

NATIONAL HOSPITAL DISCHARGE SURVEY

2009

PUBLIC USE DATA FILE DOCUMENTATION

**U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES
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, MD 20782
301.458.4321
NHDS@cdc.gov
<http://www.cdc.gov/nchs/nhds.htm>
March 2011**

NATIONAL HOSPITAL DISCHARGE SURVEY

2009

PUBLIC USE DATA FILE DOCUMENTATION

This document provides information for users of the National Hospital Discharge Survey (NHDS) Public Use Data File for 2009. 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.

CONTENTS

Section I.	Description of the National Hospital Discharge Survey	3
Section II.	Technical Description of Data File	14
Section III.	Record Layout: Location and Coding of Data Elements	15
Appendix A	Definitions of Certain Terms Used in This Document	18
Appendix B	ICD-9-CM Addenda and Conversion Table	20
Appendix C	Population Estimates	66
Appendix D	Unweighted and Weighted Frequencies of Selected NHDS Variables	73
Appendix E	Medical Abstract Form	78

Special note to users of 2009 NHDS data files

Users of the 2009 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 beginning in 2008. Thus, the total hospital sample for 2009 is 239 hospitals, of which 1 hospital was out-of-scope and 205 responded to the survey – an 86% 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 based on the half sample. 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 30% or less. Approximate RSEs may be obtained using the tables provided.

2009 NHDS DATA FILE DOCUMENTATION

I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

Introduction. This document and its appendices contain information for users of the 2009 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.

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 using 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 2009, 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, 205 hospitals responded to the survey for an unweighted response rate of 86 percent. The weighted response rate is 79 percent.

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

2009 NHDS DATA FILE DOCUMENTATION

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 was 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. It is also possible to see some discontinuities beginning in 2008 with the half sample, and those could be an artifact of the reduction in sample size.

Two data collection procedures were used for the survey. The first was a manual system of sample selection and data abstraction, used for approximately 52 percent of the responding hospitals. The second was an automated method, used for approximately 48 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 2009, 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.

2009 NHDS DATA FILE DOCUMENTATION

The Medical Abstract Form (Appendix E) and the automated data contain items relating to the personal characteristics of the patient, including birth date or age, sex, race, and marital status, but not name and address; administrative information, including admission and discharge dates, 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 2009 NHDS data because this information is missing for a very high percentage of records, and the rules for assigning the indicators may pose some disclosure risk for NHDS hospitals. 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 2009 data is consistent with the ICD-9-CM and the addendum which became effective October 1, 2008. Addendum changes for 1986 through 2008 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

2009 NHDS DATA FILE DOCUMENTATION

year. Note that many procedures coded in this chapter relate to specific body systems, so care must be taken when producing estimates for which procedures codes cross over chapters.

Another coding change of note, based on the 2008 Addendum, is the addition of procedure codes 17.11-17.49, Other Miscellaneous Diagnostic and Therapeutic Procedures, which are coded in the NHDS beginning in 2009. Because these procedures do not appear in a chapter related to a particular body system, care should be exercised in making estimates for certain types of procedures affected by these new codes. This particularly applies to procedures performed by laparoscopy or robotic assistance. For further information, check the conversion table provided in Appendix B of this document or obtain the assistance of a medical coding specialist.

The Uniform Hospital Discharge Data Set (UHDDS). Starting with 1979 data, NHDS has followed guidelines of the Uniform Hospital Discharge Data Set (UHDDS) within the confines of its contractual agreement with participating hospitals. The UHDDS is a minimum data set of items uniformly defined (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, 2009 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 2009, data for RACE were missing for 19 percent of the discharges, and no attempt was made to impute for these missing values.

2009 NHDS DATA FILE DOCUMENTATION

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).

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 2009 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 135,000. Using the applicable constants from Table 1 for estimates by age produces:

$$\mathbf{RSE (135,000) = SQRT [0.0502 + (670.537 / 135,000)]}$$

$$\mathbf{RSE (135,000) = .235}$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 23.5 percent. The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$\mathbf{SE (135,000) = 135,000 * .235 = 31,725}$$

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:

$$\mathbf{(135,000 - 2*31,725) \leftrightarrow (135,000 + 2*31,725)}$$

$$\mathbf{71,550 \leftrightarrow 198,450}$$

2009 NHDS DATA FILE DOCUMENTATION

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:

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

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 $\text{RSE}(X)$. The values for b are given in Table 1. When multiplied by 100, the $\text{RSE}(p)$ is expressed as a percent of the estimate, p .

For example, in 2009 the estimated number of discharges from short-stay hospitals who were women was 21,398,000. This is 59.2 percent of the estimated 36,120,000 total discharges for that year. Using the applicable constants from Table 1 for estimates by sex produces:

$$\text{RSE}(.592) = \text{SQRT} [570.652 * (1 - .592) / (.592 * 36,120,000)]$$

$$\text{RSE}(.592) = .00330$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 0.330 percent. The standard error is obtained by multiplying the relative standard error by the estimate itself:

$$\text{SE}(.592) = .592 * .00330 = .00195$$

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:

$$(.592 - 2*.00195) \text{ <-> } (.592 + 2*.00195)$$

$$.588 \text{ <-> } .596$$

$$\text{or, equivalently, } 58.8\% \text{ <-> } 59.6\%$$

Relative Standard Error for Ratio Estimators

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

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

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 $\text{RSE}(X/Y)$ 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 2009, the estimated number of days of care for inpatients with a first-listed diagnosis of septicemia (ICD-9-CM code 038) was

2009 NHDS DATA FILE DOCUMENTATION

6,501,000. The estimated number of discharges for inpatients with a first-listed diagnosis of septicemia was 718,000. The ALOS for inpatients with a first-listed diagnosis of septicemia was $6,501,000/718,000 = 9.1$ 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.

$$\mathbf{RSE (6,501,000) = .1248}$$

$$\mathbf{RSE (718,000) = .1241}$$

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

$$\mathbf{RSE (9.1) = \text{SQRT} [(.1248)^2 + (.1241)^2]}$$

$$\mathbf{RSE (9.1) = .1760}$$

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

$$\mathbf{SE (9.1) = .1760 * 9.1 = 1.602}$$

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:

$$\mathbf{(9.1 - 2*1.602) <-> (9.1 + 2*1.602)}$$

$$\mathbf{5.9 <-> 12.3}$$

2009 NHDS DATA FILE DOCUMENTATION

Table 1. Parameter values for generalized variance curves for National Hospital Discharge Survey aggregate statistics by statistic type: United States, 2009

Characteristic	First-listed diagnosis		Days of care		All-listed diagnosis		All-listed procedures	
	a	b	a	b	a	b	a	b
Total	0.0143	799.260	0.0152	2512.927	0.0152	655.240	0.0148	643.435
Sex								
Male	0.0137	659.923	0.0171	2323.131	0.0148	711.996	0.0148	590.579
Female	0.0156	570.652	0.0159	2351.002	0.0137	664.010	0.0150	625.061
Age								
Under 15 years	0.0502	670.537	0.0587	2542.824	0.0649	1234.235	0.0628	626.852
15-44 years	0.0154	602.145	0.0205	1855.964	0.0152	615.087	0.0168	587.671
45-64 years	0.0148	629.667	0.0188	1733.631	0.0135	600.690	0.0153	613.066
65 years and over	0.0133	598.446	0.0169	1955.349	0.0144	527.408	0.0143	608.076
Region								
Northeast	0.0564	721.555	0.0538	1207.166	0.0558	901.061	0.0561	426.063
Midwest	0.0678	331.126	0.0586	581.280	0.0535	469.572	0.0807	676.567
South	0.0379	452.166	0.0394	1982.434	0.0392	591.592	0.0347	787.162
West	0.0900	1167.061	0.0541	2135.262	0.0729	802.037	0.0690	711.823
Race								
White	0.0221	727.979	0.0222	1833.341	0.0182	724.608	0.0203	662.869
Black	0.0225	576.278	0.0280	2382.369	0.0221	573.678	0.0240	510.007
All other	0.0227	474.830	0.0361	1433.126	0.0237	554.545	0.0258	448.291
Race not stated	0.0483	361.358	0.0510	1096.108	0.0449	602.982	0.0522	369.503
Expected source of payment								
Medicare	0.0140	555.912	0.0175	2097.035	0.0153	551.414	0.0153	614.861
Medicaid	0.0265	503.243	0.0315	1969.541	0.0277	772.959	0.0239	684.223
Worker's compensation and other government payments	0.0361	603.582	0.0466	2897.891	0.0349	678.803	0.0320	790.236
HMO/PPO	0.0200	570.344	0.0275	1755.719	0.0263	804.100	0.0227	561.055
BC/BS and other private insurance	0.0177	617.803	0.0234	2130.224	0.0157	585.458	0.0201	575.584
Self pay	0.0210	572.082	0.0312	1720.108	0.0205	490.583	0.0196	534.282
No charge and other	0.0537	347.569	0.0761	865.709	0.0489	342.325	0.0533	500.907

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.

