

# NATIONAL HOSPITAL DISCHARGE SURVEY

2008

PUBLIC USE DATA FILE DOCUMENTATION

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# NATIONAL HOSPITAL DISCHARGE SURVEY

2008

## PUBLIC USE DATA FILE DOCUMENTATION

This document provides information for users of the National Hospital Discharge Survey (NHDS) Public Use Data File for 2008. Conducted annually by the National Center for Health Statistics (NCHS), NHDS 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 NHDS; 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 utilization rates;

**Appendix D** provides unweighted and weighted frequencies for selected variables; and

**Appendix E** includes a copy of the NHDS Medical Abstract Form.

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### **Special note to users of 2008 NHDS data files**

**Users of the 2008 National Hospital Discharge Survey should be alerted to the fact that, due to funding limitations, it was necessary to reduce the sample of hospitals by half. Thus, the total hospital sample for 2008 is 239 hospitals, of which 1 hospital was out-of-scope and 207 responded to the survey – an 87% unweighted response rate. Because of the reduced sample size, error estimates for statistics produced by the survey have generally increased, and in some cases, the relative standard errors (RSEs) have doubled. Users are urged to exercise greater care than in the past when analyzing NHDS data for 2008. In particular, special care should be taken when making estimates for children under 15 and for the West Census region, as a review of a variety of estimates for these populations showed that many do not meet NCHS standards of reliability due to unacceptably large RSEs. In order to meet NCHS standards for reliability, estimates should be based on at least 30 discharge records and have an RSE of less than 30%. Approximate RSEs may be obtained using the tables provided.**

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## I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

**Introduction.** This document and its appendices contain information for users of the 2008 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 inpatient discharge records selected from a national probability 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 brief 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/nhds/nhds\\_products.htm](http://www.cdc.gov/nchs/nhds/nhds_products.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 NCHS began exploring possibilities for surveying morbidity in hospitals. A national advisory group was established. 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 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, NCHS initiated the National Hospital Discharge Survey in 1964.

## SURVEY METHODOLOGY

**Source of the Data.** NHDS covers discharges from noninstitutional hospitals, excluding 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, are slightly different from those used prior to 1988, specifically with respect to certain aspects of the sampling design. First, the 1988 redesign included a third stage of sampling that was performed from a subsample of primary sampling units (PSUs) that had been selected for 1985-1994 National Health Interview Survey; and second, facility sampling took into account whether or not discharge data were available in electronic format.

In 2008, the sample consisted of 239 hospitals. Of these hospitals, 1 was found to be out-of-scope (ineligible) because it went out of business or otherwise failed to meet the criteria for the NHDS universe. Of the 238 in-scope (eligible) hospitals, 207 hospitals responded to the survey for an unweighted response rate of 87 percent. The weighted response rate is 79 percent.

**Sample design and data collection.** NCHS has conducted the NHDS continuously since

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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. In the original design, a two-stage sampling plan was used in which hospitals were sampled at the first stage, with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. At the second stage, a systematic random sample of discharges was selected from each sampled hospital. A report on the design and development of the original NHDS has been published (2).

In 1988, NHDS was redesigned to provide geographic sampling comparability with other surveys conducted by NCHS; to update the sample of hospitals selected into the survey; and to maximize the use of data collected through automated systems. The 1988 hospital sample was drawn from a sampling frame that consisted of hospitals that were listed in the April 1987 SMG Hospital Market Database (3), met the above criteria, and began accepting patients by August 1987. The hospital sample is updated every three years to allow for hospitals that opened later or changed their eligibility status since the previous sample update. Updates were performed in 1991, 1994, 1997, 2000, 2003 and 2006. The SMG Hospital Market Database became the "Healthcare Market Index" and the "Hospital Market Profiling Solution" when Verispan, LLC, acquired SMG Marketing Group, and so the newly-named products were used in 2003 and 2006 to perform sample updating.

When the survey was redesigned in 1988, a modified, three-stage design was implemented. Units selected at the first stage of sampling consisted of either hospitals or geographic areas, such as counties, groups of counties, or metropolitan statistical areas in the 50 states and the District of Columbia. Within sampled geographic areas, additional hospitals were selected. Finally at the last stage, discharges were selected within the sampled hospitals using systematic random sampling.

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 in 1988 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 53 percent of the responding hospitals. The second was an automated method, used for approximately 47 percent of the responding hospitals. The automated method 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 2008, about 16 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 a contractor for coding and data entry, and then to NCHS for 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

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status, but not name and address; administrative information, including admission and discharge dates, and discharge status; 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. (Patient date of birth and zip code are confidential information and are not available to the public). In the 2001 survey year, two additional items were included in the medical abstract form: Type of Admission and Source of Admission. In 2007 an Admitting Diagnosis and a Present on Admission checkbox for each of the diagnosis codes were added to data collection; this was due to a requirement that hospitals begin collecting this information for billing purposes. Present on Admission indicators are not reported in the 2008 NHDS data because this information is missing for a very high percentage of records. The coding of all variables can be found in section III of this document which describes the record layout.

**Medical Coding and Edits.** Medical information that was recorded manually on the sample patient abstracts was coded centrally by NCHS staff. A maximum of seven diagnosis codes, and an Admitting Diagnosis code when available, were 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 *International Classification of Diseases, 9th Revision, Clinical Modification*, or ICD-9-CM (4) is the system currently used for coding diagnoses and procedures on the medical abstract forms as well as on the commercial abstracting services data files.

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 the 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.

Data from the medical abstract form is entered into a computer file and then combined with automated data files. A medical edit is conducted first by computer inspection and then by a manual review of rejected records. Medical information is given priority in the editing decisions.

Users of the National Hospital Discharge Survey (NHDS) diagnostic and/or procedure data, which is coded to ICD-9-CM, must take into account the annual ICD-9-CM addendum. The addendum 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. Coding of the 2008 data is consistent with the ICD-9-CM and the addendum which became effective October 1, 2007. Addendum changes for 1986 through 2007 are listed in Appendix B.

In 2002, the ICD-9-CM Coordination and Maintenance Committee created a new procedure chapter to accommodate space limitations in the existing hierarchical classification system and to alleviate inappropriate categorization of new procedures. Chapter 00, Procedures and Interventions, Not Elsewhere Classified, has been coded in NHDS since 2003, as October addendum changes are not implemented in NHDS until the following data collection year.

**The Uniform Hospital Discharge Data Set (UHDDS).** Starting with 1979 data, NHDS

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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 (5). 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.** Estimates of the civilian population of the United States as of July 1, 2008 are presented in Appendix C. These estimates were provided by the U.S. Bureau of the Census, and are based on the 2000 Census. Because of new federal guidelines implemented in the 2000 Census which regulate the reporting of race data, population estimates by race based on the 2000 Census are not directly comparable with estimates from earlier censuses. See Appendix C for further explanation.

**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 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 designed to maintain the known distribution of each variable. In a very few cases (less than one percent of the records), the age or sex was edited because it was inconsistent with the diagnosis. In 2008, data for RACE were missing for 31 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 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).

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## **Relative Standard Errors for Aggregate Estimates**

Parameter values for generalized variance curves needed to calculate 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 is then used to produce best-fit curves, based on an empirically determined relationship between the size of the estimate X and its relative variance. The square root of the relative variance of an estimate is the relative standard error of that estimate, and is designated by RSE(X). Using the generalized variance curves, RSE(X) may be calculated from the formula:

$$\mathbf{RSE (X) = SQRT [ a + b/X ]}$$

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 2008 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 125,000. Using the applicable constants from Table 1 for estimates by age produces:

$$\mathbf{RSE (125,000) = SQRT [0.05044 + ( 516.705/ 125,000 ) ]}$$

$$\mathbf{RSE (125,000) = .234}$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 23.4 percent. The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$\mathbf{SE (125,000) = 125,000 * .234 = 29,250}$$

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:

$$\mathbf{( 125,000 - 2*29,250 ) \leftrightarrow ( 125,000 + 2*29,250 )}$$

$$\mathbf{66,500 \leftrightarrow 183,500}$$

## **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:

$$\mathbf{RSE (p) = SQRT [ b * (1 - p) / (p * X) ]}$$

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 2008 the estimated number of discharges from short-stay hospitals who were women was 21,326,000. This is 59.7 percent of the estimated 35,697,000 total



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discharges for that year. Using the applicable constants from Table 1 for estimates by sex produces:

$$\mathbf{RSE (.597) = \text{SQRT} [582.946 * (1 - .597) / (.597 * 35,697,000) ]}$$

$$\mathbf{RSE (.597) = .00332}$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 0.332 percent. The standard error is obtained by multiplying the relative standard error by the estimate itself:

$$\mathbf{SE (.597) = .597 * .00332 = .00198}$$

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:

$$\mathbf{(.597 - 2*.00198) \text{ <-> } (.597 + 2*.00198)}$$

$$\mathbf{.593 \text{ <-> } .601}$$

or, equivalently, **59.3% <-> 60.1%**

### **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:

$$\mathbf{RSE (X/Y) = \text{SQRT} [ RSE^2 (X) + RSE^2 (Y) ]}$$

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 2008, the estimated number of days of care for inpatients with a first-listed diagnosis of septicemia (ICD-9-CM code 038) was 6,017,000. The estimated number of discharges for inpatients with a first-listed diagnosis of septicemia was 721,000. The ALOS for inpatients with a first-listed diagnosis of septicemia was  $6,017,000/721,000 = 8.3$  days.

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.

$$\mathbf{RSE (6,017,000) = .1283}$$

$$\mathbf{RSE (721,000) = .1205}$$

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

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$$\mathbf{RSE (8.3) = \sqrt{(.1283)^2 + (.1205)^2}}$$

$$\mathbf{RSE (8.3) = .1760}$$

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

$$\mathbf{SE (8.3) = .1760 * 8.3 = 1.461}$$

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:

$$\mathbf{(8.3 - 2*1.461) \leftrightarrow (8.3 + 2*1.461)}$$

$$\mathbf{5.4 \leftrightarrow 11.2}$$

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Table 1. Parameter values for generalized variance curves for National Hospital Discharge Survey aggregate statistics by statistic type: United States, 2008

<b>Characteristic</b>	<b>First-listed diagnosis</b>		<b>Days of care</b>		<b>All-listed diagnosis</b>		<b>All-listed procedures</b>	
	a	b	a	b	a	b	a	b
Total	0.01363	642.417	0.01617	1723.504	0.01398	642.479	0.01498	623.756
<b>Sex</b>								
Male	0.01420	660.772	0.01776	2200.356	0.01674	611.247	0.01535	561.428
Female	0.01500	582.946	0.01645	1618.479	0.01487	757.780	0.01519	579.954
<b>Age</b>								
Under 15 years	0.05044	516.705	0.06247	1913.987	0.06054	1011.087	0.06893	398.985
15-44 years	0.01511	502.641	0.01955	1554.769	0.01549	620.225	0.01555	578.460
45-64 years	0.01477	522.574	0.02063	1537.856	0.01426	590.148	0.01646	508.652
65 years and over	0.01323	575.088	0.01614	2262.544	0.01474	642.379	0.01402	626.890
<b>Region</b>								
Northeast	0.06284	609.336	0.05403	394.472	0.05882	468.388	0.05191	322.096
Midwest	0.06166	428.768	0.05738	459.227	0.05661	214.934	0.06365	237.185
South	0.03804	482.703	0.04245	1740.825	0.03630	504.840	0.03956	557.297
West	0.07157	866.547	0.07496	2807.623	0.08146	1235.111	0.07848	550.667
<b>Race</b>								
White	0.01897	688.661	0.02307	1930.953	0.01996	659.647	0.02031	755.306
Black	0.02313	513.421	0.02894	2188.694	0.02308	566.577	0.02816	425.560
All other	0.03042	499.418	0.03797	1308.871	0.03260	489.723	0.03138	354.729
Race not stated	0.04743	388.185	0.04957	874.893	0.04530	415.473	0.05328	367.714
<b>Expected source of payment</b>								
Medicare	0.01396	527.340	0.01763	1593.796	0.01393	593.133	0.01474	650.937
Medicaid	0.02375	547.329	0.03143	1783.500	0.02181	833.491	0.02506	555.146
Worker's compensation and other government payments	0.03937	498.584	0.05173	1453.160	0.03319	716.835	0.03128	691.087
HMO/PPO	0.02023	575.410	0.02869	1757.620	0.02874	741.541	0.02428	453.389
BC/BS and other private insurance	0.01893	570.164	0.02630	1228.143	0.01780	465.688	0.02301	409.663
Self pay	0.02342	658.475	0.03216	1196.063	0.02219	551.026	0.02298	604.647
No charge and other	0.06310	223.652	0.07833	1045.753	0.04606	309.407	0.05714	228.894

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.

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**Presentation of Estimates.** Publication of estimates for 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 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, and 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 2008 NHDS,

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94 percent of the 209 responding hospitals provided data for all twelve months, and 99 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 weighted and unweighted frequencies for selected variables. These may be used as a cross-check when processing NHDS data. Please note that, beginning in 2003, Chapter 00 – Procedures and Interventions, Not Elsewhere Classified – was added to the list of frequencies for all-listed procedures on page 75.

**Diagnosis-Related Groups (DRGs).** The Diagnosis Related Groups (DRGs) classification system is used by the Centers for Medicare and Medicaid Services (CMS) to determine payment for inpatient hospital care of Medicare patients. Groupings represent types of hospital cases that are expected to be similar in terms of resource use, and are based on patient demographic characteristics, as well as diagnoses, procedures, and presence of comorbidities or complications.

