | 17 | 17 | 17 |
| North Carolina | n/a | n/a | 15 | 17 | 18 |
| Ohio | n/a | n/a | n/a | n/a | 15 |
| Oregon | 11 | 11 | 11 | 11 | 11 |
| Pennsylvania | 10 | 10 | 10 | 10 | 10 |
| Rhode Island | n/a | n/a | n/a | 12 | 12 |
| South Carolina | 10 | 10 | 10 | 12 | 12 |
| South Dakota | n/a | n/a | n/a | n/a | 11 |
| Tennessee | 10 | 10 | 10 | 10 | 10 |
| Texas | n/a | n/a | 10 | 10 | 10 |
| Utah | 10 | 10 | 10 | 10 | 10 |
| Vermont | n/a | n/a | n/a | 21 | 21 |
| Virginia | n/a | 10 | 10 | 10 | 10 |
| Washington | 10 | 10 | 10 | 10 | 11 |
| West Virginia | n/a | n/a | 10 | 10 | 10 |
| Wisconsin | 10 | 10 | 10 | 10 | 10 |

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

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DXn | Diagnosis | annnn | Diagnosis code |
| | | Blank | Missing |
| | | invl | Invalid: beginning with 1998 data, EDX02 |
| | | incn | Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03 |

**Arizona**

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

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

**California**

HIV Test Result Diagnoses

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

The following ICD-9-CM codes were affected:

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

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

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

Shriner's Hospitals

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

Psychiatric Diagnoses

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

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

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

E-Codes

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

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

**Hawaii**

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

**Illinois**

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

**Iowa**

Beginning in data year 2001, the Iowa Hospital Association prohibits the release of two types of discharges:

- HIV Infections (defined by MDC of 25) and
- Behavioral Health including chemical dependency care or psychiatric care (defined by a service code of BHV).

These discharges were not included in the source file provided to HCUP and are therefore not included in the HCUP files.

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

**Kentucky**

Prior to 2002, Kentucky reports one "cause of injury" E-codes as a separate variable. Beginning in June 2002, Kentucky reports two separate E-code fields. During HCUP processing, these separately reported E-codes were placed after the last non-missing secondary diagnosis.

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

**Maryland**

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

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

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

**Massachusetts**

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

**Minnesota**

Minnesota reports "cause of injury" E-codes in a separate variable. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

**Nebraska**

The Nebraska Hospital Association prohibits the release of discharge records for patients with HIV diagnoses. These discharges were not included in the source file provided to HCUP and are therefore not included in the HCUP files.

Nebraska reports one "cause of injury" E-code in a separate variable. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

**New Jersey**

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

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

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

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

**New Jersey**

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

- DXn was set to the original invalid five digit code,
- DXVn was set 0 to indicate a valid code,
- DCCHPR was set based on the stripped valid code, and

- DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601 may have been incorrectly assigned based on the stripped valid code.

## New York

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

## North Carolina

Beginning in 2002, North Carolina reports one "cause of injury" E-code. During HCUP processing, this separately reported E-code is placed after the last non-missing secondary diagnosis.

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

## Oregon

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

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

## Pennsylvania

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

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

that are valid ICD-9-CM codes but are flagged as invalid because they include null characters.

| Code | Frequency | Diagnosis |
|---|---|---|
| 1000 | 929 | Leptospirosis Icterohemmorrhagica |
| 2800 | 93 | Chronic Blood Loss Anemia |
| 5600 | 89 | Intussusception |
| 3200 | 81 | Hemophilus Meningitis |
| 5800 | 61 | Acute Proliferative Nephritis |
| 0600 | 48 | Sylvatic Yellow Fever |
| 6200 | 29 | Follicular Cyst of Ovary |
| 2400 | 24 | Simple Goiter |
| 1600 | 11 | Malignant Neoplasm of Nasal Cavities |
| 2100 | 8 | Benign Neoplasm of Lip |
| 3201 | 3 | Pneumococcal Meningitis |
| 3202 | 3 | Streptococcal Meningitis |
| 3208 | 2 | Bacterial Meningitis |
| 5400 | 2 | Acute Appendicitis with Peritonitis |
| 0601 | 1 | Urban Yellow Fever |
| 2801 | 1 | Iron Deficiency Anemic Dietary |
| 6205 | 1 | Torsion of Ovary |
| 6208 | 1 | Noninflammatory Disorders of Ovary |

## Rhode Island

Rhode Island reports "cause of injury" E-codes in a separate variable. During HCUP processing, this E-code was placed after the last non-missing diagnosis code.

