

May 14, 2004



CENTRAL DISTRIBUTOR

State Inpatient Databases (SID) State Ambulatory Surgery Databases (SASD)

Table of Contents

This package contains information on the Healthcare Cost and Utilization Project (HCUP, pronounced "HCUP") Central Distributor. It provides details about the HCUP State databases available through the HCUP Central Distributor and includes an application for these databases.

DESCRIPTION OF HEALTHCARE COST AND UTILIZATION PROJECT (HCUP)	PAGE 1
DESCRIPTION OF STATE INPATIENT DATABASES (SID) Overview How the HCUP SID Differ from State Data Files Types of Hospitals Included Identifying Hospitals SID File Overviews SID Hospitals and Record Counts SID Data Element Descriptions and Availability by State	2 2 2 2 2 3 5
DESCRIPTION OF STATE AMBULATORY SURGERY DATABASES (SASD) Overview How the HCUP SASD Differ from State Data Files Types of Ambulatory Surgery Centers Included Identifying Hospital-based Ambulatory Surgery Centers Identifying Freestanding Ambulatory Surgery Centers SASD File Overviews SASD Facility Types and Record Counts SASD Data Element Descriptions and Availability by State	44 44 44 44 45 45 47
UNIFORM STATE APPLICATION Directions to Complete the Uniform State Application Part I: Organization and/or Individual Requesting Use of the HCUP Databases Part II: Intended Use of Data and Project Activities Part III: Selection of HCUP Databases Part IV: Determine the Total Payment Due and Select Payment Method Part V: Indemnification Clause Part VI: Data Use Agreement for HCUP State Inpatient Databases Part VII: Data Use Agreement for HCUP State Ambulatory Surgery Databases Final Checklist	68 68 69 70 72 76 78 79 81 83

DESCRIPTION OF HEALTHCARE COST AND UTILIZATION PROJECT (HCUP)

A Federal-State-Industry Partnership in Health Data

The Healthcare Cost and Utilization Project (HCUP) is a family of healthcare databases and related software tools and products developed through a Federal-State-industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of state data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of patient-level health care data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, state and local market levels.

All of the HCUP databases contain patient-level information for either inpatient or ambulatory surgery stays in a uniform format while protecting patient privacy. The Nationwide Inpatient Sample (NIS) includes inpatient data from a nationwide sample of approximately 1000 hospitals. The State Inpatient Databases (SID) cover inpatient care in 36 States and represent more than eighty percent of all U.S. hospital discharges. The State Ambulatory Surgery Databases (SASD) cover ambulatory surgery care in 18 states. The Kids' Inpatient Database (KID) contains data from a nationwide sample of inpatient discharges that had an age at admission of 20 years or less in the 2000 KID and an age at admission of 18 years or less in the 1997 KID.

HCUP's objectives are to: (1) obtain data from statewide information sources, (2) design and develop a multi-State health care database for health services research and health policy analysis, and (3) make these data available to a broad set of public and private users.

The uniform data in HCUP make possible comparative studies of health care services and the use and cost of hospital care. Studies include the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations.

Many of the Data Organizations participating in HCUP have agreed to release their state-specific files through the HCUP Central Distributor under the auspices of AHRQ. The individual state databases are in the same HCUP uniform format. In general, they represent 100% of records processed by AHRQ. However, the participating Data Organizations control the release of specific data elements. AHRQ is currently assisting the Data Organizations in the release of the 1995-2002 SID and the 1997-2002 SASD.

This package contains information on the HCUP SID and SASD databases available through the HCUP Central Distributor. Other HCUP databases available through the HCUP Central Distributor include:

- The 1997 and 2000 KID.
- The 1988 2001 NIS.

Information on HCUP products and services is available on the World Wide Web on the AHRQ Website http://www.ahrq.gov/data/hcup or on the AHRQ-sponsored HCUP Website at http://www.hcup-us.ahrq.gov.

DESCRIPTION OF STATE INPATIENT DATABASES (SID)

Overview

The Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID) consist of individual data files from Data Organizations in 36 participating States. In general, the SID contain the universe of each state's hospital inpatient discharge records. They are composed of annual, state-specific files that share a common structure and common data elements. Most data elements are coded in a uniform format across all states. In addition to the core set of uniform data elements, the SID include state-specific data elements or data elements available only for a limited number of states. The uniform format of the SID helps facilitate cross-state comparisons. In addition, the SID are well suited for research that requires complete enumeration of hospitals and discharges within market areas or states.

How the HCUP SID Differ from State Data Files

The SID available through the HCUP Central Distributor differ from the data files available from the Data Organizations in the following ways:

- · data elements available on the files, and
- coding of data elements.

Because the Data Organizations dictate the data elements that may be released through the HCUP Central Distributor, the data elements on the SID are a subset of the data collected by the corresponding Data Organizations. HCUP uniform coding is used on most data elements on the SID. A few state-specific data elements retain the original values provided by the respective Data Organizations.

Types of Hospitals Included

The hospitals included in the SID depend on the information provided by the Data Organizations. Most state government data organizations provide information on all acute care hospitals in the respective state. Private data organizations are often restricted to member hospitals and may not provide information on all hospitals in their state.

Identifying Hospitals

Up to three hospital identifiers are on the SID:

- Some Data Organizations allow the original hospital identifier (DSHOSPID) to be included on the SID.
 If available on the SID, this identifier is coded for all hospitals and may distinguish different units within a hospital.
- Some Data Organizations allow the AHA hospital identifier (AHAID) to be included on the SID. This
 variable enables the SID to be linked to the AHA Annual Survey of Hospitals that contains information
 on hospital characteristics. The AHA hospital identifier is coded for most hospitals. The AHA hospital
 identifier is missing if the hospital is not registered with the AHA or the source-provided information
 could not be matched to the AHA.
- Some Data Organizations allow the HCUP-specific hospital identifier (HOSPID) to be included on the SID. HOSPID is coded for all hospitals with a nonmissing AHA hospital identifier.

Not all Data Organizations permit all three of the hospital identifiers on the SID.

The availability of data elements differs by Data Organization. The following descriptions of the HCUP SID are provided:

- SID File Overviews (page 3)
- SID Hospitals and Record Counts (page 5)
- SID Data Element Descriptions and Availability by State (page 11)

SID File Overviews

This section lists all states releasing their SID through the HCUP Central Distributor and provides details about the source of data provided for HCUP.

Arizona

The Arizona SID files were constructed from the Arizona Hospital Inpatient Database from the Section of Cost Report and Review of the Arizona Department of Health Services. Arizona supplied discharge abstract data for inpatient stays in acute care and rehabilitation hospitals with more than 50 beds.

California

The California SID files were constructed from the confidential files received from the Office of Statewide Health Planning and Development (OSHPD). California supplied discharge abstract data for inpatient stays in general acute care hospitals, acute psychiatric hospitals, chemical dependency recovery hospitals, psychiatric health facilities, and state operated hospitals.

Colorado

The Colorado SID files were constructed from the Discharge Data Program (DDP) files. The Colorado Health and Hospital Association supplied discharge abstract data from Colorado acute care hospitals, including swing beds and distinct part units.

Florida

The Florida SID files were constructed from the Florida Hospital Discharge Data Confidential Information received from the Florida Agency for Health Care Administration. The Florida confidential inpatient files consist of discharge abstract data from nonfederal Florida hospitals.

Iowa

The Iowa SID files were constructed from the Iowa Hospital Association's Statewide Database. Iowa supplied discharge abstract data and some uniform bills for acute inpatient discharges from member hospitals.

Kentucky

The Kentucky SID files were constructed from inpatient discharge files received from the Kentucky Cabinet for Health Services, Department for Public Health. Kentucky collects data from acute care licensed hospitals in Kentucky.

Maine

The Maine SID files were constructed from the Maine Health Data Organization inpatient discharge files. Discharge data from general acute care hospitals, including psychiatric and rehabilitation hospitals, are included.

Maryland

The Maryland SID files were constructed from the confidential files received from the State of Maryland's Health Services Cost Review Commission (HSCRC). Demographic and utilization data for inpatient stays in Maryland acute care hospitals were supplied by HSCRC in the Uniform Hospital Discharge Abstract Data Set.

Massachusetts

The Massachusetts SID files were constructed from the Massachusetts confidential Case Mix Database files received from the Massachusetts Division of Health Care Finance and Policy. Massachusetts supplied discharge abstract data for inpatient stays from general acute care hospitals in Massachusetts.

Michigan

The Michigan SID files were constructed from the Michigan Health and Hospital Association (MHA) inpatient stay files. Michigan supplied discharge abstract data for inpatient stays from general acute care and specialty hospitals (e.g., rehabilitation hospitals) that are a member of the Michigan Health and Hospital Association. Stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are not included in the Michigan file.

Nebraska

The Nebraska SID were constructed from confidential files from the Nebraska Hospital Association (NHA). Nebraska supplied discharge abstract data from community hospitals that participate in the Nebraska Hospital Association Health Information System (NHIS). The documentation supplied by Nebraska does not indicate whether information on stays in special units (e.g., psychiatric, rehabilitation, long-term care) within the hospital is included in the data.

New Jersey

The New Jersey SID files were received from the New Jersey Department of Health and Senior Services. The New Jersey files consist of discharge abstract data for all inpatient and same-day stays. New Jersey supplied discharge abstract data for inpatient stays from all New Jersey hospitals. Ambulatory surgery records, which were also included in the original files, were excluded from the HCUP inpatient files.

New York

The New York SID files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) Master File. The New York files contain inpatient discharges from all hospitals in the state, excluding long-term care units of short-term hospitals and Federal hospitals.

North Carolina

The HCUP North Carolina inpatient files were constructed from hospital discharge files received from the North Carolina Department of Health and Human Services. The North Carolina Department of Health and Human Services collects inpatient data from acute care licensed hospitals, rehabilitation facilities, psychiatric facilities and substance abuse facilities in North Carolina. Four state psychiatric hospitals are

not included.

Oregon

The 1995 Oregon SID files were constructed from the Office for Oregon Health Plan Policy and Research discharge files. Beginning in 1996, the HCUP Oregon SID files were constructed from discharge files supplied by the Oregon Association of Hospitals and Health Systems. The Oregon files consist of discharge abstract data for inpatient stays from member hospitals.

South Carolina

The South Carolina SID files were constructed from confidential data files supplied by the South Carolina State Budget and Control Board. The data include inpatient stays from South Carolina acute care hospitals.

Utah

The Utah SID files were constructed from inpatient files received from Office of Health Care Statistics, Utah Department of Health. These data include inpatient discharge data from Utah general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities) associated with acute care hospitals.

Washington

The Washington SID files were constructed from the Washington Comprehensive Hospital Abstract Reporting System (CHARS) received from the Washington State Department of Health. Washington supplied uniform bills for inpatient stays from acute care units, alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units.

West Virginia

The West Virginia Health Care Authority collects data from acute care licensed hospitals in West Virginia, including critical access hospitals. Freestanding psychiatric and rehabilitation hospitals are not included. Not all hospitals report a full calendar year of data.

Wisconsin

The Wisconsin SID files were constructed from confidential inpatient files received from the Wisconsin Department of Health and Family Services. Wisconsin supplied discharge data abstracts and uniform bills for nonfederal Wisconsin hospitals.

SID Hospitals and Record Counts

The following tables show the number of hospitals in the 1997-2002 SID and break them down by:

- The number of community hospitals.
- The number of non-community hospitals.
- The number of community hospitals not in the SID.

The only reason a hospital is not included in the SID is if the Data Organization did not supply the necessary data.

Information contained in the 1997-2002 AHA Annual Survey of Hospitals was used to determine if a

hospital was a community hospital. Community hospitals, as defined by AHA, include "all nonfederal, short-term, general and other specialty hospitals, excluding hospital units of institutions." Included among community hospitals are academic medical centers and specialty hospitals such as obstetrics, gynecology, ear nose throat, short-term rehabilitation, orthopedic, and pediatric hospitals. Non-community hospitals include federal hospitals (Veterans Administration, Department of Defense, and Indian Health Service hospitals), long-term hospitals, psychiatric hospitals, alcohol/chemical dependency treatment facilities and hospitals units within institutions such as prisons.

The SID may include other hospitals that could not be categorized as community or non-community hospitals because these hospitals could not be matched with AHA information. This occurs when a hospital closed in a previous year or when the hospital does not report to the AHA.

State			Numb	er of Discharge	es In the SID by	/ Year ¹		
State	1995	1996	1997	1998	1999	2000	2001	2002
AZ	476,833	493,005	516,064	538,585	560,237	603,911	634,019	Not Available
CA	3,629,322	3,632,167	3,685,706	3,725,422	3,775,711	3,816,887	3,864,090	Not Available
СО	387,772	392,379	402,615	414,367	427,941	441,943	455,363	Not Available
FL	1,899,586	1,931,135	2,004,247	2,095,009	2,151,589	2,232,533	2,343,137	2,386,628
IA	358,667	357,099	355,502	353,365	353,393	361,493	368,092	364,949
KY	Not Available	Not Available	Not Available	Not Available	Not Available	537,006	600,259	622,066
MA	775,216	759,869	763,363	777,922	777,429	788,501	808,583	Not Available
MD	625,037	620,796	610,343	614,788	626,955	644,386	669,850	687,199
ME	Not Available	Not Available	Not Available	Not Available	158,294	161,355	161,988	161,898
MI	Not Available	Not Available	Not Available	Not Available	1,214,123	1,238,059	1,270,817	Not Available
NC	Not Available	Not Available	Not Available	Not Available	Not Available	1,013,444	1,026,899	1,043,439
NE	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	188,015	198,047
NJ	1,079,678	1,070,992	1,070,524	1,082,746	1,091,947	1,119,445	1,136,089	1,153,654
NY	2,530,206	2,469,668	2,432,632	2,448,148	2,429,753	2,453,206	2,467,228	Not Available
OR	350,263	369,814	376,069	381,134	386,485	350,747	361,095	Not Available
sc	440,315	446,156	461,308	483,202	498,955	517,018	540,035	Not Available
UT	Not Available	Not Available	225,487	232,476	233,328	241,450	247,056	Not Available
WA	523,711	523,672	536,739	540,421	549,696	573,978	583,224	583,758
WI	622,933	614,102	610,962	611,307	621,235	635,166	648,015	Not Available
WV	Not Available	Not Available	Not Available	Not Available	Not Available	279,621	274,289	Not Available

¹ Includes all discharges in the HCUP SID, including non-community hospitals where applicable.