As a convenience for users, NCHS provides DRGs for discharges in the NHDS files. To assign the DRG, NCHS uses the CMS-DRG Grouper software. For the 2008 NHDS, Version 25.0 of the software was used. Approximately 99 percent of discharges in the file were assigned a DRG consistent with Version 25.0 of the Grouper. For those that could not be assigned a Version 25.0 DRG, the value is left blank. Because the DRGs and the DRG grouper software were developed outside of NCHS, any questions about the code assigned or the methodology for assignment should be directed to CMS.

**Questions.** Questions concerning NHDS data should be directed to:

Centers for Disease Control and Prevention  
National Center for Health Statistics  
Division of Health Care Statistics  
Ambulatory and Hospital Care Statistics Branch  
3311 Toledo Road  
Hyattsville, Maryland 20782  
Phone: 301.458.4321  
Fax: 301.458.4032  
Email: [NHDS@cdc.gov](mailto:NHDS@cdc.gov)

For more information about NHDS, visit our website:  
<http://www.cdc.gov/nchs/nhds.htm>

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For email discussions and dissemination of NHDS data, join the 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](mailto:listserv@cdc.gov)

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## REFERENCES

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[http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_039.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_039.pdf)

<sup>2</sup>Simmons WR, Schnack GA. Development of the Design of the NCHS Hospital Discharge Survey. National Center for Health Statistics. Vital Health Stat 2(39). 1977.

<sup>3</sup>SMG Marketing Group, Inc. Hospital Market Database. Chicago: Healthcare Information Specialists, 1342 North LaSalle Drive, Chicago, IL. April 1987, April 1991, April 1994, April 1997, April 2000; Verispan, L.L.C. 2003 and 2006 Releases of the Healthcare Market Index and Hospital Market Profiling Solution.

<sup>4</sup>U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06-1260. 2006.

<sup>5</sup>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.

<sup>6</sup>Bieler GS, Williams RL. *Analyzing Survey Data Using SUDAAN Release 7.5*. Research Triangle Institute: Research Triangle Park, N.C. 1997.

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## II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name	NHDS08.PU.TXT
Record Length	93
Number of Records	165,630

## 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 Database file, Verispan's data products, and the hospital interview are alternate sources of data; some other items are computer generated.



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Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	08
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: 00-90* If units=months: 01-11 If units=days: 00-28 *Ages 100 and over were recoded to 90
5	7	1	Sex	1=Male 2=Female
6	8	1	Race	1=White 2=Black/African American 3=American Indian/Alaskan Native 4=Asian 5=Native Hawaiian/Other Pacific Islander 6=Other 8=Multiple race indicated 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
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)

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Item Number	Location	Number of Positions	Item description	Code description
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 ownership	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	20
17	28-32	5	Diagnosis code #1	*
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	*

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28	79-80	2	Principal expected source of payment	01=Worker's compensation 02=Medicare 03=Medicaid 04=Other government 05=Blue Cross/Blue Shield 06=HMO/PPO 07=Other private insurance 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, except Not Stated left blank (not coded to 99)
30	83-85	3	Diagnosis-Related Groups (DRG)	Grouper version 25.0
31	86	1	Type of Admission	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 9 = Not available
32	87-88	2	Source of Admission	01 = Physician referral 02 = Clinical referral 03 = HMO referral 04 = Transfer from a hospital 05 = Transfer from skilled nursing facility 06 = Transfer from other health facility 07 = Emergency room 08 = Court/law enforcement 09 = Other 99 = Not available
33	89-93	5	Admitting Diagnosis	*

\*Diagnosis and procedure codes are in compliance with the *International Classification of Diseases, 9th Revision, Clinical Modification, and (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*

**Admitting Diagnosis:** Based on one of the following:

- One or more significant findings (symptoms or signs) representing patient distress or abnormal findings on examination
- A "possible" diagnosis based on significant findings (i.e. a working diagnosis)
- A diagnosis established on an ambulatory care basis or on previous hospital admission
- An injury or poisoning
- A reason or condition not classifiable as an illness or injury, such as pregnancy in labor, follow-up examination, etc

NOTE: Admitting diagnosis may vary from the principal diagnosis at time of discharge.

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**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 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 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:

**NORTHEAST:** Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania

**MIDWEST:** Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas

**SOUTH:** Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas

**WEST:** Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, Alaska

## APPENDIX B

The *International Classification of Diseases, 9th Revision, Clinical Modification* has been used for coding NHDS data since 1979. The classification system undergoes annual updating, which involves the assignment of new diagnostic and procedure codes, fourth or fifth digit expansion of existing codes, as well as code deletions. Changes 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 Centers for Medicare and Medicaid Services (formerly HCFA). Addenda to the ICD-9-CM become effective on October 1 of the calendar year and have been released for 1986 through 2008, except for 1999 when there was no addendum due to concerns about possible complications for instituting coding changes prior to the millennium crossover.

As described earlier in this document, the 2008 NHDS involved two data collection modes: manual and automated abstract services. All data collected manually were coded using the sixth edition of the ICD-9-CM, including addendum changes for 1986 through 2007. Because addendum changes become effective in the last quarter of the calendar year, data collected via abstract services were coded using two different ICD-9-CM revisions. For the first 9 months of 2007, the ICD-9-CM with addendum changes up to October 1, 2007 was used; but for the last 3 months, the October 2008 addendum changes were incorporated. Therefore, to preserve consistent coding across the 12 months and to prevent NHDS data users from mistaking partial year estimates for annual estimates, abstract service data for the last quarter of 2008 were converted back to their previous code assignments under the October 2007 addendum.

In 2002, the ICD-9-CM Coordination and Maintenance Committee created a new procedure chapter to accommodate space limitations in the existing hierarchical classification system and to alleviate inappropriate categorization of new procedures. Chapter 00, Procedures and Interventions, Not Elsewhere Classified, has been coded in NHDS since 2003. As noted above October addendum changes are not implemented in NHDS until the following data collection year.

In order to assist users, a conversion table is provided which shows 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.

## 2008 NHDS DATA FILE DOCUMENTATION

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
005.81, 005.89	1995	005.8
007.4	1997	007.8
007.5	2000	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
038.10-038.11, 038.19	1997	038.1
<b>040.41</b>	<b>2007</b>	<b>771.89</b>
<b>040.42</b>	<b>2007</b>	<b>872.10-872.12; 872.71-872.79; 872.9; 873.1; 873.30-873.39; 873.50-873.59; 873.70-873.79; 873.9; 874.10-874.12; 874.3; 874.5; 874.9; 875.1; 876.1; 877.1; 878.1; 878.3; 878.5; 878.7; 878.9; 879.1; 879.3; 879.5; 879.7; 879.9; 880.10-880.19; 881.10-881.19; 882.1; 883.1; 884.1; 885.1; 886.1; 887.1; 887.3; 887.5; 887.7; 890.1; 891.1; 892.1; 893.1; 894.1</b>
040.82	2002	040.89
041.00-041.05, 041.09	1992	041.0
041.04 (Code title restated)	1997	041.04
041.10-041.19	1992	041.1
041.81-041.85, 041.89	1992	041.8
041.86	1995	041.84
042	1994	042.0-042.2, 042.9, 043.0-043.3, 043.9, 044.0, 044.9 (codes deleted)
042.0-044.9	1986	279.19
052.2	2006	052.7

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
053.14	2006	053.19
054.74	2006	054.79
<b>058.10-058.12</b>	<b>2007</b>	<b>057.8</b>
<b>058.21; 058.29</b>	<b>2007</b>	<b>054.3</b>
<b>058.81-058.82; 058.89</b>	<b>2007</b>	<b>054.9</b>
066.4	2002	066.3
066.40-066.42, 066.49	2004	066.4
070.20-070.21	1991	070.2
070.22	1994	070.20
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
070.70	2004	070.51
070.71	2004	070.41
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
079.82	2003	079.89
<b>079.83</b>	<b>2007</b>	<b>079.89</b>
079.88-079.89	1993	079.8
079.98-079.99	1993	079.9
082.40-082.41, 082.49	2000	082.8
088.81, 088.89	1989	088.8
088.82	1993	088.89
099.40-099.49	1992	099.4



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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>200.30-200.38</b>	<b>2007</b>	<b>202.80-202.88</b>
<b>200.40-200.48</b>	<b>2007</b>	<b>202.80-202.88</b>
<b>200.50-200.58</b>	<b>2007</b>	<b>202.80-202.88</b>
<b>200.60-200.68</b>	<b>2007</b>	<b>200.00-200.08</b>
<b>200.70-200.78</b>	<b>2007</b>	<b>200.00-200.08</b>
<b>202.70-202.78</b>	<b>2007</b>	<b>202.10-202.18</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
206.00	1991	206.0
206.01	1991	V10.63
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
<b>233.30-233.32; 233.39</b>	<b>2007</b>	<b>233.3</b>
237.70-237.72	1990	237.7
238.71-238.76, 238.79	2006	238.7
250.02	1993	250.90
250.03	1993	250.91
250.12	1993	250.10
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

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
252.00-252.02, 252.08	2004	252.0
255.10-255.14	2003	255.1
<b>255.41-255.42</b>	<b>2007</b>	<b>255.4</b>
256.31-256.39	2001	256.3
<b>258.01</b>	<b>2007</b>	<b>258.0</b>
<b>258.02</b>	<b>2007</b>	<b>258.0; 193</b>
<b>258.03</b>	<b>2007</b>	<b>258.0</b>
259.5	2005	257.8
273.4	2004	277.6
275.40-275.42, 275.49	1997	275.4
276.50-276.52	2005	276.5
277.02-277.03, 277.09	2002	277.00
277.30-277.31, 277.39	2006	277.3
277.7	2001	277.8
277.81-277.84, 277.89	2003	277.8
277.85-277.86	2004	277.89
277.87	2004	277.89, 758.89
278.00-278.01	1995	278.0
278.02	2005	278.00
282.41-282.42, 282.49	2003	282.4
282.64	2003	282.63
282.68	2003	282.69
283.10-283.11, 283.19	1993	283.1

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
284.01, 284.09	2006	284.0
284.1	2006	284.8
284.2	2006	284.8; 285.8
<b>284.81; 284.89</b>	<b>2007</b>	<b>284.8</b>
285.21-285.22, 285.29	2000	285.8
287.30-287.33, 287.39	2005	287.3
288.00-288.04, 288.09	2006	288.0
288.4	2006	288.0
288.50-288.51	2006	288.0; 288.8
288.59	2006	288.0
288.60-288.65, 288.69	2006	288.8
<b>288.66</b>	<b>2007</b>	<b>288.69</b>
289.52	2003	289.59
289.53	2006	288.0
289.81-289.82	2003	289.8
289.83	2006	289.89
289.89	2003	289.8
291.81	1996	291.8
291.82	2005	291.89
291.89	1996	291.8
292.85	2005	292.89
293.84	1996	293.89
294.10-294.11	2000	294.1
300.82	1996	300.81
305.1	1994	305.10, 305.11, 305.12, 305.13 (Codes deleted)
312.81-312.82, 312.89	1994	312.8
315.32	1996	315.39
<b>315.34</b>	<b>2007</b>	<b>315.31; 315.39</b>
320.81-320.89	1992	320.8
323.01-323.02	2006	323.0
323.41-323.42	2006	323.4

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
323.51-323.52	2006	323.5
323.61-323.63	2006	323.6
323.71-323.72	2006	323.7
323.81-323.82	2006	323.8
327.00	2005	780.51; 780.52
327.01	2005	780.51; 780.52
327.02	2005	307.41
327.09	2005	780.51; 780.52
327.10-327.14	2005	780.53; 780.54
327.15	2005	307.43
327.19	2005	780.53; 780.54
327.20-327.27	2005	780.57
327.29	2005	780.51; 780.53; 780.57
327.30-327.37; 327.39	2005	307.45
327.40-327.44; 327.49	2005	780.59
327.51	2005	780.58
327.52	2005	729.82
327.53	2005	306.8
327.59	2005	780.58
327.8	2005	780.50
331.11, 331.19	2003	331.1
<b>331.5</b>	<b>2007</b>	<b>331.3</b>
331.82	2003	331.89
331.83	2006	310.1
333.71-333.72, 333.79	2006	333.7
333.85	2006	333.82
333.92-333.93	1994	333.99
333.94	2006	333.99
337.20-337.22, 337.29	1993	337.9
337.3	1998	337.9
338.0	2006	Code to Pain, by site or 348.8
338.11-338.12	2006	Code to Pain, by site
338.18-338.19	2006	Code to Pain, by site
338.21-338.22	2006	Code to Pain, by site
338.28-338.29	2006	Code to Pain, by site
338.3-338.4	2006	Code to Pain, by site
341.20	2006	323.9
341.21	2006	323.8
341.22	2006	323.9

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
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
347.00-347.01	2004	347
347.10-347.11	2004	347
348.30-348.31, 348.39	2003	348.3
355.71	1993	354.4
355.79	1993	355.7
357.81-357.82, 357.89	2002	357.8
358.00-358.01	2003	358.0
<b>359.21-359.24; 359.29</b>	<b>2007</b>	<b>359.2</b>
359.81, 359.89	2002	359.8
362.03-362.07	2005	362.02
<b>364.81;_364.89</b>	<b>2007</b>	<b>364.8</b>
365.83	2002	365.89
371.82	1992	371.89

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
372.81, 372.89	2000	372.8
374.87	1990	374.89
377.43	2006	377.49
379.60-379.63	2006	379.99
380.03	2004	733.99
<b>388.45</b>	<b>2007</b>	<b>315.32</b>
<b>389.05-389.06</b>	<b>2007</b>	<b>389.0</b>
<b>389.13</b>	<b>2007</b>	<b>389.12</b>
<b>389.17</b>	<b>2007</b>	<b>389.11</b>
<b>389.20-389.22</b>	<b>2007</b>	<b>389.2</b>
389.15-389.16	2006	389.18
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
414.00-414.01	1994	414.0
414.02-414.03	1994	996.03
414.04-414.05	1996	414.00
414.06	2002	414.00
414.07	2003	414.06

