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Inter-university Consortium for
Political and Social Research

National Hospital Discharge Survey, 1999

United States Department of Health and Human Services
National Center for Health Statistics

ICPSR 3108

NATIONAL HOSPITAL DISCHARGE SURVEY, 1999

(ICPSR 3108)

Principal Investigator

United States Department of Health and Human Services
National Center for Health Statistics

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DATA COLLECTION DESCRIPTION

United States Department of Health and Human Services. National Center for Health Statistics

NATIONAL HOSPITAL DISCHARGE SURVEY, 1999 (ICPSR 3108)

SUMMARY: The National Hospital Discharge Survey (NHDS) collects medical and demographic information annually from a sample of hospital discharge records. Variables include patients' demographic characteristics (sex, age, race, marital status), dates of admission and discharge, status at discharge, final diagnoses, surgical and nonsurgical procedures, dates of surgeries, and sources of payment. Information on hospital characteristics such as bedsize, ownership, and region of the country is also included. The medical information is coded using the INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM).

UNIVERSE: Patient discharges from nonfederal short-stay hospitals located in the 50 states and the District of Columbia.

SAMPLING: The redesigned (as of 1988) NHDS sample includes with certainty all hospitals with 1,000 or more beds or 40,000 or more discharges annually. The remaining sample of hospitals is based on a stratified three-stage design. The first stage consists of selection of 112 primary sampling units (PSUs) that comprise a probability subsample of PSUs used in the 1985-1994 National Health Interview Surveys. The second stage consists of selection of noncertainty hospitals from the sample PSUs. At the third stage, a sample of discharges was selected by a systematic random sampling technique. For 1999, the sample consisted of 513 hospitals. Of these, 26 were found to be ineligible. Of the 487 eligible hospitals, 458 hospitals responded to the survey.

NOTE: (1) Per agreement with NCHS, ICPSR distributes the data file and text of the technical documentation in this collection in their original form as prepared by NCHS. (2) The codebook is provided as a Portable Document Format (PDF) file. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the ICPSR Web site.

RESTRICTIONS: In preparing the data file for this collection, the National Center for Health Statistics (NCHS) has removed direct identifiers and characteristics that might lead to identification of data subjects. As an additional precaution NCHS requires, under Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), that data collected by NCHS not be used for any purpose other than statistical analysis and reporting. NCHS further requires that analysts not use the data to learn the identity of any persons or establishments and that the director of NCHS be notified if any identities are inadvertently discovered. ICPSR member institutions and other users ordering data from ICPSR are expected to adhere to these restrictions.

EXTENT OF COLLECTION: 1 data file + machine-readable documentation (PDF)

EXTENT OF PROCESSING: FREQ.PR/ DDEF.ICPSR/ REFORM.DOC

DATA FORMAT: Logical Record Length

File Structure: rectangular
Cases: 300,460
Variables: 30
Record Length: 85
Records Per Case: 1

RELATED PUBLICATIONS:

United States Department of Health and Human Services. National Center for Health Statistics. "Development of the Design of the NCHS Hospital Discharge Survey." VITAL AND HEALTH STATISTICS. PHS Pub. No. 1000, Series 2, No. 39. Public Health Service. Washington, DC: United States Government Printing Office, September 1977.

United States Department of Health and Human Services. Health Information Policy Council. Office of the Secretary. "1984 Revision of the Uniform Hospital Discharge Data Set." FEDERAL REGISTER 50, 147 (July 31, 1985).

NATIONAL HOSPITAL DISCHARGE SURVEY

Public Use Data File Documentation

1999

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January 2001

NATIONAL HOSPITAL DISCHARGE SURVEY

1999

PUBLIC USE DATA FILE DOCUMENTATION

Abstract

This material provides documentation for users of the 1999 NHDS Public Use Data File. The NHDS is conducted annually by the National Center for Health Statistics (NCHS) and is a principal source of information on inpatient hospital utilization in the United States.

Section I describes the survey and includes information on the history and scope of the NHDS; the methodology, including data collection and medical coding procedures; population estimates; measurement errors and sampling errors.

Section II provides technical details about the file.

Section III provides a detailed description of the contents of each data record.

Appendix A defines certain terms used in this document; *Appendix B* lists the ICD-9-CM Addenda; *Appendix C* provides population estimates to allow for the calculation of rates; *Appendix D* provides unweighted and weighted frequencies for selected variables; and *Appendix E* shows copies of the NHDS Medical Abstract Form.

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I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

Introduction. This document and its appendices contain information for users of the 1999 National Hospital Discharge Survey (NHDS) public use data file. Conducted annually by the National Center for Health Statistics, NHDS collects medical and demographic information from a sample of discharge records selected from a national sample of non-Federal, short-stay hospitals. The data serve as a basis for calculating statistics on inpatient hospital utilization in the United States. For a description of the survey design and data collection procedures, see below. For a more detailed description of the survey design, data collection procedures, and the estimation process, see Reference 1. Publications based on the data for each survey year can be obtained from the NCHS website at: http://www.cdc.gov/nchs/about/major/hdasd/listpubs.htm

History. To provide more complete and precise information on the utilization of the Nation's hospitals and on the nature and treatment of illness among the hospitalized population, in 1962 the NCHS began exploring possibilities for surveying morbidity in hospitals. A national advisory group was established. The NCHS conducted planning discussions with other officials of the Public Health Service. Hospitalization material from the Survey Research Center of the University of Michigan, the American Hospital Association, and the Professional Activities Study was examined and evaluated. In 1963, a study by the School of Public Health of the University of Pittsburgh under contract to the NCHS demonstrated the feasibility of an NHDS type of program. An additional pilot study using enumerators from the Bureau of the Census was conducted in late 1964 and confirmed the University of Pittsburgh's findings.

Finally, with advice and support from the American Hospital Association, the American Medical Association, individual experts, other professional groups, and officials of the U.S. Public Health Service, the NCHS initiated the National Hospital Discharge Survey in 1964.

SURVEY METHODOLOGY

Source of the Data. The National Hospital Discharge Survey (NHDS) covers discharges from noninstitutional hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Only short-stay hospitals (hospitals with an average length of stay for all patients of less than 30 days) or those whose specialty is general (medical or surgical) or children's general are included in the survey. These hospitals must also have six or more beds staffed for patient use. These criteria, used from 1988 through the current survey year, differ slightly from those used prior to 1988.

Beginning in 1988, the NHDS sampling frame consisted of hospitals that were listed in the April 1987 SMG Hospital Market Data File (2), met the above criteria, and began accepting patients by August 1987. The hospital sample was updated in 1991, 1994, and 1997, to allow for hospitals that opened later or changed their eligibility status since the previous sample update. In 1999, the sample consisted of 513 hospitals. Of the 513 hospitals, 26 were found to be out-of-scope (ineligible) because they went out of business or otherwise failed to meet the criteria for the NHDS universe. Of the 487 in-scope (eligible) hospitals, 458 hospitals responded to the survey.

Sample design and data collection. The NCHS has conducted the NHDS continuously since 1965. The original sample was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory (NMFI). That sample was updated periodically with samples of hospitals that opened later. Sample hospitals were selected with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. Within each sample hospital, a systematic random sample of discharges was selected. A report on the design and development of the original NHDS has been published (3).

In 1988, the NHDS was redesigned to provide geographic sampling comparability with other surveys conducted by the NCHS; to update the sample of hospitals selected into the survey; and to maximize the use of data collected through automated systems. As did the original design, the redesigned NHDS sample included with certainty the largest hospitals. The remaining sample of hospitals was based on a stratified, three-stage design. The first stage consisted of selecting 112 primary sampling units (PSU's) that comprised a probability subsample of PSU's used in the 1985-94 National Health Interview Survey. The second stage consisted of selecting non-certainty hospitals from the sample PSU's. At the third stage a sample of discharges was selected by a systematic random sampling technique.

These changes in the survey may affect trend data. That is, some of the differences between NHDS statistics based on the 1965-87 sample and statistics based on the sample drawn for the new design may be due to sampling error rather than actual changes in hospital utilization.

Two data collection procedures were used for the survey. The first was a manual system of sample selection and data abstraction, used for approximately 60 percent of the responding hospitals. The second was an automated method, used for approximately 40 percent of the respondent hospitals, that involved the purchase of computerized data files from abstracting service organizations, state data systems, or from the hospitals themselves.

In the manual system, the sample selection and the transcription of information from the hospital records to abstract forms were performed at the hospitals. Of the hospitals using this system in 1999, about 30 percent had the work performed by their own medical records staff. In the remaining hospitals using the manual system, personnel of the U.S. Bureau of the Census did the work on behalf of NCHS. The completed forms, along with sample selection control sheets, were forwarded to NCHS for coding, editing, and weighting.

For the automated system, NCHS purchased files containing machine-readable medical record data from which records were systematically sampled by NCHS.

The Medical Abstract Form (Appendix E) and the automated data contain items relating to the personal characteristics of the patient, including birth date or age, sex, race, and marital status, but not name and address; administrative information, including admission and discharge dates, discharge status, and medical record number; and medical information, including diagnoses and surgical and nonsurgical procedures. Since 1977, patient zip code, expected source of payment, and dates of surgery have also been collected. (The medical record number, date of birth, and patient zip code are confidential information and are not available to the public).

Medical Coding and Edits. The medical information that was recorded manually on the sample patient abstracts was coded centrally by NCHS staff. A maximum of seven diagnostic codes was assigned for each sample abstract. In addition, if the medical information included surgical or nonsurgical procedures, a maximum of four codes for these procedures was assigned. The system currently used for coding the diagnoses and procedures on the medical abstract forms as well as on the commercial abstracting services data files is the *International Classification of Diseases, 9th Revision, Clinical Modification,* or ICD-9-CM (4).

NHDS usually presents diagnoses and procedures in the order they are listed on the abstract form or obtained from abstract services; however, there are exceptions. For women discharged after a delivery, a code of V27 from the supplemental classification is entered as the first-listed code, with a code designating either normal or abnormal delivery in the second-listed position. In another exception, a decision was made to reorder some acute myocardial infarction diagnoses. If an acute myocardial infarction is listed with other circulatory diagnoses and is other than the first entry, it is reordered to first position. If a symptom appears as a first-listed code and a diagnosis appears as a secondary code, the diagnosis replaces the symptom which is moved back.
Following conversion of the data on the medical abstract to a computer file and combining it with the automated data files, a final medical edit was accomplished by computer inspection and by a manual review of rejected records. Priority was given to medical information in the editing decision.

A new edit program was developed for the NHDS and was implemented beginning in the 1996 data year. The updated edit program, while following the same general specifications as the previous edit program, was designed to make as few changes as possible in the data. Thus, there may be some minor anomalies in certain areas which would be apparent when examining data over time, performing trend analyses, or examining combinations of variables. Particular features of the new edit program which may affect certain variables are:

> An improved imputation procedure for missing **age** and **sex** data was developed, which maintains the known distribution of these variables, according to categories of the First-Listed Diagnosis.
> There is no longer a re-ordering of the **procedure codes**.
> Principal and additional **expected sources of payment** are no longer re-ordered, with one exception: "Self-Pay" is listed as the principal source only if there are no other sources, or the only other source is "Not Stated"; otherwise it must be listed after every other source (except "Not Stated").
> An arbitrary **month of admission** is no longer assigned to records received from abstract services which do not provide the exact date of admission and discharge.

Users of the National Hospital Discharge Survey (NHDS) diagnostic and/or procedure data, which is coded to the ICD-9-CM, must take into account annual ICD-9-CM addenda. The addenda lists new codes, new fourth or fifth digits to existing codes, as well as other modifications. Changes go into effect October 1 of the calendar year. A list of the changes for 1986 through 1998 are listed in Appendix B. All coding of the 1999 data is consistent with the ICD-9-CM and the addendum effective October 1, 1998. Information provided by automated systems for the last three months of 1999 which was coded using the October 1999 addendum was converted back to the previous code assignment. This was done in order to prevent NHDS

data users from mistaking partial year estimates for annual estimates. For more information about the ICD-9-CM, visit:
http://www.cdc.gov/nchs/icd9.htm

The Uniform Hospital Discharge Data Set (UHDDS). Starting with 1979 data, the NHDS has followed guidelines of the Uniform Hospital Discharge Data Set (UHDDS) within the confines of its contractual agreement with participating hospitals. The UHDDS is a minimum data set of items uniformly defined (4). These items were selected on the basis of their usefulness to a broad range of organizations and agencies requiring hospital information, uniformity of definition, and general availability from medical records and abstract services.

