Description of Data Elements

HCUP State Inpatient Databases (SID)

Volume 4 - Data Elements
Beginning with letters N-Q

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

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

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NCPT - Number of CPT/HCPCS procedures for this discharge

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

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

Uniform Values

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

State Specific Notes

None

NDX - Number of diagnoses on this discharge

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

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

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

State Specific Notes

None

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

General Notes

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

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

State Specific Notes

None

NPR - Number of procedures on this discharge

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

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

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.

<table>
<tr><td colspan="4" align="center">Uniform Values</td></tr>
<tr><td>Variable</td><td>Description</td><td>Value</td><td>Value Description</td></tr>
<tr><td>PAY1</td><td>Expected primary payer, uniform</td><td>1</td><td>Medicare</td></tr>
<tr><td></td><td></td><td>2</td><td>Medicaid</td></tr>
<tr><td></td><td></td><td>3</td><td>Private insurance</td></tr>
<tr><td></td><td></td><td>4</td><td>Self-pay</td></tr>
<tr><td></td><td></td><td>5</td><td>No charge</td></tr>
<tr><td></td><td></td><td>6</td><td>Other</td></tr>
<tr><td></td><td></td><td>.</td><td>Missing</td></tr>
<tr><td></td><td></td><td>.A</td><td>Invalid</td></tr>
</table>

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

State Specific Notes

Arizona

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

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

Arizona			
(Valid 1995 to June 2002)			
PAY1_X		PAY1	
Value	Description	Value	Description
05, 5	Medicare	1	Medicare
11	Medicare Risk		
04	Arizona Health Care Cost Containment System (AHCCCS) Health Care Group	2	Medicaid
06	AHCCCS/Medicaid		

01	Commercial (Indemnity)	3	Private Insurance
02	HMO		
03, 3	PPO		
00	Self pay	4	Self pay
12	Charity	5	No charge
07	CHAMPUS/MEDEXCEL	6	Other
08	Children's Rehab Services		
09	Worker's Compensation		
10	Indian Health Services		
13	Foreign National		
14	Other		
15	Tobacco Tax (Beginning in 1998)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

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	6	Other
06n, where n=0-3	Other Government	6	Other
07n, where n=0-3	Other Indigent (includes charity care)	6	Other
09n, where n=0-3	Other	6	Other
0, 000	Type of coverage not considered applicable to the payer category	.	Missing
Any values not documented by the data source		.A	Invalid

The first two digits of PAY1_X describes the payer category (e.g., Medicare (01), Medi-Cal (02), Private coverage (03), Workers' Compensation (04), County Indigent Programs (05), Other Government (06), Other Indigent (07), Self Pay (08), and Other Payer (09)).

The third digit of PAY1_X describes the type of coverage (e.g., Knox-

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

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

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

California			
(Valid from 1988-1994)			
PAY1_X		PAY1	
Value	Description	Value	Description

Value	Description	Value	Description
01	Medicare	1	Medicare
02	Medi-Cal	2	Medicaid
06	Blue Cross/Blue Shield	3	Private insurance
07	Insurance Company		
08	HMO/PHP		
09	Self-pay	4	Self-pay
10	No-charge (free charity, special research, or teaching)	5	No charge
04	Title V	6	Other
03	Workers' Compensation		
05, 12	Other government; Medically indigent services under Section 17000		
11	Other non-government		
Blank	Valid before 1994	.	Missing
00	Valid in 1994	.	Missing
Other Values		.A	Invalid

Colorado

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

11	Other Government			
14	Other			
15	Colorado Medically Indigent			
00, Blank	Missing		.	Missing
Any other values			.A	Invalid

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

Colorado				
(Valid from 1988-1992)				
PAY1_X			PAY1	
Value	Description		Value	Description
3	Medicare		1	Medicare

4	Medicaid	2	Medicaid
7	Blue Cross/Blue Shield	3	Private insurance
8	Commercial insurance		
B	HMO-PPO		
1	Self-Pay	4	Self-pay
9	No Charge	5	No charge
5	Title V	6	Other
2	Workers' Compensation		
6	Other government		
A, C	Other; Other non-gov		
"00", blank	Unknown	.	Missing
Other Values		.A	Invalid

Florida

Florida			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
A	Medicare	1	Medicare
B	Medicare HMO	1	Medicare
C	Medicaid	2	Medicaid
D	Medicaid HMO	2	Medicaid
E	Commercial Insurance	3	Private Insurance
F	Commercial HMO	3	Private Insurance
G	Commercial PPO	3	Private Insurance
L	Self pay/Under-insured (No third party coverage or less than 30% estimated insurance coverage)	4	Self-pay
N	Charity	5	No charge
H	Worker's Compensation	6	Other
I	Champus		
J	VA		
K	Other State/Local Government		

M	Other		
O	KidCare (Healthy Kids, MediKids, and Children's Medical Services - beginning 2003)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

Florida			
(Valid from 1992-1996)			
PAY1_X		PAY1	
Value	Description	Value	Description
A, B	Medicare, Medicare HMO	1	Medicare
C, D	Medicaid, Medicaid HMO	2	Medicaid
E, G	Commercial insurance (includes self-insured and Blue Cross/Blue Shield);	3	Private Insurance

		Commercial PPO			
F		Commercial HMO			
L		Self-pay, charity, underinsured	4	Self-pay	
--			5	No charge	
H		Workers' Compensation	6	Other	
I, J		CHAMPUS; VA			
K		Other state/local government			
M		Other			
Blank			.	Missing	
Other values			.A	Invalid	

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

Iowa

Iowa			
(Valid beginning in 2003)			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare (Title 18)	1	Medicare
2	Medicaid (Title 19)	2	Medicaid
6	Blue Cross	3	Private

7	Commercial (private or group plans including HMO, PPO, ODS)		Insurance
8	Self-pay (the patient has no insurance, is ineligible for governmental assistance and is not a "no charge" patient)	4	Self-pay
10	No charge	5	No charge
3	Other State (including State Papers)	6	Other
4	County		
5	CHAMPUS		
9	Workers Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Iowa			
(Valid 1998-2002)			
PAY1_X		PAY1	
Value	Description	Value	Description
01	Medicare (Title 18)	1	Medicare
11	Medicare Managed Care (Presently no predominant plans in Iowa)	1	Medicare
02	Medicaid (Title 19)	2	Medicaid
12	Medicaid Managed Care (e.g., Medipass, Heritage National, Care Choices, Principal Health Care)	2	Medicaid
06	Blue Cross (e.g., Blue Cross Alliance Select should be recorded as PPO; Blue Cross Unity Choice should be recorded as HMO)	3	Private Insurance
07	Commercial (private or group plans other than HMO, PPO, ODS)	3	Private Insurance
13	HMO (e.g., Care Choices, Medical Associates Health Plan, Inc., Principal Health Care of Iowa, Heritage National Healthplan, Inc., John Deere Family Health Plan, Principal Health Care of Nebraska, United Healthcare of the Midlands, Unity Choice)	3	Private Insurance
14	PPO (e.g., Alliance Select, Healthcare Preferred, Plaines Health Network)	3	Private Insurance
15	Organized Delivery Systems (ODS) (e.g.,	3	Private

	SecureCare of Iowa)		Insurance
08	Self-pay (the patient has no insurance, is ineligible for governmental assistance and is not a "no charge" patient)	4	Self-pay
10	No charge	5	No charge
03	Other State (including State Papers)	6	Other
04	County		
05	CHAMPUS		
09	Workers Compensation		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

Iowa			
(Valid from 1988-1990)			
PAY1_X		PAY1	
Value	Description	Value	Description