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
414.12 <b>414.2</b>	2002 <b>2007</b>	414.11 <b>414.00-414.07</b>
415.11 <b>415.12</b>	1995 <b>2007</b>	997.3 & 415.1 <b>415.19</b>
415.19  <b>423.3</b>	1995  <b>2007</b>	415.1  <b>423.9</b>
426.82	2005	794.31
428.20-428.23	2002	428.0
428.30-428.33	2002	428.0
428.40-428.43	2002	428.0
429.71, 429.79 429.83	1989 2006	410.0-410.9 429.89
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	784.5 & 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
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



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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
438.50-438.52	1997	344.89 & 438
438.53	1998	438.50
438.6-438.7	2002	438.89
438.81	1997	784.69 & 438
438.82	1997	787.2 & 438
438.83-438.85	2002	438.89
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	440.20
440.30-440.32	1994	996.1
<b>440.4</b>	<b>2007</b>	<b>440.20-440.29; 440.30- 440.32</b>
441.00-441.03	1994	441.0
441.6	1993	441.1 & 441.3
441.7	1993	441.2 & 441.4
443.21	2002	442.81
443.22	2002	442.2
443.23	2002	442.1
443.24, 443.29	2002	442.89
443.82	2005	443.89
445.01-445.02	2002	440.29
445.81	2002	440.1
445.89	2002	440.8
446.20-446.21, 446.29	1990	446.2
<b>449</b>	<b>2007</b>	<b>038.0-038.9</b>
451.82-451.84	1993	451.89
453.40-453.42	2004	453.8
454.8	2002	454.9
458.2	1995	997.9 & 458.9
458.21, 458.29	2003	458.2
458.8	1997	458.9
459.10-459.13; 459.19	2002	459.1

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
459.30-459.33; 459.39	2002	459.89
464.00-464.01	2001	464.0
464.50-464.51	2001	464.0
466.11, 466.19	1996	466.1
474.0 (Code title restated)	1997	474.0
474.00-474.02	1997	474.0
477.1	2000	477.8
477.2	2004	477.8
478.11, 478.19	2006	478.1
480.3	2003	480.8
482.30-482.39	1992	482.3
482.40-482.41, 482.49	1998	482.4
482.81-482.83, 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
<b>488</b>	<b>2007</b>	<b>487.0-487.8</b>
491.20-491.21	1991	491.2
491.22	2004	491.21
493.02	2000	493.00
493.12	2000	493.10
493.20	1989	493.90
493.21	1989	493.91
493.22	2000	493.20
493.81	2003	519.1
493.82	2003	493.90-493.91
493.92	2000	493.90
494.0-494.1	2000	494
512.1	1994	997.3
517.3	2003	282.62
518.6	1997	518.89

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
518.7	2006	997.3
518.81	1987	799.1
518.82-518.89	1987	518.8
518.83, 518.84	1998	518.81
519.00-519.02; 519.09	1998	519.0
519.11, 519.19	2006	519.1
521.00-521.05, 521.09	2001	521.0
521.06-521.08	2004	521.09
521.10-521.15	2004	521.1
521.20-521.25	2004	521.2
521.30-521.35	2004	521.3
521.40-521.45	2004	521.4
521.81	2006	873.63; 873.73
521.89	2006	521.8
523.00-523.01	2006	523.0
523.10-523.11	2006	523.1
523.20-523.25	2004	523.2
523.30-523.33	2006	523.3
523.40-523.42	2006	523.4
524.00-524.06, 524.09	1992	524.0
524.07	2004	524.09
524.10-524.12, 524.19	1992	524.1
524.20-524.29	2004	524.2
524.30-524.37, 524.39	2004	524.3
524.50-524.57, 524.59	2004	524.5
524.60-524.63, 524.69	1991	524.6
524.64	2004	524.69
524.70-524.74, 524.79	1992	524.8
524.75-524.76	2004	524.79
524.81-524.82, 524.89	2004	524.8
525.10-525.13, 525.19	2001	525.1
525.20-525.26	2004	525.2
525.40-525.44	2005	525.10
525.50-525.54	2005	525.10
525.60-525.67; 525.69	2006	525.8
<b>525.71-525.73; 525.79</b>	<b>2007</b>	<b>525.8</b>
526.61-526.63; 526.69	2006	526.8
528.00-528.02; 528.09	2006	528.0
528.71-528.72, 528.79	2004	528.7

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
530.10-530.11, 530.19	1993	530.1
530.12	2001	530.10
530.20-530.21	2003	530.2
530.81	1993	530.1
530.82-530.84, 530.89	1993	530.8
530.85	2003	530.2
530.86-530.87	2004	997.4
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
537.84	2002	531.00
538	2006	558.9
556.0-556.6, 556.8-556.9	1994	556
558.3	2000	558.9
562.02	1991	562.00
562.03	1991	562.01
562.12	1991	562.10
562.13	1991	562.11
564.00-564.09	2001	564.0
564.81, 564.89	1998	564.8
567.21-567.23, 567.29	2005	567.2
567.31	2005	728.89
567.38	2005	567.2
567.39	2005	567.9
567.81-567.82, 567.89	2005	567.8
<b>569.43</b>	<b>2007</b>	<b>565.0</b>
569.60-569.61, 569.69	1995	569.6
569.62	1998	569.69
569.84	1990	557.1

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
569.85	1991	569.84
569.86	2002	569.82
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
585.1-585.6, 585.9	2005	585
588.81, 588.89	2004	588.8
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
599.60, 599.69	2005	599.6
599.81-599.89	1992	599.8
600.0-600.3, 600.9	2000	600
600.00-600.01	2003	600.0
600.10-600.11	2003	600.1
600.20-600.21	2003	600.2
600.90-600.91	2003	600.9
602.3	2001	602.8
607.85	2003	607.89
608.20-608.24	2006	608.2
608.82	2001	608.83
608.87	2001	608.89
616.81; 616.89	2006	616.8
618.00-618.05, 618.09	2004	618.0

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
618.81-618.83	2004	618.8
618.84	2006	618.1
618.89	2004	618.8
621.30-621.33	2004	621.3
622.10-622.12	2004	622.1
<b>624.01-624.02; 624.09</b>	<b>2007</b>	<b>624.0</b>
629.20-629.23	2004	629.8
629.29	2006	629.20
629.81	2006	629.9
629.89	2006	629.8 ** Note correction from 2006 table
633.00-633.01	2002	633.0
633.10-633.11	2002	633.1
633.20-633.21	2002	633.2
633.80-633.81	2002	633.8
633.90-633.91	2002	633.9
645.00-645.01, 645.03	1991	645.0-645.1, 645.3 (amended 10/02/2004)
645.10-645.11, 645.13	2000	645.00-645.01, 645.03
645.20-645.21, 645.23	2000	645.00-645.01, 645.03
649.00-649.04	2006	648.40-648.44
649.10-649.14	2006	646.10-646.14
649.20-649.24	2006	V23.89
649.30	2006	641.30; 648.90; 666.30
649.31	2006	641.31; 648.91
649.32	2006	648.92; 666.32
649.33	2006	641.33; 648.93
649.34	2006	648.94; 666.34
649.40-649.44	2006	648.90-648.94
649.50-649.51	2006	641.90-641.91
649.53	2006	641.93
649.60-649.64	2006	646.80-646.84
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
651.70-651.71, 651.73	2005	651.8
654.20-654.21, 654.23	1990	654.2, 654.9

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
654.90-654.94	1990	654.2, 654.9
655.70-655.71, 655.73	1997	655.8
657.00-657.01, 657.03	1991	657.0-657.1, 657.3 (amended 10/02/2004)
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
<b>664.60</b>	<b>2007</b>	<b>664.20</b>
<b>664.61</b>	<b>2007</b>	<b>664.21</b>
<b>664.64</b>	<b>2007</b>	<b>664.24</b>
665.10, 665.11	1992	665.10-665.12, 665.14 Note: The title for the subcategory, 665.1 has been changed, making the fifth-digit subclassification, 665.12 and 665.14 invalid.
670.00, 670.02, 670.04	1991	670.0-670.1, 670.3 (amended 10/02/2004)
672.00, 672.02, 672.04	1991	672.0-672.1, 672.3 (amended 10/02/2004)
674.50-674.54	2003	674.80, 674.82, 674.84
677	1994	None
686.00-686.01, 686.09	1997	686.0
690.10, 690.18	1995	690
690.11	1995	691.8 & 704.8
690.12	1995	691.8
690.8	1995	690
692.72-692.74	1992	692.79
692.75	2000	692.79
692.76-692.77	2001	692.71
692.82-692.83	1992	692.89
692.84	2004	692.89
702.0-702.8	1991	702
702.11, 702.19	1994	702.1
704.02	1993	704.09

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
705.21-705.22	2004	780.8
707.00-707.07, 707.09	2004	707.0
707.10-707.15, 707.19	2000	707.1
709.00-709.01, 709.09	1994	709.0
710.5	1992	288.3, 729.1
718.70-718.79	2001	718.80-718.89
719.7	2003	719.70; 719.75-719.79 (codes deleted)
727.83	2000	727.89
728.86	1995	729.4
728.87	2003	728.9
728.88	2003	728.89
729.71-729.73; 729.79	2006	729.9
731.3	2006	733.99
733.10-733.16, 733.19	1993	733.1
<b>733.45</b>	<b>2007</b>	<b>733.49</b>
733.93	2001	733.16
733.94-733.95	2001	733.19
738.10-738.19	1992	738.1
747.60-747.64, 747.69	1993	747.6
747.82	1993	747.89
747.83	2002	747.89, 747.9
752.51-752.52	1996	752.5
752.61-752.63	1996	752.6
752.64-752.65, 752.69	1996	752.8
752.81, 752.89	2003	752.8
753.10-753.17, 753.19	1990	753.1
753.20-753.23, 753.29	1996	753.2
756.70-756.71, 756.79	1997	756.7
758.31-758.33, 758.39	2004	758.3



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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
758.81	1996	758.8
758.89	1996	758.9
759.81-759.82, 759.89	1989	759.8
759.83	1994	759.89
760.75	1991	760.79
760.76	1994	760.79
760.77-760.78	2005	760.79
763.81-763.83, 763.89	1998	763.8
763.84	2005	770.1
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
765.20-765.24	2002	765.00-765.09
765.25-765.29	2002	765.10-765.19
766.21-766.22	2003	766.2
767.11, 767.19	2003	767.1
768.7	2006	768.9
770.10-770.18	2005	770.1
770.81-770.84, 770.89	2002	770.8
770.85-770.86	2005	770.1
770.87	2006	770.89
770.88	2006	768.9
771.81-771.83, 771.89	2002	771.8
772.10-772.14	2001	772.1
775.81, 775.89	2006	775.8
779.7	2001	772.1
779.81-779.82	2002	779.8
779.83	2003	779.89
779.84	2005	None (omit code)
779.85	2006	779.89
779.89	2002	779.8

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
780.01-780.02, 780.09	1992	780.0
780.03	1993	780.01
780.31, 780.39	1997	780.3
780.32	2006	780.39
780.57	1992	780.51, 780.53
780.58	2004	780.59
780.71, 780.79	1998	780.7
780.91-780.92	2002	780.9
780.93-780.94	2003	780.99
780.95	2005	780.99
780.96, 780.97	2006	780.99
780.99	2002	780.9
781.8	1994	781.9
781.91-781.92, 781.99	2000	781.9
781.93	2002	723.5
781.94	2003	781.99
783.21	2000	783.2
783.22	2000	783.4
783.40-783.43	2000	783.4
783.7	2000	783.4
784.91	2006	473.9
784.99	2006	784.9
785.52	2003	785.59
786.03-786.07	1998	786.09
787.01-787.03	1994	787.0
<b>787.20-787.24; 787.29</b>	<b>2007</b>	<b>787.2</b>
787.91	1995	558.9
787.99	1995	787.9
788.20-788.21, 788.29	1993	788.2
788.30-788.37; 788.39	1992	788.3
788.38	2004	788.39
788.41-788.43	1993	788.4
788.61-788.62	1993	788.6
788.63	2003	788.69
788.64-788.65	2006	788.69
788.69	1993	788.6
789.00-789.07, 789.09	1994	789.0
789.30-789.37, 789.39	1994	789.3

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
789.40-789.47, 789.49	1994	789.4
<b>789.51</b>	<b>2007</b>	<b>197.6</b>
<b>789.59</b>	<b>2007</b>	<b>789.5</b>
789.60-789.67, 789.69	1994	789.6
790.01, 790.09	2000	790.0
790.21-790.22, 790.29	2003	790.2
790.91, 790.93, 790.99	1993	790.9
790.92	1993	286.9
790.94	1997	790.99
790.95	2004	790.99
792.5	2000	792.9
793.80-793.81, 793.89	2001	793.8
793.91; 793.99	2006	793.9
795.00-795.02, 795.09	2002	795.0
795.03, 795.04	2004	622.1
795.05, 795.08	2004	795.09
795.06	2006	795.04
795.31; 795.39	2002	795.3
795.71	1994	795.8 (Code deleted)
795.79	1994	795.7
795.8	1986	795.7
795.81-795.82, 795.89	2006	796.9
796.5	1997	796.9
796.6	2004	796.9
799.01-799.02	2005	799.0
799.81, 799.89	2003	799.8
813.45	2002	813.42
823.40-823.42	2002	823.80-823.82
840.7	2001	840.8
850.11-850.12	2003	850.1
864.05	1992	864.09
864.15	1992	864.19
909.5	1994	909.9
922.31-922.33	1996	922.3