2009 NHDS DATA FILE DOCUMENTATION

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 2009 NHDS,

2009 NHDS DATA FILE DOCUMENTATION

92 percent of the 205 responding hospitals provided data for all twelve months, and 97 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.

Diagnosis-Related Groups. Developed and used by the Centers for Medicare and Medicaid Services (CMS) to determine payment for inpatient hospital care of Medicare patients, these groupings represent types of hospital cases that are expected to be similar in terms of resource use. They are based on patient demographics, diagnoses, procedures, comorbidities and/or complications. Medicare Severity Diagnosis Related Groups (MS-DRGs, or severity-adjusted DRGs) were developed by CMS in 2008. There are now 745 MS-DRGs as compared to the previous 538 DRGs.

As a convenience for users, NCHS provides DRGs for discharges in the NHDS files. For the 2009 NHDS, NCHS used the CMS MS-DRG Grouper software Version 26.0 to assign the MS-DRG. Because 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

For more information about NHDS, visit our website:

<http://www.cdc.gov/nchs/nhds.htm>

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

2009 NHDS DATA FILE DOCUMENTATION

REFERENCES

¹Dennison C, Pokras R. Plan and Operation of the National Hospital Discharge Survey. National Center for Health Statistics. Vital Health Stat 1 (39). 2000.
http://www.cdc.gov/nchs/data/series/sr_01/sr01_039.pdf

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

³SMG 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.

⁴U.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.

⁵Office 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.

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

2009 NHDS DATA FILE DOCUMENTATION

II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name	NHDS09.PU.TXT
Record Length	93
Number of Records	162,151

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, now known as SDI, and the hospital interview are alternate sources of data; some other items are computer generated.

2009 NHDS DATA FILE DOCUMENTATION

Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	09
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)

2009 NHDS DATA FILE DOCUMENTATION

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	*

2009 NHDS DATA FILE DOCUMENTATION

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 26.0
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.

2009 NHDS DATA FILE DOCUMENTATION

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.

2009 NHDS DATA FILE DOCUMENTATION

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 2009, 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 2009 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 2008. 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 2009, the ICD-9-CM with addendum changes up to October 1, 2008 was used; but for the last 3 months, the October 2009 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 2009 were converted back to their previous code assignments under the October 2008 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 stated earlier, October addendum changes are not implemented in NHDS until the following data collection year.

Another coding change of note, based on the 2008 Addendum, is the addition of procedure codes 17.11-17.49, Other Miscellaneous Diagnostic and Therapeutic Procedures, which are coded in the NHDS beginning in 2009. Because these procedures do not appear in a chapter related to a particular body system, care should be exercised in making estimates for certain types of procedures affected by these new codes. This particularly applies to procedures performed by laparoscopy or robotic assistance, as well as procedures coded to Chapter 00, where codes related to specific body systems may cross over chapters.

In order to assist users, this conversion table 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. For further information, refer to the complete ICD-9-CM professional coding manual or obtain the assistance of a medical coding specialist.

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<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	1997	038.1
038.12	2008	038.11 & V09.0
038.19	1997	038.1
040.41	2007	771.89
040.42	2007	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
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
041.12	2008	041.11 & V09.0
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
046.11; 046.19	2008	046.1

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
046.71-046.72; 046.79	2008	046.8
051.01-051.02	2008	051.0
052.2	2006	052.7
053.14	2006	053.19
054.74	2006	054.79
058.10-058.12	2007	057.8
058.21; 058.29	2007	054.3
058.81-058.82; 058.89	2007	054.9
059.00	2008	046.8
059.01	2008	057.8
059.09	2008	046.8
059.10-059.12; 059.19	2008	046.8
059.20-059.22	2008	078.89
059.8-059.9	2008	057.8
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	1993	078.1
078.12	2008	078.19
078.19	1993	078.1
078.88	1993	078.89
079.4	1993	079.8

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
079.50-079.53, 079.59	1993	079.8
079.6	1996	079.89
079.81	1995	079.89
079.82	2003	079.89
079.83	2007	079.89
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
099.50-099.59	1992	078.89
112.84-112.85	1992	112.89
114.4-114.5	1993	114.3
136.21; 136.29	2008	136.2
176.0-176.9	1991	173.0-173.9
199.2	2008	996.80-996.87; 996.89
200.30-200.38	2007	202.80-202.88
200.40-200.48	2007	202.80-202.88
200.50-200.58	2007	202.80-202.88
200.60-200.68	2007	200.00-200.08
200.70-200.78	2007	200.00-200.08
202.70-202.78	2007	202.10-202.18
203.00	1991	203.0
203.01	1991	V10.79
203.02	2008	203.00
203.10	1991	203.1
203.11	1991	V10.79
203.12	2008	203.10
203.80	1991	203.8
203.81	1991	V10.79
203.82	2008	203.80
204.00	1991	204.0
204.01	1991	V10.61
204.02	2008	204.00

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
204.10	1991	204.1
204.11	1991	V10.61
204.12	2008	204.10
204.20	1991	204.2
204.21	1991	V10.61
204.22	2008	204.20
204.80	1991	204.8
204.81	1991	V10.61
204.82	2008	204.80
204.90	1991	204.9
204.91	1991	V10.61
204.92	2008	204.90
205.00	1991	205.0
205.01	1991	V10.62
205.02	2008	205.00
205.10	1991	205.1
205.11	1991	V10.62
205.12	2008	205.10
205.20	1991	205.2
205.21	1991	V10.62
205.22	2008	205.20
205.30	1991	205.3
205.31	1991	V10.62
205.32	2008	205.30
205.80	1991	205.8
205.81	1991	V10.62
205.82	2008	205.80
205.90	1991	205.9
205.91	1991	V10.62
205.92	2008	205.90
206.00	1991	206.0
206.01	1991	V10.63
206.02	2008	206.00
206.10	1991	206.1
206.11	1991	V10.63
206.12	2008	206.10
206.20	1991	206.2
206.21	1991	V10.63
206.22	2008	206.20
206.80	1991	206.8
206.81	1991	V10.63
206.82	2008	206.80
206.90	1991	206.9
206.91	1991	V10.63
206.92	2008	206.90

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
207.00	1991	207.0
207.01	1991	V10.69
207.02	2008	207.00
207.10	1991	207.1
207.11	1991	V10.69
207.12	2008	207.10
207.20	1991	207.2
207.21	1991	V10.69
207.22	2008	207.20
207.80	1991	207.8
207.81	1991	V10.69
207.82	2008	207.80
208.00	1991	208.0
208.01	1991	V10.60
208.02	2008	208.00
208.10	1991	208.1
208.11	1991	V10.60
208.12	2008	208.10
208.20	1991	208.2
208.21	1991	V10.60
208.22	2008	208.20
208.80	1991	208.8
208.81	1991	V10.60
208.82	2008	208.80
208.90	1991	208.9
208.91	1991	V10.60
208.92	2008	208.90
209.00	2008	152.9
209.01	2008	152.0
209.02	2008	152.1
209.03	2008	152.2
209.10	2008	153.9
209.11	2008	153.5
209.12	2008	153.4
209.13	2008	153.6
209.14	2008	153.1
209.15	2008	153.2
209.16	2008	153.3
209.17	2008	154.1
209.20	2008	199.1
209.21	2008	162.2-162.9
209.22	2008	164.0
209.23	2008	151.0-151.9
209.24	2008	189.0-189.1