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

Kentucky

Kentucky			
PAY1_X, PAY2_X, PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
C	Medicare	1	Medicare
D	Medicaid	2	Medicaid
P	Passport Medicaid Managed Care (beginning with 2003 data)		
F	Commercial - Insurance Company	3	Private insurance
G	Commercial - Blue Cross/Blue Shield	3	Private insurance
J	Commercial - Indemnity	3	Private insurance
K	Commercial - Preferred Provider	3	Private insurance
L	Commercial - HMO	3	Private insurance
M	Commercial - Managed Care	3	Private insurance
A	Self Pay	4	Self-pay
--		5	No charge
B	Workers' Compensation	6	Other

E	Other Federal programs		
H	Champus		
I	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Maine

Maine			
(Valid beginning in 1999)			
PAY1_X, PAY2_X, PAY3_X		PAY1, PAY 2	
Value	Description	Value	Description
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
05	Blue Cross	3	Private insurance
06	Other commercial carriers	3	Private insurance
10	HMO/PPO	3	Private insurance
08	Self-pay	4	Self-pay
07	Charity	5	No charge
03	U.S. Title V	6	Other
04	CHAMPUS/USVA		
09	Worker's Compensation		
11	Other or Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid

Maryland

Maryland			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
01	Medicare	1	Medicare
15	Medicare HMO (payer specified in PAYER1_X/PAYER2_X)	1	Medicare
02	Medicaid	2	Medicaid
14	Medicaid HMO (payer specified in PAYER1_X/PAYER2_X)	2	Medicaid

04	Blue Cross of MD	3	Private Insurance
16	Blue Cross of the National Capital Area (HMO)	3	Private Insurance
17	Blue Cross (other state)	3	Private Insurance
05	Commercial/PPO	3	Private Insurance
12	Managed Care (payer specified in PAYER1_X/ PAYER2_X)	3	Private Insurance
08	Self-pay	4	Self-pay
09	Charity - no charge	5	No charge
03	Title V	6	Other
06	Other government program		
07	Worker's Compensation		
10	Other		
11	Donor		
77	Not Applicable (Secondary payer only)	.	Missing
99	Unknown		
Blank	Missing		
13	Do not use	.A	Invalid
Any values not documented by the data source			

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

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

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

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

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

Massachusetts

Massachusetts			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
3	Medicare	1	Medicare
F	Medicare Managed Care	1	Medicare
4	Medicaid	2	Medicaid
B	Medicaid Managed Care	2	Medicaid
6	Blue Cross	3	Private Insurance
C	Blue Cross Managed Care		
7	Commercial Insurance		
D	Commercial Managed Care		
8	HMO		
E	PPO and Other Managed Care not listed elsewhere		
J	Point of Service Plan		
K	Exclusive Provider Plan		
T	Auto Insurance		
1	Self-pay	4	Self-pay

9	Free care (no charge)	5	No charge
2	Worker's Compensation	6	Other
5	Other government payment		
0	Other non-managed care plans		
N, Blank	None, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Massachusetts			
(Valid from 1996-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
3, F	Medicare; Medicare managed care	1	Medicare
4, B	Medicaid; Medicaid managed care	2	Medicaid
6, C	Blue Cross; Blue Cross managed care	3	Private Insurance
7, D, E	Commercial Insurance; Commercial managed care; PPO and other managed care not listed elsewhere		
8, J	HMO; Point of Service (added 4th Qtr 1997)		
1	Self-pay	4	Self-pay
9	Free care (no charge)	5	No charge
2	Worker's Compensation	6	Other
5	Other government payment		
0	**Primary Payer:** Other non-managed care		
0, A	**Secondary Payer:** Other non-managed care; Other or principal source of payment covered in full		
Blank	**Primary Payer:**	.	Missing
Blank	**Secondary Payer:**	.	Missing
Other values		.A	Invalid

Massachusetts
(Valid from Quarter 4 1993 through 1995)

PAY1_X and PAY2_X		PAY1 and PAY2	
Value	**Description**	**Value**	**Description**
3, F	Medicare; Medicare managed care	1	Medicare
4, B	Medicaid; Medicaid managed care	2	Medicaid
6, C	Blue Cross; Blue Cross managed care	3	Private Insurance
7, D	Commercial Insurance; Commercial managed care		
8, J	HMO		
1	Self-pay	4	Self-pay
9	Free care (no charge)	5	No charge
2	Workers' Compensation	6	Other
5	Other government payment		
0, E	**Primary Payer:** Other non-managed care; PPO and other managed care not listed elsewhere		
0, A, E	**Secondary Payer:** Other non-managed care; Other or principal source of payment covered in full; PPO and other managed care not listed elsewhere		
Blank	**Primary Payer:**	.	Missing
"N",Blank	**Secondary Payer:**None	.	Missing
Other values		.A	Invalid

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

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

Michigan

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

Any values not documented by the data source	.A	Invalid

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)			
24	State Industrial Insurance System (SIIS)			

	(beginning in 2005)		
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		
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	6	Other
23	County Indigent Referral (those already qualified for, or being referred to, the County Indigent program)		
24	State Industrial Insurance System (SIIS) (valid through 2004)		
99, Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Jersey

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

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

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

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

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

471	Blue Cross Plan: Hawaii - all other groups	3	Private Insurance
865	Blue Cross Plan: Pennsylvania - Camp Hill (effective 1/95)	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: NJ Carpenter's Health Fund	3	Private Insurance
107	Commercial: AARP (effective 4/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Continental Assurance	3	Private Insurance
125	Commercial: Equitable	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Metropolitan Life	3	Private Insurance
155	Commercial: Mutual of Omaha	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Prudential	3	Private Insurance

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

036	HMO: Principal HMO (Effective 8/97)	3	Private Insurance
037	HMO: Mission Health Plans (effective 8/97)	3	Private Insurance
043	HMO: Crossroads Health Plan (1994 only)	3	Private Insurance
044	HMO: Cumberland Regional Health Plan (1994 only)	3	Private Insurance
045	HMO: HIP of NJ	3	Private Insurance
046	HMO: HIP of Greater NJ (1994 only)	3	Private Insurance
047	HMO: HMO Blue (Medigroup Central)	3	Private Insurance
048	HMO: HMO of PA-NJ (US Healthcare) & (AETNA Health Plans of NJ, Inc.)	3	Private Insurance
049	HMO: Rutgers Community Health Plan (1994 only)	3	Private Insurance
051	HMO: Southern Inter-County Med Assn (1994 only)	3	Private Insurance
052	HMO: Valley Health Plan (1994 only)	3	Private Insurance
053	HMO: AETNA Health Plans of New Jersey, Inc. (discontinued 6/98)	3	Private Insurance
054	HMO: HMO of NJ (1994 only)	3	Private Insurance
055	HMO: Omni Care (1994 only)	3	Private Insurance
056	HMO: CIGNA HealthCare of Northern NJ, Inc.	3	Private Insurance
057	HMO: Bergen County IPA (1994 only)	3	Private Insurance
058	HMO: PruCare of NJ	3	Private Insurance
059	HMO: Other HMO	3	Private Insurance
061	HMO: MetraHealth Care Plan of Upstate New York (discontinued 6/98)	3	Private Insurance
062	HMO: Garden State Health Plan (discontinued 6/98)	3	Private Insurance

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

087	HMO: Liberty Health Plan (effective 11/96)	3	Private Insurance
088	HMO: Managed Health Care Systems of 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: Premier Preferred Care of New Jersey	3	Private Insurance
091	Miscellaneous: Union Insurance	3	Private Insurance
093	Miscellaneous: MAGNET (Magna Care) (effective 1/95)	3	Private Insurance
096	Miscellaneous: QualCare (effective 1/95)	3	Private Insurance
309	No Fault: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other	3	Private Insurance
095	Miscellaneous: Indigent	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Miscellaneous: Hospital Responsibility	5	No charge
014	Champus	6	Other
016	Department of Vocational Rehabilitation		
092	Miscellaneous: Personnel Health Program		
099	Miscellaneous: Other		
019	Other Government		
013	Title V (Material and Child Health)		
205	Worker's Compensation: Aetna		
211	Worker's Compensation: Insurance		

