

# NATIONAL HOSPITAL DISCHARGE SURVEY

2010

PUBLIC USE DATA FILE DOCUMENTATION

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March 2012**

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## PUBLIC USE DATA FILE DOCUMENTATION

This document provides information for users of the National Hospital Discharge Survey (NHDS) Public Use Data File for 2010. Conducted annually by the National Center for Health Statistics (NCHS), NHDS is a principal source of information on inpatient hospital utilization in the United States.

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

**Section II** provides technical details about the file.

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

**Appendix A** defines certain terms used in this document;

**Appendix B** lists the ICD-9-CM Addenda;

**Appendix C** provides population estimates to allow for the calculation of utilization rates;

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

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

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### **Special note to users of 2010 NHDS data files**

**Users of the 2010 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 2010 is 239 hospitals, of which 3 hospitals were out-of-scope and 203 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.**

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## I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

**Introduction.** This document and its appendices contain information for users of the 2010 National Hospital Discharge Survey (NHDS) public use data file. Conducted annually by the National Center for Health Statistics, NHDS collects medical and demographic information from a sample of inpatient discharge records selected from a national probability sample of non-Federal, short-stay hospitals. The data serve as a basis for calculating statistics on inpatient hospital utilization in the United States. For a brief description of the survey design and data collection procedures, see below. For a more detailed description of the survey design, data collection procedures, and the estimation process, see Reference 1. Publications based on the data for each survey year can be obtained from the NCHS website at: [http://www.cdc.gov/nchs/nhds/nhds\\_products.htm](http://www.cdc.gov/nchs/nhds/nhds_products.htm).

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

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

## SURVEY METHODOLOGY

**Source of the Data.** NHDS covers discharges from noninstitutional hospitals, excluding Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Only short-stay hospitals (hospitals with an average length of stay for all patients of less than 30 days) or those whose specialty is general (medical or surgical) or children's general are included in the survey. These hospitals must also have six or more beds staffed for patient use. These criteria, used from 1988 through the current survey year, are slightly different from those used prior to 1988, specifically with respect to certain aspects of the sampling design. First, the 1988 redesign included a third stage of sampling that was performed 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 2010, the sample consisted of 239 hospitals. Of these hospitals, 3 were found to be out-of-scope (ineligible) because they went out of business or otherwise failed to meet the criteria for the NHDS universe. Of the 236 in-scope (eligible) hospitals, 203 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

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1965. The original sample was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory (NMFI). That sample was updated periodically with samples of hospitals that opened later. In the original design, a two-stage sampling plan was used in which hospitals were sampled at the first stage, with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. At the second stage, a systematic random sample of discharges was selected from each sampled hospital. A report on the design and development of the original NHDS has been published (2).

In 1988, NHDS was redesigned to provide geographic sampling comparability with other surveys conducted by NCHS; to update the sample of hospitals selected into the survey; and to maximize the use of data collected through automated systems. The 1988 hospital sample was drawn from a sampling frame that consisted of hospitals that were listed in the April 1987 SMG Hospital Market Database (3), met the above criteria, and began accepting patients by August 1987. The hospital sample 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 2010, about 17 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.

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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 2010 NHDS data because the rules for assigning the indicators may pose some disclosure risk for NHDS hospitals. In 2010 the number of Diagnosis Codes collected increased from 7 to 15. Similarly, the number of Procedure Codes collected increased from 4 to 8. The coding of Source of Admission/Point of Origin was also altered in 2010 so it is substantially different from the coding used in prior years. 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 fifteen 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 eight 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 2010 data is consistent with the ICD-9-CM and the addendum which became effective October 1, 2009. Addendum changes for 1986 through 2009 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

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and to alleviate inappropriate categorization of new procedures. Chapter 00, Procedures and Interventions, Not Elsewhere Classified, has been coded in NHDS since 2003, as October addendum changes are not implemented in NHDS until the following data collection year. 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, beginning with the 2008 Addendum, is that procedure codes 17.11-17.70 were added under the chapter entitled Other Miscellaneous Diagnostic and Therapeutic Procedures, which are coded in the NHDS beginning with the 2009 data year. 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, 2010 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 or age 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

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diagnosis. In 2010, data for RACE were missing for 16 percent of the discharges, and no attempt was made to impute for these missing values.

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

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

### **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 2010 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 128,000. Using the applicable constants from Table 1 for estimates by age produces:

$$\mathbf{RSE (128,000) = SQRT [0.0830 + (143.722 / 128,000) ]}$$

$$\mathbf{RSE (128,000) = .290}$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 29.0 percent. The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$\mathbf{SE (128,000) = 128,000 * .290 = 37,120}$$

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:

$$\mathbf{(128,000 - 2*37,120) \leftrightarrow (128,000 + 2*37,120)}$$



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**53,760 <-> 202,240**

## **Relative Standard Error for Estimates of Percents**

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

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

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

For example, in 2010 the estimated number of discharges from short-stay hospitals who were women was 20,879,000. This is 59.5 percent of the estimated 35,079,000 total discharges for that year. Using the applicable constants from Table 1 for estimates by sex produces:

$$\mathbf{RSE (.595) = SQRT [ 637.913 * (1 - .595) / (.595 * 35,079,000) ]}$$

$$\mathbf{RSE (.595) = .00352}$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 0.352 percent. The standard error is obtained by multiplying the relative standard error by the estimate itself:

$$\mathbf{SE (.595) = .595 * .00352 = .00209}$$

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

$$\mathbf{(.595 - 2*.00209) <-> (.595 + 2*.00209)}$$

$$\mathbf{.591 <-> .599}$$

or, equivalently,  $\mathbf{59.1\% <-> 59.9\%}$

## **Relative Standard Error for Ratio Estimators**

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

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

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

For example, average length of stay (ALOS) is considered a ratio estimator since it is the ratio of days of care to the number of discharges. In 2010, the estimated number of days

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of care for inpatients with a first-listed diagnosis of septicemia (ICD-9-CM code 038) was 7,111,000. The estimated number of discharges for inpatients with a first-listed diagnosis of septicemia was 808,000. The ALOS for inpatients with a first-listed diagnosis of septicemia was  $7,111,000/808,000 = 8.8$  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.

$$\mathbf{RSE (7,111,000) = .1319}$$

$$\mathbf{RSE (808,000) = .1292}$$

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

$$\mathbf{RSE (8.8) = \text{SQRT} [ (.1319)^2 + (.1292)^2 ]}$$

$$\mathbf{RSE (8.8) = .1846}$$

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

$$\mathbf{SE (8.8) = .1846 * 8.8 = 1.624}$$

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

$$\mathbf{(8.8 - 2*1.624) <-> (8.8 + 2*1.624)}$$

$$\mathbf{5.6 <-> 12.0}$$

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Table 1. Parameter values for generalized variance curves for National Hospital Discharge Survey aggregate statistics by statistic type: United States, 2010

<b>Characteristic</b>	<b>First-listed diagnosis</b>		<b>Days of care</b>		<b>All-listed diagnosis</b>		<b>All-listed procedures</b>	
	a	b	a	b	a	b	a	b
Total	0.0159	650.831	0.0172	1425.807	0.0144	623.260	0.0151	729.813
<b>Sex</b>								
Male	0.0161	724.051	0.0179	2496.501	0.0146	728.676	0.0149	755.607
Female	0.0140	637.913	0.0179	1313.540	0.0140	651.022	0.0190	912.043
<b>Age</b>								
Under 15 years	0.0830	143.722	0.0923	995.696	0.0825	561.310	0.0810	649.728
15-44 years	0.0158	584.146	0.0220	1185.206	0.0160	600.445	0.0173	512.960
45-64 years	0.0137	756.734	0.0184	2204.708	0.0138	656.491	0.0152	672.363
65 years and over	0.0138	579.894	0.0176	2094.223	0.0146	796.499	0.0147	716.932
<b>Region</b>								
Northeast	0.0485	444.737	0.0579	1434.935	0.0632	692.392	0.0598	427.716
Midwest	0.0536	224.558	0.0591	470.697	0.0627	487.640	0.0649	337.066
South	0.0369	512.905	0.0416	1593.880	0.0384	1104.621	0.0378	486.951
West	0.0893	1085.579	0.0942	3505.792	0.0725	1371.246	0.0737	507.674
<b>Race</b>								
White	0.0203	621.932	0.0235	1165.600	0.0187	684.807	0.0199	772.858
Black	0.0228	476.965	0.0306	1209.947	0.0214	592.566	0.0244	473.972
All other	0.0273	402.024	0.0388	625.455	0.0303	432.966	0.0331	408.457
Race not stated	0.0512	419.533	0.0507	1667.202	0.0448	621.234	0.0576	334.633
<b>Expected source of payment</b>								
Medicare	0.0157	832.240	0.0178	2303.832	0.0145	636.527	0.0165	615.176
Medicaid	0.0278	504.015	0.0321	1635.608	0.0257	569.028	0.0241	541.894
Worker's compensation and other government payments	0.0304	601.328	0.0335	2880.093	0.0324	570.611	0.0293	610.377
HMO/PPO	0.0167	562.008	0.0243	1447.438	0.0209	704.045	0.0167	673.612
BC/BS and other private insurance	0.0206	514.254	0.0291	1409.498	0.0182	549.801	0.0232	454.750
Self pay	0.0207	552.993	0.0305	1815.463	0.0218	569.489	0.0256	409.230
No charge and other	0.0469	280.161	0.0596	1284.331	0.0413	476.919	0.0405	405.666

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

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

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

If the sample size is less than 30, the value of the estimate is not reported.