	Numbe	er of Hospitals i	n 1997				
State	Community Hospitals in the SID	als in the Hospitals in Incl					
AZ	62	2	2				
CA	411	42	4				
CO	66	3	1				
FL	198	32	12				
IA	115	2	0				
KY	Not Available	Not Available	Not Available				
MA	73	1	11				
MD	51	1	0				
ME	Not Available	Not Available	Not Available				
MI	Not Available	Not Available	Not Available				
NC	Not Available	Not Available	Not Available				
NE	Not Available	Not Available	Not Available				
NJ	78	0	7				
NY	222	4	3				
OR	59	2	2				
SC	60	0	5				
UT	40	7	1				
WA	88	3	1				
WI	124	16	0				
WV	Not Available	Not Available	Not Available				

	Numbe	er of Hospitals i	n 1998
State	Community Hospitals in the SID	Non- Community Hospitals in the SID	Community Hospitals N <u>ot</u> Included in the SID
AZ	63	2	2
CA	399	39	8
CO	67	2	2
FL	195	32	12
IA	116	1	0
KY	Not Available	Not Available	Not Available
MA	70	2	12
MD	51	1	0
ME	Not Available	Not Available	Not Available
MI	Not Available	Not Available	Not Available
NC	Not Available	Not Available	Not Available
NE	Not Available	Not Available	Not Available
NJ	77	0	6
NY	221	5	1
OR	59	2	1
SC	60	0	6
UT	41	7	1
WA	86	4	1
WI	123	16	0
WV	Not Available	Not Available	Not Available

	Num	ber of Hospitals in	1999
State	Community Hospitals in the SID	Non- Community Hospitals in the SID	Community Hospitals <u>Not</u> Included in the SID
AZ	59	1	3
CA	391	41	6
CO	66	3	1
FL	193	24	12
IA	115	1	0
KY	Not Available	Not Available	Not Available
MA	68	2	11
MD	48	1	1
ME	36	3	1
MI	143	4	5
NC	Not Available	Not Available	Not Available
NE	Not Available	Not Available	Not Available
NJ	75	1	6
NY	217	4	1
OR	58	2	1
SC	60	1	5
UT	41	5	1
WA	86	4	1
WI	123	16	0
WV	Not Available	Not Available	Not Available

	Num	ber of Hospitals in	2000
State	Community Hospitals in the SID	Non- Community Hospitals in the SID	Community Hospitals <u>Not</u> Included in the SID
AZ	55	2	7
CA	385	38	5
CO	67	2	2
FL	190	20	14
IA	115	1	0
KY	97	4	8
MA	68	2	12
MD	48	1	1
ME	37	2	0
MI	144	4	4
NC	111	8	3
NE	Not Available	Not Available	Not Available
NJ	75	1	6
NY	216	4	0
OR	58	0	1
SC	60	1	5
UT	41	5	1
WA	84	5	1
WI	120	17	1
WV	54	0	4

	Num	ber of Hospitals in	2001
State	Community Hospitals in the SID	Non- Community Hospitals in the SID	Community Hospitals <u>Not</u> Included in the SID
AZ	56	2	5
CA	381	36	6
CO	65	4	1
FL	189	19	14
IA	116	0	0
KY	98	5	5
MA	68	2	12
MD	48	0	1
ME	37	2	0
MI	142	4	5
NC	110	6	3
NE	77	2	7
NJ	71	1	7
NY	211	3	1
OR	58	0	2
SC	58	1	5
UT	41	5	1
WA	84	5	1
WI	121	13	0
WV	54	0	4

	Num	ber of Hospitals in	2002
State	Community Hospitals in the SID	Non- Community Hospitals in the SID	Community Hospitals <u>Not</u> Included in the SID
AZ	Not Available	Not Available	Not Available
CA	Not Available	Not Available	Not Available
CO	Not Available	Not Available	Not Available
FL	189	19	14
IA	116	0	0
KY	98	5	5
MA	Not Available	Not Available	Not Available
MD	48	0	1
ME	37	2	0
MI	Not Available	Not Available	Not Available
NC	110	6	3
NE	81	0	5
NJ	71	1	7
NY	Not Available	Not Available	Not Available
OR	Not Available	Not Available	Not Available
SC	Not Available	Not Available	Not Available
UT	Not Available	Not Available	Not Available
WA	84	5	1
WI	Not Available	Not Available	Not Available
WV	Not Available	Not Available	Not Available

SID Data Element Descriptions and Availability by State

The following table (page 12) describes the HCUP SID data elements. Not all HCUP SID data elements are available from all Data Organizations. The availability columns refer to the states using the state postal code (e.g., CA for California, CO for Colorado). Cells marked with an "x" indicate that the data element is available for that state. Blank cells indicate that the data element is not available for that state. More detailed descriptions and coding information of the HCUP SID data elements accompany the purchase of the data files.

In some cases, multiple data elements of the same type are available (e.g., principal and secondary diagnoses). The small "n" in the data element name (e.g., DXn) indicates that there is more than one data element of that type. The number of data elements available is specified in the state-specific cell. For example, the cell for diagnoses (i.e., DXn) identifies the number of available diagnoses. CA has 30 diagnoses: 1 principal diagnosis and 29 secondary diagnoses. Not all diagnoses are coded on all records.

	SID Data Elements																			
									Ava	ilabilit	y by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
ADATE Admission Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by AMONTH and AYEAR beginning in 1998.	Prior to 1998		Prior to 1998		Prior to 1998		Prior to 1998							Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998	
ADAYWK Admission Day of Week. Discontinued beginning in 1998. Value Description 1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Saturday	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998							
ADRG All Patient Refined DRG. Preserved as provided by the Data Organization.		1995- 1998				х	1998- 1999, 2001		х	Began in 2001							х			

SID Data Elements																				
	Availability by State																			
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
ADRGRISKMORTALITY							1998-			Began in 2001										
All Patient Refined Risk of Mortality Subclass. Preserved as provided by the Data Organization.							1999, 2001			IN 2001										
Value Description 1 Minor likelihood of dying 2 Moderate likelihood of dying 3 Major likelihood of dying 4 Extreme likelihood of dying																				
ADRGSEV All Patient Refined DRG Severity Level. The complexity subclass associated with the data element ADRG. Values range from 1 (minor) to 4 (extreme). Preserved as provided by the Data Organization.		1995- 1998					1998- 1999, 2001			Began in 2001							х			
AGE Age in Years at Admission. Calculated as the difference between the admission date and date of birth before these dates are masked.	x	x	×	x	×	x	х	х	х	x	×	x	x	x	х	x	x	x	x	x
AGEDAY Age in Days at Admission. Only coded when patient is less than one year old. Calculated as the difference between the admission date and date of birth before these dates are masked.	х	х	х		х	х	Prior to 1998	х	х	х	х	х	х	х	х	Prior to 2000	х	х	х	х

							SID Da	ata Ele	ments											
									Ava	ilabilit	ty by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
AGEMONTH Age in Months. Only coded when patient is less than 11 years old. Calculated as the difference between the admission date and date of birth before these dates are masked. Added beginning in 1998.	Began in 1998	Began in 1998	Began in 1998		Began in 1998	х		Began in 1998	X	X	x	X	Began in 1998	Began in 1998	Began in 1998		Began in 1998	Began in 1998	Began in 1998	х
AHAID AHA Hospital Identification Number. This 7-digit number is assigned by the American Hospital Association (AHA) and included on their AHA Annual Survey of Hospitals.	х		Х	х	Х	х	Х	х	Х		х		х	х	Х		х	х	х	х
AMDC All Patient Refined MDC. Preserved as provided by the Data Organization.		1997- 1998					1998- 1999, 2001		х											
AMONTH Admission Month. Values ranges from 1 to 12.	х	х	х		х	х	х		Х	Began in 2001	х	х	х	х	х	х	х	х	Х	х
ANESTH Method of Anesthesia. Value Description 0 No anesthesia 10 Local anesthesia 20 General anesthesia 30 Regional anesthesia 40 Other anesthesia														Began in 1998						

								SID Da	ata Ele	ements											
										Ava	ilabilit	ty by S	tate								
	Element Name and Description	AZ	CA	со	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
		1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
ASCHED			Began in 1997												Began in 1998						
Scheduled Admission.	vs. Unscheduled		III 1997												III 1998						
<u>Value</u>	<u>Description</u>																				
0	Unscheduled Admission Scheduled Admission																				
ASOURCI		х	х	х	х	х	х	Х	х	Began	х	х	х	х	х	х	х	х	х	х	х
Admission 9	Source.									in 2000											
<u>Value</u>	Description																				
1	Emergency department																				
3	Another hospital Other health facility including long term care																				
4	Court/Law enforcement																				
5	Routine, birth and other																				
ASOURCI	E_X	Х	х	х	х	х	х	X	х	Began in 2000	Х	х	х	х	х	х	х	х	х	Х	х
	source, as received from ded beginning in 1998.									111 2000											
ASOURCI	EUB92				Began	Began				Began		Began	Began	Began					Began		
Admission s coding.	source, UB-92 standard				111 2002	in 2002	111 2002			in 2002		111 2002	in 2002	111 2002					in 2002		

								SID Da	ata Ele	ments											
										Ava	ilabilit	y by S	tate								
Data	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
ATYPE		х		х	х	х	х	х	х	Began in 2000	х	х	х	х	х	х	х	х	х	х	х
Admission	Type.									111 2000											
Value 1 2 3 4 5	Description Emergency Urgent Elective Newborn Delivery (Coded in 1995-1997 data only) Other																				
AWEEKE	ND	Began	Began	Began	Began	Began	Х	Began in	Began	Х	Х	х	Х	Began	Began	Began	Began	Began	Began	Began	Х
	day is on a weekend. ginning in 1998.	in 1998	in 1998	in 1998	in 1998	in 1998		1998	in 1998					in 1998	in 1998	in 1998	in 1998	in 1998	in 1998	in 1998	
AYEAR		Began		Began		Began	х	Began in		х	Began	х	х		Began	Began		Began	Began	Began	Х
	year. Four-digit year. jinning in 1998.	in 1998		in 1998		in 1998		1998			in 2001				in 1998	in 1998		in 1998	in 1998	in 1998	
BLOOD															Began						
	ood furnished to the patient. ginning in 1998.														in 1998						
BMONTH	ł	Began				Began	х				Began	х	х		Began	Began		Began		Began	Х
	h. Values range from 1 to beginning in 1998.	in 1998				in 1998					in 2001				in 1998	in 1998		in 1998		in 1998	
BWT		х		х			х	Began in	х	Prior to		х		х	х						
Birth Weig	ht. BWT is coded in grams.							1997		2002											
BYEAR	Foundation of Add 1	Began in 1998				Began in 1998	х				Began in 2001	х	х		Began in 1998	Began in 1998		Began in 1998		Began in 1998	х
Birth year. beginning	Four-digit year. Added in 1998.																				