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
925.1-925.2	1993	925
958.90-958.93; 958.99	2006	958.8
959.0 (Code title restated)	1997	959.0
959.01	1997	854.00
959.09	1997	959.0
959.11-959.14, 959.19	2003	959.1
965.61, 965.69	1998	965.6
989.81-989.84, 989.89	1995	989.8
995.20-995.23	2006	995.2
995.27; 995.29	2006	995.2
995.50-995.55, 995.59	1996	995.5
995.60-995.69	1993	995.0
995.7	2000	None
995.80, 995.82-995.85	1996	995.81
995.81 (Code title restated)	1996	995.81
995.86	1998	995.89
995.90-995.94	2002	038.0-038.9
996.04	1994	996.09
996.40-996.47, 996.49	2005	996.4
996.51-996.59	1987	996.5
996.55	1998	996.52
996.56	1998	996.59
996.57	2003	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, 996.86, 996.89	1987	996.8
996.85	1990	996.89
996.87	2000	996.89
997.00-997.01, 997.09	1995	997.0
997.02	1995	997.9 & 430-434, 436
997.71	2001	997.4
997.72	2001	997.5
997.79	2001	997.2
997.91, 997.99	1995	997.9
998.11-998.12	1996	998.1
998.13	1996	998.89
998.31-998.32	2002	998.3

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
998.51, 998.59	1996	998.5
998.81-998.82, 998.89	1994	998.8
998.83	1996	998.89
<b>999.31</b>	<b>2007</b>	<b>999.3; 996.60-996.69</b>
<b>999.39</b>	<b>2007</b>	<b>999.3</b>
V01.71, V01.79	2004	V01.7
V01.81, V01.89	2002	V01.8
V01.82	2003	V01.89
V01.83-V01.84	2004	V01.89
V02.51-V02.52, V02.59	1998	V02.5
V02.60-V02.62, V02.69	1997	V02.6
V03.81-V03.82, V03.89	1994	V03.8
V04.81-V04.82, V04.89	2003	V04.8
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	None
V10.48	1998	V10.49
V10.53	2001	V10.59
V12.00-V12.03, V12.09	1994	V12.0
V12.40-V12.41, V12.49	1997	V12.4
V12.42	2005	V12.49
V12.50-V12.52	1995	V12.5
<b>V12.53-V12.54</b>	<b>2007</b>	<b>V12.59</b>
V12.59	1995	V12.5
V12.60-V12.61; V12.69	2005	V12.6
V12.70-V12.72, V12.79	1994	V12.7
V13.00-V13.01, V13.09	1994	V13.0
V13.02-V13.03	2005	V13.09
V13.21	2002	V13.2
<b>V13.22</b>	<b>2007</b>	<b>V13.29</b>

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V13.29	2002	V13.2
V13.61, V13.69	1998	V13.6
V15.01-V15.09	2000	V15.0
V15.41-V15.42, V15.49	1996	V15.4
V15.82	1994	305.13 (code deleted)
V15.84-V15.86	1995	V15.89
V15.87	2003	V15.89
V15.88	2005	V15.49
V16.40-V16.43, V16.49	1997	V16.4
V16.51	1998	V16.5
<b>V16.52</b>	<b>2007</b>	<b>V16.59</b>
V16.59	1998	V16.5
<b>V17.41; V17.49</b>	<b>2007</b>	<b>V17.4</b>
V17.81, V17.89	2005	V17.8
<b>V18.11; V18.19</b>	<b>2007</b>	<b>V18.1</b>
V18.51; V18.59	2006	V18.5
V18.61, V18.69	1998	V18.6
V18.9	2005	V19.8
V21.30-V21.35	2000	None
V23.41, V23.49	2002	V23.4
V23.7	1989	V23.8
V23.81-V23.84, V23.89	1998	V23.8
V25.03	2003	V25.01
<b>V25.04</b>	<b>2007</b>	<b>V25.09</b>
V25.43	1992	V25.49
V25.5	1992	V25.8
V26.21-V26.22, V26.29	2000	V26.2
V26.31-V26.33	2005	V26.3
V26.34-V26.35	2006	V26.31
V26.39	2006	V26.32
<b>V26.41; V26.49</b>	<b>2007</b>	<b>V26.4</b>
V26.51-V26.52	1998	None
<b>V26.81; V26.89</b>	<b>2007</b>	<b>V26.8</b>
V28.6	1997	V28.8
V29.0-V29.1, V29.8	1992	V71.8
V29.2	1994	V29.8
V29.3	1998	V29.8

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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-V42.83, V42.89	1997	V42.8
V42.84	2000	V42.89
V43.21-V43.22	2003	V43.2
V43.60-43.66, V43.69	1994	V43.6
V43.81-V43.82, V43.89	1995	V43.8
V43.83	1998	V43.89
V44.50-V44.52, V44.59	1998	V44.5
V45.00, V45.02, V45.09	1994	V45.89
V45.01	1994	V45.0
V45.51	1994	V45.5
V45.52, V45.59	1994	V45.89
V45.61, V45.69	1997	V45.6
V45.71	1997	611.8
V45.72	1997	569.89
V45.73	1997	593.89
V45.74	2000	593.89, 596.8
V45.75	2000	V45.89
V45.76	2000	518.89
V45.77	2000	602.8, 607.89, 608.89, 620.8, 621.8, 622.8
V45.78	2000	360.89
V45.79	2000	255.8, 289.59, 388.8, 569.49, 577.8; V45.89
V45.82	1994	V45.89
V45.83	1995	V45.89
V45.84	2001	None
V45.85	2003	V45.89
V45.86	2006	V45.89
V46.11-V46.12	2004	V46.1
V46.13-V46.14	2005	V46.11
V46.2	2002	V46.8

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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V49.60-V49.67	1994	V49.5
V49.70-V49.77	1994	V49.5
V49.81	2000	None
V49.82	2001	None
V49.83	2004	None
V49.84	2005	V49.89
<b>V49.85</b>	<b>2007</b>	<b>369.00-369.9 with 389.00-389.9</b>
V49.89	2000	V49.8
V50.41-V50.42, V50.49	1994	V50.8
V53.01-V53.02, V53.09	1997	V53.0
V53.31-V53.32, V53.39	1994	V53.9
V53.90-V53.91, V53.99	2003	V53.9
V54.01-V54.02, V54.09	2003	V54.0
V54.10-V54.17, V54.19	2002	V54.8
V54.20-V54.27, V54.29	2002	V54.8
V54.81, V54.89	2002	V54.8
V56.1	1995	V58.89
V56.1 (Code title restated)	1998	V56.1
V56.2	1998	V56.1
V56.31-V56.32	2000	V56.8
V57.21-V57.22	1994	V57.2
V58.11	2005	V58.1
V58.12	2005	140-208; 230-239
V58.30-V58.32	2006	V58.3
V58.41, V58.49	1994	V58.4
V58.42, V58.43	2002	V58.49
V58.44	2004	V58.71-V58.78
V58.61, V58.69	1995	V67.51
V58.62	1998	V58.69
V58.63-V58.65	2003	V58.69
V58.66-V58.67	2004	V58.69
V58.71-V58.78	2002	V58.49
V58.81, V58.89	1994	V58.8
V58.82	1995	V58.89
V58.83	2000	V58.89
V59.01-V59.02, V59.09	1995	V59.0
V59.6	1995	V59.8
V59.70-V59.74	2005	V59.8



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## Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V61.10-V61.12	1996	V61.1
V61.22	1996	V61.21
V62.83	1996	V65.49
V62.84	2005	V62.89
V64.00-V64.05	2005	V64.0
V64.06	2005	V64.2
V64.07-V64.09	2005	V64.0
V64.4	1997	None
V64.41-V64.43	2003	V64.4
V65.11, V65.19	2003	V65.1
V65.40-V65.45, V65.49	1994	V65.4
V65.46	2003	V65.49
V66.7	1996	None
V67.00-V67.01, V67.09	2000	V67.0
<b>V68.01; V68.09</b>	<b>2007</b>	<b>V68.0</b>
V69.0-V69.3	1994	None
V69.4	2004	V69.8
V69.5	2005	V69.8
V69.8-V69.9	1994	None
V71.81, V71.89	2000	V71.8
V71.82-V71.83	2002	V71.89
V72.11	2006	V72.1
<b>V72.12</b>	<b>2007</b>	<b>V72.19</b>
V72.19	2006	V72.1
V72.31-V72.32	2004	V72.3
V72.40-V72.41	2004	V72.4
V72.42	2005	V22.0-V22.1
V72.81-V72.85	1993	V72.8
V72.86	2005	V72.83
<b>V73.81</b>	<b>2007</b>	<b>V73.89</b>
V73.88-V73.89	1993	V73.8
V73.98-V73.99	1993	V73.9
V76.10-V76.12, V76.19	1997	V76.1
V76.44-V76.45	1998	V76.49
V76.46-V76.47	2000	V76.49

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V76.50-V76.52	2000	V76.49
V76.81, V76.89	2000	V76.8
V77.91, V77.99	2000	V77.9
V82.71	2006	V26.31
V82.79	2006	V26.32
V82.81, V82.89	2000	V82.8
V83.01-V83.02	2001	None
V83.81	2002	None
V83.89	2002	V19.8
V84.01-V84.04, V84.09	2004	None
V84.8	2004	None
<b>V84.81; V84.89</b>	<b>2007</b>	<b>V84.8</b>
V85.0	2005	None
V85.1	2005	None
V85.21-V85.25	2005	None
V85.30-V85.39	2005	None
V85.4	2005	None
V85.51-V85.54	2006	None
V86.0-V86.1	2006	None
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
E885.0	2002	E885.9
E885.1-E885.4, E885.9	2000	E885
E888.0	2001	E920
E888.1, E888.8-E888.9	2001	E888
E906.5	1995	E906.3
E908.0-E908.4, E908.8-E908.9	1995	E908
E909.0-E909.4,	1995	E909

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### Changes in ICD-9-CM diagnosis codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
E909.8-E909.9		
E917.3, E917.4	2001	E917.9
E917.5	2001	E886.0
E917.6	2001	E917.1
E917.7, E917.8	2001	E888
E920.5	1995	E920.4
E922.4	1997	E917.9
E922.5	2002	E922.8
E924.2	1995	E924.0
E928.3	2000	E928.8
E928.4, E928.5	2003	E928.8
<b>E928.6</b>	<b>2007</b>	<b>E928.8</b>
<b>E933.6-E933.7</b>	<b>2007</b>	<b>E933.8</b>
E955.6	1997	E955.9
E955.7	2002	E955.4
E967.2	1996	E967.0
E967.3	1996	None
E967.4-E967.8	1996	E967.1
E968.5	1995	E968.8
E968.6	1997	E968.8
E968.7	2000	E968.8
E985.6	1997	E985.4
E985.7	2002	E985.4
E979.0-E979.9	2002	E960.0-E966, E968.0- E968.9
E999.0	2002	E999
E999.1	2002	E969

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
00.01-00.03, 00.09	2002	99.99
00.10	2002	99.25
00.11	2002	99.19
00.12	2002	93.98
00.13	2002	99.29
00.14	2002	99.21
00.15	2003	99.28
00.16	2004	None
00.17	2004	99.29
00.18	2005	99.29
<b>00.19</b>	<b>2007</b>	<b>99.29</b>
00.21	2004	88.71
00.22	2004	88.73
00.23	2004	88.77
00.24	2004	88.72
00.25	2004	88.75
00.28-00.29	2004	88.79
00.31-00.35, 00.39	2004	None
00.40-00.43	2005	None
00.44	2006	None
00.45-00.48	2005	None
00.50	2002	37.80-37.87 & 37.70-37.74, 37.76
00.51	2002	37.94
00.52	2002	None
00.53	2002	37.80-37.87
00.54	2002	37.96
00.55	2002	39.90
00.56	2006	89.63
00.57	2006	37.79
00.61-00.62	2004	39.50
00.63-00.65	2004	00.55, 39.90
00.66	2005	36.01 (deleted), 36.02 (deleted), 36.05 (deleted)
00.70-00.73	2005	81.53
00.74-00.76	2005	None
00.77	2006	None
00.80-00.84	2005	81.55
00.85	2006	81.51
00.86- 00.87	2006	81.52
00.91-00.93	2004	None

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
<b>00.94</b>	<b>2007</b>	<b>None</b>
<b>01.10</b>	<b>2007</b>	<b>01.18</b>
<b>01.16-01.17</b>	<b>2007</b>	<b>01.18</b>
01.26-01.27	2005	None
01.28	2006	01.26
02.96	1992	89.19
03.90	1987	03.99 (Insertion of catheter)
05.25	1995	39.7
<b>07.83</b>	<b>2007</b>	<b>07.81</b>
<b>07.84</b>	<b>2007</b>	<b>07.82</b>
<b>07.95</b>	<b>2007</b>	<b>07.92</b>
<b>07.98</b>	<b>2007</b>	<b>07.99</b>
11.75	1989	11.79
11.76	1989	11.62
13.90, 13.91	2006	13.9 (code deleted)
20.96-20.98	1986	20.95
22.12	1988	22.11
26.12	1988	26.11
27.64	2004	27.69
29.31	1991	83.02
29.32, 29.33, 29.39	1991	29.3
31.45	1988	31.43-31.44
31.95	1989	31.75
32.01, 32.09	1989	32.0
<b>32.20</b>	<b>2007</b>	<b>32.29</b>
32.22	1995	32.29, 32.9
32.23- 32.26	2006	32.29
32.28	1989	32.29
<b>32.30, 32.39</b>	<b>2007</b>	<b>32.3 (code deleted)</b>
<b>32.41, 32.49</b>	<b>2007</b>	<b>32.4 (code deleted)</b>
<b>32.50, 32.59</b>	<b>2007</b>	<b>32.5 (code deleted)</b>
<b>33.20</b>	<b>2007</b>	<b>33.28</b>