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
209.25-209.27; 209.29	2008	199.1
209.30	2008	199.0-199.1
209.40-209.43	2008	211.2
209.50-209.56	2008	211.3
209.57	2008	211.4
209.60	2008	199.0
209.61	2008	212.3
209.62	2008	212.6
209.63	2008	211.1
209.64	2008	223.0-223.1
209.65-209.67; 209.69	2008	229.8
233.30-233.32; 233.39	2007	233.3
237.70-237.72	1990	237.7
238.71-238.76	2006	238.7
238.77	2008	996.80-996.89
238.79	2006	238.7
249.00	2008	250.00; 251.8
249.01	2008	250.02; 251.8
249.10	2008	250.10; 251.8
249.11	2008	250.12; 251.8
249.20	2008	250.20; 251.8
249.21	2008	250.22; 251.8
249.30	2008	250.30; 251.8
249.31	2008	250.32; 251.8
249.40	2008	250.40; 251.8
249.41	2008	250.42; 251.8
249.50	2008	250.50; 251.8
249.51	2008	250.52; 251.8
249.60	2008	250.60; 251.8
249.61	2008	250.62; 251.8
249.70	2008	250.70; 251.8
249.71	2008	250.72; 251.8
249.80	2008	250.80; 251.8
249.81	2008	250.82; 251.8
249.90	2008	250.90; 251.8
249.91	2008	250.92; 251.8
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
250.32	1993	250.30
250.33	1993	250.31
250.42	1993	250.40
250.43	1993	250.41
250.52	1993	250.50
250.53	1993	250.51
250.62	1993	250.60
250.63	1993	250.61
250.72	1993	250.70
250.73	1993	250.71
250.82	1993	250.80
250.83	1993	250.81
250.92	1993	250.90
250.93	1993	250.91
252.00-252.02, 252.08	2004	252.0
255.10-255.14	2003	255.1
255.41-255.42	2007	255.4
256.31-256.39	2001	256.3
258.01	2007	258.0
258.02	2007	258.0; 193
258.03	2007	258.0
259.5	2005	257.8
259.50-259.52	2008	259.5
273.4	2004	277.6
275.40-275.42, 275.49	1997	275.4
275.5	2008	275.49
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
279.50-279.53	2008	996.80-996.89

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
284.01, 284.09	2006	284.0
284.1	2006	284.8
284.2	2006	284.8; 285.8
284.81; 284.89	2007	284.8
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
288.66	2007	288.69
289.52	2003	289.59
289.53	2006	288.0
289.81-289.82	2003	289.8
289.83	2006	289.89
289.84	2008	287.4
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
315.32	1996	315.39
315.34	2007	315.31; 315.39
320.81-320.89	1992	320.8
323.01-323.02	2006	323.0
323.41-323.42	2006	323.4
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
331.5	2007	331.3
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
337.00-337.01; 337.09	2008	337.0
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
339.00-339.02	2008	346.20-346.21
339.03-339.04	2008	346.90-346.91
339.05; 339.09	2008	784.0
339.10-339.12	2008	307.81
339.20-339.22	2008	784.0
339.3	2008	784.0
339.41	2008	346.90-346.91
339.42-339.44	2008	784.0
339.81-339.85; 339.89	2008	784.0
341.20	2006	323.9
341.21	2006	323.8
341.22	2006	323.9
342.00-342.02	1994	342.0
342.10-342.12	1994	342.1
342.80-342.82	1994	342.9
342.90-342.92	1994	342.9
344.00-344.04, 344.09	1994	344.0
344.30-344.32	1994	344.3
344.40-344.42	1994	344.4
344.81, 344.89	1993	344.8
345.00-345.01	1989	345.0
345.10-345.11	1989	345.1
345.40-345.41	1989	345.4
345.50-345.51	1989	345.5
345.60-345.61	1989	345.6
345.70-345.71	1989	345.7
345.80-345.81	1989	345.8
345.90-345.91	1989	345.9
346.00-346.01	1992	346.0
346.02-346.03	2008	346.01
346.10-346.11	1992	346.1
346.12-346.13	2008	346.11
346.20-346.21	1992	346.2
346.22-346.23	2008	346.21
346.30-346.33	2008	346.80-346.81
346.40-346.43	2008	625.4
346.50-346.53	2008	346.00-346.01
346.60-346.63	2008	346.00-346.01

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
346.70-346.73	2008	346.90-346.91
346.80-346.81	1992	346.8
346.82	2008	346.80
346.83	2008	346.81
346.90-346.91	1992	346.9
346.92	2008	346.90
346.93	2008	346.91
347.00-347.01	2004	347
347.10-347.11	2004	347
348.30-348.31, 348.39	2003	348.3
349.31; 349.39	2008	998.2
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
359.21-359.24; 359.29	2007	359.2
359.81, 359.89	2002	359.8
362.03-362.07	2005	362.02
362.20; 362.22-362.27	2008	362.21
364.81; 364.89	2007	364.8
364.82	2008	364.89
365.83	2002	365.89
371.82	1992	371.89
372.34	2008	372.51
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
388.45	2007	315.32
389.05-389.06	2007	389.0
389.13	2007	389.12
389.17	2007	389.11
389.20-389.22	2007	389.2
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
414.12	2002	414.11
414.2	2007	414.00-414.07
414.3	2008	414.00-414.07
415.11	1995	997.3 & 415.1
415.12	2007	415.19
415.19	1995	415.1
423.3	2007	423.9
426.82	2005	794.31

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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	1989	410.0-410.9
429.83	2006	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
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
440.4	2007	440.20-440.29; 440.30- 440.32
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
449	2007	038.0-038.9
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
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
482.42	2008	482.41 & V09.0
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
488	2007	487.0-487.8
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
511.81	2008	197.2
511.89	2008	511.8
512.1	1994	997.3
517.3	2003	282.62
518.6	1997	518.89
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
525.71-525.73; 525.79	2007	525.8
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
530.10-530.11, 530.19	1993	530.1
530.12	2001	530.10
530.13	2008	530.19
530.20-530.21	2003	530.2
530.81	1993	530.1
530.82-530.84, 530.89	1993	530.8

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
535.70	2008	535.40
535.71	2008	535.41
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
558.41-558.42	2008	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
569.43	2007	565.0
569.44	2008	569.49
569.60-569.61, 569.69	1995	569.6
569.62	1998	569.69
569.84	1990	557.1
569.85	1991	569.84

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
569.86	2002	569.82
571.42	2008	571.49
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
599.70-599.72	2008	599.7
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
611.81	2008	611.8

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
611.82	2008	757.6
611.83; 611.89	2008	611.8
612.0-612.1	2008	611.8
616.81; 616.89	2006	616.8
618.00-618.05, 618.09	2004	618.0
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
624.01-624.02; 624.09	2007	624.0
625.70	2008	625.8
625.71	2008	616.10
625.79	2008	625.8
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
649.70-649.71; 649.73	2008	654.50-654.51; 654.53 654.60-654.61; 654.63
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
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
664.60	2007	664.20
664.61	2007	664.21
664.64	2007	664.24
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
678.00-678.01; 678.03 678.10-678.11; 678.13	2008 2008	656.80-656.81; 656.83 653.7

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
679.00-679.04	2008	656.9
679.10-679.14	2008	656.00-656.04
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
695.10-695.15; 695.19	2008	695.1
695.50-695.59	2008	695.1
702.0-702.8	1991	702
702.11, 702.19	1994	702.1
704.02	1993	704.09
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
707.20-707.25	2008	707.00-707.07; 707.09
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
729.90-729.92; 729.99	2008	729.9

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
731.3	2006	733.99
733.10-733.16, 733.19	1993	733.1
733.45	2007	733.49
733.93	2001	733.16
733.94-733.95	2001	733.19
733.96-733.98	2008	733.95
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
758.81	1996	758.8
758.89	1996	758.9
759.81-759.82, 759.89	1989	759.8
759.83	1994	759.89
760.61-760.64	2008	760.6
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
777.50-777.53	2008	777.5
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
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
780.60-780.61	2008	780.6
780.62	2008	998.59; 998.89
780.63	2008	999.9
780.64	2008	780.99
780.65	2008	780.99
780.71, 780.79	1998	780.7
780.72	2008	344.00
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
787.20-787.24; 787.29	2007	787.2
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
788.91	2008	788.39
788.99	2008	788.9
789.00-789.07, 789.09	1994	789.0
789.30-789.37, 789.39	1994	789.3
789.40-789.47, 789.49	1994	789.4
789.51	2007	197.6
789.59	2007	789.5
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
795.07	2008	795.09
795.10-795.16; 795.18-795.19	2008	795.1 (Code title restated) (Conditions at 795.1 now coded to 796.9)
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
796.70-796.79	2008	795.1 (Conditions at 795.1 now coded to 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
925.1-925.2	1993	925