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
CHGn	63		5	24	Varies by year	Varies by year	Varies by year	31	Varies by year		Varies by year	Varies by year	35	25	10	Varies by year	2	40		57
Charge Detail. The number and definitions of the detailed charges are determined by the Data Organization.					(1–23)	(50–55)	(30-110)		(1-34)		(10–54)					(52-78)				
DaysBurnUnit								Began in 1998												
Days in the burn care unit, as received from source. Added beginning in 1998.								11 1990												
DaysCCU								Began in 1998		х										
Days in the coronary care unit, as received from source. Added beginning in 1998.								III 1998												
DaysICU								Began		х						Began				
Days in the intensive care unit, as received from source. Added beginning in 1998.								in 1998								in 2000				
DaysNICU								Began												
Days in the neonatal care unit, as received from source. Added beginning in 1998.								in 1998												
DaysPICU								Began												
Days in the pediatric care unit, as received from source. Added beginning in 1998.								in 1998												
DaysShockUnit								Began in 1998												
Days in the shock trauma unit, as received from source. Added beginning in 1998.								111 1998												

							SID Da	ata Ele	ments	i										
									Ava	ilabilit	y by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DCCHPRn	11	30	15	10	10		10	16					10	17	10	10	10	10	10	
The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), was developed by AHRQ for ICD-9-CM diagnoses. A classification code (DCCHPRn) is assigned during HCUP processing for each diagnosis (DXn). Values range from 1-260. Renamed DXCCSn beginning 1998.	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998											
DDATE Discharge Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by DMONTH and YEAR beginning in 1998.	Prior to 1998		Prior to 1998		Prior to 1998		Prior to 1998							Prior to 1998	Prior to 1998		Prior to 1998		Prior to 1998	
DIED Died During Hospitalization. This data element was created during HCUP processing using the disposition of the patient at discharge (DISP). Value Description Did not die Died	x	х	х	x	x	x	х	×	х	×	x	x	x	x	x	х	х	x	х	х

								SID Da	ata Ele	ments	,										
										Ava	ailabilit	y by S	tate								
Data E	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DISP		Prior to 1998	Prior to	Prior to	Prior to	Prior to		Prior to	Prior to					Prior to							
	of Patient at Discharge. ed beginning 1998.	1990	1990	1990	1990	1990		1990	1990					1990	1990	1990	1990	1990	1990	1990	
<u>Value</u>	<u>Description</u>																				
1	Routine																				
2	Short-term Hospital																				
3	Skilled Nursing Facility																				
4	Intermediate Care Facility																				
5	Another Type of Facility																				
7	Against Medical Advice																				
20	Died																				
DISP_X		Began in 1998	Х	Began in 1998	Began in 1998	Х	х	Х	Х	Began in 1998	х										
	of patient, as received from ded beginning in 1998.																				
DISPUB9	2	Began in 1998		Began in 1998	Began in 1998	Began	Х	Began in 1998		Х	х	Х	х	Began	Began	Began	Began in 1998	Began	Began in 1998	Began in 1998	х
	of patient, UB92 coding. inning in 1998.	111 1990		111 1990	111 1990	111 1990		111 1990						111 1990	111 1990	111 1990	111 1990	111 1990	111 1990	111 1990	
DISPUnifo	orm	Began	Began	Began	Began	Began	Х	Began	_	Х	Х	Х	Х	Began	Х						
	of patient, uniform coding. inning in 1998.	in 1998	in 1998	in 1998	in 1998	ın 1998		in 1998	in 1998					in 1998							
DMONTH		Began		Began		Began	Х	Began in		Х	Began	Х	Х		Began	Began		Began		Began	х
_	month. Values range from dded beginning in 1998.	in 1998		in 1998		in 1998		1998			in 2001				in 1998	in 1998		in 1998		in 1998	

							SID Da	ata Ele	ments	}										
									Ava	ilabilit	ty by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DNR		Began in 1999											Began in 1998							
Do not resuscitate. Added beginning in 1998.		111 1999											111 1990							
<u>Value</u> <u>Description</u>																				
0 No "Do not resuscitate" order																				
1 "Do not resuscitate" order																				
DOB	Prior to 1998				Prior to 1998									Prior to 1998	Prior to 1998		Prior to 1998		Prior to 1998	
Date of Birth. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by BMONTH and BYEAR beginning in 1998.	1990				1990									1990	1990		1990		1990	
DQTR	х	х	х	х	х	х	х	х	х	Began in 2001	х	х	х	х	х	х	х	х	х	х
Discharge Quarter. Derived from discharge date (DDATE).										111 200 1										
<u>Value Description</u>																				
1 First Quarter (Jan Mar.)																				
2 Second Quarter (Apr June)																				
3 Third Quarter (July - Sep.)																				
4 Fourth Quarter (Oct Dec.)																				
0 Missing or Invalid																				

							SID Da	ata Ele	ments	•										
									Ava	ilabilit	ty by S	tate								
Data Element Name and Description	AZ 1995- 2001	CA 1995- 2001	CO 1995- 2001	FL 1995- 2002	IA 1995- 2002	KY 2000- 2002	MA 1995- 2001	MD 1995- 2002	ME 1999- 2002	MI 1999- 2001	NC 2000- 2002	NE 2001- 2002	NJ 1995- 2002	NY 1995- 2001	OR 1995- 2001	SC 1995- 2001	UT 1997- 2001	WA 1995- 2002	WI 1995- 2001	WV 2000- 2001
DRG Diagnosis Related Group (DRG). DRG is appropriate for the date of discharge and is assigned by the Health Care Finance Administration (HCFA) DRG Grouper algorithm during HCUP processing. The applicable DRG version is available in the data element DRGVER.	x	x	х	х	x	x	x	x	x	x	x	х	x	x	x	x	x	x	x	x
DRG10 Diagnosis Related Group (DRG), Version 10. During HCUP processing, diagnosis and procedure codes are first translated into codes that were in effect during fiscal year 1992, and then Version 10 of the HCFA DRG Grouper algorithm is applied. Discontinued beginning in 2000.	Prior to 2000		Prior to 2000	Prior to 2000	Prior to 2000	Prior to 2000			Prior to 2000											
DRG18 DRG, Version 18. During HCUP processing, diagnosis and procedure codes are first translated into codes that were in effect during fiscal year 2000, and then Version 18 of the HCFA DRG Grouper algorithm is applied. Added beginning in 1998.	Began in 1998	X	Began in 1998	Began in 1998	x	x	х	x	Began in 1998	x										

								SID D	ata Ele	ments	;										
										Ava	ilabilit	ty by S	tate								
Data	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DRGVER	₹	Х	х	х	х	х	х	х	х	Х	х	х	х	х	х	х	х	х	х	Х	х
DRG Grou Discharge	uper Version in Use on Date.																				
<u>Value</u>	<u>Description</u>																				
12	12th revision, effective 10/1/94 to 9/30/95																				
13	13th revision, effective 10/1/95 to 9/30/96																				
14	14th revision, effective 10/1/96 to 9/30/97																				
15	15th revision, effective 10/1/97 to 9/30/98																				
16	16th revision, effective 10/1/98 to 9/30/99																				
17	17th revision, effective 10/1/99 to 9/30/2000																				
18	18th revision, effective 10/1/2000 to 9/30/2001																				
19	19th revision, effective 10/1/2001 to 9/30/2002																				
20	20th revision, effective 10/1/2002 to 9/30/2003																				
DSHOSE	סוי	Х		х	х	х	х	х	х	х		х		х	х	х		х	х	Х	х
Hospital Id Organizati	dentifier Provided by the Data ion.																				

							SID Da	ata Ele	ments	,										
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DSNDX Total Number of Diagnosis Fields Provided by the Data Organization. For example, DSNDX may equal 10 because the Data Organization provides for a principal and 9 secondary diagnoses. However, the number of diagnoses coded on the discharge will vary from 0 to 10. Discontinued beginning in 1998.	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998											
DSNPR Total Number of Procedure Fields provided by the Data Organization. For example, DSNPR may equal 10 because the Data Organization provides for a principal and 9 secondary procedures. However, the number of procedures coded on the discharge will vary from 0 to 10. Discontinued beginning in 1998.	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998											
DSNUM Data Source Number. This is an HCUP-assigned data source identification number. Discontinued beginning in 1998.	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998							
DSTYPE Data Source Type. Discontinued beginning in 1998. Value Description State Data Organization Hospital Association Consortia Other	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998											

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DXn Diagnosis Codes. DX1 is the principal diagnosis. DX2, DX3, etc. contain the secondary diagnoses. The number of diagnoses varies by Data Organization.	11	30	15	10	Varies by year (10–11)	, ,	Varies by year (10–16)	16	10	30	Varies by year (15–18)	10	10	17		Varies by year (10–12)	10	10	10	10
DXatADMITn Diagnosis present at admission. Added beginning in 1998.		25 Began in 1998												15 Began in 1998						
DXCCSn Clinical Classifications Software (CCS): diagnosis classification. Added beginning in 1998.	11 Began in 1998	30 Began in 1998	15 Began in 1998		in 1998	Varies by year (10–11)	Varies by year (10-16)	16 Began in 1998	10	30	Varies by year (15–18)	10	10 Began in 1998	17 Began in 1998	in 1998	Varies by year (10–12)	in 1998	10 Began in 1998		10
DXSYS Diagnosis Coding System. All diagnoses are ICD-9-CM codes. Discontinued beginning in 1998.	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
DXVn	11	30	15	10	10		10	16					10	17	10	10	10	10	10	
Diagnosis Validity Flags. Validity flags identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis. DXV1 refers to the principal diagnosis (DX1), DXV2 refers to the first secondary diagnosis (DX2), etc. Discontinued beginning in 1998.	1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998							
<u>Value</u> <u>Description</u>																				
0 Valid and consistent diagnosis code																				
1 Invalid code for discharge date																				
.C Diagnosis inconsistent with age or sex of patient																				
FEMALE	Began in 1998	Began in 1998	Began	Began in 1998	Began	Х	Began in 1998	Began in 1998	Х	Х	Х	Х	Began in 1998	Began in 1998	Began in 1998	Began in 1998	Began	Began in 1998	Began	Х
Indicator of sex. Added beginning in 1998.	111 1990	111 1990	111 1990	111 1990	111 1990		1990	111 1990					111 1990	111 1990	111 1990	111 1990	111 1990	111 1990	11 1990	
<u>Value</u> <u>Description</u> 0 Male 1 Female																				
HISPANIC_X		Began in 1998						Began in 1998		Х			Began in 1998	Began in 1998					Began in 1998	
Hispanic ethnicity, as received from the source. Added beginning in 1998.																			111 1996	
HOSPID	х		х	х	х	Х	х	х	Х	Х	х		х	х	х		х	х	х	Х
HCUP-defined Hospital Number.																				
HOSPST	х	х	х	х	х	х	х	х	х	Х	х	х	х	х	х	х	х	х	х	х
Hospital State Postal Code. Two-digit character (e.g., "CA").																				

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ 1995- 2001	CA 1995- 2001	CO 1995- 2001	FL 1995- 2002	IA 1995- 2002	KY 2000- 2002	MA 1995- 2001	MD 1995- 2002	ME 1999- 2002	MI 1999- 2001	NC 2000- 2002	NE 2001- 2002	NJ 1995- 2002	NY 1995- 2001	OR 1995- 2001	SC 1995- 2001	UT 1997- 2001	WA 1995- 2002	WI 1995- 2001	WV 2000- 2001
HOSPSTCO Hospital State and County Code. Five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals.	х		х	х	х	х	х	х	х		х		х	х	х		х	х	х	х
IDNUMBER HCUP-modified AHA Hospital Identification Number. This 6-digit number is identical to the AHA hospital identification number (AHAID) except that the leading "6" has been removed. The AHA hospital identifier is assigned by the AHA and included on their AHA Annual Survey of Hospitals. Discontinued beginning in 1998.	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998	
KEY Unique record identifier. Added beginning in 1998.	Began in 1998		Began in 1998	Began in 1998	Began in 1998	х	Began in 1998	Began in 1998	Х	Х	х		Began in 1998	х						
Level of patient care, as received from source, (e.g., acute care, skilled nursing facility, chemical dependency recovery, and physical rehabilitation.) Preserved as provided by the Data Organization. Added beginning in 1998.		Began in 1998																		

							SID Da	ata Ele	ments	;										
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ 1995- 2001	CA 1995- 2001	CO 1995- 2001	FL 1995- 2002	1995- 2002	KY 2000- 2002	MA 1995- 2001	MD 1995- 2002	ME 1999- 2002	MI 1999- 2001	NC 2000- 2002	NE 2001- 2002	NJ 1995- 2002	NY 1995- 2001	OR 1995- 2001	SC 1995- 2001	UT 1997- 2001	WA 1995- 2002	WI 1995- 2001	WV 2000- 2001
LOS Cleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. Inconsistent values (negative or unjustifiably long) have been set to inconsistent (.C) by edit	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х
LOS_X Uncleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. No modifications to the value of LOS_X have been made.	x	x	x	X	X	X	x	x	x	x	x	х	x	x	x	X	X	x	x	x
MDBOARD1 Physician 1 licensing board (as received from source) includes source-specific coding of licensing board for Physician 1. MDBOARD2 Physician 2 licensing board (as received from source) includes source-specific coding of licensing board for Physician 2.	Began in 2000 Began in 2000																			

							SID Da	ata Ele	ments	3										
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
MDC	х	х	х	Х	х	х	Х	х	х	х	х	х	х	х	х	х	х	Х	Х	х
Major Diagnostic Category (MDC). MDC is appropriate for the date of discharge and is assigned by the Health Care Finance Administration (HCFA) DRG Grouper algorithm during HCUP processing. The applicable DRG version is available in DRGVER.																				
MDC10 Major Diagnostic Category (MDC), Version 10. During HCUP processing, diagnosis and procedure codes are first translated into codes that are in effect during fiscal year 1992, and then Version 10 of the HCFA DRG Grouper algorithm is applied. Discontinued beginning in 2000.	Prior to 2000		Prior to 2000	Prior to 2000	Prior to 2000	Prior to 2000			Prior to 2000											
MDC18	Began	Began	Began in 1998	Began in 1998	Began	Х	Began in 1998	Began in 1998	Х	х	х	х	Began	Began	Began in 1998	Began	Began	Began in 1998	Began in 1998	х
MDC, Version 18. Added beginning in 1998.	111 1990	111 1990	111 1990	111 1990	111 1990		1990	11 1990					111 1990	111 1990	111 1990	111 1990	111 1990	11 1990	11 1990	
MDID_S	Prior to 2001		Prior to 2001	Prior to 2001	Prior to 2001	Prior to 2001		Prior to 2001		Prior to 2001	Prior to 2001		Prior to 2001	Prior to 2001				Prior to		Prior to 2001
Synthetic Attending Physician Number. Version of the identification number that is encrypted during HCUP processing. Renamed MDNUM1_S beginning in 2001.	2001		2001	2001	2001	2001		2001		2001	2001		2001	2001				2001		2001
MDNUM1_S Synthetic Attending Physician Number. Version of the identification number that is encrypted during HCUP processing. Replaces MDID_S beginning in 2001.	Began in 2001		Began in 2001	Began in 2001	Began in 2001	Began in 2001		Began in 2001		Began in 2001			Began in 2001	Began in 2001				Began in 2001		Began in 2001