If the sample size is 30-59, the value of the estimate is reported but should not be assumed reliable.

If the sample size is 60 or more and the relative standard error is less than 30 percent, the estimate is reported.

If the relative standard error of any estimate is over 30 percent, the estimate is considered to be unreliable. It is left to the author to decide whether or not to present it. However, if the author chooses to present the unreliable estimate, the consumer of the statistic must be informed that the statistic is not reliable.

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

For partially responding hospitals, one or both of two adjustments were made. If the hospital provided at least half, but not all, of the expected number of abstracts for a given month, the weights of the abstracts actually collected for that month were inflated to account for the missing abstracts. If fewer than half of the expected number of abstracts were provided, the weights of the abstracts provided were inflated by a factor of two, and then a second adjustment was made to account for the excess nonresponse. In the second adjustment, the weights of the discharges in the hospital's respondent months were inflated by ratios that varied by category of first-listed ICD-9-CM diagnostic code. This adjustment ratio was based on the hospital's month(s) of nonresponse and the month-by-month distributions of first-listed diagnostic groups among discharges from hospitals which responded for all twelve months. The ratio accounts for the seasonality in the occurrence of the first-listed diagnostic groups for annual statistics, but not for partial year estimates. As a result monthly and seasonal estimates may be skewed. While the effect is believed to be small, it is recommended that partial year estimates NOT be produced. In the 2010 NHDS,

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88 percent of the 203 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 734 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 2010 NHDS, NCHS used the CMS MS-DRG Grouper software Version 27.0 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](mailto: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](mailto:listserv@cdc.gov)

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<sup>1</sup>Dennison 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](http://www.cdc.gov/nchs/data/series/sr_01/sr01_039.pdf)

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

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

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

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

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

# 2010 NHDS DATA FILE DOCUMENTATION

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## II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name	NHDS10.PU.TXT
Record Length	149
Number of Records	151,551

## 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.

Please note that the layout and record length of the file is different from previous years!

## 2010 NHDS DATA FILE DOCUMENTATION

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Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	10
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 91 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)
11	17	1	Length of stay flag	0=Less than 1 day 1=One day or more



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Item Number	Location	Number of Positions	Item description	Code description
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	63-67	5	Diagnosis code #8**	*
25	68-72	5	Diagnosis code #9**	*
26	73-77	5	Diagnosis code #10**	*
27	78-82	5	Diagnosis code #11**	*
28	83-87	5	Diagnosis code #12**	*
29	88-92	5	Diagnosis code #13**	*
30	93-97	5	Diagnosis code #14**	*
31	98-102	5	Diagnosis code #15**	*

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Item Number	Location	Number of Positions	Item description	Code description
32	103-106	4	Procedure code#1	*
33	107-110	4	Procedure code#2	*
34	111-114	4	Procedure code#3	*
35	115-118	4	Procedure code#4	*
36	119-122	4	Procedure code#5****	*
37	123-126	4	Procedure code#6****	*
38	127-130	4	Procedure code#7****	*
39	131-134	4	Procedure code#8****	*
40	135-136	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
41	137-138	2	Secondary expected source of payment	Same coding as item 40 above, except Not Stated left blank (not coded to 99)
42	139-141	3	Diagnosis-Related Groups (DRG)	Groupers version 27.0
43	142	1	Type of Admission /Priority Type of Visit****	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 9 = Not available

## 2010 NHDS DATA FILE DOCUMENTATION

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Item Number	Location	Number of Positions	Item description	Code description
44	143-144	2	Source of Admission/ Point of Origin*****	01 = Non-Health Care POA 02 = Clinic 03 = Transfer from a Hospital 04 = Transfer from Skilled Nursing Facility / Intermediate Care Facility 05 = Transfer from Other Health Facility 06 = Emergency room 07 = Court/law enforcement 08 = Transfer from Ambulatory Surgery Center 09 = Transfer from Hospice 10 = Born inside this Hospital (Newborn Infants Only) 11 = Born outside this Hospital (Newborn Infants Only) 12 = Other 99 = Not available
45	145-149	5	Admitting Diagnosis	*

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 \*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.

\*\*The inclusion of Diagnosis Codes 8 through 15 is new in the 2010 data set. Previous years of the NHDS contain Diagnosis codes 1 through 7.

\*\*\*The inclusion of Procedure Codes 5 through 8 is new in the 2010 data set. Previous years of the NHDS contain Procedure Codes 1 through 4.

\*\*\*\*The inclusion of 5 = Trauma is new in the 2010 data set.

\*\*\*\*\*The coding of Source of Admission/Point of Origin is substantially different in the 2010 data set than in previous years.

## APPENDIX A

### DEFINITION OF TERMS

#### Terms relating to hospitals and hospitalization

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

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

**Not for Profit:** Hospitals operated by a church or another not for profit organization.

**Government:** Hospitals operated by State and local government.

**Proprietary:** Hospitals operated by individuals, partnerships, or corporations for profit.

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

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

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

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

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

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

#### Terms relating to diagnoses and procedures

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

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

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

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**Discharge diagnoses:** One or more diseases or injuries (or some factor that influences health status and contact with health services that is not itself a current illness or injury) listed by the attending physician on the medical record of a patient. In NHDS, discharge (or final) diagnoses listed on the face sheet (summary sheet) of the medical record are transcribed in the order listed. Each sample discharge is assigned a maximum of fifteen 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 eight 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 2010, 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 2010 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 2009. 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 2010, the ICD-9-CM with addendum changes up to October 1, 2009 was used; but for the last 3 months, the October 2010 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 2010 were converted back to their previous code assignments under the October 2009 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, beginning with the 2008 Addendum, is that procedure codes 17.11-17.70 were added under the chapter entitled Other Miscellaneous Diagnostic and Therapeutic Procedures, which are coded in the NHDS beginning with the 2009 data year. 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.

# 2010 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<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
046.71-046.72; 046.79	2008	046.8

# 2010 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
079.50-079.53, 079.59	1993	079.8
079.6	1996	079.89



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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
204.10	1991	204.1
204.11	1991	V10.61

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
207.00	1991	207.0

# 2010 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
209.25-209.27; 209.29	2008	199.1
209.30	2008	199.0-199.1

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
<b>209.31</b>	<b>2009</b>	<b>173.0-173.3</b>
<b>209.32</b>	<b>2009</b>	<b>173.4</b>
<b>209.33</b>	<b>2009</b>	<b>173.6</b>
<b>209.34</b>	<b>2009</b>	<b>173.7</b>
<b>209.35</b>	<b>2009</b>	<b>173.5</b>
<b>209.36</b>	<b>2009</b>	<b>1 73.8, 187.7</b>
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
<b>209.70</b>	<b>2009</b>	<b>199.1</b>
<b>209.71</b>	<b>2009</b>	<b>196.0-196.9</b>
<b>209.72</b>	<b>2009</b>	<b>197.7</b>
<b>209.73</b>	<b>2009</b>	<b>198.5</b>
<b>209.74</b>	<b>2009</b>	<b>197.6</b>
<b>209.75</b>	<b>2009</b>	<b>199.0</b>
<b>209.79</b>	<b>2009</b>	<b>199.0</b>
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
<b>239.81; 239.89</b>	<b>2009</b>	<b>239.8</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
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
<b>274.00-274.03</b>	<b>2009</b>	<b>274.0</b>
275.40-275.42, 275.49	1997	275.4

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
275.5	2008	<b>275.41* This is a change from 2008 table</b>
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
<b>277.88</b>	<b>2009</b>	<b>584.8</b>
278.00-278.01	1995	278.0
278.02	2005	278.00
<b>279.41; 279.49</b>	<b>2009</b>	<b>279.4</b>
279.50-279.53	2008	996.80-996.89
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
<b>285.3</b>	<b>2009</b>	<b>284.89</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
289.89	2003	289.8
291.81	1996	291.8
291.82	2005	291.89
291.89	1996	291.8
292.85	2005	292.89
293.84	1996	293.89
294.10-294.11	2000	294.1
300.82	1996	300.81
305.1	1994	305.10, 305.11, 305.12, 305.13 (Codes deleted)
312.81-312.82, 312.89	1994	312.8
315.32	1996	315.39
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