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
997.31; 997.39	2008	997.3
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
998.30	2008	998.32
998.31-998.32	2002	998.3

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
998.33	2008	998.32
998.51, 998.59	1996	998.5
998.81-998.82, 998.89	1994	998.8
998.83	1996	998.89
999.31	2007	999.3; 996.60-996.69
999.39	2007	999.3
999.81-999.82; 999.88	2008	999.9
999.89	2008	999.8
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
V02.53-V02.54	2008	V02.59
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
V07.51-V07.52; V07.59	2008	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
V12.04	2008	V12.09
V12.40-V12.41, V12.49	1997	V12.4
V12.42	2005	V12.49
V12.50-V12.52	1995	V12.5
V12.53-V12.54	2007	V12.59
V12.59	1995	V12.5
V12.60-V12.61; V12.69	2005	V12.6

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
V13.22	2007	V13.29
V13.29	2002	V13.2
V13.51-V13.52; V13.59	2008	V13.5
V13.61, V13.69	1998	V13.6
V15.01-V15.09	2000	V15.0
V15.21-V15.22; V15.29	2008	V15.2
V15.41-V15.42, V15.49	1996	V15.4
V15.51; V15.59	2008	V15.5
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
V16.52	2007	V16.59
V16.59	1998	V16.5
V17.41; V17.49	2007	V17.4
V17.81, V17.89	2005	V17.8
V18.11; V18.19	2007	V18.1
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
V23.85-V23.86	2008	V23.89
V25.03	2003	V25.01
V25.04	2007	V25.09
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V26.39	2006	V26.32
V26.41; V26.49	2007	V26.4
V26.51-V26.52	1998	None
V26.81; V26.89	2007	V26.8
V28.6	1997	V28.8
V28.81-V28.82; V28.89	2008	V28.8
V29.0-V29.1, V29.8	1992	V71.8
V29.2	1994	V29.8
V29.3	1998	V29.8
V29.9	1992	V71.9
V30.00-V30.01	1989	V30.0
V31.00-V31.01	1989	V31.0
V32.00-V32.01	1989	V32.0
V33.00-V33.01	1989	V33.0
V34.00-V34.01	1989	V34.0
V35.00-V35.01	1989	V35.0
V36.00-V36.01	1989	V36.0
V37.00-V37.01	1989	V37.0
V39.00-V39.01	1989	V39.0
V42.81-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
V45.11	2008	V45.1
V45.12	2008	V15.81
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,

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V45.78	2000	620.8, 621.8, 622.8
V45.79	2000	360.89
V45.82	1994	255.8, 289.59, 388.8, 569.49, 577.8; V45.89
V45.83	1995	V45.89
V45.84	2001	V45.89
V45.85	2003	None
V45.86	2006	V45.89
V45.87-V45.88	2008	V45.89
V46.11-V46.12	2004	V46.1
V46.13-V46.14	2005	V46.11
V46.2	2002	V46.8
V46.3	2008	V46.9
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
V49.85	2007	369.00-369.9 with 389.00- 389.9
V49.89	2000	V49.8
V50.41-V50.42, V50.49	1994	V50.8
V51.0; V51.8	2008	V51
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
V61.01-V61.06; V61.09	2008	V61.0
V61.10-V61.12	1996	V61.1
V61.22	1996	V61.21
V62.21-V62.22; V62.29	2008	V62.2
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
V68.01; V68.09	2007	V68.0
V69.0-V69.3	1994	None
V69.4	2004	V69.8
V69.5	2005	V69.8
V69.8-V69.9	1994	None

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V71.81, V71.89	2000	V71.8
V71.82-V71.83	2002	V71.89
V72.11	2006	V72.1
V72.12	2007	V72.19
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
V73.81	2007	V73.89
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
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
V84.81; V84.89	2007	V84.8
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
V87.01; V87.09	2008	V15.89
V87.11-V87.12; V87.19	2008	V15.89

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V87.2	2008	V15.89
V87.31; V87.39	2008	V15.89
V87.41-V87.42; V87.49	2008	V15.89
V88.01-V88.03	2008	V45.77
V89.01	2008	658.00-658.01; 658.03
V89.02	2008	657.00-657.01; 657.03
V89.03	2008	655.00-655.01; 655.03
		655.10-655.11; 655.13
		655.20-655.21; 655.23
V89.04	2008	656.50-656.51; 656.53
		656.60-656.61; 656.63
V89.05	2008	654.50-654.51; 654.53
		654.60-654.61; 654.63
		644.10-644.11; 644.13
V89.09	2008	655.80-655.81; 655.83
		656.80-656.81; 656.83
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, E909.8-E909.9	1995	E909
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM diagnosis codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
E922.4	1997	E917.9
E922.5	2002	E922.8
E924.2	1995	E924.0
E927.0-E927.4	2008	E927
E927.8-E927.9	2008	E927
E928.3	2000	E928.8
E928.4, E928.5	2003	E928.8
E928.6	2007	E928.8
E933.6-E933.7	2007	E933.8
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<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
00.19	2007	99.29
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
00.49	2008	39.97
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
00.58	2008	89.61
00.59	2008	89.69
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)
00.67-00.68	2008	89.61
00.69	2008	89.62
00.70-00.73	2005	81.53
00.74-00.76	2005	None
00.77	2006	None

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
00.94	2007	None
01.10	2007	01.18
01.16-01.17	2007	01.18
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
07.83	2007	07.81
07.84	2007	07.82
07.95	2007	07.92
07.98	2007	07.99
11.75	1989	11.79
11.76	1989	11.62
13.90, 13.91	2006	13.9 (code deleted)
17.11	2008	53.03
17.12	2008	53.04
17.13	2008	53.05
17.21	2008	53.14
17.22	2008	53.15
17.23	2008	53.16
17.24	2008	53.17
17.31	2008	45.71
17.32	2008	45.72
17.33	2008	45.73
17.34	2008	45.74
17.35	2008	45.75
17.36	2008	45.76
17.39	2008	45.79
17.41	2008	None
17.42	2008	None
17.43	2008	None
17.44	2008	None
17.45	2008	None

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
17.49	2008	None
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
32.20	2007	32.29
32.22	1995	32.29, 32.9
32.23- 32.26	2006	32.29
32.28	1989	32.29
32.30, 32.39	2007	32.3 (code deleted)
32.41, 32.49	2007	32.4 (code deleted)
32.50, 32.59	2007	32.5 (code deleted)
33.20	2007	33.28
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
33.72	2008	33.22
34.05	1994	34.99
34.06	2007	34.04
34.20	2007	34.24
34.52	2007	34.51
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.

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
37.36	2008	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
37.55	2008	37.64
37.60	2008	37.65
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)
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
38.23	2008	00.21-00.29
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
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)
45.81-45.83	2008	45.8 (Code deleted)
45.95	1987	45.93

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
48.40; 48.42-48.43	2008	48.49
48.50-48.52; 48.59	2008	48.5 (Code deleted)
49.31, 49.39	1989	49.3
49.75, 49.76	2002	49.79
50.13	2007	50.11
50.14	2007	50.19
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
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
53.42	2008	53.41
53.43	2008	53.49
53.62	2008	53.61
53.63	2008	53.69
53.71-53.72; 53.75	2008	53.7 (Code deleted)
53.83-53.84	2008	53.80

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
70.53	2007	70.50
70.54	2007	70.51
70.55	2007	70.52
70.63	2007	70.61
70.64	2007	70.62
70.78	2007	70.77
70.93	2007	70.92
70.94, 70.95	2007	None
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
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
80.53-80.54	2008	03.99
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
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

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
84.56-84.57	2005	None
84.58	2005	84.59
84.60-84.69	2004	80.51
84.71-84.73	2005	None
84.80	2007	84.58 (code deleted)
84.81	2007	78.59
84.82	2007	84.59
84.83	2007	78.59
84.84	2007	84.59
84.85	2007	78.59
85.70-85.76; 85.79	2008	85.7 (Code deleted)
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
88.59	2007	88.90
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
92.3	1995	01.59, 04.07, 07.63, 07.68
92.30-92.33, 92.39	1998	92.3
92.41	2007	92.25
93.90	1988	93.92

2009 NHDS DATA FILE DOCUMENTATION

Changes in ICD-9-CM in procedure codes, 1986-2008

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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

2009 NHDS DATA FILE DOCUMENTATION

APPENDIX C

This appendix provides estimates of the civilian population of the United States as of July 1, 2009. 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 (19% nonresponse in 2009). 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 2009 NHDS, 315 of the 162,151 sample records had more than one race marked and these records were almost entirely from hospitals using the manual data collection method.

