

Description of Data Elements
Kids' Inpatient Database (KID)
Core File
2003
Volume 2 - Data Elements
Beginning with letters M-Z

This document contains cumulative descriptions of data elements across all years of HCUP data from 1988 to the current data year. Some notes will not apply directly to the 2003 KID.

Not all data elements in the KID Core file 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 KID 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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MDC - MDC in effect on discharge date

General Notes

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

Labels

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

Uniform Values

Variable	Description	Value	Value Description
MDC	MDC in effect on discharge date	nn	MDC value

State Specific Notes

None

MDC18 - MDC, Version 18

General Notes

The Major Diagnostic Category, Version 18 (MDC18) is assigned by the HCFA DRG Grouper algorithm during HCUP processing. Refer to the notes for the data element DRG18 for complete details. MDC18 is available on the HCUP databases beginning in 1998.

Labels

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

Uniform Values

Variable	Description	Value	Value Description
MDC18	MDC, Version 18	nn	MDC value

State Specific Notes

None

MDNUM1_R - Physician 1 number (re-identified)

General Notes

MDNUM1_R is specific to physicians. If the physician identifier is based on a state license number or Universal Physician Identification Number (UPIN), then MDNUM1_R can be used to track a physician across hospitals. If the physician identifier is based on hospital-specific identifiers, then it can only be used to track physicians within a hospital. Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier refers to individual physicians or to groups. Refer to state-specific notes for more information about the type of physician identifiers provided by each state.

Because of a change in the algorithm for creating a masked physician number, physicians cannot be tracked from before 2003 to after 2003. In HCUP data prior to 2003, a synthetic physician number (MDNUM1_S prior to 2003 and MDID_S prior to 2001), created using fixed-key encryption, was available. Starting in data year 2003, a reidentification number (MDNUM1_R) was used. MDNUM1_R includes an arbitrarily chosen, identifying number that is unique to the physician identifier provided to HCUP.

Uniform Values

Variable	Description	Value	Value Description
MDNUM1_R	Physician 1 number (re-identified)	9(n)	Physician identifier
		.	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the primary procedure is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

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

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

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the principal procedure is provided in MDNUM2_R.

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

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Caution should be used when tracking physicians across 2003. The physician identifiers supplied by the data source do not conform to the documented pattern. Not all identifiers included a two-character prefix, and not all had the same length.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R.
2. Physician that performed the principal procedure is provided in MDNUM2_R.
3. Admitting physician is provided in MDNUM3_R.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI). Source documentation describes strict assignment and verification rules for this field. The provided physician identifiers are encrypted during HCUP processing.

Minnesota

In Minnesota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Other physician in MDNUM2_R, and
3. Second other physician in MDNUM3_R.

The physician identifiers may not accurately track physicians within and across hospitals. Minnesota provides a combination of Universal Physician Identification Number (UPIN), state license numbers, and hospital-specific numbers. During HCUP processing, this number is encrypted.

Missouri

In Missouri, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Primary surgeon is provided in MDNUM2_R.

Physician identification number may not accurately track physicians within and across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers. According to the source, the majority of physician identifiers are UPINs. The provided physician identifiers are encrypted during HCUP processing.

Nebraska

In Nebraska, two physician identifiers are available:

1. Primary physician is provided in MDNUM1_R and
2. Secondary physician in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to code Universal Physician Numbers (UPINs) as an identifier, but some hospitals continue to use the Professional State License Number.

New Hampshire

In New Hampshire, four types of physician identifiers are available:

1. Attending physician is provided in MDNUM1
2. Operating physician number 1 is provided in MDNUM2
3. Operating physician number 2 is provided in MDNUM3
4. Operating physician number 3 is provided in MDNUM4

Physician identification numbers can be used to track physicians within and across hospitals. New Hampshire reports the Universal Physician Identification Number (UPIN). During HCUP processing, this number is re-identified to protect the confidentiality of the physician.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Surgeon is provided in MDNUM2_R

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
1988-93	New Jersey state license numbers
1994-95	Universal Physician Identification Numbers (UPINs)
Beginning in 1996	New Jersey state license numbers.

Nevada

In Nevada, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R, and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Nevada provides the physician's state license number. During HCUP processing, this number is encrypted.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

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

The provided physician identifiers are encrypted during HCUP processing.

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

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

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

Oregon

In Oregon, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification numbers may not accurately track physicians across hospitals. Beginning in the 1997 data files, Oregon supplied the physician identifier number. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice. During HCUP processing, the physician identifiers were encrypted.

Rhode Island

In Rhode Island, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Principal surgeon is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. Rhode Island provides blinded, hospital-specific numbers that cannot be linked to individual physicians. During HCUP processing, the provided physician identifiers are encrypted.

South Carolina

In South Carolina, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Carolina reports six-character state license numbers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

South Dakota

In South Dakota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R

2. Physician who performed the principal procedure is provided in MDNUM2_R
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Dakota provides the Universal Physician Identification Numbers (UPINs).

Tennessee

In Tennessee, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification number may not accurately track physicians within and across hospitals. Tennessee collects two different types of physician identifiers from hospitals: Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Texas

In Texas, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R (not available in 2001).

Physician identification numbers can be used to track physicians within and across hospitals. Texas provides the state license numbers. During HCUP processing, the provided physician identifiers are encrypted.

Virginia

In Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the first procedure is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, the reported physician identifiers are encrypted.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

MDNUM2_R - Physician 2 number (re-identified)

General Notes

MDNUM2_R is specific to physicians. If the physician identifier is based on a state license number or Universal Physician Identification Number (UPIN), then MDNUM2_R can be used to track a physician across hospitals. If the physician identifier is based on hospital-specific identifiers, then it can only be used to track physicians within a hospital. Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier refers to individual physicians or to groups. Refer to state-specific notes for more information about the type of physician identifiers provided by each state.

Because of a change in the algorithm for creating a masked physician number, physicians cannot be tracked from before 2003 to after 2003. In HCUP data prior to 2003, a synthetic physician number (MDNUM2_S prior to 2003 and SURGID_S prior to 2001), created using fixed-key encryption, was available. Starting in data year 2003, a reidentification number (MDNUM2_R) was used. MDNUM2_R includes an arbitrarily chosen, identifying number that is unique to the physician identifier provided to HCUP.

Uniform Values

Variable	Description	Value	Value Description
MDNUM2_R	Physician 2 number (re-identified)	9(n)	Physician identifier
		.	Missing

State Specific Notes

Arizona

In Arizona two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the primary procedure is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals for the following reasons:

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

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

Colorado

In Colorado two types of physician identifiers are available:

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2. Physician that performed the principal procedure is provided in MDNUM2_R.

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

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
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Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Caution should be used when tracking physicians across 2003. The physician identifiers supplied by the data source do not conform to the documented pattern. Not all identifiers included a two-character prefix, and not all had the same length.

Iowa

In Iowa three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R.
2. Physician that performed the principal procedure is provided in MDNUM2_R.
3. Admitting physician is provided in MDNUM3_R.

Physician identification numbers may be used to track physicians within and across hospitals. Iowa reports Universal Physician Identification Numbers (UPINs). The provided physician identifiers are encrypted during HCUP processing.

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In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI). Source documentation describes strict assignment and verification rules for this field. The provided physician identifiers are encrypted during HCUP processing.

Minnesota

In Minnesota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Other physician in MDNUM2_R, and
3. Second other physician in MDNUM3_R.

The physician identifiers may not accurately track physicians within and across hospitals. Minnesota provides a combination of Universal Physician Identification Number (UPIN), state license numbers, and hospital-specific numbers. During HCUP processing, this number is encrypted.

Missouri

In Missouri, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Primary surgeon is provided in MDNUM2_R.

Physician identification number may not accurately track physicians within and across hospitals. Missouri accepts Universal Physician Identification Numbers (UPINs), state license numbers, and hospital-assigned physician identification numbers. According to the source, the majority of physician identifiers are UPINs. The provided physician identifiers are encrypted during HCUP processing.

Nebraska

In Nebraska, two physician identifiers are available:

1. Primary physician is provided in MDNUM1_R and
2. Secondary physician in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to code Universal Physician Numbers (UPINs) as an identifier, but some hospitals continue to use the Professional State License Number.

New Hampshire

In New Hampshire, four types of physician identifiers are available:

1. Attending physician is provided in MDNUM1
2. Operating physician number 1 is provided in MDNUM2
3. Operating physician number 2 is provided in MDNUM3
4. Operating physician number 3 is provided in MDNUM4

Physician identification numbers can be used to track physicians within and across hospitals. New Hampshire reports the Universal Physician Identification Number (UPIN). During HCUP processing, this number is re-identified to protect the confidentiality of the physician.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Surgeon is provided in MDNUM2_R

Physician identification numbers may not accurately track physicians within and across hospitals. During HCUP processing, physician identifiers are encrypted. The coding of the physician identification number varies across years:

Year	Physician Identifier
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Beginning in 1996	New Jersey state license numbers.

Nevada

In Nevada, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R, and
2. Operating physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Nevada provides the physician's state license number. During HCUP processing, this number is encrypted.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

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

The provided physician identifiers are encrypted during HCUP processing.

