

NATIONAL HOSPITAL DISCHARGE SURVEY

2005

PUBLIC USE DATA FILE DOCUMENTATION

*U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS
DIVISION OF HEALTH CARE STATISTICS
HOSPITAL CARE STATISTICS BRANCH*

3311 Toledo Road
Hyattsville, MD 20782
301.458.4321

NHDS@cdc.gov

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

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Abstract

This document provides information for users of the National Hospital Discharge Survey (NHDS) Public Use Data File for 2005. The NHDS is conducted annually by the National Center for Health Statistics (NCHS) and is a principal source of information on inpatient hospital utilization in the United States.

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

Section II provides technical details about the file.

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

Appendix A defines certain terms used in this document;

Appendix B lists the ICD-9-CM Addenda;

Appendix C provides population estimates to allow for the calculation of 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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I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

Introduction. This document and its appendices contain information for users of the 2005 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 hospital inpatient 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/about/major/hdasd/listpubs.htm>.

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

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

SURVEY METHODOLOGY

Source of the Data. The National Hospital Discharge Survey (NHDS) covers discharges from noninstitutional hospitals, 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, differ slightly from those used prior to 1988.

In 2005, the sample consisted of 501 hospitals. Of these hospitals, 28 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 473 in-scope (eligible) hospitals, 444 hospitals responded to the survey.

Sample design and data collection. NCHS has conducted the NHDS continuously since 1965. The original sample was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory (NMFI). That sample was updated periodically with samples of hospitals that opened later. In the original design, a two-stage sampling design 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 (3).

In 1988, the NHDS was redesigned to provide geographic sampling comparability with other surveys conducted by the NCHS; to update the sample of hospitals selected into the survey; and to maximize the use of data collected through automated systems. 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 (2), met the above criteria, and began accepting patients by August 1987. This sampling

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frame was used until 2003, when the sampling frame was constructed from the "Healthcare Market Index, Updated May 15, 2003" and the "Hospital Market Profiling Solution, Second Quarter, 2003", both formerly known as the SMG Hospital Market Database, and both produced by Verispan, L.L.C. The hospital sample is updated every three years to allow for hospitals that opened later or changed their eligibility status since the previous sample update. Updates were performed in 1991, 1994, 1997, 2000, and 2003.

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

These changes in the survey may affect trend data. That is, some of the differences between NHDS statistics based on the 1965-87 sample and statistics based on the sample drawn in 1988 may be due to sampling error rather than actual changes in hospital utilization.

Two data collection procedures were used for the survey. The first was a manual system of sample selection and data abstraction, used for approximately 56 percent of the responding hospitals. The second was an automated method, used for approximately 44 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 2005, about 29 percent had the work performed by their own medical records staff. In the remaining hospitals using the manual system, personnel of the U.S. Bureau of the Census did the work on behalf of NCHS. The completed forms, along with sample selection control sheets, were forwarded to NCHS for coding, editing, and weighting.

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

The Medical Abstract Form (Appendix E) and the automated data contain items relating to the personal characteristics of the patient, including birth date or age, sex, race, and marital status, but not name and address; administrative information, including admission and discharge dates, 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). Beginning in the 2001 survey year, two additional items were included in the medical abstract form: Type of Admission and Source of Admission. The coding of all variables can be found in section III of this document which describes the record layout.

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

NHDS usually presents diagnoses and procedures in the order they are listed on the abstract form or obtained from abstract services; however, there are exceptions. For women discharged after a delivery, a code of V27 from the supplemental classification is entered as the first-listed code, with a code designating either normal or abnormal delivery in the second-listed position. In another exception, a decision was made to reorder some acute myocardial infarction diagnoses. If an acute myocardial infarction is listed with other circulatory diagnoses and is other than the first entry, it is

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reordered to first position. If a symptom appears as a first-listed code and a diagnosis appears as a secondary code, the diagnosis replaces the symptom which is moved back.

Following conversion of the data on the medical abstract to a computer file and combining it with the automated data files, a final medical edit was accomplished by computer inspection and by a manual review of rejected records. Priority was given to medical information in the editing decision.

The methodology for editing the NHDS was revised in the 1996 data year. As before, the updated edit program was designed to make as few changes as possible in the data, while following the same general specifications as the previous edit program,. However, there may be some minor anomalies which would be apparent when examining data over time, performing trend analyses, or examining combinations of variables. Particular features of the updated edit program which may affect certain variables are:

- When imputation for missing **age** and **sex** data is performed, the known distribution of these variables is maintained, according to categories of the First-Listed Diagnosis.
- **Procedure codes** are no longer reordered. However, if the length of stay is missing for a discharge, it is imputed based on the first-listed procedure.
- Principal and additional **expected sources of payment** are no longer re-ordered, with one exception: *Self-Pay* is listed as the principal source only if there are no other sources, or the only other source is *Not Stated*; otherwise it must be listed after every other source (except *Not Stated*).
- An arbitrary **month of admission** is no longer assigned to records received from abstract services that do not provide the exact date of admission and discharge.
- For hospitals that failed to provide **month of discharge** but did provide the quarter of discharge, discharge month within the quarter was sequentially assigned to each record. For example, for discharges within the first quarter, a discharge month of January, February, or March was assigned. In 2005, this affected less than 2 percent of responding hospitals.

Users of the National Hospital Discharge Survey (NHDS) diagnostic and/or procedure data, which is coded to the ICD-9-CM, must take into account 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 2005 data is consistent with the ICD-9-CM and the addendum which became effective October 1, 2004. Addendum changes for 1986 through 2004 are listed in Appendix B. For more information about the ICD-9-CM visit:

<http://www.cdc.gov/nchs/icd9.htm>.

The Uniform Hospital Discharge Data Set (UHDDS). Starting with 1979 data, the NHDS has followed guidelines of the Uniform Hospital Discharge Data Set (UHDDS) within the confines of its contractual agreement with participating hospitals. The UHDDS is a minimum data set of items uniformly defined (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, 2005 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

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

Measurement Errors. As in any survey, results are subject to nonsampling or measurement errors, which include errors due to hospital nonresponse, missing abstracts, information incompletely or inaccurately recorded on abstract forms, and processing errors. A very small proportion (less than one percent) of the discharge records failed to include the sex, age, or date of birth of the patient. If the hospital record did not state either the age or sex of patient, it was imputed by assigning an age or sex value according to the specifications described above. In a very few cases (less than one percent of the records), the age or sex was edited because it was inconsistent with the diagnosis. In 2005, data for RACE were missing for 28 percent of the discharges, and no attempt was made to impute for these missing values.

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

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

Relative Standard Errors for Aggregate Estimates

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 then used these data to produce best-fit curves, based on an empirically determined relationship between the size of an 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:

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

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 2005 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 159,000. Using the applicable constants from Table 1 for estimates by age produces:

$$RSE(159,000) = SQRT(.02222 + (211.185 / 159,000))$$

$$RSE(159,000) = .153$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 15.3 percent. The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$SE(159,000) = 159,000 * .153 = 24,327$$

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:

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$$(159,000 - 2*24,327) <-> (159,000 + 2*24,327)$$

$$110,346 <-> 207,654$$

Relative Standard Error for Estimates of Percents

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

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

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

For example, in 2005 the estimated number of discharges from short-stay hospitals who were women was 20,766,000. This is 59.9 percent of the estimated 34,667,000 total discharges for that year. Using the applicable constants from Table 1 for estimates by sex produces:

$$RSE(.599) = SQRT(345.937 * (1 - .599) / (.599 * 34,667,000))$$

$$RSE(.599) = .00258$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 0.258 percent. The standard error is obtained by multiplying the relative standard error by the estimate itself:

$$SE(.599) = .599 * .00258 = .0015$$

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:

$$(.599 - 2*.0015) <-> (.599 + 2*.0015)$$

$$.596 <-> .602$$

$$\text{or, equivalently, } 59.6\% <-> 60.2\%$$

Relative Standard Error for Ratio Estimators

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

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

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

For example, average length of stay (ALOS) is considered a ratio estimator since it is the ratio of days of care to the number of discharges. In 2005, the estimated number of days of care for inpatients with a first-listed diagnosis of septicemia (ICD-9-CM code 038) was 4,034,000. The estimated

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number of discharges for inpatients with a first-listed diagnosis of septicemia was 490,000. The ALOS for inpatients with a first-listed diagnosis of septicemia was $4,034,000/490,000 = 8.2$.

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.

$$\begin{aligned} \mathbf{RSE(4,034,000)} &= \mathbf{.0586} \\ \mathbf{RSE(490,000)} &= \mathbf{.0527} \end{aligned}$$

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

$$\mathbf{RSE(8.2) = SQRT ((.0586)^2 + (.0527)^2)}$$

$$\mathbf{RSE(8.2) = .0788}$$

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

$$\mathbf{SE(8.2) = .0788 * 8.2 = .646}$$

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:

$$\mathbf{(8.2 - 2*.646) \leftrightarrow (8.2 + 2*.646)}$$

$$\mathbf{6.9 \leftrightarrow 9.5}$$

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Table 1. Parameter values for generalized variance curves for National Hospital Discharge Survey aggregate statistics by statistic type: United States, 2005

CHARACTERISTIC	FIRST-LISTED DIAGNOSIS		DAYS OF CARE		ALL-LISTED DIAGNOSES		ALL-LISTED PROCEDURES	
	<u>a</u>	<u>b</u>	<u>a</u>	<u>b</u>	<u>a</u>	<u>b</u>	<u>a</u>	<u>b</u>
TOTAL	0.00207	346.164	0.00323	839.909	0.00253	357.843	0.00357	390.432
SEX								
Male	0.00222	334.327	0.00372	1032.262	0.00241	312.599	0.00313	320.197
Female	0.00206	345.937	0.00328	1088.173	0.00256	345.791	0.00326	299.400
AGE GROUP								
Under 15 years	0.02222	211.185	0.03432	421.121	0.02380	259.063	0.03111	198.141
15-44 years	0.00250	283.693	0.00417	918.013	0.00239	335.039	0.00331	314.433
45-64 years	0.00183	366.971	0.00373	1139.179	0.00256	354.531	0.00308	310.710
65 years and over	0.00266	277.413	0.00379	1086.151	0.00291	310.255	0.00340	304.071
REGION								
Northeast	0.01845	204.707	0.04005	271.786	0.01587	195.341	0.01490	185.349
Midwest	0.01409	215.440	0.01781	529.931	0.01567	252.282	0.02270	125.271
South	0.00305	379.475	0.00438	1284.636	0.00326	325.059	0.00383	356.016
West	0.00552	384.878	0.01072	1108.792	0.00929	346.631	0.00724	391.296
RACE								
White	0.00425	364.052	0.00599	988.856	0.00481	348.072	0.00652	381.445
Black/African American	0.00484	223.898	0.00740	721.127	0.00441	280.742	0.00490	248.866
All other races	0.01875	198.818	0.03124	517.935	0.01991	256.518	0.02136	166.884
Race not stated	0.01695	267.537	0.02137	617.180	0.02019	208.893	0.01771	269.170
EXPECTED SOURCE OF PAYMENT								
Medicare	0.00259	296.049	0.00342	1645.254	0.00261	340.962	0.00372	298.730
Medicaid	0.00629	275.580	0.01163	802.767	0.00570	296.800	0.00619	335.245
Worker's compensation & other government payments	0.00716	351.112	0.01578	1187.014	0.00961	359.841	0.00739	378.745
HMO/PPO	0.00600	217.785	0.00826	627.592	0.00627	284.264	0.00775	213.152
BC/BS & other private insurance	0.00333	301.651	0.00569	819.794	0.00342	312.630	0.00480	262.275
Self pay	0.00386	258.913	0.00716	888.210	0.00371	308.890	0.00526	276.605
No charge and other	0.03576	175.844	0.04748	427.066	0.03111	255.961	0.03478	211.229

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

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

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

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

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

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

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

For partially responding hospitals, one or both of two adjustments were made. If the hospital provided at least half, but not all, of the expected number of abstracts for a given month, the weights of the abstracts actually collected for that month were inflated to account for the missing abstracts. If fewer than half of the expected number of abstracts were provided, the weights of the abstracts provided were inflated by a factor of two, 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 2005 NHDS, 92 percent of the 444 responding hospitals provided data for all twelve months, and 98 percent provided at least nine months of data.