2009 NHDS DATA FILE DOCUMENTATION

TABLE 1: Civilian population of the United States, by sex, age, race, and geographic region: July 1, 2009. [Source: U.S. Bureau of the Census, Population Division.]

	Estimates in thousands						
	Total	Male	Female		Total	Male	Female
All ages	305,782	150,409	155,373	15 to 44 years	125,017	63,243	61,774
White	243,383	120,436	122,947	Northeast	22,181	11,136	11,045
Black/AfAm	39,410	18,760	20,650	Midwest	26,834	13,576	13,259
Other	22,989	11,213	11,776	South	45,993	23,115	22,878
				West	30,009	15,417	14,592
Northeast	55,218	26,885	28,333				
Midwest	66,718	32,824	33,894	45 to 64 years	79,312	38,697	40,614
South	112,631	55,136	57,496	45 to 54 years	44,530	21,920	22,610
West	71,214	35,564	35,651	55 to 64 years	34,782	16,777	18,004
Under 15 years	61,883	31,645	30,237	White	65,381	32,280	33,101
Under 1 year	4,261	2,179	2,083	Black/AfAm	9,029	4,109	4,920
1 to 4 years	17,038	8,708	8,330	Other	4,902	2,309	2,593
5 to 14 years	40,583	20,758	19,825				
				Northeast	15,124	7,352	7,773
White	46,725	23,947	22,779	Midwest	17,741	8,731	9,010
Black/AfAm	9,247	4,693	4,555	South	28,691	13,860	14,832
Other	5,910	3,006	2,904	West	17,755	8,755	9,000
				65 years and over	39,571	16,824	22,747
Northeast	10,166	5,196	4,970	65 to 74 years	20,792	9,593	11,199
Midwest	13,255	6,773	6,482	75 to 84 years	13,148	5,447	7,700
South	23,340	11,936	11,403	85 years and over	5,631	1,783	3,848
West	15,122	7,740	7,382				
15 to 44 years	125,017	63,243	61,774	White	34,294	14,699	19,596
15 to 24 years	42,625	21,762	20,863	Black/AfAm	3,391	1,310	2,081
25 to 34 years	41,116	20,844	20,272	Other	1,886	815	1,070
35 to 44 years	41,276	20,636	20,639				
				Northeast	7,747	3,202	4,545
White	96,982	49,511	47,471	Midwest	8,888	3,745	5,143
Black/AfAm	17,743	8,648	9,094	South	14,608	6,225	8,383
Other	10,292	5,083	5,209	West	8,328	3,652	4,676

*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.

2009 NHDS DATA FILE DOCUMENTATION

TABLE 2: Civilian population of the United States by sex, age, and geographic region: July 1, 2009.

[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
All	305,782	150,409	155,373	55,218	26,885	28,333	66,718	32,824	33,894	112,631	55,136	57,496	71,214	35,564	35,651
0-4	21,300	10,887	10,413	3,360	1,716	1,643	4,474	2,285	2,189	8,131	4,155	3,975	5,336	2,731	2,605
5-9	20,610	10,536	10,074	3,374	1,724	1,650	4,396	2,246	2,150	7,823	3,999	3,824	5,017	2,567	2,450
10-14	19,974	10,223	9,751	3,432	1,755	1,677	4,385	2,242	2,143	7,386	3,782	3,604	4,770	2,443	2,327
15-19	21,459	10,985	10,474	3,861	1,969	1,892	4,762	2,436	2,327	7,792	3,987	3,804	5,043	2,593	2,451
20-24	21,167	10,778	10,389	3,691	1,864	1,828	4,717	2,394	2,323	7,745	3,935	3,809	5,013	2,584	2,429
25-29	21,402	10,885	10,517	3,607	1,829	1,778	4,516	2,293	2,222	7,949	4,011	3,938	5,331	2,752	2,580
30-34	19,713	9,959	9,754	3,433	1,723	1,710	4,093	2,070	2,024	7,288	3,643	3,645	4,899	2,524	2,375
35-39	20,384	10,219	10,165	3,618	1,793	1,825	4,279	2,148	2,131	7,587	3,767	3,820	4,900	2,511	2,389
40-44	20,891	10,417	10,474	3,970	1,957	2,013	4,467	2,235	2,232	7,632	3,772	3,860	4,823	2,453	2,370
45-49	22,784	11,255	11,529	4,362	2,146	2,216	5,051	2,507	2,544	8,239	4,032	4,206	5,132	2,569	2,563
50-54	21,747	10,666	11,081	4,172	2,043	2,129	4,933	2,439	2,494	7,779	3,777	4,002	4,863	2,408	2,455
55-59	18,970	9,201	9,770	3,591	1,739	1,852	4,289	2,106	2,182	6,824	3,269	3,555	4,267	2,087	2,180
60-64	15,811	7,576	8,235	3,000	1,424	1,576	3,468	1,678	1,790	5,850	2,782	3,068	3,493	1,692	1,801
65-69	11,784	5,511	6,273	2,227	1,027	1,200	2,599	1,222	1,377	4,430	2,063	2,367	2,529	1,200	1,329
70-74	9,008	4,082	4,926	1,716	764	951	2,009	913	1,097	3,378	1,524	1,854	1,905	881	1,024
75-79	7,326	3,149	4,176	1,439	605	834	1,637	697	939	2,721	1,169	1,552	1,529	679	851
80-84	5,822	2,298	3,524	1,189	454	734	1,327	519	808	2,109	833	1,276	1,198	492	706
85+	5,631	1,783	3,848	1,178	352	826	1,316	395	921	1,970	635	1,334	1,167	401	766
0-14	61,883	31,645	30,237	10,166	5,196	4,970	13,255	6,773	6,482	23,340	11,936	11,403	15,122	7,740	7,382
15-44	125,017	63,243	61,774	22,181	11,136	11,045	26,834	13,576	13,259	45,993	23,115	22,878	30,009	15,417	14,592
45-64	79,312	38,697	40,614	15,124	7,352	7,773	17,741	8,731	9,010	28,691	13,860	14,832	17,755	8,755	9,000
65+	39,571	16,824	22,747	7,747	3,202	4,545	8,888	3,745	5,143	14,608	6,225	8,383	8,328	3,652	4,676
15+	243,899	118,764	125,135	45,052	21,689	23,363	53,463	26,051	27,412	89,292	43,199	46,092	56,092	27,824	28,269
45+	118,882	55,521	63,361	22,871	10,554	12,318	26,629	12,476	14,153	43,299	20,084	23,215	26,083	12,407	13,676
75+	18,779	7,230	11,548	3,805	1,411	2,394	4,280	1,611	2,669	6,799	2,637	4,162	3,894	1,571	2,324