							SID Da	ata Ele	ments	i										
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
MDNUM2_S	Began in 2001		Began in 2001	Began in 2001	Began in 2001	Began in 2001		Began in 2001		Began in 2001			Began in 2001	Began in 2001				Began in 2001		Began in 2001
Synthetic Physician Number of second physician. Version of the identification number that is encrypted during HCUP processing. Replaces SURGID_S beginning in 2001.																				
MDNUM3_S					Began	х					Prior to									
Synthetic Physician Number of third physician. Version of the identification number that is encrypted during HCUP processing.					in 2001						2001									
MDSPEC									Prior to 2001				Prior to 2001			Prior to 2001				
Attending Physician Specialty. Preserved as provided by the Data Organization. Renamed MDSPEC1 beginning in 2001.									2001				2001			2001				
MDSPEC1									Began				Began			Began				
Attending Physician Specialty. Preserved as provided by the Data Organization. Replaces MDSPEC beginning in 2001.									in 2001				in 2001			in 2001				
MDSPEC2									Began							Began				
Specialty of Second Physician. Preserved as provided by the Data Organization. Replaces SURGSPEC beginning in 2001.									in 2001							in 2001				
MOMNUM_S													Began in 1999							
Synthetic Mother's Number. Version of the identification number that is encrypted during HCUP processing. Can be used to link mother and infant records. Added beginning in 1999.													111 1999							

							SID Da	ata Ele	ements											
									Ava	ilabilit	ty by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
MRN_S			х		х	х		х	х	х			х			х			Х	
Synthetic Medical Record Number. Version of the identification number that is encrypted during HCUP processing.																				
NDX	Х	Х	х	х	х	х	Х	х	х	х	х	х	х	х	х	х	х	х	Х	х
Number of Nonmissing Diagnoses Coded on this Discharge.																				
NEOMAT	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х
Neonatal/Maternal Flag. Assigned based on diagnosis and procedure codes during HCUP processing.																				
Value <u>Description</u> 0 No neonatal or maternal diagnoses or procedures																				
Maternal diagnosis or procedure present on discharge																				
Neonatal diagnosis or procedure present on discharge																				
3 Both neonatal and maternal diagnoses or procedures present in the same discharge																				
NPR	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х
Number of Nonmissing Procedures Coded on this Discharge.																				

								SID Da	ata Ele	ments	•										
										Ava	ilabilit	ty by S	tate								
	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PAY1		х	х	Х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	Х	х
State-speci	Primary Payer, Uniform. ific coding of payers nto general payer types. Description																				
1	Medicare																				
2	Medicaid																				
3	Private Insurance including HMO																				
4	Self-pay																				
5	No charge																				
6	Other																				

								SID Da	ata Ele	ments	;										
										Ava	ailabilit	y by S	tate								
	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
State-speci collapsed in	Primary Payer, Nonuniform. Ific coding of payers nto more detailed payer ontinued beginning in 1998.	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998					
<u>Value</u>	<u>Description</u>																				
1	Medicare																				
2	Medicaid																				
3	Blue Cross, Blue Cross PPO																				
4	Commercial, PPO																				
5	Alternative Delivery Systems (HMO, PHP, etc.)																				
6	Self-pay																				
7	No charge																				
8	Title V																				
9	Worker's Compensation																				
10	CHAMPUS or CHAMPVA																				
11	Other Government																				
12	Other																				
PAY1_X		Х	х	х	х	х	х	х	Х	х	х	х	х	х	х	х	х	х	х	х	х
	Primary Payer. Preserved by the Data Organization.																				
PAYER1_	X	_	Began					Began in													х
	orimary payer identifier, plan dded beginning in 1998.		in 1999					1998	in 1998												

								SID Da	ata Ele	ments	•										
										Ava	ilabilit	ty by S	tate								
	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PAY2							х	Х	Х	Began in 2000	х	х	х	х	х	х	х	х	х	х	х
State-specit	Secondary Payer, Uniform. ific coding of payers nto general payer types.									111 2000											
Value.	Description																				
1	Medicare																				
2	Medicaid																				
3	Private Insurance including HMO																				
4	Self-pay																				
5	No charge																				
6	Other																				

								SID Da	ata Ele	ments	•										
										Ava	ilabilit	y by S	tate								
	Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
	Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PAY2_N								Prior to	Prior to					Prior to	Prior to 1998	Prior to		Prior to	Prior to 1998	Prior to 1998	
Nonuniform payers colla	Secondary Payer, n. State-specific coding of apsed into more detailed s. Discontinued beginning							1990	1996					1990	1990	1990		1990	1990	1990	
<u>Value</u>	<u>Description</u>																				
1	Medicare																				
2	Medicaid																				
3	Blue Cross, Blue Cross PPO																				
4	Commercial, PPO																				
5	Alternative Delivery Systems (HMO, PHP, etc.)																				
6	Self-pay																				
7	No charge																				
8	Title V																				
9	Worker's Compensation																				
10	CHAMPUS or CHAMPVA																				
11	Other Government																				
12	Other																				
PAY2_X							Х	Х	х	Began	х	х	х	х	Х	х	Х	Х	х	Х	Х
	Secondary Payer. as provided by the Data on.									in 2000											
	X econdary payer identifier, ic. Added beginning in							Began in 1998	Began in 1998												х

							SID Da	ata Ele	ements	;										
									Ava	ilabilit	ty by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PAY3_X						х			Began		х	х	х	Began	х	Began	х			
Expected Tertiary Payer. Preserved as provided by the Data Organization.									in 2000					in 1997		in 2000				
PCCHPRn	6	21	15	10	6		10	15					8	15	6	10	6	6	6	
The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR) was developed by AHRQ for ICD-9-CM procedures. A classification code (PCCHPRn) is assigned during HCUP processing for each procedure (PRn). Values range from 1 to 231. Renamed PRCCSn beginning in 1998.	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998											
PL_CBSA Patient Location: Core Based Statistical Area (CBSA).				Began in 2002	Began in 2002				Began in 2002		Began in 2002	Began in 2002	Began in 2002					Began in 2002		
PL_MSA1993 Patient Location: Metropolitan Statistical Area (MSA), 1993.				Began in 2002	Began in 2002	Began in 2002		_	Began in 2002		Began in 2002	Began in 2002	Began in 2002					Began in 2002		
PL_RUCA				Began	Began	Began		Began			Began	Began	Began					Began		
Patient Location: Rural-Urban Commuting Area (RUCA) Codes.				111 2002	in 2002	111 2002		in 2002			111 2002	in 2002	111 2002					in 2002		
PL_RUCA4				Began in 2002	Began in 2002	Began in 2002		Began	Began in 2002		Began in 2002	Began	Began in 2002					Began in 2002		
Patient Location: Rural-Urban Commuting Area (RUCA) Codes, four levels.				111 2002	111 2002	111 2002		111 2002	111 2002		111 2002	111 2002	111 2002					111 2002		

							SID Da	ata Ele	ments											
									Ava	ilabilit	ty by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PL_RUCA10				Began	Began in 2002	Began		Began in 2002			Began	Began	Began in 2002					Began in 2002		
Patient Location: Rural-Urban Commuting Area (RUCA) Codes, ten levels.				in 2002	in 2002	III 2002		III 2002			III 2002	In 2002	III 2002					In 2002		
PL_RUCC				Began	Began	Began		Began			Began	Began	Began					Began		
Patient Location: Rural-Urban Continuum Codes (RUCC).				IN 2002	in 2002	in 2002		in 2002			In 2002	In 2002	in 2002					in 2002		
PL_UIC				Began	Began			Began	Began		Began	Began	Began					Began		
Patient Location: Urban Influence Codes.				in 2002	in 2002	in 2002		in 2002	in 2002		in 2002	in 2002	in 2002					in 2002		
PNUM_S	Х	Х									х							х		
Synthetic Person Number. Version of the identification number that is encrypted during HCUP processing. PNUM_S is specific to a patient so that multiple admissions by the same patient can be linked within and across institutions.																				
PRn	6	21	15	10	6	6	Varies	15	Varies	30	Varies	6	8	15	6	10	6	6	6	6
Procedure Codes. PR1 is the principal procedure. PR2, PR3, etc., contain the secondary procedures. The number of procedures varies by Data Organization.							by year (10-15)		by year (6-10)		by year (6-11)									
PRCCSn	6	21	15	10	6	6	Varies	15	Varies	30	Varies	6	8	15	6	10	6	6	6	6
Clinical Classifications Software (CCS): procedure classification. Added beginning in 1998.	Began in 1998		by year (10-15)	Began in 1998	by year (6-10)		by year (6-11)		Began in 1998											

							SID Da	ata Ele	ments	1										
									Ava	ilabilit	ty by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PRDATEn	1		1		6		3								6					
Date of Principal Procedure. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by PRMONTHn and PRYEARn beginning in 1998.	Prior to 1998		Prior to 1998		Prior to 1998		Prior to 1998								Prior to 1998					
PRDAYn Number of Days From Admission to PRn. Calculated as the difference between the admission date and date of procedure before these dates are masked. A value of 0 reflects the day of admission. A negative numeric value reflects days prior to admission.	1	21	1	1	6	6	3	11	Varies by year (6-10)	1	Varies by year (6-11)	6	8	15	6	10			1	
PRMONTHn Month of procedure. Values range from 1 to 12. Added beginning in 1998.	1 Began in 1998		1 Began in 1998		6 Began in 1998	6	3 Began in 1998		Varies by year (6-10)			6		15 Began in 1998						
PROCESS Processing Number. Unique record identifier coded as YYSSnnnnnnn, where YY is the discharge year, SS is the state FIPS code, and nnnnnnn is a 7-digit sequence number. Discontinued beginning in 1998.	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	

							SID Da	ata Ele	ements											
									Ava	ilabilit	y by S	tate								
Data Element Name and Description	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PRSYS	Prior to		Prior to	Prior to					Prior to											
Procedure Coding System. Discontinued beginning in 1998.	1990	1990	1990	1990	1990		1990	1996					1990	1990	1990	1990	1990	1990	1996	
<u>Value</u> <u>Description</u>																				
1 ICD-9-CM 2 CPT-4																				
3 HCPCS/CPT-4																				
Almost all discharges have ICD-9-CM procedure codes (PRSYS=1).																				
PRVn	6	21	15	10	6		10	15					8	15	6	10	6	6	6	
Procedure Validity Flags. Validity flags identify invalid or inconsistent procedures in the data elements PRn. There is one validity flag for each procedure. PRV1 refers to the principal procedure (PR1), PRV2 refers to the first secondary procedure (PR2), etc. Discontinued beginning in 1998.	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998											
Value. Description 0 Valid and consistent																				
procedure code 1 Invalid code for discharge date																				
.C Procedure inconsistent with age or sex of patient				_																
PRYEARn	1		1		6	6	3		Varies by year			6		15	6					
Year of procedure. Four-digit year. Added beginning in 1998.	Began in 1998		Began in 1998		Began in 1998		Began in 1998		(6-10)					Began in 1998	Began in 1998					

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
PSTCO			Х		Х				Х				Х	х		х				
Patient State/County FIPS Code. Preserved as provided by the Data Organization. Not derived from ZIP Codes.																				
PSTCO2				Began	Began	Began			Began		Began	Began	Began					Began		
Patient State/County FIPS Code, possibly derived from ZIP Code.				in 2002	in 2002	In 2002		in 2002	IN 2002		in 2002	in 2002	In 2002					in 2002		
RACE	х	Х	Х	х	Х		х	х		Х	х		Х	х		х			х	
Race. Indicates race and ethnicity in one data element.																				
<u>Value.</u> <u>Description</u>																				
1 White																				
2 Black																				
3 Hispanic																				
4 Asian or Pacific Islander 5 Native American																				
6 Other																				
RACE X	Began	Began	Began		Began		Began			х	Х		Began	Began		Began			Began	
Race, as received from data source. Added beginning in 1998.	in 1998		in 1998	in 1998					in 1998	in 1998		in 1998			in 1998					
RATEn														5						
Daily Rate Charges. The number and definition of the rate data elements are determined by the Data Organization.																				