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



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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
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
<b>348.81; 348.89</b>	<b>2009</b>	<b>348.8</b>
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
<b>359.71; 359.79</b>	<b>2009</b>	<b>359.89</b>
359.81, 359.89	2002	359.8
362.03-362.07	2005	362.02

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### Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>372.06</b>	<b>2009</b>	<b>372.01</b>
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
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>416.2</b>	<b>2009</b>	<b>415.19</b>
423.3	2007	423.9
426.82	2005	794.31
428.20-428.23	2002	428.0
428.30-428.33	2002	428.0
428.40-428.43	2002	428.0
429.71, 429.79	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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
438.10	1997	784.5 & 438
438.11	1997	784.3 & 438
438.12	1997	784.5 & 438
<b>438.13-438.14</b>	<b>2009</b>	<b>438.19</b>
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
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
449	2007	038.0-038.9
451.82-451.84	1993	451.89
453.40-453.42	2004	453.8 <b>Code titles restated 2009 to be acute only</b>
<b>453.50-453.52</b>	<b>2009</b>	<b>453.40-453.42</b>
<b>453.6</b>	<b>2009</b>	<b>453.8</b>
<b>453.71-453.77; 453.79</b>	<b>2009</b>	<b>453.8</b>
<b>453.81-453.87; 453.89</b>	<b>2009</b>	<b>453.8# Code expanded &amp; restated to be acute only</b>
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
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
488	2007	487.0-487.8
<b>488.0</b>	<b>2009</b>	<b>488</b>
<b>488.1</b>	<b>2009</b>	<b>487.0-487.8</b>
491.20-491.21	1991	491.2
491.22	2004	491.21
493.02	2000	493.00
493.12	2000	493.10
493.20	1989	493.90
493.21	1989	493.91
493.22	2000	493.20
493.81	2003	519.1
493.82	2003	493.90-493.91
493.92	2000	493.90
494.0-494.1	2000	494
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
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>569.71</b>	<b>2009</b>	<b>997.4 &amp; 558.9</b>
<b>569.79</b>	<b>2009</b>	<b>569.89</b>
569.84	1990	557.1
569.85	1991	569.84
569.86	2002	569.82
<b>569.87</b>	<b>2009</b>	<b>569.89</b>
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



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### Changes in ICD-9-CM diagnosis codes, 1986-2009

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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
621.30-621.33 <b>621.34-621.35</b>	2004 <b>2009</b>	621.3 <b>621.30</b>
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
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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)
<b>670.00, 670.02, 670.04</b>	<b>2009</b>	<b>670.00, 670.02, 670.04#</b> <b>[Code titles re-stated, these are now the unspecified codes]</b>
<b>670.10, 670.12, 670.14</b>	<b>2009</b>	<b>670.00, 670.02, 670.04</b>
<b>670.20, 670.22, 670.24</b>	<b>2009</b>	<b>670.00, 670.02, 670.04</b>
<b>670.30, 670.32, 670.34</b>	<b>2009</b>	<b>670.00, 670.02, 670.04</b>
<b>670.80, 670.82, 670.84</b>	<b>2009</b>	<b>671.20, 671.22, 671.24; 671.40, 671.42, 671.44; 671.50, 671.52, 671.54</b>
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	2008	656.80-656.81; 656.83
678.10-678.11; 678.13	2008	653.7
679.00-679.04	2008	656.9
679.10-679.14	2008	656.00-656.04

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
731.3	2006	733.99

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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	1997	756.7
<b>756.72-756.73</b>	<b>2009</b>	<b>756.79</b>
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
765.20-765.24	2002	765.00-765.09

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>768.70-768.73</b>	<b>2009</b>	<b>768.7</b>
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
<b>779.31-779.33</b>	<b>2009</b>	<b>779.3</b>
<b>779.34</b>	<b>2009</b>	<b>783.41</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
780.95	2005	780.99
780.96, 780.97	2006	780.99
780.99	2002	780.9
781.8	1994	781.9
781.91-781.92, 781.99	2000	781.9
781.93	2002	723.5
781.94	2003	781.99
783.21	2000	783.2
783.22	2000	783.4
783.40-783.43	2000	783.4
783.7	2000	783.4
<b>784.42-784.44</b>	<b>2009</b>	<b>784.49</b>
<b>784.51; 784.59</b>	<b>2009</b>	<b>784.5</b>
784.91	2006	473.9
784.99	2006	784.9
785.52	2003	785.59
786.03-786.07	1998	786.09
787.01-787.03	1994	787.0
<b>787.04</b>	<b>2009</b>	<b>787.01;787.03</b>
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
<b>789.7</b>	<b>2009</b>	<b>789.00-789.07;789.09</b>

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
790.01, 790.09	2000	790.0
790.21-790.22, 790.29	2003	790.2
790.91,790.93, 790.99	1993	790.9
790.92	1993	286.9
790.94	1997	790.99
790.95	2004	790.99
792.5	2000	792.9
793.80-793.81	2001	793.8
<b>793.82</b>	<b>2009</b>	<b>793.89</b>
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
<b>799.21-799.23</b>	<b>2009</b>	<b>799.2</b>
<b>799.24</b>	<b>2009</b>	<b>301.3</b>
<b>799.25</b>	<b>2009</b>	<b>799.89</b>
<b>799.29</b>	<b>2009</b>	<b>799.2</b>
799.81	2003	799.8
<b>799.82</b>	<b>2009</b>	<b>799.89</b>
799.89	2003	799.8
813.45	2002	813.42
<b>813.46</b>	<b>2009</b>	<b>813.43</b>
<b>813.47</b>	<b>2009</b>	<b>813.44</b>



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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
823.40-823.42	2002	823.80-823.82
<b>832.2</b>	<b>2009</b>	<b>832.00-832.05; 832.09</b>
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
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
<b>969.00-969.05; 969.09</b>	<b>2009</b>	<b>969.0</b>
<b>969.70-969.73; 969.79</b>	<b>2009</b>	<b>969.7</b>
989.81-989.84, 989.89	1995	989.8
995.20-995.23	2006	995.2
<b>995.24</b>	<b>2009</b>	<b>995.29</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>V10.90-V10.91</b>	<b>2009</b>	<b>V10.9</b>
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
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	2008	V15.5
<b>V15.52</b>	<b>2009</b>	<b>V15.59</b>
V15.59	2008	V15.5
<b>V15.80</b>	<b>2009</b>	<b>V15.89</b>
V15.82	1994	305.13 (code deleted)
<b>V15.83</b>	<b>2009</b>	<b>V15.89</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>V20.31-V20.32</b>	<b>2009</b>	<b>V20.2</b>
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
V26.39	2006	V26.32
V26.41	2007	V26.4
<b>V26.42</b>	<b>2009</b>	<b>V26.49</b>
V26.49	2007	V26.4
V26.51-V26.52	1998	None
V26.81	2007	V26.8
<b>V26.82</b>	<b>2009</b>	<b>V26.89</b>
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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, 620.8, 621.8, 622.8
V45.78	2000	360.89
V45.79	2000	255.8, 289.59, 388.8, 569.49, 577.8; V45.89
V45.82	1994	V45.89
V45.83	1995	V45.89
V45.84	2001	None
V45.85	2003	V45.89
V45.86	2006	V45.89
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V49.60-V49.67	1994	V49.5
V49.70-V49.77	1994	V49.5
V49.81	2000	None
V49.82	2001	None
V49.83	2004	None
V49.84	2005	V49.89
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
<b>V53.50</b>	<b>2009</b>	<b>V53.5</b>
<b>V53.51</b>	<b>2009</b>	<b>V53.99</b>
<b>V53.59</b>	<b>2009</b>	<b>V53.5</b>
V53.90-V53.91, V53.99	2003	V53.9
V54.01-V54.02, V54.09	2003	V54.0
V54.10-V54.17, V54.19	2002	V54.8
V54.20-V54.27, V54.29	2002	V54.8
V54.81, V54.89	2002	V54.8
V56.1	1995	V58.89
V56.1 (Code title restated)	1998	V56.1
V56.2	1998	V56.1
V56.31-V56.32	2000	V56.8
V57.21-V57.22	1994	V57.2
V58.11	2005	V58.1
V58.12	2005	140-208; 230-239
V58.30-V58.32	2006	V58.3
V58.41, V58.49	1994	V58.4
V58.42, V58.43	2002	V58.49
V58.44	2004	V58.71-V58.78
V58.61, V58.69	1995	V67.51
V58.62	1998	V58.69
V58.63-V58.65	2003	V58.69
V58.66-V58.67	2004	V58.69
V58.71-V58.78	2002	V58.49
V58.81, V58.89	1994	V58.8
V58.82	1995	V58.89
V58.83	2000	V58.89