2009 NHDS DATA FILE DOCUMENTATION

TABLE 3: Civilian Population of the United States by sex, age, and race: July 1, 2009.
[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	305,782	150,409	155,373	243,383	120,436	122,947	39,410	18,760	20,650	22,989	11,213	11,776
0-4	21,300	10,887	10,413	15,875	8,128	7,747	3,230	1,640	1,589	2,195	1,119	1,077
0	4,261	2,179	2,083	3,163	1,618	1,545	656	334	322	443	226	216
1	4,298	2,195	2,103	3,183	1,628	1,555	664	337	328	451	230	221
2	4,336	2,217	2,119	3,226	1,652	1,574	662	337	326	448	228	220
3	4,224	2,159	2,065	3,163	1,620	1,543	631	320	311	429	218	211
4	4,181	2,138	2,043	3,140	1,609	1,531	616	313	303	425	216	209
5-9	20,610	10,536	10,074	15,640	8,013	7,628	2,987	1,515	1,473	1,982	1,009	973
5	4,186	2,140	2,046	3,169	1,623	1,546	599	304	295	417	212	205
6	4,139	2,117	2,022	3,143	1,610	1,533	588	298	290	408	208	200
7	4,108	2,099	2,010	3,120	1,598	1,523	595	301	294	393	200	193
8	4,167	2,129	2,039	3,160	1,617	1,542	612	310	302	396	201	194
9	4,010	2,053	1,957	3,048	1,565	1,484	593	301	292	368	187	181
10-14	19,974	10,223	9,751	15,210	7,806	7,405	3,030	1,538	1,492	1,733	879	854
10	3,946	2,019	1,927	3,004	1,541	1,463	588	298	290	354	179	175
11	3,941	2,017	1,924	2,997	1,538	1,459	596	302	293	348	177	172
12	3,957	2,023	1,934	3,013	1,545	1,469	598	304	295	345	175	170
13	4,033	2,065	1,969	3,077	1,580	1,497	611	310	301	346	175	170
14	4,096	2,099	1,997	3,119	1,602	1,517	637	324	314	340	173	167
15-19	21,459	10,985	10,474	16,327	8,382	7,944	3,442	1,742	1,700	1,690	861	829
15	4,134	2,118	2,016	3,138	1,612	1,526	658	334	325	338	172	165
16	4,225	2,168	2,057	3,205	1,649	1,556	683	347	336	337	172	165
17	4,305	2,206	2,099	3,275	1,683	1,592	691	350	342	339	172	166
18	4,368	2,236	2,133	3,330	1,709	1,621	701	355	346	338	172	166
19	4,427	2,257	2,169	3,379	1,729	1,650	709	356	352	339	172	167
20-24	21,167	10,778	10,389	16,330	8,350	7,980	3,184	1,596	1,588	1,653	832	821
20	4,272	2,175	2,097	3,271	1,670	1,600	669	336	333	332	168	164
21	4,217	2,145	2,072	3,245	1,657	1,588	645	323	322	327	165	162
22	4,187	2,129	2,058	3,235	1,652	1,583	627	314	314	324	163	161
23	4,228	2,154	2,074	3,273	1,675	1,598	623	312	311	331	167	165
24	4,263	2,175	2,088	3,306	1,695	1,611	619	311	308	337	169	169
25-29	21,402	10,885	10,517	16,556	8,492	8,064	3,046	1,508	1,538	1,801	885	915
25	4,199	2,147	2,051	3,250	1,672	1,578	605	304	301	343	171	173
26	4,270	2,187	2,083	3,308	1,706	1,602	609	306	303	353	175	178
27	4,295	2,188	2,107	3,323	1,707	1,616	610	303	307	362	178	184
28	4,331	2,188	2,143	3,349	1,709	1,640	611	298	313	371	181	190
29	4,308	2,175	2,133	3,325	1,698	1,628	612	298	315	371	180	191

2009 NHDS DATA FILE DOCUMENTATION

	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
30-34	19,713	9,959	9,754	15,250	7,812	7,437	2,682	1,279	1,403	1,781	867	914
30	4,095	2,071	2,025	3,160	1,619	1,542	574	276	297	361	176	186
31	3,976	2,011	1,965	3,080	1,579	1,501	544	261	282	353	171	182
32	3,916	1,978	1,938	3,030	1,553	1,478	532	253	279	353	172	181
33	3,812	1,925	1,887	2,948	1,511	1,437	512	242	269	353	172	181
34	3,913	1,974	1,940	3,031	1,551	1,480	521	246	275	361	177	185
35-39	20,384	10,219	10,165	15,911	8,085	7,825	2,693	1,264	1,429	1,780	870	910
35	3,794	1,909	1,885	2,937	1,499	1,439	503	237	266	353	173	180
36	3,879	1,945	1,933	2,998	1,524	1,474	523	246	277	357	175	182
37	4,061	2,036	2,025	3,163	1,607	1,555	540	254	287	358	175	183
38	4,283	2,139	2,145	3,367	1,704	1,664	562	262	300	355	173	182
39	4,367	2,191	2,176	3,445	1,752	1,694	565	265	300	357	174	183
40-44	20,891	10,417	10,474	16,610	8,390	8,220	2,695	1,259	1,436	1,587	768	819
40	4,131	2,067	2,064	3,275	1,660	1,615	521	244	277	335	162	172
41	4,055	2,024	2,031	3,210	1,624	1,586	524	245	279	321	156	166
42	4,064	2,023	2,042	3,239	1,633	1,606	521	243	279	304	147	157
43	4,179	2,081	2,097	3,323	1,676	1,647	547	256	291	308	149	159
44	4,463	2,222	2,241	3,563	1,796	1,767	582	272	310	318	154	164
45-49	22,784	11,255	11,529	18,443	9,218	9,225	2,825	1,309	1,516	1,516	728	788
45	4,530	2,243	2,286	3,640	1,825	1,815	573	266	307	316	152	164
46	4,513	2,228	2,285	3,638	1,817	1,821	562	261	302	312	150	161
47	4,526	2,236	2,290	3,674	1,836	1,838	556	258	299	296	143	153
48	4,569	2,250	2,319	3,723	1,855	1,868	556	256	299	290	138	152
49	4,647	2,298	2,349	3,768	1,886	1,882	577	268	309	302	144	157
50-54	21,747	10,666	11,081	17,822	8,844	8,977	2,570	1,180	1,390	1,355	641	714
50	4,456	2,191	2,264	3,635	1,809	1,826	540	249	291	280	133	147
51	4,452	2,189	2,263	3,645	1,812	1,833	528	244	284	279	133	146
52	4,394	2,152	2,242	3,605	1,787	1,819	519	238	281	270	127	142
53	4,216	2,061	2,155	3,461	1,713	1,748	492	225	268	263	123	140
54	4,228	2,072	2,156	3,476	1,724	1,752	490	224	266	263	124	139
55-59	18,970	9,201	9,770	15,735	7,728	8,007	2,093	942	1,151	1,143	531	612
55	4,039	1,966	2,073	3,338	1,645	1,693	456	207	249	245	114	131
56	3,897	1,892	2,005	3,234	1,589	1,645	427	193	234	236	110	126
57	3,758	1,824	1,934	3,128	1,538	1,590	407	182	225	223	104	120
58	3,651	1,765	1,886	3,034	1,486	1,548	402	180	222	215	99	116
59	3,626	1,754	1,872	3,001	1,470	1,531	401	180	221	224	103	121
60-64	15,811	7,576	8,235	13,382	6,489	6,893	1,541	678	863	888	409	479
60	3,479	1,675	1,804	2,910	1,419	1,491	364	162	202	205	94	111
61	3,438	1,653	1,785	2,903	1,412	1,491	341	151	189	194	89	105
62	3,587	1,723	1,864	3,081	1,496	1,585	321	141	179	185	85	100
63	2,666	1,271	1,396	2,252	1,087	1,166	259	113	147	155	71	83
64	2,641	1,255	1,387	2,236	1,075	1,160	257	111	146	149	69	81