							SID Da	ata Ele	ments	i										
									Ava	ilabilit	y by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	WV
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
RDRG						Х					х				Began			х		
Refined DRG. RDRGs were developed at Yale University, assigned by the Data Organization, and preserved as provided.															in 1997					
RDRGWT																		х		
Refined DRG Weight. The weight associated with the data element RDRG. Preserved as provided by the Data Organization.																				
READMIT													х							
Readmission Flag. The definition of readmission varies by Data Organization.																				
<u>Value.</u> <u>Description</u>																				
0 Not a readmission1 Readmission																				
REVCDn Revenue Codes. The number and definition of the revenue code data elements are determined by the Data Organization.						Varies by year (50-55)	Varies by year (30-110)		33 Began in 2000		54 Began in 2002	Varies by year (45-49)		25				40		57
SEQ_SID	Prior to		Prior to	Prior to	Prior to		Prior to						Prior to	Prior to	Prior to		Prior to	Prior to	Prior to	
SID Sequence Number. A unique number assigned to each discharge. Discontinued beginning in 1998.	1998		1998	1998	1998		1998	1998					1998	1998	1998		1998	1998	1998	

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
SEX Sex of the Patient. Renamed FEMALE beginning in 1998. Value Description	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998					Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	Prior to 1998	
1 Male 2 Female																				
SURGID_S Synthetic Primary Surgeon Number. Version of the identification number that is encrypted during HCUP processing. Field sometimes contains non-surgeon identifiers. Renamed MDNUM2_S beginning in 2001.	Prior to 2001		Prior to 2001	Prior to 2001	Prior to 2001	Prior to 2001		Prior to 2001		Prior to 2001	Prior to 2001		Prior to 2001	Prior to 2001				Prior to 2001		Prior to 2001
SURGSPEC Primary Surgeon Specialty, as received from source. Field sometimes contains non-surgeon specialties. Renamed MDSPEC2 beginning in 2001.									Prior to 2001							Prior to 2001				
TMDXn Time of Onset for each Diagnosis. Preserved as provided by the Data Organization. TMDX1 refers to the principal diagnosis (DX1), TMDX2 refers to the first secondary diagnosis (DX2), etc. Renamed DXatADMITn beginning in 1998. Value Description Diagnosis not present at admission Diagnosis present at admission		25 1997 Only												15 Prior to 1998						

							SID Da	ata Ele	ments	•										
									Ava	ilabilit	ty by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	МІ	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
тотсно	Х	х	х	х	х	х	Х	х	х	Began in 2001	х	х	Х	х	х	х	х	Х	Х	х
Cleaned Total Charges. Inconsistent values (negative or unjustifiably high or low) have been set to inconsistent (.C) by edit checks during HCUP processing.										111 200 1										
тотснд_х	Х	х	х	х	Х	Х	х	х	Х	Began	Х	х	х	х	х	х	х	Х	Х	х
Uncleaned Total Charges. Preserved as provided by the Data Organization.										in 2001										
TOWN												х	Began in 2001							
Patient Town of Residence. As provided by the Data Organization.													IN 2001							
UNITn						Varies	Varies		3		50	Varies	35	5		Varies		40		57
Units of Service. The number and definition of the unit data elements are determined by the Data Organization.						by year (50-55)	by year (30-110)		Began in 2000		Began in 2002	by year (45-49)				by year (11-19)				
YEAR	Х	х	х	х	Х	Х	х	х	х	х	х	х	х	х	х	х	х	х	Х	х
Year of Discharge.																				
ZIP	х		х	х	х	х				х	х	х	х	х	х			х	х	х
Patient ZIP Code. Preserved as provided by the Data Organization.																				
ZIP3								Began												
Patient ZIP Code, first 3 digits.								in 2002												

							SID Da	ata Ele	ments											
									Ava	ilabilit	y by S	tate								
Data Element Name and	AZ	CA	СО	FL	IA	KY	MA	MD	ME	MI	NC	NE	NJ	NY	OR	sc	UT	WA	WI	wv
Description	1995- 2001	1995- 2001	1995- 2001	1995- 2002	1995- 2002	2000- 2002	1995- 2001	1995- 2002	1999- 2002	1999- 2001	2000- 2002	2001- 2002	1995- 2002	1995- 2001	1995- 2001	1995- 2001	1997- 2001	1995- 2002	1995- 2001	2000- 2001
ZIP_S Synthetic Patient ZIP Code. Encrypted version of the patient's ZIP Code. Last two digits of the ZIP Code are encrypted to ensure the confidentiality of the patient. The state of a patient's residence can still be identified using the first 3 unencrypted ZIP Code digits. ZIP_S does not allow placement of a specific patient within a narrower, ZIP-Code based geography.									x								x			

DESCRIPTION OF STATE AMBULATORY SURGERY DATABASES (SASD)

Overview

The Healthcare Cost and Utilization Project (HCUP) State Ambulatory Surgery Databases (SASD) consist of individual data files from Data Organizations in 18 participating States. In general, the SASD contain that state's ambulatory surgery discharge records. All of the databases include abstracts from hospital-affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter abstracts for that state, including records from both hospital-affiliated and freestanding surgery centers. Composition and completeness of data files may vary from state to state. The SASD are annual, state-specific files that share a common structure and common data elements. Most data elements are coded in a uniform format across all states. In addition to the core set of uniform data elements, the SASD include state-specific data elements or data elements available only for a limited number of states. The uniform format of the SASD helps facilitate cross-state comparisons. In addition, the SASD are well suited for research that requires complete enumeration of hospitals and discharges within market areas or states.

How the HCUP SASD Differ from State Data Files

The SASD available through the HCUP Central Distributor differ from the data files available from the Data Organizations in the following ways:

- · data elements available on the files, and
- · coding of data elements.

Because the Data Organizations dictate the data elements that may be released through the HCUP Central Distributor, the data elements on the SASD are a subset of the data collected by the corresponding Data Organizations. HCUP uniform coding is used on most data elements on the SASD. A few state-specific data elements retain the original values provided by the respective Data Organizations.

Types of Ambulatory Surgery Centers Included

The types of facilities, hospital-based and/or freestanding ambulatory surgery centers, included in the SASD depend on the information provided by the Data Organizations. What facilities are included in each state's SASD files are specified in SASD File Overviews (page 45) and SASD Facility Types and Record Counts (page 47).

Identifying Hospital-based Ambulatory Surgery Centers

If the state-specific SASD files contain information from hospital-based ambulatory surgery centers, then up to three hospital identifiers will distinguish facilities.

- Some Data Organizations allow the original hospital identifier (DSHOSPID) to be included on the SASD. If available on the SASD, this identifier is coded for all hospitals and may distinguish different units within a hospital.
- Some Data Organizations allow the AHA hospital identifier (AHAID) to be included on the SASD. This variable enables the SASD to be linked to the AHA Annual Survey of Hospitals that contain information on hospital characteristics. The AHA hospital identifier is coded for most hospitals. The AHA hospital identifier is missing if the hospital is not registered with the AHA or the source-provided information could not be matched to the AHA.

 Some Data Organizations allow the HCUP-specific hospital identifier (HOSPID) to be included on the SASD. HOSPID is coded for all hospitals with a nonmissing AHA hospital identifier.

Not all Data Organizations permit all three of the hospital identifiers on the SASD.

Identifying Freestanding Ambulatory Surgery Centers

If the state-specific SASD files contain information from freestanding ambulatory surgery centers, then how these facilities can be identified depends on the data year. Starting in 1998, the data element FREESTANDING identifies which facilities are hospital-based or freestanding ambulatory surgery facilities. Prior to 1998, if the AHA hospital identifier is provided on the file and nonmissing, then the facility is hospital-based; otherwise, the facility is a freestanding ambulatory surgery center.

The availability of data elements differs by Data Organization. The following descriptions of the HCUP SASD are provided:

- SASD File Overviews (page 45)
- SASD Facility Types and Record Counts (page 47)
- SASD Data Element Descriptions and Availability by State (page 48)

SASD File Overviews

The following section lists all states releasing their SASD through the HCUP Central Distributor and provides details about sources of the data provided for HCUP. Data elements that are mentioned may not be available through the HCUP Central Distributor. The Data Organizations for each respective state dictate which data elements may be released through the HCUP Central Distributor.

Colorado

The Colorado SASD files were constructed from files supplied by Colorado Health and Hospital Association Discharge Data Program (DDP). These files consist of discharge records from ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

Florida

The Florida SASD were constructed from the confidential Ambulatory Outpatient files received from the Florida Agency for Health Care Administration (AHCA). The AHCA collects ambulatory patient data from short-term acute care hospitals, freestanding ambulatory surgery centers, radiation therapy centers, lithotripsy centers, cardiac catheterization laboratories and providers of radiation therapy. Any Florida ambulatory surgery center that has a total of 200 or more visits per quarter is required to report data to AHCA. Facilities with fewer than 200 patient visits in a quarter must certify that fact in writing each quarter to be exempt. The Florida SASD files contain both hospital-based and freestanding ambulatory surgery centers.

Maryland

The Maryland SASD files were constructed from demographic and utilization data and Uniform Bill (UB) charge data from the Maryland Health Services Cost Review Commission (HSCRC) Ambulatory Surgery Confidential Data Set. The HSCRC supplied data for ambulatory surgery visits from ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

Nebraska

The Nebraska SASD files were constructed from confidential data received from the Nebraska Hospital Association (NHA). The NHA supplied data for ambulatory surgery visits from ambulatory surgery centers that are associated with community hospitals. Data from freestanding ambulatory surgery centers are not included.

New Jersey

The New Jersey SASD files were constructed from confidential data received from the Health Care Planning, Financing, and Information Services of the New Jersey Department of Health and Senior Services. The files consist of ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

New York

The New York SASD files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) outpatient data file. New York supplied data for freestanding ambulatory surgery centers and for same-day surgical stays at all New York hospitals, excluding long-term care units of short-term hospitals and Federal hospitals. The New York SASD files contain data for both hospital-based and freestanding ambulatory surgery centers.

Utah

The Utah SASD files were constructed from confidential files received from the Office of Health Care Statistics, Utah Department of Health. Utah supplied data on selected ambulatory surgeries occurring in hospital outpatient departments, hospital-affiliated ambulatory surgery centers, and freestanding ambulatory surgery centers. The Utah SASD files contain both hospital-based and freestanding ambulatory surgery centers.

Wisconsin

The Wisconsin SASD files were constructed from confidential files received from the Wisconsin Department of Health and Family Services. The Wisconsin SASD files contain both hospital-based and freestanding ambulatory surgery centers.

SASD Facility Types and Record Counts

The following tables list the types of ambulatory surgery centers and the number of discharges in the HCUP SASD for 1997-2002.

State	Hospital-Based Ambulatory Surgery Centers	Freestanding Ambulatory Surgery Centers	Other
Colorado	Yes	No	No
Florida	Yes	Yes	Radiation therapy centers, lithotripsy centers, cardiac catheterization laboratories and providers of radiation therapy
Maryland	Yes	No	No
Nebraska	Yes	No	No
New Jersey	Yes	No	No
New York	Yes	Yes	No
Utah	Yes	Yes	No
Wisconsin	Yes	Yes	No

State	1997 Discharges	1998 Discharges	1999 Discharges	2000 Discharges	2001 Discharges	2002 Discharges
Colorado	279,080	300,727	349,765	370,233	367,336	Not Available
Florida	2,327,593	2,511,475	2,380,685	2,672,550	2,782,241	2,979,111
Maryland	347,974	353,969	357,975	370,443	384,041	396,036
Nebraska	Not Available	Not Available	Not Available	Not Available	194,070	205,374
New Jersey	356,353	371,872	366,438	362,343	348,064	334,567
New York	1,107,192	1,197,172	1,254,990	1,322,941	1,382,610	Not Available
Utah	149,053	159,145	189,279	204,079	235,037	Not Available
Wisconsin	Not Available	556,976	592,609	632,010	683,130	Not Available

SASD Data Element Descriptions and Availability by State

The following table (page 49) describes the HCUP SASD data elements. Not all HCUP SASD data elements are available from all Data Organizations. The availability columns refer to the states using the state postal code (e.g., CO for Colorado). Cells marked with an "x" indicate that the data element is available for that state. Blank cells indicate that the data element is not available for that state. More detailed descriptions and coding information of the HCUP SASD data elements accompany the purchase of the data files.

In some cases, multiple data elements of the same type are available (e.g., principal and secondary diagnoses). The small "n" in the data element name (e.g., DXn) indicates that there is more than one data element of that type. The number of data elements available is specified in the state-specific cell. For example, the cell for diagnoses (i.e., DXn) identifies the number of available diagnoses. CO has 15 diagnoses: 1 principal diagnosis and 14 secondary diagnoses. Not all diagnoses are coded on all records.