## South Carolina

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

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

**South Carolina**

<u>E-codes</u>

Prior to data year 2001, one cause of injury E-code and one place of injury E-code may be missing from South Carolina discharges even though E-codes are present in the secondary diagnosis fields. Separate E-code fields that are collected by the data organization in South Carolina were not obtained for HCUP. Beginning in 2001, these separate E-code fields were obtained by HCUP.

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

**South Dakota**

South Dakota separately reports one "cause of injury" E-code and one "place of injury" E-code. During HCUP processing, these E-codes were placed after the last non-missing diagnosis code.

**Tennessee**

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

**Texas**

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

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

**Utah**

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

**Virginia**

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

**Vermont**

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

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

**Vermont**

Due to an error in HCUP processing, the separate "cause of injury" E-code was not included in the 2001 Vermont HCUP databases. This affects the four Vermont hospitals in the 2001 NIS. The four Vermont hospitals have 15,379 discharges (0.2% of the 2001 NIS ). We estimate that 21% of the Vermont discharges (approximately 3,200 discharges) are missing an E-code.

**Vermont**

In 2001, expect secondary diagnosis DX16 - DX21 to be blank. No more than 15 diagnoses were provided by the data source.

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

**Washington**

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

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

**West Virginia**

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

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

**Wisconsin**

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

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

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

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

| General Notes |
|---|

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

DXCCSn is coded as follows:

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

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

**Labels**

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

**Formats**

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DXCCSn | Clinical Classifications Software (CCS): diagnosis classification | 1-259 | CCS Diagnosis Codes |
| | | 260 | CCS E-code Class (1988-1997 data) |
| | | 2601-2621 | CCS E-code Class (beginning with 1998 data) |

| | | . | No diagnosis code |
|---|---|---|---|
| | | .A | Invalid diagnosis code: beginning with 1998 data, EDX02 |
| | | .C | Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03 |

**State Specific Notes**

*None*

# DXSYS - Diagnosis coding system

| General Notes |
|---|

DXSYS indicates the coding system for the diagnoses. For some sources, this information was available on the data record; for others, this information came from file documentation.  This data element was discontinued in 1998.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DXSYS | Diagnosis coding system | 1 | ICD-9-CM |
| | | . | Missing |
| | | .A | Invalid |

| State Specific Notes |
|---|

*None*

# DXVn - Diagnosis validity flag: Diagnosis n

| General Notes |
|---|

DXVn are validity flags that identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis, i.e., DXV1 is the validity flag for DX1.

The following are acceptable values for DXVn:

| | |
|---|---|
| 0 | indicates a valid and consistent diagnosis 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) diagnosis code. |
| .C | indicates that the code is inconsistent with the sex of the patient (ED1nn) or the patient's age (ED3nn or ED4nn). |

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| DXVn | Diagnosis validity flag: Diagnosis n | 0 | Valid code |
| | | 1 | Invalid code |
| | | . | No diagnosis code |
| | | .C | Inconsistent: in 1988 to 1997, ED1nn, ED3nn, ED4nn |

| State Specific Notes |
|---|

*None*

# ELECTIVE - Elective versus non-elective admission

ELECTIVE indicates whether the admission to the hospital was elective. This information was derived from the type of admission (ATYPE). If the admission type indicated an elective admission (ATYPE = 3), then ELECTIVE was set to 1. If the admission type was missing or invalid, then ELECTIVE is also missing or invalid.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| ELECTIVE | Elective versus non-elective admission | 0 | Non-elective admission |
| | | 1 | Elective admission |
| | | . | Missing |
| | | .A | Invalid |

## State Specific Notes

### California

ELECTIVE could not be derived from the admission type because that information was not provided by the data source. In California, ELECTIVE was assigned based on a data element that distinguished whether an admission was scheduled or unscheduled. If the admission was scheduled, then ELECTIVE was set to 1.

# FEMALE - Indicator of sex

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

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

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

## Uniform Values

| Variable | Description | Value | Value Description |
|---|---|---|---|
| FEMALE | Indicator of sex | 0 | Male |
| | | 1 | Female |
| | | . | Missing |
| | | .A | Invalid |
| | | .C | Inconsistent, EDX03, EPR03 |

## State Specific Notes

**Colorado**

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

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

**Utah**

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

Utah encrypts the patient gender for the following two conditions:

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

# HOSPID - HCUP hospital identification number

| General Notes |
|---|

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

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

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

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

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

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

The data element HOSPID is available in the Hospital file.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| HOSPID | HCUP hospital identification number | 5(n) | HCUP hospital identification number |
| | | Blank | Missing |

## State Specific Notes

*None*

# HOSPST - Hospital State postal code

| General Notes |
|---|

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

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| HOSPST | Hospital State postal code | aa | Hospital State postal code |

| State Specific Notes |
|---|

*None*

# HOSPSTCO - Hospital modified FIPS state/county code

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

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

HOSPSTCO is missing if the data source that contributed discharge data to the NIS prohibits the release of hospital identifiers.