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V59.01-V59.02, V59.09	1995	V59.0
V59.6	1995	V59.8
V59.70-V59.74	2005	V59.8
<b>V60.81; V60.89</b>	<b>2009</b>	<b>V60.8</b>
V61.01-V61.06	2008	V61.0
<b>V61.07-V61.08</b>	<b>2009</b>	<b>V61.09</b>
V61.09	2008	V61.0
V61.10-V61.12	1996	V61.1
V61.22	1996	V61.21
<b>V61.23-V61.25</b>	<b>2009</b>	<b>V61.29</b>
<b>V61.42</b>	<b>2009</b>	<b>V61.49</b>
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
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

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V72.42	2005	V22.0-V22.1
<b>V72.60-V72.63; V72.69</b>	<b>2009</b>	<b>V72.6</b>
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
<b>V80.01; V80.09</b>	<b>2009</b>	<b>V80.0</b>
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
V87.2	2008	V15.89
V87.31	2008	V15.89
<b>V87.32</b>	<b>2009</b>	<b>V87.39</b>
V87.39	2008	V15.89
V87.41-V87.42	2008	V15.89
<b>V87.43-V87.46</b>	<b>2009</b>	<b>V87.49</b>



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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>E000.0-E000.1; E000.8-E000.9</b>	<b>2009</b>	<b>None</b>
<b>E001.0-E001.1</b>	<b>2009</b>	<b>None</b>
<b>E002.0-E002.9</b>	<b>2009</b>	<b>None</b>
<b>E003.0-E003.3; E003.9</b>	<b>2009</b>	<b>None</b>
<b>E004.0-E004.4; E004.9</b>	<b>2009</b>	<b>None</b>
<b>E005.0-E005.4; E005.9</b>	<b>2009</b>	<b>None</b>
<b>E006.0-E006.6; E006.9</b>	<b>2009</b>	<b>None</b>
<b>E007.0-E007.9</b>	<b>2009</b>	<b>None</b>
<b>E008.0-E008.4; E008.9</b>	<b>2009</b>	<b>None</b>
<b>E009.0-E009.5; E009.9</b>	<b>2009</b>	<b>None</b>
<b>E010.0-E010.3; E010.9</b>	<b>2009</b>	<b>None</b>
<b>E011.0-E011.1; E011.9</b>	<b>2009</b>	<b>None</b>
<b>E012.0-E012.2; E012.9</b>	<b>2009</b>	<b>None</b>
<b>E013.0-E013.5; E013.8-E013.9</b>	<b>2009</b>	<b>None</b>
<b>E014.0-E014.1; E014.9</b>	<b>2009</b>	<b>None</b>
<b>E015.0-E015.2; E015.9</b>	<b>2009</b>	<b>None</b>
<b>E016.0-E016.2; E016.9</b>	<b>2009</b>	<b>None</b>
<b>E017.0; E017.9</b>	<b>2009</b>	<b>None</b>
<b>E018.0-E018.3</b>	<b>2009</b>	<b>None</b>
<b>E019.0-E019.2; E019.9</b>	<b>2009</b>	<b>None</b>
<b>E029.0-E029.2; E029.9</b>	<b>2009</b>	<b>None</b>
<b>E030</b>	<b>2009</b>	<b>None</b>
<b>E830.7</b>	<b>2009</b>	<b>E830.0-E830.3</b>
<b>E831.7</b>	<b>2009</b>	<b>E831.0-E831.3</b>
<b>E832.7</b>	<b>2009</b>	<b>E832.0-E832.3</b>
<b>E833.7</b>	<b>2009</b>	<b>E833.0-E833.3</b>
<b>E834.7</b>	<b>2009</b>	<b>E834.0-E834.3</b>
<b>E835.7</b>	<b>2009</b>	<b>E835.0-E835.3</b>
<b>E836.7</b>	<b>2009</b>	<b>E836.0-E836.3</b>

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<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
<b>E837.7</b>	<b>2009</b>	<b>E837.0-E837.3</b>
<b>E838.7</b>	<b>2009</b>	<b>E838.0-E838.3</b>
E854.8	1995	E858.8
E869.4	1994	E869.8
<b>E876.6-E876.7</b>	<b>2009</b>	<b>E876.5</b>
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
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
<b>E928.7</b>	<b>2009</b>	<b>E928.8</b>

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## Changes in ICD-9-CM diagnosis codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>E990.1-E990.3</b>	<b>2009</b>	<b>E990.8</b>
<b>E991.4-E991.8</b>	<b>2009</b>	<b>E991.9</b>
<b>E992.0-E992.3; E992.8-E992.9</b>	<b>2009</b>	<b>E992</b>
<b>E993.0-E993.9</b>	<b>2009</b>	<b>E993</b>
<b>E994.0-E994.3; E994.8-E994.9</b>	<b>2009</b>	<b>E994</b>
<b>E995.0-E995.4; E995.8-E995.9</b>	<b>2009</b>	<b>E995</b>
<b>E996.0-E996.3; E996.8-E996.9</b>	<b>2009</b>	<b>E996</b>
<b>E997.3</b>	<b>2009</b>	<b>E997.9</b>
<b>E998.0-E998.1; E998.8-E998.9</b>	<b>2009</b>	<b>E998</b>
E999.0	2002	E999
E999.1	2002	E969

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## Changes in ICD-9-CM procedure codes, 1986-2009

<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

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## Changes in ICD-9-CM procedure codes, 1986-2009

<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

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## Changes in ICD-9-CM procedure codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
17.49	2008	None
<b>17.51</b>	<b>2009</b>	<b>None</b>
<b>17.52</b>	<b>2009</b>	<b>None</b>
<b>17.61</b>	<b>2009</b>	<b>01.59</b>
<b>17.62</b>	<b>2009</b>	<b>01.59,06.31</b>
<b>17.63</b>	<b>2009</b>	<b>50.29</b>
<b>17.69</b>	<b>2009</b>	<b>32.29, 60.61, 85.20</b>
<b>17.70</b>	<b>2009</b>	<b>99.25</b>
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	2006	33.22, 96.05
33.72	2008	33.22
<b>33.73</b>	<b>2009</b>	<b>33.71</b>
33.78-33.79	2006	33.22, 96.05
34.05	1994	34.99
34.06	2007	34.04
34.20	2007	34.24
34.52	2007	34.51

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## Changes in ICD-9-CM procedure codes, 1986-2009

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
35.55	2006	35.53
35.84	1988	35.82
35.96	1986	35.03
36.00-36.03	1986	36.0
36.04	1986	39.97
36.05	1986	36.01, 36.02 Before October 1986 contents of current code 36.05 would have been assigned to 36.0.
36.05	1987	36.01
36.06	1995	36.01, 36.02, 36.03, 36.05
36.07	2002	36.06
36.09	1986	36.0
36.09	1991	36.00 (code deleted)
36.17	1996	36.19
36.31, 36.32	1998	36.3
36.33, 36.34	2006	36.32
36.39	1998	36.3
37.20	2006	37.26
37.26-37.27	1988	37.29
37.28	2001	88.72
37.34	1988	37.33
37.35	1997	37.33
37.36	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

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<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
<b>38.24</b>	<b>2009</b>	<b>00.24, 38.23</b>
<b>38.25</b>	<b>2009</b>	<b>00.21-00.23, 00.25,38.23</b>
38.44 (Abdominal aorta only)	1986	38.44 (Entire aorta)
38.45 (Thoracic aorta added)	1989	38.44-38.45
38.95	1989	38.93
39.28	1991	39.29
39.50	1995	39.59
39.65	1988	39.61
39.66	1990	39.65
39.71, 39.79	2000	39.52
39.72	2002	39.79
39.73	2005	39.79
39.74	2006	38.01, 38.02
<b>39.75-39.76</b>	<b>2009</b>	<b>39.72</b>
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



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<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
46.13	1992	46.12 (Code deleted)
46.32	1989	46.39
46.85	1989	46.99
<b>46.86-46.87</b>	<b>2009</b>	<b>46.85</b>
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

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## Changes in ICD-9-CM procedure codes, 1986-2009

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

# 2010 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM procedure codes, 1986-2009

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

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## Changes in ICD-9-CM procedure codes, 1986-2009

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

# 2010 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM procedure codes, 1986-2009

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

# 2010 NHDS DATA FILE DOCUMENTATION

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## Changes in ICD-9-CM procedure codes, 1986-2009

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

# 2010 NHDS DATA FILE DOCUMENTATION

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## APPENDIX C

This appendix provides estimates of the civilian population of the United States as of July 1, 2010. 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 cannot 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 (16% nonresponse in 2010). 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 2010 NHDS, 113 of the 151,551 sample records had more than one race marked.