	Company of North America		
215	Worker's Compensation: Liberty Mutual		
221	Worker's Compensation: Employers Mutual		
225	Worker's Compensation: New Jersey Manufacturers		
231	Worker's Compensation: Travelers		
299	Worker's Compensation: Other		
000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

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

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

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

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

936	Blue Cross: Washington, Spokane (1994 only)	3	Private Insurance
971	Blue Shield: Hawaii (1994 only)	3	Private Insurance
105	Commercial: Aetna	3	Private Insurance
106	Commercial: New Jersey Carpenters' Health Fund	3	Private Insurance
107	AARP (effective beginning 4/1/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Continental Assurance	3	Private Insurance
125	Commercial: Equitable	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Metropolitan Life	3	Private Insurance
155	Commercial: Mutual of Omaha	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Prudential	3	Private Insurance
175	Commercial: Travelers	3	Private Insurance
181	Commercial: Washington National Insurance	3	Private Insurance
185	Commercial: New Jersey Auto Dealers Association	3	Private Insurance

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

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

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

093	Misc: Magnet (Magna Care) (effective beginning 1/95)	3	Private Insurance
094	HMO: Physician Health Services of New Jersey, Inc. (effective beginning 11/8/96)	3	Private Insurance
096	Misc: Qual Care (effective beginning 11/8/96)	3	Private Insurance
097	HMO: University Health Plans, Inc. (effective beginning 11/8/96)	3	Private Insurance
091	Misc: Union Insurance	3	Private Insurance
309	No Fault: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other No Fault	3	Private Insurance
095	Miscellaneous: Indigent (effective beginning 1/93)	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Misc: Hospital Responsibility	5	No charge
014	CHAMPUS	6	Other
016	Department of Vocational Rehabilitation		
092	Misc: Personnel Health Program		
099	Misc: Other		
018	New Jersey State Health Benefits Plan		
019	Other Government		
013	Title V (Material and Child Health)		
205	Workers' Comp: Aetna		
211	Workers' Comp: Insurance Company of North America		
215	Workers' Comp: Liberty Mutual		
221	Workers' Comp: Employers Mutual		
225	Workers' Comp: New Jersey Manufacturers		
231	Workers' Comp: Travelers		
299	Workers' Comp: Other Workers'		

	Compensation		
095	Misc: Indigent (effective from 1988-1992)		
000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New York

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

New York

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

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

10	Other		
Blank	**Primary:**	.	Missing
Blank, 00	**Secondary:**	.	Missing
Other Values		.A	Invalid

North Carolina

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

Oregon

Oregon	
(Valid beginning in 1998)	
PAY1_X, PAY2_X, and PAY3_X	**PAY1 and PAY2**

Value	Description	Value	Description
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
X	HMO/Oregon Health Plan (Medicaid)		
B	Blue Cross/Blue Shield	3	Private Insurance
I	Commercial Insurance		
S	Self-Insured		
H	HMO/Managed Care		
K	Kaiser Permanente		
Y	PPO		
P	Self Pay	4	Self-pay
Z	Medically Indigent, Free, Research	5	No charge
W	Workers Compensation	6	Other
C	CHAMPUS		
E	County or State		
L	Managed Assistance		
N	Division of Health Services		
O	Other		
T	Title V		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Oregon			
(Valid from 1995-1997)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
M	Medicare	1	Medicare
D, X	Medicaid: HMO/Oregon Health Plan (Medicaid)	2	Medicaid
B	Blue Cross/Blue Shield	3	Private Insurance
I, Y, S	Commercial Insurance; PPO; Self-insured		
H, K	HMO/Managed Care; Kaiser Permanente		
P	Self Pay	4	Self-pay
Z	Medically Indigent/Free/Research	5	No charge

T	Title V			
W	Workers' Compensation			
C	CHAMPUS	6	Other	
E, L, N	County of State; Managed Assistance; Division of Health Services			
O	Other			
Blank	Missing	.	Missing	
Other Values		.A	Invalid	

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

Rhode Island

Rhode Island				
(Valid beginning in 2003)				
PAY1_X		PAY1		
Value	Description	Value	Description	
0	Medicare	1	Medicare	
M	Medicare FFS			
1	Medicaid	2	Medicaid	

G	Rite Care, Rhode Island's Medicaid managed care program		
H	Neighborhood Health Plan - affiliated with Rite Care		
5	Blue Cross	3	Private Insurance
6	Commercial		
A	HMO		
C	Harvard Pilgrim - managed care		
D	United/Ocean State		
E	Blue Chip, HMO Rhode Island		
F	Other HMO		
I	Tufts Health Plan		
J	US Health Care		
K	Blue Cross, not otherwise specified		
Z	Unknown HMO		
7	Self-pay	4	Self-pay
9	Free care, no charge	5	No charge
B	CHAMPUS	6	Other
2	Title V		
3	Other government		
4	Workers' Compensation		
8	Other		
X,Y, Blank	Insurance error, Missing Info	.	Missing
Any values not documented by the data source		.A	Invalid

Rhode Island			
(Valid through 2002)			
PAY1_X		PAY1	
Value	Description	Value	Description
1	Medicare	1	Medicare
2	Medicare managed care		
3	Medicaid fee for service	2	Medicaid
4	Rite Care, Rhode Island's Medicaid managed care program		

5	Medicaid managed care, not otherwise specified		
9	Commercial	3	Private Insurance
6	Blue Cross		
7	Blue Chip, HMO Rhode Island		
8	United		
13	Self-pay	4	Self-pay
14	Free care, no charge	5	No charge
10	CHAMPUS	6	Other
11	Worker's Comp		
12	Other		
99, Blank	Error, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

South Carolina

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

South Carolina

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

South Carolina				
(Valid from 1998-1999)				
PAY1_X and PAY2_X			**PAY1 and PAY2**	
Value	**Description**		**Value**	**Description**
6	Medicare		1	Medicare
7	Medicaid		2	Medicaid
12	Commercial, unspecified		3	Private insurance
13	Commercial, unspecified		3	Private insurance
14	Commercial, unspecified		3	Private insurance
16	HMO		3	Private Insurance
1	Self-pay		4	Self-pay
--			5	No charge
2	State or county indigent program,		6	Other

	unspecified		
3	State or county indigent program, unspecified		
4	State or county indigent program, unspecified		
5	Champus		
8	State or county indigent program, unspecified		
9	Worker's Compensation		
10	State or county indigent program, unspecified		
11	State or county indigent program, unspecified		
15, Blank	Not Stated, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

Utah

In Utah, hospitals report plan-specific expected payer codes. The data organization that provides the Utah source files to HCUP (the Office of Health Care Statistics, Utah of Department of Health) maps the plan-specific payer codes into grouped payer

categories. The data source reports that self-pay/uninsured are not identified very effectively since the original data are mostly based on billing information and they do not have any way to determine whether the payer declined to pay. There is a field for "patient as payer" on the source file, but it is not reliable coded and is only submitted by a small number of hospitals. HCUP receives only the grouped payer code.