	SASE	Data Eler	nents								
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
ADATE	Admission Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by AMONTH and AYEAR beginning in 1998.	Prior to 1998						Prior to 1998			
ADAYWK	Admission Day of Week. Discontinued beginning in 1998. Value Description 1 Sunday 2 Monday 3 Tuesday	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998			
	4 Wednesday5 Thursday6 Friday7 Saturday										
AGE	Age in Years at Admission. Calculated as the difference between the admission date and date of birth before these dates are masked.	х	х	х	х	х	х	х	х		
AGEDAY	Age in Days at Admission. Only coded when patient is less than one year old. Calculated as the difference between the admission date and date of birth before these dates are masked. Added beginning in 1998.	Began in 1998		Began in 1998	х	Began in 1998	Began in 1998	Began in 1998	Began in 1998		

		SASD	Data Eler	ments						
						Availabili	ty by State	9		
Data Element Name		Description		FL 1997-2002		NE 2001-2002	NJ 1997-2002			WI 1998- 2001
AGEMONTH	than 11 years old between the admi	only coded when patient is less Calculated as the difference ession date and date of birth before easked. Added beginning in 1998.	Began in 1998		Began in 1998	X	Began in 1998	Began in 1998	Began in 1998	Began in 1998
AHAID	number is assigned	ntification Number. This 7-digit ed by the American Hospital) and included on their AHA Annual ls.	х	х	х		х	х	х	х
AHOUR	Admission Hour.					х				
AMONTH	Admission Month.	Values ranges from 1 to 12.	х			х	х	Began in 1998	х	х
ANESTH	10 Local A 20 Genera							x		
ASOURCE	Value Descrip 1 Emerge 2 Anothe 3 Other F Care F 4 Court/L	ency Department r Hospital Health Facility including Long-Term	Began in 1998		Began in 2002	x	Began in 1998		Began in 1998	

	SASD	Data Eler	ments								
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
ASOURCEUB92	Admission source (UB-92 standard coding).				Began in 2002	Began in 2002					
ASOURCE_X	Admission source, as received from source. Added beginning in 1998.	Began in 1998		Began in 2002	х	Began in 1998		Began in 1998			
ATYPE	Admission Type. Added beginning in 1998. Value Description 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Other			Began in 2002	х	Began in 1998			Began in 1998		
AWEEKEND	Admission day is on a weekend. Added beginning in 1998.	Began in 1998	Began in 2002	Began in 1998	х	Began in 1998	Began in 1998	Began in 1998	Began in 1998		
AYEAR	Admission year. Four-digit year. Added beginning in 1998.	Began in 1998			х		Began in 1998	Began in 1998	Began in 1998		
BMONTH	Birth month. Values range from 1 to 12. Added beginning in 1998.				х		Began in 1998	Began in 1998	Began in 1998		
BYEAR	Admission year. Four-digit year. Added beginning in 1998.				х		Began in 1998	Began in 1998	Began in 1998		
CHGn	Charge Detail. The number and definitions of the detailed charges are determined by the Data Organization.	5	11	Varies by year (8-55)		35					
CPTn	CPT-4/HCPCS procedures. The number of procedure codes varies by Data Organization.	15	15	Varies by year (8-55)	2			6	6		

	SASE	Data Eler	nents								
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
DCCHPRn	The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), was developed by AHRQ for ICD-9-CM diagnoses. A classification code (DCCHPRn) is assigned during HCUP processing for each diagnosis (DXn). Values range from 1-260. Renamed DXCCSn beginning in 1998.		5 Prior to 1998	9 Prior to 1998		10 Prior to 1998	6 Prior to 1998	9 Prior to 1998			
DDATE	Discharge Date. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by DMONTH and YEAR beginning in 1998.	Prior to 1998					Prior to 1998	Prior to 1998			
DHOUR	Discharge Hour.				х						
DIED	Died During Hospitalization. This data element was created during HCUP processing using the disposition of the patient at discharge (DISP). Value Description 0 Did not die	х	Began in 1999	х	х	1997 Only	х	х			
	1 Died										

	SASD	Data Eler	ments						
					Availabili	ty by State	9		
Data Element Name	Description			MD 1997-2002					
DISP	Disposition of Patient at Discharge. Discontinued beginning in 1998. Value Description Routine Short-term Hospital Skilled Nursing Facility Intermediate Care Facility Another Type of Facility Home Health Care Against Medical Advice	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998	
DISP_X	20 Died Disposition of patient, as received from source. Added beginning in 1998.	Began in 1998	Began in 1999	Began in 1998	х		Began in 1998	Began in 1998	
DISPUB92	Disposition of patient, (UB-92 standard coding). Added beginning in 1998.	Began in 1998	Began in 1999	Began in 2002	х		Began in 1998	Began in 1998	
DISPUniform	Disposition of patient, uniform coding. Added beginning in 1998.	Began in 1998	Began in 1999	Began in 1998	х		Began in 1998	Began in 1998	
DMONTH	Discharge month of procedure. Values from 1 to 12. Added beginning in 1998.	Began in 1998			х		Began in 1998	Began in 1998	Began in 1998
DNR	Do not resuscitate. Added beginning in 1998. Value Description 0 No "Do not resuscitate" order 1 "Do not resuscitate" order					Began in 1998			

	SASD	Data Elei	ments						
					Availabili	ty by State	e		
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001
DOB	Date of Birth. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by BMONTH and BYEAR beginning in 1998.						Prior to 1998	Prior to 1998	
DQTR	Discharge Quarter prior to 1998. Derived from discharge date (DDATE). Beginning in 1998 DDATE replaced by DMONTH and YEAR.	х	х	х	х	х	х	х	х
	 Value Description 1 First Quarter (Jan Mar.) 2 Second Quarter (Apr June) 3 Third Quarter (July - Sep.) 4 Fourth Quarter (Oct Dec.) 0 Missing or Invalid 								
DSHOSPID	Hospital Identifier Provided by the Data Organization.	×	х	х		x	х	х	х
DSNCPT	Number of CPT-4/HCPCS procedure fields in this data source. Discontinued beginning in 1998.	Prior to 1998	Prior to 1998	Prior to 1998				Prior to 1998	
DSNDX	Total Number of Diagnosis Fields Provided by the Data Organization. For example, DSNDX may equal 10 because the Data Organization provides for a principal and 9 secondary diagnoses. However, the number of diagnoses coded on the discharge will vary from 0 to 10. Discontinued beginning in 1998.		Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998	

		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
DSNPR	Total Number of Procedure Fields provided by the Data Organization. For example, DSNPR may equal 10 because the Data Organization provides for a principal and 9 secondary procedures. However, the number of procedures coded on the discharge will vary from 0 to 10. Discontinued beginning in 1998.			Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998			
DSNUM	Data Source Number. This is an HCUP-assigned data source identification number. Discontinued beginning in 1998.	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998			
DSTYPE	Data Source Type. Discontinued beginning in 1998. Value Description State Data Organization Hospital Association Consortia	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998			
DXn	Diagnosis Codes. DX1 is the principal diagnosis. DX2, DX3, etc., contain the secondary diagnoses. The number of diagnoses varies by Data Organization.	15	5	Varies by year (9-17)	10	10	6	9	10		
DXCCSn	Clinical Classifications Software (CCS): diagnosis classification. Added beginning in 1998.	15 Began in 1998	5 Began in 1998	Varies by year (9-17) Began in 1998	10	10 Began in 1998	6 Began in 1998	9 Began in 1998	10 Began in 1998		
DXSYS	Diagnosis Coding System. All diagnoses are ICD-9-CM codes. Discontinued beginning in 1998.	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998			

		SASD	Data Eler	nents						
						Availabili	ity by State	e		
Data Element Name		Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001
DXVn	invalid or DXn. Th DXV1 referefers to t Discontin	s Validity Flags. Validity flags identify inconsistent diagnosis in the data elements ere is one validity flag for each diagnosis. ers to the principal diagnosis (DX1), DXV2 he first secondary diagnosis (DX2), etc. ued beginning in 1998. Description Valid and consistent diagnosis code Invalid code for discharge date Diagnosis inconsistent with age or sex of patient	15 Prior to 1998	5 Prior to 1998	9 Prior to 1998	3	10 Prior to 1998	6 Prior to 1998	9 Prior to 1998	
FEMALE	Indicator Value 0 1	of sex. Added beginning in 1998. Description Male Female	Began in 1998	Began in 1998	Began in 1998	Х	Began in 1998	Began in 1998	Began in 1998	Began in 1998
FREESTANDING	Added be	of freestanding ambulatory surgery center. ginning in 1998. <u>Description</u> Hospital-based facility Ambulatory Surgery Center	Began in 1998	Began in 1998	Began in 1998		Began in 1998	Began in 1998	Began in 1998	Began in 1998
HISPANIC_X		ethnicity, as received from the source. ginning in 1998.			Began in 1998		Began in 1998			Began in 1998
HOSPID	HCUP-de	fined Hospital Number.	х	х	х		х	х	х	х
HOSPST	Hospital S (e.g., "CC	State Postal Code. Two-digit character ")	х	Х	Х	х	х	х	х	х

	SASD Data Elements											
		Availability by State										
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001			
HOSPSTCO	Hospital State and County Code. Five-digit state and county modified FIPS code listed for that hospital in the AHA Annual Survey of Hospitals.	x	x	х		х	x	x	x			
IDNUMBER	HCUP-modified AHA Hospital Identification Number. This 6-digit number is identical to the AHA hospital identification number (AHAID) except that the leading "6" has been removed. The AHA hospital identifier is assigned by the AHA and included on their AHA Annual Survey of Hospitals. Discontinued beginning in 1998.		Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998				
KEY	Unique record identifier. Added beginning in 1998.	Began in 1998	Began in 1998	Began in 1998		Began in 1998	Began in 1998	Began in 1998	Began in 1998			
LOS	Cleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. Inconsistent values (negative or unjustifiably long) have been set to inconsistent (.C) by edit checks during HCUP processing.	х		х	х	х	Began in 1998	х	х			
LOS_X	Uncleaned Length of Stay. Calculated as the difference between the admission and discharge dates before these dates are masked. Same day stays are coded as 0. No modifications to the value of LOS_X have been made.	х		Х	х	Х	Began in 1998	х	х			
MDID_S	Synthetic Attending Physician Number. Version of the identification number that is encrypted during HCUP processing. Renamed MDNUM1_S beginning in 2001.	Prior to 2001	Prior to 2001			Prior to 2001						

	SASD	Data Eler	nents								
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
MDNUM1_S	Synthetic Attending Physician Number. Version of the identification number that is encrypted during HCUP processing. Replaces MDID_S or SURGID_S beginning in 2001.	Began in 2001	Began in 2001	Began in 2001		Began in 2001					
MDNUM2_S	Synthetic Physician Number of second physician. Version of the identification number that is encrypted during HCUP processing. Replaces SURGID_S beginning in 2001.	Began in 2001	Began in 2001			Began in 2001	Began in 2001				
MDSPEC	Attending Physician Specialty. Preserved as provided by the Data Organization. Renamed MDSPEC1 in 2001.					Prior to 2001					
MDSPEC1	Attending Physician Specialty. Preserved as provided by the Data Organization. Replaces MDSPEC in 2001.					Began in 2001					
MRN_S	Synthetic Medical Record Number. Version of the identification number that is encrypted during HCUP processing.	х		х		х			х		
NCPT	Number of Nonmissing CPT-4/HCPCS Procedures Coded on this Discharge.	х	х	х	х			х	х		
NDX	Number of Nonmissing Diagnoses Coded on this Discharge.	х	х	х	х	х	х	х	х		

	SASI	Data Eler	ments						
					Availabili	ty by State			
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001
NEOMAT	Neonatal/Maternal Flag. Assigned based on diagnosis and procedure codes during HCUP processing.	х	х	х	х	х	х	х	х
	 Value Description No neonatal or maternal diagnoses or procedures Maternal diagnosis or procedure present 								
	on discharge Neonatal diagnosis or procedure present on discharge Both neonatal and maternal diagnoses or procedures present on the same discharge								
NPR	Number of Nonmissing Procedures Coded on this Discharge.	х	Began in 1999	Prior to 2002	Х	Х	Х	х	х
ORTIME	Operating Room Time. Reported in minutes.						х		
PAY1	Expected Primary Payer, Uniform. State-specific coding of payers collapsed into general payer types. Value Description	х	х	х	х	х	х	х	х
	1 Medicare								
	2 Medicaid								
	3 Private Insurance including HMO4 Self-pay								
	5 No charge								
	6 Other								

					Availability by State									
Data Element Name		Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001				
PAY1_N	coding of	Primary Payer, Nonuniform. State-specific payers collapsed into more detailed payer scontinued beginning 1998.	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998					
	<u>Value</u>	Description												
	1	Medicare												
	2	Medicaid												
	3	Blue Cross, Blue Cross PPO												
	4	Commercial, PPO												
	5	Alternative Delivery Systems (HMO, PHP, etc.)												
	6	Self-pay												
	7	No charge												
	8	Title V												
	9	Worker's Compensation												
	10	CHAMPUS or CHAMPVA												
	11	Other Government												
	12	Other												
PAY1_X		Primary Payer. Preserved as provided by Organization.	х	х	х	х	х	х	х	х				
PAYER1_X		Primary Payer (plan specific). Preserved ed by the Data Organization.			Prior to 2000									

	SASD Data Elements									
		Availability by State								
Data Element Name		Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001
PAY2	coding of Value 1 2 3 4 5 6	Secondary Payer, Uniform. State-specific payers collapsed into general payer types. Description Medicare Medicaid Private Insurance including HMO Self-pay No charge Other			X	X	X		X	X
PAY2_N	specific c	Secondary Payer, Nonuniform. State- oding of payers collapsed into more over types. Discontinued beginning in Description Medicare Medicaid Blue Cross, Blue Cross PPO Commercial, PPO Alternative Delivery Systems (HMO, PHP, etc.) Self-pay No charge Title V Worker's Compensation Other Government Other			Prior to 1998		Prior to 1998		Prior to 1998	

	SASD Data Elements										
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
PAY2_X	Expected Secondary Payer. Preserved as provided by the Data Organization.			х	х	х		х	х		
PAYER2_X	Expected Secondary Payer ID (plan specific). Preserved as provided by the Data Organization.			Prior to 2001							
PAY3_X	Expected tertiary payer, as received from data source.				х	Began in 1998		Began in 1998			
PCCHPRn	The Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR) was developed by AHRQ for ICD-9-CM procedures. A classification code (PCCHPRn) is assigned during HCUP processing for each procedure (PRn). Values range from 1 to 231. Renamed PRCCSn beginning in 1998.	15 Prior to 1998		8 Prior to 1998		8 Prior to 1998	6 Prior to 1998	6 Prior to 1998			
PL_CBSA	Patient Location: Core Based Statistical Area (CBSA)		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
PL_MSA1993	Patient Location: Metropolitan Statistical Area (MSA), 1993		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
PL_RUCA	Patient Location: Rural-Urban Commuting Area (RUCA) Codes		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
PL_RUCA4	Patient Location: Rural-Urban Commuting Area (RUCA) Codes, four levels		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
PL_RUCA10	Patient Location: Rural-Urban Commuting Area (RUCA) Codes, ten levels		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
PL_RUCC	Patient Location: Rural-Urban Continuum Codes (RUCC)		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
PL_UIC	Patient Location: Urban Influence Codes		Began in 2002	Began in 2002	Began in 2002	Began in 2002					