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
33.27	1987	33.22 + 33.27
33.28	1987	33.27
33.29	1987	33.28-33.29
33.50-33.52	1995	33.5
33.6	1990	33.5 + 37.5
33.71, 33.78-33.79	2006	33.22, 96.05
34.05	1994	34.99
<b>34.06</b>	<b>2007</b>	<b>34.04</b>
<b>34.20</b>	<b>2007</b>	<b>34.24</b>
<b>34.52</b>	<b>2007</b>	<b>34.51</b>
35.55	2006	35.53
35.84	1988	35.82
35.96	1986	35.03
36.00-36.03	1986	36.0
36.04	1986	39.97
36.05	1986	36.01, 36.02 Before October 1986 contents of current code 36.05 would have been assigned to 36.0.
36.05	1987	36.01
36.06	1995	36.01, 36.02, 36.03, 36.05
36.07	2002	36.06
36.09	1986	36.0
36.09	1991	36.00 (code deleted)
36.17	1996	36.19
36.31, 36.32	1998	36.3
36.33, 36.34	2006	36.32
36.39	1998	36.3
37.20	2006	37.26
37.26-37.27	1988	37.29
37.28	2001	88.72
37.34	1988	37.33
37.35	1997	37.33
37.41, 37.49	2005	37.99
37.51	2003	37.5
37.52	2003	37.62
37.53, 37.54	2003	37.63
37.65, 37.66	1995	37.62
37.67	1998	37.4
37.68	2004	37.62
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)

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
37.76 (Leads only)	1987	37.81 (Leads/device)
37.77 (Leads only)	1987	37.83-37.84 (Leads/device)
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)
37.80-37.83 (Device only)	1987	37.73-37.77 (Leads/device)
37.85-37.87	1987	37.85
37.89	1987	37.86 + 37.89
37.90	2004	37.99
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)	1989	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
39.71, 39.79	2000	39.52
39.72	2002	39.79
39.73	2005	39.79
39.74	2006	38.01, 38.02
39.90	1996	39.50
41.00-41.03	1988	41.0
41.04	1994	99.79
41.05, 41.06	1997	None
41.07	2000	41.04
41.08	2000	41.05
41.09	2000	41.01
42.25	1988	42.24
42.33	1989	42.32, 42.39
42.33	1990	42.91
43.11	1989	43.1
43.19	1989	43.1, 43.2
43.41	1989	43.41, 43.49
44.21, 44.29	1986	44.2
44.22	1986	44.99
44.32	2001	44.39
44.38	2004	44.39
44.43	1989	43.49, 45.32

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
44.44	1989	38.86
44.49	1989	43.0
44.67	2004	44.66
44.68	2004	44.69
44.93-44.94	1986	44.99
44.95, 44.96	2004	44.69
44.97, 44.98	2004	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	1988	48.66 (Code deleted; Hartmann resection added)
45.95	1987	45.93
46.13	1992	46.12 (Code deleted)
46.32	1989	46.39
46.85	1989	46.99
46.97	2000	46.99
47.01, 47.09	1996	47.0
47.11, 47.19	1996	47.1
48.36	1995	45.42
49.31, 49.39	1989	49.3
49.75, 49.76	2002	49.79
<b>50.13</b>	<b>2007</b>	<b>50.11</b>
<b>50.14</b>	<b>2007</b>	<b>50.19</b>
50.23- 50.26	2006	50.29
51.10	1989	51.97
51.11	1989	51.11, 51.97
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



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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
52.21-52.22	1989	52.2
52.84-52.86	1996	99.29
52.93	1989	52.93 + 52.91
52.94	1989	52.09
52.97, 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, 54.59	1996	54.5
55.03-55.04	1986	55.02
55.32-55.35	2006	55.39
56.33-56.34	1987	56.33
56.35	1987	45.12
57.17-57.18	1989	57.21
57.22	1989	57.22, 57.82
58.31, 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, 60.29	1995	60.2
60.95	1991	60.99
60.96, 60.97	2000	60.29
64.97	1986	64.95
65.01, 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, 65.39	1996	65.3
65.41, 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
65.75	1996	65.72

# 2008 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
65.76	1996	65.73
65.81, 65.89	1996	65.8
66.01	1992	66.0
66.02	1992	66.73
67.51, 67.59	2001	67.5
68.15	1987	68.14
68.16	1987	68.13
68.23	1996	68.29
68.31, 68.39	2003	68.3
68.41, 68.49	2006	68.4 (code deleted)
68.51, 68.59	1996	68.5
68.61, 68.69	2006	68.6 (code deleted)
68.71, 68.79	2006	68.7 (code deleted)
68.9	1992	68.4
<b>70.53</b>	<b>2007</b>	<b>70.50</b>
<b>70.54</b>	<b>2007</b>	<b>70.51</b>
<b>70.55</b>	<b>2007</b>	<b>70.52</b>
<b>70.63</b>	<b>2007</b>	<b>70.61</b>
<b>70.64</b>	<b>2007</b>	<b>70.62</b>
<b>70.78</b>	<b>2007</b>	<b>70.77</b>
<b>70.93</b>	<b>2007</b>	<b>70.92</b>
<b>70.94, 70.95</b>	<b>2007</b>	<b>None</b>
74.3	1992	69.11 (Code deleted)
75.37	1998	99.29
75.38	2001	75.34
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
78.21	1991	78.11, 78.31

# 2008 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
* 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.		
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
81.18	2005	81.99
81.30-81.39	2001	81.09
81.40	1989	81.69
81.51	1989	81.51, 81.59
81.52	1989	81.61-81.64
81.53	1989	81.51, 81.59, 81.61-81.64
81.54-81.55	1989	81.41
81.56	1989	81.48
81.57	1989	81.31, 81.39
81.59	1989	81.39
81.61	2002	81.00-81.08, 81.30-81.39 Code 81.61 was deleted effective 10/01/2005.
81.62-81.64	2003	None
81.65, 81.66	2004	78.49
81.72	1989	81.79
81.73-81.74	1989	81.86
81.75	1989	81.87
81.79	1989	81.79, 81.87

# 2008 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
81.80	1989	81.81
81.97	1992	81.59
84.51, 84.52	2002	None
84.53, 84.54	2004	78.30, 78.32-78.35, 78.37-78.39
84.55, 84.59	2004	None
84.56-84.57	2005	None
84.58	2005	84.59
84.60-84.69	2004	80.51
84.71-84.73	2005	None
<b>84.80</b>	<b>2007</b>	<b>84.58 (code deleted)</b>
<b>84.81</b>	<b>2007</b>	<b>78.59</b>
<b>84.82</b>	<b>2007</b>	<b>84.59</b>
<b>84.83</b>	<b>2007</b>	<b>78.59</b>
<b>84.84</b>	<b>2007</b>	<b>84.59</b>
<b>84.85</b>	<b>2007</b>	<b>78.59</b>
85.95, 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
86.94-86.96	2004	02.93, 03.93, 04.92
86.97	2005	86.94
86.98	2005	86.95
<b>88.59</b>	<b>2007</b>	<b>88.90</b>
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
88.96	2002	88.91-88.97
88.97	1989	88.99
88.98	1989	88.90
88.99	1986	89.39
89.10, 89.19	1989	89.15
89.17-89.18	1988	89.15
89.49	2004	89.59
89.50	1991	89.54
89.60	2002	89.65
92.20	2005	92.28

## 2008 NHDS DATA FILE DOCUMENTATION

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### Changes in ICD-9-CM in procedure codes, 1986-2007

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
92.3	1995	01.59, 04.07, 07.63, 07.68
92.30-92.33, 92.39	1998	92.3
<b>92.41</b>	<b>2007</b>	<b>92.25</b>
93.90	1988	93.92
94.61-94.69	1989	94.25
96.29	1998	96.39
96.6	1986	96.35
96.70-96.72	1991	93.92 (code deleted)
97.05	1989	51.97
97.44	2001	37.64
98.51-98.52, 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
99.71-99.79	1988	99.07
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".		
99.75	2000	99.29
99.76	2002	99.79
99.77	2002	None
99.78	2004	99.71
99.85	1987	93.35
99.86	1987	93.39
99.88	1988	99.83

## APPENDIX C

This appendix provides estimates of the civilian population of the United States as of July 1, 2007. These figures are based on the results of the 2000 Census and were obtained from the U.S. Bureau of the Census, Population Division. All estimates are rounded to thousands.

Three tables are provided:

TABLE 1: Civilian population of the United States, by sex, selected age and racial groups and geographic region

TABLE 2: Civilian population of the United States, by sex, 5-year age groups, and geographic region

TABLE 3: Civilian population of the United States by sex, single-year age groups, and race

In 1997, the Federal Office of Management and Budget (OMB) revised standards that regulated how the Federal government would collect and report data on race and ethnicity in the 2000 Census. In addition to changes in some of the racial categories previously reported, it also permitted respondents to self-identify with more than one racial group. The goal was to improve the accuracy of information on racial diversity in the United States.

The major implication of the new Federal guidelines is that Census 2000 race data are not directly comparable with race data from the 1990 or earlier censuses. A number of new tabulations of racial categories are now available, but the National Hospital Discharge Survey utilizes tabulations based on six race-alone and one multiple race categorization. The six single race-alone groups are White, African-American, American Indian and Alaskan Native, Asian, Native Hawaiian and Other Pacific Islander, and Some Other Race; and the multiple-race category groups together all respondents who identified with two or more races. These categories are mutually exclusive and when summed together add to 100 percent of the US population.

It is not known to what extent these groupings differ from earlier ones where no attempt was made to identify respondents with multi-racial backgrounds. Census cautions that direct comparisons of racial categories from the 1990's to 2000 can not be made, and recommends that the data user decide whether the single race-alone estimate is appropriate for their analysis.

The Census population tables provided in the NHDS data file documentation contain groupings for three primary racial groups: White, Black/African American, and All Other Races. The reason for this is simply that NHDS statistics based on the smaller racial groups (e.g. Asian, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander) often do not meet NCHS standards for reliability of published estimates. Calculating rates with NHDS data by race is complicated by the fact that there is substantial underreporting of race in the survey (30% nonresponse in 2008). Extreme caution should be exercised when using NHDS race data, especially when reporting population-based utilization rates.

The OMB standards discussed above do not apply to how hospitals record patient information in medical records, the source document for NHDS. As a result, reporting of multiple races in NHDS is almost non-existent. For the 2008 NHDS, 318 of the 165,630 sample records had more than one race marked and 97% of these records were from hospitals using the manual data collection method.

# 2008 NHDS DATA FILE DOCUMENTATION

TABLE 1: Civilian population of the United States, by sex, age, race, and geographic region: July 1, 2008. [Source: U.S. Bureau of the Census, Population Division.]

Estimates in thousands							
	Total	Male	Female		Total	Male	Female
<b>All ages</b>	302,887	148,928	153,959	<b>15 to 44 years</b>	124,898	63,146	61,753
White	241,762	119,559	122,202	Northeast	22,277	11,162	11,114
Black/AfAm	38,838	18,472	20,367	Midwest	27,006	13,670	13,336
Other	22,287	10,897	11,390	South	45,606	22,901	22,705
				West	30,009	15,411	14,598
Northeast	54,856	26,680	28,176	<b>45 to 64 years</b>	77,993	38,048	39,945
Midwest	66,444	32,698	33,746	45 to 54 years	44,313	21,802	22,510
South	111,073	54,342	56,731	55 to 64 years	33,681	16,246	17,435
West	70,515	35,207	35,307				
<b>Under 15 years</b>	61,126	31,269	29,856	White	64,411	31,786	32,626
Under 1 year	4,313	2,208	2,105	Black/AfAm	8,789	4,003	4,786
1 to 4 years	16,693	8,540	8,153	Other	4,793	2,260	2,534
5 to 14 years	40,120	20,521	19,598				
				Northeast	14,841	7,207	7,634
White	46,353	23,760	22,593	Midwest	17,469	8,597	8,872
Black/AfAm	9,161	4,651	4,510	South	28,256	13,652	14,605
Other	5,611	2,858	2,753	West	17,427	8,593	8,834
				<b>65 years and over</b>	38,870	16,465	22,405
Northeast	10,116	5,173	4,943	65 to 74 years	20,123	9,265	10,858
Midwest	13,236	6,768	6,468	75 to 84 years	13,025	5,336	7,688
South	22,900	11,714	11,186	85 years and over	5,722	1,864	3,858
West	14,874	7,615	7,260				
<b>15 to 44 years</b>	124,898	63,146	61,753	White	33,738	14,402	19,335
15 to 24 years	42,144	21,510	20,634	Black/AfAm	3,315	1,278	2,037
25 to 34 years	40,506	20,541	19,965	Other	1,817	784	1,033
35 to 44 years	42,248	21,094	21,154				
				Northeast	7,622	3,137	4,484
White	97,259	49,611	47,648	Midwest	8,733	3,663	5,070
Black/AfAm	17,573	8,540	9,033	South	14,311	6,075	8,235
Other	10,066	4,995	5,071	West	8,204	3,589	4,616

\*NHDS used the civilian noninstitutionalized 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 used the civilian noninstitutionalized population provided in the documentation to calculate rates, these rates will have to be adjusted to be comparable to 2000 rates using the civilian resident population.

# 2008 NHDS DATA FILE DOCUMENTATION

TABLE 2: Civilian population of the United States by sex, age, and geographic region: July 1, 2008.  
 [Source: U.S. Bureau of the Census, Population Division.]