Population Estimates. Appendix C shows estimates of the civilian population of the United Stated as of July 1, 1999, which have been provided by the U.S. Bureau of the Census. Figures are consistent with national population estimates in US-99-SIS-7 (U.S. Population Estimates by Age, Sex, Race and Hispanic Origin: 1999) and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. NOTE THAT PRIOR TO THE 1997 DATA YEAR, CENSUS ESTIMATES OF THE CIVILIAN POPULATION PROVIDED WITH THE NHDS PUBLIC USE DATA FILE DOCUMENTATION WERE NOT ADJUSTED FOR THE UNDERCOUNT.

Confidentiality.
Persons using the public use file agree to abide by the confidentiality restrictions that accompany use of the data. Specifically, they agree that, in the event of inadvertent discovery of the identity of any individual or establishment, then: (a) no use will be made of this knowledge; (b) the director of NCHS will be advised of the incident; (c) the information that would identify the individual or establishment will be safe-guarded or destroyed, as requested by NCHS; and (d) no one else will be informed of the discovered identity.

Maintaining the confidentiality of survey respondents, whether individuals or establishments, is a responsibility of NCHS as described in section 308(d) of the Public Health Service Act. As such it may be necessary for NCHS to block the release of data or modify variables that may, because of their unique nature, lead to inadvertent disclosure of the identity of a participating facility or respondent.

Measurement Errors. As in any survey, results are subject to nonsampling or measurement errors, which include errors due to hospital nonresponse, missing abstracts, information incompletely or inaccurately recorded on abstract forms, and processing errors. A very small proportion, (less than one-half of one percent) of the discharge records failed to include the sex, age, or date of birth of the patient. If the hospital record did not state either the age or sex of patient, it was imputed by assigning an age or sex value according to the specifications described earlier. In a very few cases (about a quarter of a percent of the records), the age or sex was edited, because it was inconsistent with the diagnosis. Data on race were missing for 23.2 percent of the discharges, and no attempt was made to impute for these missing values.

Other edit and imputation procedures may have been applied to data in the NHDS collected in automated form.

Sampling errors and rounding of numbers. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire universe is surveyed. The relative standard error of the estimate is obtained by dividing the standard error by the estimate itself. The resulting value is multiplied by 100, so the relative standard error is expressed as a percent of the estimate. Estimates of sampling variability were calculated with SUDAAN software, which computes standard errors by using a first-order Taylor series approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses was published by Bieler and Williams (6).

Relative Standard Errors for Aggregate Estimates

Parameters for calculating approximate relative standard errors for aggregate estimates are presented in Table 1. To derive error estimates that would be applicable to a wide variety of statistics, numerous estimates and their variances were produced. A regression model was then used to produce best-fit curves, based on the empirically determined relationship between the size of an estimate X and its relative variance. The relative standard error of an estimate X [RSE(X)] is the square root of the relative variance and may be calculated from the formula:

$$RSE(X) = SQRT(a + b/X)$$

with a and b provided in Table 1. When multiplied by 100, the RSE(X) is expressed as a percent of X.

For example, in 1999 the estimated number of discharges from short-stay hospitals for children under age 15 with a first-listed diagnosis of asthma (ICD-9-CM code 493) was 190,000. Using the applicable constants from Table 1 for estimates by age produces:

$$RSE(190{,}000) = SQRT(.016494 + (223.07202/190{,}000))$$

$$RSE(190{,}000) = .133$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 13.3 percent. The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$SE(190{,}000) = 190{,}000 * .133 = 25{,}270$$

The standard error can be used to generate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of children under age 15 with a first-listed diagnosis of asthma is:

$$(190{,}000 - 2*25{,}270) \;<->\; (190{,}000 + 2*25{,}270)$$

$$139460 \;<->\; 240{,}540$$

Relative Standard Error for Estimates of Percents

Approximate relative standard errors for estimates of percents may also be calculated from Table 1. The relative standard error for a percent, 100p ($0<p<1$), may be calculated using the formula:

$$RSE(p) = SQRT(b * (1 - p)/(p * X))$$

where 100p is the percent of interest, X is the base of the percent, and b is the parameter b in the formula for approximating the RSE(X). The values for b are given in Table 1. When multiplied by 100, the RSE(p) is expressed as a percent of the estimate, p.

For example, in 1999 the estimated number of discharges from short-stay hospitals who were women was 19,384,000. This is 60.3 percent of the estimated 32,132,000 total discharges for that year. Using the applicable constants from Table 1 for estimates by sex produces:

RSE(.603) = SQRT(334.61786 * (1 - .603)/(.603 * 32,132,000))

RSE(.603) = .002618

When multiplied by 100, the relative standard error for the estimate of interest becomes .2618 percent. The standard error is obtained by multiplying the relative standard error by the estimate itself:

SE(.603) = .603* .002618 = .0016

The standard error can be used to calculate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of the percentage of female inpatients is:

(.603 - 2*.0016) <-> (.603 + 2*.0016)

.600 <-> .606

or, equivalently, **60.0% <-> 60.6%**

Relative Standard Error for Ratio Estimators

The approximate RSE of a ratio (X/Y) in which the numerator (X) and the denominator (Y) are both estimated from the same survey, but the numerator is not a subclass of the denominator, is calculated using the formula:

RSE(X/Y) = SQRT(RSE^2(X) + RSE^2(Y))

The approximation is valid if the RSE of the denominator is less than 5 percent or the RSE's of the numerator and denominator are both less than 10 percent. When multiplied by 100, the RSE(X/Y) is expressed as a percent of the ratio estimate, X/Y.

For example, average length of stay (ALOS) is considered a ratio estimator since it is the ratio of days of care to the number of discharges. In 1999, the estimated number of days of care for inpatients with a first-listed diagnosis of septicemia (ICD-9-CM code 038) was 2,880,000. The estimated number of discharges for inpatients with a first-listed diagnosis of septicemia was 341,000. The ALOS for inpatients with a first-listed diagnosis of septicemia was 2,880,000/341,000 = 8.4.

To compute the RSE for ALOS, first compute the RSE for the estimated number of days of care and the RSE for the estimated number of discharges. See the section above on ***Relative Standard Errors for Aggregate Estimates*** for computation of these RSE's.

RSE(2,880,000) = .0543
RSE(341,000) = .0509

Next, substitute those RSE's into the formula above to approximate the RSE for the ALOS estimate:

RSE(8.4) = SQRT((.0543)^2 + (.0509)^2)

RSE(8.4) = .0744

The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

SE(8.4) = .0744 * 8.4 = .625

The standard error can be used to generate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of the ALOS for inpatients diagnosed with septicemia is:

(8.4 - 2*.625) <-> (8.4 + 2*.625)

7.2 <-> 9.7

Table 1. Parameter values for relative standard errors for National Hospital Discharge Survey aggregate statistics by statistic type: United States, 1999

	FIRST-LISTED DIAGNOSES		DAYS OF CARE		ALL-LISTED DIAGNOSES		ALL-LISTED PROCEDURES	
Characteristic	a	b	a	b	a	b	a	b
TOTAL	0.001560	352.575720	0.002604	1000.94965	0.003105	412.75822	0.003187	357.68835
Sex								
Male	0.001633	359.91941	0.002981	1317.06683	0.004093	363.50935	0.003464	340.74739
Female	0.001578	334.61786	0.002666	1087.27514	0.003769	326.47722	0.003684	301.79493
AGE GROUP								
Under 15 years	0.016494	223.07202	0.025039	652.94193	0.018165	238.34924	0.025237	253.97288
15-44 years	0.001763	325.12768	0.003308	1033.44779	0.001589	343.08995	0.002402	305.64621
45-64 years	0.002044	377.51124	0.003097	1341.59977	0.002337	337.00450	0.004366	273.42803
65 years and over	0.002189	338.47209	0.002729	2033.88218	0.002026	346.43798	0.003618	341.62920
REGION								
Northeast	0.005121	193.54615	0.010383	269.39682	0.007518	197.33709	0.007950	230.43315
Midwest	0.009636	233.35485	0.013644	402.06132	0.011474	211.10520	0.012990	172.54412
South	0.003298	353.03917	0.005486	920.65327	0.003989	367.90190	0.008102	286.55150
West	0.004267	367.67568	0.008367	937.57802	0.004568	435.54443	0.004604	393.92609
RACE								
White	0.003218	378.46118	0.004791	1075.68925	0.005559	360.32901	0.005553	380.84500
Black	0.005020	234.73077	0.008239	762.36274	0.006288	222.52892	0.005923	221.28609
All other	0.020995	206.99187	0.035926	392.14896	0.017983	259.86584	0.022261	198.53245
Race not stated	0.018749	207.20756	0.021876	500.99287	0.020816	253.87708	0.020675	190.69041
ESOP								
Worker's comp	0.006348	300.78076	0.015928	705.37934	0.013841	209.66859	0.011021	300.33297
Medicare	0.002403	359.96851	0.002831	2254.19975	0.002217	378.71125	0.004039	346.82800
Medicaid	0.005705	286.42727	0.008866	984.24642	0.004944	291.07709	0.006874	250.49644
Other govt payments	0.010600	418.69824	0.022286	1401.28715	0.014075	397.23982	0.015924	278.79531
Blue Cross/Blue Shield	0.004729	325.28607	0.008610	858.57823	0.005580	274.67671	0.007490	242.45169
HMO/PPO	0.004863	254.38988	0.007955	653.22454	0.004699	302.20596	0.008370	243.86402
Other private	0.006475	294.90796	0.010133	771.30294	0.007743	256.53531	0.008985	245.38001
Self pay	0.004571	261.64669	0.008564	988.39877	0.005208	255.86421	0.007486	231.63889
No charge	0.142475	189.60576	0.130227	657.69115	0.140911	44.56661	0.202030	-154.27572
Other	0.036444	123.22139	0.043781	583.40580	0.031121	150.79087	0.047181	107.96191
Not stated	0.031556	398.01751	0.041554	1243.12340	0.033433	386.28658	0.038255	333.15455

Users of NHDS data are cautioned that computed estimates based on fewer than 30 unweighted records are not reliable and should not be reported. Because these estimates are based on so few data points, they are excluded from the calculation of the generalized variance curves. Thus, application of generalized variance curves is appropriate only for estimates based on at least 30 records.

Presentation of Estimates. Publication of estimates for the NHDS is based on the relative standard error of the estimate and the number of sample records on which the estimate is based (referred to as the sample size). Estimates are not presented in NCHS reports unless a reasonable assumption regarding the probability distribution of the sampling error is possible.

Based on consideration of the complex sample design of the NHDS, the following guidelines are used for presenting the NHDS estimates:

> If the sample size is less than 30, the value of the estimate is not reported.
>
> If the sample size is 30-59, the value of the estimate is reported but should not be assumed reliable.
>
> If the sample size is 60 or more and the relative standard error is less than 30 percent, the estimate is reported.
>
> If the relative standard error of any estimate is over 30 percent, the estimate is considered to be unreliable. It is left to the author to decide whether or not to present it. However, if the author chooses to present the unreliable estimate, the consumer of the statistic must be informed that the statistic is not reliable.

Monthly and Seasonal Estimates Under the New Design. An important difference between the old and new designs is the method used to adjust for nonresponse. In the old design, weights for responding hospitals were adjusted each month to account for hospitals that did not respond for that month. In the new design, the type of nonresponse adjustment applied depended on whether the hospital was considered a nonrespondent or partial respondent. A nonresponding hospital was one which failed to provide at least half of the expected number of discharges for at least half of the months for which it was in-scope. In this case, weights of discharges from hospitals similar to the nonresponding hospital were inflated to account for discharges of the nonrespondent hospital. However, this adjustment was performed just once, after the close out of the survey for the year, instead of monthly as before.