# 2010 NHDS DATA FILE DOCUMENTATION

TABLE 1: Civilian population of the United States, by sex, age, race, and geographic region: July 1, 2010. [Source: U.S. Bureau of the Census, Population Division.]

	Estimates in thousands						
	Total	Male	Female		Total	Male	Female
<b>All ages</b>	307,823	151,669	156,153	<b>15 to 44 years</b>	124,917	63,306	61,611
White	244,454	121,183	123,270	Northeast	22,069	11,106	10,963
Black/AfAm	39,831	18,991	20,840	Midwest	26,699	13,510	13,189
Other	23,538	11,495	12,043	South	46,082	23,205	22,878
Northeast	55,354	27,021	28,333	West	30,067	15,486	14,581
Midwest	66,854	32,930	33,924	<b>45 to 64 years</b>	80,370	39,175	41,195
South	113,717	55,768	57,950	45 to 54 years	44,372	21,808	22,564
West	71,898	35,951	35,947	55 to 64 years	35,998	17,367	18,631
<b>Under 15 years</b>	61,998	31,702	30,296	White	66,018	32,542	33,476
Under 1 year	4,147	2,120	2,027	Black/AfAm	9,284	4,241	5,043
1 to 4 years	17,116	8,747	8,369	Other	5,068	2,392	2,676
5 to 14 years	40,735	20,835	19,900	Northeast	15,309	7,446	7,863
White	46,684	23,923	22,761	Midwest	17,940	8,826	9,115
Black/AfAm	9,259	4,699	4,560	South	29,122	14,051	15,071
Other	6,055	3,080	2,975	West	17,998	8,853	9,146
Northeast	10,118	5,173	4,946	<b>65 years and over</b>	40,538	17,486	23,052
Midwest	13,182	6,730	6,453	65 to 74 years	21,433	9,956	11,476
South	23,499	12,022	11,477	75 to 84 years	13,248	5,589	7,659
West	15,198	7,778	7,420	85 years and over	5,857	1,941	3,916
<b>15 to 44 years</b>	124,917	63,306	61,611	White	35,051	15,259	19,792
15 to 24 years	42,883	22,057	20,825	Black/AfAm	3,491	1,354	2,137
25 to 34 years	41,511	21,045	20,466	Other	1,996	874	1,122
35 to 44 years	40,524	20,204	20,320	Northeast	7,857	3,296	4,560
White	96,701	49,460	47,241	Midwest	9,033	3,865	5,168
Black/AfAm	17,798	8,698	9,101	South	15,013	6,490	8,524
Other	10,418	5,149	5,269	West	8,635	3,835	4,800

\*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.



# 2010 NHDS DATA FILE DOCUMENTATION

TABLE 2: Civilian population of the United States by sex, age, and geographic region: July 1, 2010.  
 [Source: U.S. Bureau of the Census, Population Division.]

Estimates in thousands															
	United States			Northeast Region			Midwest Region			South Region			West Region		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>All</b>	307,823	151,669	156,153	55,354	27,021	28,333	66,854	32,930	33,924	113,717	55,768	57,950	71,898	35,951	35,947
<b>0-4</b>	21,262	10,867	10,395	3,362	1,719	1,644	4,447	2,269	2,178	8,137	4,159	3,978	5,316	2,721	2,595
<b>5-9</b>	20,819	10,641	10,179	3,364	1,719	1,645	4,383	2,238	2,146	7,940	4,061	3,879	5,132	2,623	2,509
<b>10-14</b>	19,916	10,194	9,722	3,392	1,736	1,657	4,353	2,224	2,129	7,422	3,802	3,620	4,749	2,433	2,316
<b>15-19</b>	21,278	10,959	10,319	3,805	1,947	1,858	4,688	2,404	2,284	7,759	3,998	3,761	5,026	2,609	2,416
<b>20-24</b>	21,605	11,098	10,506	3,785	1,923	1,862	4,761	2,424	2,337	7,913	4,057	3,857	5,145	2,695	2,450
<b>25-29</b>	21,462	10,957	10,506	3,640	1,851	1,789	4,524	2,298	2,225	7,964	4,038	3,926	5,334	2,769	2,565
<b>30-34</b>	20,049	10,089	9,960	3,468	1,742	1,726	4,170	2,102	2,068	7,428	3,696	3,732	4,982	2,548	2,434
<b>35-39</b>	19,848	9,920	9,928	3,477	1,725	1,752	4,155	2,081	2,074	7,441	3,681	3,760	4,775	2,433	2,342
<b>40-44</b>	20,676	10,284	10,392	3,893	1,918	1,976	4,401	2,201	2,200	7,577	3,735	3,842	4,804	2,430	2,374
<b>45-49</b>	22,423	11,053	11,369	4,292	2,111	2,181	4,933	2,448	2,485	8,161	3,985	4,176	5,037	2,510	2,527
<b>50-54</b>	21,949	10,755	11,194	4,211	2,062	2,149	4,962	2,451	2,511	7,870	3,820	4,050	4,905	2,422	2,483
<b>55-59</b>	19,364	9,384	9,980	3,660	1,775	1,885	4,385	2,151	2,233	6,962	3,332	3,631	4,357	2,126	2,231
<b>60-64</b>	16,634	7,983	8,651	3,146	1,498	1,648	3,661	1,776	1,885	6,128	2,915	3,214	3,700	1,794	1,905
<b>65-69</b>	12,206	5,735	6,471	2,271	1,053	1,218	2,660	1,257	1,402	4,619	2,161	2,459	2,655	1,264	1,391
<b>70-74</b>	9,227	4,221	5,006	1,711	768	944	2,026	927	1,099	3,518	1,606	1,912	1,972	920	1,052
<b>75-79</b>	7,371	3,215	4,157	1,427	608	819	1,633	707	926	2,763	1,204	1,559	1,549	696	852
<b>80-84</b>	5,877	2,374	3,502	1,206	473	733	1,341	537	803	2,112	853	1,259	1,219	512	707
<b>85+</b>	5,857	1,941	3,916	1,241	395	846	1,374	437	937	2,001	666	1,335	1,241	443	798
<b>0-14</b>	61,998	31,702	30,296	10,118	5,173	4,946	13,182	6,730	6,453	23,499	12,022	11,477	15,198	7,778	7,420
<b>15-44</b>	124,917	63,306	61,611	22,069	11,106	10,963	26,699	13,510	13,189	46,082	23,205	22,878	30,067	15,486	14,581
<b>45-64</b>	80,370	39,175	41,195	15,309	7,446	7,863	17,940	8,826	9,115	29,122	14,051	15,071	17,998	8,853	9,146
<b>65+</b>	40,538	17,486	23,052	7,857	3,296	4,560	9,033	3,865	5,168	15,013	6,490	8,524	8,635	3,835	4,800
<b>15+</b>	245,825	119,968	125,858	45,235	21,848	23,387	53,672	26,200	27,471	90,218	43,746	46,472	56,700	28,173	28,527
<b>45+</b>	120,908	56,661	64,247	23,166	10,742	12,424	26,973	12,691	14,282	44,136	20,541	23,595	26,634	12,688	13,946
<b>75+</b>	19,106	7,530	11,576	3,874	1,475	2,398	4,347	1,681	2,667	6,876	2,723	4,153	4,009	1,651	2,357