Estimates in thousands															
	United States			Northeast Region			Midwest Region			South Region			West Region		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>All</b>	302,887	148,928	153,959	54,856	26,680	28,176	66,444	32,698	33,746	111,073	54,342	56,731	70,515	35,207	35,307
<b>0-4</b>	21,006	10,748	10,258	3,339	1,708	1,631	4,463	2,283	2,180	7,971	4,078	3,893	5,232	2,679	2,554
<b>5-9</b>	20,065	10,259	9,806	3,309	1,691	1,618	4,343	2,219	2,124	7,573	3,872	3,701	4,840	2,477	2,363
<b>10-14</b>	20,055	10,262	9,792	3,468	1,774	1,694	4,429	2,265	2,164	7,355	3,764	3,591	4,802	2,459	2,343
<b>15-19</b>	21,438	10,963	10,475	3,896	1,988	1,909	4,758	2,436	2,322	7,706	3,937	3,769	5,077	2,602	2,475
<b>20-24</b>	20,706	10,547	10,159	3,721	1,875	1,847	4,585	2,330	2,255	7,435	3,777	3,658	4,964	2,565	2,399
<b>25-29</b>	21,075	10,724	10,351	3,461	1,748	1,713	4,550	2,312	2,239	7,816	3,939	3,878	5,247	2,726	2,522
<b>30-34</b>	19,431	9,817	9,614	3,344	1,673	1,671	4,110	2,083	2,027	7,170	3,586	3,583	4,808	2,475	2,333
<b>35-39</b>	20,840	10,435	10,405	3,757	1,860	1,897	4,400	2,210	2,190	7,690	3,816	3,874	4,993	2,549	2,444
<b>40-44</b>	21,408	10,659	10,749	4,097	2,019	2,079	4,603	2,300	2,303	7,788	3,846	3,942	4,919	2,494	2,425
<b>45-49</b>	22,835	11,275	11,559	4,370	2,149	2,222	5,107	2,534	2,573	8,212	4,023	4,189	5,145	2,570	2,575
<b>50-54</b>	21,478	10,527	10,951	4,092	2,003	2,090	4,875	2,411	2,464	7,694	3,732	3,962	4,816	2,381	2,435
<b>55-59</b>	18,579	9,011	9,568	3,514	1,697	1,816	4,185	2,057	2,128	6,726	3,223	3,503	4,154	2,034	2,120
<b>60-64</b>	15,102	7,235	7,867	2,865	1,358	1,507	3,302	1,596	1,707	5,624	2,674	2,950	3,311	1,607	1,704
<b>65-69</b>	11,349	5,306	6,042	2,140	987	1,154	2,511	1,179	1,332	4,269	1,987	2,281	2,428	1,153	1,275
<b>70-74</b>	8,774	3,959	4,816	1,673	742	931	1,946	879	1,067	3,289	1,478	1,811	1,866	859	1,006
<b>75-79</b>	7,275	3,097	4,178	1,436	597	839	1,626	686	940	2,686	1,141	1,544	1,527	672	855
<b>80-84</b>	5,750	2,239	3,510	1,175	443	733	1,310	505	804	2,067	806	1,261	1,197	485	712
<b>85+</b>	5,722	1,864	3,858	1,197	369	828	1,339	413	926	2,000	662	1,337	1,186	419	767
<b>0-14</b>	61,126	31,269	29,856	10,116	5,173	4,943	13,236	6,768	6,468	22,900	11,714	11,186	14,874	7,615	7,260
<b>15-44</b>	124,898	63,146	61,753	22,277	11,162	11,114	27,006	13,670	13,336	45,606	22,901	22,705	30,009	15,411	14,598
<b>45-64</b>	77,993	38,048	39,945	14,841	7,207	7,634	17,469	8,597	8,872	28,256	13,652	14,605	17,427	8,593	8,834
<b>65+</b>	38,870	16,465	22,405	7,622	3,137	4,484	8,733	3,663	5,070	14,311	6,075	8,235	8,204	3,589	4,616
<b>15+</b>	241,761	117,659	124,103	44,740	21,507	23,233	53,208	25,930	27,277	88,173	42,628	45,545	55,640	27,593	28,048
<b>45+</b>	116,863	54,513	62,350	22,463	10,344	12,119	26,202	12,260	13,942	42,567	19,727	22,840	25,631	12,181	13,450
<b>75+</b>	18,747	7,200	11,547	3,809	1,409	2,400	4,275	1,605	2,670	6,753	2,610	4,143	3,910	1,576	2,334



# 2008 NHDS DATA FILE DOCUMENTATION

TABLE 3: Civilian Population of the United States by sex, age, and race: July 1, 2008.  
[Source: U.S. Bureau of the Census, Population Division.]

	Estimates in thousands											
	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages	302,887	148,928	153,959	241,762	119,559	122,202	38,838	18,472	20,367	22,287	10,897	11,390
0-4	21,006	10,748	10,258	15,771	8,079	7,692	3,150	1,602	1,548	2,084	1,067	1,018
0	4,313	2,208	2,105	3,220	1,649	1,571	660	337	323	433	222	211
1	4,276	2,188	2,088	3,187	1,633	1,555	660	336	324	429	220	209
2	4,171	2,134	2,037	3,130	1,604	1,527	627	318	309	414	212	202
3	4,122	2,109	2,013	3,104	1,591	1,513	610	310	300	408	208	200
4	4,124	2,109	2,015	3,130	1,603	1,527	593	301	292	400	205	196
5-9	20,065	10,259	9,806	15,287	7,833	7,454	2,939	1,490	1,449	1,839	936	903
5	4,076	2,085	1,991	3,105	1,590	1,514	581	295	286	390	200	191
6	4,044	2,066	1,978	3,081	1,577	1,504	588	298	290	376	192	184
7	4,100	2,094	2,005	3,118	1,596	1,522	604	306	298	378	193	185
8	3,945	2,019	1,926	3,008	1,544	1,465	585	297	288	352	179	173
9	3,900	1,994	1,906	2,976	1,526	1,450	581	295	286	343	173	170
10-14	20,055	10,262	9,792	15,294	7,848	7,446	3,072	1,559	1,513	1,688	855	833
10	3,908	1,999	1,909	2,978	1,528	1,450	589	299	290	341	172	169
11	3,934	2,010	1,924	3,002	1,539	1,464	593	301	292	339	171	168
12	4,016	2,055	1,961	3,070	1,576	1,494	605	307	298	341	172	168
13	4,081	2,090	1,990	3,114	1,599	1,515	632	321	311	335	170	165
14	4,115	2,107	2,008	3,130	1,607	1,523	653	331	322	332	170	163
15-19	21,438	10,963	10,475	16,359	8,386	7,973	3,431	1,736	1,695	1,648	841	807
15	4,200	2,153	2,047	3,192	1,640	1,552	677	344	333	331	169	162
16	4,272	2,186	2,086	3,255	1,670	1,585	686	347	339	332	169	163
17	4,342	2,223	2,118	3,313	1,701	1,612	698	354	344	331	169	162
18	4,405	2,254	2,152	3,366	1,727	1,640	707	357	350	332	170	162
19	4,219	2,147	2,072	3,233	1,649	1,584	664	334	330	322	164	158
20-24	20,706	10,547	10,159	16,047	8,208	7,839	3,082	1,543	1,539	1,577	796	781
20	4,154	2,112	2,042	3,200	1,632	1,568	638	320	318	315	160	156
21	4,115	2,091	2,024	3,185	1,624	1,560	620	310	310	310	157	153
22	4,144	2,108	2,036	3,215	1,642	1,573	615	308	308	314	159	155
23	4,177	2,129	2,047	3,248	1,664	1,585	611	306	305	317	160	157
24	4,116	2,106	2,010	3,199	1,645	1,553	598	300	298	320	161	159
25-29	21,075	10,724	10,351	16,377	8,407	7,969	2,989	1,467	1,522	1,709	850	859
25	4,197	2,154	2,043	3,267	1,686	1,581	602	303	299	328	165	163
26	4,236	2,164	2,072	3,294	1,695	1,599	604	299	304	338	169	169
27	4,287	2,172	2,114	3,333	1,704	1,629	605	295	310	348	173	175
28	4,279	2,167	2,111	3,320	1,699	1,621	608	295	313	351	173	178
29	4,077	2,068	2,010	3,163	1,623	1,540	570	275	296	344	170	174

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	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>30-34</b>	<b>19,431</b>	<b>9,817</b>	<b>9,614</b>	<b>15,089</b>	<b>7,728</b>	<b>7,361</b>	<b>2,597</b>	<b>1,233</b>	<b>1,365</b>	<b>1,745</b>	<b>856</b>	<b>889</b>
30	3,967	2,012	1,955	3,088	1,585	1,503	540	260	281	339	166	172
31	3,914	1,980	1,934	3,042	1,560	1,482	529	252	277	343	169	175
32	3,817	1,929	1,888	2,961	1,518	1,443	508	241	268	348	171	177
33	3,924	1,980	1,944	3,046	1,559	1,487	518	245	274	360	176	184
34	3,809	1,916	1,893	2,952	1,506	1,446	501	236	266	356	174	181
<b>35-39</b>	<b>20,840</b>	<b>10,435</b>	<b>10,405</b>	<b>16,333</b>	<b>8,286</b>	<b>8,047</b>	<b>2,712</b>	<b>1,271</b>	<b>1,441</b>	<b>1,795</b>	<b>878</b>	<b>917</b>
35	3,900	1,956	1,945	3,016	1,533	1,483	522	245	276	363	178	185
36	4,086	2,048	2,039	3,181	1,616	1,565	540	253	287	365	179	187
37	4,310	2,152	2,159	3,386	1,712	1,673	562	262	300	363	177	185
38	4,392	2,203	2,188	3,462	1,759	1,702	566	266	300	364	178	186
39	4,152	2,077	2,075	3,289	1,666	1,623	522	245	277	340	166	174
<b>40-44</b>	<b>21,408</b>	<b>10,659</b>	<b>10,749</b>	<b>17,054</b>	<b>8,596</b>	<b>8,459</b>	<b>2,761</b>	<b>1,289</b>	<b>1,472</b>	<b>1,592</b>	<b>774</b>	<b>818</b>
40	4,077	2,036	2,041	3,225	1,631	1,594	526	246	280	326	159	167
41	4,087	2,035	2,052	3,255	1,641	1,614	524	244	280	309	150	159
42	4,202	2,094	2,108	3,338	1,684	1,654	550	257	293	314	153	161
43	4,488	2,237	2,251	3,580	1,806	1,775	585	274	311	323	158	166
44	4,554	2,257	2,297	3,657	1,834	1,823	577	268	309	321	155	166
<b>45-49</b>	<b>22,835</b>	<b>11,275</b>	<b>11,559</b>	<b>18,522</b>	<b>9,252</b>	<b>9,271</b>	<b>2,812</b>	<b>1,304</b>	<b>1,508</b>	<b>1,500</b>	<b>720</b>	<b>780</b>
45	4,538	2,243	2,295	3,655	1,827	1,828	566	263	303	316	153	163
46	4,551	2,250	2,300	3,691	1,845	1,845	560	260	300	300	145	155
47	4,594	2,264	2,330	3,740	1,865	1,875	560	259	301	294	140	154
48	4,673	2,313	2,360	3,785	1,896	1,889	582	271	311	306	146	159
49	4,479	2,204	2,274	3,651	1,818	1,833	544	251	293	284	135	149
<b>50-54</b>	<b>21,478</b>	<b>10,527</b>	<b>10,951</b>	<b>17,629</b>	<b>8,742</b>	<b>8,887</b>	<b>2,509</b>	<b>1,152</b>	<b>1,357</b>	<b>1,340</b>	<b>632</b>	<b>707</b>
50	4,480	2,205	2,275	3,664	1,823	1,841	533	247	286	283	135	148
51	4,423	2,169	2,253	3,625	1,799	1,826	524	241	283	274	130	144
52	4,246	2,078	2,168	3,482	1,726	1,756	497	227	269	267	125	142
53	4,260	2,091	2,170	3,498	1,737	1,761	495	227	268	267	126	141
54	4,069	1,984	2,085	3,360	1,658	1,702	461	209	251	249	116	132
<b>55-59</b>	<b>18,579</b>	<b>9,011</b>	<b>9,568</b>	<b>15,433</b>	<b>7,578</b>	<b>7,855</b>	<b>2,026</b>	<b>912</b>	<b>1,114</b>	<b>1,120</b>	<b>521</b>	<b>599</b>
55	3,929	1,911	2,018	3,258	1,603	1,654	432	196	236	239	112	127
56	3,791	1,843	1,948	3,152	1,553	1,600	412	185	227	227	106	121
57	3,685	1,785	1,899	3,059	1,501	1,558	407	183	224	219	101	117
58	3,664	1,777	1,887	3,030	1,487	1,542	407	184	223	227	105	122
59	3,510	1,694	1,816	2,934	1,433	1,501	369	165	204	208	96	112
<b>60-64</b>	<b>15,102</b>	<b>7,235</b>	<b>7,867</b>	<b>12,826</b>	<b>6,214</b>	<b>6,613</b>	<b>1,442</b>	<b>635</b>	<b>807</b>	<b>834</b>	<b>387</b>	<b>447</b>
60	3,471	1,674	1,798	2,929	1,428	1,501	346	154	191	197	91	106
61	3,638	1,755	1,884	3,124	1,522	1,602	327	145	182	188	87	100
62	2,694	1,288	1,406	2,274	1,100	1,174	263	115	148	157	73	84
63	2,677	1,276	1,400	2,264	1,092	1,171	262	114	148	151	70	81
64	2,622	1,243	1,379	2,236	1,072	1,164	244	106	138	141	65	76