For partially responding hospitals, one or both of two adjustments were made. If the hospital provided at least half, but not all, of the expected number of abstracts for a given month, the weights of the abstracts actually collected for that month were inflated to account for the missing abstracts. If fewer than half of the expected number of abstracts were provided, the weights of the abstracts provided were inflated by a factor of two, then a second adjustment was made to account for the excess nonresponse. In the second adjustment, the weights of the discharges in the hospital's respondent months were inflated by ratios that varied by category of first-listed ICD-9-CM diagnostic code. This adjustment ratio was based on the hospital's month(s) of nonresponse and the month-by-month distributions of first-listed diagnostic groups among discharges from hospitals which responded for all twelve months. The ratio accounts for the seasonality in the occurrence of the first-listed diagnostic groups for annual statistics, but not for partial year estimates. As a result monthly and seasonal estimates may be skewed. While the effect is believed to be small, it is recommended that

partial year estimates NOT be produced. In the 1999 NHDS, 81.2 percent of the 458 responding hospitals provided data for all twelve months, and 95.9 percent provided at least nine months of data.

How to Use the Data File. The NHDS records are weighted to allow inflation to national or regional estimates. The weight applied to each record is found in location 21-25. To produce an estimate of the number of discharges, the weights for the desired records must be summed. To produce an estimate for number of days of care, the weight must be multiplied by the days of care (location 13-16) and these products are summed. Average length of stay data can be obtained by dividing the days of care by the number of discharges as calculated above.

Appendix D contains unweighted and weighted frequencies for selected variables. These may be used as a cross-check when analyzing NHDS data.

Diagnosis-Related Groups (DRGs). Many users of the NHDS data have expressed an interest in converting the medical data to DRGs. This has been done using DRG Grouper Programs obtained from the Health Care Financing Administration. The DRGs and the DRG Grouper Programs were developed outside of the National Center for Health Statistics; any questions about DRGs, other than specific questions about how they relate to NHDS data, should be addressed elsewhere.

Questions. Questions concerning NHDS data should be directed to:

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Centers for Disease Control and Prevention
National Center for Health Statistics
Division of Health Care Statistics
Hospital Care Statistics Branch
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For more information about the NHDS, visit our website:
http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm

For email discussions and dissemination of NHDS data, join our Hospital Discharge and Ambulatory Surgery Data listserv (HDAS-DATA). In the body of an email message (leaving the subject line blank), type:
subscribe hdas-data Your Name

Send this message to:
listserv@cdc.gov

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[4]International Classification of Diseases, 9th Revision, Clinical Modification, 6th edition. U.S. Department of Health and Humans Services, National Center for Health Statistics, Health Care Financing Administration. 1998.

[5]Office of the Secretary, Department of Health and Human Services: Health Information Policy Council: 1984 Revision of the Uniform Hospital Discharge Data Set. Federal Register, Volume 50, No. 147. July 31, 1985.

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II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name	NHDS99PU.TXT
Record Length	85
Number of Records	300,460

Details applicable to data on cartridge tapes only

Data Tape Name	NHDS99PU.TXT
Number of REELS or CARTRIDGES	1
Number of Recording Tracks, REEL	9
Number of Recording Tracks, CARTRIDGE	18
Density for REEL (bpi)	6,250
Density for CARTRIDGE (bpi)	38,000
Language	EBCDIC
Parity	Odd
Block Size	16,200

III. RECORD LAYOUT: Location and Coding of Data Elements

This section provides detailed information for each sampled record on the file, with a description of each item included on the record. Data elements are arranged sequentially according to their physical location on the file. Unless otherwise stated in the Item Description, the data are derived from the abstract form or from automated sources. The SMG Hospital Market Data File and the hospital interview are alternate sources of data; some other items are computer generated.

Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	99
2	3	1	Newborn status	1=Newborn 2=Not newborn
3	4	1	Units for age	1=Years 2=Months 3=Days
4	5-6	2	Age in years, months, or days	If units=years: 00-99* If units=months: 01-11 If units=days: 00-31 *Ages 100 and over were recoded to 99
5	7	1	Sex	1=Male 2=Female
6	8	1	Race	1=White 2=Black 3=American Indian/Eskimo 4=Asian/Pacific Islander 5=Other 9=Not stated
7	9	1	Marital status	1=Married 2=Single 3=Widowed 4=Divorced 5=Separated 9=Not stated
8	10-11	2	Discharge month	01-12=January to December 99=Missing

Item Number	Location	Number of Positions	Item description	Code description
9	12	1	Discharge status	1=Routine/discharged home 2=Left against medical advice 3=Discharged/transferred to short-term facility 4=Discharged/transferred to long-term care institution 5=Alive, disposition not stated 6=Dead 9=Not stated or not reported
10	13-16	4	Days of care	Use to calculate number of days of care. Values of zero generated by the computer from admission and discharge dates were changed to one. (Discharges for which dates of admission and discharge are the same are identified in Item Number 11)
11	17	1	Length of stay flag	0=Less than 1 day 1=One day or more
12	18	1	Geographic region	1=Northeast 2=Midwest 3=South 4=West
13	19	1	Number of beds, recode	1=6-99 2=100-199 3=200-299 4=300-499 5=500 and over
14	20	1	Hospital owner-ship	1=Proprietary 2=Government 3=Nonprofit, including church
15	21-25	5	Analysis weight	Use to obtain weighted estimates
16	26-27	2	First two digits of survey year	19
17	28-32	5	Diagnosis code #1	*

Item Number	Location	Number of Positions	Item description	Code description
18	33-37	5	Diagnosis code #2	*
19	38-42	5	Diagnosis code #3	*
20	43-47	5	Diagnosis code #4	*
21	48-52	5	Diagnosis code #5	*
22	53-57	5	Diagnosis code #6	*
23	58-62	5	Diagnosis code #7	*
24	63-66	4	Procedure code #1	*
25	67-70	4	Procedure code #2	*
26	71-74	4	Procedure code #3	*
27	75-78	4	Procedure code #4	*
28	79-80	2	Principal expected source of payment	01=Worker's comp 02=Medicare 03=Medicaid 04=Other government 05=Blue Cross/Blue Shield 06=HMO/PPO 07=Other private 08=Self-pay 09=No charge 10=Other 99=Not stated
29	81-82	2	Secondary expected source of payment	Same coding as item 28 above
30	83-85	3	Diagnosis-Related Groups (DRG)	Grouper version 16.0

---

*Diagnosis and procedure codes are in compliance with the *International Classification of Diseases, 9th Revision, Clinical Modification, (ICD-9-CM)*. For **diagnosis** codes, there is an implied decimal between positions 3 and 4. For E-codes, the implied decimal is between the 4th and 5th position. For inapplicable 4th or 5th digits, a dash is inserted. For **procedure** codes, there is an implied decimal between positions 2 and 3. For inapplicable 3rd or 4th digits, a dash is inserted.

APPENDIX A

DEFINITION OF TERMS

Terms relating to hospitals and hospitalization

Hospitals: Short stay hospitals or hospitals whose specialty is general (medical or surgical), or children's general. Hospitals must have 6 beds or more staffed for patients use. Federal hospitals and hospital units of institutions are not included.

Type of ownership of hospital: The type of organization that controls and operates the hospital. Hospitals are grouped as follows:

> **Not for Profit**: Hospitals operated by a church or another not for profit organization.
>
> **Government**: Hospitals operated by State and local government.
>
> **Proprietary**: Hospitals operated by individuals, partnerships, or corporations for profit.

Patient: A person who is formally admitted to the inpatient service of a short-stay hospital for observation, care, diagnosis, or treatment, or by birth.

Discharge: The formal release of a patient by a hospital; that is, the termination of a period of hospitalization by death or by disposition to place of residence, nursing home, or another hospital. The terms "discharges" and "patients discharged" are used synonymously.

Discharge rate: The ratio of the number of hospital discharges during the year to the number of persons in the civilian population on July 1 of that year.

Days of care: The total number of patient days accumulated at time of discharge by patients discharged from short: stay hospitals during a year. A stay of less than 1 day (patient admission and discharge on the same day) is counted as 1 day in the summation of total days of care. For patients admitted and discharged on different days, the number of days of care is computed by counting all days from (and including) the date of admission to (but not including) the date of discharge.

Rate of days of care: The ratio of the number of patient days accumulated at time of discharge to the number of persons in the civilian population on July 1 of that year.

Average length of stay: The total number of days of care accumulated at time of discharge by patients discharged during the year, divided by the number of patients discharged.

Terms relating to diagnoses and procedures

Discharge diagnoses: One or more diseases or injuries (or some factor that influences health status and contact with health services that is not itself a current illness or injury) listed by the attending physician on the medical record of a patient. In the NHDS, discharge (or final) diagnoses listed on the face sheet (summary sheet) of the medical record are transcribed in the order listed. Each sample discharge is assigned a maximum of seven five-digit codes according to ICD-9-CM (4).

Principal diagnosis: The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

First-listed diagnosis: The coded diagnosis identified as the principal diagnosis or listed first on the face sheet of the medical record if the principal diagnosis cannot be identified. The number of first-listed diagnoses is equivalent to the number of discharges.

Procedure: One or more surgical or nonsurgical operations, procedures, or special treatments listed by the physician on the medical record. In the NHDS, all terms listed on the face sheet (summary sheet) of the medical record under the caption "operation," "operative procedures," "operations and/or special treatment," and the like are transcribed in the order listed. A maximum of four procedures are coded.

Rate of procedures: The ratio of the number of all-listed procedures during a year to the number of persons in the civilian population on July 1 of that year determines the rate of procedures.

Demographic terms

Age: Refers to the age of the patient on the birthday prior to admission to the hospital inpatient service.

Population: Civilian population is the resident population excluding members of the Armed Forces.

Geographic regions: Hospitals are classified by location in one of the four geographic regions of the United States corresponding to those used by the U.S. Bureau of the Census:

U.S. CENSUS REGIONS

NORTHEAST	MIDWEST	SOUTH	WEST
Maine	Michigan	Delaware	Montana
New Hampshire	Ohio	Maryland	Idaho
Vermont	Illinois	District of Columbia	Wyoming
Massachusetts	Indiana	Virginia	Colorado
Connecticut	Wisconsin	West Virginia	New Mexico
Rhode Island	Minnesota	North Carolina	Arizona
New York	Iowa	South Carolina	Utah
New Jersey	Missouri	Georgia	Nevada
Pennsylvania	North Dakota	Florida	Washington
	South Dakota	Kentucky	Oregon
	Nebraska	Tennessee	California
	Kansas	Alabama	Hawaii
		Mississippi	Alaska
		Arkansas	
		Louisiana	
		Oklahoma	
		Texas	

APPENDIX B

The *International Classification of Diseases, 9th Revision, Clinical Modification,* which has been used for coding NHDS data since 1979, undergoes annual updating. Assignment of new diagnostic and procedure codes, fourth and fifth digit expansion of codes, as well as code deletions, are contained in addenda developed by the ICD-9-CM Coordination and Maintenance Committee and approved by the Director of NCHS and the Administrator of the Health Care Financing Administration. Addenda to the ICD-9-CM become effective on October 1 of the calendar year and have been released for 1986 through 1999.

As described earlier in this document, the 1999 NHDS involved two data collection modes: manual and automated abstract services. All data collected manually were coded using the third edition of the ICD-9-CM, which includes the addenda for 1986 through 1998. Data collected via automated abstract services were coded using two different ICD-9-CM revisions. For the first 9 months of 1999, the ICD-9-CM including the addendum of October 1, 1986-98 was used; for the last 3 months the October 1999 addendum was used. Therefore, data provided by automated systems for the last three months of 1999 was converted back to the code assignment under the October 1998 addendum. This was done in order to prevent NHDS data users from mistaking partial year estimates for annual estimates.

In order to assist users in data retrieval, a conversion table is provided to show the date of introduction of each new code and the previously assigned code equivalent, which had been used for reporting the selected diagnosis or procedure prior to issuance of the new code.