Utah				
(Valid beginning in 1998)				
PAY1_X, PAY2_X and PAY3_X			PAY1 and PAY2	
Value	Description		Value	Description
01	Medicare		1	Medicare
02	Medicaid		2	Medicaid
04	Blue Cross/Blue Shield		3	Private Insurance
05	Other commercial		3	Private Insurance
06	Managed care (HMO and PPO)		3	Private Insurance
07	Self pay		4	Self-pay
--			5	No charge
03	Other government		6	Other
08	Industrial and Worker's compensation			
09	Unclassified			
12	Other			
13	Children's Health Insurance Plan (CHIP)			
10, 99, Blank	Unknown, Not reported, Missing		.	Missing
Any values not documented by the data source			.A	Invalid

Utah				
(Valid for 1997)				
PAY1_X, PAY2_X and PAY3_X			PAY1 and PAY2	
Value	Description		Value	Description
01	Medicare		1	Medicare
02	Medicaid		2	Medicaid

04	Blue Cross/Blue Shield	3	Private Insurance
05	Other commercial		
06	Managed care (HMO and PPO)		
07	Self pay	4	Self-pay
--		5	No charge
03	Other government	6	Other
08	Industrial and Worker's compensation		
09	Unclassified		
12	Other		
10, 99, Blank	Unknown, Not reported, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

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

Vermont

After the 2002 Vermont SID file was created, the data source reported that a small number of discharges have incorrect information. The following hospitals are affected.

DSHOSPID	Discharges with Correct Information
6950	3 neonatal discharges with incorrect principal diagnosis
6952	1 discharge with incorrect date of birth
6953	1 discharge with incorrect principal diagnosis 2 neonatal discharges missing secondary diagnosis of V3000
6955	3 discharge with incorrect principal diagnosis
6956	1 discharge with incorrect gender
6957	2 discharges with incorrect principal diagnosis 3 discharges with incorrect principal procedure 4 discharges that incorrect patient disposition 8 discharges with a incorrect primary payer
6958	9 discharges with incorrect discharge date and length of stay
6959	1 discharge with incorrect principal diagnosis
6962	1 discharge with incorrect admission date and length of stay 1 discharge with incorrect discharge date and length of stay 2 discharges with incorrect principal procedure
6963	24 discharges missing principal procedure "4524", procedure date, and operating physician
Total	66 discharges

Washington

Washington			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
001	Medicare	1	Medicare
002	Medicaid (DSHS)	2	Medicaid
004	Health Maintenance Organization (HMO) (e.g., Group Health, Kaiser Foundation, Good Health)	3	Private Insurance
006	Commercial insurance (e.g., AETNA, Mutual of Omaha, Safeco)	3	Private Insurance
610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service)	3	Private Insurance
009	Self-pay	4	Self-pay
630	Charity Care as defined in WAC 246-453-010	5	No charge

008	Workers Compensation (includes state fund, self insured employers, and Labor and Industries crime victims claims)	6	Other
625	Other Sponsored Patients (e.g., CHAMPUS, Indian Health)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Washington			
(Valid from 1988-1997)			
PAY1_X and PAY2_X		PAY1 and PAY2	
Value	Description	Value	Description
001	Medicare	1	Medicare
002	Medicaid (DSHS)	2	Medicaid
004	Health Maintenance Organization (HMO) (e.g., Group Health, Kaiser Foundation, Good Health)	3	Private Insurance
006	Commercial insurance (e.g., AETNA, Mutual of Omaha, Safeco)		
610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service) (Beginning in 1994)		
009	Self-pay	4	Self-pay
630	Charity Care as defined in WAC 246-453-010	5	No charge
008	Workers Compensation (includes state fund, self insured employers, and Labor and Industries crime victims claims)	6	Other
610	Health Care Service Contractors (e.g., Blue Cross, county medical bureaus, Washington Physicians Service) (Prior to 1994)		
625	Other Sponsored Patients (e.g., CHAMPUS, Indian Health)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

West Virginia

West Virginia
(Valid beginning in 2000)

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

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

PAYER1_X and PAYER2_X	
3rd digit = "1"	Fee for Service/Indemnity
3rd digit = "2"	DRG Prospective Payment System
3rd digit = "3"	Point of Service
3rd digit = "3"	Point of Service
3rd digit = "4"	HMO
3rd digit = "5"	Other Managed Care (including PPO)

3rd digit not equal 1-5	Unknown or not elsewhere classified

Wisconsin

Wisconsin			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
MED01	Medicare - Fee for service, non-HMO Medicare, or non-HMO Medicaid	1	Medicare
MED02	Medicare - Alternative health care insurance plans (HMO, PPO, PPA, etc.)	1	Medicare
MED09	Medicare - Unable to determine insurance type	1	Medicare
T1901	Wisconsin Medicaid - Fee for service	2	Medicaid
T1902	Wisconsin Medicaid - Alternative health care insurance plans	2	Medicaid
T1909	Wisconsin Medicaid - type unknown	2	Medicaid
OTH51	Non-Wisconsin Medicaid	2	Medicaid
WPS01	Wisconsin Physicians Service - Fee for service	3	Private Insurance
WPS02	Wisconsin Physicians Service - Alternative health care insurance plans	3	Private Insurance
WPS09	Wisconsin Physicians Service - type unknown	3	Private Insurance
OTH11	Commercial or private insurance - Fee for service	3	Private Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative	3	Private

	health care insurance plans		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)			

Wisconsin			
(Valid from 1989-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
MED01	Medicare - Fee for service, non-HMO Medicare, or non-HMO Medicaid	1	Medicare
MED02	Medicare - Alternative health care insurance plans (HMO, PPO, PPA, etc.)		
MED09	Medicare - Unable to determine insurance type		
T1901	Wisconsin Medicaid - Fee for service	2	Medicaid
T1902	Wisconsin Medicaid - Alternative health care insurance plans		
T1909	Wisconsin Medicaid - type unknown		
OTH51	Non-Wisconsin Medicaid		
WPS01	Wisconsin Physicians Service - Fee for service	3	Private Insurance
WPS02	Wisconsin Physicians Service - Alternative health care insurance plans	3	Private Insurance
WPS09	Wisconsin Physicians Service -	3	Private

	type unknown		Insurance
OTH11	Commercial or private insurance - Fee for service	3	Private Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative health care insurance plans	3	Private Insurance
OTH29	Employer self-funded - type unknown	3	Private Insurance
OTH31	Other organization self-funded - Fee for service	3	Private Insurance
OTH32	Other organization self-funded - Alternative health care insurance plans	3	Private Insurance
OTH39	Other organization self-funded - type unknown	3	Private Insurance
nnn01, where nnn is a 3-digit code	Blue Cross - Fee for service	3	Private Insurance
nnn02, where nnn is a 3-digit code	Blue Cross - Alternative health care insurance plans	3	Private Insurance
nnn09, where nnn is a 3-digit code	Blue Cross - type unknown	3	Private Insurance
OTH61	Self-pay	4	Self-pay
--		5	No charge
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)	6	Other
CHA02	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA03	CHAMPUS, CHAMPVA (effective beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		

OTH53	General Relief		
OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown		
bbb00, where b is a blank	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid

PAY1_N - Expected primary payer, nonuniform

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

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

Uniform Values

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

State Specific Notes

Arizona

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

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

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

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

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

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

California
HMO Payers

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

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

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

Title V

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

CHAMPUS/CHAMPVA

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

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

Medically Indigent Services

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

Colorado

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

HMO/PPO	
1988 - 1992	The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability", no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.
Beginning 1993	The source reports separate categories for HMO/PPO (PAY1_N = 5), Medicare HMO (PAY1_N = 1), Medicaid HMO (PAY1_N = 2), and HMO/PPO service provided by other payers "Other Liability, No Fault Auto, and Home Casualty Insurance" (PAY1_N = 4).
CHAMPUS/CHAMPVA	
1988 -	The source does not separately classify

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

Florida

Medicare

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

Medicaid

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

Blue Cross

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

Self-pay, Charity, and Underinsured

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

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

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

Iowa

Iowa data do not separately classify:

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

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

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

Maryland

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

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

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

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

Massachusetts

For all years, Massachusetts does not separately classify Title V (PAY1_N = 8) or CHAMPUS/CHAMPVA (PAY1_N = 10). The source documentation available for Massachusetts did not indicate which payer type(s) were used for Title V or CHAMPUS/CHAMPVA.