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	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
65-69	11,349	5,306	6,042	9,696	4,582	5,115	1,055	447	608	597	277	320
65	2,702	1,278	1,425	2,327	1,112	1,215	242	104	138	134	62	72
66	2,367	1,110	1,256	2,024	960	1,064	217	92	125	126	58	67
67	2,183	1,018	1,165	1,859	877	982	206	87	119	118	54	63
68	2,109	980	1,129	1,787	839	948	207	87	119	116	54	62
69	1,988	920	1,068	1,700	794	905	184	77	107	105	49	56
70-74	8,774	3,959	4,816	7,510	3,425	4,085	815	333	482	449	201	248
70	1,934	888	1,046	1,653	767	886	180	75	105	101	46	55
71	1,801	820	981	1,540	708	832	167	69	98	94	43	51
72	1,748	788	960	1,495	682	813	164	67	97	89	40	49
73	1,732	774	958	1,484	670	814	161	65	96	87	38	48
74	1,559	688	870	1,338	598	740	143	57	86	78	34	44
75-79	7,275	3,097	4,178	6,338	2,730	3,609	603	228	375	334	139	194
75	1,540	672	868	1,326	586	740	138	54	84	76	32	43
76	1,496	645	850	1,300	568	732	126	49	78	69	29	40
77	1,454	619	835	1,274	549	725	115	43	72	66	27	38
78	1,451	609	842	1,266	538	729	119	44	75	65	27	38
79	1,334	551	783	1,172	490	682	104	38	67	58	24	34
80-84	5,750	2,239	3,510	5,090	2,000	3,090	430	148	282	230	91	139
80	1,298	527	771	1,145	470	675	99	35	64	54	22	32
81	1,226	489	738	1,084	436	648	93	32	60	50	20	30
82	1,138	441	696	1,006	394	612	86	30	57	45	18	28
83	1,091	414	678	967	369	598	81	27	54	43	17	26
84	996	369	627	887	330	557	71	24	47	38	15	23
85-89	3,572	1,247	2,325	3,191	1,118	2,073	250	79	171	131	50	81
85	891	325	566	793	291	502	64	21	43	34	13	20
86	816	291	525	729	261	469	56	18	38	30	12	18
87	726	253	473	653	228	425	48	15	33	25	10	16
88	640	216	424	569	193	376	47	14	33	24	9	15
89	500	163	337	447	146	301	35	11	25	18	7	11
90-94	1,575	476	1,098	1,410	427	983	110	30	79	55	19	36
90	453	146	307	408	132	276	30	9	21	15	5	10
91	361	112	249	323	100	223	25	7	18	13	5	8
92	302	89	213	271	80	191	20	6	15	11	3	7
93	255	73	182	228	66	162	19	5	14	9	3	6
94	204	56	147	181	50	131	16	4	12	7	2	5
95-99	483	120	362	424	105	319	41	10	31	18	6	12
95	160	42	118	141	37	104	13	3	10	6	2	4
96	120	31	90	106	27	79	10	2	7	4	1	3
97	91	22	69	80	19	61	8	2	6	3	1	2
98	67	16	51	58	14	45	7	2	5	3	1	2
99	45	10	35	39	8	31	4	1	3	2	1	1
100+	92	19	73	78	16	62	10	2	8	4	1	3

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	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-14	61,126	31,269	29,856	46,353	23,760	22,593	9,161	4,651	4,510	5,611	2,858	2,753
15-44	124,898	63,146	61,753	97,259	49,611	47,648	17,573	8,540	9,033	10,066	4,995	5,071
45-64	77,993	38,048	39,945	64,411	31,786	32,626	8,789	4,003	4,786	4,793	2,260	2,534
65+	38,870	16,465	22,405	33,738	14,402	19,335	3,315	1,278	2,037	1,817	784	1,033
15+	241,761	117,659	124,103	195,408	95,799	99,609	29,677	13,821	15,857	16,676	8,039	8,637
45+	116,863	54,513	62,350	98,149	46,188	51,961	12,104	5,281	6,823	6,610	3,044	3,566
75+	18,747	7,200	11,547	16,531	6,396	10,135	1,445	498	947	771	306	465
85+	5,722	1,864	3,858	5,103	1,666	3,437	411	122	289	207	76	132

## APPENDIX D

## UNWEIGHTED FREQUENCIES FOR SELECTED VARIABLES

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>SURVEY YEAR</b>			
2008	16,234	149,396	165,630
<b>UNITS</b>			
YEARS	.	146,898	146,898
MONTHS	.	1,648	1,648
DAYS	16,234	850	17,084
<b>AGE</b>			
Under15 YEARS	16,234	6,968	23,202
15-44 YEARS	.	43,555	43,555
45-64 YEARS	.	39,844	39,844
65 YEARS & older	.	59,029	59,029
<b>SEX</b>			
MALE	8,313	60,063	68,376
FEMALE	7,921	89,333	97,254
<b>RACE</b>			
WHITE	6,269	74,491	80,760
BLACK/AFRICAN AMERICAN	2,058	20,476	22,534
AMERICAN INDIAN / ALASKAN NATIVE	80	493	573
ASIAN	442	1,625	2,067
NATIVE HAWAIIAN / OTH PACIFIC ISLANDER	27	185	212
OTHER RACES	1,218	6,258	7,476
MULTIPLE RACE	58	260	318
NOT STATED	6,082	45,608	51,690
<b>MARITAL STATUS</b>			
MARRIED	.	27,199	27,199
SINGLE	15,148	18,557	33,705
WIDOWED	.	9,829	9,829
DIVORCED	.	4,848	4,848
SEPARATED	.	812	812
NOT STATED	1,086	88,151	89,237
<b>DISCHARGE STATUS</b>			
ROUTINE	15,788	114,735	130,523
LEFT AGAINST MEDICAL ADVICE	3	1,763	1,766
SHORT-TERM TRANSFER	226	3,588	3,814
LONG-TERM TRANSFER	17	16,935	16,952
ALIVE, OTHER	100	7,622	7,722
DEAD	52	3,194	3,246
NOT STATED	48	1,559	1,607

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	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>LENGTH OF STAY FLAG</b>			
LESS THAN 1 DAY	169	2,365	2,534
ONE DAY OR MORE	16,065	147,031	163,096
<b>REGION</b>			
NORTHEAST	2,358	25,912	28,270
MIDWEST	5,263	44,344	49,607
SOUTH	7,105	66,703	73,808
WEST	1,508	12,437	13,945
<b>BEDSIZE</b>			
6-99	1,923	21,487	23,410
100-199	2,635	28,932	31,567
200-299	4,459	42,145	46,604
300-499	4,633	35,498	40,131
500&UP	2,584	21,334	23,918
<b>OWNERSHIP</b>			
PROPRIETARY	1,319	18,753	20,072
GOVERNMENT	2,264	17,525	19,789
NOT FOR PROFIT	12,651	113,118	125,769
<b>EXPECTED SOURCE OF PAYMENT (PRINCIPAL)</b>			
WORKERS' COMPENSATION	.	501	501
MEDICARE	.	63,837	63,837
MEDICAID	6,714	24,292	31,006
OTHER GOVERNMENT PAYMENT	177	2,196	2,373
BLUE CROSS/BLUE SHIELD	2,217	12,537	14,754
HMO/PPO	3,549	19,942	23,491
OTHER PRIVATE/COMMERCIAL INSURANCE	2,325	14,820	17,145
SELF PAY	708	7,346	8,054
NO CHARGE	2	162	164
OTHER	123	1,517	1,640
SOURCE NOT STATED	419	2,246	2,665
<b>DISCHARGE MONTH</b>			
JANUARY	1,312	12,902	14,214
FEBRUARY	1,346	12,785	14,131
MARCH	1,349	12,953	14,302
APRIL	1,335	12,490	13,825
MAY	1,314	12,706	14,020
JUNE	1,364	12,269	13,633
JULY	1,424	12,509	13,933
AUGUST	1,470	12,397	13,867
SEPTEMBER	1,361	12,087	13,448
OCTOBER	1,347	12,574	13,921
NOVEMBER	1,333	11,520	12,853
DECEMBER	1,279	12,204	13,483

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	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>TYPE OF ADMISSION</b>			
EMERGENCY	.	79,479	79,479
URGENT	.	26,983	26,983
ELECTIVE	.	37,112	37,112
NEWBORN	16,234	.	16,234
NOT STATED	.	5,822	5,822
<b>SOURCE OF ADMISSION</b>			
PHYSICIAN REFERRAL	.	49,711	49,711
CLINICAL REFERRAL	.	2,587	2,587
HMO REFERRAL	.	85	85
TRANSFER FROM HOSPITAL	.	5,673	5,673
TRANSFER FROM SKILLED NURSING FACILITY	.	1,796	1,796
TRANSFER FROM OTHER	.	800	800
EMERGENCY ROOM	.	80,003	80,003
COURT/LAW ENFORCEMENT	.	490	490
OTHER	16,234	3,890	20,124
NOT AVAILABLE	.	4,361	4,361
<b>FIRST-LISTED DIAGNOSIS ICD-9-CM CHAPTER</b>			
CHAPTER 01	.	5,557	5,557
CHAPTER 02	.	7,303	7,303
CHAPTER 03	.	7,093	7,093
CHAPTER 04	.	2,264	2,264
CHAPTER 05	.	10,479	10,479
CHAPTER 06	.	3,652	3,652
CHAPTER 07	.	26,940	26,940
CHAPTER 08	.	15,066	15,066
CHAPTER 09	.	14,788	14,788
CHAPTER 10	.	8,476	8,476
CHAPTER 11	.	1,944	1,944
CHAPTER 12	.	3,014	3,014
CHAPTER 13	.	8,701	8,701
CHAPTER 14	.	711	711
CHAPTER 15	.	665	665
CHAPTER 16	.	515	515
CHAPTER 17	.	12,383	12,383
V-CODES	16,234	19,845	36,079

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## WEIGHTED FREQUENCIES FOR SELECTED VARIABLES

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>SURVEY YEAR</b>			
2008	4,147,052	35,696,770	39,843,822
<b>UNITS</b>			
YEARS	.	34,981,855	34,981,855
MONTHS	.	483,536	483,536
DAYS	4,147,052	231,379	4,378,431
<b>AGE</b>			
Under 15 YEARS	4,147,052	1,916,449	6,063,501
15-44 YEARS	.	10,537,623	10,537,623
45-64 YEARS	.	9,340,867	9,340,867
65 YEARS & older	.	13,901,831	13,901,831
<b>SEX</b>			
MALE	2,137,942	14,370,530	16,508,472
FEMALE	2,009,110	21,326,240	23,335,350
<b>RACE</b>			
WHITE	1,779,289	20,486,775	22,266,064
BLACK/AFRICAN AMERICAN	577,034	4,665,205	5,242,239
AMERICAN INDIAN/ ALASKAN NATIVE	33,749	194,341	228,090
ASIAN	159,780	528,413	688,193
NATIVE HAWAIIAN / OTH PACIFIC ISLANDER	9,964	62,201	72,165
OTHER	161,517	981,090	1,142,607
MULTIPLE RACE	22,721	62,914	85,635
NOT STATED	1,402,998	8,715,831	10,118,829
<b>MARITAL STATUS</b>			
MARRIED	.	8,916,284	8,916,284
SINGLE	3,967,325	6,655,892	10,623,217
WIDOWED	.	3,075,509	3,075,509
DIVORCED	.	1,481,296	1,481,296
SEPARATED	.	210,063	210,063
NOT STATED	179,727	15,357,726	15,537,453
<b>DISCHARGE STATUS</b>			
ROUTINE	4,030,324	27,928,772	31,959,096
LEFT AGAINST MEDICAL ADVICE	3,751	355,560	359,311
SHORT-TERM TRANSFER	58,766	1,153,616	1,212,382
LONG-TERM TRANSFER	6,657	3,851,590	3,858,247
ALIVE, OTHER	24,323	1,343,150	1,367,473
DEAD	12,581	759,583	772,164
NOT STATED	10,650	304,499	315,149
<b>LENGTH OF STAY FLAG</b>			
LESS THAN 1 DAY	43,253	617,396	660,649
ONE DAY OR MORE	4,103,799	35,079,374	39,183,173



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	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>REGION</b>			
NORTHEAST	680,116	7,574,216	8,254,332
MIDWEST	839,210	8,061,572	8,900,782
SOUTH	1,584,991	13,365,924	14,950,915
WEST	1,042,735	6,695,058	7,737,793
<b>BEDSIZE</b>			
6-99	642,981	6,336,016	6,978,997
100-199	693,519	6,436,600	7,130,119
200-299	1,101,598	9,748,102	10,849,700
300-499	1,200,015	8,354,037	9,554,052
500&UP	508,939	4,822,015	5,330,954
<b>OWNERSHIP</b>			
PROPRIETARY	203,411	3,076,367	3,279,778
GOVERNMENT	578,697	4,773,793	5,352,490
NOT FOR PROFIT	3,364,944	27,846,610	31,211,554
<b>EXPECTED SOURCE OF PAYMENT (PRINCIPAL)</b>			
WORKERS' COMPENSATION	.	144,638	144,638
MEDICARE	.	14,433,352	14,433,352
MEDICAID	1,721,135	6,112,612	7,833,747
OTHER GOVERNMENT PAYMENT	72,511	624,363	696,874
BLUE CROSS/BLUE SHIELD	509,876	3,074,389	3,584,265
HMO/PPO	990,546	5,171,779	6,162,325
OTHER PRIVATE/COMMERCIAL INSURANCE	490,842	3,305,452	3,796,294
SELF PAY	167,055	1,779,878	1,946,933
NO CHARGE	744	38,435	39,179
OTHER	51,193	360,625	411,818
SOURCE NOT STATED	143,150	651,247	794,397
<b>DISCHARGE MONTH</b>			
JANUARY	321,007	3,105,732	3,426,739
FEBRUARY	342,003	3,081,995	3,423,998
MARCH	355,841	3,113,337	3,469,178
APRIL	354,277	2,966,032	3,320,309
MAY	348,952	3,068,397	3,417,349
JUNE	360,917	2,874,946	3,235,863
JULY	357,830	2,974,205	3,332,035
AUGUST	378,180	2,950,153	3,328,333
SEPTEMBER	334,736	2,886,036	3,220,772
OCTOBER	350,136	2,995,308	3,345,444
NOVEMBER	330,227	2,749,718	3,079,945
DECEMBER	312,946	2,930,911	3,243,857