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
005.81	1995	005.8
005.89	1995	005.8
007.4	1997	007.8
008.00-008.09	1992	008.0
008.43-008.47	1992	008.49
008.61-008.69	1992	008.6
031.2	1997	031.8
038.10	1997	038.1
038.11	1997	038.1
038.19	1997	038.1
041.00-041.09	1992	041.0
041.04 (code title restated)	1997	041.04
041.10-041.19	1992	041.1
041.81-041.85	1992	041.8
041.86	1995	041.84
041.89	1992	041.8
042	1994	042.0-042.2, 042.9, 043.0-043.3, 043.9, 044.0, 044.9 (Codes deleted)
042.0-042.9	1986	279.19
043.0-043.9	1986	279.19
044.0-044.9	1986	279.19
070.20-070.21	1991	070.2
070.22	1994	070.20

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
070.23	1994	070.21
070.30-070.31	1991	070.3
070.32	1994	070.30
070.33	1994	070.31
070.41-070.43	1991	070.4
070.44	1994	070.41
070.49	1991	070.4
070.51-070.53	1991	070.5
070.54	1994	070.51
070.59	1991	070.5
077.98-077.99	1993	077.9
078.10-078.11,078.19	1993	078.1
078.88	1993	078.89
079.4	1993	079.8
079.50-079.53,079.59	1993	079.8
079.6	1996	079.89
079.81	1995	079.89
079.88-079.89	1993	079.8
079.98-079.99	1993	079.9
088.81,088.89	1989	088.8
088.82	1993	088.89
099.40-099.49	1992	099.4
099.50-099.59	1992	078.89
112.84-112.85	1992	112.89
114.4-114.5	1993	114.3
176.0-176.9	1991	173.0-173.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
203.00	1991	203.0
203.01	1991	V10.79
203.10	1991	203.1
203.11	1991	V10.79
203.80	1991	203.8
203.81	1991	V10.79
204.00	1991	204.0
204.01	1991	V10.61
204.10	1991	204.1
204.11	1991	V10.61
204.20	1991	204.2
204.21	1991	V10.61
204.80	1991	204.8
204.81	1991	V10.61
204.90	1991	204.9
204.91	1991	V10.61
205.00	1991	205.0
205.01	1991	V10.62
205.10	1991	205.1
205.11	1991	V10.62
205.20	1991	205.2
205.21	1991	V10.62
205.30	1991	205.3
205.31	1991	V10.62
205.80	1991	205.8
205.81	1991	V10.62
205.90	1991	205.9
205.91	1991	V10.62
206.00	1991	206.0
206.01	1991	V10.63

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
206.10	1991	206.1
206.11	1991	V10.63
206.20	1991	206.2
206.21	1991	V10.63
206.80	1991	206.8
206.81	1991	V10.63
206.90	1991	206.9
206.91	1991	V10.63
207.00	1991	207.0
207.01	1991	V10.69
207.10	1991	207.1
207.11	1991	V10.69
207.20	1991	207.2
207.21	1991	V10.69
207.80	1991	207.8
207.81	1991	V10.69
208.00	1991	208.0
208.01	1991	V10.60
208.10	1991	208.1
208.11	1991	V10.60
208.20	1991	208.2
208.21	1991	V10.60
208.80	1991	208.8
208.81	1991	V10.60
208.90	1991	208.9
208.91	1991	V10.60
237.70-237.72	1990	237.7
250.02	1993	250.90
250.03	1993	250.91
250.12	1993	250.10

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
250.13	1993	250.11
250.22	1993	250.20
250.23	1993	250.21
250.32	1993	250.30
250.33	1993	250.31
250.42	1993	250.40
250.43	1993	250.41
250.52	1993	250.50
250.53	1993	250.51
250.62	1993	250.60
250.63	1993	250.61
250.72	1993	250.70
250.73	1993	250.71
250.82	1993	250.80
250.83	1993	250.81
250.92	1993	250.90
250.93	1993	250.91
275.40-275.42	1997	275.4
275.49	1997	275.4
278.00-278.01	1995	278.0
283.10-283.11,283.19	1993	283.1
291.81	1996	291.8
291.89	1996	291.8
293.84	1996	293.89
300.82	1996	300.81
305.1	1994	305.10, 305.11, 305.12, 305.13 (Codes deleted)

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
312.81-312.82,312.89	1994	312.8
315.32	1996	315.39
320.81-320.89	1992	320.8
333.92-333.93	1994	333.99
337.20-337.22,337.29	1993	337.9
337.3	1998	337.9
342.00-342.02	1994	342.0
342.10-342.12	1994	342.1
342.80-342.82	1994	342.9
342.90-342.92	1994	342.9
344.00-344.04,344.09	1994	344.0
344.30-344.32	1994	344.3
344.40-344.42	1994	344.4
344.81,344.89	1993	344.8
345.00-345.01	1989	345.0
345.10-345.11	1989	345.1
345.40-345.41	1989	345.4
345.50-345.51	1989	345.5
345.60-345.61	1989	345.6
345.70-345.71	1989	345.7
345.80-345.81	1989	345.8
345.90-345.91	1989	345.9
346.00-346.01	1992	346.0

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
346.10-346.11	1992	346.1
346.20-346.21	1992	346.2
346.80-346.81	1992	346.8
346.90-346.91	1992	346.9
355.71	1993	354.4
355.79	1993	355.7
371.82	1992	371.89
374.87	1990	374.89
403.00-403.01	1989	403.0
403.10-403.11	1989	403.1
403.90-403.91	1989	403.9
404.00-404.03	1989	404.0
404.10-404.13	1989	404.1
404.90-404.93	1989	404.9
410.00-410.02	1989	410.0
410.10-410.12	1989	410.1
410.20-410.22	1989	410.2
410.30-410.32	1989	410.3
410.40-410.42	1989	410.4
410.50-410.52	1989	410.5
410.60-410.62	1989	410.6
410.70-410.72	1989	410.7
410.80-410.82	1989	410.8
410.90-410.92	1989	410.9
411.81	1989	410.9
411.89	1989	411.8

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
414.00-414.01	1994	414.0
414.02-414.03	1994	996.03
414.04-414.05	1996	414.00
415.11	1995	997.3 & 415.1
415.19	1995	415.1
429.71	1989	410.0-410.9
429.79	1989	410.0-410.9
433.00-433.01	1993	433.0
433.10-433.11	1993	433.1
433.20-433.21	1993	433.2
433.30-433.31	1993	433.3
433.80-433.81	1993	433.8
433.90-433.91	1993	433.9
434.00-434.01	1993	434.0
434.10-434.11	1993	434.1
434.90-434.91	1993	434.9
435.3	1995	435.0 & 435.1
437.7	1992	780.9
438.0	1997	294.9 & 438
438.10	1997	784.5 & 438
438.11	1997	784.3 & 438
438.12	1997	784.4 & 438
438.19	1997	784.5 & 438
438.20	1997	342.90 & 438
438.21	1997	342.91 & 438
438.22	1997	342.92 & 438

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
438.30	1997	344.40 & 438
438.31	1997	344.41 & 438
438.32	1997	344.42 & 438
438.40	1997	344.30 & 438
438.41	1997	344.31 & 438
438.42	1997	344.32 & 438
438.50-438.52	1997	344.89 & 438
438.53	1998	438.50
438.81	1997	784.69 & 438
438.82	1997	787.2 & 438
438.89	1997	438
438.9	1997	438
440.20-440.22	1992	440.2
440.23	1993	440.20 & 707.1 or 707.8 or 707.9
440.24	1993	440.20 & 785.4
440.29	1993	440.2
440.30-440.32	1994	996.1
441.00-441.03	1994	441.0
441.6	1993	441.1 & 441.3
441.7	1993	441.2 & 441.4
446.20-446.21,446.29	1990	446.2
451.82-451.84	1993	451.89
458.2	1995	997.9 & 458.9
458.8	1997	458.9
466.11	1996	466.1
466.19	1996	466.1

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
474.0 (code title restated)	1997	474.0
474.00-474.02	1997	474.0
482.30-482.39	1992	482.3
482.4	1998	482.4
482.41	1998	482.4
482.49	1998	482.4
482.81-482.89	1992	482.8
482.84	1997	482.83
483.0	1992	483
483.1	1996	078.88 & 484.8
483.8	1992	483
491.20-491.21	1991	491.2
493.20	1989	493.90
493.21	1989	493.91
512.1	1994	997.3
518.6	1997	518.89
518.81	1987	799.1
518.82-518.89	1987	518.8
518.83	1998	518.81
518.84	1998	518.81
519.00-519.02, 519.09	1998	519.0
524.00-524.09	1992	524.0
524.10-524.19	1992	524.1
524.60-524.69	1991	524.6

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
524.70-524.79	1992	524.8
530.10-530.11, 530.19	1993	530.1
530.81	1993	530.1
530.82-530.84, 530.89	1993	530.8
535.00-535.01	1991	535.0
535.10-535.11	1991	535.1
535.20-535.21	1991	535.2
535.30-535.31	1991	535.3
535.40-535.41	1991	535.4
535.50-535.51	1991	535.5
535.60-535.61	1991	535.6
536.3	1994	536.8
536.40-536.42, 536.49	1998	997.4
537.82	1990	537.89
537.83	1991	537.82
556.0-556.6	1994	556
556.8-556.9	1994	556
562.02	1991	562.00
562.03	1991	562.01
562.12	1991	562.10
562.13	1991	562.11
564.81	1998	564.8
564.89	1998	564.8
569.60-569.61	1995	569.6
569.62	1998	569.69

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
569.69	1995	569.6
569.84	1990	557.1
569.85	1991	569.84
574.60	1996	574.00 & 574.30
574.61	1996	574.01 & 574.31
574.70	1996	574.10 & 574.40
574.71	1996	574.11 & 574.41
574.80	1996	574.00 & 574.10
		574.30 & 574.40
574.81	1996	574.01 & 574.11
		574.31 & 574.41
574.90	1996	574.20 & 574.50
574.91	1996	574.21 & 574.51
575.10-575.11	1996	575.1
575.12	1996	575.0 & 575.1
593.70-593.73	1994	593.7
596.51-596.53	1992	596.5
596.54	1992	344.61
596.55-596.59	1992	596.5
599.81-599.89	1992	599.8
645.0	1991	645
651.30-651.31,651.33	1989	651.00-651.01,651.03
651.40-651.41,651.43	1989	651.10-651.11,651.13
651.50-651.51,651.53	1989	651.20-651.21,651.23
651.60-651.61,651.63	1989	651.80-651.81,651.83
654.20-654.21,654.23	1990	654.2, 654.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
654.90-654.94	1990	654.2, 654.9
655.70 & 655.71	1997	655.8
655.73	1997	655.8
657.0	1991	657
659.60,659.61,659.63	1992	659.80-659.81, 659.83
659.70, 659.71, 659.73	1998	656.30, 656.31, 656.33
665.10,665.11	1992	665.10,665.11,665.12,665.14
Note: The title for the subcategory, 665.1 has been changed, making the fifth-digit subclassification, 665.12 and 665.14 invalid.		
670.0	1991	670
672.0	1991	672
677	1994	No previous code assignment
686.00 & 686.01	1997	686.0
686.09	1997	686.0
690.10	1995	690
690.11	1995	691.8 & 704.8
690.12	1995	691.8
690.18	1995	690
690.8	1995	690
692.72-692.74	1992	692.79
692.82-692.83	1992	692.89
702.0-702.8	1991	702

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
702.11,702.19	1994	702.1
704.02	1993	704.09
709.00-709.01,709.09	1994	709.0
710.5	1992	288.3,729.1
728.86	1995	729.4
733.10-733.16, 733.19	1993	733.1
738.10-738.19	1992	738.1
747.60-747.64, 747.69	1993	747.6
747.82	1993	747.89
752.51-752.52	1996	752.5
752.61-752.63	1996	752.6
752.64-752.65	1996	752.8
752.69	1996	752.8
753.10-753.17,753.19	1990	753.1
753.20-753.23	1996	753.2
753.29	1996	753.2
756.70-756.71	1997	756.7
756.79	1997	756.7
758.81	1996	758.8
758.89	1996	758.9
759.81-759.82	1989	759.8
759.83	1994	759.89

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
759.89	1989	759.8
760.75	1991	760.79
760.76	1994	760.79
763.81-763.83, 763.89	1998	763.8
764.00-764.09	1988	764.0
764.10-764.19	1988	764.1
764.20-764.29	1988	764.2
764.90-764.99	1988	764.9
765.00-765.09	1988	765.0
765.10-765.19	1988	765.1
780.01-780.02	1992	780.0
780.03	1993	780.01
780.09	1992	780.0
780.31	1997	780.3
780.39	1997	780.3
780.57	1992	780.51, 780.53
780.71	1998	780.7
780.79	1998	780.7
781.8	1994	781.9
786.03	1998	786.09
786.04	1998	786.09
786.05	1998	786.09
786.06	1998	786.09
786.07	1998	786.09
787.01-787.03	1994	787.0