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

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

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

Oregon

In Oregon, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification numbers may not accurately track physicians across hospitals. Beginning in the 1997 data files, Oregon supplied the physician identifier number. Oregon encourages hospitals to use Universal Physician Identification Numbers (UPINs), but not all hospitals do. Information was not available from the data source about the prevalence of this practice. During HCUP processing, the physician identifiers were encrypted.

Rhode Island

In Rhode Island, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Principal surgeon is provided in MDNUM2_R.

Physician identification numbers may not accurately track physicians across hospitals. Rhode Island provides blinded, hospital-specific numbers that cannot be linked to individual physicians. During HCUP processing, the provided physician identifiers are encrypted.

South Carolina

In South Carolina, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Carolina reports six-character state license numbers. When the source values were shorter than six characters, the HCUP value was padded to bring it into conformity with South Carolina's format before the value was encrypted.

South Dakota

In South Dakota, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R

2. Physician who performed the principal procedure is provided in MDNUM2_R
3. Other physician is provided in MDNUM3_R.

Physician identification numbers can be used to track physicians within and across hospitals. South Dakota provides the Universal Physician Identification Numbers (UPINs).

Tennessee

In Tennessee, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. 1st other physician is provided in MDNUM2_R, and
3. 2nd other physician is provided in MDNUM3_R.

Physician identification number may not accurately track physicians within and across hospitals. Tennessee collects two different types of physician identifiers from hospitals: Universal Physician Identification Numbers (UPINs) and state license numbers. The provided physician identifiers are encrypted during HCUP processing.

Texas

In Texas, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R,
2. Operating physician is provided in MDNUM2_R, and
3. Other physician is provided in MDNUM3_R (not available in 2001).

Physician identification numbers can be used to track physicians within and across hospitals. Texas provides the state license numbers. During HCUP processing, the provided physician identifiers are encrypted.

Virginia

In Virginia, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Physician that performed the first procedure is provided in MDNUM2_R.

Physician identification numbers can be used to track physicians within and across hospitals. Virginia reports Universal Physician Identification Numbers (UPINs). During HCUP processing, the reported physician identifiers are encrypted.

Washington

In Washington, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_R and
2. Other physician is provided in MDNUM2_R.

Physician identification numbers do not accurately track physicians within and across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPINs), and DOH/HPQAD license numbers as physician identifiers. During HCUP processing, the physician identifiers are encrypted.

NDX - Number of diagnoses on this discharge

General Notes

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

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

Uniform Values

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

State Specific Notes

None

NEcode - Number of E codes on this record

General Notes

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

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

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

Uniform Values

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

State Specific Notes

None

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

General Notes

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

Uniform Values

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

State Specific Notes

None

NPR - Number of procedures on this discharge

General Notes

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

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

Uniform Values

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

State Specific Notes

None

PAY1 - Expected primary payer, uniform

General Notes

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

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

In the 1988-1997 data, the data element PAY1_N provides more detailed categories for private insurance and other payers. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

The HCUP data element PAY1_X retains the expected primary payer as provided by the data source. The State Specific Notes for PAY1 include information on how the source values contained in the PAY1_X are recoded into the HCUP uniform values of PAY1.

If information on secondary or tertiary payers is provided by the data source, the coding of the associated HCUP variables (PAY2, PAY2_X, and PAY3_X) is included under the State Specific Notes for PAY1.

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

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

State Specific Notes

Arizona

Arizona			
(Valid beginning 2003)			
PAY1_X		PAY1	
Value	Description	Value	Description
05, 5	Medicare	1	Medicare
11	Medicare Risk		
06	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group/ Medicaid	2	Medicaid
01	Commercial (Indemnity)	3	Private Insurance
02	HMO		
03, 3	PPO		
04	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group (for the self employed, small businesses (under 50 employees), and the uninsured employees of political subdivisions)		
00	Self pay	4	Self pay
12	Charity	5	No charge
07	CHAMPUS/MEDEXCEL	6	Other
08	Children's Rehab Services		
09	Worker's Compensation		
10	Indian Health Services		
13	Foreign National		
14	Other		
15	Tobacco Tax (beginning in 1998)		
Blank, 99	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

California

California			
(Valid beginning in 1999)			
PAY1_X		PAY1	
Value	Description	Value	Description
010	Medicare	1	Medicare
011	Medicare (HMO)	1	Medicare
012	Medicare (Managed care - Other)	1	Medicare
013	Medicare (fee for service)	1	Medicare
020	Medi-Cal	2	Medi-Cal
021	Medi-Cal (HMO)	2	Medi-Cal
022	Medi-Cal (Managed care - Other)	2	Medi-Cal
023	Medi-Cal (fee for service)	2	Medi-Cal
030	Private Coverage	3	Private insurance
031	Private Coverage (HMO)	3	Private insurance
032	Private Coverage (Managed care - Other)	3	Private insurance
033	Private Coverage (fee for service)	3	Private insurance
08n, where n=0-3	Self-pay	4	Self-pay
--		5	No charge
04n, where n=0-3	Worker's Compensation	6	Other
05n, where n=0-3	County Indigent Programs		
06n, where n=0-3	Other Government		
07n, where n=0-3	Other Indigent (includes charity care)		
09n, where n=0-3	Other		
0, 000	Not reported	.	Missing
Any values not documented by the data source		.A	Invalid
The <u>first two digits</u> of PAY1_X describes the payer category (e.g.,			

Medicare (01), Medi-Cal (02), Private coverage (03), Workers' Compensation (04), County Indigent Programs (05), Other Government (06), Other Indigent (07), Self Pay (08), and Other Payer (09)).

The third digit of PAY1_X describes the type of coverage (e.g., Knox-Keene (HMO)* or Medi-Cal County Organized Health Systems (MCOHS) plan (1), Managed Care Other (PPO, IPO, POS, etc.) (2), traditional coverage (fee for service) (3), and type of coverage not considered applicable to the payer category (0).

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

Colorado

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

Connecticut

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

Florida

Florida			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
A	Medicare	1	Medicare
B	Medicare HMO	1	Medicare

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

Georgia

Georgia			
(Valid beginning in 1998)			
PAY1_X, PAY2_X, PAY3_X		PAY1, PAY2, PAY3	
Value	Description	Value	Description
M	Medicare	1	Medicare
U	Medicare Managed Care	1	Medicare
D	Medicaid	2	Medicaid
A	Medicaid Managed Care	2	Medicaid
F	Medicaid Applicants	2	Medicaid
G	Georgia Better Health	2	Medicaid
B	Blue Cross/Blue Shield	3	Private Insurance

H	HMO	3	Private Insurance
I	Commercial Insurance	3	Private Insurance
K	Other Non-Specific Managed Care	3	Private Insurance
X	PPO	3	Private Insurance
6	POS (Point of Service)	3	Private Insurance
P	Self-pay	4	Self-pay
--		5	No charge
C	Champus	6	Other
E	County or State (Prior to 2001)		
E	Peachcare for Kids (Beginning in 2002 data)		
N	Other Government Assistance		
W	Workers Compensation		
O, S, Y, Z, 8, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Hawaii

Hawaii			
(Valid beginning in 2003)			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare	1	Medicare
18	HMSA 65C+		
19	Kaiser 65C+		
2	Medicaid	2	Medicaid
13	Hawaii QUEST (managed care)		
15	AlohaCare (plan participating in QUEST)		
14	HMSA's Health Plan Hawaii	3	Private Insurance
16	Hawaii Management Alliance Association (HMAA)		

17	University Health Alliance (UHA)		
4	HMSA (any other HMSA plan)		
5	Kaiser		
6	Other Insurance		
8	No Fault		
7	Self pay	4	Self pay
--		5	No charge
9	Worker's Compensation		
10	CHAMPUS/VA/Other Government	6	Other
12	Department of Defense		
11, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Illinois

Illinois			
(Valid beginning in 1998)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
A98910	Medicare	1	Medicare
B98916	Illinois Medicaid	2	Medicaid
B98917	Other Medicaid	2	Medicaid
Cnnn, where nnn is a 3-digit number	Blue Cross Insurance	3	Private Insurance
Cnnnnnnnnn, where nnnnnnnnn is a 9-digit number	Commercial Insurance (may include TPA and Worker's Compensation coverage)	3	Private Insurance
C98920	Other Commercial Insurance	3	Private Insurance
Dnnnnnnnnn, where nnnnnnnnn is a 9-digit number	Commercial HMO	3	Private Insurance
Ennnnnnnnn, where nnnnnnnnn is a 9-digit number	Self-administered or Self-insured plans	3	Private Insurance
E98930	Other Self-administered or Self-insured plans	3	Private Insurance

F98918	Self-pay	4	Self-pay
H98912	Charity	5	No charge
H98913	Hill Burton Free Care		
H98911	Black Lung	6	Other
H98914	CHAMPUS		
H98915	CHAMPVA		
H98919	Miscellaneous		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

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

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

Indiana

Indiana			
(Valid beginning in 2003)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
4	Commercial Insurance	3	Private Insurance
5	Managed Care		

6	Self-pay	4	Self-pay
--		5	No charge
3	Other/Government	6	Other
7	Other/Unknown		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa

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

Kansas

Kansas			
(Valid beginning in 2003)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
001	Medicare	1	Medicare