# 2008 NHDS DATA FILE DOCUMENTATION

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	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>TYPE OF ADMISSION</b>			
EMERGENCY	.	17,379,042	17,379,042
URGENT	.	7,687,352	7,687,352
ELECTIVE	.	8,340,467	8,340,467
NEWBORN	4,147,052	.	4,147,052
NOT STATED	.	2,289,909	2,289,909
<b>SOURCE OF ADMISSION</b>			
PHYSICIAN REFERRAL	.	12,238,998	12,238,998
CLINICAL REFERRAL	.	1,050,288	1,050,288
HMO REFERRAL	.	44,459	44,459
TRANSFER FROM HOSPITAL	.	1,648,482	1,648,482
TRANSFER FROM SKILLED NURSING FACILITY	.	343,100	343,100
TRANSFER FROM OTHER	.	179,737	179,737
EMERGENCY ROOM	.	18,029,945	18,029,945
COURT/LAW ENFORCEMENT	.	85,215	85,215
OTHER	4,147,052	774,615	4,921,667
NOT AVAILABLE	.	1,301,931	1,301,931
<b>FIRST-LISTED DIAGNOSIS ICD-9-CM CHAPTER</b>			
CHAPTER 01	.	1,296,223	1,296,223
CHAPTER 02	.	1,728,462	1,728,462
CHAPTER 03	.	1,795,499	1,795,499
CHAPTER 04	.	560,935	560,935
CHAPTER 05	.	2,030,497	2,030,497
CHAPTER 06	.	1,007,928	1,007,928
CHAPTER 07	.	6,129,107	6,129,107
CHAPTER 08	.	3,576,867	3,576,867
CHAPTER 09	.	3,430,259	3,430,259
CHAPTER 10	.	2,085,760	2,085,760
CHAPTER 11	.	449,834	449,834
CHAPTER 12	.	752,112	752,112
CHAPTER 13	.	2,126,620	2,126,620
CHAPTER 14	.	183,048	183,048
CHAPTER 15	.	182,017	182,017
CHAPTER 16	.	215,894	215,894
CHAPTER 17	.	3,065,938	3,065,938
V-CODES	4,147,052	5,079,770	9,226,822

## 2008 NHDS DATA FILE DOCUMENTATION

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### UNWEIGHTED FREQUENCIES FOR ALL-LISTED DIAGNOSES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>ALL DIAGNOSES</b>	44,964	825,953	870,917
CHAPTER 01	26	19,794	19,820
CHAPTER 02	95	21,167	21,262
CHAPTER 03	142	95,996	96,138
CHAPTER 04	52	25,278	25,330
CHAPTER 05	1	59,403	59,404
CHAPTER 06	81	26,697	26,778
CHAPTER 07	88	155,691	155,779
CHAPTER 08	59	56,001	56,060
CHAPTER 09	104	52,178	52,282
CHAPTER 10	144	49,447	49,591
CHAPTER 11	.	45,755	45,755
CHAPTER 12	166	13,047	13,213
CHAPTER 13	87	31,538	31,625
CHAPTER 14	1,698	3,454	5,152
CHAPTER 15	15,012	2,193	17,205
CHAPTER 16	519	47,782	48,301
CHAPTER 17	51	31,292	31,343
ECODES	30	12,406	12,436
VCODES	26,609	76,834	103,443

### WEIGHTED FREQUENCIES FOR ALL-LISTED DIAGNOSES BY ICD-9-CM CHAPTERS

<b>ALL DIAGNOSES</b>	10,974,622	191,219,178	202,193,800
CHAPTER 01	4,126	4,634,272	4,638,398
CHAPTER 02	17,258	4,932,240	4,949,498
CHAPTER 03	31,987	21,910,378	21,942,365
CHAPTER 04	6,948	5,749,497	5,756,445
CHAPTER 05	30	12,741,027	12,741,057
CHAPTER 06	15,239	6,294,251	6,309,490
CHAPTER 07	17,879	35,014,243	35,032,122
CHAPTER 08	8,459	12,706,812	12,715,271
CHAPTER 09	27,365	11,904,243	11,931,608
CHAPTER 10	19,705	11,376,622	11,396,327
CHAPTER 11	.	11,032,478	11,032,478
CHAPTER 12	35,186	2,967,787	3,002,973
CHAPTER 13	18,928	7,449,075	7,468,003
CHAPTER 14	411,701	794,903	1,206,604
CHAPTER 15	3,572,954	569,389	4,142,343
CHAPTER 16	120,123	10,991,480	11,111,603
CHAPTER 17	10,160	7,915,484	7,925,644
ECODES	5,979	3,946,460	3,952,439
VCODES	6,650,595	18,288,537	24,939,132

# 2008 NHDS DATA FILE DOCUMENTATION

## WEIGHTED FREQUENCIES FOR ALL-LISTED PROCEDURES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>ALL PROCEDURES</b>	3,970,961	47,338,506	51,309,467
CHAPTER 00*	578	1,765,439	1,766,017
CHAPTER 01	24,048	1,258,811	1,282,859
CHAPTER 02	.	125,150	125,150
CHAPTER 03	546	83,418	83,964
CHAPTER 04	380	35,709	36,089
CHAPTER 05	5,856	288,701	294,557
CHAPTER 06	10,524	1,188,640	1,199,164
CHAPTER 07	135,954	6,626,789	6,762,743
CHAPTER 08	.	423,095	423,095
CHAPTER 09	12,609	5,903,082	5,915,691
CHAPTER 10	2,089	1,089,327	1,091,416
CHAPTER 11	1,205,890	225,378	1,431,268
CHAPTER 12	35	1,827,335	1,827,370
CHAPTER 13	.	7,483,214	7,483,214
CHAPTER 14	589	4,819,116	4,819,705
CHAPTER 15	5,509	1,401,772	1,407,281
CHAPTER 16	2,566,354	12,793,530	15,359,884

## UNWEIGHTED FREQUENCIES FOR ALL-LISTED PROCEDURES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
<b>ALL PROCEDURES</b>	15,817	202,924	218,741
CHAPTER 00*	1	8,388	8,389
CHAPTER 01	108	5,198	5,306
CHAPTER 02	.	512	512
CHAPTER 03	5	345	350
CHAPTER 04	3	123	126
CHAPTER 05	23	1,028	1,051
CHAPTER 06	45	5,290	5,335
CHAPTER 07	553	30,116	30,669
CHAPTER 08	.	1,784	1,784
CHAPTER 09	73	25,720	25,793
CHAPTER 10	10	5,005	5,015
CHAPTER 11	5,449	1,079	6,528
CHAPTER 12	1	7,275	7,276
CHAPTER 13	.	30,839	30,839
CHAPTER 14	5	19,012	19,017
CHAPTER 15	27	5,815	5,842
CHAPTER 16	9,514	55,395	64,909

\* In 2002, the ICD-9-CM Coordination and Maintenance Committee created procedure Chapter 00 – Procedures and Interventions, Not Elsewhere Classified – as a way of handling space limitations in the existing hierarchical structure and alleviating inappropriate categorization of new procedures. Since October addendum changes are not implemented in NHDS until the following data collection year, 2003 was the first year these codes were used.

**APPENDIX E**  
**NHDS Medical Abstract Form**

Form HDS-1

FORM **HDS-1**  
(4-11-2008)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
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

**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 5 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).

## A. PATIENT IDENTIFICATION

1. Hospital number	<input type="text"/>	4. Date of admission	Month <input type="text"/> <input type="text"/>	Day <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. HDS number	<input type="text"/>	5. Date of discharge	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. (Item deleted)		6. Residence ZIP Code	<input type="text"/>		

## B. PATIENT CHARACTERISTICS

7. Date of birth	Month <input type="text"/> <input type="text"/>	Day <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11. Race – <i>Mark all that apply</i>
8. Age – Complete only if date of birth not given	Units <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Years <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Days		<input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black or African American <input type="checkbox"/> 3 American Indian or Alaska Native <input type="checkbox"/> 4 Asian <input type="checkbox"/> 5 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 6 Other – <i>Specify</i> <input type="text"/> <input type="checkbox"/> 7 Not stated
9. Sex – <i>Mark (X) one</i>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 Not stated			
10. Ethnicity – <i>Mark (X) one</i>	<input type="checkbox"/> 1 Hispanic or Latino <input type="checkbox"/> 2 Not Hispanic or Latino <input type="checkbox"/> 3 Not stated			
	12. Marital status – <i>Mark (X) one</i>			
	<input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Single <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Separated <input type="checkbox"/> 6 Not stated			

## C. ADMINISTRATIVE INFORMATION

13. Type of Admission – <i>Mark (X) one</i>	1 <input type="checkbox"/> Emergency	3 <input type="checkbox"/> Elective	5 <input type="checkbox"/> Items not available/unknown	16. Expected source(s) of payment	Principal <i>Mark one only</i>	Other additional sources <i>Mark all that apply</i>								
	2 <input type="checkbox"/> Urgent	4 <input type="checkbox"/> Newborn												
14. Source of Admission – <i>Mark (X) one</i>	<input type="checkbox"/> 1 Physician referral <input type="checkbox"/> 7 Emergency room <input type="checkbox"/> 2 Clinical referral <input type="checkbox"/> 8 Court/Law enforcement <input type="checkbox"/> 3 HMO referral <input type="checkbox"/> 9 Other – <i>Specify</i> <input type="text"/> <input type="checkbox"/> 4 Transfer from a hospital <input type="checkbox"/> 5 Transfer from SNF <input type="checkbox"/> 6 Transfer from other health facility <input type="checkbox"/> 10 Item not available			<input type="checkbox"/> 1 Worker's compensation <input type="checkbox"/> 2 Medicare <input type="checkbox"/> 3 Medicaid <input type="checkbox"/> 4 Other government payments <input type="checkbox"/> 5 Blue Cross/Blue Shield <input type="checkbox"/> 6 HMO/PPO <input type="checkbox"/> 7 Other private or commercial insurance <input type="checkbox"/> 8 Self pay <input type="checkbox"/> 9 No charge <input type="checkbox"/> 10 Other – <i>Specify</i> <input type="text"/> <input type="checkbox"/> No source of payment indicated										
15. Status/Disposition of patient – <i>Mark (X) appropriate box(es)</i>	<table border="0"> <tr> <td>Status</td> <td>Disposition</td> </tr> <tr> <td>1 <input type="checkbox"/> Alive</td> <td> <input type="checkbox"/> a. Routine discharge/discharged home  <input type="checkbox"/> b. Left against medical advice  <input type="checkbox"/> c. Discharged, transferred to another short-term hospital  <input type="checkbox"/> d. Discharged, transferred to long-term care institution  <input type="checkbox"/> e. Other disposition/not stated                 </td> </tr> <tr> <td>2 <input type="checkbox"/> Died</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Status not stated</td> <td></td> </tr> </table>						Status	Disposition	1 <input type="checkbox"/> Alive	<input type="checkbox"/> a. Routine discharge/discharged home <input type="checkbox"/> b. Left against medical advice <input type="checkbox"/> c. Discharged, transferred to another short-term hospital <input type="checkbox"/> d. Discharged, transferred to long-term care institution <input type="checkbox"/> e. Other disposition/not stated	2 <input type="checkbox"/> Died		3 <input type="checkbox"/> Status not stated	
Status	Disposition													
1 <input type="checkbox"/> Alive	<input type="checkbox"/> a. Routine discharge/discharged home <input type="checkbox"/> b. Left against medical advice <input type="checkbox"/> c. Discharged, transferred to another short-term hospital <input type="checkbox"/> d. Discharged, transferred to long-term care institution <input type="checkbox"/> e. Other disposition/not stated													
2 <input type="checkbox"/> Died														
3 <input type="checkbox"/> Status not stated														

(Over)

**D. MEDICAL INFORMATION**

**17. Admitting Diagnosis**

	ICD-9-CM Code	Description
<b>Admitting diagnosis</b>		

**18. Final diagnoses** (up to 7 diagnoses including E-codes) (Enter ICD-9-CM codes as well as narrative if available.)

Diagnosis	ICD-9-CM Code	Description	Present on admission
<b>Principal diagnosis</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet
<b>Diagnosis 2</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet
<b>Diagnosis 3</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet
<b>Diagnosis 4</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet
<b>Diagnosis 5</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet
<b>Diagnosis 6</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet
<b>Diagnosis 7</b>			1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Clinically undetermined 5 <input type="checkbox"/> No information on face sheet

**19. Surgical and Diagnostic Procedures** (up to 4 procedures) (Enter ICD-9-CM codes as well as narrative if available.)

Procedure	ICD-9-CM Code	Description	Date of Procedure(s)		
			Month	Day	Year
<b>Principal procedure</b>					
<b>Procedure 2</b>					
<b>Procedure 3</b>					
<b>Procedure 4</b>					

**No procedures**

Comments

Completed by

Date