File Composition by State

HCUP State Ambulatory Surgery Databases (SASD)

The document contains cumulative descriptions of data elements across all years of HCUP data from 1988 to the current data year.

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Colorado File Composition

Source Files

The HCUP Colorado ambulatory surgery files were constructed from files supplied by Colorado Health & Hospital Association Discharge Data Program (DDP). These files consist of discharge records from ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

1988 Record Counts. Ambulatory surgery data collection by Colorado officially commenced April 1988, for hospitals with more than 50 beds. Those under 50 beds were added January 1989. Colorado indicated that the total observations in 1988 are inflated because the data submitted by hospitals included observations from many outpatient settings, rather than being limited to only discharges from hospital-associated ambulatory surgery centers. This was corrected by 1989.

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

Selection of Records

From 1988 to 1990, Colorado supplied abstracts for ambulatory surgeries in the same source files as the inpatient discharge abstracts, distinguished by a record type indicator. Starting in 1991, Colorado supplied inpatient and ambulatory surgery records in separate files. Only the inpatient discharges were retained in the HCUP SID. The table below explains how the inpatient discharges were identified.

How Ambulatory Surgery Records Were Identified in Colorado Data

Record Type	Value of Record Type Indicator on Abstract Ambulatory Surgery Databases	Inclusion in HCUP
Inpatient	1	Exclude
Ambulatory surgery	2	Include
		Include if all of the following conditions are true (i.e., assumed to be an ambulatory surgery record): • Length of stay is 0; • Principal procedure is

		present; • Total charges are nonmissing; • Routine (room and nursing) charges are missing; and • Age in days is not equal to 0. Otherwise, exclude as an inpatient record.

SASD Notes

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 Colorado SASD. There are 69 unique DSHOSPID values in the 1997 CO SASD. All should be considered hospital-based facilities.

Florida File Composition

Source Files

The HCUP Florida ambulatory surgery files were constructed from the confidential Ambulatory Outpatient files received from the Florida Agency for Health Care Administration (AHCA). The AHCA collects ambulatory patient data from short-term acute care hospitals, freestanding ambulatory surgery centers, radiation therapy centers, lithotripsy centers, cardiac catheterization laboratories and providers of radiation therapy. Any Florida ambulatory surgery center which has a total of 200 or more visits per quarter is required to report data to AHCA. Facilities with fewer than 200 patient visits in a quarter must certify that fact in writing each quarter to be exempt.

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

SASD Notes

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital-based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 Florida SASD. There are 491 unique DSHOSPID values in the 1997 FL SASD.

- 199 have the AHAID coded indicating they are a hospital-based facility.
- The remaining 292 facilities with DSHOSPID coded and the AHAID missing should be considered freestanding ambulatory surgery centers.

Maryland File Composition

Source Files

The HCUP Maryland ambulatory surgery files were constructed from demographic and utilization data and Uniform Bill (UB) charge data from the Maryland Health Services Cost Review Commission (HSCRC) Ambulatory Surgery Confidential Data Set. The HSCRC supplied data for ambulatory surgery visits from ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

SASD Notes

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital-based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 Maryland SASD. There are 52 unique DSHOSPID values in the 1997 MD SASD. All should be considered hospital-based facilities.

New Jersey File Composition

Source Files

The HCUP New Jersey ambulatory surgery files were constructed from confidential data received from the Health Care Planning, Financing, and Information Services of the New Jersey Department of Health and Senior Services. The files consist of ambulatory surgery centers that are associated with acute care hospitals. Data from freestanding ambulatory surgery centers are not included.

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

Selection of Records

Beginning in 1999, records with a discharge disposition of "still a patient" were excluded from the HCUP ambulatory surgery files. Prior to 1999, this type of record was not included in the source data files.

New Jersey Department of Health and Senior Services supplied a mixture of inpatient and ambulatory surgery records which were not distinguished by a record type indicator. Only the ambulatory surgery records were retained in the HCUP ambulatory surgery files based on the following definition supplied by New Jersey:

- Same day stay (ADATE = DDATE)
- Non-zero charges to operating room (CHG24 > 0) or same day surgery (CHG32 > 0), and
- Discharged to home (DISP = 1).

SASD Notes

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital-based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 New Jersey SASD. There are 94 unique DSHOSPID values in the 1997 NJ SASD. All should be considered hospital-based facilities.

New York File Composition

Source Files

The HCUP New York ambulatory surgery files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) outpatient data file. New York supplied data for freestanding ambulatory surgery centers and for same-day surgical stays at all New York hospitals, excluding long-term care units of short-term hospitals and Federal hospitals.

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

SASD Notes

Exclusion of Charge Data. The ambulatory surgery discharge data reported by SPARCS do not contain total charges or detailed charges. No charge information is available on the HCUP New York ambulatory surgery files.