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

Kentucky

Kentucky			
PAY1_X, PAY2_X, PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
C	Medicare	1	Medicare
D	Medicaid	2	Medicaid
F	Commercial - Insurance Company	3	Private insurance
G	Commercial - Blue Cross/Blue Shield	3	Private insurance
J	Commercial - Indemnity	3	Private insurance
K	Commercial - Preferred Provider	3	Private insurance

L	Commercial - HMO	3	Private insurance
M	Commercial - Managed Care	3	Private insurance
A	Self Pay	4	Self-pay
--		5	No charge
B	Workers' Compensation	6	Other
E	Other Federal programs		
H	Champus		
I	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Maryland

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

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

Massachusetts

Massachusetts			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
3	Medicare	1	Medicare
F	Medicare Managed Care	1	Medicare
4	Medicaid	2	Medicaid
B	Medicaid Managed Care	2	Medicaid
6	Blue Cross	3	Private Insurance
C	Blue Cross Managed Care		
7	Commercial Insurance		
D	Commercial Managed Care		
8	HMO		
E	PPO and Other Managed Care not listed elsewhere		
J	Point of Service Plan		
K	Exclusive Provider Plan		
T	Auto Insurance		
1	Self-pay	4	Self-pay
9	Free care (no charge)	5	No charge
2	Worker's Compensation	6	Other
5	Other government payment		
0	Other non-managed care plans		
N, Blank	None, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Michigan

Michigan			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare, including Medicare managed care	1	Medicare
02	Medicaid, including Medicaid managed care	2	Medicaid
06	Blue Cross/Blue Shield	3	Private insurance
07	Other commercial insurance company	3	Private insurance
09	Managed care or other	3	Private insurance
08	Self-pay	4	Self-pay
10	No charge	5	No charge
03	Title V	6	Other
04	Other government source		
05	Worker's Compensation		
00, Blank	Missing or invalid	.	Missing
Any values not documented by the data source		.A	Invalid

Minnesota

Minnesota			
(Valid beginning in 1995)			
PAY1_X, PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
2000000	Medicare	1	Medicare
6000003	Blue Cross, Medicare		
6000103	Blue Cross, MN, Medicare		
6009903	Blue Cross, Non-MN, Medicare		
7000102	Medica - Choice, Medicare		
7000202	Group Health, Medicare		
7000402	Medica - Primary, Medicare		
7000502	MedCenters, Medicare		

7000602	UCare, Medicare		
7000702	Blue Plus, Medicare		
7001002	Health Partners, Medicare		
7001402	Altru Health Plan, Medicare		
7001502	Sioux Valley, Medicare		
7000902	Blue Cross HMO, Medicare		
7009902	Other HMO, Medicare		
8000302	SelectCare, Medicare		
8000402	Preferred One, Medicare		
8000502	ARAZ, Medicare (formerly Ethix Midwest; also known as America's PPO)		
8000902	Blue Cross PPO, Medicare		
8001502	LaborCare PPO, Medicare		
8009902	Other PPO, Medicare		
3000000	Medicaid	2	Medicaid
3000001	Medicaid Pending		
3000100	Medicaid, Minnesota		
3000101	Pending, MN, Medicaid		
3000200	Medicaid, Wisconsin		
3000201	Medicaid, Wisconsin, Pending		
7000301	Ramsey Care, Medicaid		
3000900	Medicaid, South Dakota		
3001000	Medicaid, North Dakota		
3001100	Medicaid, Iowa		
3009900	Medicaid, Other		
3009901	Medicaid, Other, Pending Eligible		
7000101	Medica - Choice, Medicaid		
7000201	Group Health, Medicaid		
7000401	Medica - Primary, Medicaid		
7000501	MedCenters, Medicaid		
7000601	Ucare, Medicaid		
7000701	Blue Plus, Medicaid		
7000801	Metro. Health Plan, Medicaid		
7000901	Blue Cross HMO, Medicaid		
7009901	Unidentified HMO, Medicaid		

7001001	Health Partners, Medicaid		
7001201	Northwest National Life (NWNL) Health Network, Medicaid		
7001301	First Plan HMO, Medicaid		
7001401	Altru Health Plan, Medicaid		
7001501	Sioux Valley, Medicaid		
7009901	Other HMO, Medicaid		
8000301	SelectCare, Medicaid		
8000401	Preferred One, Medicaid		
8000901	Blue Cross PPO, Medicaid		
8001001	Medica Choice PPO, Medicaid		
8001501	LaborCare PPO, Medicaid		
8009901	Other PPO, Medicaid		
5000000	Commercial	3	Private insurance
5009900	Commercial		
5009901	Commercial (Regina)		
6000000	Blue Cross		
6000001	Blue Cross, Aware		
6000100	Blue Cross, MN		
6000101	Blue Cross, MN, Aware		
6000102	Blue Cross, Preferred Gold		
6009900	Blue Cross, Non-MN		
6009901	Blue Cross, Non-MN Aware		
7000000	Other HMO		
7000100	Medica - Choice		
7000200	Group Health		
7000300	Ramsey Health		
7000400	Medica - Primary		
7000500	MedCenters		
7000600	Ucare		
7000700	Blue Plus		
7000800	Metro. Health Plan		
7000900	Blue Cross HMO		
7000900	Unidentified HMO		
7001000	Health Partners		

7001200	Northwest National Life (NWNL) Health Network		
7001300	First Plan HMO		
7001400	Altru Health Plan		
7001500	Sioux Valley		
7009900	Other HMO		
8000000	Other PPO		
8000300	SelectCare		
8000320	SelectCare, Union		
8000400	Preferred One		
8000500	ARAZ, Union (formerly, Ethix Midwest; also known as America's PPO)		
8000520	ARAZ (formerly Ethix Midwest; also known as America's PPO)		
8000600	Aetna PPO		
8000700	Group Health PPO		
8000800	HealthEast Care, Inc.		
8000900	Blue Cross PPO		
8001000	Medica Choice PPO		
8001020	Medica, Union		
8001200	Northwest National Life (NWNL) PPO		
8002300	Private Health Care System		
8001400	Prudential Plus		
8001500	LaborCare PPO		
8001520	LaborCare PPO, Union		
8500100	Self Insured, Choice Plus		
8509900	Other Self Insured		
8009900	Other PPO		
8009920	Other PPO, union		
9001000	Other, Self-Insured Co.		
9002000	Other, Unions		
1000000	Self-Pay		
1000100	Self-Pay	4	Self-Pay
1000200	Self-Pay, No Charge		
--	--	5	No charge
3060000	Minnesota Care	6	Other

3060100	Minnesota Care		
4000000	Other Government		
4000100	Title V		
4000200	Worker's Comp		
4000300	CHAMPUS		
4000400	MN Comp. Health Care		
4000500	General Assistance Medical Care (GAMC)/GA/Welfare		
4000600	Aid to Families with Dependent Children (AFDC)		
4000700	Children's Health Plan		
4009900	Other Govt., Other		
7000103	Medica - Choice, GAMC		
7000303	Ramsey Care, GAMC, etc.		
7000603	Ucare, GAMC, etc.		
7000703	Blue Plus, GAMC, etc.		
7000803	Metro. Health Plan, GAMC, etc.		
7001003	Health Partners, GAMC, etc.		
7009903	Other HMO, GAMC/GA/Welfare		
9000000	Other		
9009900	Other		
Blank	Missing		
8888888	Missing/Unknown (or insurance master)	.	Missing
9999999	Missing/Unknown (not on insurance master)	.	Missing
Any values not documented by the data source		.A	Invalid

Missouri

Missouri			
(Valid beginning in 1995)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
04	Blue Cross/Blue Shield	3	Private Insurance

07	Commercial/Private Insurance		
06	Self-pay	4	Self-pay
08	No charge (charity)	5	No charge
03	Maternal and Child Health	6	Other
05	Worker's Compensation		
09	Other government (CHAMPUS)		
10	Other		
99, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on HMO and PPO providers is not provided.			

Nebraska

Nebraska			
PAY1_X, PAY2_X and PAY3_X		PAY1	
Value	Description	Value	Description
02	Medicare	1	Medicare
04	Medicaid	2	Medicaid
12	Medicaid		
01	Commercial Insurance	3	Private Insurance
03	Commercial Insurance		
08	Commercial Insurance		
11	Commercial Insurance		
13	Commercial Insurance		
14	Commercial Insurance		
09	Self-pay	4	Self-pay
--	--	5	No charge
05	Worker's Compensation	6	Other
06	Champus/Champva		
07	Other Federal and State Programs		
10	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Nevada

Nevada			
PAY1_X and PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
10	Medicare	1	Medicare
16	Nevada Medicaid	2	Medicaid
17	Other Medicaid		
20	Commercial Insurer	3	Private insurance
21	Negotiated Discounts e.g. Preferred Provider Organization (PPO)		
22	Health Maintenance Organization (HMO)		
25	Nevada Blue Cross/Blue Shield (BC)		
26	Other Blue Cross/Blue Shield (BS)		
18	Self Pay	4	Self-pay
12	Charity	5	No charge
6	Black Lung	6	Other
13	Hill-Burton Free Care (HBFC)		
14	CHAMPUS (or successor)		
15	CHAMPVA (or successor)		
19	Miscellaneous - does not fit any of the other categories. This field covers insurers that are not licensed to sell insurance in Nevada		
23	County Indigent Referral (those already qualified for, or being referred to, the County Indigent program)		
24	State Industrial Insurance System (SIIS)		
99, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Hampshire