# 2010 NHDS DATA FILE DOCUMENTATION

TABLE 3: Civilian Population of the United States by sex, age, and race: July 1, 2010.  
 [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	307,823	151,669	156,153	244,454	121,183	123,270	39,831	18,991	20,840	23,538	11,495	12,043
0-4	21,262	10,867	10,395	15,775	8,076	7,699	3,249	1,650	1,599	2,238	1,141	1,097
0	4,147	2,120	2,027	3,065	1,568	1,496	640	326	314	442	226	216
1	4,203	2,148	2,055	3,103	1,588	1,515	651	330	321	450	230	220
2	4,335	2,214	2,121	3,208	1,641	1,566	663	336	327	464	236	228
3	4,346	2,223	2,124	3,233	1,656	1,577	663	337	326	451	230	221
4	4,232	2,163	2,069	3,168	1,623	1,545	632	321	312	432	220	212
5-9	20,819	10,641	10,179	15,752	8,067	7,685	3,020	1,532	1,488	2,047	1,042	1,005
5	4,189	2,142	2,047	3,145	1,612	1,533	617	314	304	427	217	210
6	4,193	2,143	2,050	3,173	1,625	1,548	601	305	296	419	213	206
7	4,146	2,120	2,026	3,147	1,612	1,535	590	300	291	409	209	200
8	4,116	2,103	2,013	3,124	1,599	1,525	597	302	295	395	201	194
9	4,174	2,133	2,042	3,163	1,619	1,544	614	311	303	397	202	195
10-14	19,916	10,194	9,722	15,156	7,779	7,376	2,989	1,517	1,473	1,771	898	873
10	4,015	2,056	1,959	3,051	1,566	1,485	594	301	293	370	188	182
11	3,952	2,022	1,930	3,007	1,543	1,464	589	299	290	356	180	176
12	3,946	2,020	1,926	3,000	1,540	1,460	596	303	293	350	178	173
13	3,962	2,027	1,936	3,017	1,547	1,470	599	304	295	347	175	171
14	4,041	2,069	1,971	3,081	1,583	1,498	611	310	301	348	177	171
15-19	21,278	10,959	10,319	16,210	8,388	7,822	3,367	1,705	1,662	1,702	866	836
15	4,110	2,110	2,000	3,130	1,612	1,518	638	324	314	342	174	168
16	4,161	2,141	2,019	3,161	1,634	1,528	659	334	325	340	174	166
17	4,264	2,202	2,062	3,241	1,682	1,559	684	348	336	339	173	166
18	4,343	2,241	2,102	3,313	1,719	1,594	690	348	341	341	173	167
19	4,400	2,265	2,135	3,365	1,742	1,623	696	351	345	339	172	167
20-24	21,605	11,098	10,506	16,651	8,611	8,041	3,274	1,641	1,633	1,679	847	833
20	4,480	2,305	2,175	3,430	1,776	1,654	707	355	352	342	173	169
21	4,326	2,223	2,103	3,322	1,717	1,604	669	336	333	336	170	166
22	4,271	2,192	2,079	3,294	1,702	1,592	645	323	322	332	167	165
23	4,244	2,178	2,066	3,285	1,697	1,588	628	314	314	331	166	165
24	4,284	2,201	2,083	3,320	1,718	1,603	625	313	312	338	170	169
25-29	21,462	10,957	10,506	16,605	8,545	8,060	3,059	1,525	1,534	1,799	887	912
25	4,309	2,213	2,096	3,344	1,730	1,614	621	312	309	345	172	173
26	4,230	2,171	2,059	3,274	1,693	1,581	606	305	301	350	174	177
27	4,290	2,200	2,090	3,320	1,716	1,605	610	307	303	359	178	182
28	4,304	2,191	2,113	3,325	1,707	1,618	611	303	308	368	181	188
29	4,329	2,182	2,148	3,342	1,700	1,642	612	299	313	376	184	193

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	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
30-34	20,049	10,089	9,960	15,465	7,878	7,587	2,773	1,330	1,443	1,810	880	930
30	4,299	2,163	2,137	3,311	1,682	1,629	613	298	315	376	183	193
31	4,084	2,056	2,028	3,145	1,603	1,542	574	276	298	366	178	188
32	3,964	1,997	1,967	3,064	1,563	1,501	544	261	283	356	173	184
33	3,902	1,962	1,940	3,013	1,536	1,477	532	253	279	356	173	183
34	3,799	1,911	1,888	2,932	1,495	1,437	511	242	269	356	174	182
35-39	19,848	9,920	9,928	15,403	7,798	7,605	2,648	1,244	1,405	1,796	878	918
35	3,899	1,959	1,940	3,015	1,535	1,479	521	246	275	364	178	186
36	3,778	1,892	1,885	2,919	1,481	1,437	503	237	266	356	174	181
37	3,861	1,928	1,933	2,979	1,506	1,473	522	246	277	360	176	184
38	4,044	2,019	2,025	3,143	1,589	1,554	540	254	287	360	176	185
39	4,266	2,122	2,144	3,347	1,685	1,662	562	262	300	357	174	183
40-44	20,676	10,284	10,392	16,367	8,240	8,127	2,677	1,253	1,424	1,632	791	841
40	4,347	2,173	2,174	3,424	1,733	1,691	565	265	300	359	175	184
41	4,108	2,047	2,061	3,251	1,640	1,612	521	244	276	336	163	173
42	4,031	2,004	2,027	3,185	1,603	1,582	523	245	279	323	156	167
43	4,039	2,001	2,037	3,213	1,611	1,601	521	243	278	305	147	158
44	4,151	2,059	2,092	3,295	1,653	1,641	547	256	291	309	150	160
45-49	22,423	11,053	11,369	18,066	9,003	9,063	2,823	1,312	1,511	1,534	739	795
45	4,433	2,199	2,234	3,533	1,773	1,761	581	272	309	319	155	164
46	4,496	2,218	2,278	3,607	1,800	1,807	572	266	306	317	153	164
47	4,476	2,202	2,274	3,603	1,791	1,812	561	260	301	312	151	162
48	4,488	2,210	2,278	3,637	1,810	1,827	555	258	297	296	143	153
49	4,529	2,224	2,306	3,685	1,829	1,856	554	256	298	290	138	152
50-54	21,949	10,755	11,194	17,915	8,875	9,040	2,642	1,220	1,422	1,392	661	732
50	4,607	2,272	2,335	3,730	1,860	1,870	576	268	308	301	144	157
51	4,413	2,164	2,249	3,595	1,783	1,813	538	249	289	280	133	147
52	4,408	2,161	2,247	3,604	1,785	1,819	525	243	282	279	133	146
53	4,349	2,124	2,225	3,564	1,760	1,805	515	237	278	269	127	142
54	4,172	2,033	2,139	3,421	1,687	1,734	488	223	265	263	123	140
55-59	19,364	9,384	9,980	16,028	7,861	8,167	2,156	973	1,183	1,179	549	630
55	4,185	2,044	2,141	3,437	1,698	1,739	486	223	263	262	123	139
56	3,995	1,938	2,057	3,299	1,619	1,680	451	204	246	245	114	131
57	3,853	1,864	1,990	3,197	1,564	1,633	422	190	232	235	110	125
58	3,717	1,797	1,920	3,093	1,514	1,578	401	179	222	223	103	119
59	3,614	1,741	1,873	3,002	1,465	1,537	397	177	220	215	99	116
60-64	16,634	7,983	8,651	14,009	6,804	7,205	1,663	736	927	962	443	519
60	3,594	1,734	1,860	2,974	1,453	1,521	396	178	219	224	103	121
61	3,446	1,656	1,791	2,883	1,402	1,480	359	159	200	205	94	111
62	3,405	1,634	1,771	2,875	1,396	1,479	336	149	187	194	89	105
63	3,551	1,703	1,848	3,050	1,479	1,572	316	139	177	185	85	100
64	2,637	1,255	1,382	2,227	1,073	1,154	256	111	145	155	71	83

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	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
65-69	12,206	5,735	6,471	10,419	4,952	5,467	1,127	479	648	660	304	355
65	2,613	1,240	1,373	2,211	1,062	1,149	253	109	144	149	69	80
66	2,557	1,207	1,350	2,181	1,041	1,140	236	102	135	139	64	75
67	2,622	1,233	1,389	2,258	1,073	1,185	232	98	134	132	61	71
68	2,298	1,073	1,225	1,966	929	1,038	208	87	121	124	57	67
69	2,115	982	1,133	1,802	846	956	197	82	115	116	53	62
70-74	9,227	4,221	5,006	7,871	3,639	4,231	863	355	508	493	227	266
70	2,040	944	1,096	1,729	809	920	197	82	115	114	53	61
71	1,919	886	1,034	1,640	765	876	176	73	103	103	48	55
72	1,860	851	1,009	1,590	735	854	172	71	102	98	45	53
73	1,731	786	945	1,479	679	801	161	66	95	91	42	50
74	1,676	754	922	1,432	652	780	157	63	94	86	39	48
75-79	7,371	3,215	4,157	6,356	2,806	3,550	658	255	403	357	154	203
75	1,650	735	915	1,412	636	775	155	62	93	83	37	46
76	1,486	655	830	1,273	568	705	137	54	84	75	33	42
77	1,459	636	823	1,255	554	701	132	51	81	72	31	41
78	1,411	608	803	1,224	534	690	122	46	75	66	28	38
79	1,366	581	785	1,193	513	679	112	42	70	62	26	36
80-84	5,877	2,374	3,502	5,162	2,112	3,050	463	161	302	252	101	150
80	1,345	562	783	1,172	496	676	113	41	72	61	25	36
81	1,233	508	725	1,081	451	629	98	35	63	54	22	32
82	1,183	478	705	1,041	426	615	92	32	60	50	20	30
83	1,104	437	667	974	390	584	84	28	56	46	18	27
84	1,012	390	622	894	348	546	76	25	51	41	16	25
85-89	3,775	1,353	2,421	3,368	1,218	2,151	258	78	180	149	58	91
85	949	356	594	841	318	523	70	22	48	38	15	23
86	848	310	539	756	278	478	59	18	41	34	13	20
87	744	267	478	664	240	424	51	15	35	29	12	18
88	661	229	432	592	207	385	43	12	31	26	10	16
89	572	192	379	515	174	340	35	10	26	21	8	13
90-94	1,591	480	1,111	1,432	435	997	96	23	73	63	22	41
90	477	153	324	426	138	288	31	8	23	19	7	12
91	375	117	258	337	106	232	23	6	17	15	5	9
92	312	93	219	283	85	198	18	4	14	12	4	8
93	238	67	171	215	61	154	13	3	11	10	3	6
94	189	50	139	171	46	125	10	2	8	8	2	5
95-99	425	97	328	383	87	296	23	4	19	19	6	13
95	147	37	110	132	33	99	8	1	7	6	2	4
96	108	25	83	97	23	75	6	1	5	5	2	3
97	79	17	62	71	15	55	4	1	4	4	1	2
98	54	11	43	49	10	39	3	0	2	3	1	2
99	38	7	31	34	6	28	2	0	2	2	1	1
100+	67	11	56	59	9	50	3	0	3	4	1	3