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

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

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

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

New Jersey

Unusual pay sources were recoded as follows:

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

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

New Jersey
Misreported Medicare Payers

Beginning in April 1994 and continuing through 1995, Memorial Hospital of Burlington County (DSHOSPID = 00570) incorrectly reported some Medicare Payers as other payer groups:

1994	1995	Reported As:
846	959	Medicaid

20	18	Maternal and Child Health
1	5	CHAMPUS

New York

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

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

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

Beginning in 1993:

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

Oregon

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

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

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

In 1995, two source categories for payer were added:

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

Utah

Utah does not separately classify:

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

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

Washington

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

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

Wisconsin

Wisconsin does not separately classify:

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

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

PAY1_X - Expected primary payer, as received from data source

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

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

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

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

PAY1_X is included in the NIS beginning in 1998.

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

State Specific Notes

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

PAYER1_X - Expected primary payer identifier, plan specific

General Notes

PAYER1_X retains the expanded, detailed expected primary payer plan codes provided by the data source. PAY1_X contains payer categories (e.g., commercial insurance); more detailed, plan-specific codes are reported in PAYER1_X (e.g., AETNA and United Healthcare). The original values have not been recoded into uniform HCUP values and are source-specific.

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

State Specific Notes

California

The 4-digit plan code numbers provided by California represent the name of the Knox-Keene licensed plan or Medi-Cal County Organized Health System. In California, HMOs are regulated under the Knox-Keene Health Care Service Plan Act of 1975.

If the plan code numbers are the same and the plan names are different, it means they belong to the same "parent" plan.

Knox-Keene Licensed Plans and Plan Code Numbers	
Plan Code Numbers	Plan Code Names
0000	Plan Code not applicable
0176	Aetna Health Plans of California, Inc.
0328	Alameda Alliance for Health
0322	American Family Care

0303	Blue Cross of California
0043	Blue Shield of California
0314	BPS HMO
0352	Brown and Toland Medical Group
0365	Calaveras Provider Network
0326	Care 1st Health Plan
0234	Careamerca-Southern California, Inc.
0278	Chinese Community Health Plan
0152	Cigna Healthcare of California, Inc.
0200	Community Health Group
0248	Community Health Plan (County of Los Angeles)
0360	Concentrated Care, Inc.
0054	Contra Costa Health Plan
0350	FPA Medical Management of California, Inc.
0327	Great American Health Plan
0317	Greater Pacific HMO, Inc.
0292	HAI
0277	Healthmax America
0300	Health Net
0126	Health Plan of America (HPA)
0159	Health Plan of the Redwoods
0357	Heritage Provider Network, Inc.
0346	Inland Empire Health Plan
0151	Inter Valley Health Plan
0289	Kaiser Foundation Added Choice Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0335	Kern Health Systems, Inc.
0343	Key Health Plan of California
0142	Lifeguard, Inc.
0355	LA Care Health Plan
0196	Managed Health Network
0002	Maxicare
0298	MCC Behavioral Care of California, Inc.
0345	MedPartners Provider Network, Inc.
0266	Metrahealth Care Plan

0288	Merit Behavioral Care of California, Inc.
0270	Monarch Plan, Inc.
0222	National Health Plans
0222	National HMO
0235	Occupational Health Services (OHS)
0238	Omni Healthcare, Inc.
0325	One Health Plan of California, Inc.
0301	Pacificare Behavioral Health of California, Inc.
0126	Pacificare of California
0237	Priorityplus of California
0296	Prucare Plus
0300	Qualmed Plans for Health
0354	Regents of the University of California
0349	San Francisco Health Plan
0351	Santa Clara County Family Health Plan
0126	Secure Horizons
0310	Sharp Health Plan
0212	Smartcare Health Plan
0338	The Health Plan of San Joaquin
0324	Tower Health Service
0266	UHC Healthcare
0008	UHP Healthcare
0209	Universal Care
0236	Valley Health Plan
0293	Value Behavioral Health of California, Inc.
0344	Ventura County Health Care Plan
0102	Vista Behavioral Health Plan
0348	Western Health Advantage
8000	Other

Medi-Cal County Organized Health Systems and Plan Code Numbers	
Plan Code Numbers	Plan Code Names
0000	Plan Code not applicable
9030	Cal Optima (Orange County)

9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9044	Santa Cruz County Health Options (Santa Cruz County)
9048	Solano Partnership Health Plan (Solano County)

Maryland

Beginning in 2003, HCUP retained the managed care payer information on the AS/ED files. PAYER1_X includes the plan name of the managed care payer. This includes the health maintenance organizations (HMO), managed care organizations (MCO), and provider sponsored organizations (PSO). Source definitions are

Code	Description
01	AETNA Health Plan Atlantic
02	CapitalCare (Blue Cross National Capital Area)
03	CFS Health Group (Carefirst, Freestate, Potomac Health)
04	Chesapeake Health Plan
05	CIGNA Healthcare MidAtlantic Inc.
06	Columbia Medical Plan
07	Delmarva Health Plan
08	Humana Group Health Plan
09	GWU Health Plans
10	NYL Care (HealthPlus, Inc., Sanus, New York Life Care, New York Life)
11	Kaiser Permanente
12	MAMSI (MDIPA, Optimum Choice, Alliance)
13	Total Health Care
14	U.S. Healthcare
15	Prudential Healthcare Plan - Mid Atlantic
16	Principal Health Care of Mid Atlantic
17	Preferred Health Network of MD
18	Physicians Health Plan Inc.
19	Principal Health\Care of Delaware, Inc.
20	Maryland Physicians Care
21	Helix Family Health

22	JAI Medical
23	Priority Partners
24	United HealthCare
25	New American Health
26	Prime Health
29	Other HMO/MCO/PSO

Source values for "Not Applicable" and "Unknown" are recoded to missing (PAYER1_X = " ").

Massachusetts

PAYER1_X includes specific payment plan identifiers. Source definitions follow.

Pay Code	Source of Payment
1	Harvard Community Health Plan
2	Bay State - a product of HMO Blue
3	Network Blue (PPO)
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)
5	Invalid (replaced by #9)
6	Invalid (replaced by #251)
7	Tufts Associated Health Plan
8	Pilgrim Health Care
9	United Health Plan of New England (Ocean State)
10	Pilgrim Advantage - PPO
11	Blue Care Elect
12	Invalid (replaced by #49)
13	Community Health Plan Options (New York)
14	Health New England Advantage POS
15	Invalid (replaced by #158)
16	Invalid (replaced by #172)
17	Prudential Healthcare POS
18	Prudential Healthcare PPO
19	Matthew Thornton

20	HCHP of New England (formerly RIGHA)
21	Commonwealth PPO
22	Aetna Open Choice PPO
23	Guardian Life Insurance Company PPO
24	Health New England, Inc.
25	Pioneer Plan
26	Invalid (replaced by #75)
27	First Allmerica Financial Life Insurance PPO
28	Great West Life PPO
29	Invalid (replaced by #171 and 250)
30	CIGNA (Indemnity)
31	One Health Plan HMO (Great West Life)
32	Invalid (replaced by #157 and 158)
33	Mutual of Omaha PPO
34	New York Life Care PPO
35	United Healthcare Insurance Company - HMO (New for 1997)
36	United Healthcare Insurance Company - PPO (New for 1997)
37	HCHP-Pilgrim HMO (integrated product)
38	Health New England Select (self-funded)
39	Pilgrim Direct
40	Kaiser Foundation
41	Invalid (replaced by #157)
42	ConnectiCare of Massachusetts
43	MEDTAC
44	Community Health Plan
45	Health Source New Hampshire
46	Blue CHiP (BCBS Rhode Island)
47	Neighborhood Health Plan
48	US Healthcare
49	Healthsource CMHC Plus PPO
50	Blue Health Plan for Kids
51	Aetna Life Insurance
52	Boston Mutual Insurance
53	Invalid (no replacement)
54	Continental Assurance Insurance