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

Appendix D contains weighted and unweighted frequencies for selected variables. These may be used as a cross-check when processing NHDS data. Please note that, beginning in 2003, the Procedure

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Chapter 00 – Procedures and Interventions, Not Elsewhere Classified – was added to the list of frequencies for all-listed procedures on page 70. In 2002, the ICD-9-CM Coordination and Maintenance Committee created this new procedure chapter 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 the NHDS until the following data collection year, 2003 was the first year these codes were used.

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

Questions. Questions concerning NHDS data should be directed to:

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

For more information about the NHDS, visit our website:
<http://www.cdc.gov/nchs/about/major/hdasd/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

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II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name	NHDS05.PU.TXT
Record Length	88
Number of Records	375,372

III. RECORD LAYOUT: Location and Coding of Data Elements

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

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Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	05
2	3	1	Newborn status	1=Newborn 2=Not newborn
3	4	1	Units for age	1=Years 2=Months 3=Days
4	5-6	2	Age in years, months, or days	If units=years: 00-99* If units=months: 01-11 If units=days: 00-28 *Ages 100 and over were recoded to 99
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 or other Pacific Isldr 6=Other 8=Multiple race indicated 9=Not stated
7	9	1	Marital status	1=Married 2=Single 3=Widowed 4=Divorced 5=Separated 9=Not stated
8	10-11	2	Discharge month	01-12=January to December
9	12	1	Discharge Status	1=Routine/discharged home 2=Left against medical advice 3=Discharged/transferred to short-term facility 4=Discharged/transferred to long-term care institution 5=Alive, disposition not stated 6=Dead 9=Not stated or not reported
10	13-16	4	Days of care	Use to calculate number of days of care. Values of zero generated by the computer from admission and discharge dates were changed to one. (Discharges for which dates of admission and discharge are the same are identified in Item Number 11)

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Item Number	Location	Number of Positions	Item description	Code description
11	17	1	Length of stay flag	0=Less than 1 day 1=One day or more
12	18	1	Geographic region	1=Northeast 2=Midwest 3=South 4=West
13	19	1	Number of beds, recode	1=6-99 2=100-199 3=200-299 4=300-499 5=500 and over
14	20	1	Hospital ownership	1=Proprietary 2=Government 3=Nonprofit, including church
15	21-25	5	Analysis weight	Use to obtain weighted estimates
16	26-27	2	First two digits of survey year	20
17	28-32	5	Diagnosis code #1	*
18	33-37	5	Diagnosis code #2	*
19	38-42	5	Diagnosis code #3	*
20	43-47	5	Diagnosis code #4	*
21	48-52	5	Diagnosis code #5	*
22	53-57	5	Diagnosis code #6	*
23	58-62	5	Diagnosis code #7	*
24	63-66	4	Procedure code#1	*
25	67-70	4	Procedure code#2	*
26	71-74	4	Procedure code#3	*
27	75-78	4	Procedure code#4	*

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Item Number	Location	Number of Positions	Item description	Code description
28	79-80	2	Principal expected source of payment	01=Worker's compensation 02=Medicare 03=Medicaid 04=Other government 05=Blue Cross/Blue Shield 06=HMO/PPO 07=Other private insurance 08=Self-pay 09=No charge 10=Other 99=Not stated
29	81-82	2	Secondary expected source of payment	Same coding as item 28 above, except Not Stated left blank (not coded to 99)
30	83-85	3	Diagnosis-Related Groups (DRG)	grouper version 22
31	86	1	Type of Admission	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 9 = Not available
32	87-88	2	Source of Admission	01 = Physician referral 02 = Clinical referral 03 = HMO referral 04 = Transfer from a hospital 05 = Transfer from skilled nursing facility 06 = Transfer from other health facility 07 = Emergency room 08 = Court/law enforcement 09 = Other 99 = Not available

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

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APPENDIX A

DEFINITION OF TERMS

Terms relating to hospitals and hospitalization

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

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

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

Government: Hospitals operated by State and local government.

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

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

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

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

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

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

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

Terms relating to diagnoses and procedures

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

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

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

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

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

Demographic terms

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

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

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

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

APPENDIX B

The *International Classification of Diseases, 9th Revision, Clinical Modification* 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 2005, 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 2005 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 2004. 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 2005, the ICD-9-CM with addendum changes up to October 1, 2004 was used; but for the last 3 months, the October 2005 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 2005 were converted back to their previous code assignments under the October 2004 addendum.

In order to assist users, a conversion table is provided which shows the date of introduction of each new code and the previously assigned code equivalent, which had been used for reporting the selected diagnosis or procedure prior to issuance of the new code. This conversion table can be obtained online at the following location: <http://www.cdc.gov/nchs/icd9.htm>.

2005 NHDS DATA FILE DOCUMENTATION

DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
005.81	1995	005.8
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	1997	038.1
038.11	1997	038.1
038.19	1997	038.1
040.82	2002	040.89
041.00-041.03	1992	041.0
041.04	1992	041.0
041.04 (code title restated)	1997	041.04
041.05	1992	041.0
041.09	1992	041.0
041.10-041.19	1992	041.1
041.81-041.85	1992	041.8
041.86	1995	041.84
041.89	1992	041.8
042	1994	042.0-042.2, 042.9*, 043.0-043.3, 043.9*, 044.0, 044.9* (*Codes deleted)
042.0-042.9	1986	279.19
043.0-043.9	1986	279.19
044.0-044.9	1986	279.19
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

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective</u> <u>October 1</u>	<u>Previous code(s) assignment</u>
070.49	1991	070.4
070.51-070.53	1991	070.5
070.54	1994	070.51
070.59	1991	070.5
070.70	2004	070.51
070.71	2004	070.41
077.98-077.99	1993	077.9
078.10-078.11, 078.19	1993	078.1
078.88	1993	078.89
079.4	1993	079.8
079.50-079.53, 079.59	1993	079.8
079.6	1996	079.89
079.81	1995	079.89
079.82	2003	079.89
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
176.0-176.9	1991	173.0-173.9
203.00	1991	203.0
203.01	1991	V10.79
203.10	1991	203.1
203.11	1991	V10.79
203.80	1991	203.8
203.81	1991	V10.79
204.00	1991	204.0
204.01	1991	V10.61
204.10	1991	204.1
204.11	1991	V10.61
204.20	1991	204.2

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective</u> <u>October 1</u>	<u>Previous code(s) assignment</u>
204.21	1991	V10.61
204.80	1991	204.8
204.81	1991	V10.61
204.90	1991	204.9
204.91	1991	V10.61
205.00	1991	205.0
205.01	1991	V10.62
205.10	1991	205.1
205.11	1991	V10.62
205.20	1991	205.2
205.21	1991	V10.62
205.30	1991	205.3
205.31	1991	V10.62
205.80	1991	205.8
205.81	1991	V10.62
205.90	1991	205.9
205.91	1991	V10.62
206.00	1991	206.0
206.01	1991	V10.63
206.10	1991	206.1
206.11	1991	V10.63
206.20	1991	206.2
206.21	1991	V10.63
206.80	1991	206.8
206.81	1991	V10.63
206.90	1991	206.9
206.91	1991	V10.63
207.00	1991	207.0
207.01	1991	V10.69
207.10	1991	207.1
207.11	1991	V10.69
207.20	1991	207.2
207.21	1991	V10.69
207.80	1991	207.8
207.81	1991	V10.69
208.00	1991	208.0
208.01	1991	V10.60
208.10	1991	208.1
208.11	1991	V10.60
208.20	1991	208.2
208.21	1991	V10.60
208.80	1991	208.8

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
208.81	1991	V10.60
208.90	1991	208.9
208.91	1991	V10.60
237.70-237.72	1990	237.7
250.02	1993	250.90
250.03	1993	250.91
250.12	1993	250.10
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
256.31-256.39	2001	256.3
273.4	2004	277.6
275.40-275.42	1997	275.4
275.49	1997	275.4
277.02-277.03,277.09	2002	277.00
277.7	2001	277.8
277.81-277.84; 277.89	2003	277.8

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
277.85 277.86 277.87	2004 2004 2004	277.89 277.89 277.89; 758.89
278.00-278.01	1995	278.0
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
285.21-285.22,285.29	2000	285.8
289.52	2003	289.59
289.81-289.82; 289.89	2003	289.8
291.81	1996	291.8
291.89	1996	291.8
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 (All these codes have been deleted)
312.81-312.82, 312.89	1994	312.8
315.32	1996	315.39
320.81-320.89	1992	320.8
331.11	2003	331.1
331.19	2003	331.1
331.82	2003	331.89
333.92-333.93	1994	333.99
337.20-337.22, 337.29	1993	337.9
337.3	1998	337.9
342.00-342.02	1994	342.0

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
342.10-342.12	1994	342.1
342.80-342.82	1994	342.9
342.90-342.92	1994	342.9
344.00-344.04, 344.09	1994	344.0
344.30-344.32	1994	344.3
344.40-344.42	1994	344.4
344.81, 344.89	1993	344.8
345.00-345.01	1989	345.0
345.10-345.11	1989	345.1
345.40-345.41	1989	345.4
345.50-345.51	1989	345.5
345.60-345.61	1989	345.6
345.70-345.71	1989	345.7
345.80-345.81	1989	345.8
345.90-345.91	1989	345.9
346.00-346.01	1992	346.0
346.10-346.11	1992	346.1
346.20-346.21	1992	346.2
346.80-346.81	1992	346.8
346.90-346.91	1992	346.9
347.00-347.01	2004	347
347.10-347.11	2004	347
348.30-348.31; 348.39	2003	348.3
355.71	1993	354.4
355.79	1993	355.7
357.81-357.82,357.89	2002	357.8
358.00-358.01	2003	358.0
359.81,359.89	2002	359.8
365.83	2002	365.89
371.82	1992	371.89
372.81, 372.89	2000	372.8
374.87	1990	374.89
380.03	2004	733.99