2009 NHDS DATA FILE DOCUMENTATION

	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
65-69	11,784	5,511	6,273	10,068	4,761	5,308	1,092	462	629	624	288	336
65	2,588	1,223	1,365	2,209	1,055	1,153	240	103	137	139	64	75
66	2,656	1,250	1,406	2,288	1,088	1,200	236	101	136	132	61	71
67	2,329	1,088	1,241	1,992	941	1,051	213	90	123	124	57	67
68	2,145	996	1,149	1,828	858	970	202	84	117	116	53	63
69	2,067	955	1,112	1,752	818	934	201	84	117	114	53	61
70-74	9,008	4,082	4,926	7,699	3,525	4,174	843	346	497	465	211	254
70	1,949	897	1,051	1,666	775	891	180	75	105	103	48	55
71	1,893	865	1,028	1,617	747	871	176	73	104	99	45	54
72	1,765	800	965	1,508	691	818	165	68	97	92	42	50
73	1,712	769	943	1,462	664	798	162	66	96	87	39	48
74	1,689	751	938	1,446	650	796	160	64	95	84	37	47
75-79	7,326	3,149	4,176	6,339	2,757	3,582	644	248	396	342	145	198
75	1,529	673	856	1,310	583	727	143	57	86	76	33	43
76	1,506	655	851	1,295	570	725	138	54	84	73	31	42
77	1,463	629	833	1,268	552	716	127	49	78	67	28	39
78	1,422	604	818	1,241	533	708	117	44	73	63	26	37
79	1,406	588	819	1,225	518	707	119	44	75	63	26	37
80-84	5,822	2,298	3,524	5,133	2,048	3,085	451	155	295	238	95	144
80	1,295	533	762	1,135	473	662	104	38	67	56	23	33
81	1,249	504	745	1,099	449	650	98	34	63	52	21	31
82	1,173	463	709	1,035	413	622	90	31	59	47	19	29
83	1,083	416	667	957	372	585	83	28	55	43	17	27
84	1,023	382	641	907	342	565	76	25	51	40	16	25
85-89	3,662	1,267	2,395	3,277	1,141	2,136	247	74	173	138	52	86
85	923	335	587	822	301	521	65	21	44	35	14	22
86	818	291	526	730	262	468	57	17	39	31	12	19
87	735	253	482	658	228	430	49	14	34	28	11	17
88	643	214	429	579	194	385	41	12	29	23	9	15
89	544	173	371	487	156	331	36	10	27	21	7	13
90-94	1,502	425	1,077	1,357	386	972	89	21	68	56	19	38
90	434	133	301	390	120	270	27	7	20	16	6	10
91	367	108	260	333	98	234	21	5	16	13	4	9
92	286	79	207	258	72	187	16	4	13	11	4	7
93	232	60	171	210	55	155	13	3	10	9	3	6
94	184	45	139	166	41	126	10	2	8	7	2	5
95-99	402	82	320	363	74	289	22	4	18	17	5	12
95	139	31	107	125	28	97	8	1	6	6	2	4
96	103	22	82	93	19	74	6	1	5	4	1	3
97	73	14	59	66	13	53	4	1	3	3	1	2
98	52	9	43	47	8	39	3	0	2	2	1	2
99	35	6	30	32	5	27	2	0	2	2	0	1
100+	64	9	55	57	8	50	3	0	3	4	1	3

2009 NHDS DATA FILE DOCUMENTATION

	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-14	61,883	31,645	30,237	46,725	23,947	22,779	9,247	4,693	4,555	5,910	3,006	2,904
15-44	125,017	63,243	61,774	96,982	49,511	47,471	17,743	8,648	9,094	10,292	5,083	5,209
45-64	79,312	38,697	40,614	65,381	32,280	33,101	9,029	4,109	4,920	4,902	2,309	2,593
65+	39,571	16,824	22,747	34,294	14,699	19,596	3,391	1,310	2,081	1,886	815	1,070
15+	243,899	118,764	125,135	196,657	96,489	100,168	30,162	14,068	16,095	17,079	8,207	8,873
45+	118,882	55,521	63,361	99,675	46,978	52,697	12,420	5,419	7,001	6,788	3,124	3,664
75+	18,779	7,230	11,548	16,527	6,413	10,114	1,456	502	954	796	316	480
85+	5,631	1,783	3,848	5,054	1,607	3,447	361	98	262	216	77	139

2009 NHDS DATA FILE DOCUMENTATION

APPENDIX D

	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
SURVEY YEAR						
2009	4,134,051	36,119,644	40,253,695	15,650	146,501	162,151
UNITS FOR AGE						
1 = years	.	35,458,800	35,458,800	.	144,101	144,101
2 = months	.	438,479	438,479	.	1,526	1,526
3 = days	4,134,051	222,365	4,356,416	15,650	874	16,524
AGE in years						
Under 15	4,134,051	2,018,288	6,152,339	15,650	7,467	23,117
15-44	.	10,480,443	10,480,443	.	41,344	41,344
45-64	.	9,686,167	9,686,167	.	39,908	39,908
65&UP	.	13,934,746	13,934,746	.	57,782	57,782
SEX						
Male	2,100,006	14,721,416	16,821,422	7,899	59,968	67,867
Female	2,034,045	21,398,228	23,432,273	7,751	86,533	94,284
RACE						
White	2,014,971	23,108,856	25,123,827	7,386	90,601	97,987
Black	625,014	4,954,034	5,579,048	2,106	19,932	22,038
Amerian Indian/Alaskan Native	37,300	147,570	184,870	109	446	555
Asian	141,286	581,611	722,897	438	1,787	2,225
Native Hawaiian/Pacific Islander	11,702	75,371	87,073	25	139	164
Other race	214,592	991,235	1,205,827	1,488	6,491	7,979
Multiple races	8,552	68,874	77,426	33	282	315
Race not stated	1,080,634	6,192,093	7,272,727	4,065	26,823	30,888
MARITAL STATUS						
Married	.	8,854,695	8,854,695	.	26,176	26,176
Single	4,134,051	6,451,973	10,586,024	15,650	17,757	33,407
Widowed	.	3,012,705	3,012,705	.	9,175	9,175
Divorced	.	1,589,634	1,589,634	.	4,735	4,735
Separated	.	269,420	269,420	.	754	754
Not stated	.	15,941,217	15,941,217	.	87,904	87,904
DISCHARGE STATUS						
Routine	3,999,209	28,075,349	32,074,558	15,157	112,889	128,046
Left Against Medical Advice	667	343,756	344,423	4	1,596	1,600
Short-term transfer	65,006	1,107,061	1,172,067	226	3,758	3,984
Long-term care transfer	12,419	3,870,902	3,883,321	27	16,465	16,492
Alive, not stated	41,953	1,639,981	1,681,934	115	6,980	7,095
Dead	8,576	785,682	794,258	47	3,016	3,063
Status not stated	6,221	296,913	303,134	74	1,797	1,871

2009 NHDS DATA FILE DOCUMENTATION

	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
REGION						
NorthEast	714,127	8,084,584	8,798,711	2,396	27,156	29,552
MidWest	891,022	8,003,703	8,894,725	5,185	42,356	47,541
South	1,534,433	13,272,998	14,807,431	6,353	62,364	68,717
West	994,469	6,758,359	7,752,828	1,716	14,625	16,341
HOSPITAL BEDSIZE						
Under 100 beds	685,644	7,181,155	7,866,799	1,968	23,933	25,901
100-199	622,627	5,568,123	6,190,750	2,962	34,935	37,897
200-299	1,014,416	8,252,617	9,267,033	3,769	30,296	34,065
300-499	1,206,721	9,847,446	11,054,167	4,161	34,513	38,674
500 beds & more	604,643	5,270,303	5,874,946	2,790	22,824	25,614
HOSPITAL OWNERSHIP						
Proprietary	226,541	3,294,050	3,520,591	1,360	19,638	20,998
Government	619,913	4,900,318	5,520,231	2,413	18,820	21,233
NonProfit	3,287,597	27,925,276	31,212,873	11,877	108,043	119,920
PRINCIPAL EXPECTED SOURCE OF PAYMENT						
Workers Compensation	1,195	135,825	137,020	2	447	449
Medicare	219	14,788,482	14,788,701	1	62,990	62,991
Medicaid	1,764,265	6,225,882	7,990,147	6,696	23,358	30,054
Other government	92,341	625,640	717,981	229	2,133	2,362
BlueCross BlueShield	499,612	3,068,512	3,568,124	2,000	12,037	14,037
HMO/PO	959,876	5,076,744	6,036,620	3,381	18,846	22,227
Other private insurance	418,160	2,894,804	3,312,964	1,835	12,174	14,009
SelfPay	156,566	1,764,649	1,921,215	610	7,104	7,714
NoCharge	432	48,502	48,934	1	206	207
Other payment	60,135	367,461	427,596	149	1,875	2,024
Not stated	181,250	1,123,143	1,304,393	746	5,331	6,077
DISCHARGE MONTH						
01 = January	366,371	3,175,139	3,541,510	1,359	12,665	14,024
02 = February	338,576	2,947,717	3,286,293	1,208	11,956	13,164
03 = March	349,479	3,249,569	3,599,048	1,311	13,097	14,408
04 = April	343,433	3,076,219	3,419,652	1,286	12,439	13,725
05 = May	344,179	3,107,733	3,451,912	1,324	12,287	13,611
06 = June	341,102	2,998,774	3,339,876	1,250	12,328	13,578
07 = July	362,125	3,064,183	3,426,308	1,388	12,531	13,919
08 = August	359,109	2,931,452	3,290,561	1,433	12,040	13,473
09 = September	367,554	2,907,035	3,274,589	1,366	12,037	13,403
10 = October	349,959	3,002,616	3,352,575	1,319	12,125	13,444
11 = November	298,569	2,779,282	3,077,851	1,185	11,228	12,413
12 = December	313,595	2,879,925	3,193,520	1,221	11,768	12,989