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
787.91	1995	558.9
787.99	1995	787.9
788.20-788.21, 788.29	1993	788.2
788.30-788.39	1992	788.3
788.41-788.43	1993	788.4
788.61-788.62, 788.69	1993	788.6
789.00-789.07, 789.09	1994	789.0
789.30-789.37, 789.39	1994	789.3
789.40-789.47, 789.49	1994	789.4
789.60-789.67, 789.69	1994	789.6
790.91	1993	790.9
790.92	1993	286.9
790.93, 790.99	1993	790.9
790.94	1997	790.99
795.71	1994	795.8 (Code deleted)
795.79	1994	795.7
795.8	1986	795.7
796.5	1997	796.9
864.05	1992	864.09
864.15	1992	864.19
909.5	1994	909.9
922.31-922.33	1996	922.3
925.1-925.2	1993	925
959.0 (code title restated)	1997	959.0

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
959.01	1997	854.00
959.09	1997	959.0
965.61	1998	965.6
965.69	1998	965.6
989.81-989.84	1995	989.8
989.89	1995	989.8
995.50-995.55	1996	995.5
995.59	1996	995.5
995.60-995.69	1993	995.0
995.80	1996	995.81
995.81 (Code title restated)	1996	995.81
995.82-995.85	1996	995.81
995.86	1998	995.89
996.04	1994	996.09
996.51-996.59	1987	996.5
996.55	1998	996.52
996.56	1998	996.59
996.60-996.69	1989	996.6
996.68	1998	996.69
996.70-996.79	1989	996.7
996.80-996.84	1987	996.8
996.85	1990	996.8
996.86	1987	996.8
996.89	1987	996.8
997.00-997.01	1995	997.0
997.02	1995	997.9 & 430-434, 436
997.09	1995	997.0
997.91	1995	997.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
997.99	1995	997.9
998.11-998.12	1996	998.1
998.13	1996	998.89
998.51	1996	998.5
998.59	1996	998.5
998.81-998.82, 998.89	1994	998.8
998.83	1996	998.89
V02.51	1998	V02.5
V02.52	1998	V02.5
V02.59	1998	V02.5
V02.60-V02.62	1997	V02.6
V02.69	1997	V02.6
V03.81-V03.82, V03.89	1994	V03.8
V05.3-V05.4	1993	V05.8
V06.5-V06.6	1994	V06.8
V07.31,V07.39	1994	V07.3
V07.4	1992	V07.8
V08	1994	044.9, 795.8 (Codes deleted)
V09.0-V09.91	1993	No previous code assignments
V10.48	1998	V10.49
V12.00-V12.03, V12.09	1994	V12.0
V12.40-V12.41	1997	V12.4
V12.49	1997	V12.4

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V12.50-V12.52	1995	V12.5
V12.59	1995	V12.5
V12.70-V12.72, V12.79	1994	V12.7
V13.00-V13.01, V13.09	1994	V13.0
V13.61	1998	V13.6
V13.69	1998	V13.6
V15.41-V15.42	1996	V15.4
V15.49	1996	V15.4
V15.82	1994	305.13 (Codes deleted)
V15.84-V15.86	1995	V15.89
V16.40-V16.43	1997	V16.4
V16.49	1997	V16.4
V16.51	1998	V16.5
V16.59	1998	V16.5
V18.61	1998	V18.6
V18.69	1998	V18.6
V23.7	1989	V23.8
V23.81	1998	V23.8
V23.82	1998	V23.8
V23.83	1998	V23.8
V23.84	1998	V23.8
V23.89	1998	V23.8
V25.43	1992	V25.49
V25.5	1992	V25.8

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V26.51	1998	No previous code assignment
V26.52	1998	No previous code assignment
V28.6	1997	V28.8
V29.0-V29.1, V29.8	1992	V71.8
V29.2	1994	V29.8
V29.3	1998	V29.8
V29.8	1992	V71.8
V29.9	1992	V71.9
V30.00-V30.01	1989	V30.0
V31.00-V31.01	1989	V31.0
V32.00-V32.01	1989	V32.0
V33.00-V33.01	1989	V33.0
V34.00-V34.01	1989	V34.0
V35.00-V35.01	1989	V35.0
V36.00-V36.01	1989	V36.0
V37.00-V37.01	1989	V37.0
V39.00-V39.01	1989	V39.0
V42.81-V82.83	1997	V42.8
V42.89	1997	V42.8
V43.60-V43.66, V43.69	1994	V43.6
V43.81-V43.82	1995	V43.8

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V43.83	1998	V43.89
V43.89	1995	V43.8
V44.50	1998	V44.5
V44.51	1998	V44.5
V44.52	1998	V44.5
V44.59	1998	V44.5
V45.00	1994	V45.89
V45.01	1994	V45.0
V45.02, V45.09	1994	V45.89
V45.51	1994	V45.5
V45.52, V45.59	1994	V45.89
V45.61	1997	V45.6
V45.63	1997	V45.6
V45.71	1997	611.8
V45.72	1997	569.89
V45.73	1997	593.89
V45.82	1994	V45.89
V45.83	1995	V45.89
V49.60-V49.67	1994	V49.5
V49.70-V49.77	1994	V49.5
V50.41-V50.42, V50.49	1994	V50.8
V53.01-V53.02	1997	V53.0
V53.09	1997	V53.0
V53.31	1994	V53.3
V53.32, V53.39	1994	V53.9
V56.1	1995	V58.89
V56.1 (code title restated)	1998	V56.1

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V56.2	1998	V56.1
V57.21-V57.22	1994	V57.2
V58.41, V58.49	1994	V58.4
V58.61	1995	V67.51
V58.62	1998	V58.69
V58.69	1995	V67.51
V58.81, V58.89	1994	V58.8
V58.82	1995	V58.89
V59.01-V59.02	1995	V59.0
V59.09	1995	V59.0
V59.6	1995	V59.8
V61.10-V61.12	1996	V61.1
V61.22	1996	V61.21
V62.83	1996	V65.49
V64.4	1997	No previous code assignment
V65.40-V65.45, V65.49	1994	V65.4
V66.7	1996	No previous code assignment
V69.0-V69.3	1994	No previous code assignments
V69.8-V69.9	1994	No previous code assignments
V72.81-V72.85	1993	V72.8
V73.88-V73.89	1993	V73.8
V73.98-V73.99	1993	V73.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V76.10-V76.12	1997	V76.1
V76.19	1997	V76.1
V76.44	1998	V76.49
V76.45	1998	V76.49
E854.8	1995	E858.8
E869.4	1994	E869.8
E880.1	1995	E884.9
E884.3-E884.4	1995	E884.2
E884.5-E884.6	1995	E884.9
E906.5	1995	E906.3
E908.0-E908.4	1995	E908
E908.8-E908.9	1995	E908
E909.0-E909.4	1995	E909
E909.8-E909.9	1995	E909
E920.5	1995	E920.4
E922.4	1997	E917.9
E924.2	1995	E924.0
E955.6	1997	E955.9
E967.2	1996	E967.0
E967.3	1996	No previous code assignment
E967.4-E967.8	1996	E967.1

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
E968.5	1995	E968.8
E968.6	1997	E968.8
E985.6	1997	E985.4

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
02.96	1992	89.19
03.90	1987	03.99 (Insertion of Catheter)
05.25	1995	39.7
11.75	1989	11.79
11.76	1989	11.62
20.96-20.98	1986	20.95
22.12	1988	22.11
26.12	1988	26.11
29.31	1991	83.02
29.32	1991	29.3
29.33	1991	29.3
29.39	1991	29.3
31.45	1988	31.43-31.44
31.95	1989	31.75
32.01	1989	32.0
32.09	1989	32.0
32.22	1995	32.29, 32.9
32.28	1989	32.29
33.27	1987	33.22 + 33.27
33.28	1987	33.27
33.29	1987	33.28-33.29
33.50	1995	33.5
33.51	1995	33.5
33.52	1995	33.5

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
33.6	1990	33.5 + 37.5
34.05	1994	34.99
35.84	1988	35.82
35.96	1986	35.03
36.00-36.03	1986	36.0
36.04	1986	39.97
36.05	1987	36.01
36.05	1986	36.01*, 36.02
36.06	1995	36.01, 36.02, 36.03, 36.05
36.09	1986	36.0
36.09	1991	36.00 (Code deleted)
36.17	1996	36.19
36.31	1998	36.3
36.32	1998	36.3
36.39	1998	36.3
37.26-37.27	1988	37.29
37.34	1988	37.33
37.35	1997	37.33
37.65	1995	37.62
37.66	1995	37.62
37.67	1998	37.4
37.70 (Leads only)	1987	37.70 (Leads/Device)
37.71-37.72 (Leads only)	1987	37.74 (Leads/Device)
37.73 (Leads only)	1987	37.73 (Leads/Device)
37.74 (Leads only)	1987	37.76 (Leads/Device)
37.75 (Leads only)	1987	37.89 (Leads/Device)
37.76 (Leads only)	1987	37.81 (Leads/Device)
37.77 (Leads only)	1987	37.83-37.84 (Leads/Device)

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
37.78	1987	37.71-37.72
37.79	1987	86.09
37.80-37.87	1992	89.49 (Code deleted, this procedure is included in the code for pacemaker insertion/replacement)
37.80 (Device only)	1987	37.73-37.77 (Leads/Device)
37.81 (Device only)	1987	37.73-37.77 (Leads/Device)
37.82 (Device only)	1987	37.73-37.77 (Leads/Device)
37.83 (Device only)	1987	37.73-37.77 (Leads/Device)
37.85-37.87	1987	37.85
37.89	1987	37.86 + 37.89
37.94-37.98	1986	37.99
38.22	1986	38.29
38.44 (Abdominal Aorta Only)	1986	38.44 (Entire Aorta)
38.45 (Thoracic Aorta Added)	1986	38.44-38.45
38.95	1989	38.93
39.28	1991	39.29
39.50	1995	39.59
39.65	1988	39.61
39.66	1990	39.65
39.90	1996	39.50
41.00-41.03	1988	41.0
41.04	1994	99.79
41.05	1997	No previous code assignment
41.06	1997	No previous code assignment
42.25	1988	42.24
42.33	1989	42.32, 42.39
42.33	1990	42.91
43.11	1989	43.1

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
43.19	1989	43.1, 43.2
43.41	1989	43.41,43.49
44.21	1986	44.2
44.22	1986	44.99
44.29	1986	44.2
44.43	1989	43.49,45.32
44.44	1989	38.86
44.49	1989	43.0
44.93-44.94	1986	44.99
45.16	1988	45.14 (45.15 before 1987)
45.30	1989	45.31,45.32
45.42	1988	45.41
45.43	1989	45.49
45.75 (Hartmann Resection Added)	1988	48.66 (Code deleted)
45.95	1987	45.93
46.13	1992	46.12 (Code deleted)
46.32	1989	46.39
46.85	1989	46.99
47.01	1996	47.0
47.09	1996	47.0
47.11	1996	47.1
47.19	1996	47.1
48.36	1995	45.42
49.31	1989	49.3
49.39	1989	49.3
51.10	1989	51.97
51.11	1989	51.11,51.97

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
51.14	1989	51.12
51.15	1989	51.97
51.21	1996	51.22, 51.23
51.22	1991	51.21 (Code deleted),51.22
51.23	1991	51.22
51.24	1996	51.22, 51.23
51.64	1989	51.69
51.84-51.88	1989	51.97
51.97	1986	52.91,51.99, or 51.82
51.98	1986	51.99
52.13	1989	51.97,52.91
52.14	1989	52.11
52.21	1989	52.2
52.22	1989	52.2
52.84	1996	99.29
52.85	1996	99.29
52.86	1996	99.29
52.93	1989	52.93 + 52.91
52.94	1989	52.09
52.97	1989	52.91
52.98	1989	52.91
52.99	1989	52.93,52.94,52.99
54.24	1987	54.23
54.25	1993	54.98
54.51	1996	54.5
54.59	1996	54.5
55.03-55.04	1986	55.02
56.33-56.34	1987	56.33
56.35	1987	45.12