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective</u> <u>October 1</u>	<u>Previous code(s) assignment</u>
403.00-403.01	1989	403.0
403.10-403.11	1989	403.1
403.90-403.91	1989	403.9
404.00-404.03	1989	404.0
404.10-404.13	1989	404.1
404.90-404.93	1989	404.9
410.00-410.02	1989	410.0
410.10-410.12	1989	410.1
410.20-410.22	1989	410.2
410.30-410.32	1989	410.3
410.40-410.42	1989	410.4
410.50-410.52	1989	410.5
410.60-410.62	1989	410.6
410.70-410.72	1989	410.7
410.80-410.82	1989	410.8
410.90-410.92	1989	410.9
411.81	1989	410.9
411.89	1989	411.8
414.00-414.01	1994	414.0
414.02-414.03	1994	996.03
414.04-414.05	1996	414.00
414.06	2002	414.00
414.07	2003	414.06
414.12	2002	414.11
415.11	1995	997.3 & 415.1
415.19	1995	415.1
428.20-428.23	2002	428.0
428.30-428.33	2002	428.0
428.40-428.43	2002	428.0
429.71	1989	410.0-410.9
429.79	1989	410.0-410.9
433.00-433.01	1993	433.0
433.10-433.11	1993	433.1
433.20-433.21	1993	433.2
433.30-433.31	1993	433.3
433.80-433.81	1993	433.8
433.90-433.91	1993	433.9

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
434.00-434.01	1993	434.0
434.10-434.11	1993	434.1
434.90-434.91	1993	434.9
435.3	1995	435.0 & 435.1
437.7	1992	780.9
438.0	1997	294.9 & 438
438.10	1997	784.5 & 438
438.11	1997	784.3 & 438
438.12	1997	784.4 & 438
438.19	1997	784.5 & 438
438.20	1997	342.90 & 438
438.21	1997	342.91 & 438
438.22	1997	342.92 & 438
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	440.2
440.30-440.32	1994	996.1
441.00-441.03	1994	441.0
441.6	1993	441.1 & 441.3
441.7	1993	441.2 & 441.4
443.21	2002	442.81

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
443.22	2002	442.2
443.23	2002	442.1
443.24	2002	442.89
443.29	2002	442.89
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
451.82-451.84	1993	451.89
453.40-453.42	2004	453.8
454.8	2002	454.9
458.2	1995	997.9 & 458.9
458.21; 458.29	2003	458.2
458.8	1997	458.9
464.00-464.01	2001	464.0
464.50-464.51	2001	464.0
466.11	1996	466.1
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
480.3	2003	480.8
482.30-482.39	1992	482.3
482.40	1998	482.4
482.41	1998	482.4
482.49	1998	482.4
482.81-482.83, 482.89	1992	482.8
482.84	1997	482.83
483.0	1992	483
483.1	1996	078.88 & 484.8
483.8	1992	483

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective</u> <u>October 1</u>	<u>Previous code(s) assignment</u>
491.20-491.21 491.22	1991 2004	491.2 491.21
493.20	1989	493.90
493.21	1989	493.91
493.02	2000	493.00
493.12	2000	493.10
493.22	2000	493.20
493.81	2003	519.1
493.82	2003	493.90-493.91
493.92	2000	493.90
494.0-494.1	2000	494
512.1	1994	997.3
517.3	2003	282.62
518.6	1997	518.89
518.81	1987	799.1
518.82-518.89	1987	518.8
518.83	1998	518.81
518.84	1998	518.81
519.00-519.02; 519.09	1998	519.0
521.00-521.05; 521.09	2001	521.0
521.06	2004	521.09
521.07	2004	521.09
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
523.2-523.25	2004	523.2
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

2005 NHDS DATA FILE DOCUMENTATION

DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
524.70-524.77; 524.79 524.75-524.76 524.81-524.82; 524.89	1992 2004 2004	524.8 524.79 524.8
525.10-525.19 525.20-525.26 528.71-528.72; 528.79	2001 2004 2004	525.1 525.2 528.7
530.10-530.11, 530.19	1993	530.1
530.12	2001	530.10
530.20-530.21	2003	530.2
530.81	1993	530.1
530.82-530.84, 530.89	1993	530.8
530.85	2003	530.2
530.86	2004	997.4
530.87	2004	997.4
535.00-535.01	1991	535.0
535.10-535.11	1991	535.1
535.20-535.21	1991	535.2
535.30-535.31	1991	535.3
535.40-535.41	1991	535.4
535.50-535.51	1991	535.5
535.60-535.61	1991	535.6
536.3	1994	536.8
536.40-536.42, 536.49	1998	997.4
537.82	1990	537.89
537.83	1991	537.82
537.84	2002	531.00
556.0-556.6	1994	556
556.8-556.9	1994	556
558.3	2000	558.9
562.02	1991	562.00
562.03	1991	562.01
562.12	1991	562.10
562.13	1991	562.11
564.00-564.09	2001	564.0
564.81	1998	564.8
564.89	1998	564.8

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
569.60-569.61	1995	569.6
569.62	1998	569.69
569.69	1995	569.6
569.84	1990	557.1
569.85	1991	569.84
569.86	2002	569.82
574.60	1996	574.00 & 574.30
574.61	1996	574.01 & 574.31
574.70	1996	574.10 & 574.40
574.71	1996	574.11 & 574.41
574.80	1996	574.00 & 574.10 574.30 & 574.40
574.81	1996	574.01 & 574.11 574.31 & 574.41
574.90	1996	574.20 & 574.50
574.91	1996	574.21 & 574.51
575.10-575.11	1996	575.1
575.12	1996	575.0 & 575.1
588.81	2004	588.8
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
599.81-599.89	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
608.82	2001	608.83
608.87	2001	608.89

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
618.00-618.05; 618.09	2004	618.0
618.81-681.83; 618.89	2004	618.8
621.30-621.33	2004	621.3
622.10-622.12	2004	622.1
629.20-629.23	2004	629.8
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
651.30-651.31; 651.33	1989	651.00-651.01; 651.03
651.40-651.41; 651.43	1989	651.10-651.11; 651.13
651.50-651.51; 651.53	1989	651.20-651.21; 651.23
651.60-651.61; 651.63	1989	651.80-651.81; 651.83
654.20-654.21; 654.23	1990	654.2; 654.9
654.90-654.94	1990	654.2; 654.9
655.70 & 655.71	1997	655.8
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
665.10, 665.11	1992	665.10, 665.11, 665.12, 665.14
Note: The title for the subcategory, 665.1, has been changed, making the fifth-digit subclassification, 665.12 and 665.14, invalid.		
670.00, 670.02, 670.04	1991	670.0-670.1; 670.3 (amended 10/02/2004)
672.00, 672.02, 672.04	1991	672.0-672.1; 672.3 (amended 10/02/2004)
674.50-674.54	2003	674.80, 674.82, 674.84
677	1994	None
686.00-686.01	1997	686.0
686.09	1997	686.0

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
690.10	1995	690
690.11	1995	691.8 & 704.8
690.12	1995	691.8
690.18	1995	690
690.8	1995	690
692.72-692.74	1992	692.79
692.75	2000	692.79
692.76-692.77	2001	692.71
692.82-692.83	1992	692.89
692.84	2004	692.89
702.0-702.8	1991	702
702.11, 702.19	1994	702.1
704.02	1993	704.09
705.21-705.22	2004	780.8
707.00-707.07; 707.09	2004	707.0
707.10-707.15, 707.19	2000	707.1
709.00-709.01, 709.09	1994	709.0
710.5	1992	288.3, 729.1
718.70-718.79	2001	718.80-718.89
719.7	2003	719.70, 719.75-719.79 (codes deleted)
727.83	2000	727.89
728.86	1995	729.4
728.87	2003	728.9
728.88	2003	728.89
733.10-733.16, 733.19	1993	733.1
733.93	2001	733.16
733.94	2001	733.19
733.95	2001	733.19
738.10-738.19	1992	738.1
747.60-747.64, 747.69	1993	747.6
747.82	1993	747.89

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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	1996	752.8
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	1996	753.2
753.29	1996	753.2
756.70-756.71	1997	756.7
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	1989	759.8
759.83	1994	759.89
759.89	1989	759.8
760.75	1991	760.79
760.76	1994	760.79
763.81-763.83, 763.89	1998	763.8
764.00-764.09	1988	764.0
764.10-764.19	1988	764.1
764.20-764.29	1988	764.2
764.90-764.99	1988	764.9
765.00-765.09	1988	765.0
765.10-765.19	1988	765.1
765.20-765.24	2002	765.00-765.09
765.25-765.29	2002	765.10-765.19
766.21-766.22	2003	766.2
767.11-767.19	2003	767.1
770.81-770.84; 770.89	2002	770.8
771.81-771.83; 771.89	2002	771.8

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
772.10-772.14	2001	772.1
779.7	2001	772.1
779.81-779.82	2002	779.8
779.83	2003	779.89
779.89	2002	779.8
780.01-780.02	1992	780.0
780.03	1993	780.01
780.09	1992	780.0
780.31	1997	780.3
780.39	1997	780.3
780.57	1992	780.51, 780.53
780.58	2004	780.59
780.71	1998	780.7
780.79	1998	780.7
780.91-780.92	2002	780.9
780.93	2003	780.99
780.94	2003	780.99
780.99	2002	780.9
781.8	1994	781.9
781.91-781.92	2000	781.9
781.93	2002	723.5
781.94	2003	781.99
781.99	2000	781.9
783.21	2000	783.2
783.22	2000	783.4
783.40-783.43	2000	783.4
783.7	2000	783.4
785.52	2003	785.59
786.03	1998	786.09
786.04	1998	786.09
786.05	1998	786.09
786.06	1998	786.09
786.07	1998	786.09
787.01-787.03	1994	787.0
787.91	1995	558.9
787.99	1995	787.9
788.20-788.21, 788.29	1993	788.2

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective</u> <u>October 1</u>	<u>Previous code(s) assignment</u>
788.30-788.39	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
788.69	1993	788.6
789.00-789.07; 789.09	1994	789.0
789.30-789.37; 789.39	1994	789.3
789.40-789.47; 789.49	1994	789.4
789.60-789.67; 789.69	1994	789.6
790.01, 790.09	2000	790.0
790.21-790.22, 790.29	2003	790.2
790.91	1993	790.9
790.92	1993	286.9
790.93, 790.99	1993	790.9
790.94	1997	790.99
790.95	2004	790.99
792.5	2000	792.9
793.80-793.81, 793.89	2001	793.8
795.00-795.02; 795.09	2002	795.0
795.03	2004	622.1
795.04	2004	622.1
795.05	2004	795.09
795.08	2004	795.09
795.31-795.39	2002	795.3
795.71	1994	795.8 (Code deleted)
795.79	1994	795.7
795.8	1986	795.7
796.5	1997	796.9
796.6	2004	796.9
799.81	2003	799.8
799.89	2003	799.8
813.45	2002	813.42
823.40-823.42	2002	823.80-823.82
840.7	2001	840.8
850.11-850.12	2003	850.1