New Hampshire			
PAY1_X		PAY1	
Value	Description	Value	Description
3	Medicare	1	Medicare

10	Medicare Managed Care		
4	Medicaid	2	Medicaid
11	Medicaid Managed Care		
5	HMO	3	Private Insurance
7	Blue Cross		
8	Commercial insurance		
1	Self-Pay	4	Self-pay
--		5	No charge
2	Worker's Compensation	6	Other
6	Other government		
9	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Jersey

New Jersey			
(Valid beginning in 1998)			
PAY1_X and PAY2_X and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
011	Title XVII (Medicare) Part A	1	Medicare
015	Title XVII (Medicare) Unspecified	1	Medicare
017	Title XVII (Medicare) Part B - Physician Charges	1	Medicare
012	Title XIX (Medicaid)	2	Medicaid
010	Blue Cross Plan: Unspecified	3	Private Insurance
020	Blue Cross Plan: Arkansas	3	Private Insurance
022	Blue Cross Plan: New Jersey - FEP	3	Private Insurance
025	Blue Cross Plan: New Jersey - Garden State	3	Private Insurance
026	Blue Cross Plan: New Jersey - Host	3	Private Insurance
029	Blue Cross Plan: Other Blue Cross	3	Private Insurance

030	Blue Cross Plan: Arizona	3	Private Insurance
040	Blue Cross Plan: California - all other groups	3	Private Insurance
041	Blue Cross Plan: Oakland (CA) (1994 only)	3	Private Insurance
042	Blue Cross Plan: San Francisco (CA) (1994 only)	3	Private Insurance
050	Blue Cross Plan: Unspecified	3	Private Insurance
060	Blue Cross Plan: Unspecified	3	Private Insurance
070	Blue Cross Plan: Delaware	3	Private Insurance
080	Blue Cross Plan: Unspecified	3	Private Insurance
090	Blue Cross Plan: Florida	3	Private Insurance
100	Blue Cross Plan: Columbus (GA) (1994 only)	3	Private Insurance
101	Blue Cross Plan: Georgia - all other groups	3	Private Insurance
110	Blue Cross Plan: Idaho	3	Private Insurance
121	Blue Cross Plan: Illinois	3	Private Insurance
130	Blue Cross Plan: Unspecified	3	Private Insurance
140	Blue Cross Plan: Iowa - all other groups	3	Private Insurance
141	Blue Cross Plan: Sioux City (IA) (1994 only)	3	Private Insurance
150	Blue Cross Plan: Unspecified	3	Private Insurance
160	Blue Cross Plan: Kentucky	3	Private Insurance
170	Blue Cross Plan: Louisiana	3	Private Insurance
180	Blue Cross Plan: Maine	3	Private Insurance

190	Blue Cross Plan: Unspecified	3	Private Insurance
200	Blue Cross Plan: Unspecified	3	Private Insurance
210	Blue Cross Plan: Unspecified	3	Private Insurance
220	Blue Cross Plan: Minnesota	3	Private Insurance
230	Blue Cross Plan: Mississippi	3	Private Insurance
240	Blue Cross Plan: Missouri - Kansas City	3	Private Insurance
241	Blue Cross Plan: Unspecified	3	Private Insurance
250	Blue Cross Plan: Montana	3	Private Insurance
260	Blue Cross Plan: Nebraska	3	Private Insurance
265	Blue Cross Plan: Nevada	3	Private Insurance
270	Blue Cross Plan: New Hampshire	3	Private Insurance
280	Blue Cross Plan: New Jersey - all other groups	3	Private Insurance
281	Blue Cross Plan: New Jersey - Non-Group Line of Business	3	Private Insurance
290	Blue Cross Plan: Unspecified	3	Private Insurance
300	Blue Cross Plan: Albany (NY) (1994 only)	3	Private Insurance
301	Blue Cross Plan: New York - Buffalo	3	Private Insurance
303	Blue Cross Plan: New York - New York	3	Private Insurance
304	Blue Cross Plan: New York - Rochester	3	Private Insurance
305	Blue Cross Plan: New York - Syracuse	3	Private Insurance
306	Blue Cross Plan: New York - Utica	3	Private Insurance

307	Blue Cross Plan: Watertown (NY) (1994 only)	3	Private Insurance
308	Blue Cross Plan: Part A only (NY) (1994 only)	3	Private Insurance
310	Blue Cross Plan: North Carolina	3	Private Insurance
320	Blue Cross Plan: North Dakota	3	Private Insurance
331	Blue Cross Plan: Canton (OH) (1994 only)	3	Private Insurance
332	Blue Cross Plan: Ohio - Cincinnati	3	Private Insurance
333	Blue Cross Plan: Ohio - Cleveland	3	Private Insurance
334	Blue Cross Plan: Columbus (OH) (1994 only)	3	Private Insurance
335	Blue Cross Plan: Lima (OH) (1994 only)	3	Private Insurance
337	Blue Cross Plan: Toledo (OH) (1994 only)	3	Private Insurance
338	Blue Cross Plan: Youngstown (OH) (1994 only)	3	Private Insurance
340	Blue Cross Plan: Unspecified	3	Private Insurance
350	Blue Cross Plan: Oregon	3	Private Insurance
351	Blue Cross Plan: Portland	3	Private Insurance
360	Blue Cross Plan: Allentown (PA) (1994 only)	3	Private Insurance
361	Blue Cross plan: Unspecified	3	Private Insurance
362	Blue Cross Plan: Pennsylvania - Philadelphia	3	Private Insurance
363	Blue Cross plan: Unspecified	3	Private Insurance
364	Blue Cross plan: Unspecified	3	Private Insurance
370	Blue Cross plan: Rhode Island	3	Private Insurance

380	Blue Cross plan: South Carolina	3	Private Insurance
390	Blue Cross Plan: Unspecified	3	Private Insurance
392	Blue Cross Plan: Tennessee - Memphis	3	Private Insurance
400	Blue Cross plan: Unspecified	3	Private Insurance
410	Blue Cross plan: Utah	3	Private Insurance
415	Blue Cross plan: Vermont	3	Private Insurance
423	Blue Cross plan: Virginia - all other groups	3	Private Insurance
424	Blue Cross Plan: Roanoke (VA) (1994 only)	3	Private Insurance
430	Blue Cross Plan: Alaska/Washington	3	Private Insurance
441	Blue Cross Plan: Charleston (WV) (1994 only)	3	Private Insurance
443	Blue Cross Plan: Unspecified	3	Private Insurance
444	Blue Cross Plan: Wheeling (WV) (1994 only)	3	Private Insurance
450	Blue Cross Plan: Wisconsin	3	Private Insurance
460	Blue Cross Plan: Wyoming	3	Private Insurance
470	Blue Cross Plan: Puerto Rico	3	Private Insurance
471	Blue Cross Plan: Hawaii - all other groups	3	Private Insurance
865	Blue Cross Plan: Pennsylvania - Unspecified	3	Private Insurance
932	Blue Cross Plan: Seattle (WA/AK) (1994 only)	3	Private Insurance
936	Blue Cross Plan: Spokane (WA/AK) (1994 only)	3	Private Insurance
971	Blue Cross Plan: Blue Shield (HI) (1994 only)	3	Private Insurance

105	Commercial: Aetna	3	Private Insurance
106	Commercial: Unspecified	3	Private Insurance
107	Commercial: AARP (effective 4/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Unspecified	3	Private Insurance
125	Commercial: Unspecified	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Unspecified	3	Private Insurance
155	Commercial: Unspecified	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Unspecified	3	Private Insurance
175	Commercial: Unspecified	3	Private Insurance
181	Commercial: Unspecified	3	Private Insurance
185	Commercial: New Jersey Auto Dealers Association	3	Private Insurance
186	Commercial: Unspecified	3	Private Insurance
187	Commercial: Mutual Life of New York	3	Private Insurance

188	Commercial: Unspecified	3	Private Insurance
189	Commercial: Unspecified	3	Private Insurance
191	Commercial: Lincoln National	3	Private Insurance
192	Commercial: New Jersey Turnpike Authority	3	Private Insurance
193	Commercial: Rasmussen	3	Private Insurance
194	Commercial: Inter County Health Plan	3	Private Insurance
195	Commercial: Unspecified	3	Private Insurance
196	Commercial: Leader Administrators	3	Private Insurance
197	Commercial: Unspecified	3	Private Insurance
198	Commercial: Unspecified	3	Private Insurance
199	Commercial: Other Commercial Insurance	3	Private Insurance
032	HMO: Americaid Inc. (effective 11/96)	3	Private Insurance
033	HMO: Unspecified	3	Private Insurance
034	HMO: United Health Care (Effective 8/96)	3	Private Insurance
035	HMO: MEDI-Group, Inc. (HMO Blue) (effective 11/95)	3	Private Insurance
036	HMO: Unspecified	3	Private Insurance
037	HMO: Mission Health Plans (effective 8/97)	3	Private Insurance
043	HMO: Crossroads Health Plan (1994 only)	3	Private Insurance
044	HMO: Cumberland Regional Health Plan (1994 only)	3	Private Insurance
045	HMO: Unspecified	3	Private Insurance