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
57.17-57.18	1989	57.21
57.22	1989	57.22,57.82
58.31	1990	58.3
58.39	1990	58.3
58.93	1986	57.99
59.03	1996	59.02
59.12	1996	59.11
59.72	1995	59.79
59.96	1986	59.95
60.21	1995	60.2
60.29	1995	60.2
60.95	1991	60.99
64.97	1986	64.95
65.01	1996	65.0
65.09	1996	65.0
65.13	1996	65.12
65.14	1996	65.19
65.23	1996	65.21
65.24	1996	65.22
65.25	1996	65.29
65.31	1996	65.3
65.39	1996	65.3
65.41	1996	65.4
65.49	1996	65.4
65.53	1996	65.51
65.54	1996	65.52
65.63	1996	65.61
65.64	1996	65.62
65.74	1996	65.71

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
65.75	1996	65.72
65.76	1996	65.73
65.81	1996	65.8
65.89	1996	65.8
66.01	1992	66.0
66.02	1992	66.73
68.15	1987	68.14
68.16	1987	68.13
68.23	1996	68.29
68.51	1996	68.5
68.59	1996	68.5
68.9	1992	68.4
74.3	1992	69.11 (Code deleted)
75.37	1998	99.29
77.56	1989	77.89,78.49,81.18
77.57	1989	77.89,80.48,81.18,83.85
77.58	1989	77.59,81.18
78.10	1991	78.40
78.11	1991	78.41
78.12	1991	78.42
78.13	1991	78.43
78.14	1991	78.44
78.15	1991	78.45
78.16	1991	78.46
78.17	1991	78.47
78.18	1991	78.48
78.19	1991	78.49
78.20	1991	78.10,78.20,78.30

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
78.21 (Invalid code)	1991	78.11,78.31
78.22	1991	78.12,78.22,78.32
78.23	1991	78.13,78.23,78.33
78.24	1991	78.14,78.34
78.25	1991	78.15,78.25,78.35
78.27	1991	78.17,78.27,78.37
78.28	1991	78.18,78.38
78.29	1991	78.11,78.16,78.19,78.29,78.39
78.39	1991	78.31
78.90*	1987	78.40
78.91*	1987	78.41
78.92*	1987	78.42
78.93*	1987	78.43
78.94*	1987	78.44
78.95*	1987	78.45
78.96*	1987	78.46
78.97*	1987	78.47
78.98*	1987	78.48
78.99*	1987	78.49
80.50-80.59	1986	80.5
81.03	1989	81.02
81.04-81.05	1989	81.03,81.04,81.05
81.06-81.07	1989	81.06,81.07
81.08	1989	81.06,81.07,81.08
81.09	1989	81.08
81.40	1989	81.69
81.51	1989	81.51,81.59
81.52	1989	81.61,81.62,81.63,81.64
81.53	1989	81.51,81.59,81.61,81.62, 81.63,81.64
81.54-81.55	1989	81.41 (Code deleted)
81.56	1989	81.48

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
81.57	1989	81.31,81.39
81.59	1989	81.39
81.72	1989	81.79
81.73-81.74	1989	81.86 (Code deleted)
81.75	1989	81.87 (Code deleted)
81.79	1989	81.79,81.87
81.80	1989	81.81
81.97	1992	81.59
85.95	1987	85.99
85.96	1987	85.99
86.06	1987	86.09
86.07	1990	86.09
86.27	1986	86.22-86.23
86.28	1988	86.22
86.67	1998	86.65
86.93	1987	86.89
88.90	1986	88.39
88.91	1986	89.15
88.92	1986	89.39
88.93	1986	89.15
88.94	1986	89.39
88.95	1986	89.29
88.97	1989	88.99
88.98	1989	88.90
88.99	1986	89.39
89.10	1989	89.15
89.17-89.18	1988	89.15
89.19	1989	89.15
89.50	1991	89.54

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
92.3	1995	01.59, 04.07, 07.63, 07.68
92.30	1998	92.3
92.31	1998	92.3
92.32	1998	92.3
92.33	1998	92.3
92.39	1998	92.3
93.90	1988	93.92
94.61-94.69	1989	94.25
96.29	1998	96.39
96.6	1986	96.35
96.70	1991	93.92 (Code deleted)
96.71	1991	93.92 (Code deleted)
96.72	1991	93.92 (Code deleted)
97.05	1989	51.97
98.51-98.52	1989	59.96 (Code deleted)
98.59	1989	59.96 (Code deleted)
99.00	1995	99.02
99.10	1998	99.29
99.15	1986	99.29
99.20	1998	99.29
99.28	1994	99.25
99.71-99.74, 99.79*	1988	99.07
99.85	1987	93.35
99.86	1987	93.39

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
99.88	1988	99.83

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment

*Before October 1986 contents of current code 36.05 would have been assigned to 36.0.

*Codes 78.90-78.99 were retitled as "Insertion of bone growth stimulator" in October 1987; the previous contents of codes 78.90-78.99 were reassigned to codes 78.40-78.49.

*Codes 99.71-99.79 were deleted in October 1987; their contents were not transferred elsewhere. In the October 1988 revision, codes 99.71-99.79 were reclassified as "Therapeutic apheresis." Codes 99.75-99.78 have not yet been reassigned.

APPENDIX C

Adjusted Civilian Population* by Sex, Age, Geographic Region and Race, United States, July 1, 1999
[Population estimates consistent with Series P-25, Current Population Reports, U.S. Bureau of the Census]

	Both sexes	Male	Female
	Population in thousands		
All Ages	275,538	134,644	140,894
Northeast	52,212	25,285	26,928
Midwest	63,568	31,022	32,546
South	97,622	47,313	50,310
West	62,135	31,025	31,111
White	226,024	110,988	115,036
Black	36,063	17,125	18,938
Other	13,450	6,530	6,920
Under 15 years	60,259	30,829	29,430
Under 1 year	3,967	2,027	1,940
1 to 4 years	15,651	8,000	7,651
5 to 14 years	40,641	20,802	19,839
Northeast	10,720	5,486	5,234
Midwest	13,750	7,038	6,711
South	21,438	10,956	10,481
West	14,351	7,348	7,003
White	47,215	24,196	23,019
Black	9,667	4,907	4,760
Other	3,377	1,725	1,652
15 to 44 years	122,029	60,964	61,065
15 to 24 years	38,452	19,546	18,907
25 to 34 years	38,540	19,070	19,470
35 to 44 years	45,037	22,347	22,689
Northeast	22,829	11,344	11,486
Midwest	28,002	13,995	14,007
South	42,995	21,214	21,781
West	28,202	14,411	13,791
15 to 44 years (cont.)			
White	98,202	49,490	48,712
Black	17,231	8,262	8,969
Other	6,596	3,211	3,384
45 to 64 years	59,011	28,613	30,398
45 to 54 years	35,812	17,527	18,285
55 to 64 years	23,198	11,086	12,112
Northeast	11,460	5,509	5,950
Midwest	13,703	6,666	7,036
South	21,114	10,151	10,963
West	12,735	6,287	6,448
White	50,181	24,599	25,581
Black	6,306	2,827	3,480
Other	2,524	1,187	1,336
65 years and over	34,239	14,238	20,001
65 to 74 years	18,044	8,148	9,896
75 to 84 years	12,047	4,853	7,194
85 years and over	4,149	1,237	2,911
Northeast	7,203	2,945	4,257
Midwest	8,113	3,322	4,791
South	12,076	4,992	7,084
West	6,847	2,979	3,869
White	30,426	12,703	17,724
Black	2,859	1,129	1,729
Other	954	406	548

*The NHDS used the civilian noninstitutional population to calculate hospital utilization rates from 1965 through 1980. Beginning in 1981, the civilian resident population has been used to calculate rates. If you have NHDS data files for years before 1981 and calculated rates using the civilian noninstitutionalized population provided in the documentation, these rates will have to be adjusted to be comparable to 1999 rates using the civilian resident population.

Adjusted Civilian Population of the United States, July 1, 1999. Estimates by Age, Sex, and Region.
Source: U.S. Bureau of the Census, Population Division Release US-99-SIS-7.

Age	United States			Northeast			Midwest			South			West		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Males	Females	Total	Males	Females
	Adjusted Civilian Population in Thousands														
All	275,538	134,644	140,894	52,212	25,285	26,928	63,568	31,022	32,546	97,622	47,313	50,310	62,135	31,025	31,111
0-4	19,618	10,027	9,591	3,395	1,736	1,659	4,373	2,236	2,138	7,087	3,620	3,467	4,762	2,435	2,327
5-9	20,554	10,516	10,037	3,694	1,893	1,801	4,628	2,370	2,259	7,245	3,701	3,544	4,986	2,553	2,433
10-14	20,087	10,286	9,802	3,631	1,857	1,774	4,748	2,433	2,315	7,105	3,635	3,470	4,603	2,360	2,243
15-19	20,156	10,330	9,826	3,475	1,779	1,695	4,824	2,469	2,355	7,189	3,659	3,530	4,669	2,423	2,246
20-24	18,296	9,216	9,080	3,153	1,596	1,557	4,206	2,115	2,091	6,537	3,215	3,321	4,400	2,290	2,111
25-29	18,617	9,200	9,417	3,432	1,703	1,728	4,148	2,039	2,108	6,650	3,220	3,431	4,387	2,237	2,150
30-34	19,923	9,871	10,052	3,974	1,948	2,026	4,454	2,204	2,250	6,899	3,384	3,515	4,596	2,334	2,262
35-39	22,647	11,247	11,400	4,450	2,192	2,258	5,169	2,579	2,590	7,897	3,879	4,018	5,132	2,596	2,536
40-44	22,389	11,101	11,289	4,346	2,124	2,222	5,202	2,589	2,613	7,823	3,856	3,967	5,018	2,531	2,487
45-49	19,469	9,566	9,903	3,752	1,812	1,940	4,538	2,234	2,304	6,827	3,344	3,483	4,351	2,176	2,175
50-54	16,344	7,961	8,383	3,203	1,548	1,655	3,754	1,829	1,924	5,816	2,811	3,006	3,571	1,773	1,798
55-59	12,783	6,151	6,632	2,510	1,204	1,306	2,969	1,433	1,536	4,617	2,197	2,420	2,688	1,318	1,370
60-64	10,415	4,935	5,481	1,995	945	1,050	2,442	1,170	1,272	3,853	1,800	2,054	2,125	1,020	1,105
65-69	9,351	4,307	5,044	1,886	862	1,024	2,142	980	1,162	3,422	1,564	1,858	1,901	901	1,001
70-74	8,692	3,841	4,852	1,816	796	1,021	2,030	899	1,131	3,113	1,362	1,751	1,733	784	949
75-79	14,538	6,090	8,449	3,083	1,273	1,810	3,413	1,412	2,001	5,095	2,110	2,985	2,947	1,294	1,653
80-84	4,778	1,808	2,970	1,043	386	657	1,182	435	747	1,607	602	1,005	946	385	561
0 to 14	60,259	30,829	29,430	10,720	5,486	5,234	13,750	7,038	6,711	21,438	10,956	10,481	14,351	7,348	7,003
15 to 44	122,029	60,964	61,065	22,829	11,344	11,486	28,002	13,995	14,007	42,995	21,214	21,781	28,202	14,411	13,791
45 to 64	59,011	28,613	30,398	11,460	5,509	5,950	13,703	6,666	7,036	21,114	10,151	10,963	12,735	6,287	6,448
15+	215,279	103,815	111,464	41,492	19,798	21,693	49,818	23,983	25,835	76,185	36,357	39,828	47,784	23,676	24,108
45+	93,250	42,851	50,399	18,663	8,455	10,208	21,816	9,989	11,827	33,190	15,143	18,047	19,582	9,265	10,317
65+	34,239	14,238	20,001	7,203	2,945	4,257	8,113	3,322	4,791	12,076	4,992	7,084	6,847	2,979	3,869
75+	16,196	6,090	10,105	3,500	1,287	2,213	3,942	1,443	2,498	5,541	2,066	3,475	3,213	1,294	1,919
85+	4,149	1,237	2,911	916	264	652	1,053	302	751	1,386	409	977	793	262	531

Adjusted Civilian Population of the United States, July 1, 1999.
Source: U.S. Bureau of the Census. Population Division Release US-99-SIS-7.