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
864.05	1992	864.09
864.15	1992	864.19
909.5	1994	909.9
922.31-922.33	1996	922.3
925.1-925.2	1993	925
959.0 (Code title restated)	1997	959.0
959.01	1997	854.00
959.09	1997	959.0
959.11-959.14,959.19	2003	959.1
965.61	1998	965.6
965.69	1998	965.6
989.81-989.84	1995	989.8
989.89	1995	989.8
995.50-995.55	1996	995.5
995.59	1996	995.5
995.60-995.69	1993	995.0
995.7	2000	None
995.80	1996	995.81
995.81 (Code title restated)	1996	995.81
995.82-995.85	1996	995.81
995.86	1998	995.89
995.90	2002	038.0-038.9
995.91	2002	038.0-038.9
995.92	2002	038.0-038.9
995.93	2002	038.0-038.9
995.94	2002	038.0-038.9
996.04	1994	996.09
996.51-996.59	1987	996.5
996.55	1998	996.52
996.56	1998	996.59
996.57	2003	996.59
996.60-996.69	1989	996.6
996.68	1998	996.69
996.70-996.79	1989	996.7
996.80-996.84	1987	996.8

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
996.85	1990	996.89
996.86	1987	996.8
996.87	2000	996.89
996.89	1987	996.8
997.00-997.01	1995	997.0
997.02	1995	997.9 & 430-434, 436
997.09	1995	997.0
997.71	2001	997.4
997.72	2001	997.5
997.79	2001	997.2
997.91	1995	997.9
997.99	1995	997.9
998.11-998.12	1996	998.1
998.13	1996	998.89
998.31-998.32	2002	998.3
998.51	1996	998.5
998.59	1996	998.5
998.81-998.82, 998.89	1994	998.8
998.83	1996	998.89
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	1998	V02.5
V02.52	1998	V02.5
V02.59	1998	V02.5
V02.60-V02.62	1997	V02.6
V02.69	1997	V02.6
V03.81-V03.82, V03.89	1994	V03.8
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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DIAGNOSIS CODES

<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
V08	1994	044.9, 795.8 (Codes deleted)
V09.0-V09.91	1993	None
V10.48	1998	V10.49
V10.53	2001	V10.59
V12.00-V12.03, V12.09	1994	V12.0
V12.40-V12.41	1997	V12.4
V12.49	1997	V12.4
V12.50-V12.52	1995	V12.5
V12.59	1995	V12.5
V12.70-V12.72, V12.79	1994	V12.7
V13.00-V13.01, V13.09	1994	V13.0
V13.21,V13.29	2002	V13.2
V13.61	1998	V13.6
V13.69	1998	V13.6
V15.01-V15.09	2000	V15.0
V15.41-V15.42	1996	V15.4
V15.49	1996	V15.4
V15.82	1994	305.13 (Codes deleted)
V15.84-V15.86	1995	V15.89
V15.87	2003	V15.89
V16.40-V16.43	1997	V16.4
V16.49	1997	V16.4
V16.51	1998	V16.5
V16.59	1998	V16.5
V18.61	1998	V18.6
V18.69	1998	V18.6
V21.30-V21.35	2000	None
V23.41; V23.49	2002	V23.4

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V23.7	1989	V23.8
V23.81	1998	V23.8
V23.82	1998	V23.8
V23.83	1998	V23.8
V23.84	1998	V23.8
V23.89	1998	V23.8
V25.03	2003	V25.01
V25.43	1992	V25.49
V25.5	1992	V25.8
V26.21-V26.22; V26.29	2000	V26.2
V26.51	1998	None
V26.52	1998	None
V28.6	1997	V28.8
V29.0-V29.1	1992	V71.8
V29.2	1994	V29.8
V29.3	1998	V29.8
V29.8	1992	V71.8
V29.9	1992	V71.9
V30.00-V30.01	1989	V30.0
V31.00-V31.01	1989	V31.0
V32.00-V32.01	1989	V32.0
V33.00-V33.01	1989	V33.0
V34.00-V34.01	1989	V34.0
V35.00-V35.01	1989	V35.0
V36.00-V36.01	1989	V36.0
V37.00-V37.01	1989	V37.0
V39.00-V39.01	1989	V39.0
V42.81-V82.83	1997	V42.8
V42.84	2000	V42.89
V42.89	1997	V42.8
V43.21-V43.22	2003	V43.2
V43.60-V43.66; V43.69	1994	V43.6
V43.81-V43.82	1995	V43.8
V43.83	1998	V43.89
V43.89	1995	V43.8
V44.50	1998	V44.5
V44.51	1998	V44.5

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V44.52	1998	V44.5
V44.59	1998	V44.5
V45.00	1994	V45.89
V45.01	1994	V45.0
V45.02, V45.09	1994	V45.89
V45.51	1994	V45.5
V45.52, V45.59	1994	V45.89
V45.61	1997	V45.6
V45.69	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
V46.11-V46.12	2004	V46.1
V46.2	2002	V46.8
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
V49.89	2000	V49.8
V50.41-V50.42, V50.49	1994	V50.8
V53.01-V53.02	1997	V53.0
V53.09	1997	V53.0

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V53.31	1994	V53.3
V53.32, V53.39	1994	V53.9
V53.90-V53.91, V53.99	2003	V53.9
V54.01-V54.02; V54.09	2003	V54.0
V54.10-V54.17; V54.19	2002	V54.8
V54.20-V54.27; V54.29	2002	V54.8
V54.81; V54.89	2002	V54.8
V56.1	1995	V58.89
V56.1 (code title restated)	1998	V56.1
V56.2	1998	V56.1
V56.31-V56.32	2000	V56.8
V57.21-V57.22	1994	V57.2
V58.41	1994	V58.4
V58.42	2002	V58.49
V58.43	2002	V58.49
V58.44	2004	V58.71-V58.78
V58.49	1994	V58.4
V58.61	1995	V67.51
V58.62	1998	V58.69
V58.63-V58.65	2003	V58.69
V58.66-V58.67	2004	V58.69
V58.69	1995	V67.51
V58.71-V58.78	2002	V58.49
V58.81; V58.89	1994	V58.8
V58.82	1995	V58.89
V58.83	2000	V58.89
V59.01-V59.02	1995	V59.0
V59.09	1995	V59.0
V59.6	1995	V59.8
V61.10-V61.12	1996	V61.1
V61.22	1996	V61.21
V62.83	1996	V65.49
V64.4	1997	None

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
V64.41-V64.43	2003	V64.4
V65.11,V65.19	2003	V65.1
V65.40-V65.45	1994	V65.4
V65.46	2003	V65.49
V65.49	1994	V65.4
V66.7	1996	None
V67.00-V67.01, V67.09	2000	V67.0
V69.0-V69.3	1994	None
V69.4	2004	V69.8
V69.8-V69.9	1994	None
V71.81	2000	V71.8
V71.82-V71.83	2002	V71.89
V71.89	2000	V71.8
V72.31-V72.32	2004	V72.3
V72.40-V72.41	2004	V72.4
V72.81-V72.85	1993	V72.8
V73.88-V73.89	1993	V73.8
V73.98-V73.99	1993	V73.9
V76.10-V76.12	1997	V76.1
V76.19	1997	V76.1
V76.44	1998	V76.49
V76.45	1998	V76.49
V76.46-V76.47	2000	V76.49
V76.50-V76.52	2000	V76.49
V76.81; V76.89	2000	V76.8
V77.91, V77.99	2000	V77.9
V82.81, 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

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DIAGNOSIS CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
E854.8	1995	E858.8
E869.4	1994	E869.8
E880.1	1995	E884.9
E884.3-E884.4	1995	E884.2
E884.5-E884.6	1995	E884.9
E885.0	2002	E885.9
E885.1-E885.4; E885.9	2000	E885
E888.0	2001	E920
E888.1	2001	E888
E888.8-E888.9	2001	E888
E906.5	1995	E906.3
E908.0-E908.4	1995	E908
E908.8-E908.9	1995	E908
E909.0-E909.4	1995	E909
E909.8-E909.9	1995	E909
E917.3	2001	E917.9
E917.4	2001	E917.9
E917.5	2001	E886.0
E917.6	2001	E917.1
E917.7	2001	E888
E917.8	2001	E888
E920.5	1995	E920.4
E922.4	1997	E917.9
E922.5	2002	E922.8
E924.2	1995	E924.0
E928.3	2000	E928.8
E928.4	2003	E928.8
E928.5	2003	E928.8
E955.6	1997	E955.9
E955.7	2002	E955.4

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<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
E967.2	1996	E967.0
E967.3	1996	None
E967.4-E967.8	1996	E967.1
E968.5	1995	E968.8
E968.6	1997	E968.8
E968.7	2000	E968.8
E985.6	1997	E985.4
E985.7	2002	E985.4
E979.0-E979.9	2002	E960.0-E966; E968.0-E968.9
E999.0	2002	E999
E999.1	2002	E969

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PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
00.01	2002	99.99
00.02	2002	99.99
00.03	2002	99.99
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
00.21	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	2004	88.79
00.29	2004	88.79
00.31	2004	None
00.32	2004	None
00.33	2004	None
00.34	2004	None
00.35	2004	None
00.39	2004	None
00.50	2002	37.70-37.74,37.76,37.80-37.87
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
00.61	2004	39.50
00.62	2004	39.50
00.63	2004	00.55; 39.90
00.64	2004	00.55; 39.90
00.65	2004	00.55; 39.90
00.91	2004	None
00.92	2004	None
00.93	2004	None
02.96	1992	89.19
03.90	1987	03.99 (Insertion of Catheter)
05.25	1995	39.7

2005 NHDS DATA FILE DOCUMENTATION

PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
11.75	1989	11.79
11.76	1989	11.62
20.96-20.98	1986	20.95
22.12	1988	22.11
26.12	1988	26.11
27.64	2004	27.69 [inadvertently omitted from 2004 CDROM conversion table]
29.31	1991	83.02
29.32	1991	29.3
29.33	1991	29.3
29.39	1991	29.3
31.45	1988	31.43-31.44
31.95	1989	31.75
32.01	1989	32.0
32.09	1989	32.0
32.22	1995	32.29, 32.9
32.28	1989	32.29
33.27	1987	33.22 + 33.27
33.28	1987	33.27
33.29	1987	33.28-33.29
33.50	1995	33.5
33.51	1995	33.5
33.52	1995	33.5
33.6	1990	33.5 + 37.5
34.05	1994	34.99
35.84	1988	35.82
35.96	1986	35.03
36.00-36.03	1986	36.0
36.04	1986	39.97
36.05	1987	36.01
36.05	1986	36.01*, 36.02
36.06	1995	36.01, 36.02, 36.03, 36.05
36.07	2002	36.06
36.09	1986	36.0
36.09	1991	36.00 (Code deleted)

2005 NHDS DATA FILE DOCUMENTATION

PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
36.17	1996	36.19
36.31	1998	36.3
36.32	1998	36.3
36.39	1998	36.3
37.26-37.27	1988	37.29
37.28	2001	88.72
37.34	1988	37.33
37.35	1997	37.33
37.51	2003	37.5
37.52	2003	37.62
37.53	2003	37.63
37.54	2003	37.63
37.65	1995	37.62
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 (Device only)	1987	37.73-37.77 (Leads/Device)
37.81 (Device only)	1987	37.73-37.77 (Leads/Device)
37.82 (Device only)	1987	37.73-37.77 (Leads/Device)
37.83 (Device only)	1987	37.73-37.77 (Leads/Device)
37.85-37.87	1987	37.85
37.89	1987	37.86 + 37.89
37.90	2004	37.99
37.94-37.98	1986	37.99
38.22	1986	38.29
38.44 (Abdominal Aorta Only)	1986	38.44 (Entire Aorta)