2009 NHDS DATA FILE DOCUMENTATION

	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
LOS FLAG						
Less than 1 day	57,407	708,780	766,187	188	2,410	2,598
1 day or more	4,076,644	35,410,864	39,487,508	15,462	144,091	159,553
TYPE OF ADMISSION						
Emergent	.	18,078,311	18,078,311	.	77,911	77,911
Urgent	.	7,149,380	7,149,380	.	26,229	26,229
Elective	.	8,897,136	8,897,136	.	38,040	38,040
Newborn	4,134,051	.	4,134,051	15,650	.	15,650
Not stated	.	1,994,817	1,994,817	.	4,321	4,321
SOURCE OF ADMISSION						
Physician	.	12,300,686	12,300,686	.	50,722	50,722
Clinic	.	1,210,770	1,210,770	.	2,572	2,572
HMO	.	21,435	21,435	.	50	50
Hospital transfer	.	1,806,855	1,806,855	.	5,854	5,854
Skilled Nursing Facility transfer	.	408,657	408,657	.	2,305	2,305
Other transfer	.	251,457	251,457	.	1,081	1,081
Emergency Department	.	18,317,784	18,317,784	.	78,050	78,050
Court/Law Enforcement	.	65,673	65,673	.	241	241
Other	4,134,051	502,367	4,636,418	15,650	2,327	17,977
Not stated	.	1,233,960	1,233,960	.	3,299	3,299
FIRST-LISTED DIAGNOSIS CHAPTER						
CHAPTER01	.	1,265,439	1,265,439	.	5,471	5,471
CHAPTER02	.	1,723,507	1,723,507	.	6,964	6,964
CHAPTER03	.	1,865,095	1,865,095	.	7,054	7,054
CHAPTER04	.	575,769	575,769	.	2,307	2,307
CHAPTER05	.	2,124,848	2,124,848	.	10,825	10,825
CHAPTER06	.	1,009,165	1,009,165	.	3,726	3,726
CHAPTER07	.	6,165,309	6,165,309	.	25,801	25,801
CHAPTER08	.	3,616,125	3,616,125	.	14,661	14,661
CHAPTER09	.	3,622,353	3,622,353	.	14,535	14,535
CHAPTER10	.	2,141,400	2,141,400	.	8,409	8,409
CHAPTER11	.	502,493	502,493	.	1,805	1,805
CHAPTER12	.	795,875	795,875	.	3,113	3,113
CHAPTER13	.	2,235,282	2,235,282	.	9,642	9,642
CHAPTER14	.	182,994	182,994	.	691	691
CHAPTER15	.	176,625	176,625	.	671	671
CHAPTER16	.	184,380	184,380	.	438	438
CHAPTER17	.	3,045,543	3,045,543	.	12,142	12,142
VCODES	4,134,051	4,887,442	9,021,493	15,650	18,246	33,896

2009 NHDS DATA FILE DOCUMENTATION

ALL-LISTED DIAGNOSES BY ICD-9-CM CHAPTER

2009	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
All	11,495,281	194,663,437	206,158,718	44,147	813,614	857,761
CHAPTER01	11,923	4,658,435	4,670,358	37	19,655	19,692
CHAPTER02	15,173	4,924,783	4,939,956	84	20,252	20,336
CHAPTER03	46,279	22,736,085	22,782,364	162	96,885	97,047
CHAPTER04	14,832	6,200,572	6,215,404	57	26,520	26,577
CHAPTER05	470	13,098,093	13,098,563	3	58,654	58,657
CHAPTER06	23,342	6,635,370	6,658,712	93	27,860	27,953
CHAPTER07	11,797	35,233,703	35,245,500	65	151,970	152,035
CHAPTER08	12,768	13,093,512	13,106,280	44	55,571	55,615
CHAPTER09	18,766	12,247,771	12,266,537	86	51,105	51,191
CHAPTER10	20,859	11,865,689	11,886,548	134	50,539	50,673
CHAPTER11	.	11,073,923	11,073,923	.	42,564	42,564
CHAPTER12	44,935	3,036,832	3,081,767	177	12,859	13,036
CHAPTER13	17,052	7,629,297	7,646,349	85	32,370	32,455
CHAPTER14	393,753	806,323	1,200,076	1,645	3,479	5,124
CHAPTER15	3,652,671	546,920	4,199,591	14,384	2,316	16,700
CHAPTER16	138,494	11,323,035	11,461,529	571	46,669	47,240
CHAPTER17	13,505	7,763,906	7,777,411	59	30,059	30,118
ECODES	4,933	3,635,687	3,640,620	22	10,888	10,910
VCODES	7,053,729	18,153,501	25,207,230	26,439	73,399	99,838

2009 NHDS DATA FILE DOCUMENTATION

ALL-LISTED PROCEDURES BY ICD-9-CM CHAPTER

2009	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
All	4,266,839	47,962,458	52,229,297	15,566	199,500	215,066
CHAPTER00*	.	1,915,005	1,915,005	.	8,349	8,349
CHAPTER01	23,679	1,250,722	1,274,401	91	5,361	5,452
CHAPTER02	141	120,240	120,381	1	471	472
CHAPTER03	386	68,664	69,050	4	371	375
CHAPTER04	176	24,462	24,638	3	105	108
CHAPTER05	7,583	288,621	296,204	35	990	1,025
CHAPTER06	17,987	1,294,124	1,312,111	59	5,394	5,453
CHAPTER07	105,588	6,642,943	6,748,531	438	29,003	29,441
CHAPTER08	.	414,262	414,262	.	1,751	1,751
CHAPTER09	26,260	6,050,678	6,076,938	90	24,557	24,647
CHAPTER10	1,165	1,127,181	1,128,346	1	4,929	4,930
CHAPTER11	1,182,574	235,303	1,417,877	5,023	1,126	6,149
CHAPTER12	.	1,662,066	1,662,066	.	6,336	6,336
CHAPTER13	.	7,340,155	7,340,155	.	27,978	27,978
CHAPTER14	507	4,904,021	4,904,528	3	20,436	20,439
CHAPTER15	6,452	1,422,250	1,428,702	38	5,765	5,803
CHAPTER16	2,894,341	12,993,165	15,887,506	9,780	55,732	65,512
CODE 17 §	.	208,596	208,596	.	846	846

* 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.

§ Another coding change of note, based on the 2008 Addendum, is the addition of procedure codes 17.11-17.49, Other Miscellaneous Diagnostic and Therapeutic Procedures, which are coded in the NHDS beginning in 2009. Because these procedures do not appear in a chapter related to a particular body system, care should be exercised in making estimates for certain types of procedures affected by these new codes. This particularly applies to procedures performed by laparoscopy or robotic assistance, as well as procedures coded to Chapter 00 (explained above), where codes related to specific body systems may cross over chapters. For further information, check the conversion table provided in Appendix B of this document, refer to the ICD-9-CM professional coding manual, or obtain the assistance of a medical coding specialist.

APPENDIX E
NHDS Medical Abstract Form

Form HDS-1

FORM **HDS-1**
(3-20-2008)

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 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to 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	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"/>
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"/> { 1 <input type="checkbox"/> Years, 2 <input type="checkbox"/> Months, 3 <input type="checkbox"/> Days	
9. Sex – <i>Mark (X) one</i>	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Not stated	4 <input type="checkbox"/> Asian
10. Ethnicity – <i>Mark (X) one</i>	1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino 3 <input type="checkbox"/> Not stated	5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		6 <input type="checkbox"/> Other – <i>Specify</i> <input type="text"/>
		7 <input type="checkbox"/> Not stated
		12. Marital status – <i>Mark (X) one</i>
		1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Single 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Not stated

C. ADMINISTRATIVE INFORMATION

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

(Over)

D. MEDICAL INFORMATION

17. ADMITTING DIAGNOSIS

Admitting diagnosis	ICD-9-CM Code	Description

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
Principal diagnosis			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
Diagnosis 2			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
Diagnosis 3			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
Diagnosis 4			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
Diagnosis 5			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
Diagnosis 6			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
Diagnosis 7			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
Principal procedure					
Procedure 2					
Procedure 3					
Procedure 4					

No procedures

Comments

Completed by _____ Date _____