	All Races			White			Black			Other		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
	Population in thousands											
Total	275,538	134,644	140,894	226,024	110,988	115,036	36,063	17,125	18,938	13,450	6,530	6,920
0-4	19,618	10,027	9,591	15,446	7,911	7,534	3,028	1,536	1,492	1,144	579	565
0	3,967	2,027	1,940	3,114	1,594	1,520	619	315	305	233	118	115
1	3,894	1,990	1,904	3,065	1,569	1,496	602	305	296	228	115	112
2	3,891	1,988	1,902	3,066	1,570	1,496	596	303	293	228	115	113
3	3,884	1,985	1,899	3,070	1,573	1,496	585	296	289	229	116	113
4	3,982	2,036	1,946	3,130	1,604	1,525	626	317	309	226	115	111
5-9	20,554	10,516	10,037	16,068	8,232	7,836	3,355	1,703	1,652	1,130	581	549
5	4,020	2,058	1,963	3,144	1,612	1,532	648	329	319	229	117	111
6	4,065	2,082	1,984	3,181	1,631	1,550	660	336	324	225	115	109
7	4,152	2,120	2,032	3,247	1,660	1,587	676	342	334	230	118	111
8	4,024	2,058	1,966	3,147	1,611	1,536	655	333	323	222	114	108
9	4,292	2,199	2,093	3,350	1,719	1,631	717	364	353	226	116	109
10-14	20,087	10,286	9,802	15,701	8,053	7,649	3,284	1,668	1,616	1,102	565	537
10	4,154	2,130	2,024	3,227	1,657	1,571	705	358	346	222	115	107
11	4,007	2,050	1,957	3,128	1,603	1,525	662	335	326	217	112	105
12	3,952	2,021	1,932	3,086	1,580	1,506	650	330	320	216	110	106
13	3,981	2,037	1,944	3,126	1,602	1,523	632	321	311	224	114	109
14	3,993	2,048	1,945	3,134	1,610	1,524	635	324	312	224	114	110
15-19	20,156	10,330	9,826	15,881	8,166	7,714	3,185	1,608	1,577	1,090	556	535
15	3,920	2,013	1,907	3,067	1,579	1,488	629	320	309	224	114	110
16	4,022	2,072	1,951	3,165	1,634	1,531	635	325	310	223	113	110
17	4,118	2,124	1,994	3,244	1,678	1,566	654	334	320	221	112	109
18	3,935	2,012	1,922	3,117	1,600	1,517	611	306	305	207	107	100
19	4,161	2,109	2,052	3,288	1,675	1,613	657	324	333	216	110	106
20-24	18,296	9,216	9,080	14,534	7,374	7,160	2,759	1,331	1,427	1,004	511	493
20	3,942	1,997	1,945	3,123	1,591	1,532	612	300	312	207	106	101
21	3,748	1,895	1,854	2,975	1,512	1,463	571	278	292	203	104	99
22	3,608	1,817	1,791	2,872	1,456	1,415	542	261	281	195	99	96
23	3,441	1,728	1,713	2,735	1,385	1,350	512	244	267	195	99	96
24	3,557	1,779	1,778	2,830	1,429	1,401	522	247	275	205	103	102
25-29	18,617	9,200	9,417	14,767	7,376	7,391	2,707	1,266	1,440	1,144	558	586
25	3,454	1,719	1,735	2,733	1,374	1,359	511	241	270	210	104	106
26	3,508	1,733	1,775	2,764	1,381	1,384	524	246	279	219	107	113
27	3,728	1,842	1,885	2,948	1,473	1,475	547	256	291	233	113	120
28	3,769	1,852	1,917	3,009	1,494	1,515	533	248	285	226	109	117
29	4,158	2,053	2,105	3,312	1,654	1,659	591	275	316	255	124	131
30-34	19,923	9,871	10,052	16,010	8,022	7,988	2,776	1,317	1,459	1,136	531	605
30	3,926	1,947	1,980	3,156	1,581	1,575	540	258	282	230	107	123
31	3,791	1,878	1,913	3,033	1,520	1,513	534	254	280	224	104	120
32	3,883	1,922	1,962	3,122	1,563	1,559	539	255	284	223	104	119
33	3,970	1,959	2,010	3,191	1,593	1,598	556	262	294	222	104	118
34	4,353	2,165	2,188	3,508	1,765	1,743	607	288	320	237	112	125
35-39	22,647	11,247	11,400	18,523	9,292	9,231	2,980	1,408	1,572	1,145	546	598
35	4,467	2,218	2,249	3,627	1,819	1,808	604	286	317	237	113	124
36	4,440	2,201	2,239	3,629	1,817	1,812	582	274	308	228	109	119
37	4,571	2,268	2,303	3,743	1,877	1,866	602	284	318	226	108	118
38	4,321	2,138	2,183	3,558	1,779	1,779	549	257	291	214	102	112
39	4,848	2,421	2,427	3,966	2,000	1,966	644	307	337	239	114	125
40-44	22,389	11,101	11,289	18,488	9,260	9,228	2,824	1,331	1,493	1,077	510	568
40	4,637	2,302	2,335	3,812	1,912	1,900	598	282	316	227	108	119
41	4,540	2,250	2,290	3,750	1,877	1,873	569	268	301	221	105	116

	All Races			White			Black			Other		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
	Population in thousands											
42	4,511	2,238	2,273	3,732	1,869	1,863	567	268	299	212	101	111
43	4,295	2,117	2,178	3,535	1,762	1,773	541	253	288	220	102	117
44	4,406	2,194	2,212	3,658	1,840	1,818	549	260	289	198	93	105
45-49	19,469	9,566	9,903	16,255	8,079	8,176	2,301	1,061	1,240	913	427	486
45	4,188	2,068	2,121	3,490	1,741	1,749	505	236	269	193	90	103
46	3,953	1,944	2,009	3,312	1,648	1,665	456	210	246	185	86	98
47	3,911	1,918	1,993	3,259	1,617	1,641	468	214	254	184	86	98
48	3,552	1,736	1,816	2,982	1,475	1,507	405	184	221	165	77	88
49	3,864	1,900	1,964	3,212	1,597	1,615	467	216	251	185	87	99
50-54	16,344	7,961	8,383	13,957	6,871	7,085	1,678	755	923	709	334	374
50	3,626	1,772	1,854	3,062	1,513	1,549	397	180	217	167	79	88
51	3,481	1,699	1,782	2,969	1,465	1,504	361	163	197	152	71	81
52	3,708	1,810	1,898	3,223	1,589	1,634	344	155	189	141	66	75
53	2,713	1,315	1,398	2,309	1,131	1,177	279	124	155	125	59	65
54	2,816	1,365	1,451	2,394	1,173	1,221	297	133	164	124	59	66
55-59	12,783	6,151	6,632	10,998	5,349	5,649	1,280	562	718	504	240	264
55	2,732	1,317	1,415	2,331	1,135	1,196	287	128	159	114	54	60
56	2,917	1,407	1,510	2,539	1,238	1,301	273	118	154	105	50	55
57	2,562	1,231	1,331	2,195	1,066	1,128	267	117	149	101	48	53
58	2,267	1,088	1,179	1,962	952	1,011	217	94	122	88	42	46
59	2,305	1,108	1,197	1,972	959	1,014	237	104	133	96	46	50
60-64	10,415	4,935	5,481	8,971	4,300	4,671	1,047	448	599	398	187	211
60	2,212	1,048	1,164	1,900	909	991	224	97	128	87	42	45
61	2,128	1,014	1,114	1,833	883	949	213	92	122	82	39	43
62	2,009	951	1,058	1,724	826	898	205	88	118	79	37	42
63	2,003	951	1,052	1,732	832	899	197	84	113	74	35	40
64	2,064	971	1,093	1,781	849	933	207	88	119	75	34	41
65-69	9,351	4,307	5,044	8,103	3,769	4,335	928	399	529	320	140	180
65	1,889	882	1,007	1,619	765	854	199	85	114	71	32	39
66	1,859	863	997	1,601	749	852	193	85	108	66	29	37
67	1,858	855	1,002	1,609	750	859	187	79	108	62	27	35
68	1,861	850	1,011	1,624	748	876	176	76	100	61	27	34
69	1,884	857	1,027	1,650	757	894	173	74	98	61	26	35
70-74	8,692	3,841	4,852	7,699	3,426	4,273	738	306	431	256	108	148
70	1,824	823	1,002	1,599	728	871	168	70	98	57	25	33
71	1,826	817	1,009	1,615	728	887	158	66	92	53	23	31
72	1,755	779	976	1,556	695	861	146	61	85	53	22	30
73	1,646	715	931	1,463	640	823	136	56	80	47	20	28
74	1,641	707	934	1,467	635	832	130	53	76	45	19	26
75-79	7,269	3,045	4,224	6,530	2,748	3,782	554	217	337	186	80	106
75	1,587	678	908	1,422	612	810	122	49	73	42	18	25
76	1,497	636	861	1,346	574	772	112	45	66	39	17	23
77	1,476	619	857	1,330	561	769	109	42	67	37	16	21
78	1,430	591	839	1,288	536	752	107	40	67	35	15	20
79	1,280	520	760	1,143	465	678	104	41	64	32	14	18
80-84	4,778	1,808	2,970	4,345	1,648	2,697	329	115	213	104	44	60
80	1,133	448	685	1,026	407	619	81	30	51	25	11	15
81	1,030	397	633	938	362	575	71	25	45	21	9	12
82	942	357	585	859	326	532	63	22	41	20	8	11
83	876	322	554	800	295	505	57	19	38	19	8	11
84	798	284	513	722	257	465	57	19	38	18	8	11
85-89	2,606	845	1,761	2,372	766	1,605	180	57	123	54	22	32
85	670	231	438	611	211	400	45	15	30	14	6	8
86	599	199	400	544	180	364	42	13	28	12	5	7
87	512	165	347	468	150	318	34	11	23	11	4	6
88	445	137	308	404	123	281	31	9	22	9	4	6

	All Races			White			Black			Other		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
	Population in thousands											
89	381	113	268	345	102	243	28	9	20	8	3	5
90-94	1,142	306	835	1,029	272	756	89	25	64	24	9	15
90	323	93	230	293	83	210	23	7	16	7	3	4
91	272	75	197	246	67	179	20	6	15	6	2	3
92	220	58	162	198	52	146	17	5	13	5	2	3
93	178	45	133	160	40	120	15	4	11	4	1	2
94	149	36	112	132	31	100	14	4	10	3	1	2
95-99	342	75	266	299	64	235	35	8	26	9	3	6
95	114	26	87	101	23	78	10	3	8	3	1	2
96	85	19	66	75	16	59	8	2	6	2	1	1
97	61	13	48	53	11	42	6	1	4	2	1	1
98	49	10	39	42	8	33	6	1	5	1	0	1
99	33	6	26	28	5	23	4	1	3	1	0	1
100+	59	10	49	50	8	41	7	2	6	2	0	1
0 to 14	60,259	30,829	29,430	47,215	24,196	23,019	9,667	4,907	4,760	3,377	1,725	1,652
15 to 44	122,029	60,964	61,065	98,202	49,490	48,712	17,231	8,262	8,969	6,596	3,211	3,384
45 to 64	59,011	28,613	30,398	50,181	24,599	25,581	6,306	2,827	3,480	2,524	1,187	1,336
15+	215,279	103,815	111,464	178,809	86,792	92,017	26,396	12,218	14,178	10,074	4,805	5,268
45+	93,250	42,851	50,399	80,607	37,302	43,305	9,165	3,956	5,209	3,478	1,594	1,884
65+	34,239	14,238	20,001	30,426	12,703	17,724	2,859	1,129	1,729	954	406	548
75+	16,196	6,090	10,105	14,624	5,508	9,116	1,194	424	769	378	158	220
85+	4,149	1,237	2,911	3,749	1,111	2,638	311	92	219	88	34	54