2005 NHDS DATA FILE DOCUMENTATION

PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
38.45 (Thoracic Aorta Added)	1986	38.44-38.45
38.95	1989	38.93
39.28	1991	39.29
39.50	1995	39.59
39.65	1988	39.61
39.66	1990	39.65
39.71	2000	39.52
39.72	2002	39.79
39.79	2000	39.52
39.90	1996	39.50
41.00-41.03	1988	41.0
41.04	1994	99.79
41.05	1997	None
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	1986	44.2
44.22	1986	44.99
44.29	1986	44.2
44.32	2001	44.39
44.38	2004	44.39
44.43	1989	43.49, 45.32
44.44	1989	38.86
44.49	1989	43.0
44.67	2004	44.66
44.68	2004	44.69
44.93-44.94	1986	44.99
44.95	2004	44.69
44.96	2004	44.69
44.97	2004	44.99
44.98	2004	44.99

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PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
45.16	1988	45.14 (45.15 before 1987)
45.30	1989	45.31,45.32
45.42	1988	45.41
45.43	1989	45.49
45.75	1988	48.66 (Code deleted; Hartmann Resection Added)
45.95	1987	45.93
46.13	1992	46.12 (Code deleted)
46.32	1989	46.39
46.85	1989	46.99
46.97	2000	46.99
47.01	1996	47.0
47.09	1996	47.0
47.11	1996	47.1
47.19	1996	47.1
48.36	1995	45.42
49.31	1989	49.3
49.39	1989	49.3
49.75	2002	49.79
49.76	2002	49.79
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	1989	52.2
52.22	1989	52.2
52.84	1996	99.29
52.85	1996	99.29

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PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
52.86	1996	99.29
52.93	1989	52.93 + 52.91
52.94	1989	52.09
52.97	1989	52.91
52.98	1989	52.91
52.99	1989	52.93, 52.94, 52.99
54.24	1987	54.23
54.25	1993	54.98
54.51	1996	54.5
54.59	1996	54.5
55.03-55.04	1986	55.02
56.33-56.34	1987	56.33
56.35	1987	45.12
57.17-57.18	1989	57.21
57.22	1989	57.22, 57.82
58.31	1990	58.3
58.39	1990	58.3
58.93	1986	57.99
59.03	1996	59.02
59.12	1996	59.11
59.72	1995	59.79
59.96	1986	59.95
60.21	1995	60.2
60.29	1995	60.2
60.95	1991	60.99
60.96	2000	60.29
60.97	2000	60.29
64.97	1986	64.95
65.01	1996	65.0
65.09	1996	65.0
65.13	1996	65.12
65.14	1996	65.19
65.23	1996	65.21
65.24	1996	65.22
65.25	1996	65.29
65.31	1996	65.3
65.39	1996	65.3

2005 NHDS DATA FILE DOCUMENTATION

PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
65.41	1996	65.4
65.49	1996	65.4
65.53	1996	65.51
65.54	1996	65.52
65.63	1996	65.61
65.64	1996	65.62
65.74	1996	65.71
65.75	1996	65.72
65.76	1996	65.73
65.81	1996	65.8
65.89	1996	65.8
66.01	1992	66.0
66.02	1992	66.73
67.51	2001	67.5
67.59	2001	67.5
68.15	1987	68.14
68.16	1987	68.13
68.23	1996	68.29
68.31	2003	68.3
68.39	2003	68.3
68.51	1996	68.5
68.59	1996	68.5
68.9	1992	68.4
74.3	1992	69.11 (Code deleted)
75.37	1998	99.29
75.38	2001	75.34
77.56	1989	77.89,78.49,81.18
77.57	1989	77.89,80.48,81.18,83.85
77.58	1989	77.59,81.18
78.10	1991	78.40
78.11	1991	78.41
78.12	1991	78.42
78.13	1991	78.43
78.14	1991	78.44
78.15	1991	78.45
78.16	1991	78.46
78.17	1991	78.47
78.18	1991	78.48
78.19	1991	78.49

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PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
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
80.50-80.59	1986	80.5
81.03	1989	81.02
81.04-81.05	1989	81.03,81.04,81.05
81.06-81.07	1989	81.06,81.07
81.08	1989	81.06,81.07,81.08
81.09	1989	81.08
81.30	2001	81.09
81.31	2001	81.09
81.32	2001	81.09
81.33	2001	81.09
81.34	2001	81.09
81.35	2001	81.09
81.36	2001	81.09
81.37	2001	81.09
81.38	2001	81.09
81.39	2001	81.09
81.40	1989	81.69
81.51	1989	81.51,81.59
81.52	1989	81.61,81.62,81.63,81.64

2005 NHDS DATA FILE DOCUMENTATION

PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
81.53	1989	81.51,81.59,81.61,81.62, 81.63,81.64
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
81.62	2003	None
81.63	2003	None
81.64	2003	None
81.65	2004	78.49
81.66	2004	78.49
81.72	1989	81.79
81.73-81.74	1989	81.86 (Code deleted)
81.75	1989	81.87 (Code deleted)
81.79	1989	81.79,81.87
81.80	1989	81.81
81.97	1992	81.59
84.51	2002	None
84.52	2002	None
84.53	2004	78.30, 78.32-78.35, 78.37-78.39
84.54	2004	78.30, 78.32-78.35, 78.37-78.39
84.55	2004	None
84.59	2004	None
84.60	2004	80.51
84.61	2004	80.51
84.62	2004	80.51
84.63	2004	80.51
84.64	2004	80.51
84.65	2004	80.51
84.66	2004	80.51
84.67	2004	80.51
84.68	2004	80.51
84.69	2004	80.51
85.95	1987	85.99
85.96	1987	85.99
86.06	1987	86.09
86.07	1990	86.09
86.27	1986	86.22-86.23
86.28	1988	86.22
86.67	1998	86.65

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PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
86.93	1987	86.89
86.94	2004	02.93, 03.93, 04.92
86.95	2004	02.93, 03.93, 04.92
86.96	2004	02.93, 03.93, 04.92
88.90	1986	88.39
88.91	1986	89.15
88.92	1986	89.39
88.93	1986	89.15
88.94	1986	89.39
88.95	1986	89.29
88.96	2002	88.91-88.97
88.97	1989	88.99
88.98	1989	88.90
88.99	1986	89.39
89.10	1989	89.15
89.17-89.18	1988	89.15
89.19	1989	89.15
89.49	2004	89.59
89.50	1991	89.54
89.60	2002	89.65
92.3	1995	01.59, 04.07, 07.63, 07.68
92.30	1998	92.3
92.31	1998	92.3
92.32	1998	92.3
92.33	1998	92.3
92.39	1998	92.3
93.90	1988	93.92
94.61-94.69	1989	94.25
96.29	1998	96.39
96.6	1986	96.35
96.70	1991	93.92 (Code deleted)
96.71	1991	93.92 (Code deleted)
96.72	1991	93.92 (Code deleted)
97.05	1989	51.97
97.44	2001	37.64

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PROCEDURE CODES

<u>Current code(s) assignment</u>	<u>Effective October 1</u>	<u>Previous code(s) assignment</u>
98.51-98.52	1989	59.96 (Code deleted)
98.59	1989	59.96 (Code deleted)
99.00	1995	99.02
99.10	1998	99.29
99.15	1986	99.29
99.20	1998	99.29
99.28	1994	99.25
99.71- 99.79***	1988	99.07
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

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

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

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

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APPENDIX C

This appendix provides estimates of the civilian population of the United States as of July 1, 2005. These figures are based on the results of the 2000 Census and were obtained from the U.S. Bureau of the Census, Population Division. All estimates are rounded to thousands.

Three tables are provided:

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

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

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

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

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

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

The Census population tables provided in the NHDS data file documentation contain groupings for three primary racial groups: White, Black/African American, and All Other Races. The reason for this is simply that NHDS statistics based on the smaller racial groups (e.g. Asian, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander) often do not meet NCHS standards for reliability of published estimates. Calculating rates with NHDS data by race is complicated by the fact that there is substantial underreporting of race in the survey (28% nonresponse in 2005). 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 the NHDS. As a result, reporting of multiple races in the NHDS is almost non-existent. For the 2005 NHDS, 116 of the 375,000 sample records had more than one race marked and all of these records were from hospitals using the manual data collection method.

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TABLE 1: Civilian population of the United States, by sex, age, race, and geographic region: July 1, 2005. Source: U.S. Bureau of the Census, Population Division.

Estimates in thousands							
	Total	Male	Female		Total	Male	Female
All ages	295,194	144,959	150,235	15 to 44 years	124,910	63,006	61,904
White	236,944	117,014	119,930	Northeast	22,618	11,314	11,303
Black/AfAm	37,682	17,904	19,778	Midwest	27,701	14,002	13,700
Other	20,568	10,041	10,527	South	45,183	22,654	22,528
				West	29,407	15,035	14,371
Northeast	54,583	26,480	28,103	45 to 64 years	72,794	35,485	37,310
Midwest	65,891	32,377	33,514	45 to 54 years	42,441	20,860	21,581
South	106,818	52,274	54,544	55 to 64 years	30,354	14,625	15,729
West	67,903	33,829	34,073				
Under 15 years	60,700	31,057	29,644	White	60,517	29,824	30,692
Under 1 year	4,107	2,101	2,005	Black/AfAm	8,016	3,656	4,359
1 to 4 years	16,197	8,280	7,917	Other	4,262	2,004	2,258
5 to 14 years	40,397	20,675	19,721				
				Northeast	14,042	6,782	7,260
White	46,332	23,757	22,575	Midwest	16,488	8,095	8,393
Black/AfAm	9,320	4,731	4,589	South	26,160	12,674	13,486
Other	5,048	2,569	2,479	West	16,104	7,932	8,171
				65 years and over	36,790	15,413	21,377
Northeast	10,471	5,355	5,116	65 to 74 years	18,640	8,529	10,110
Midwest	13,259	6,786	6,473	75 to 84 years	13,054	5,279	7,775
South	22,159	11,329	10,829	85 years and over	5,096	1,604	3,492
West	14,812	7,586	7,226				
15 to 44 years	124,910	63,006	61,904	White	32,115	13,546	18,569
15 to 24 years	41,585	21,233	20,352	Black/AfAm	3,113	1,196	1,918
25 to 34 years	39,705	20,047	19,658	Other	1,562	671	891
35 to 44 years	43,620	21,726	21,894				
				Northeast	7,453	3,028	4,425
White	97,980	49,886	48,094	Midwest	8,444	3,495	4,948
Black/AfAm	17,234	8,322	8,912	South	13,316	5,616	7,701
Other	9,696	4,797	4,898	West	7,579	3,275	4,305

*The 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.