55	Guardian Life Insurance
56	Hartford L&A Insurance
57	John Hancock Life Insurance
58	Liberty Life Insurance
59	Lincoln National Insurance
60	Invalid (replaced by #97)
61	Invalid (replaced by #96)
62	Mutual of Omaha Insurance
63	New England Mutual Insurance
64	New York Life Care Indemnity (New York Life Insurance)
65	Paul Revere Life Insurance
66	Prudential Insurance
67	First Allmercia Financial Life Insurance
68	Invalid (replaced by #96)
69	Corporate Health Insurance Liberty Plan
70	Union Labor Life Insurance
71	ADMAR
72	Healthsource New Hampshire
73	United Health and Life (subsidiary of United Health Plans of NE)
74	United Healthcare Insurance Company (New for 1997)
75	Prudential HMO
76	Invalid (replaced by #270)
77	Options for Healthcare PPO
78	Phoenix Preferred PPO
79	Pioneer Health Care PPO
80	Tufts Total Helath Plan PPO
81	HMO Blue
82	John Hancock Preferred
83	US Healthcare Quality Network Choice-PPO
84	Private Healtcare Systems PPO
85	Liberty Mutual
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)
87	CIGNA PPO
88	Freedom Care

89	Great West/NE Care
90	Healthsource Preferred (self-funded)
91	New England Benefits
92	Invalid (replaced by #84, 166, 184)
93	Psychological Health Plan
94	Time Insurance Co.
95	Pilgrim Select - PPO
96	Metrahealth (United Health Care of NE)
97	UniCare
98	Healthy Start
99	Other POS (not listed elsewhere)
100	Transport Life Insurance
101	Quarto Claims
102	Wausau Insurance Company
103	Medicaid
104	Medicaid Managed Care-Primary Care Clinician (PCC)
105	Invalid (replaced by #111)
106	Medicaid Managed Care-Central Mass Health Care
107	Medicaid Managed Care-Community Health Plan
108	Medicaid Managed Care-Fallon Community Health Plan
109	Medicaid Managed Care-Harvard Community Health Plan
110	Medicaid Managed Care-Health New England
111	Medicaid Managed Care-HMO Blue
112	Medicaid Managed Care-Kaiser Foundation Plan
113	Medicaid Managed Care-Neighborhood Health Plan
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)
115	Medicaid Managed Care-Pilgrim Health Care
116	Medicaid Managed Care-Tufts Associated Health Plan
117	Invalid (no replacement)
118	Medicaid Mental Helath & Substance Abuse Plan - Mass Behavioral Health Partnership
119	Medicaid Managed Care Other (not listed elsewhere) ***
120	Out-of-State Medicaid
121	Medicare

122	Invalid (replaced by #235)
123	Invalid (no replacement)
124	Invalid (replaced by #230)
125	Medicare HMO - Fallon Senior Plan
126	Invalid (replaced by #230)
127	Medicare HMO - Health New England Medicare Wrap **
128	Mediare HMO - HMO Blue for Seniors **
129	Medicare HMO - Kaiser Medicare Plus Plan **
130	Invalid (replaced by #232 and 233)
131	Medicare HMO - Pilgrim Enhance 65 **
132	Medicare HMO - Matthew Thornton Senior Plan
133	Medicare HMO - Tufrts Medicare Supplement (TMS)
134	Medicare HMO - Other (not listed elsewhere) ***
135	Out-of-State Medicare
136	BCBS Medex **
137	AARP/Medigap supplement **
138	Banker's Life and Casualty Insurance **
139	Bankers Multiple Line **
140	Combined Insurance Company of America **
141	Other Medigapy (not listed elsewhere) ***
142	Blue Cross Indemnity
143	Free Care
144	Other Government
145	Self-Pay
146	Worker's Compensation
147	Other Commercial (not listed elsewhere) ***
148	Other HMO (not listed elsewhere) ***
149	PPO and Other Managed Care (not listed elsewhere) ***
150	Other Non-Managed care (not listed elsewhere) ***
151	CHAMPUS
152	Foundation
153	Grant
154	BCBS Other (not listed elsewhere) ***
155	Blue Cross Managed Care Other (not listed elsewhere) ***
156	Out of state BCBS

157	Metrahealth - PPO (United Health Care of NE)
158	Metrahealth - HMO (United Health Care of NE)
159	None (valid only for secondary source of payment)
160	Blue Choice (includes Healthflex Blue) - POS
161	Aetna Managed Choice POS
162	Great West Life POS
163	United Healthcare Insurance Company - POS (New for 1997)
164	Healthsource CMHC Plus POS
165	Healthsource New Hampshire POS (self-funded)
166	Private Healthcare Systems POS
167	Fallon POS
168	Reserved
169	Kaiser Added Choice
170	US Healthcare Quality POS
171	CIGNA POS
172	Metrahealth - POS (United Health Care of NE)
173-180	Reserved
181	First Allmercia Financial Life Insurance EPO
182	UniCare Preferred Plus Managed Access EPO
183	Pioneer Health Care EPO
184	Private Healthcare Systems EPO
185-198	Reserved
199	Other EPO (not listed elsewhere) ***
200	Hartford Life Insurance Co.
201	Mutual of Omaha **
202	New York Life Insurance **
203-209	Reserved
210	Medicare HMO - Pilgrim Preferred 65 **
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus **
212	Medicare HMO - Healthsource CMHC Central Care Supplement **
213-219	Reserved
220	Medicare HMO - Blue Care 65
221	Medicare HMO - Harvard Community Health Plan 65

222	Medicare HMO - Healthsource CMHC
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus
224	Medicare HMO - Tufts Secure Horizons
225	Medicare HMO - US Healthcare
226-229	Reserved
230	Medicare HMO - HCHP First Seniority
231	Medicare HMO - Pilgrim Prime
232	Medicare HMO - Seniorcare Direct
233	Medicare HMO - Seniorcare Plus
234	Medicare HMO - Managed Blue for Seniors
235-249	Reserved
250	CIGNA HMO
251	Healthsource CMHC HMO
252-269	Reserved
270	UniCare Preferred Plus PPO
127	Medicare HMO - Health New England Medicare Wrap
128	Medicare HMO - HMO Blue for Seniors
129	Medicare HMO - Kaiser Medicare Plus Plan
131	Medicare HMO - Pilgrim Enhance 65
133	Medicare HMO - Tufts Medicare Supplement (TMS)
136	BCBS Medex
137	AARP/Medigap Supplement
138	Banker's Life and Casualty Insurance
139	Bankers Multiple Line
140	Combined Insurance Company of America
141	Other Medigap (not listed elsewhere) ***
200	Hartford Life Insurance Co.
201	Mutual of Omaha
202	New York Life Insurance Company
210	Medicare HMO - Pilgrim Preferred 65
211	Neighborhood Health Plan Senior Health Plus
212	Medicare HMO - Healthsource CMHC Central Care Supplement

Maine

For Maine, PAYER1_X includes a text string that identifies the principal payer.