Appendix D

Unweighted frequencies for selected variables

	NEWBORN INFANTS	NON-NEWBORNS
YEAR		
99	32,680	267,780
UNITS		
YEARS	0	259,545
MONTHS	0	5,871
DAYS	32,680	2,364
AGE GROUPS		
LESS THAN 15 YEARS	32,680	24,804
15 TO 44	0	87,182
45 TO 64	0	57,317
65 AND OVER	0	98,477
SEX		
MALE	16,691	106,984
FEMALE	15,989	160,796
RACE		
WHITE	16,054	149,590
BLACK	4,342	39,255
AMERICAN INDIAN/ESKIMO	201	1,494
ASIAN/PACIFIC ISLANDER	881	3,498
OTHER	2,664	12,869
NOT STATED	8,538	61,074
MARITAL STATUS		
MARRIED	0	38,471
SINGLE	10,341	24,742
WIDOWED	0	13,018
DIVORCED	0	4,900
SEPARATED	0	917
NOT STATED	22,339	185,732
DISCHARGE STATUS		
ROUTINE/DISCHARGED HOME	30,957	208,014
LEFT AMA	14	2,325
DISCHARGED/TRANS TO STC	476	8,020
DISCHARGED/TRANS TO LTC	73	22,088
ALIVE, STATUS NOT STATED	968	18,887
DEAD	137	6,847
NOT STATED	55	1,599
LENGTH OF STAY FLAG		
LT ONE DAY	359	5,081
ONE DAY OR MORE	32,321	262,699
REGION		
NORTHEAST	5,656	61,932
MIDWEST	8,980	77,975
SOUTH	12,131	93,283
WEST	5,913	34,590
BEDSIZE		

Unweighted frequencies for selected variables

	NEWBORN INFANTS	NON-NEWBORNS
6 TO 99	3,386	35,860
100 TO 199	7,576	57,442
200 TO 299	7,083	57,382
300 TO 499	10,236	81,838
500 AND OVER	4,399	35,258
HOSPITAL OWNERSHIP		
PROPRIETARY	2,026	17,203
GOVT	3,043	26,434
NONPROFIT, INCLUDING CHURCH	27,611	224,143
EXPECTED SOURCE OF PAYMENT, PRINCIPAL		
WORKERS COMP	7	1,754
MEDICARE	50	97,668
MEDICAID	9,247	35,934
OTHER GOVT	241	2,406
BC/BS	3,535	20,949
HMO/PPO	8,878	41,405
OTHER PRIVATE	7,104	43,310
SELF-PAY	1,790	13,360
NO CHARGE	75	1,163
OTHER	1,489	8,207
NOT STATED	264	1,624
DISCHARGE MONTH		
JAN	2,847	23,715
FEB	2,594	23,080
MAR	2,799	25,334
APR	2,703	23,371
MAY	2,912	23,436
JUN	2,837	22,519
JUL	2,945	22,798
AUG	2,837	22,233
SEP	2,832	21,605
OCT	2,529	20,085
NOV	2,347	19,108
DEC	2,498	20,496

Unweighted frequencies for selected variables	NEWBORN INFANTS	NON-NEWBORNS
FIRST-LISTED DIAGNOSIS		
VCODES	32,680	40,334
CHAPTER 1	0	7,109
CHAPTER 2	0	14,796
CHAPTER 3	0	11,612
CHAPTER 4	0	3,476
CHAPTER 5	0	17,666
CHAPTER 6	0	4,558
CHAPTER 7	0	51,251
CHAPTER 8	0	30,156
CHAPTER 9	0	24,795
CHAPTER 10	0	13,428
CHAPTER 11	0	4,496
CHAPTER 12	0	4,224
CHAPTER 13	0	12,866
CHAPTER 14	0	2,002
CHAPTER 15	0	1,679
CHAPTER 16	0	2,181
CHAPTER 17	0	21,151

Weighted frequencies for selected variables

	NEWBORN INFANTS	NON-NEWBORNS
YEAR		
99	3,726,258	32,131,877
UNITS		
YEARS	0	31,304,748
MONTHS	0	577,493
DAYS	3,726,258	249,636
AGE GROUPS		
LESS THAN 15 YEARS	3,726,258	2,458,302
15 TO 44	0	10,092,435
45 TO 64	0	6,898,581
65 AND OVER	0	12,682,559
SEX		
MALE	1,893,106	12,748,152
FEMALE	1,833,152	19,383,725
RACE		
WHITE	2,146,120	20,757,130
BLACK	436,617	3,788,248
AMERICAN INDIAN/ESKIMO	39,382	211,012
ASIAN/PACIFIC ISLANDER	101,780	469,992
OTHER	223,765	1,049,942
NOT STATED	778,594	5,855,553
MARITAL STATUS		
MARRIED	0	9,285,759
SINGLE	2,314,248	5,589,249
WIDOWED	0	3,216,929
DIVORCED	0	1,151,125
SEPARATED	0	160,338
NOT STATED	1,412,010	12,728,477
DISCHARGE STATUS		
ROUTINE/DISCHARGED HOME	3,542,194	25,037,971
LEFT AMA	3,948	240,842
DISCHARGED/TRANS TO STC	57,415	1,370,088
DISCHARGED/TRANS TO LTC	22,731	2,789,488
ALIVE, STATUS NOT STATED	68,644	1,619,039
DEAD	13,744	850,631
NOT STATED	17,582	223,818
LENGTH OF STAY FLAG		
LT ONE DAY	44,834	724,933
ONE DAY OR MORE	3,681,424	31,406,944
REGION		
NORTHEAST	696,833	6,952,345
MIDWEST	800,581	7,368,289
SOUTH	1,340,857	12,006,628
WEST	887,987	5,804,615
BEDSIZE		

Weighted frequencies for selected variables

	NEWBORN INFANTS	NON-NEWBORNS
6 TO 99	663,615	6,878,320
100 TO 199	1,028,752	8,442,745
200 TO 299	622,944	5,934,553
300 TO 499	994,958	7,747,153
500 AND OVER	415,989	3,129,106
HOSPITAL OWNERSHIP		
PROPRIETARY	404,764	3,349,151
GOVT	453,131	3,896,023
NONPROFIT, INCLUDING CHURCH	2,868,363	24,886,703
EXPECTED SOURCE OF PAYMENT, PRINCIPAL		
WORKERS COMP	2,686	212,471
MEDICARE	10,843	12,529,388
MEDICAID	1,104,297	4,371,075
OTHER GOVT	47,791	422,443
BC/BS	402,758	2,395,528
HMO/PPO	894,780	4,499,501
OTHER PRIVATE	864,899	5,129,147
SELF-PAY	230,596	1,550,947
NO CHARGE	14,796	118,503
OTHER	91,487	528,511
NOT STATED	61,325	374,363
DISCHARGE MONTH		
JAN	315,873	2,818,141
FEB	300,986	2,729,418
MAR	316,216	2,998,550
APR	311,077	2,792,292
MAY	328,903	2,761,575
JUN	320,858	2,676,730
JUL	330,217	2,665,963
AUG	314,945	2,619,786
SEP	317,827	2,610,630
OCT	296,700	2,539,841
NOV	271,435	2,355,485
DEC	301,221	2,563,466

	NEWBORN INFANTS	NON-NEWBORNS
Weighted frequencies for selected variables		
FIRST-LISTED DIAGNOSIS		
VCODES	3,726,258	4,676,053
CHAPTER 1	0	826,010
CHAPTER 2	0	1,686,744
CHAPTER 3	0	1,392,681
CHAPTER 4	0	368,070
CHAPTER 5	0	2,017,879
CHAPTER 6	0	503,453
CHAPTER 7	0	6,343,877
CHAPTER 8	0	3,689,180
CHAPTER 9	0	3,121,635
CHAPTER 10	0	1,718,955
CHAPTER 11	0	495,184
CHAPTER 12	0	517,751
CHAPTER 13	0	1,543,430
CHAPTER 14	0	182,442
CHAPTER 15	0	170,083
CHAPTER 16	0	313,020
CHAPTER 17	0	2,565,430

Weighted frequencies for selected variables

	NEWBORN INFANTS	NON-NEWBORNS
ALL-LISTED DIAGNOSES		
TOTAL	7,179,286	139,915,090
ECODES	1,811	4,149,971
VCODES	4,430,226	11,417,936
CHAPTER 1	34,457	3,553,958
CHAPTER 2	10,813	4,431,608
CHAPTER 3	19,694	14,053,303
CHAPTER 4	5,240	4,170,243
CHAPTER 5	326	8,926,992
CHAPTER 6	12,629	3,519,034
CHAPTER 7	19,010	29,558,458
CHAPTER 8	12,968	10,508,227
CHAPTER 9	18,136	8,898,453
CHAPTER 10	24,441	7,198,261
CHAPTER 11	0	8,350,182
CHAPTER 12	25,484	1,832,820
CHAPTER 13	9,649	5,053,962
CHAPTER 14	257,573	623,427
CHAPTER 15	2,236,383	486,653
CHAPTER 16	54,061	7,143,711
CHAPTER 17	6,385	6,037,891
ALL-LISTED PROCEDURES		
TOTAL	2,369,695	41,314,946
CHAPTER 1	33,806	1,047,682
CHAPTER 2	275	86,570
CHAPTER 3	418	110,161
CHAPTER 4	656	53,884
CHAPTER 5	2,912	284,101
CHAPTER 6	16,683	1,027,439
CHAPTER 7	119,821	6,132,732
CHAPTER 8	164	348,393
CHAPTER 9	13,901	5,188,792
CHAPTER 10	1,795	965,661
CHAPTER 11	1,166,484	277,254
CHAPTER 12	0	2,083,767
CHAPTER 13	0	6,174,243
CHAPTER 14	817	3,218,534
CHAPTER 15	7,762	1,351,442
CHAPTER 16	1,004,201	12,964,291

Appendix E

NHDS Medical Abstract Form

OMB No. 0920-0212: Approval Expires 01/31/2000

Notice – All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0212); Room 531-H, Hubert H. Humphrey Building, 200 Independence Avenue, SW; Washington, DC 20201.

FORM **HDS-1**
(5-12-99)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

MEDICAL ABSTRACT – NATIONAL HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number . . . . . ☐☐☐☐

2. HDS number . . . . . ☐☐☐☐

3. Medical record number _____

4. Date of admission . . . . . Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

5. Date of discharge . . . . . Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

6. Residence ZIP Code . . . . ☐☐☐☐☐

B. PATIENT CHARACTERISTICS

7. Date of birth Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

8. Age *(Complete only if date of birth not given)* . . . . . Units ☐☐☐ { 1 ☐ Years, 2 ☐ Months, 3 ☐ Days

9. Sex *(Mark (X) one)*
1 ☐ Male 2 ☐ Female 3 ☐ Not stated

10. Race
1 ☐ White
2 ☐ Black
3 ☐ American Indian/Eskimo/Aleut
4 ☐ Asian/Pacific Islander
5 ☐ Other *(Specify)* _____
6 ☐ Not stated

11. Ethnicity *(Mark (X) one)*
1 ☐ Hispanic origin 2 ☐ Non-Hispanic 3 ☐ Not stated

12. Marital status *(Mark (X) one)*
1 ☐ Married 3 ☐ Widowed 5 ☐ Separated
2 ☐ Single 4 ☐ Divorced 6 ☐ Not stated

13. Expected source(s) of payment

	Principal *(Mark one only)*	Other additional sources *(Mark all that apply)*
1. Worker's compensation	☐	☐
2. Medicare	☐	☐
3. Medicaid	☐	☐
4. Other government payments	☐	☐
5. Blue Cross/Blue Shield	☐	☐
6. HMO/PPO	☐	☐
7. Other private or commercial insurance	☐	☐
8. Self pay	☐	☐
9. No charge	☐	☐
10. Other *(Specify)* _____	☐	☐

☐ **No source of payment indicated**

14. Status/Disposition of patient *(Mark (X) appropriate box(es))*

Status
1 ☐ Alive → Disposition:
a. ☐ Routine discharge/discharged home
b. ☐ Left against medical advice
c. ☐ Discharged, transferred to another short-term hospital
d. ☐ Discharged, transferred to long-term care institution
e. ☐ Other disposition/not stated

2 ☐ Died
3 ☐ Status not stated

(Over)

C. FINAL DIAGNOSES (including E-code diagnoses) (ICD-9-CM codes may be entered if no narrative is available)

Principal: _____

Other/additional: _____

D. SURGICAL AND DIAGNOSTIC PROCEDURES (ICD-9-CM codes may be entered if no narrative is available)

	Date of procedure(s)							
	Month		Day		Year			
Principal:								
Other/additional:								

☐ NONE

Completed by	Date

*U.S.GPO:1999-750-126/00039