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TABLE 2: Civilian population of the United States by sex, age, and geographic region: July 1, 2005.
Source: U.S. Bureau of the Census, Population Division.

Estimates in thousands															
	UNITED STATES			NORTHEAST			MIDWEST			SOUTH			WEST		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All	295,194	144,959	150,235	54,583	26,480	28,103	65,891	32,377	33,514	106,818	52,274	54,544	67,903	33,829	34,073
0-4	20,304	10,381	9,922	3,400	1,737	1,663	4,343	2,223	2,120	7,580	3,870	3,709	4,981	2,551	2,430
5-9	19,539	9,993	9,545	3,364	1,720	1,644	4,294	2,195	2,099	7,123	3,643	3,480	4,758	2,435	2,323
10-14	20,858	10,682	10,176	3,707	1,898	1,809	4,622	2,368	2,254	7,456	3,816	3,640	5,073	2,600	2,473
15-19	20,958	10,722	10,236	3,772	1,931	1,841	4,752	2,433	2,320	7,510	3,838	3,672	4,923	2,520	2,403
20-24	20,627	10,511	10,116	3,592	1,828	1,764	4,726	2,408	2,318	7,466	3,795	3,670	4,843	2,480	2,363
25-29	19,804	10,047	9,757	3,396	1,706	1,689	4,377	2,224	2,153	7,250	3,649	3,601	4,780	2,467	2,313
30-34	19,901	10,000	9,901	3,495	1,730	1,765	4,267	2,150	2,117	7,298	3,637	3,661	4,842	2,484	2,358
35-39	20,852	10,431	10,421	3,968	1,955	2,013	4,516	2,267	2,249	7,476	3,708	3,768	4,892	2,500	2,392
40-44	22,768	11,295	11,473	4,395	2,164	2,231	5,063	2,520	2,543	8,183	4,027	4,156	5,127	2,584	2,542
45-49	22,452	11,078	11,374	4,334	2,124	2,210	5,130	2,542	2,588	7,989	3,917	4,072	4,999	2,495	2,503
50-54	19,989	9,781	10,208	3,823	1,858	1,965	4,583	2,264	2,319	7,110	3,453	3,657	4,472	2,206	2,266
55-59	17,352	8,424	8,928	3,364	1,613	1,751	3,889	1,903	1,986	6,266	3,027	3,239	3,833	1,880	1,953
60-64	13,002	6,201	6,800	2,521	1,187	1,334	2,886	1,386	1,500	4,795	2,277	2,518	2,800	1,351	1,449
65-59	10,131	4,722	5,410	1,883	860	1,023	2,265	1,056	1,208	3,837	1,790	2,047	2,147	1,016	1,132
70-74	8,508	3,808	4,701	1,615	706	909	1,865	818	1,048	3,254	1,462	1,793	1,774	822	952
75-79	7,412	3,118	4,294	1,567	648	919	1,737	735	1,001	2,661	1,119	1,542	1,448	616	832
80-84	5,643	2,162	3,481	1,224	459	765	1,311	504	807	1,939	734	1,205	1,169	465	704
0-14	60,701	31,056	29,643	10,471	5,355	5,116	13,259	6,786	6,473	22,159	11,329	10,829	14,812	7,586	7,226
15-44	124,910	63,006	61,904	22,618	11,314	11,303	27,701	14,002	13,700	45,183	22,654	22,528	29,407	15,035	14,371
45-64	72,795	35,484	37,310	14,042	6,782	7,260	16,488	8,095	8,393	26,160	12,674	13,486	16,104	7,932	8,171
15+	234,493	113,903	120,592	44,112	21,125	22,987	52,632	25,591	27,041	84,659	40,945	43,715	53,091	26,243	26,847
45+	109,583	50,897	58,688	21,494	9,811	11,684	24,931	11,589	13,341	39,476	18,291	21,187	23,684	11,208	12,476
65+	36,790	15,414	21,378	7,453	3,028	4,425	8,444	3,495	4,948	13,316	5,616	7,701	7,579	3,275	4,305
75+	18,151	6,884	11,267	3,955	1,462	2,493	4,314	1,621	2,692	6,225	2,364	3,861	3,658	1,437	2,221
85+	5,096	1,604	3,492	1,164	355	809	1,266	382	884	1,625	511	1,114	1,041	356	685

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TABLE 3: Civilian Population of the United States by sex, age, and race: July 1, 2005.
Source: U.S. Bureau of the Census, Population Division.

ALL AGES	Estimates in thousands											
	ALL RACES			WHITE			BLACK			OTHER		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
	295,194	144,959	150,235	236,944	117,014	119,930	37,682	17,904	19,778	20,568	10,041	10,527
0-4	20,304	10,381	9,922	15,515	7,943	7,572	3,047	1,546	1,500	1,742	892	851
0	4,107	2,101	2,005	3,134	1,604	1,530	612	312	300	360	185	176
1	4,086	2,090	1,996	3,118	1,597	1,522	611	310	301	357	183	174
2	4,042	2,068	1,974	3,093	1,584	1,509	599	304	295	351	180	171
3	4,007	2,047	1,960	3,066	1,570	1,496	604	306	298	337	172	165
4	4,062	2,075	1,987	3,104	1,588	1,515	620	314	306	338	172	166
5-9	19,539	9,993	9,545	14,920	7,654	7,267	2,942	1,493	1,449	1,676	846	830
5	3,908	2,000	1,908	2,985	1,532	1,453	587	298	289	337	171	166
6	3,865	1,976	1,889	2,950	1,513	1,437	578	293	285	337	170	167
7	3,876	1,983	1,894	2,955	1,516	1,439	586	298	288	335	169	166
8	3,903	1,994	1,909	2,980	1,527	1,453	590	299	290	333	168	165
9	3,986	2,040	1,946	3,049	1,565	1,484	602	305	297	335	169	166
10-14	20,858	10,682	10,176	15,898	8,160	7,737	3,331	1,691	1,640	1,630	831	799
10	4,051	2,075	1,976	3,093	1,588	1,505	629	320	309	329	167	162
11	4,086	2,092	1,994	3,110	1,596	1,513	650	330	320	326	166	160
12	4,170	2,138	2,033	3,171	1,629	1,542	674	343	331	325	165	159
13	4,241	2,170	2,071	3,233	1,658	1,575	683	346	337	325	166	159
14	4,309	2,207	2,103	3,290	1,688	1,602	695	353	342	324	166	159
15-19	20,958	10,722	10,236	16,132	8,275	7,857	3,264	1,650	1,614	1,561	797	764
15	4,386	2,249	2,138	3,352	1,723	1,629	708	359	349	326	167	159
16	4,223	2,164	2,059	3,236	1,661	1,574	670	340	330	317	163	155
17	4,158	2,130	2,028	3,201	1,645	1,557	646	327	319	311	159	152
18	4,098	2,094	2,004	3,170	1,625	1,545	625	315	310	303	154	149
19	4,092	2,084	2,008	3,174	1,621	1,552	614	309	306	304	154	150
20-24	20,627	10,511	10,116	16,049	8,223	7,826	3,000	1,495	1,505	1,578	793	785
20	4,104	2,089	2,015	3,192	1,631	1,561	607	305	303	305	154	151
21	4,030	2,056	1,975	3,132	1,604	1,528	592	297	295	306	154	152
22	4,108	2,100	2,008	3,199	1,643	1,555	596	300	297	313	158	155
23	4,162	2,124	2,038	3,239	1,664	1,575	601	298	302	322	162	160
24	4,222	2,141	2,081	3,287	1,681	1,607	604	295	308	331	165	166
25-29	19,804	10,047	9,757	15,412	7,913	7,500	2,750	1,324	1,426	1,642	811	831
25	4,222	2,142	2,080	3,281	1,681	1,601	607	296	311	333	165	168
26	4,025	2,046	1,980	3,130	1,609	1,521	570	275	294	326	162	164
27	3,915	1,988	1,926	3,054	1,570	1,484	539	260	279	321	158	163
28	3,868	1,960	1,907	3,013	1,547	1,465	528	252	276	327	161	166
29	3,775	1,911	1,864	2,934	1,506	1,428	507	241	266	334	164	170
30-34	19,901	10,000	9,901	15,497	7,892	7,605	2,643	1,244	1,399	1,761	864	897
30	3,890	1,965	1,925	3,024	1,549	1,474	517	245	273	349	171	178
31	3,781	1,904	1,877	2,934	1,498	1,436	501	236	265	347	170	176
32	3,875	1,945	1,930	2,999	1,526	1,473	521	246	276	355	174	181
33	4,063	2,039	2,024	3,166	1,610	1,556	540	254	286	357	175	182
34	4,292	2,146	2,146	3,374	1,709	1,665	563	263	300	354	174	181

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	ALL RACES			WHITE			BLACK			OTHER		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
35-39	20,852	10,431	10,421	16,532	8,373	8,159	2,699	1,267	1,433	1,621	791	830
35	4,380	2,202	2,177	3,455	1,760	1,695	568	268	301	356	175	182
36	4,139	2,074	2,065	3,281	1,665	1,617	524	247	278	333	163	171
37	4,064	2,031	2,032	3,216	1,628	1,588	528	247	280	320	156	164
38	4,075	2,030	2,044	3,246	1,638	1,609	526	245	280	303	147	156
39	4,195	2,093	2,102	3,334	1,683	1,650	553	259	294	308	150	158
40-44	22,768	11,295	11,473	18,357	9,210	9,147	2,878	1,342	1,535	1,533	743	791
40	4,487	2,239	2,248	3,580	1,807	1,773	589	276	313	318	155	163
41	4,559	2,264	2,295	3,661	1,839	1,822	582	272	311	316	153	163
42	4,547	2,252	2,295	3,662	1,834	1,829	572	267	306	312	151	160
43	4,563	2,262	2,302	3,701	1,854	1,846	567	264	303	296	143	153
44	4,612	2,279	2,333	3,754	1,876	1,878	567	264	304	291	139	152
45-49	22,452	11,078	11,374	18,319	9,141	9,178	2,729	1,270	1,459	1,404	668	736
45	4,697	2,332	2,365	3,803	1,910	1,893	591	277	314	303	145	158
46	4,507	2,225	2,282	3,671	1,833	1,838	554	258	296	282	134	148
47	4,509	2,226	2,283	3,685	1,838	1,847	542	253	289	281	135	147
48	4,456	2,192	2,264	3,650	1,816	1,834	534	248	287	272	129	143
49	4,283	2,104	2,179	3,510	1,745	1,765	508	235	273	266	125	141
50-54	19,989	9,781	10,208	16,523	8,180	8,342	2,266	1,038	1,228	1,200	563	637
50	4,303	2,119	2,184	3,530	1,759	1,772	507	235	272	266	126	140
51	4,116	2,015	2,101	3,396	1,682	1,714	472	217	255	248	116	132
52	3,979	1,944	2,035	3,296	1,629	1,668	444	203	241	239	112	127
53	3,845	1,879	1,967	3,195	1,580	1,614	424	192	231	227	106	121
54	3,745	1,824	1,921	3,106	1,531	1,575	420	191	229	219	102	117
55-59	17,352	8,424	8,928	14,589	7,160	7,429	1,781	805	975	982	458	524
55	3,730	1,819	1,911	3,081	1,521	1,561	421	192	228	228	106	122
56	3,582	1,740	1,842	2,990	1,469	1,521	383	173	210	209	97	112
57	3,549	1,723	1,826	2,991	1,467	1,524	360	163	197	198	92	106
58	3,721	1,806	1,914	3,191	1,564	1,626	341	154	187	189	88	101
59	2,770	1,335	1,434	2,336	1,139	1,197	276	123	153	158	74	84
60-64	13,002	6,201	6,800	11,085	5,342	5,743	1,239	543	697	677	316	361
60	2,757	1,327	1,430	2,329	1,133	1,196	275	122	153	153	71	81
61	2,709	1,297	1,412	2,308	1,116	1,192	259	115	144	143	67	76
62	2,797	1,335	1,461	2,406	1,160	1,246	256	112	144	135	63	72
63	2,461	1,167	1,293	2,103	1,008	1,095	231	100	131	127	59	68
64	2,278	1,075	1,203	1,939	925	1,014	219	94	125	119	56	64
65-69	10,131	4,722	5,410	8,639	4,067	4,572	976	415	561	517	240	277
65	2,209	1,039	1,169	1,871	889	981	220	95	125	118	55	62
66	2,092	982	1,109	1,787	847	940	198	85	113	107	50	57
67	2,044	953	1,091	1,746	823	923	195	83	112	103	48	55
68	1,916	887	1,029	1,636	765	871	183	77	105	97	44	52
69	1,871	860	1,012	1,599	742	856	180	76	105	92	42	50
70-74	8,508	3,808	4,701	7,346	3,324	4,022	769	312	457	393	171	222
70	1,863	849	1,014	1,595	735	860	179	75	104	90	40	50
71	1,693	765	928	1,452	663	789	159	66	94	82	36	46
72	1,683	753	931	1,449	656	793	155	63	92	79	34	45
73	1,650	731	918	1,433	642	791	143	57	86	73	31	42
74	1,619	710	909	1,417	628	789	133	52	81	70	29	40