| Uniform Values | | | |
|---|---|---|---|
| **Variable** | **Description** | **Value** | **Value Description** |
| HOSPSTCO | Hospital modified FIPS state/county code | 5(n) | Hospital modified FIPS State/County code |
| | | Blank | Missing |

**State Specific Notes**

*None*

# KEY - Unique record identifier

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

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

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

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

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

| Uniform Values | | | |
| --- | --- | --- | --- |
| **Variable** | **Description** | **Value** | **Value Description** |
| KEY | Unique record identifier | 14(n) | Unique record identifier |

| State Specific Notes |
| --- |

*None*

# LOS - Length of stay, cleaned

| General Notes |
| --- |

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

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

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

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

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

## State Specific Notes

### Arizona

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

### Colorado

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

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

### Connecticut

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

reported length of stay was 1 and the same-day flag is not coded, then LOS is set to 1 and not reset to 0).

**Florida**

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

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

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

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

**Georgia**

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

Prior to 2001, the reported length of stay was not used when LOS could not be calculated because Georgia coded same-day stays with a value of 1.

**Hawaii**

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

**Illinois**

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

**Iowa**

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

**Kansas**

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

**Kentucky**

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

**Maine**

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

**Massachusetts**

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

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

**Minnesota**

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

**Missouri**

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

**Nebraska**

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

**Nevada**

Only the calculated length of stay could be used to assign LOS because Nevada codes same day stays with a value of 1.

**New York**

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

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

- In the 1998-1999 data purchased from NTIS, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges. An updated version of the 1998-1999 data is available through the HCUP Central Distributor with LOS and LOS_X coded on the New York AIDS/HIV* records. The updated version has LOS and LOS_X calculated using the method described for the 2000 data.


  In the 1998-1999 data purchased from HCUP Central Distributor, the length of stay (LOS and LOS_X) in New York was calculated using the method described for the 2000 data.

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

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

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

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

**North Carolina**

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

**Ohio**

Only the calculated length of stay could be used to assign LOS because Ohio codes same day stays with a value of 1.

**Oregon**

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

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

**Pennsylvania**

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

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

**South Carolina**

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

**South Dakota**

Only the calculated length of stay could be used to assign LOS because South Dakota codes same day stays with a value of 1.

**Tennessee**

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

**Texas**

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

**Utah**

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

**Vermont**

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

**Washington**

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

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

**West Virginia**

Beginning in 2001, West Virginia provides LOS.

Prior to 2001, only the calculated length of stay was used to assign LOS because West Virginia did not provide the reported length of stay.

**Wisconsin**

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

# LOS_X - Length of stay, uncleaned

| General Notes |
|---|

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

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

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

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

## Arizona

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

## Colorado

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

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

## Connecticut

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

## Florida

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

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

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

- coded same-day stays with the value 1 and

- subtracted days of absence.

**Georgia**

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

Prior to 2001, the reported length of stay was not used when LOS_X could not be calculated because Georgia coded same-day stays with a value of 1.

**Hawaii**

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

**Illinois**

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

**Iowa**

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

**Kansas**

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

**Kentucky**

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

**Maine**

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

**Massachusetts**

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

- coded same-day stays with the value 1 and

- subtracted days of absence.

## Minnesota

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

## Missouri

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

## Nebraska

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

## Nevada

Only the calculated length of stay could be used to assign LOS_X because Nevada codes same day stays with a value of 1.

## New York

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

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

- In the 1998-1999 data purchased from NTIS, the length of stay (LOS and LOS_X) in New York was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges. An updated version of the 1998-1999 data is available through the HCUP Central Distributor with LOS and LOS_X coded on the New York AIDS/HIV* records. The updated version has LOS and LOS_X calculated using the method described for the 2000 data.

- In the 1998-1999 data purchased from HCUP Central Distributor, the length of stay (LOS and LOS_X) in New York was calculated using the method described for the 2000 data.

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

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

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

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

## North Carolina

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

## Ohio

Only the calculated length of stay could be used to assign LOS_X because Ohio codes same day stays with a value of 1.

## Oregon

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

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

## Pennsylvania

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

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

## South Carolina

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

## South Dakota

Only the calculated length of stay could be used to assign LOS_X because South Dakota codes same day stays with a value of 1.

## Tennessee

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

## Texas

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

## Utah

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

## Vermont

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

## Washington

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

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

## West Virginia

Beginning in 2001, West Virginia provides LOS_X.

Prior to 2001, only the calculated length of stay was used to assign LOS_X because West Virginia did not provide the reported length of stay.

**Wisconsin**

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