Vermont

PAYER1_X/PAYER2_X	
Value	Description
B1001	Blue Cross - Maine
B1002	Blue Cross - Massachusetts
B1003	Blue Cross - National
B1004	Blue Cross - New Hampshire
B1005	Blue Cross - New York
B1006	Blue Cross - Vermont
B9009	Blue Cross - Other
C8888	Champus - No Sub ID Needed
D1001	Medicaid - Maine
D1002	Medicaid - Massachusetts
D1004	Medicaid - New Hampshire
D1005	Medicaid - New York
D1006	Medicaid - Vermont
D2001	Medicaid - BC
D2002	Medicaid - CHP Kaiser
D2003	Medicaid - VHAP
D9009	Medicaid - Other
E8888	Other Government Plans - No Sub ID Needed
H2002	HMO - CHP Kaiser
H3001	HMO - Healthsource/Cigna
H3002	HMO - TVHP
H3003	HMO - Matthew Thornton
H3004	HMO - MVHP
H9009	HMO - Other
I8888	Commercial - No Sub ID Needed
M4001	Medicare - Standard Medicare
M4002	Medicare - Managed Care
P8888	Self Pay - No Sub ID Needed
W8888	Workers Comp - No Sub ID Needed
Z8888	Medically Indigent/Free - No Sub ID Needed

West Virginia

Detailed payer information is available in the 4-digit payer variable PAYER1_X.

The first digit indicates the type of payer:

1st Digit - Type of Payer	Description
1	Federal Government
2	West Virginia State Government
3	Other States' Government
4	Commercial
5	Non-profit
6	Employer/ERISA/Union
7	Uninsured
8	Unknown
9	NEC

The payment program is indicated by the second digit.

1st Digit - Type of Payer	2nd Digit - Payment Program	Description
1	1	Medicare
1	2	DOL - Black Lung
1	3	Railroad Workers
1	4	UMWA Trusts
1	5	Veterans Administration
1	6	Federal Bureau Corrections
1	7	CHAMPUS
1	8	(Reserved)
1	9	Federal NEC
2	1	West Virginia Medicaid
2	2	West Virginia Workers' Compensation

2	3	West Virginia Rehabilitation
2	4	West Virginia PEIA
2	5	West Virginia Maternal & Child Health
2	6	West Virginia Department of Corrections
2	7	West Virginia County/Local Corrections
2	8	(Reserved)
2	9	West Virginia Government NEC
3	1	Other States' Medicaid
3	2	Other States' Workers' Compensation
3	3-7	(Unassigned)
3	8	(Reserved)
3	9	Other States' Government NEC
4	1	Acordia
4	2	Advantage
4	3	Aetna
4	4	Health Plan of the Upper Ohio Valley
4	5	Prudential
4	6-7	(Unassigned)
4	8	(Reserved)
4	9	Commercial NEC
5	1	AARP
5	2	Blue Cross of Virginia
5	3	Mountain State Blue Cross
5	4	Other Blues
5	5-7	Unassigned
5	8	(Reserved)
5	9	Non-Profit NEC

6	1	Camcare
6	2	National Association Letter Carriers
6	3	Teamsters
6	4	UMWA
6	5-7	(Unassigned)
6	8	(Reserved)
6	9	Employer/ERISA/Union NEC
7	1	Self-pay
7	2	Charity
7	3-9	(Reserved)
8	8	Unknown
9	9	NEC

The payment modality is indicated by the third digit.

3rd Digit - Payment Modality	Description
1	Fee for Service/Indemnity (FFS)
2	DRG Prospective Payment System (PPS)
3	Point of Service (POS)
4	HMO
5	Other Managed Care
6	(Unassigned)
7	(Unassigned)
8	Unknown
9	NEC

The HMO information is indicated by the fourth digit

4th Digit - HMO	Description

0	None
1	Acordia - Primeone
2	Advantage - Healthguard
3	Carelink
4	Coventry Health Plan (OH)
5	Health Plan of the Upper Ohio Valley (OH)
6	Optimum Choice - (MD)
7	(Unassigned)
8	Unknown
9	NEC

PAY2 - Expected secondary payer, uniform

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

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

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

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

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

Uniform Values

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

State Specific Notes

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

PAY2_N - Expected secondary payer, nonuniform

General Notes

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

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

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

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

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

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

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

State Specific Notes

Maryland

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

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

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

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

Massachusetts

For all years:

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

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

Source Payer	HCUP Payer	PAY2_N
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2

Blue Cross Managed Care	Blue Cross, Blue Cross PPO	3
Commercial Managed Care	Commercial, PPO	4
Other Non-Managed Care	Other	12

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

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

New Jersey

Unusual pay sources were recoded as follows:

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

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

New Jersey

Misreported Medicare Payers

Beginning in April 1994 and continuing through 1995, Memorial Hospital of Burlington County (DSHOSPID = 00570) incorrectly reported some Medicare Payers as other payer groups:

1994	1995	Reported As
846	959	Medicaid
20	18	Maternal & Child Health
1	5	CHAMPUS

New York

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

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

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

Beginning in 1993:

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

Oregon

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

- "Alternative Delivery System" (PAY2_N = 5),
- "No Charge" (PAY2_N = 7),
- "TITLE V" (PAY2_N = 8), or
- "CHAMPUS, CHAMPVA" (PAY2_N = 10).

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

In 1995, two source categories for payer were added:

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

Utah

Utah does not separately classify:

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

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

Washington

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

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

Wisconsin

Wisconsin does not separately classify:

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

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

PAY2_X - Expected secondary payer, as received from data source

<table>
<tr><td colspan="1" align="center">General Notes</td></tr>
</table>

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

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

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

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

PAY2_X is included in the NIS beginning in 1998.

<table>
<tr><td colspan="4" align="center">Uniform Values</td></tr>
<tr><td>Variable</td><td>Description</td><td>Value</td><td>Value Description</td></tr>
<tr><td>PAY2_X</td><td>Expected secondary payer, as received from data source</td><td>n(a)</td><td>State specific coding - See the "State Specific Notes" section for details</td></tr>
</table>

<table>
<tr><td colspan="1" align="center">State Specific Notes</td></tr>
</table>

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

PAYER2_X - Expected secondary payer identifier, plan specific

General Notes

PAYER2_X retains the expanded, detailed expected secondary payer plan codes provided by the data source. PAY2_X contains payer categories (e.g., commercial insurance); more detailed, plan-specific codes are reported in PAYER2_X (e.g., AETNA and United Healthcare). The original values have not been recoded into uniform HCUP values and are source-specific.

Information on the definition of the source values contained in PAYER2_X is available under the variable note for PAYER1_X.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PAYER2_X	Expected secondary payer identifier, plan specific	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAYER1_X.

PAY3_X - Expected tertiary payer, as received from data source

PAY3_X retains the expected tertiary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. There are no HCUP data elements that contain uniformly coded information about the expected tertiary payer.

Because the coding of expected primary and tertiary payer is the same, information on the coding of PAY3_X is available under the note for expected primary payer (PAY1).

Uniform Values

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

State Specific Notes

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

PCCHPRn - Clinical Classifications Software: procedure classification

General Notes

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

PCCHPRn is coded as follows:

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

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

Labels

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

Formats

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

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

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

	Software: procedure classification	.A	Invalid procedure code

State Specific Notes

None

PL_CBSA - Patient location: Core Based Statistical Area (CBSA)

General Notes

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

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

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

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

State Specific Notes

None

PL_MSA1993 - Patient location: Metropolitan Statistical Area (MSA) 1993

General Notes

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

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

MSA were developed at the Office of Management and Budget (OMB). They are based on population and commuting information from the 1990 census and are defined according to the OMB 1993 Metropolitan definitions. PL_MSA1993 is included on the HCUP file because of the widespread use of this measure in the past, but it has now been superseded by Core-Based Statistical Areas (CBSA), which are available as PL_CBSA.

Uniform Values

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

State Specific Notes

None

PL_RUCA - Patient location: Rural-Urban Commuting Area (RUCA) Codes

General Notes

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

The 30 categories defined by the full RUCA scheme must generally be aggregated in some manner to avoid excessively small cell sizes. HCUP provides two alternative data elements that have collapsed the RUCAs -- PL_RUCA10 and PL_RUCA4.