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	ALL RACES			WHITE			BLACK			OTHER		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
75-79	7,412	3,118	4,294	6,523	2,774	3,749	592	221	371	297	123	174
75	1,627	704	923	1,420	621	799	137	53	84	70	30	40
76	1,516	648	868	1,332	576	756	122	46	76	62	26	36
77	1,491	627	863	1,315	560	755	117	43	73	59	24	35
78	1,429	592	837	1,263	529	734	111	41	70	55	22	32
79	1,349	547	803	1,194	488	705	105	38	67	51	20	30
80-84	5,643	2,162	3,481	5,040	1,942	3,098	407	141	266	196	79	116
80	1,311	520	791	1,163	465	698	100	35	65	48	20	28
81	1,218	473	745	1,086	424	662	89	31	58	43	18	25
82	1,114	427	687	994	383	611	81	28	53	39	16	23
83	1,045	392	653	937	353	584	73	25	48	35	14	21
84	954	350	604	860	317	543	64	21	43	30	12	18
85-89	3,211	1,092	2,118	2,887	985	1,901	223	69	154	101	38	63
85	861	307	554	769	275	494	63	20	43	29	11	17
86	702	243	459	630	219	411	50	16	34	23	9	14
87	645	219	426	583	199	384	43	13	30	19	7	12
88	537	176	361	484	159	325	36	11	26	17	6	11
89	465	147	318	420	133	287	31	9	22	14	5	9
90-94	1,415	405	1,010	1,268	362	906	104	28	76	43	15	28
90	406	124	282	365	112	254	28	8	21	12	4	8
91	338	99	239	303	89	214	25	7	18	10	4	7
92	277	78	199	248	70	178	21	5	16	8	3	5
93	220	60	160	197	53	144	16	4	12	7	2	4
94	175	45	130	155	39	116	14	4	10	5	2	4
95-99	400	93	307	354	81	273	34	8	26	12	4	8
95	136	34	102	120	29	90	12	3	9	4	1	3
96	98	23	75	87	20	67	8	2	6	3	1	2
97	78	18	60	69	15	54	6	2	5	2	1	1
98	53	11	41	46	10	36	5	1	4	2	1	1
99	36	7	29	32	6	25	4	1	3	1	0	1
100+	70	14	56	58	11	47	9	2	7	3	1	2
0 to 14	60,700	31,057	29,644	46,332	23,757	22,575	9,320	4,731	4,589	5,048	2,569	2,479
15 to 44	124,910	63,006	61,904	97,980	49,886	48,094	17,234	8,322	8,912	9,696	4,797	4,898
45 to 64	72,794	35,485	37,310	60,517	29,824	30,692	8,016	3,656	4,359	4,262	2,004	2,258
15+	234,494	113,903	120,591	190,612	93,257	97,355	28,363	13,174	15,189	15,520	7,473	8,047
45+	109,585	50,897	58,687	92,632	43,370	49,261	11,129	4,852	6,277	5,824	2,675	3,149
65+	36,790	15,413	21,377	32,115	13,546	18,569	3,113	1,196	1,918	1,562	671	891
75+	18,150	6,883	11,267	16,131	6,155	9,975	1,368	468	900	652	260	392
85+	5,096	1,604	3,492	4,567	1,440	3,127	369	106	263	159	58	101

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APPENDIX D

UNWEIGHTED FREQUENCIES FOR SELECTED VARIABLES

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
SURVEY YEAR			
2005	39,702	335,670	375,372
UNITS			
YEARS	.	327,495	327,495
MONTHS	.	5,306	5,306
DAYS	39,702	2,869	42,571
AGE			
U15 YEARS	39,702	26,060	65,762
15-44 YEARS	.	103,475	103,475
45-64 YEARS	.	82,328	82,328
65 YEARS &UP	.	123,807	123,807
SEX			
MALE	20,096	134,458	154,554
FEMALE	19,606	201,212	220,818
RACE			
WHITE	18,963	179,501	198,464
BLACK/AFRICAN AMERICAN	4,559	46,796	51,355
AMERICAN INDIAN//ALASKAN NATIVE	155	879	1,034
ASIAN	559	2,440	2,999
NATIVE HAWAIIAN/OTH PACIFIC ISLANDER	70	338	408
OTHER	2,834	13,023	15,857
MULTIPLE RACE	22	94	116
NOT STATED	12,540	92,599	105,139
MARSTAT			
MARRIED	.	54,790	54,790
SINGLE	39,701	37,817	77,518
WIDOWED	.	18,118	18,118
DIVORCED	.	8,405	8,405
SEPARATED	.	1,584	1,584
NOT STATED	1	214,956	214,957
DISCHARGE STATUS			
ROUTINE	38,580	259,922	298,502
LEFT AGAINST MEDICAL ADVICE	13	3,638	3,651
SHORT-TERM TRANSFER	432	9,151	9,583
LONG-TERM TRANSFER	21	30,590	30,611
ALIVE, OTHER	277	21,201	21,478
DEAD	146	7,348	7,494
NOT STATED	233	3,820	4,053
LOSFLAG			
LESS THAN 1 DAY	325	5,724	6,049
ONE DAY OR MORE	39,377	329,946	369,323

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	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
REGION			
NORTHEAST	7,887	77,149	85,036
MIDWEST	9,850	91,908	101,758
SOUTH	14,724	127,353	142,077
WEST	7,241	39,260	46,501
BEDSIZE			
6-99	3,094	38,663	41,757
100-199	9,155	79,580	88,735
200-299	10,964	80,913	91,877
300-499	11,644	92,594	104,238
500&UP	4,845	43,920	48,765
OWNERSHIP			
PROPRIETARY	4,438	34,866	39,304
GOVERNMENT	3,124	28,821	31,945
NOT FOR PROFIT	32,140	271,983	304,123
PRINCIPAL EXPECTED SOURCE OF PAYMENT			
WORKER'S COMPENSATION	17	1,627	1,644
MEDICARE	10	129,390	129,400
MEDICAID	14,056	53,953	68,009
OTHER GOVERNMENT PAYMENT	382	4,363	4,745
BLUE CROSS/BLUE SHIELD	5,695	32,248	37,943
HMO/PPO	11,067	53,055	64,122
OTHER PRIVATE/COMMERCIAL INSUR	5,102	33,137	38,239
SELF PAY	1,491	13,781	15,272
NO CHARGE	15	864	879
OTHER	1,523	10,409	11,932
SOURCE NOT STATED	344	2,843	3,187
DISCHARGE MONTH			
JANUARY	3,250	28,948	32,198
FEBRUARY	3,058	28,027	31,085
MARCH	3,310	30,710	34,020
APRIL	3,380	29,117	32,497
MAY	3,438	29,031	32,469
JUNE	3,392	28,223	31,615
JULY	3,457	27,316	30,773
AUGUST	3,449	27,998	31,447
SEPTEMBER	3,485	27,708	31,193
OCTOBER	3,289	26,405	29,694
NOVEMBER	2,970	25,473	28,443
DECEMBER	3,224	26,714	29,938
TYPE OF ADMISSION			
EMERGENCY	1	159,290	159,291
URGENT	.	72,576	72,576
ELECTIVE	.	83,027	83,027
NEWBORN	39,701	.	39,701
NOT STATED	.	20,777	20,777

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SOURCE OF ADMISSION	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
PHYSICIAN REFERRAL	.	106,768	106,768
CLINICAL REFERRAL	.	5,268	5,268
HMO REFERRAL	.	1,386	1,386
TRANSFER FROM HOSPITAL	.	11,536	11,536
TRANSFER FROM SNF	.	2,010	2,010
TRANSFER FROM OTHER	.	2,147	2,147
EMERGENCY ROOM	1	154,917	154,918
COURT/LAW ENFORCEMENT	.	723	723
OTHER	39,701	4,335	44,036
NOT AVAILABLE	.	46,580	46,580
FIRST-LISTED DIAGNOSIS ICD-9-CM CHAPTER			
CHAPTER 01	.	10,773	10,773
CHAPTER 02	.	16,719	16,719
CHAPTER 03	.	16,724	16,724
CHAPTER 04	.	4,616	4,616
CHAPTER 05	.	23,137	23,137
CHAPTER 06	.	5,999	5,999
CHAPTER 07	.	60,889	60,889
CHAPTER 08	.	34,397	34,397
CHAPTER 09	.	32,355	32,355
CHAPTER 10	.	18,234	18,234
CHAPTER 11	.	4,896	4,896
CHAPTER 12	.	7,156	7,156
CHAPTER 13	.	19,046	19,046
CHAPTER 14	.	2,131	2,131
CHAPTER 15	.	2,113	2,113
CHAPTER 16	.	1,710	1,710
CHAPTER 17	.	26,756	26,756
V-CODES	39,702	48,019	87,721