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

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

076	Miscellaneous: Unspecified	3	Private Insurance
091	Miscellaneous: Unspecified	3	Private Insurance
093	Miscellaneous: MAGNET (Magna Care) (effective 1/95)	3	Private Insurance
096	Miscellaneous: QualCare (effective 1/95)	3	Private Insurance
309	No Fault: Unspecified	3	Private Insurance
311	No Fault: Unspecified	3	Private Insurance
315	No Fault: Unspecified	3	Private Insurance
399	No Fault: Other	3	Private Insurance
095	Miscellaneous: Indigent	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Miscellaneous: Unspecified	5	No charge
014	Champus	6	Other
016	Other		
092	Miscellaneous: Personal Health Program		
099	Miscellaneous: Other		
018	New Jersey State Health Benefits Plan		
019	Unspecified		
013	Unspecified		
205	Worker's Compensation: Unspecified		
211	Worker's Compensation: Insurance Company of North America		
215	Worker's Compensation: Unspecified		
221	Worker's Compensation: Employers Mutual		
225	Worker's Compensation: Unspecified		
231	Worker's Compensation: Unspecified		
299	Worker's Compensation: Unspecified		
000, Blank	Not Available, Missing	.	Missing

Any values not documented by the data source	.A	Invalid
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New York

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

North Carolina

North Carolina	
PAY1_X, PAY2_X, and PAY3_X	PAY1 and PAY2

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

Ohio

Ohio			
PAY1_X		PAY1	
Value	Description	Value	Description
03	Medicare	1	Medicare
15	Medicare HMO		
04	Medicaid	2	Medicaid
13	Medicaid HMO		
06	Commercial Insurance	3	Private insurance
07	Blue Cross Crossover		
10	Blue Cross Primary		
11	HMO		
12	PPO		
14	Blue Cross HMO		

01	Self Pay	4	Self-pay
16	Bad Debt - beginning with 2003	5	No charge
17	Charity - beginning with 2003		
02	Workers Compensation	6	Other
05	Other Federal		
08	Champus		
09	Other		
18	Hospital Care Assurance Program (HCAP) - beginning with 2003		
00, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Oregon

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

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

Rhode Island

Rhode Island			
(Valid beginning in 2003)			
PAY1_X		PAY1	
Value	Description	Value	Description
0	Medicare	1	Medicare
M	Medicare FFS		
1	Medicaid	2	Medicaid
G	Rite Care, Rhode Island's Medicaid managed care program		
H	Neighborhood Health Plan - affiliated with Rite Care		
5	Blue Cross	3	Private Insurance
6	Commercial		
A	HMO		
C	Harvard Pilgrim - managed care		
D	United/Ocean State		
E	Blue Chip, HMO Rhode Island		
F	Other HMO		
I	Tufts Health Plan		
J	US Health Care		
K	Blue Cross, not otherwise specified		
Z	Unknown HMO		
7	Self-pay	4	Self-pay
9	Free care, no charge	5	No charge
B	CHAMPUS	6	Other
2	Title V		
3	Other government		
4	Workers' Compensation		
8	Other		
X,Y,	Insurance error, Missing Info	.	Missing

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

South Carolina

South Carolina			
(Valid beginning in 2000)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
4	Commercial (including Blue Cross)	3	Private insurance
5	HMO		
6	Self-Pay		
--		5	No charge
9	Workers' Compensation	6	Other
10	CHAMPUS, CHAMPVA (Prior to 2002)		
12	Other Agency, Charity (i.e. MAIP, Hill Burton, County Government, etc.)		
13	Other (Beginning in 2002)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Dakota

South Dakota			
PAY1_X		PAY1	
Value	Description	Value	Description
01	Medicare (Title 18)	1	Medicare
11	Medicare managed care		
02	Medicaid (Title 19)	2	Medicaid
12	Medicaid managed care		
06	Blue Cross	3	Private insurance
07	Commercial (private or group plans other than HMO, PPO, ODS)		
13	HMO		
14	PPO		

08	Self pay (the patient has no insurance, is ineligible for governmental assistance and is not a "no charge" patient.	4	Self pay
10	No charge	5	No charge
03	Other state	6	Other
04	County		
05	Champus		
09	Workers' Compensation		
15	Indian Health Services		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Tennessee

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

J	TennCare Plan: Blue Care		
Q	TennCare Plan: TennCare Select		
R	TennCare Plan: Better Health Plans, Inc.		
V	TennCare Plan: Premier Behavioral Systems of TN		
U	TennCare Behavioral: Unspecified		
E	TennCare Behavioral: Unspecified		
X	TennCare Behavioral: Unspecified		
B	Blue Cross/Blue Shield	3	Private Insurance
H	Blue Cross - Managed Care - HMO/PPO/Other Managed Care (beginning in 2000)	3	Private Insurance
I	Commerical Insurance (Indemnity Carrier)	3	Private Insurance
L	Commerical/Managed Care - HMO/PPO/Other Managed Care (beginning in 2000)	3	Private Insurance
S	Self Insured	3	Private Insurance
H	HMO/Managed Care (redefined in 2000)	3	Private Insurance
P	Self-pay	4	Self-pay
Z	Medically Indigent/Free	5	No charge
W	Unspecified		
C	Federal, Champus (Military)		
E	County or state employee (redefined in 2000)	6	Other
L	Managed Assistance (redefined in 2000)		
N	Unspecified		
O	Other, Unknown		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Texas

Texas			
PAY1_X, PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description

"C", "C\$", where \$ is not equal to V	Medicare	1	Medicare
"CV"	Medicare Managed Care	1	Medicare
"D", "D\$", where \$ is not equal to X	Medicaid	2	Medicaid
"DX"	Medicaid Managed Care	2	Medicaid
"F", "F\$", where \$ is not equal to Y or U	Commercial	3	Private insurance
"FY"	Commercial HMO	3	Private insurance
"FU"	Commercial PPO	3	Private insurance
"G", "G\$", where \$ is not equal to Y or U	Blue Cross	3	Private insurance
"GY"	Blue Cross - HMO	3	Private insurance
"GU"	Blue Cross - PPO	3	Private insurance
"A", "A\$"	Self-pay	4	Self-pay
"IZ"	Charity care	5	No charge
"B", "Ba"	Worker's Compensation	6	Other
"E", "E\$"	Other federal program, - including VA		
"H", "H\$"	CHAMPUS		
"I", "I\$", where \$ is not equal to Z	Other		
Blank	Missing	.	Missing
" * ", " ** ", "\$" (value that is missing the standard source or payment), or any values not documented by the data source		.A	Invalid
<p>PAY1_X/PAY2_X are created from two data elements provided by the data source:</p> <ul style="list-style-type: none"> the first digit of PAY1_X/PAY2_X is the reported standard source of payment and the second digit is the reported non-standard source of payment <p>Documented values for the standard source of payment (the first digit of PAY1_X/PAY2_X) include:</p>			

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

Documented values for the non-standard source of payment (the second digit of PAY1_X/PAY2_X) include:

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

As the table above indicates, the coding PAY1/PAY2 from PAY1_X/PAY2_X is primarily based on the standard source of payment code (first digit of PAY1_X/PAY2_X) because it is from the UB-92 and may be required for payment.

Utah

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

Utah
(Valid beginning in 1998)

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

Vermont

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

C	Champus		
W	Worker's Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Virginia

Virginia			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
31	Medicaid - Out of State	2	Medicaid
3	Anthem/Trigon/BC/BS	3	Private insurance
6	Aetna/US Healthcare	3	Private insurance
7	United Healthcare	3	Private Insurance
8	Cigna	3	Private Insurance
9	Other Commercial	3	Private Insurance
13	Prudential	3	Private Insurance
14	State Farm	3	Private Insurance
24	All State	3	Private Insurance
28	John Hancock	3	Private Insurance
29	HMO/PPO - Unspecified	3	Private Insurance
32	BC/BS Out of State	3	Private Insurance
33	GWU Health Plan	3	Private Insurance
34	Kaiser Permanente	3	Private Insurance
35	MAMSI	3	Private Insurance
36	NYLCare	3	Private Insurance
37	Qualchoice	3	Private Insurance
38	Sentara	3	Private Insurance
39	Southern Health	3	Private Insurance
5	Self Pay	4	Self-pay
--		5	No charge
4	Tricare/Champus	6	Other
10	Indigent/Charity		

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

Washington

Washington			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
001	Medicare	1	Medicare
002	Medicaid (DSHS)	2	Medicaid
004	Health Maintenance Organization (HMO) (e.g., Group Health, Kaiser Foundation, Good Health)	3	Private Insurance
006	Commercial insurance (e.g., AETNA, Mutual of Omaha, Safeco)	3	Private Insurance
610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service)	3	Private Insurance
009	Self-pay	4	Self-pay
630	Charity Care as defined in WAC 246-453-010	5	No charge
008	Workers Compensation (includes state fund, self insured employers, and Labor and Industries crime victims claims)	6	Other
625	Other Sponsored Patients (e.g., CHAMPUS, Indian Health)		
Blank	Missing	.	Missing

Any values not documented by the data source	.A	Invalid
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West Virginia

West Virginia			
(Valid beginning in 2000)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicaid	2	Medicaid
3	Public Employee Insurance Agency (PEIA)	3	Private Insurance
8	Commercial		
9	Nonprofit		
10	Employer/Union		
11	Self-pay	4	Self-pay
12	Charity	5	No charge
4	Workers Compensation	6	Other
5	Other Federal Government		
6	Other West Virginia Government		
7	Other States Government		
14	Not elsewhere classified		
13	Unknown	.	Missing
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

For Medicare, Medicaid, and private insurance payers (PAY1/PAY2 = 1, 2, or 3), information on fee for service and HMO payment is available. This information can be extracted from the detailed payment information available in the HCUP variables PAYER1_X and PAYER2_X. The first 2 digits of PAYER1_X/PAYER2_X identify the payment program; the third digit identifies the modality (e.g., fee for service, HMO, point of service, etc.); and the fourth digit specifies the HMO plan. See documentation under PAYER1_X and PAYER2_X for additional information.