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	United States			White Alone			Black Alone			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-14	61,998	31,702	30,296	46,684	23,923	22,761	9,259	4,699	4,560	6,055	3,080	2,975
15-44	124,917	63,306	61,611	96,701	49,460	47,241	17,798	8,698	9,101	10,418	5,149	5,269
45-64	80,370	39,175	41,195	66,018	32,542	33,476	9,284	4,241	5,043	5,068	2,392	2,676
65+	40,538	17,486	23,052	35,051	15,259	19,792	3,491	1,354	2,137	1,996	874	1,122
15+	245,825	119,968	125,858	197,770	97,260	100,510	30,573	14,292	16,280	17,482	8,415	9,068
45+	120,908	56,661	64,247	101,069	47,801	53,268	12,774	5,594	7,180	7,065	3,266	3,798
75+	19,106	7,530	11,576	16,761	6,667	10,094	1,501	520	980	844	343	501
85+	5,857	1,941	3,916	5,243	1,749	3,494	380	104	275	235	87	148

# 2010 NHDS DATA FILE DOCUMENTATION

## APPENDIX D

	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
<b>SURVEY YEAR</b>						
2010	3,840,608	35,078,560	38,919,168	14,092	137,459	151,551
<b>UNITS FOR AGE</b>						
1 = years	.	34,442,357	34,442,357	.	135,418	135,418
2 = months	.	412,094	412,094	.	1,313	1,313
3 = days	3,840,608	224,109	4,064,717	14,092	728	14,820
<b>AGE in years</b>						
Under 15	3,840,608	1,973,526	5,814,134	14,092	6,422	20,514
15-44	.	10,031,181	10,031,181	.	38,160	38,160
45-64	.	9,482,860	9,482,860	.	37,925	37,925
65&UP	.	13,590,993	13,590,993	.	54,952	54,952
<b>SEX</b>						
Male	2,029,117	14,199,770	16,228,887	7,308	56,295	63,603
Female	1,811,491	20,878,790	22,690,281	6,784	81,164	87,948
<b>RACE</b>						
White	2,074,303	23,223,828	25,298,131	7,190	88,254	95,444
Black	576,229	4,843,115	5,419,344	1,924	19,039	20,963
American Indian/Alaskan Native	15,332	159,460	174,792	35	335	370
Asian	145,644	569,001	714,645	399	1,691	2,090
Native Hawaiian/Pacific Islander	14,479	60,468	74,947	18	81	99
Other race	219,846	1,132,025	1,351,871	1,275	6,654	7,929
Multiple races	2,633	23,515	26,148	19	94	113
Race not stated	792,142	5,067,148	5,859,290	3,232	21,311	24,543
<b>MARITAL STATUS</b>						
Married	.	8,903,227	8,903,227	.	26,024	26,024
Single	3,840,608	6,517,379	10,357,987	14,092	17,702	31,794
Widowed	.	2,938,941	2,938,941	.	9,020	9,020
Divorced	.	1,678,853	1,678,853	.	4,936	4,936
Separated	.	249,372	249,372	.	729	729
Not stated	.	14,790,788	14,790,788	.	79,048	79,048
<b>DISCHARGE STATUS</b>						
Routine	3,706,295	26,873,133	30,579,428	13,494	103,263	116,757
Left Against Medical Advice	196	355,846	356,042	3	1,544	1,547
Short-term transfer	53,419	1,117,270	1,170,689	200	3,662	3,862
Long-term care transfer	6,964	3,840,123	3,847,087	16	15,651	15,667
Alive, not stated	23,885	1,604,030	1,627,915	79	6,949	7,028
Dead	10,188	715,391	725,579	37	2,747	2,784
Status not stated	39,661	572,767	612,428	263	3,643	3,906

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	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
<b>REGION</b>						
NorthEast	622,001	7,458,211	8,080,212	2,281	26,282	28,563
MidWest	830,688	7,972,994	8,803,682	4,847	40,784	45,631
South	1,482,113	13,150,054	14,632,167	5,329	56,400	61,729
West	905,806	6,497,301	7,403,107	1,635	13,993	15,628
<b>HOSPITAL BEDSIZE</b>						
Under 100 beds	621,025	6,666,709	7,287,734	1,932	22,752	24,684
100-199	498,366	5,432,630	5,930,996	2,479	27,388	29,867
200-299	966,907	7,803,805	8,770,712	2,623	21,498	24,121
300-499	1,181,352	10,466,094	11,647,446	4,271	41,325	45,596
500 beds & more	572,958	4,709,322	5,282,280	2,787	24,496	27,283
<b>HOSPITAL OWNERSHIP</b>						
Proprietary	204,230	3,089,676	3,293,906	1,251	19,006	20,257
Government	584,914	5,038,551	5,623,465	2,289	18,458	20,747
NonProfit	3,051,464	26,950,333	30,001,797	10,552	99,995	110,547
<b>PRINCIPAL EXPECTED SOURCE OF PAYMENT</b>						
Workers Compensation	1,693	116,352	118,045	1	456	457
Medicare	639	14,695,560	14,696,199	2	60,672	60,674
Medicaid	1,623,304	6,236,457	7,859,761	6,020	22,175	28,195
Other government	66,512	689,174	755,686	227	2,322	2,549
BlueCross BlueShield	483,082	2,934,482	3,417,564	1,917	11,280	13,197
HMOPPO	909,938	4,864,223	5,774,161	3,169	18,124	21,293
Other private insurance	431,006	2,721,029	3,152,035	1,727	11,843	13,570
SelfPay	139,335	1,752,599	1,891,934	521	6,814	7,335
NoCharge	326	67,003	67,329	4	401	405
Other payment	48,156	403,617	451,773	90	1,266	1,356
Not stated	136,617	598,064	734,681	414	2,106	2,520
<b>DISCHARGE MONTH</b>						
01 = January	335,251	2,942,801	3,278,052	1,209	11,736	12,945
02 = February	293,678	2,840,806	3,134,484	1,085	11,234	12,319
03 = March	311,300	3,140,836	3,452,136	1,180	12,388	13,568
04 = April	310,484	2,980,104	3,290,588	1,164	11,758	12,922
05 = May	303,150	3,021,589	3,324,739	1,258	12,027	13,285
06 = June	298,107	2,953,034	3,251,141	1,155	11,509	12,664
07 = July	338,169	3,006,295	3,344,464	1,242	11,840	13,082
08 = August	354,924	2,928,604	3,283,528	1,254	11,704	12,958
09 = September	359,143	2,902,516	3,261,659	1,293	11,501	12,794
10 = October	322,365	2,821,685	3,144,050	1,178	10,908	12,086
11 = November	305,475	2,713,270	3,018,745	980	10,185	11,165
12 = December	308,562	2,827,020	3,135,582	1,094	10,669	11,763