2005 NHDS DATA FILE DOCUMENTATION

WEIGHTED FREQUENCIES FOR SELECTED VARIABLES

	NEWBORN INFANTS	NON- NEWBORNS	TOTAL SAMPLE
SURVEY YEAR			
2005	3,999,112	34,667,315	38,666,427
UNITS			
YEARS	.	33,866,794	33,866,794
MONTHS	.	531,865	531,865
DAYS	3,999,112	268,656	4,267,768
AGE			
U15 YEARS	3,999,112	2,430,926	6,430,038
15-44 YEARS	.	10,658,706	10,658,706
45-64 YEARS	.	8,349,380	8,349,380
65 YEARS &UP	.	13,228,303	13,228,303
SEX			
MALE	2,044,389	13,901,651	15,946,040
FEMALE	1,954,723	20,765,664	22,720,387
RACE			
WHITE	2,133,936	20,897,155	23,031,091
BLACK/AFRICAN AMERICAN	418,597	4,108,786	4,527,383
AMERICAN INDIAN//ALASKAN NATIVE	13,686	104,117	117,803
ASIAN	107,694	545,055	652,749
NATIVE HAWAIIAN/OTH PACIFIC ISLANDER	12,083	72,145	84,228
OTHER	136,528	679,370	815,898
MULTIPLE RACE	7,132	29,048	36,180
NOT STATED	1,169,456	8,231,639	9,401,095
MARSTAT			
MARRIED	.	9,246,537	9,246,537
SINGLE	3,999,064	6,665,848	10,664,912
WIDOWED	.	3,058,498	3,058,498
DIVORCED	.	1,398,267	1,398,267
SEPARATED	.	218,602	218,602
NOT STATED	48	14,079,563	14,079,611
DISCHARGE STATUS			
ROUTINE	3,846,367	26,541,097	30,387,464
LEFT AGAINST MEDICAL ADVICE	2,611	338,421	341,032
SHORT-TERM TRANSFER	57,982	1,513,668	1,571,650
LONG-TERM TRANSFER	2,204	3,073,992	3,076,196
ALIVE, OTHER	39,814	1,634,635	1,674,449
DEAD	15,671	752,092	767,763
NOT STATED	34,463	813,410	847,873
LOSFLAG			
LESS THAN 1 DAY	43,963	642,019	685,982
ONE DAY OR MORE	3,955,149	34,025,296	37,980,445

2005 NHDS DATA FILE DOCUMENTATION

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
REGION			
NORTHEAST	739,494	7,191,805	7,931,299
MIDWEST	805,593	7,947,947	8,753,540
SOUTH	1,428,531	12,906,556	14,335,087
WEST	1,025,494	6,621,007	7,646,501
BEDSIZE			
6-99	706,014	8,170,453	8,876,467
100-199	1,018,895	8,271,152	9,290,047
200-299	808,177	6,687,379	7,495,556
300-499	994,575	7,420,451	8,415,026
500&UP	471,451	4,117,880	4,589,331
OWNERSHIP			
PROPRIETARY	565,557	4,189,934	4,755,491
GOVERNMENT	427,338	4,131,878	4,559,216
NOT FOR PROFIT	3,006,217	26,345,503	29,351,720
WORKER'S COMPENSATION	1,398	170,938	172,336
MEDICARE	2,026	13,788,395	13,790,421
MEDICAID	1,597,217	5,835,843	7,433,060
OTHER GOVERNMENT PAY	47,397	569,554	616,951
BLUE CROSS/BLUE SHIELD	552,087	3,123,608	3,675,695
HMO/PPO	953,688	4,792,927	5,746,615
OTHER PRIVATE/COMMERCIAL INS	493,561	3,288,827	3,782,388
SELF PAY	168,125	1,499,911	1,668,036
NO CHARGE	2,407	63,270	65,677
OTHER	122,493	967,118	1,089,611
SOURCE NOT STATED	58,713	566,924	625,637
DISCHARGE MONTH			
JANUARY	336,596	3,105,769	3,442,365
FEBRUARY	322,087	2,981,889	3,303,976
MARCH	324,499	3,255,092	3,579,591
APRIL	338,474	3,053,769	3,392,243
MAY	346,527	3,033,192	3,379,719
JUNE	351,884	2,949,224	3,301,108
JULY	345,103	2,765,542	3,110,645
AUGUST	336,611	2,813,623	3,150,234
SEPTEMBER	339,887	2,798,203	3,138,090
OCTOBER	335,718	2,649,195	2,984,913
NOVEMBER	296,121	2,567,028	2,863,149
DECEMBER	325,605	2,694,789	3,020,394
TYPE OF ADMISSION			
EMERGENCY	48	14,131,356	14,131,404
URGENT	.	8,754,954	8,754,954
ELECTIVE	.	8,317,411	8,317,411
NEWBORN	3,999,064.		3,999,064
NOT STATED	.	3,463,594	3,463,594

2005 NHDS DATA FILE DOCUMENTATION

SOURCE OF ADMISSION	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
PHYSICIAN REFERRAL	.	12,325,312	12,325,312
CLINICAL REFERRAL	.	857,061	857,061
HMO REFERRAL	.	150,000	150,000
TRANSFER FROM HOSPITAL	.	1,068,164	1,068,164
TRANSFER FROM SNF	.	262,973	262,973
TRANSFER FROM OTHER	.	222,266	222,266
EMERGENCY ROOM	48	14,339,723	14,339,771
COURT/LAW ENFORCEMENT	.	114,504	114,504
OTHER	3,999,064	547,762	4,546,826
NOT AVAILABLE	.	4,779,550	4,779,550
CHAPTER 01	.	1,044,867	1,044,867
CHAPTER 02	.	1,614,876	1,614,876
CHAPTER 03	.	1,707,790	1,707,790
CHAPTER 04	.	455,002	455,002
CHAPTER 05	.	2,398,353	2,398,353
CHAPTER 06	.	565,014	565,014
CHAPTER 07	.	6,159,256	6,159,256
CHAPTER 08	.	3,746,122	3,746,122
CHAPTER 09	.	3,421,753	3,421,753
CHAPTER 10	.	1,983,104	1,983,104
CHAPTER 11	.	534,662	534,662
CHAPTER 12	.	750,814	750,814
CHAPTER 13	.	1,945,035	1,945,035
CHAPTER 14	.	182,153	182,153
CHAPTER 15	.	201,363	201,363
CHAPTER 16	.	197,834	197,834
CHAPTER 17	.	2,825,989	2,825,989
V-CODES	3,999,112	4,933,328	8,932,440

2005 NHDS DATA FILE DOCUMENTATION

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

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
ALL DIAGNOSES	96,017	1,713,628	1,809,645
CHAPTER 01	93	42,626	42,719
CHAPTER 02	148	45,521	45,669
CHAPTER 03	259	196,999	197,258
CHAPTER 04	76	49,561	49,637
CHAPTER 05	8	126,151	126,159
CHAPTER 06	130	38,135	38,265
CHAPTER 07	140	342,856	342,996
CHAPTER 08	102	121,636	121,738
CHAPTER 09	306	106,922	107,228
CHAPTER 10	327	88,746	89,073
CHAPTER 11	.	104,188	104,188
CHAPTER 12	325	26,782	27,107
CHAPTER 13	149	65,722	65,871
CHAPTER 14	3,093	8,142	11,235
CHAPTER 15	32,142	7,098	39,240
CHAPTER 16	1,012	97,307	98,319
CHAPTER 17	98	66,896	66,994
ECODES	59	30,974	31,033
VCODES	57,550	147,366	204,916

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

ALL DIAGNOSES	9,282,714	173,682,678	182,965,392
CHAPTER 01	10,685	4,330,892	4,341,577
CHAPTER 02	14,970	4,453,532	4,468,502
CHAPTER 03	18,983	20,324,665	20,343,648
CHAPTER 04	8,892	5,108,851	5,117,743
CHAPTER 05	849	12,695,047	12,695,896
CHAPTER 06	16,412	3,941,894	3,958,306
CHAPTER 07	14,159	34,677,059	34,691,218
CHAPTER 08	9,556	12,384,098	12,393,654
CHAPTER 09	25,687	11,107,748	11,133,435
CHAPTER 10	37,004	9,072,782	9,109,786
CHAPTER 11	.	10,393,662	10,393,662
CHAPTER 12	32,589	2,632,259	2,664,848
CHAPTER 13	14,823	6,884,231	6,899,054
CHAPTER 14	310,559	717,726	1,028,285
CHAPTER 15	3,130,753	613,609	3,744,362
CHAPTER 16	93,936	8,829,164	8,923,100
CHAPTER 17	9,380	7,121,636	7,131,016
ECODES	7,296	4,324,035	4,331,331
VCODES	5,526,181	14,069,788	19,595,969

2005 NHDS DATA FILE DOCUMENTATION

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

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
ALL PROCEDURES	3,173,659	44,950,086	48,123,745
CHAPTER 00*	1,233	194,222	195,455
CHAPTER 01	23,478	1,227,462	1,250,940
CHAPTER 02	.	103,514	103,514
CHAPTER 03	719	74,308	75,027
CHAPTER 04	297	41,626	41,923
CHAPTER 05	3,213	301,696	304,909
CHAPTER 06	7,987	1,118,436	1,126,423
CHAPTER 07	133,312	6,988,927	7,122,239
CHAPTER 08	.	342,693	342,693
CHAPTER 09	9,822	5,579,605	5,589,427
CHAPTER 10	815	999,140	999,955
CHAPTER 11	1,174,026	233,177	1,407,203
CHAPTER 12	26	1,967,061	1,967,087
CHAPTER 13	.	6,858,421	6,858,421
CHAPTER 14	1,553	4,138,794	4,140,347
CHAPTER 15	9,697	1,538,261	1,547,958
CHAPTER 16	1,807,481	13,242,743	15,050,224

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

ALL PROCEDURES	32,102	465,325	497,427
CHAPTER 00*	7	2,151	2,158
CHAPTER 01	261	13,389	13,650
CHAPTER 02	.	1,115	1,115
CHAPTER 03	10	781	791
CHAPTER 04	8	478	486
CHAPTER 05	32	2,779	2,811
CHAPTER 06	95	11,787	11,882
CHAPTER 07	1,163	75,392	76,555
CHAPTER 08	.	3,674	3,674
CHAPTER 09	139	56,228	56,367
CHAPTER 10	8	10,469	10,477
CHAPTER 11	12,475	2,259	14,734
CHAPTER 12	1	18,807	18,808
CHAPTER 13	.	70,309	70,309
CHAPTER 14	9	40,513	40,522
CHAPTER 15	83	15,010	15,093
CHAPTER 16	17,811	140,184	157,995

* 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 the NHDS until the following data collection year, 2003 was the first year these codes were used.

APPENDIX E

NHDS Medical Abstract Form

Form HDS-1

Notice - All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose.

FORM HDS-1 9-9-2005)

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

MEDICAL ABSTRACT - NATIONAL HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number, 2. HDS number, 3. (Item deleted), 4. Date of admission, 5. Date of discharge, 6. Residence ZIP Code

B. PATIENT CHARACTERISTICS

7. Date of birth, 8. Age - Complete only if date of birth not given, 9. Sex - Mark (X) one, 10. Ethnicity - Mark (X) one, 11. Race - Mark all that apply, 12. Marital status - Mark (X) one

C. ADMINISTRATIVE INFORMATION

13. Type of Admission - Mark (X) one, 14. Source of Admission - Mark (X) one, 15. Status/Disposition of patient - Mark (X) appropriate box(es), 16. Expected source(s) of payment

(Over)