PAYER1_X and PAYER2_X	
3rd digit = "1"	Fee for Service/Indemnity

3rd digit = "2"	DRG Prospective Payment System
3rd digit = "3"	Point of Service
3rd digit = "3"	Point of Service
3rd digit = "4"	HMO
3rd digit = "5"	Other Managed Care (including PPO)
3rd digit not equal 1-5	Unknown or not elsewhere classified

Wisconsin

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

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

CHA03	CHAMPUS, CHAMPVA (effective beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		
OTH53	General Relief		
OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
bbb01, where b is a blank	Other - Fee for service (beginning in 1998)		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown		
bbb00, where b is a blank	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
PAYn_X is created by concatenating the source variables PAYID and PAYCAT (i.e. PAY1_X = PAYID PAYCAT)			

PAY1_X - Expected primary payer, as received from data source

General Notes

PAY1_X retains the expected primary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

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

- PAY1 has general categories for Medicare, Medicaid, private insurance, and other payers.
- PAY1_N has more detailed categories for private insurance and other payers. PAY1_N is only available in the 1988-1997 HCUP databases. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

Information on the definition of the source values contained in PAY1_X and how the source values are recoded into the HCUP uniform variable PAY1 is available under the note for expected primary payer PAY1.

PAY1_X is included in the 2000 and 2003 KID.

Uniform Values

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

State Specific Notes

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

PAY2 - Expected secondary payer, uniform

General Notes

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

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

In the 1988-1997 data, the data element PAY2_N provides more detailed categories for private insurance and other payers. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

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

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

Uniform Values

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

State Specific Notes

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

PAY2_X - Expected secondary payer, as received from data source

General Notes

PAY2_X retains the expected secondary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

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

- PAY2 has general categories for Medicare, Medicaid, private insurance, and other payers.
- PAY2_N has more detailed categories for private insurance and other payers. PAY2_N is only available in the 1988-1997 HCUP databases. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

Because the coding of expected primary and secondary payer is the same, information on the coding of PAY2_X is available under the note for expected primary payer (PAY1).

PAY2_X is included in the 2000 and 2003 KID.

Uniform Values

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

State Specific Notes

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

PL_UR_CAT4 - Patient Location: Urban-Rural 4 Categories

General Notes

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

PL_UR_CAT4		2003 UIC Value	
Value	Description	Value	Description
1	Large metropolitan areas with at least 1 million residents	1	Metro - Large metro area of 1 million residents or more
2	Small metropolitan areas with less than 1 million residents	2	Metro - Small metro area of less than 1 million residents
3	Micropolitan areas	3	Non-Metro - Micropolitan adjacent to large metro
3	Micropolitan areas	5	Non-Metro - Micropolitan adjacent to small metro
3	Micropolitan areas	8	Non-Metro - Micropolitan not adjacent to a metro area
4	Non-urban	4	Non-Metro - Noncore adjacent to large metro
4	Non-urban	6	Non-Metro - Noncore adjacent to small metro with own town
4	Non-urban	7	Non-Metro - Noncore adjacent to small metro no own town
4	Non-urban	9	Non-Metro - Noncore adjacent to micro with own town
4	Non-urban	10	Non-Metro - Noncore adjacent to micro with no own town
4	Non-urban	11	Non-Metro - Noncore not adjacent to metro or micro with own town
4	Non-urban	12	Non-Metro - Noncore not adjacent to metro or micro with no own town

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

State Specific Notes

None

PRn - Procedure

General Notes

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

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

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

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

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

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

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

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

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

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

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

State Specific Notes

Arizona

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

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

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

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

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

California

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

Florida

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

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

Kentucky

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

Maryland

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

Massachusetts

Due to an error in HCUP processing, the procedure verification table for 1988-1992 incorrectly accepted some codes as valid, on year beyond the date when these codes were deleted or superseded by more detailed codes. With the three-month grace period built into the processor, these codes were mistakenly accepted for one full year beyond the year in which they became invalid.

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

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

Beginning in 1993, procedures were validated correctly.

Massachusetts

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

New Jersey

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

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

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

South Carolina

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

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

Texas

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

Washington

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

West Virginia

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

Wisconsin

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

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

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

PRCCSn - Clinical Classifications Software (CCS): procedure classification

General Notes

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

PRCCSn is coded as follows:

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

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

Labels

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

Formats

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

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

	classification	.C	Inconsistent: beginning with 1998 data, EAGE05, EPR03
--	----------------	----	-------------------------------------------------------

State Specific Notes

None

PRDAYn - Number of days from admission to procedure n

General Notes

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

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

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

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

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

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

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

PRDAY1 is present on all years of the KID; secondary procedures (PRDAY2-15) are present on the KID beginning in 2000.

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

State Specific Notes

Arizona

Beginning in 1995, only the calculated day of procedure could be used to assign PRDAY because Arizona did not supply the day of procedure. Prior to 1995, no procedure dates or days were reported.

California

Prior to 1998, the supplied day of procedure was not used when PRDAY could not be calculated because California used the same value to indicate no procedure performed and procedure performed on the day of admission.

In 1998 and 1999, only the supplied day of procedure could be used to assign PRDAY because the date of procedure was not provided. A source value of 0 days was set to missing (PRDAYn = .) if there was no corresponding procedure (PRn = " ").

Beginning in 2000, procedure dates were provided by the data source and used to calculate day of procedure.

Colorado

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

Connecticut

Procedures performed up to 72 hours before admission are reported as zero (0) days.

Florida

PRDAY1 is assigned from the supplied day of procedure. Florida did not supply the procedure date. A missing value (.) was assigned from either of the following values supplied by the data source: 998 an indicator that the number of days to procedure is greater than or equal to 998 days; and 999 an indicator of unable-to-compute days, or that no procedure was performed.

Florida also used zeros to code both missing values and a procedure performed on the day of admission. During HCUP processing, PRDAY1 was set to missing (.) if

- the reported procedure day = 0, and
- no principal procedure was reported.

Georgia

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

Hawaii

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

Iowa

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

Massachusetts

The supplied day of procedure was not used when PRDAYn could not be calculated because Massachusetts used the same value to indicate no procedure performed and procedure performed on the day of admission.

New Jersey

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

New York

In the 1988-1997 HCUP New York databases, PRDAYn could not be calculated because New York did not report full admission and procedure dates. During HCUP processing, only the reported procedure day could be used to assign PRDAYn. For 1988-1992, the source miscalculated procedure days for records with admission dates in the year prior to discharge, resulting in procedure days that were not during the stay. These records failed the appropriate edit check. Beginning in 1993, the source correctly calculated procedure days for all procedures.

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

North Carolina

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

Oregon

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

South Carolina

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

Tennessee

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

Virginia

Day of procedure could not be calculated from dates because Virginia did not report procedure dates. During HCUP processing, only the reported day of procedure could be used to assign PRDAY1.

Wisconsin

Until 1997, PRDAYn could not be calculated because Wisconsin did not report procedure dates. During HCUP processing, only the reported procedure day could be used to assign PRDAYn. Beginning in 1997, Wisconsin provided the date of principal procedure (PRDATE1).

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

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

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

RACE - Race

General Notes

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

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

- RACE_X retains information on the race of the patient as provided by the data source.
- HISPANIC_X retains information on the Hispanic ethnicity as provided by the data source.

Not all data sources provide information on race (RACE_X) and ethnicity (HISPANIC_X).

Uniform Values

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

State Specific Notes

Arizona

Arizona			
(Beginning July 2003)			
RACE_X		RACE	
Value	Description	Value	Description
5	White	1	White
3	Black or African American	2	Black
4	Hispanic or Latino	3	Hispanic
2	Asian	4	Asian or Pacific Islander
6	Hawaiian Native or Other Pacific Islander		
1	American Indian or Alaska Native	5	Native American
--	--	6	Other
9	Refused	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Arizona			
(Valid through June 2003)			
RACE_X		RACE	
Value	Description	Value	Description
5	Caucasian, Non Hispanic	1	White
3	Black	2	Black
4	Caucasian, Hispanic	3	Hispanic
2	Asian, Pacific Islander	4	Asian or Pacific Islander
1	American Indian, Aleut, Eskimo	5	Native American
6	Other	6	Other
9	Refused	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

available.