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

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

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

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

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

State Specific Notes

None

PL_RUCA10 - Patient location: Rural-Urban Commuting Area (RUCA) Codes, ten levels

General Notes

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

PL_RUCA10 is one method of combining the 30 categories defined by the full RUCA into broader categories. The 10 categories are created utilizing the integer portion of PL_RUCA. This approach produces categories that focus on the population size of the origins and destinations of the primary commuting flow. The secondary commuting flows that provide additional refinements concerning the connection between areas, and are represented in the decimal portions of the codes, are discounted.

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

State Specific Notes

None

PL_RUCA4 - Patient location: Rural-Urban Commuting Area (RUCA) Codes, four levels

General Notes

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

PL_RUCA4 is created using a method recommended by RUCA's developers for combining the 30 categories defined by the full RUCA into a few broader categories suitable for health care analysis. The full RUCA is collapsed into PL_RUCA4 using this translation:

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

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

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

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

State Specific Notes
None

PL_RUCC - Patient location: Rural-Urban Continuum (RUCC) Codes

General Notes

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

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

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

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

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

State Specific Notes

None

PL_RUCC2003 - Patient location: Rural-Urban Continuum (RUCC) Codes, 2003

General Notes

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

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

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

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

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

State Specific Notes
None

PL_UIC - Patient location: Urban influence codes

General Notes

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

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

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

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

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

State Specific Notes
None

PL_UIC2003 - Patient location: Urban Influence Codes, 2003

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

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

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

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

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

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

State Specific Notes
None

PL_UR_CAT4 - Patient Location: Urban-Rural 4 Categories

General Notes

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

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

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

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

State Specific Notes
None

PL_UR_CAT5 - Patient Location: Urban-Rural 5 Categories

General Notes

PL_UR_CAT5 (five category urban-rural designation) is a simplified, five category adaptation of the 2003 version of the Urban Influence Codes (UIC). The 12 categories of the UIC are combined into five broader categories that differentiate between large and small metropolitan, micropolitan, and a non-urban residual. The non-urban group is further subdivided between those adjacent to a metropolitan or micropolitan area, and those that are isolated from urban influences.

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

State Specific Notes

None

PNUM_R - Person number (re-identified)

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

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

PNUM_R should not be used for analyses without first consulting summary statistics on:

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

Uniform Values

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

State Specific Notes

Arizona

Due to technical difficulties at the data source, the person number (PNUM and PNUM_R) is not available in Arizona from July 1, 2002 to December 31, 2002. The encrypted person identifier (PNUM_R) may not accurately track patients across hospitals. Arizona accepts social security numbers, health insurance claim numbers, and certificate numbers as person identifiers. No documentation was available about the consistency of coding within and across hospitals.

North Carolina

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

Nevada

Nevada provides a unique identification number for each patient that is generated by Nevada. During HCUP processing, this number is encrypted.

Washington

More than one person may have the same value of PNUM_R. Washington derives the identifier from the first two letters of patients' first and last names as well as the date of birth. People with similar names and the same birth date may have the same identifier.

In addition, one person may have the two different values of PNUM_R across time. The state reports that before 1990 some hospitals did not follow the patient number convention and assigned this identifier based on the last two letters of patients' first and last names, rather than the first two letters. Starting in 1990, all hospitals followed the same conventions.

Beginning in 1993, Washington included the patient's century of birth as a component of the unencrypted patient identifier (PNUM). Prior to 1993, the birth century is not included as part of PNUM. Beginning with 1993 processing of HCUP data, birth century was removed from PNUM_R before encryption to allow linkage of patient discharges across years. The reported person identifier was assigned to PNUM.

PNUM_S - Synthetic person number

Beginning in 2003, this data element is called PNUM_R.

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

PNUM_S should not be used for analyses without first consulting summary statistics on:

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

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

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

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

Uniform Values

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

Arizona

Due to technical difficulties at the data source, the person number (PNUM and PNUM_S) is not available in Arizona from July 1, 2002 to December 31, 2002. The encrypted person identifier (PNUM_S) may not accurately track patients across hospitals. Arizona accepts social security numbers, health insurance claim numbers, and certificate numbers as person identifiers. No documentation was available about the consistency of coding within and across hospitals.

Beginning in 2003, the supplied person number (PNUM) is length 19 and is inconsistent with the 9-character identifier provided in previous years of data.

California

California reports encrypted social security numbers as person numbers.

Nevada

Nevada provides a unique identification number for each patient that is generated by Nevada. During HCUP processing, this number is encrypted.

North Carolina

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

Washington

More than one person may have the same value of PNUM_S. Washington derives the identifier from the first two letters of patients' first and last names as well as the date of birth. People with similar names and the same birth date may have the same identifier.

In addition, one person may have the two different values of PNUM_S across time. The state reports that before 1990 some hospitals did not follow the patient number convention and assigned this identifier based on the last two letters of patients' first and last names, rather than the first two letters. Starting in 1990, all hospitals followed the same conventions.

Beginning in 1993, Washington included the patient's century of birth as a component of the unencrypted patient identifier (PNUM). Prior to 1993, the birth century is not included as part of PNUM. Beginning with 1993 processing of HCUP data, birth century

was removed from PNUM_S before encryption to allow linkage of patient discharges across years. The reported person identifier was assigned to PNUM.

PRn - Procedure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

None

PRCCSn - Clinical Classifications Software (CCS): procedure classification

General Notes

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

PRCCSn is coded as follows:

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

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

Labels

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

Formats

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

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

			EAGE05, EPR03

State Specific Notes

None

PRDATEn - Date of procedure

Date of procedure performed (PRDATEn) is assigned a valid nonmissing date, with the following exceptions:

- If a procedure date is supplied by the data source, but one or more of the components of the procedure date (year, month, day) is
    - Blank or a documented missing value, PRDATEn = missing (.).
    - - or -
    - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), PRDATEn = invalid (.A).
- PRDATEn = invalid (.A) if the procedure day is inconsistent with the month (e.g., February 30).
- If the data source does not supply procedure date, then beginning in the 1998 data, PRDATEn is not present on the HCUP files. In the 1988-1997 data, PRDATEn is retained on the HCUP files and is set to unavailable from source (.B).
- PRDATEn 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 for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

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

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, PRDATEn is replaced by procedure

month (PRMONTHn) and procedure year (PRYEARn). In databases before 1998, the day portion of the date stored in PRDATEn is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from PRDATEn are computed before PRDATEn is masked.

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

State Specific Notes

Colorado

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

PRDAYn - Number of days from admission to procedure n

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

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

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

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

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

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

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

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

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

State Specific Notes

Arizona

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

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.

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.

Iowa

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

Maine

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

Massachusetts

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

Nebraska

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

New Jersey

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

New York

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

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

North Carolina

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

Oregon

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

Rhode Island

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

South Carolina

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

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

PRMONTHn - Month of procedure

General Notes

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

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

State Specific Notes

None

PROCESS - HCUP processing identification record number

General Notes

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

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

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

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

State Specific Notes

None

PRSYS - Procedure coding system

PRSYS indicates the coding system for the procedures:

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

The data element PRSYS was discontinued in 1998.

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

State Specific Notes

None

PRVn - Validity Flag: Procedure n

General Notes

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

The following are acceptable values for PRVn:

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

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

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

State Specific Notes

None

PRYEARn - Year of procedure

General Notes

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

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

State Specific Notes

None

PSTATE - Patient State postal code

General Notes

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

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

State Specific Notes

None

PSTCO - Patient state/county FIPS code

General Notes

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

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

State Specific Notes

Colorado

In 1993, Colorado began collecting patient county code, but it was optional for hospitals to report this data to the hospital association. The hospital association reports PSTCO for Colorado counties only.

Iowa

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

Maryland

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

PSTCO	State
10000	Delaware
11000	Washington, D.C.

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

New Jersey

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

New York

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

South Carolina

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

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

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

Vermont

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

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

General Notes

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

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

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

State Specific Notes

Vermont

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