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	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
<b>LOS FLAG</b>						
Less than 1 day	49,970	640,522	690,492	162	2,375	2,537
1 day or more	3,790,638	34,438,038	38,228,676	13,930	135,084	149,014
<b>TYPE OF ADMISSION</b>						
Emergent	.	17,222,091	17,222,091	.	73,267	73,267
Urgent	.	6,819,263	6,819,263	.	23,645	23,645
Elective	.	8,783,691	8,783,691	.	34,700	34,700
Newborn	3,840,608	.	3,840,608	14,092	.	14,092
Not stated	.	2,253,515	2,253,515	.	5,847	5,847
<b>SOURCE OF ADMISSION</b>						
Non-Health Care POA	.	14,795,856	14,795,856	.	62,565	62,565
Clinic	.	2,972,759	2,972,759	.	9,143	9,143
Hospital transfer	.	1,782,312	1,782,312	.	5,905	5,905
Skilled Nursing Facility transfer	.	598,216	598,216	.	2,588	2,588
Other transfer	.	304,874	304,874	.	1,127	1,127
Emergency Department	.	12,353,553	12,353,553	.	48,050	48,050
Court/Law Enforcement	.	83,848	83,848	.	302	302
ASC Transfer	.	90,995	90,995	.	147	147
Hospice Transfer	.	31,883	31,883	.	52	52
Born inside this Hospital	2,942,734	.	2,942,734	11,613	.	11,613
Born outside this Hospital	42,593	.	42,593	52	.	52
Other	.	261,472	261,472	.	918	918
Not stated	855,281	1,802,792	2,658,073	2,427	6,662	9,089
<b>FIRST-LISTED DIAGNOSIS CHAPTER</b>						
CHAPTER01	.	1,356,178	1,356,178	.	5,276	5,276
CHAPTER02	.	1,599,073	1,599,073	.	6,423	6,423
CHAPTER03	.	1,781,411	1,781,411	.	6,654	6,654
CHAPTER04	.	530,965	530,965	.	2,162	2,162
CHAPTER05	.	2,099,070	2,099,070	.	10,183	10,183
CHAPTER06	.	1,010,076	1,010,076	.	3,811	3,811
CHAPTER07	.	5,801,918	5,801,918	.	24,003	24,003
CHAPTER08	.	3,445,778	3,445,778	.	13,021	13,021
CHAPTER09	.	3,472,940	3,472,940	.	13,820	13,820
CHAPTER10	.	2,159,942	2,159,942	.	8,146	8,146
CHAPTER11	.	488,264	488,264	.	1,604	1,604
CHAPTER12	.	743,466	743,466	.	2,915	2,915
CHAPTER13	.	2,300,538	2,300,538	.	9,395	9,395
CHAPTER14	.	174,036	174,036	.	612	612
CHAPTER15	.	179,156	179,156	.	600	600
CHAPTER16	.	184,760	184,760	.	466	466
CHAPTER17	.	2,984,289	2,984,289	.	11,563	11,563
VCODES	3,840,608	4,766,700	8,607,308	14,092	16,805	30,897



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### ALL-LISTED DIAGNOSES BY ICD-9-CM CHAPTER

2010	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
All	11,303,810	260,536,675	271,840,485	43,053	1,062,796	1,105,849
CHAPTER01	19,600	5,613,459	5,633,059	63	21,792	21,855
CHAPTER02	17,902	5,133,775	5,151,677	63	20,773	20,836
CHAPTER03	49,681	32,140,822	32,190,503	211	134,278	134,489
CHAPTER04	10,980	8,934,067	8,945,047	50	37,539	37,589
CHAPTER05	474	17,751,641	17,752,115	4	76,238	76,242
CHAPTER06	26,445	10,043,661	10,070,106	119	40,710	40,829
CHAPTER07	19,599	44,985,737	45,005,336	79	189,982	190,061
CHAPTER08	12,644	14,825,891	14,838,535	36	60,426	60,462
CHAPTER09	48,252	15,814,042	15,862,294	149	65,539	65,688
CHAPTER10	24,896	14,801,433	14,826,329	136	60,172	60,308
CHAPTER11	.	11,492,944	11,492,944	.	41,630	41,630
CHAPTER12	54,698	3,790,697	3,845,395	211	15,408	15,619
CHAPTER13	22,152	10,820,755	10,842,907	76	44,183	44,259
CHAPTER14	393,650	978,868	1,372,518	1,604	3,806	5,410
CHAPTER15	3,622,160	670,262	4,292,422	14,336	2,486	16,822
CHAPTER16	130,031	16,286,347	16,416,378	570	64,086	64,656
CHAPTER17	8,989	8,531,132	8,540,121	45	33,068	33,113
ECODES	3,400	5,878,027	5,881,427	23	20,418	20,441
VCODES	6,838,257	32,043,115	38,881,372	25,278	130,262	155,540

# 2010 NHDS DATA FILE DOCUMENTATION

## ALL-LISTED PROCEDURES BY ICD-9-CM CHAPTER

2010	WEIGHTED FREQUENCIES			UNWEIGHTED FREQUENCIES		
	NEWBORNS	NON-NEWBORNS	TOTAL	NEWBORNS	NON-NEWBORNS	TOTAL
All	4,073,736	51,430,358	55,504,094	14,802	207,701	222,503
CHAPTER00*	779	2,310,911	2,311,690	7	10,286	10,293
CHAPTER01	25,214	1,242,962	1,268,176	87	5,247	5,334
CHAPTER02	.	116,738	116,738	.	504	504
CHAPTER03	556	81,104	81,660	1	362	363
CHAPTER04	100	42,940	43,040	1	130	131
CHAPTER05	8,247	281,438	289,685	45	944	989
CHAPTER06	11,353	1,356,461	1,367,814	47	5,618	5,665
CHAPTER07	134,026	6,884,520	7,018,546	489	29,645	30,134
CHAPTER08	130	418,356	418,486	1	1,710	1,711
CHAPTER09	9,643	5,928,369	5,938,012	51	24,134	24,185
CHAPTER10	103	1,221,217	1,221,320	1	5,317	5,318
CHAPTER11	1,186,089	218,133	1,404,222	4,815	1,004	5,819
CHAPTER12	87	1,608,571	1,608,658	1	5,759	5,760
CHAPTER13	.	7,424,034	7,424,034	.	26,399	26,399
CHAPTER14	1,130	5,275,709	5,276,839	5	21,096	21,101
CHAPTER15	6,073	1,483,832	1,489,905	35	5,818	5,853
CHAPTER16	2,689,874	15,307,064	17,996,938	9,215	62,883	72,098
CODE 17 §	332	227,999	228,331	1	845	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, beginning with the 2008 Addendum, is the addition of procedure codes 17.11-17.70 in the chapter entitled Other Miscellaneous Diagnostic and Therapeutic Procedures, which are coded in the NHDS beginning in the 2009 data year. 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 <b>HDS-1</b> (2-16-2010)			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			OMB No. 0920-0212: Approval Expires 10/31/2011		
<b>9500000</b>								
<p><b>MEDICAL ABSTRACT NATIONAL HOSPITAL DISCHARGE SURVEY</b></p> <p><b>Notice</b> – Public reporting burden for this collection of information is estimated to average 5 minutes per response, including 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 burden to: OIG/IT SDR Reports Clearance Office, 1600 Clifton Road, MS 1174, Atlanta, GA 30333; A117: PPA (2009-0612).</p> <p><b>Assurances of Confidentiality</b> – All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).</p>								
<b>A. PATIENT IDENTIFICATION</b>								
1. Hospital number			4. Date of admission					
2. HDS number			5. Date of discharge					
3. (Item deleted)			6. Residence ZIP Code					
<b>B. PATIENT CHARACTERISTICS</b>								
7. Date of birth			11. Race – <i>Mark all that apply</i>					
8. Age – Complete only if date of birth not given			12. Marital status – <i>Mark (X) one</i>					
9. Sex – <i>Mark (X) one</i>			13. Priority Type of Visit – <i>Mark (X) one</i> (formerly Type of Admission)					
10. Ethnicity – <i>Mark (X) one</i>			14. Point of Origin – <i>Mark (X) one</i> (formerly Source of Admission)					
			15. Status/Disposition of patient – <i>Mark (X) appropriate box(es)</i>					
			16. Expected source(s) of payment					

1. White       6. Other – Specify  g

2. Black or African American

3. American Indian or Alaska Native

4. Asian

5. Native Hawaiian or Other Pacific Islander

7. Not stated

1. Married       3. Widowed       5. Separated

2. Single       4. Divorced       6. Not stated

1. Emergency       3. Elective       5. Trauma

2. Urgent       4. Newborn       6. Not Stated

(Over)

# 2010 NHDS DATA FILE DOCUMENTATION

D. MEDICAL INFORMATION						
<b>17. Admitting Diagnosis</b>						
Admitting DX	ICD-9-CM Code	Description				
<b>18. Final diagnoses (up to 15 diagnoses including E-codes) (Enter ICD-9-CM codes as well as narrative if available.)</b>						
Diagnosis	ICD-9-CM Code	Description	Present on admission			
Principal DX			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 2			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 4			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 5			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 6			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 7			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 8			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 9			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 10			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 11			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 12			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 13			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 14			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
DX 15			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
<b>19. Surgical and Diagnostic Procedures (up to 8 procedures) (Enter ICD-9-CM codes as well as narrative if available.)</b>						
Procedure	ICD-9-CM Code	Description	Date of Procedure(s)			
			Month	Day	Year	
Principal PX						
PX 2						
PX 3						
PX 4						
PX 5						
PX 6						
PX 7						
PX 8						
<input type="checkbox"/> Check box if none						
Completed by					Date	