California

California			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
4	Asian/Pacific Islander	4	Asian or Pacific Islander
3	Native American/Eskimo/Aleut	5	Native American
5	Other	6	Other
6	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic	
2		Non-Hispanic	
3		Unknown	
<p>Information on ethnicity was provided by California and used to code RACE beginning in 1995. The variable HISPANIC_X was retained on the HCUP databases beginning in 1998.</p> <p>There are a small number of discharges with undocumented values in HISPANIC_X that are not considered valid by the data source.</p>			

Colorado

Colorado			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
5	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
4	Native American	5	Native American

6	Other	6	Other
7,0, Blank	Missing	.	Missing
Any other values		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Connecticut

Connecticut			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
If HISPANIC_X=1		3	Hispanic
5	Spanish/Hispanic	4	Asian or Pacific Islander
3	Oriental/Asian	5	Native American
7	Pacific Islander/Hawaiian	6	Other
4	American Indian	8	Other non-white
6	Other	Blank	Missing
8	Other non-white	Any values not documented by the data source	
Blank	Missing	.A	Invalid
HISPANIC_X			
1	Spanish/Hispanic origin		
2	Non-Spanish/Non-Hispanic		

Florida

Florida			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
5	Hispanic - White	3	Hispanic
6	Hispanic - Black	4	Asian or Pacific Islander
2	Asian or Pacific Islander		

1	American Indian/Eskimo/Aleut	5	Native American
7	Other	6	Other
8, Blank	No Response, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Hawaii

In the source data files provided by Hawaii, the coding of race of the patient was different for each Hawaiian hospital. During HCUP processing, the hospital-specific values were recoded into the values of RACE_X described below.

Hawaii			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
3	Hispanic	3	Hispanic
4	Hawaiian	4	Asian or Pacific Islander
5	Chinese		
6	Filipino		
7	Japanese		
8	Other Asian		
9	Other Pacific Islander		
10	Native American	5	Native American
11	Mixed or Other	6	Other
99, Blank	Missing	.	Missing
A	Any values not documented by the data source	.A	Invalid
<p>One hospital (DSHOSPID = "120014") provides only one category for Asian patients, instead of distinguishing Chinese, Filipino, and Japanese races. For this hospital, the one category for Asian was recoded to "Other Asian" (RACE_X = "8").</p> <p>One hospital (DSHOSPID = "12001F") provides only one category for Asian/Pacific Islander patients, instead of distinguishing Hawaiian, Chinese, Filipino, Japanese and other Asian and Pacific Islander races.</p>			

For this hospital, the one category for Asian/Pacific Islander was recoded to "Other Asian" (RACE_X = "8").

Separate information on ethnicity is not provided by any Hawaiian hospital. HISPANIC_X is not available.

Iowa

Iowa			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
--		3	Hispanic
4	Asian or Pacific Islander	4	Asian or Pacific Islander
3	American Indian or Alaskan native	5	Native American
--		6	Other
9, Blank	Other/Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa does not separately classify Hispanic (RACE = 3). No documentation was available about how these were coded. HISPANIC_X is not available.

Iowa uses one category for "Other" and "Unknown", which is assigned to the HCUP category for missing (.).

Some Iowa hospitals report "Other" race for all or a high percentage of their discharges. Some hospitals report "White" race for all discharges.

Indiana

Indiana			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
--		3	Hispanic
--		4	Asian or Pacific

			Islander
--		5	Native American
4	Other	6	Other
3	Minority		
0, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Kansas

Kansas			
Valid beginning in 2003			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black or African American	2	Black
	If HISPANIC_X = 1	3	Hispanic
4	Asian	4	Asian or Pacific Islander
5	Native Hawaiian/Pacific Islander		
3	American Indian/Alaska Native	5	Native American
6	Other	6	Other
7	Multi-Racial (2 or more races)		
Blank, 9, 0	Missing, Unknown or patient refused	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic or Latino	
2		Neither Hispanic nor Latino	
0, blank		Unknown	

Maryland

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

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

Maryland			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	African American	2	Black
If HISPANIC_X = 1		3	Hispanic
3	Asian or Pacific Islander	4	Asian or Pacific Islander
4	American Indian, Eskimo, Aleut	5	Native American
5	Other	6	Other
9	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
	1	Spanish/Hispanic origin	
	2	Not of Spanish/Hispanic origin	
	9	Unknown	

Massachusetts

Massachusetts			
(Valid beginning October 1999)			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White

2	Black	2	Black
4	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
5	American Indian	5	Native American
6	Other	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Michigan

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

Missouri

Missouri
(Valid beginning in 2003)

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

New Hampshire

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

New Jersey

New Jersey			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1, 2, 3, 4, or 5		3	Hispanic
4	Chinese	4	Asian or Pacific Islander
5	Japanese		
6	Hawaiian (including part Hawaiian)		
7	Filipino		
8	Other Asian or Pacific Islander		
3	Indian (North American, Central American, South American, Eskimo, Aleut)	5	Native American
0	Other races	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
0		Non-Hispanic	
1		Mexican	
2		Puerto Rican	
3		Cuban	
4		Central or South American	
5		Other and Unknown Hispanic	
9		Not Classified or Unknown	
<p><i>Beginning in 1993.</i> New Jersey reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic), patient race was set to Hispanic (RACE = 3) during HCUP processing.</p> <p><i>Prior to 1993.</i> New Jersey reported Hispanic ethnicity as a category of race. If New Jersey reported patient race as Hispanic, HCUP assigned patient race as Hispanic (RACE = 3).</p>			

New York

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

North Carolina

North Carolina			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
--		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo	5	Native American
5	Other Race	6	Other
0, 6, Blank	Missing	.	Missing

Any values not documented by the data source	.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available. Reporting of the race of the patient is optional for hospitals in North Carolina.		

Rhode Island

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

HISPANIC_X	
1	Hispanic
2	Not Hispanic
3	Not Reported

Rhode Island			
(Valid beginning 1/1/03-3/31/03)			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
5	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
4	Native American	5	Native American
6	Other	6	Other
Blank, 9	Missing, Unknown	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

South Carolina

South Carolina			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	African American	2	Black
6	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
4	American Indian	5	Native American
5	Other	6	Other
Blank	Missing	.	Missing
Any values not documented by the data		.A	Invalid

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

South Dakota

South Dakota			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
--		3	Hispanic
4	Asian or Pacific Islander	4	Asian or Pacific Islander
3	American Indian or Alaskan Native	5	Native American
9	Other or Unknown	6	Other
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Tennessee

Tennessee			
RACE_X		RACE	
Value	Description	Value	Description
0	White, not Hispanic	1	White
7	White, Hispanic origin unknown		
1	Black, not Hispanic	2	Black
8	Black, Hispanic origin unknown		
5	White, Hispanic	3	Hispanic
6	Black, Hispanic		
3	Asian or Pacific Islander	4	Asian or Pacific Islander
4	American Indian/Alaskan Native	5	Native American
2	Other	6	Other

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

Texas

Texas			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo/Aleut	5	Native American
5	Other	6	Other
Blank	Missing	.	Missing
" * " or any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic origin	
2		Not of Hispanic origin	
*		Invalid	

Utah

Utah			
(Beginning in 2003)			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
If HISPANIC_X=1		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian or Alaskan Native	5	Native American

5	Other	6	Other
6, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1	Spanish/Hispanic origin		
2	Non-Spanish/Non-Hispanic		

Vermont

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

Virginia

Virginia			
RACE_X		RACE	
Value	Description	Value	Description
0	White	1	White
1	Black	2	Black
5	Hispanic	3	Hispanic
6	Black Hispanic		

3	Asian	4	Asian or Pacific Islander
4	American Indian	5	Native American
2	Other	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Wisconsin

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

RECNUM - HCUP record number

General Notes

RECNUM contains a unique HCUP record number that is specific to the Kids' Inpatient Database (KID). RECNUM can be used to link the KID Core and Severity Measures file.

Uniform Values

Variable	Description	Value	Value Description
RECNUM	HCUP record number	8(n)	Unique record number

State Specific Notes

None

TOTCHG - Total charges, cleaned

General Notes

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

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

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

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

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

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

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

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

State Specific Notes

Arizona

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges (CHG59, CHG60, CHG61 and CHG62). Any charges for professional fees and convenience items were subtracted from the reported total charges during HCUP processing to make Arizona total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Due to an error in HCUP processing in 1996, some types of professional fees were not subtracted from total charges (TOTCHG and TOTCHG_X). The types of professional fees that were not subtracted include hospital visits, consultations, private duty nurses, EKGs, EEGs, and medical social services. Charges for these services were coded on 24% of the 1996 discharges, with a mean charge of \$216 and a range from \$1 to \$5,718. Total charges (TOTCHG and TOTCHG_X) can be corrected by subtracting the detail charge, CHG61. No other years need correction.

Beginning in 1997, all reported professional fees and patient convenience items were subtracted from total charges (TOTCHG and TOTCHG_X).

California

California supplied total charges only for the last 365 days of the stay for stays of more than one year (365 days). If the supplied length of stay was greater than 365 days, cleaned total charges, TOTCHG, was set to missing (.) and uncleaned total charges,

TOTCHG_X, retained the supplied total charge. Due to an error in HCUP processing, cleaned total charges, TOTCHG, were not set to missing in the 1998-1999 HCUP files.

Some hospitals in California (including all Kaiser and Shriners hospitals) were exempted from reporting total charges. For those hospitals, TOTCHG and TOTCHG_X were missing (.).

Source documentation indicated that hospital-based physician fees were not included in the reported total charges.

No Charges

The source reported total charges with the value of 1 for discharges with no charges (\$0). These records include live donors and courtesy or research patients. Values of 1 were verified with the hospital by the source.