	SASE	Data Eler	nents								
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
PRn	Procedure Codes. PR1 is the principal procedure. PR2, PR3, etc. contain the secondary procedures. The number of procedures varies by Data Organization.	15	1 Began in 1999	8 Prior to 2002	6	8	6	6	6		
PRCCSn	Clinical Classifications Software (CCS): procedure classification. Added beginning in 1998.	15 Began in 1998	1 Began in 1999	8 1998-2001	6	8 Began in 1998	6 Began in 1998	6 Began in 1998	6 Began in 1998		
PRDATEn	Date of Principal Procedure. The day portion of the date has been changed to the first of the month to ensure the confidentiality of the patient. The month and year portions of the date remain as provided by the Data Organization. Replaced by PRMONTHn and PRYEARn beginning in 1998.	1 Prior to 1998						1 Prior to 1998			
PRDAYn	Day of Principal Procedure. Calculated as the difference between the admission date and date of procedure before these dates are masked. A value of 0 reflects the day of admission. A negative numeric value reflects days prior to admission.	1			6	8		1	1		
PRMONTHn	Month of procedure. Values range from 1 to 12. Added beginning in 1998.	1 Began in 1998			6			1 Began in 1998			
PROCESS	Processing Number. Unique record identifier coded as YYSSnnnnnnn, where YY is the discharge year, SS is the state FIPS code, and nnnnnnn is a 7-digit sequence number. Discontinued beginning in 1998.	Prior to 1998		Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998			

	SASE	Data Elei	ments									
		Availability by State										
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001			
PROFEE	Indicator of Professional Fees in Total Charges. In almost all state databases, professional fees are excluded from total charges. Value Description 1 Yes 2 No		х									
PRSYS	Procedure Coding System. Discontinued beginning in 1998. Value Description 1 ICD-9-CM 2 CPT-4 3 HCPCS/CPT-4 Almost all discharges have ICD-9-CM procedure codes (PRSYS=1).	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998				
PRVn	Procedure Validity Flags. Validity flags identify invalid or inconsistent procedures in the data elements PRn. There is one validity flag for each procedure. PRV1 refers to the principal procedure (PR1), PRV2 refers to the first secondary procedure (PR2), etc. Discontinued beginning in 1998. Value Description Valid and consistent procedure code Invalid code for discharge date C Procedure inconsistent with age or sex of patient	15 Prior to 1998		8 Prior to 1998		8 Prior to 1998	6 Prior to 1998	6 Prior to 1998				
PRYEARn	Year of procedure. Four-digit year. Added beginning in 1998.	1 Began in 1998			6			1 Began in 1998				

	SASD Data Elements										
		Availability by State									
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001		
PSTCO	Patient State/County Code. Preserved as provided by the Data Organization. Not derived from ZIP Codes.	х		1997 Only		х	х				
PSTCO2	Patient State/County Code, possibly derived from ZIP Codes.		Began in 2002	Began in 2002	Began in 2002	Began in 2002					
RACE	Race. Indicates race and ethnicity in one data element. Value Description 1 White 2 Black 3 Hispanic 4 Asian or Pacific Islander 5 Native American 6 Other	x	x	х		X			х		
RACE_X	Race, as received from data source. Added beginning in 1998.	Began in 1998	Began in 1998	Began in 1998		Began in 1998			Began in 1998		
READMIT	Readmission Flag. The definition of readmission varies by Data Organization. Added beginning in 1998. Value Description Not a readmission Readmission					Began in 1998					
REVCDn	Revenue Codes. The number and definition of the revenue code data elements are determined by the Data Organization.			55 Began in 2002							

SASD Data Elements									
	Availability by State								
Data Element Name	Description			MD 1997-2002					WI 1998- 2001
SEQ_ASD	SASD Sequence Number. A unique number assigned to each discharge. Discontinued beginning in 1998.		Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998	
SEX	Sex of the Patient. Renamed FEMALE beginning in 1998. Value Description Male Female	Prior to 1998	Prior to 1998	Prior to 1998		Prior to 1998	Prior to 1998	Prior to 1998	
SURGID_S	Synthetic Primary Surgeon Number. Version of the identification number that is encrypted during HCUP processing. Field sometimes contains non-surgeon identifiers. Information is in MDNUM1_S or MDNUM2_S beginning in 2001.	Prior to 2001	Prior to 2001	Prior to 2001		Prior to 2001	Prior to 2001		
тотснс	Cleaned Total Charges. Inconsistent values (negative or unjustifiably high or low) have been set to inconsistent (.C) by edit checks during HCUP processing.	х	х	х	х	х		х	Х
тотснд_х	Uncleaned Total Charges. Preserved as provided by the Data Organization.	х	х	х	х	х		х	х
TOWN	Patient Town of Residence. Preserved as provided by the Data Organization.				х	х			
UNITn	Units of Service. The number and definition of the unit data elements are determined by the Data Organization.			55 Began in 2002		35			
YEAR	Year. Indicates the calendar year (yy) of discharge.	х	х	х	х	х	х	х	х

	SASD Data Elements								
					Availabili	ty by State	9		
Data Element Name	Description	CO 1997-2001	FL 1997-2002	MD 1997-2002	NE 2001-2002	NJ 1997-2002	NY 1997-2001	UT 1997-2001	WI 1998- 2001
ZIP	Patient ZIP Code. Preserved as provided by the Data Organization.	х	х		x	x	x		х
ZIP3	Patient ZIP Code, first 3 digits.			Began in 2002					
ZIP_S	Synthetic Patient ZIP Code. Encrypted version of the patient's ZIP Code. Last two digits of the ZIP Code are encrypted to ensure the confidentiality of the patient. The state of a patient's residence can still be identified using the first 3 unencrypted ZIP Code digits. ZIP_S does not allow placement of a specific patient within a narrower, ZIP-Code based geography.							X	



CENTRAL DISTRIBUTOR

UNIFORM STATE APPLICATION

Data Organizations participating in the Healthcare Cost and Utilization Project (HCUP) have agreed to release their State Inpatient Databases (SID) and State Ambulatory Surgery Databases (SASD) through a Central Distributor under the auspices of the Agency for Healthcare Research and Quality (AHRQ). This uniform application was designed by the participating Data Organizations to satisfy their requirements. As such, the information requested in this application is for the Data Organizations. The information is not for AHRQ or the HCUP Central Distributor. AHRQ and the HCUP Central Distributor are facilitating access to the SID and SASD, which are owned and regulated by the individual Data Organizations participating in HCUP. The Data Organizations dictate which data elements may be released through the HCUP Central Distributor. However, data elements in the SID and SASD are in a uniform HCUP format that is consistent across all states and years of HCUP data.

Directions to Complete the Uniform State Application:

- 1. Print or type all responses (electronic copy available on request).
- 2. Complete all applicable parts of this application.
 - Part I Organization and/or Individual Requesting Use of the HCUP Databases (page 69)
 - Part II Intended Use of Data and Project Activities (page 70)
 - Part III Selection of HCUP Databases (page 72)
- 3. Determine the Total Payment Due and Select Payment Method (Part IV, page 76).
- 4. Read and sign the Indemnification Clause (Part V, page 78).
- 5. Read and sign the Data Use Agreement for HCUP State Inpatient Databases (Part VI, page 79), if purchasing SID files.
- 6. Read and sign the Data Use Agreement for HCUP State Ambulatory Surgery Databases (Part VII, page 81), if purchasing SASD files.
- 7. Submit the completed application (pages 69-83):

HCUP Central Distributor Social & Scientific Systems, Inc. 8757 Georgia Avenue, 12th Floor Silver Spring, MD 20910

Telephone: (866) 556-4287-toll free Fax: (301) 628-3201 E-mail: hcup@s-3.com

Part I: Organization and/or Individual Requesting Use of the HCUP Databases

General	l Inform	ation:
Applicar	nt Name	:
Position		
Organiza	ation (in	clude Branch, Division, Department):
Street A	.ddress:	
City: _		State: ZIP Code:
Phone N	Number:	Fax:
Internet	Address	3:
Type of	Organi	zation:
Check th	ne <i>one</i> b	pox that best describes your organization.
		University/college/teaching institution
		Government agency
		Managed care, insurer
		Healthcare provider
		Pharmaceutical, biotechnology, medical product firm
		Trade association, lobbying group, consortium
		Research organization, consultant
		Other (describe in space provided)
Check th	ne <i>one</i> b	pox that best characterizes the type of ownership of your organization.
		Not-for-profit
		For-profit

Part II: Intended Use of Data and Project Activities

Describe the intended use of the data requested. Attach additional pages if necessary. Include:

- Brief description of project(s) and intended use of the data (e.g., clinical research, health services research, analyses to address public policy issues, analyses to address private policy issues, creating products or tools such as quality measurements, severity adjustment software, etc.)
- Brief description of the subject area(s) that you plan to investigate (e.g., health outcomes, quality, cost, utilization, access, markets, etc.)
- Brief description of the potential uses of the final products that you may create using the data (e.g., papers, reports, tools, analyses for public domain and/or internal use, etc.)

Please refer to Part VI "Data Use Agreement for HCUP State Inpatient Databases" (page 79) for a complete description of the acceptable uses of the HCUP SID; and refer to Part VII "Data Use Agreement for HCUP State Ambulatory Surgery Databases" (page 81) for a complete description of the acceptable uses of the HCUP SASD. In general, the HCUP SID and SASD are available for the purpose of research and aggregate statistical reporting. Attempts to identify individuals are strictly prohibited. Information that could identify individuals or establishments directly or by inference may not be released in disseminated materials. The data may not be released in any form without prior approval of the participating Data Organization(s).

Check all boxes that describe the reasons for requesting the HCUP databases. Research requires specific state(s). Research requires variables only available in the selected states (e.g., encrypted patient ZIP Codes, encrypted physician identifiers). Indicate variables below. Other (describe in space provided)

HCUP Request:

Part III: Selection of HCUP Databases

Section I. Select State Inpatient Databases (SID)

Mark boxes for the data you are requesting (see next page). Please refer to "Description of State Inpatient Databases (SID)" (page 2) to make your selection. Not all HCUP data elements are available from every state.

The participating Data Organizations dictate the price of the data. Handling charges are already included and are based on the number of CD-ROMs required to hold the data. Some Data Organizations offer a price discount to AHRQ Grant recipients. If you are not sure if you qualify for this discount, please refer to Section III. AHRQ Grantee (page 75). Enter the total cost of requested data under the column titled "Total." If you have any question or want information on other years of data or more sensitive data elements for a state, please contact the HCUP Central Distributor by phone at (866) 556-4287 (toll-free), fax at (301) 628-3201, or e-mail at <a href="https://ncup.engline.com/hcup.ges-3.com/hcup.

State	HCUP SID Price Structure	1	995	1	996	1	997	1	998	1	1999	2	2000	2	001	2002	Total
Arizona	All Applicants	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	Not Available	
California	All Applicants	□ \$	450	□ \$	450	□ \$	450	□ \$	420	□ \$	420	□ \$	420	□ \$	420	Not Available	
Colorado	All Applicants	□ \$	220	□ \$	220	□ \$	220	□ \$	320	□ \$	320	□ \$	320	□ \$	420	Not Available	
Florida	All Applicants	□ \$	625	□ \$	625	□ \$	625	□ \$	620	□ \$	620	□ \$	620	□ \$	620	□ \$ 620	
lawa	Not-for-profit Affiliation	□ \$	420	□ \$	420	□ \$	420	□ \$	420	□ \$	420	□ \$	420	□ \$	420	□ \$ 520	
lowa	For-profit Affiliation	□ \$	420	□ \$	420	□ \$	420	□ \$	820	□ \$	820	□ \$	820	□ \$	820	□ \$ 1,020	
Kentucky	All Applicants	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	Not A	Available	□ \$	1,520	□ \$	1,520	□ \$ 1,520	
Maine	All Applicants	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	□ \$	420	□ \$	420	□ \$	420	□ \$ 420	
Maryland	All Applicants	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$ 20	
Massachusetts	All Applicants	□ \$	830	□ \$	830	□ \$	830	□ \$	820	□ \$	820	□ \$	820	□ \$	820	Not Available	
NA:-bi	Not-for-profit Affiliation	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	□ \$	545	□ \$	545	□ \$	545	Not Available	
Michigan	For-profit Affiliation	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	□ \$	950	□ \$	950	□ \$	950	Not Available	
	All Others	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	Not /	Available	Not /	Available	□ \$	1,020	□ \$ 1,020	
Nebraska	AHRQ Grantee (Complete Section III, page 75)	Not A	vailable	Not A	vailable	Not A	Available	Not A	Available	Not A	Available	Not /	Available	□ \$	520	□ \$ 520	
New Jersey	All Applicants	□ \$	55	□ \$	50	□ \$	50	□ \$	45	□ \$	45	□ \$	45	□ \$	45	□ \$ 45	
	All Others	□ \$	695	□ \$	695	□ \$	690	□ \$	670	□ \$	670	□ \$	670	□ \$	670	Not Available	
New York	AHRQ Grantee (Complete Section III, page 75)	□ \$	370	□ \$	370	□ \$	365	□ \$	345	□ \$	345	□ \$	345	□ \$	345	Not Available	
North Carolina	Not-for-profit Affiliation	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	Not A	Available	□ \$	520	□ \$	520	□ \$ 520	
Ttorur Garonna	For-profit Affiliation	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	Not /	Available	□ \$	1,020	□ \$	1,020	□ \$ 1,020	
Oregon	Not-for-profit Affiliation	□ \$	770	□ \$	770	□ \$	770	□ \$	770	□ \$	770	□ \$	770	□ \$	770	Not Available	
Cregon	For-profit Affiliation	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	1,520	Not Available	
South Carolina	All Applicants	□ \$	470	□ \$	470	□ \$	470	□ \$	620	□ \$	620	□ \$	620	□ \$	620	Not Available	
Utah	Public, State/Federal Agency, Academic Organization	Not A	vailable	Not A	vailable	□ \$	770	□ \$	770	□ \$	770	□ \$	770	□ \$	1,595	Not Available	
	Private Organization	Not A	vailable	Not A	vailable	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	3,170	Not Available	
Washington	All Applicants	□ \$	720	□ \$	720	□ \$	720	□ \$	70	□ \$	70	□ \$	70	□ \$	70	□ \$ 70	
West Virginia	All Applicants	Not A	vailable	Not A	vailable	Not A	vailable	Not A	Available	Not A	Available	□ \$	470	□ \$	470	Not Available	
Wisconsin	All Applicants	□ \$	420	□ \$	420	□ \$	420	□ \$	520	□ \$	620	□ \$	620	□ \$	620	Not Available	
TOTAL DATA CO	TOTAL DATA COST. Add total cost for all data requested. See Part IV (page 76) for instructions on determining the total payment due.							ing the t	otal payme	ent due.							