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital-based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 New York SASD. There are 257 unique DSHOSPID values in the 1997 NY SASD.

- 233 have the AHAID coded indicating they are a hospital-based facility.
- 3 facilities with a missing AHAID are hospital-based facilities. These are DSHOSPID=4961, 0028, 0770. DSHOSPID 4961 provided inpatient data for the 1997 NY SID and is therefore considered a hospital-based facility. DSHOSPIDs 0028 and 0770 are non-reporting hospitals for 1997.
- The remaining 21 facilities with DSHOSPID coded and the AHAID missing should be considered freestanding ambulatory surgery centers.

Facility Identifiers. Prior to 1994, facilities in the New York SASD were assigned one of two HCUP identifiers:

- HOSPID, the HCUP hospital identifier or
- DSFREE, the source-defined identifier for freestanding ambulatory

surgery facilities.

These variables were mutually exclusive. Beginning in 1994, HOSPID and DSFREE are not included in the New York SASD. The New York facility identifier is included in DSHOSPID.

ERROR in 1989 New York SASD. One freestanding clinic (DSHOSPID = 4067) was inadvertently omitted from the 1989 file during HCUP processing. It reported three (3) discharges for 1989.

Utah File Composition

Source Files

The HCUP Utah ambulatory surgery files were constructed from confidential files received from the Office of Health Care Statistics, Utah Department of Health. Utah supplied data on selected ambulatory surgeries occurring in hospital outpatient departments, hospital-affiliated ambulatory surgery centers, and freestanding ambulatory surgery centers.

Utah is required to collect data on selected ambulatory surgeries, whether or not they are the principal procedure. Data collection is not required on other procedures performed in the ambulatory surgery setting. The list of required procedures includes:

Description	CPT-4 Codes	ICD-9-CM Procedure Codes
Mastectomy	19120-19220	850-8599
Musculoskeletal	20000-29909	760-8499
Respiratory	30000-32999	300-3499
Cardiovascular	33010-37799	350-3999
Lymphatic/Hematic	38100-38999	400-4199
Diaphragm	39501-39599	ICD9 codes in Respiratory
Digestive System	40490-49999	420-5499
Urinary	50010-53899	550-5999
Male Genital	54000-55899	600-6499
Laparoscopy	56300-56399	ICD9 codes in Musculoskeletal, Digestive, and Female Genital
Female Genital	56405-58999	650-7199
Endocrine/Nervous	60000-64999	010-0799
Eye	65091-68899	080-1699
Ear	69000-69979	180-2099
Nose, Mouth, Pharynx	CPT codes in Musculoskeletal and Respiratory	210-2999

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

Selection of Records

The following records were excluded from the HCUP Utah ambulatory surgery files:

- Discharges with disposition of "still a patient" were excluded.

SASD Notes

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital-based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 Utah SASD. There are 53 unique DSHOSPID values in the 1997 UT SASD.

- 39 have the AHAID coded indicating they are a hospital-based facility.
- 1 facility (DSHOSPID=307) with a missing AHAID is a hospital-based facility. DSHOSPID 307 provided inpatient data for the 1997 UT SID and is therefore considered a hospital-based facility.
- The remaining 13 facilities with DSHOSPID coded and the AHAID missing should be considered freestanding ambulatory surgery centers.

Possible Data Problems for one Utah Hospital. Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- The original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

Wisconsin File Composition

Source Files

The HCUP Wisconsin ambulatory surgery files were constructed from confidential files received from the Wisconsin Department of Health and Family Services. The data are reported by Wisconsin hospitals, affiliated ambulatory surgery centers and freestanding ambulatory surgery centers.

Reports are gathered for all surgical procedures within the code ranges ICD-9-CM 01.01-86.99 and CPT 10000-69999. Ambulatory surgery records are submitted for each surgical episode in which one or more of the reportable codes appears. Each record contains items or aggregations of items from UB-92 or HCFA-1500 billing forms.

Not all facilities report a full calendar year of data. Some facilities close during the year; other facilities have technical problems that prevent them from reporting a full year.

SASD Notes

Identifying Freestanding Facilities. Starting in 1998, the data element FREESTANDING identifies hospital-based and freestanding ambulatory surgery facilities. Prior to 1998, there are two identifiers on the SASD that allow a researcher to identify hospital-based and freestanding ambulatory surgery centers.

- DSHOSPID is the facility identifier provided by the data source.
- AHAID is the facility identifier used by the American Hospital Association.

1997 Wisconsin SASD. If the DSHOSPID is less than 200, then the ambulatory surgery center is hospital-based. If the DSHOSPID is greater than equal 200, then the ambulatory surgery center is freestanding. The AHA identifier (AHAID) may be missing on a small number of hospital-based facilities because no inpatient data were reported for those sites.