Prior to 1995, total charges were set to missing (TOTCHG and TOTCHG_X = .) for these records during HCUP processing. Beginning in 1995, only TOTCHG was set to missing (.) and TOTCHG_X retained the value of 1. Due to an error in HCUP processing, cleaned total charges, TOTCHG, were not set to missing in the 1998-1999 HCUP files.

Colorado

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

Connecticut

Connecticut includes non-covered charges in the total charges if they are reported by hospitals, but does not report non-covered charges separately. The HCUP uniform total charges (TOTCHG) could not be adjusted to exclude non-covered charges. (Non-covered charges include items such as telephone and television).

Iowa

Beginning in 1993, Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG_X) during HCUP processing to make Iowa total charges comparable to data from other states.

Prior to 1993, it was optional for hospitals to report total charges to the hospital association:

- The availability of total charges varies by hospital.

- Some hospitals have missing (.) total charges (TOTCHG and TOTCHG_X) on a large percentage of records.

Kansas

It was optional for hospitals to provide total charges to the hospital association. Approximately 5% to 25% of the discharges are missing total charges.

Some hospitals report total charges of \$1.00 for all discharges. For 1993-1994, the \$1.00 charges are included in the HCUP data. Beginning with 1995, total charges of \$1.00 in the Kansas inpatient data were set to missing (.).

Some smaller hospitals have data systems that allow a maximum of 5 digits for total charges. For these hospitals, total charges of \$100,000 or greater are coded as \$99,999.

Due to an error in 1994 HCUP processing, TOTCHG values of "invalid" (.A) were recoded to TOTCHG values of "missing" (.).

Maryland

Maryland excluded the following from total charges:

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

Massachusetts

Massachusetts included professional fees in its detailed and total charges, if these were included by the hospital. Hospitals are allowed, but not required, to report these professional fees in the charge fields. Individual facilities decide which professional fees are included and where. There is no way to determine which hospitals did or did not include professional fees.

Missouri

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

Nevada

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

Ohio

Ohio excludes the following charges:

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

Oregon

Kaiser hospitals are exempt from reporting total charges. As a result, TOTCHG and TOTCHG_X are missing (.) for Kaiser Hospitals in Oregon.

Beginning in the 1995 data, some hospitals did not report total charges (TOTCHG and TOTCHG_X) on charity bills since there are no charges to the patient.

Rhode Island

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

South Carolina

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

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

South Dakota

Charges for professional fees, professional component charges, and non-covered charges were subtracted from the reported total charges during HCUP processing to make South Dakota total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Texas

Total charges are not available in the Texas data until July 2000. Non-covered accommodation and ancillary charges were subtracted from the supplied total charge during HCUP processing to make Texas total charges (TOTCHG) comparable to data from other states.

Utah

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

Virginia

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

West Virginia

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

Wisconsin

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

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

TOTCHG_X - Total charges, as received from data source

General Notes

TOTCHG_X retains the total charge supplied by a data source, including cents and negative values, with the following exceptions:

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

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

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

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

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

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

State Specific Notes

Arizona

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges (CHG59, CHG60, CHG61 and CHG62). Any charges for professional fees and convenience items were subtracted from the reported total charges during HCUP processing to make Arizona total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Due to an error in HCUP processing in 1996, some types of professional fees were not subtracted from total charges (TOTCHG and TOTCHG_X). The types of professional fees that were not subtracted include hospital visits, consultations, private duty nurses, EKGs, EEGs, and medical social services. Charges for these services were coded on 24% of the 1996 discharges, with a mean charge of \$216 and a range from \$1 to \$5,718. Total charges (TOTCHG and TOTCHG_X) can be corrected by subtracting the detail charge, CHG61. No other years need correction.

Beginning in 1997, all reported professional fees and patient convenience items were subtracted from total charges (TOTCHG and TOTCHG_X).

California

California supplied total charges only for the last 365 days of the stay for stays of more than one year (365 days). If the supplied length of stay was greater than 365 days, cleaned total charges, TOTCHG, was set to missing (.) and uncleaned total charges, TOTCHG_X, retained the supplied total charge. Due to an error in HCUP processing, cleaned total charges, TOTCHG, were not set to missing in the 1998-1999 HCUP files.

Some hospitals in California (including all Kaiser and Shriner hospitals) were exempted from reporting total charges. For those hospitals, TOTCHG and TOTCHG_X were missing (.).

Source documentation indicated that hospital-based physician fees were not included in the reported total charges.

No Charges

The source reported total charges with the value of 1 for discharges with no charges (\$0). These records include live donors and courtesy or research patients. Values of 1 were verified with the hospital by the source.

Prior to 1995, total charges were set to missing (TOTCHG and TOTCHG_X = .) for these records during HCUP processing. Beginning in 1995, only TOTCHG was set to missing (.) and TOTCHG_X retained the value of 1. Due to an error in HCUP

processing, cleaned total charges, TOTCHG, were not set to missing in the 1998-1999 HCUP files.

Colorado

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

Connecticut

Connecticut includes non-covered charges in the total charges if they are reported by hospitals, but does not report non-covered charges separately. The HCUP uniform total charges (TOTCHG) could not be adjusted to exclude non-covered charges. (Non-covered charges include items such as telephone and television).

Iowa

Beginning in 1993, Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG_X) during HCUP processing to make Iowa total charges comparable to data from other states.

Prior to 1993, it was optional for hospitals to report total charges to the hospital association:

- The availability of total charges varies by hospital.
- Some hospitals have missing (.) total charges (TOTCHG and TOTCHG_X) on a large percentage of records.

Kansas

It was optional for hospitals to provide total charges to the hospital association. Approximately 5% to 25% of the discharges are missing total charges.

Some hospitals report total charges of \$1.00 for all discharges. For 1993-1994, the \$1.00 charges are included in the HCUP data. Beginning with 1995, total charges of \$1.00 in the Kansas inpatient data were set to missing (.).

Some smaller hospitals have data systems that allow a maximum of 5 digits for total charges. For these hospitals, total charges of \$100,000 or greater are coded as \$99,999.

Due to an error in 1994 HCUP processing, TOTCHG values of "invalid" (.A) were recoded to TOTCHG values of "missing" (.).

Maryland

Maryland excluded the following from total charges:

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

Massachusetts

Massachusetts included professional fees in its detailed and total charges, if these were included by the hospital. Hospitals are allowed, but not required, to report these professional fees in the charge fields. Individual facilities decide which professional fees are included and where. There is no way to determine which hospitals did or did not include professional fees.

Missouri

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

Nevada

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

Ohio

Ohio excludes the following charges:

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

Oregon

Kaiser hospitals are exempt from reporting total charges. As a result, TOTCHG and TOTCHG_X are missing (.) for Kaiser Hospitals in Oregon.

Beginning in the 1995 data, some hospitals did not report total charges (TOTCHG and TOTCHG_X) on charity bills since there are no charges to the patient.

Rhode Island

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

South Carolina

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

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

South Dakota

Charges for professional fees, professional component charges, and non-covered charges were subtracted from the reported total charges during HCUP processing to make South Dakota total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Texas

Total charges are not available in the Texas data until July 2000. Non-covered accommodation and ancillary charges were subtracted from the supplied total charge during HCUP processing to make Texas total charges (TOTCHG) comparable to data from other states.

Utah

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

Virginia

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

West Virginia

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

Wisconsin

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

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

UNCBRTH - Indicates a normal uncomplicated in-hospital birth

General Notes

An uncomplicated in-hospital birth (UNCBRTH = 1) is defined as an in-hospital birth for which the DRG equaled 391 "Normal Newborn". In-hospital births (HOSPBIRTH = 1) are defined by two conditions:

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

Uniform Values

Variable	Description	Value	Value Description
UNCBRTH	Indicates a normal uncomplicated in-hospital birth	0	A complicated in-hospital birth
		1	An uncomplicated in-hospital birth

State Specific Notes

None

YEAR - Calendar year

General Notes

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

Uniform Values

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

State Specific Notes

None

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

General Notes

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

Quartile Ranges of ZIPINC_QRTL by Year				
Year	Quartile 1	Quartile 2	Quartile 3	Quartile 4
1998	TBD	TBD	TBD	TBD
1999	1-30,999	31,000-38,999	39,000-48,999	49,000+
2000	1-31,999	32,000-39,999	40,000-51,999	52,000+
2001	1-33,999	34,000-43,999	44,000-58,999	59,000+
2002	1-35,999	36,000-45,999	46,000-61,999	62,000+
2003	1-35,999	36,000-44,999	45,000-59,999	60,000+

Another categorical variable (ZIPINC) indicates the median household income of the patient's ZIP Code of residence based on 1999 demographics. The categories are defined so that the maximum for category 1 (\$25,000) is approximately 150% of the 1999 poverty level and the boundary between the second and third categories (\$35,000) is approximately the national median household income.

To protect patient confidentiality, precautions are taken to mask ZIP Codes. ZIPINC_QRTL values have been suppressed for all ZIP Codes with populations below a minimum threshold. Also, when only one ZIP Code in a state was represented in a particular ZIPINC_QRTL category, ZIPINC_QRTL was set to missing (.). ZIPINC_QRTL is also reported as missing when the patient's ZIP Code was not reported, or it could not be matched to the Claritas file.

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

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

State Specific Notes

None