Section II. Select State Ambulatory Surgery Databases (SASD)

Mark boxes for the data you are requesting. Please refer to "Description of State Ambulatory Surgery Databases (SASD)" (page 44) to make your selection. Not all HCUP data elements are available from every state.

The participating Data Organizations dictate the price of the data. Handling charges are already included and are based on the number of CD-ROMs required to hold the data. Some Data Organizations offer a price discount to AHRQ Grant recipients. If you are not sure if you qualify for this discount, please refer to Section III. AHRQ Grantee (page 75). Enter the total cost of requested data under the column titled "Total."

If you have questions or want information on other years of data or more sensitive data elements for a state, please contact the HCUP Central Distributor by phone at (866) 556-4287 (toll free), fax at (301) 628-3201, or e-mail at hcup@s-3.com.

State	HCUP SASD Price Structure	1	997	1	1998	1	1999	2	2000		2001	2002	Total
Colorado	All Applicants	□ \$	295	□ \$	295	□ \$	295	□ \$	320	□ \$	320	Not Available	
Florida	All Applicants	□ \$	625	□ \$	620	□ \$	620	□ \$	620	□ \$	620	□ \$ 620	
Maryland	All Applicants	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$	20	□ \$ 20	
	All Others	Not A	Available	□ \$	1,020	□ \$ 1,020							
Nebraska	AHRQ Grantee (Complete Section III, page 75)	Not A	Available	□ \$	520	\$ 520							
New Jersey	All Applicants	□ \$	45	□ \$	45	□ \$	45	□ \$	45	□ \$	45	□ \$ 45	
	All Others	□ \$	470	□ \$	470	□ \$	470	□ \$	470	□ \$	470	Not Available	
New York	AHRQ Grantee (Complete Section III, page 75)	□ \$	245	□ \$	245	□ \$	245	□ \$	245	□ \$	245	Not Available	
Utah	Public, State/Federal Agency, Academic Organization	□ \$	770	□ \$	770	□ \$	770	□ \$	770	□ \$	1,595	Not Available	
	Private Organization	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	1,520	□ \$	3,170	Not Available	
Wisconsin	All Applicants	Not A	Available	□ \$	520	□ \$	520	□ \$	520	□ \$	520	Not Available	
TOTAL DATA CO	TOTAL DATA COST. Add total cost for all data requested. See Part IV (page 76) for instructions on determining the total payment due.												

Section III. AHRQ Grantee

Some states offer a discounted price for AHRQ Grant Recipients. If you are an AHRQ Grantee and intend to use the data requested for a currently funded AHRQ project, you are entitled to the discounted price and should mark your data request accordingly. Include the name of the principal investigator, title, and the corresponding grant number in the space provided below. Other types of grants are non-applicable. The Uniform State Application in no way constitutes a grant application.

The Research Grant Application Form PHS 398 is to be used in applying for AHRQ grants. This form is available online from the National Institutes of Health Web site at the following URL:

http://www.nih.gov/grants/funding/phs398/phs398.html

Copies of the PHS 398 Grant Application Form are also available from:

AHRQ Publications Clearinghouse P.O. Box 8547 Silver Spring, MD 20907-8547 Telephone: (800) 358-9295

If you are requesting data at the AHRQ Grantee discounted price, please provide the following information:
Name of Principal Investigator / Title:
AHRQ Grant Number:

Total Payment Due

To determine the total payment due, choose one option. Note that the HCUP Central Distributor only collects taxes from applicants in Maryland. All other applicants are responsible for determining tax liability and remitting taxes directly to state and local taxing authorities.

- Option 1: Submit the completed application (pages 69-83), without payment, to the *HCUP Central Distributor* by fax (301) 628-3201 or mail. The address is listed below. An itemized invoice will be faxed or e-mailed to you stating the total payment due, including taxes for applicants in Maryland.
- Option 2: Contact the *HCUP Central Distributor* by phone at (866) 556-4287 and specify which states and years of data you are requesting. You will be notified of the total payment due, including taxes for applicants in Maryland.

TOTAL PAYMENT DUE	
Total SID Data Cost From Section I:	\$
Total SASD Data Cost From Section II:	\$
Tax (MD applicants only):	\$
Total Payment Due:	\$

Orders will not be filled until full payment has been received.

Payment Methods

The HCUP Central Distributor accepts payment by major credit card or check.

Paying by Credit Card

Visa, MasterCard, Discover and American Express are accepted. Your credit card is not charged until the day your order is shipped. A credit card receipt for your purchase is included with the order.

Credit card information is accepted by mail or telephone. If you would like to mail the information, please complete items 1 – 10 of the Credit Card Payment form on the next page and mail it with your itemized invoice or completed application to the following address:

HCUP Central Distributor Social & Scientific Systems, Inc. 8757 Georgia Avenue, 12th Floor Silver Spring, MD 20910

If you prefer to provide your credit card information by telephone, please call toll-free at (866) 556-4287 between 9 a.m. and 5 p.m. Eastern Time.

Paying by Check

Checks should be made payable to *Social & Scientific Systems,Inc.* Mail a check for the total payment due with your itemized invoice or completed application. The address is listed above.

Credit Card Payment Form

If you would like to pay by credit card, please complete items 1-10 of this form and enclose it with your application. If you prefer to provide your credit card information by telephone, please call toll-free at (866) 556-4287 between 9 a.m. and 5 p.m. Eastern Time.

1. Date:								
2. Individual/Company Name:								
3. Names On Credit Card:								
Please list the names on the credit card exactly as the	ey are shown on the card.							
4. Type Of Credit Card: MASTERCARD VISA 5. Amount:	AMERICAN EXPRESS							
6. Credit Card Number:								
7. Expiration Date:								
8. Credit Card Billing Address:								
For Office Use Only								
Verbal Authorization For Signature:	Yes	No						
Person Requesting Credit Card Processing:								
Requestor's Phone Number And Extension:								
Project Code Number:								
Date Processed:	Invoice Numbers Paid:							
Project Code:	-							
Input By:	_							

Part V: Indemnification Clause

Recipient shall indemnify and hold The MEDSTAT Group, Inc. and its directors, officers, employees, agents, affiliates and subsidiaries harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of SID or SASD data provided by The MEDSTAT Group, Inc. Further, Recipient agrees that The MEDSTAT Group, Inc. shall not be liable to Recipient for any reason whatsoever arising out of the SID or SASD data or the Recipient's use of the SID or SASD data.

Recipient certifies and warrants that it has made no representations to The MEDSTAT Group, Inc. concerning any uses it (Recipient) intends to make of the SID or SASD data provided by The MEDSTAT Group, Inc. under the terms and conditions of The MEDSTAT Group, Inc. contract with the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Further, Recipient agrees that no representation of Recipient as to the Recipient's intended use of the SID or SASD data was used to determine whether the Recipient's request to use SID or SASD data would be approved.

Recipient shall indemnify and hold Social & Scientific Systems, Inc. (SSS) and its directors, officers, employees, owners, and agents harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of SID or SASD data provided by SSS. Further, Recipient agrees that SSS shall not be liable to Recipient for any reason whatsoever arising out of the SID or SASD data or the Recipient's use of the SID or SASD data.

Recipient certifies and warrants that it has made no representations to SSS concerning any uses it (Recipient) intends to make of the SID or SASD data provided by SSS under the terms and conditions of its contract with the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Further, Recipient agrees that no representation of Recipient as to the Recipient's intended use of the SID or SASD data was used to determine whether the Recipient's request to use SID or SASD data would be approved.

Signed:	Date:	

Part VI: Data Use Agreement for HCUP State Inpatient Databases

This agreement must be signed by anyone seeking to use data in the State Inpatient Databases (SID) maintained by the Center for Delivery, Organization, and Markets (CDOM), Agency for Healthcare Research and Quality (AHRQ) before access to such data can be granted. All data maintained by CDOM/AHRQ is confidential or proprietary except data specified for restricted access public release, or data authorized by AHRQ and the original data source for re-release.

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

No identification of persons--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

Use of Establishment identifiers--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from the data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does not include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;
- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will submit those signed agreements to AHRQ;
- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;
- I will not release nor permit others to release any information that identifies persons, directly or indirectly; I will not release information where the number of observations (i.e., discharge records) in any given cell of tabulated data is less than or equal to 10;
- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;
- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source:

Data Use Agreement for HCUP State Inpatient Databases (continued)

- I will not attempt to use nor permit others to use the datasets to learn the identity of any person included in any set;
- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments;
- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;
- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases:
- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligating Amounts."));
- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ:
- I will provide an abstract and reference for any published research material resulting from the use of these HCUP State Inpatient Databases to the HCUP Central Distributor; and
- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to the HCUP (e.g., "Healthcare Cost and Utilization Project (HCUP), state name(s) State Inpatient Databases (SID), Agency for Healthcare Research and Quality").

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to \$10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed:			Date:	
Print or Type Name:				
Title:				
Organization:				
Address:				
City:		State:	ZIP Code:	
Phone Number:	Fax:		E-mail:	

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.

HCUP SID/SASD (5/14/04)

80

Uniform State Application

Part VII: Data Use Agreement For HCUP State Ambulatory Surgery Databases

This agreement must be signed by anyone seeking to use data in the State Ambulatory Surgery Databases (SASD) maintained by the Center for Delivery, Organization, and Markets (CDOM), Agency for Healthcare Research and Quality (AHRQ) before access to such data can be granted. All data maintained by CDOM/AHRQ is confidential or proprietary except data specified for restricted access public release, or data authorized by AHRQ and the original data source for re-release.

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

No identification of persons--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

Use of Establishment identifiers--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from the data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does not include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;
- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will submit those signed agreements to AHRQ;
- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;
- I will not release nor permit others to release any information that identifies persons, directly or indirectly; I will not release information where the number of observations (i.e., discharge records) in any given cell of tabulated data is less than or equal to 10;
- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;
- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source;

Data Use Agreement for HCUP State Ambulatory Surgery Databases (continued)

- I will not attempt to use nor permit others to use the data sets to learn the identity of any person included in any set;
- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments:
- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;
- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases;
- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligating Amounts."));
- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ:
- I will provide an abstract and reference for any published research material resulting from the use of these HCUP State Ambulatory Surgery Databases to the HCUP Central Distributor; and
- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to the HCUP (e.g., "Healthcare Cost and Utilization Project (HCUP), state name(s) State Ambulatory Surgery Databases (SASD), Agency for Healthcare Research and Quality").

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to \$10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

	_Date:
State:	ZIP Code:
_ Fax:	E-mail:
	State:

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.

HCUP SID/SASD (5/14/04)

82

Uniform State Application

Final Checklist:

- ✓ Have you completed Part I through Part III of the application (pages 69-75)?
- ✓ Have you supplied the necessary information to get the discounted price from some states for AHRQ Grantees (page 75)?
- ✓ Have you exercised option 1 or 2 in terms of total payment (page 76)?
- ✓ If paying by check, have you enclosed a check payable to **Social & Scientific Systems, Inc** for the full amount due (page 76)?
- ✓ If paying by credit card, have you completed and signed the credit card payment form (page 77)?
- ✓ Have you read and signed the Indemnification Clause (page 78)?
- ✓ If purchasing the SID, have you read and signed the "Data Use Agreement for HCUP State Inpatient Databases" (pages 79-80)?
- ✓ If purchasing the SASD, have you read and signed the "Data Use Agreement for HCUP State Ambulatory Surgery Databases" (pages 81-82)?
- ✓ Submit your application (pages 69-83) by fax or mail to the HCUP Central Distributor, SSS, Inc. Contact information is listed on page 68.

DUA Signed/Dated:	Order Number:
Payment Received:	Date Shipped: