ABSTRACT

This material provides documentation for users of the public use micro-data files of the 2005 National Hospital Ambulatory Medical Care Survey (NHAMCS). The NHAMCS is a national probability sample survey of visits to hospital outpatient and emergency departments, conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. The survey is a component of the National Health Care Survey, which measures health care utilization across a variety of health care providers. There are two micro-data files produced from the NHAMCS, one for outpatient department records and one for emergency department records. Section I of this documentation, "Description of the National Hospital Ambulatory Medical Care Survey," includes information on the scope of the survey, the sample, field activities, data collection procedures, medical coding procedures, and population estimates. Section II provides detailed descriptions of the contents of each file's data record by location. Section III contains marginal data for selected items on each file. The appendixes contain sampling errors, instructions and definitions for completing the Patient Record forms, and lists of codes used in the survey.

SUMMARY OF CHANGES FOR 2005

The 2005 NHAMCS Emergency Department and Outpatient Department public use micro-data files contains many of the same items as the 2004 files, but also reflect a number of changes made to the 2005 Patient Record forms. There are also new items that were created during data processing using recoded data collected on the Patient Record form.

Emergency Department Public Use File

1. New/Modified Items

- **a. Patient residence** This is an expanded version of the 2004 item, Does patient reside in a nursing home or other institution. The new categories include: private residence, nursing home, other institution, other residence, homeless, and unknown.
- b. Expected source(s) of payment for this visit? This item has undergone various changes over the years. In recent years prior to 2005, respondents were asked to check only the "primary" expected source of payment. For 2005, respondents could check all categories that applied. Each category has its own checkbox on the public use file, so all checked categories can be examined for each record. In addition, the variable PAYTYPE has been created (corresponding to the format of PAYTYPE in 2004) which reflects an "assigned" PRIMARY source of payment. The assignment of the primary source is made during data processing and is based on a hierarchy of expected sources of payment, with Medicaid being first, followed by Medicare, Worker's Compensation, Private Insurance, Self-Payment, and No Charge.
- **c.** Verbatim reason for visit The public use file has always included up to three reasons for the ED visit, which were classified and coded using NCHS' *Reason for Visit Classification for Ambulatory Care*. Beginning in 2005, we have included these codes on the public use file but have also added the verbatim reason for the visit, similar in format to the verbatim cause of injury. See Record Format for more information.
- **d.** Immediacy with which patient should be seen Response categories were modified slightly. The 2004 category of "Less than 15 minutes" was split into two separate checkboxes: "Immediate" and "1-14 minutes." The "No triage/Unknown" checkbox from 2004 was split into separate checkboxes.
- e. Has patient been discharged from any hospital within the last 7 days? This is a new item for 2005.
- f. Diagnostic/Screening Services This item was modified since 2004. New checkboxes include the following: cardiac enzymes, liver function tests, and arterial blood gases. In addition, a summary variable, OTHIMAGE, was created during data processing that reviews all of the imaging checkboxes and reflects whether any type of imaging was ordered or provided. The MRI/CAT checkbox from 2004 was split into two checkboxes for 2005.
- g. Procedures One new category: nebulizer therapy.
- h. Medications and Immunizations For each drug reported, the questions were asked, was it given in the ED and/or prescribed at discharge? Related to this, counter variables have been added to the file for the total number of medications given in the ED [NUMGIV] and the total number of medications prescribed at discharge [NUMDIS].
- i. **Providers** Response categories were modified from 2004. The 2005 categories are: ED attending physician, ED resident/intern, on call attending physician/fellow, RN/LPN, nurse practitioner, physician assistant, EMT, and other.
- j. Visit disposition Response categories were changed from 2004, decreasing from 15 to 11 categories. For visits with a disposition of "admit to hospital", an additional item was to be completed, new for 2005, described below. For visits resulting in transfer to another hospital, the actual reason for the transfer

- k. Hospital Admission For visits resulting in admission to the ED's hospital, additional data were collected. These items included what type of unit the patient was admitted to, the admission date and time and discharge date which were used to calculate length of stay, principal hospital discharge diagnosis, and hospital discharge status.
- I. Race/Ethnicity This variable [RACEETH] was created during data processing. It uses the RACE and ETHNICITY items to create categories for non-Hispanic White, non-Hispanic Black, and Hispanic.

The following data items were collected at the Hospital Induction Interview and added to the visit records for each emergency department in 2005.

- m. Has your hospital received any funding for bioterror hospital preparedness from your state or municipal health department within the last 2 years?
- n. Did your hospital receive any Medicaid Disproportionate Share Program funds in 2004?
- o. Does your emergency department have electronic patient medical records?
- p. Does your ED's electronic medical record system include:
 - 1. Patient demographic information
 - 2. Computerized orders for prescriptions
 - 3. Computerized orders for tests
 - 4. Test results
 - 5. Nurses' notes
 - 6. Physicians' notes
 - 7. Reminders for guideline-based interventions and/or screening tests?
 - 8. Public health reporting

The following item was added during data processing and was based upon information collected during the survey.

q. Emergency Department Weight - Prior to this data release, researchers could not make emergency department-level estimates with publicly available NHAMCS data. For 2005, we have added a new variable to the first record for each individual emergency department in the dataset. By following the instructions provided in the "Description of the National Hospital Ambulatory Medical Care Survey," it is now possible to produce emergency department-level estimates with NHAMCS data.

2. Deleted Items

The following data items, which were collected in 2004, were not collected in 2005.

a. Episode of care (Initial visit for problem, follow-up visit for problem)

This item, removed in 2005 and 2006, has been added back to the Patient Record form for 2007. For 2005 and 2006, **INITVIS**, a synthetic item, has been created which uses imputation based on data from 2003-04 to provide a proxy for whether the current visit is an initial visit for the problem.

Because this is an imputed variable, it is NOT comparable to the EPISODE variable from previous years and should be only be used in year-to-year trend analysis with appropriate footnotes, such as the following: "Initial visit values for 2005 were based on a regression model-based imputation strategy using data from 2003-04. The item was not directly collected in 2005. More information about the strategy used to derive this item can be found at www.cdc.gov/nchs/nhamcs.htm."

- b. Diagnostic/screening services deleted these categories: medical screening exam, mental status exam, EEG (electroencephalogram), chest X-ray, extremity X-ray, and other X-ray (these three, for 2005, are aggregated into a general "X-ray" category), creatinine, lipids/cholesterol, HgbA1C (glycohemoglobin), blood culture, cervical/urethral culture, stool culture, throat culture/rapid stress test, and urine culture.
- c. Procedures deleted checkbox for Eye/ENT care.

Outpatient Department Public Use File

- 1. New/Modified Items
 - a. Is female patient pregnant? This item last appeared on the public use file in 2000.
 - **b.** If patient is pregnant, specify gestation week -- This item was never collected previously.
 - **c.** Tobacco use In previous years, tobacco use was surveyed using checkboxes for "Yes", "No" and "Unknown." The item changed to a two part question for 2005. The first part asks if the patient's tobacco use is current or not current. If "not current" is checked, a subitem asks if this means "never" or "former".
 - d. Expected source(s) of payment for this visit? This item has undergone various changes over the years. In recent years prior to 2005, respondents were asked to check only the "primary" expected source of payment. For 2005, respondents could check all categories that applied. Each category has its own checkbox on the public use file, so all checked categories can be examined for each record. In addition, the variable PAYTYPE has been created (corresponding to the format of PAYTYPE in 2004) which reflects an "assigned" PRIMARY source of payment. The assignment of the primary source is made during data processing and is based on a hierarchy of expected sources of payment, with Medicaid being first, followed by Medicare, Worker's Compensation, Private Insurance, Self-Payment, and No Charge.
 - e. Injury/Poisoning/Adverse Effect This item was modified from the 2004 version. A series of checkboxes addresses whether the visit was related to 1) an unintentional injury or poisoning, 2) an intentional injury or poisoning, 3) an adverse effect of medical or surgical care or an adverse effect of a medicinal drug, or 4) none of the above. These results can be found in the new item INJDET. The INJURY item on the file is an edited item which incorporates information from INJDET along with information from the reason for visit and diagnosis fields to determine whether the visit was injury related.
 - f. Does the patient now have: [list of 14 conditions] This item last appeared on the public use file in 1996, with a slightly different list of conditions. The current list includes: arthritis, asthma, cancer, cerebrovascular disease, CHF (congestive heart failure), chronic renal failure, COPD (chronic obstructive pulmonary disease), depression, diabetes, hyperlipidemia, hypertension, ischemic heart disease, obesity, and osteoporosis.
 - g. Status of patient enrollment in a disease management program for any of the conditions marked in the checklist This item was never previously collected.
 - h. Patient Height This item was never previously collected.
 - i. Patient Weight This item was never previously collected.
 - j. Diagnostic/Screening Services This item was modified since 2004. New categories include: breast exam, pelvic exam, rectal exam, skin exam, depression screening, bone mineral density, MRI/CT/PET, ultrasound, biopsy, chlamydia test, and spirometry/pulmonary function test. Some of these appeared on the form in previous years. In addition, a summary variable, OTHIMAGE, was created during data processing that reviews all of the imaging checkboxes and reflects whether any type of imaging was ordered or provided.
 - **k. Health Education** This item was called "Counseling/Education/Therapy" in 2004. For 2005, the previous education categories were retained, a category for injury

prevention was added, and the counseling and therapy components were moved to the new Non-Medication Treatment item.

- I. Non-Medication Treatment This item represents a modification of two items from 2004. In 2004, the items "Counseling/Education/Therapy" and "Surgical Procedures" covered a variety of non-medication therapies with checkboxes and write-in spaces. For 2005, "Health Education" (as mentioned above) was split off in a separate item; "Surgical Procedures" was combined with other categories from the old "Counseling/Education/Therapy" item along with newly added categories to form the new "Non-Medication Treatment" item. The new checkboxes for 2005 include: complementary alternative medicine, durable medical equipment, home health care, hospice care, speech/occupational therapy, excision of tissue, orthopedic care, and wound care. Some of these appeared on the form in previous years.
- m. Sigmoidoscopy/Colonoscopy [SIGCOLON] This item was created during data processing. It is a summary variable that reviews all of the write-in procedure codes and reflects whether a sigmoidoscopy or colonoscopy was ordered or provided during the visit. It should NOT be added to any results from the write-in procedure codes, in order to avoid doublecounting.
- n. For each listed medication, is it new or continued? This information was last collected in 1992. Related to this, counter variables have been added to the file for total number of new medications [NUMNEW] and total number of continued medications [NUMCONT] listed.
- **o. Providers seen** The categories were changed to match those used on the 2005 National Ambulatory Medical Care Survey Patient Record. They include physician, physician assistant, nurse practitioner/midwife, RN/LPN, and other.
- **p.** Visit disposition A new category, "Refer to emergency department", was added.
- q. Body Mass Index -- This is a variable [BMI] that was computed during data processing, using patient height in inches, patient weight in pounds, and a standard formula: BMI=WTLB/(HTIN*HTIN)*703. It was not computed for persons under the age of 2 or for pregnant females
- r. Race/Ethnicity This variable [RACEETH] was created during data processing. It uses the RACE and ETHNICITY items to create categories for non-Hispanic White, non-Hispanic Black, and Hispanic.

The following data items were collected at the Hospital Induction Interview and added to the visit records for each outpatient department in 2005.

- s. Has your hospital received any funding for bioterror hospital preparedness from your state or municipal health department in the last 2 years? [BIOTER]
- t. Did your hospital receive any Medicaid Disproportionate Share Program funds in 2004?
- u. Does your outpatient department have electronic patient medical records?
- v. For outpatient departments that use electronic medical records, does your system include:
 - 1. Patient demographic information
 - 2. Computerized orders for prescriptions
 - 3. Computerized orders for tests
 - 4. Test results
 - 5. Nurses' notes
 - 6. Physicians' notes
 - 7. Reminders for guideline-based interventions and/or screening tests?
 - 8. Public health reporting

The following item was added during data processing and was based upon information collected during the survey.

w. Outpatient Department Weight - Prior to this data release, researchers could not make outpatient department-level estimates with publicly available NHAMCS data.

For 2005, we have added a new variable to the first record for each individual outpatient department in the dataset. By following the instructions provided in the "Description of the National Hospital Ambulatory Medical Care Survey," it is now possible to produce outpatient department-level estimates with NHAMCS data.

2. Deleted Items

The following data items, which were collected in 2004, were not collected in 2005.

- a. Episode of care (Initial visit for problem, follow-up visit for problem)
- b. Do other physicians share patient's care for this diagnosis?
- c. Cause of injury, poisoning, or adverse effect
- **d. Diagnostic/screening services** deleted these categories: general medical exam, other exam, urine culture, cervical/urethral culture, hematocrit/hemoglobin, throat culture/rapid strep test, stool culture
- e. Providers seen deleted categories of medical/nursing assistant and medical technician/technologist

Weighting and Estimation

Sample data are weighted to produce annual national estimates. For 2005, sample hospitals were reviewed to determine whether their response status had been impacted by Hurricane Katrina. All potentially affected hospitals in the sample were accounted for, and no special weighting adjustments related to the hurricane were needed.

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I. DESCRIPTION OF THE NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

A. INTRODUCTION

The National Hospital Ambulatory Medical Care Survey (NHAMCS) was initiated to learn more about the ambulatory care rendered in hospital emergency and outpatient departments in the United States. Ambulatory medical care is the predominant method of providing health care services in the United States (1). Since 1973, data on ambulatory patient visits to physicians' offices have been collected through the National Ambulatory Medical Care Survey (NAMCS). However, visits to hospital emergency and outpatient departments, which represent a significant portion of total ambulatory medical care, are not included in the NAMCS (2). Furthermore, hospital ambulatory patients are known to differ from office patients in their demographic characteristics and medical aspects (3). Therefore, the omission of hospital ambulatory care from the ambulatory medical care database leaves a significant gap in coverage and limits the utility of the current NAMCS data. The NHAMCS fills this data gap.

The NHAMCS is endorsed by the Emergency Nurses Association, the Society for Emergency Academic Medicine, the American College of Emergency Physicians, and the American College of Osteopathic Emergency Physicians. A complete description of the NHAMCS is contained in the publication entitled, "Plan and Operation of the National Hospital Ambulatory Medical Care Survey" (4).

These micro-data files comprise the data collected by the NHAMCS in 2005. The NHAMCS is conducted by the Ambulatory Care Statistics Branch of the National Center for Health Statistics, Centers for Disease Control and Prevention. The NHAMCS provides data from samples of patient records selected from the emergency departments (EDs) and outpatient departments (OPDs) of a national sample of hospitals. The national estimates produced from these studies describe the utilization of hospital ambulatory medical care services in the United States. In 2005, there were 33,605 Patient Record forms provided by EDs and 29,975 Patient Record forms provided by OPDs that participated in the survey. Both data files, ED and OPD, are included in this product. Reports summarizing data from the 2005 NHAMCS will be available (5, 6).

Please note the following important points concerning analysis of NHAMCS data on this micro-data file:

► PATIENT VISIT WEIGHT

Micro-data file users should be fully aware of the importance of the "patient visit weight" and how it must be used. Information about the patient visit weight is presented on page 23. If more information is needed, the staff of the Ambulatory Care Statistics Branch can be consulted by calling (301) 458-4600 during regular working hours.

► RELIABILITY OF ESTIMATES

Users should also be aware of the reliability or unreliability of certain estimates, particularly the smaller estimates. The National Center for Health Statistics considers an estimate to be reliable if it has a relative standard error of 30 percent or less (i.e., the standard error is no more than 30 percent of the estimate). Therefore, it is important to know the value of the lowest possible estimate in this survey that is considered reliable, so as not to present data in a journal article or paper that may be unreliable. Most data file users can obtain an adequate working knowledge of relative standard errors from the information presented in Appendix I. It should be noted that estimates based on fewer than 30 records are also considered unreliable, regardless of the magnitude of the relative standard error. If you would like more information, do not hesitate to consult the staff of the Ambulatory Care Statistics Branch.

B. SAMPLE DESIGN

The 2005 NHAMCS was a national probability sample of visits to the emergency and outpatient departments of noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 states and the District of Columbia. The NHAMCS was designed to provide estimates based on the following priority of survey objectives: United States; region; emergency and outpatient departments; and type of ownership. The NHAMCS used a four-stage probability design with samples of primary sampling units (PSUs), hospitals within PSUs, clinics/emergency service areas within outpatient/emergency departments, and patient visits within clinics/emergency service areas. Each stage of sampling is described below.

1. Primary Sampling Units (PSUs)

A PSU consists of a county, a group of counties, county equivalents (such as parishes and independent cities), towns, townships, minor civil divisions (for some PSUs in New England), or a metropolitan statistical area (MSA). MSAs were defined by the U.S. Office of Management and Budget on the basis of the 1980 Census. The first-stage sample consisted of 112 PSUs that comprised a probability subsample of the PSUs used in the 1985-94 National Health Interview Survey (NHIS). The NHAMCS PSU sample included with certainty the 26 NHIS PSUs with the largest populations. In addition, the NHAMCS sample included one-half of the next 26 largest PSUs, and one PSU from each of the 73 PSU strata formed from the remaining PSUs for the NHIS sample.

The NHIS PSU sample was selected from approximately 1,900 geographically defined PSUs that covered the 50 States and the District of Columbia. The 1,900 PSUs were stratified by socioeconomic and demographic variables and then selected with a probability proportional to their size. Stratification was done within four geographical regions by MSA or non-MSA status. A detailed description of the 1985-94 NHIS PSU sample design is available (7).

2. Hospitals

The sampling frame for the 2005 NHAMCS was constructed from products of Verispan L.L.C., specifically "Healthcare Market Index, Updated May 15, 2004" and "Hospital Market Profiling Solution, Second Quarter, 2004." These products were formerly known as the SMG Hospital Database.

The original sample frame was compiled as follows. Hospitals with an average length of stay for all patients of less than 30 days (short-stay) or hospitals whose specialty was general (medical or surgical) or children's general were eligible for the NHAMCS. Excluded were Federal hospitals, hospital units of institutions, and hospitals with less than six beds staffed for patient use. In 1991, the SMG Hospital Database contained 6,249 hospitals that met these eligibility criteria. Of the eligible hospitals, 5,582 (89 percent) had emergency departments (EDs) and 5,654 (90 percent) had outpatient departments (OPDs). Hospitals were defined to have an ED if the hospital file indicated the presence of such a unit or if the file indicated a non-zero number of visits to such a unit. A similar rule was used to define the presence of an OPD. Hospitals were classified into four groups: those with only an ED; those with an ED and an OPD; those with only an OPD; and those with neither an ED nor an OPD. Hospitals in the last class were considered as a separate stratum and a small sample (50 hospitals) was selected from this stratum to allow for estimation to the total universe of eligible hospitals and the opening and closing of EDs and OPDs in the sample hospitals.

All hospitals in non-certainty PSUs with five or fewer hospitals were selected with certainty. There were 149 hospitals in 55 PSUs in this category. In non-certainty PSUs with more than five hospitals, hospitals were stratified by hospital class; type of ownership (not-for-profit, non-Federal government, and for-profit); and hospital size. Hospital size was measured by the combined volume of ED and OPD visits. From the stratified hospital list, five hospitals were selected in each PSU with probability proportional to the number of ED and OPD patient visits. A total of 161 hospitals was selected from this group. In the certainty PSUs, hospitals were stratified by region, hospital class, ownership, and size. From the stratified hospital list, 240 hospitals were selected based on probability proportional to size. A sample of 50 hospitals was selected from the 427 hospitals that had neither an ED nor an OPD.

The hospital selections were made so that each hospital would be chosen only once to avoid multiple inclusions of very large hospitals. A fixed panel of 600 hospitals was selected for the NHAMCS sample; 550 hospitals had an ED and/or an OPD and 50 hospitals had neither an ED nor an OPD. To preclude hospitals participating during the same time period each year, the sample of 600 hospitals was randomly divided into 16 subsets of approximately equal size. Each subset was assigned to 1 of the 16 4-week reporting periods, beginning December 2, 1991, which continues to rotate across each survey year. Therefore, the entire sample does not participate in a given year, and each hospital is inducted approximately once every 15 months.

The 2005 NHAMCS was conducted from December 27, 2004 through December 25, 2005, and consisted of a sample of 458 hospitals. Of the sampled hospitals, 56 were found to be ineligible due to closing or other reasons. Of the 402 hospitals that were in scope (eligible) for the survey, 367 participated, 7 of them at a minimal level, and 42 refused to participate, for an unweighted hospital sampling response rate of 89.6. The response rate was adjusted to exclude minimally participating hospitals.

3. Outpatient Clinics and Emergency Service Areas

Within each hospital, either all outpatient clinics and emergency service areas (ESAs) or a sample of such units were selected. Clinics were in scope if ambulatory medical care was provided under the supervision of a physician and under the auspices of the hospital. Clinics were required to be "organized" in the sense that services were offered at established locations and schedules. Clinics where only ancillary services were provided or other settings in which physician services were not typically provided were out of scope. In addition, freestanding clinics were out of scope since they are included in the NAMCS, and ambulatory surgery centers, whether in hospitals or freestanding, were out of scope since they were included in the National Survey of Ambulatory Surgery which was conducted between 1994-96. A list of in scope and out of scope clinics is provided in Appendix I (Definition of certain terms used in the survey). The OPD clinic definition excluded the "hospital as landlord" arrangement in which the hospital only rented space to a physician group and was not otherwise involved in the delivery of services. These physicians are considered office-based and are currently included in the NAMCS. Emergency services provided under the "hospital as landlord" arrangement, however, were eligible for the study. An emergency department was in scope if it was staffed 24 hours a day. If an in-scope emergency department had an emergency service area that was open less than 24 hours a day, then it was included under the emergency department. If a hospital had an emergency department that was staffed less than 24 hours a day, then it was considered an outpatient clinic.

Hospitals may define the term "separate clinic" differently, for example, by physical location within the hospital, by staff providing the services, by specialty or subspecialty, by schedules, or by patients' source of payment. Because of these differences, "separate clinics" in the NHAMCS were defined as the smallest administrative units for which the hospital kept patient volume statistics.

During the visit by a field representative to induct a hospital into the survey, a list of all emergency service areas and outpatient clinics was obtained from the sample hospital. Each outpatient department clinic's function, specialty, and expected number of visits during the assigned reporting period were also collected. If there were five or fewer clinics, then all were included in the sample. If an outpatient department had more than five clinics, the clinics were assigned into one of six specialty groups: general medicine, surgery, pediatrics, obstetrics/gynecology, substance abuse, and other. Within these specialty groups, clinics were grouped into clinic sampling units (SUs). A clinic sampling unit was generally one clinic, except when a clinic SU. If the grouped SU was selected, all clinics included in that SU were included in the sample. Prior to 2001, a sample of generally five clinic SUs was selected per hospital based on probability proportional to the total expected number of patient visits to the clinic during the assigned 4-week reporting period. Starting in 2001, clinic sampling within each hospital was stratified. If an OPD had more than five clinics, two clinic sample units were selected from each of the six specialty groups with a probability proportional to the total expected number of visits to the clinic. The change was to ensure that at least two SUs were sampled from each of the specialty group strata.

The emergency department was treated as a separate stratum, and all emergency service areas were selected with certainty. In the rare instance that a sample hospital had more than five emergency service areas, a sample of five emergency service areas was selected with probability proportional to the expected number of visits to each emergency service area during the assigned 4-week reporting period.

A total of 458 hospitals was selected for the 2005 NHAMCS, of which 386 were in scope and had eligible EDs. Of the 386 in-scope hospitals with EDs, 352 participated, yielding an unweighted ED response rate of 91.2 percent. A sample of 442 emergency services areas (ESAs) was selected from the EDs. Of these, 417 responded fully or adequately by providing forms for at least half of their expected visits based on the total number or visits during the reporting period, and 9 responded minimally (i.e. they provided fewer than half of their expected forms). In all, 33,605 Patient Record forms (PRFs) were submitted. The resulting unweighted ESA sample response rate was 94.3 percent, and the overall unweighted two stage sampling response rate was 86.0 percent. Response rates have been adjusted to exclude minimal participants.

Of the 458 sample hospitals in the 2005 NHAMCS, 240 were in scope and had eligible OPDs. Of these, 205 OPDs participated, yielding an unweighted OPD response rate of 85.4 percent. A sample of 1,009 clinics was selected from the OPDs. Of these, 857 responded fully or adequately (i.e. provided at least one-half of the number of Patient Record forms expected, based on the total number of visits seen during the reporting period), 13 responded minimally by completing less than half of their expected forms, and 18 saw no patients during the reporting period. In all, 29,975 PRFs were submitted. Counting the 18 clinics that saw no patients as full respondents, the resulting unweighted clinic sample response was 86.7 percent, and the overall unweighted two stage sampling response rate was 74.1 percent. Response rates have been adjusted to exclude minimal participants.

4. Visits

The basic sampling unit for the NHAMCS is the patient visit or encounter. Only visits made in the United States by patients to EDs and OPDs of non-Federal, short-stay, or general hospitals were included in the 2005 NHAMCS. Within emergency service areas or outpatient department clinics, patient visits were systematically selected over a randomly assigned 4-week reporting period. A visit was defined as a direct, personal exchange between a patient and a physician, or a staff member acting under a physician's direction, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes, such as payment of a bill, and visits in which no medical care was provided, such as visits to deliver a specimen, were out of scope.

The target numbers of Patient Record forms to be completed for EDs and OPDs in each hospital were 100 and 200, respectively. In clinics with volumes higher than these desired figures, visits were sampled by a systematic procedure which selected every nth visit after a random start. Visit sampling rates were determined from the expected number of patients to be seen during the reporting period and the desired number of completed Patient Record forms. During the 2005 NHAMCS, Patient Record forms were completed for 33,605 ED visits and 29,975 OPD visits.

C. DATA COLLECTION PROCEDURES

1. Field Training

The U.S. Bureau of the Census was the data collection agent for the 2005 NHAMCS. Census Headquarters staff were responsible for overseeing the data collection process, training the Census Regional Office staff, and writing the field manual. Regional Office staff were responsible for training the field representatives and monitoring hospital data collection activities. Field representative training included approximately four hours of self-study and two days of classroom training. Field representatives inducted the hospitals and trained the hospital staff on visit sampling and completion of the Patient Record forms.

2. Hospital Induction

Approximately three months prior to the hospital's assigned reporting period, NCHS sent a personally signed introductory letter from the Director of NCHS to the hospital administrator or chief executive officer of each sampled hospital. The names of the hospital officials were obtained from the American Hospital Association (AHA) Guide to Health Care. In addition to the introductory letter, NCHS also enclosed endorsement letters from the Emergency Nurses Association, the Society for Emergency Academic Medicine, and the American College of Emergency Physicians to emphasize the importance of the study to the medical community.

Approximately one week after the mailing of the introductory letter, the Census field representative called the hospital administrator to arrange for an appointment to further explain the study and to verify hospital eligibility for the survey. Earlier studies indicated that the three-month lead time was necessary to obtain a meeting with the administrator, gain hospital approval, collect the required information about the hospital's ambulatory care services, develop the sampling plan, and train participating hospital staff (8,9).

3. Outpatient Clinic and Emergency Service Area Induction

After the initial visit and the development of the sampling plan, the field representative contacted the hospital coordinator to arrange for induction of the sample emergency service areas and outpatient clinics and for instruction of the hospital staff. At these visits, the field representative described the purpose and use of the survey data, explained the data collection process, including the visit sampling procedures, and presented the Patient Record forms.

4. Data Collection

The actual visit sampling and data collection for the NHAMCS was primarily the responsibility of hospital staff. This procedure was chosen for several reasons. First, the lack of a standard form or record coversheet in hospitals and the individuality of the hospital record keeping made field representative training difficult. Second, for confidentiality reasons, numerous hospitals did not want the field representatives to review patient logs or see actual medical records. Third, hospital staffs were better qualified to abstract data since they were familiar with the medical terms and coding, knew the record keeping systems, and could complete the data collection forms (called Patient Record forms) at or near the time of the visit when the information was the most complete and easiest to retrieve. Hospital staff responsible for completing the Patient Record forms were instructed in how to complete each item by the field representatives. Separate instruction booklets for emergency service areas and outpatient department clinics were prepared and provided to guide hospital staff in this task. These booklets provided an overview of the survey, sampling instructions, instructions for completing the Patient Record forms, and definitions.

A brief, one page Patient Record form consisting of two sections was completed for each sample visit. To account for the differences in emergency and outpatient care, different Patient Record forms were developed for each of these settings. The top section of each Patient Record form, which contains the patient's name and record number, was separated from the bottom section by a perforation running across the page. The top section remained attached to the bottom until the entire Patient Record form was completed. To ensure confidentiality, before collecting the completed Patient Record forms, the top section was detached and given to the hospital staff. The field representatives instructed hospital staff to keep this portion for a period of four weeks, in case it was necessary to retrieve missing information or clarify information that had been recorded.

The Patient Record forms were patterned after those developed for the NAMCS and can be completed in 5 minutes. The OPD Patient Record form most closely resembles the NAMCS Patient Record form, while the ED Patient Record form has been designed to reflect the type of care provided in that setting. The ED and OPD Patient Record forms were each printed on one side of an 8 x 14 inch sheet (Figures 1,2).

Terms and definitions relating to the Patient Record forms are included in Appendix I. In 2005, 35 percent of ED records and 38 percent of OPD records required Census abstraction.

[Figure 1 omitted]

Please note: Figure 1 has been omitted from this version of the documentation in order to minimize file size and download time. You may view or download the 2005 NHAMCS Emergency Department Patient Record form from this web address:

http://www.cdc.gov/nchs/about/major/ahcd/surinst.htm#Survey Instrument NHAMCS

[Figure 2 omitted]

Please note: Figure 2 has been omitted from this version of the documentation in order to minimize file size and download time. You may view or download the 2005 NHAMCS Outpatient Department Patient Record form from this web address:

http://www.cdc.gov/nchs/about/major/ahcd/surinst.htm#Survey Instrument NHAMCS

The 2005 NHAMCS did not include any supplements. Data from past supplements on Emergency Pediatric Services and Equipment, Staff Capacity and Ambulance Diversion, and Bioterrorism and Casualty Preparedness will not be released to the general public because of confidentiality requirements, but it may be possible to gain access through the NCHS Research Data Center. Researchers may contact the Ambulatory Care Statistics Branch at 301-458-4600 for more information.

D. FIELD QUALITY CONTROL

The field representative visited the sampled emergency service areas and clinics each week during the data collection period and maintained telephone contact with the hospital staff involved in the data collection effort. The field representative reviewed the log or other records used for visit sampling to determine if any cases were missing and also edited completed forms for missing data. Attempts were made to retrieve both missing cases and missing data on specific cases, either by consulting with the appropriate hospital staff or by reviewing the pertinent medical records.

On the final visit, the field representative collected the remaining Patient Record forms and obtained or verified the total count of visits occurring during the reporting period by reviewing the log used for sample selection or by obtaining counts directly from hospital staff. Because this information was critical to the estimation process, extensive effort was made to ensure the accuracy of this number.

At the end of the hospital's reporting period the field representative sent the administrator a personalized "Thank You" letter.

E. CONFIDENTIALITY

In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum Federal standards for safeguarding the privacy of individually identifiable health information. No personally identifying information, such as patient's name or address or Social Security number, is collected in the NHAMCS. Data collection is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k). All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). The NHAMCS protocol was approved by the NCHS Research Ethics Review Board in February 2003. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

In the Spring of 2003, the NHAMCS implemented additional data collection procedures to help providers assure patient confidentiality. Census Bureau Field Representatives were trained on how the Privacy Rule allows hospitals to make disclosures of protected health information without patient authorization for public health purposes and for research that has been approved by a Research Ethics Review Board. Hospitals were encouraged to accept a data use agreement between themselves and NCHS/CDC, since the Privacy Rule allows hospitals to disclose limited data sets (i.e., data sets with no direct patient identifiers) for research and public health purposes if such an agreement exists.

Assurance of confidentiality was provided to all hospitals according to Section 308 (d) of the Public Health Service Act (42 USC 242m). Strict procedures were utilized to prevent disclosure of NHAMCS data. All information which could identify the hospital or its facilities was confidential and was seen only by persons engaged in the NHAMCS, and was not disclosed or released to others for any other purpose. Names or other identifying information for individual patients were not removed from the hospitals or individual facilities. Data users are advised that for some hospitals, selected characteristics may have been masked to minimize the potential for disclosure.

F. DATA PROCESSING

1. Edits

In addition to follow-ups for missing and inconsistent data made by the field staff, numerous clerical edits

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were performed on data received for central data processing. Detailed editing instructions were provided to manually review the patient records and to reclassify or recode "other" entries. Computer edits for code ranges and inconsistencies were also performed.

2. Quality control

All medical and drug coding and keying operations were subject to quality control procedures. Quality control for the medical and drug coding operation, as well as straight-key items, involved a two-way 10-percent independent verification procedure. As an additional quality control, all Patient Record forms with differences between coders or with illegible entries for the reason for visit, diagnostic and therapeutic procedures, diagnosis, E-code (cause of injury), and medication items were reviewed and adjudicated at NCHS. The average keying error rate for non-medical items was 0.3 percent for both ED and OPD PRFs. For items that required medical coding, discrepancy rates ranged between 0.3 and 4.2 percent (ED) and 0.3 and 0.9 percent (OPD).

3. Adjustment for item nonresponse

Unweighted item nonresponse rates were 5.0 percent or less for ED data items with the following exceptions: waiting time to see physician (17.5 percent), length of visit (6.8 percent); race (12.2 percent); ethnicity (16.3 percent); primary expected source of payment for visit (6.3 percent); initial temperature (9.1 percent); initial pulse (5.9 percent); initial blood pressure, systolic and diastolic (13.7 and 13.9 percent, respectively), oriented x 3 (19.6 percent); presenting level of pain (24.6 percent); is this visit work related (8.0 percent); has patient been seen in this ED within the last 72 hours (9.6 percent); has patient been discharged from any hospital within the last 7 days (22.4 percent); intentionality of injury (14.9 percent of injury-related visits); cause of injury (17.6 percent of injury-related visits); were any procedures provided at visit (5.5 percent); was medication #4 given in ED or Rx at discharge (6.1 percent); was medication #5 given in ED or Rx at discharge (6.6 percent); was medication #6 given in ED or Rx at discharge (9.4 percent); was medication #7 given in ED or Rx at discharge (11.9 percent); was medication #8 given in ED or Rx at discharge (14.5 percent); reason for transfer (9.7 percent of visits where patient was transferred to another hospital); for visits where patient was admitted to ED's hospital: admitted to which unit of hospital (12.9 percent); length of stay in hospital (9.6 percent), hospital discharge diagnosis (10.1 percent), and hospital discharge status (11.1 percent); has your hospital received any funding for bioterror hospital preparedness from your state or municipal health department within the last 2 years (25.3 percent), did vour hospital receive any Medicaid Disproportionate Share Program funds in 2004 (39.9 percent); does your ED's electronic medical record system include: computerized orders for prescriptions (5.4 percent). physicians' notes (6.0 percent), reminders for guideline based interventions and/or screening tests (18.8 percent), and public health reporting (27.5 percent).

Unweighted item nonresponse rates were 5.0 percent or less for OPD data items with the following exceptions: patient race (9.4 percent); patient ethnicity (13.9 percent); does patient use tobacco (38.1 percent); for "not current" tobacco use: never or former (11.4 percent); are you the patient's primary care physician (7.0 percent); was patient referred for this visit (19.4 percent); is visit related to injury/poisoning/adverse effect (10.2 percent); has your hospital received any funding for bioterror hospital preparedness from your state or municipal health department within the last 2 years (30.9 percent), did your hospital receive any Medicaid Disproportionate Share Program funds in 2004 (37.8 percent); does your OPD's electronic medical record system include: computerized orders for prescriptions (6.5 percent), computerized orders for tests (7.7 percent), nurses' notes (5.5 percent), reminders for guideline based interventions and/or screening tests (19.5 percent), and public health reporting (31.4 percent). Denominators used to compute item nonresponse rates were adjusted to account for skip patterns on the Patient Record forms. For example, hospital staff were instructed to answer the sub-item on number of past visits in the last 12 months for established patients only; therefore, visits by new patients were excluded when calculating the nonresponse rate for number of past visits.

For some items, missing values were imputed by randomly assigning a value from a Patient Record form with similar characteristics. On the ED file, five items were imputed: birth year (1.7 percent), sex (1.6 percent), ethnicity (16.3 percent), race (12.2 percent), and immediacy with which patient should be seen (3.7 percent). For birth year, sex, and race, imputation was based on ED volume, geographic region, immediacy with which patient should be seen, and 3-digit ICD-9-CM code for primary diagnosis. For ethnicity, imputation was based on ED volume, state, immediacy with which patient should be seen, and 3-digit ICD-9-CM code for primary diagnosis. For the variable "immediacy with which patient should be seen, and 3-digit ICD-9-CM code for primary diagnosis. For the variable "immediacy with which patient should be seen, and 3-digit ICD-9-CM code for primary diagnosis. For the variable "immediacy with which patient should be seen, and 3-digit ICD-9-CM code for primary diagnosis. For the variable "immediacy with which patient should be seen," imputation was based on ED volume, geographic region, and 3-digit ICD-9-CM code for primary diagnosis.

On the OPD file, birth year (1.4 percent), sex (0.3 percent), ethnicity (13.9 percent), race (9.4 percent), has patient been seen in this clinic before (1.4 percent) and if yes, number of past visits in last 12 months (11.7 percent) were imputed. The imputation for birth year, sex, race, seen before, and number of past visits was based on geographic region, OPD volume by clinic type, and 3-digit code for primary diagnosis. The imputation for ethnicity was based on OPD volume by clinic type, state, and 3-digit ICD-9-CM code for primary diagnosis. Race imputation was required for some records for disclosure avoidance purposes.

G. MEDICAL CODING

The Patient Record form contains several medical items requiring three separate coding systems. The three coding systems are described briefly below. Quality control for the NHAMCS medical and drug coding operations involved a 10-percent independent coding and verification procedure. A dependent verification procedure was used to review and adjudicate all records with coding discrepancies. Definitions of the medical items can be found in Appendix I.

1. Patient's Complaint(s), Symptoms(s) or Other Reason(s) for this Visit: Information collected in item 3 of the ED and item 2 of the OPD Patient Record forms was coded according to <u>A Reason</u> for Visit Classification for Ambulatory Care (RVC) (10). The updated classification is available (11), and the list of codes is shown in Appendix II. The classification was updated to incorporate several new codes as well as changes to existing codes. The system continues to utilize a modular structure. The digits 1 through 8 precede the 3-digit RVC codes to identify the various modules as follows:

- Prefix Module
 - "1" = Symptom module
 - "2" = Disease module
 - "3" = Diagnostic, screening, and preventive module
 - "4" = Treatment module
 - "5" = Injuries and adverse effects module
 - "6" = Test results module
 - "7" = Administrative module
 - "8" = Uncodable entries
 - "9" = Special code = blank

Up to three reasons for visit were coded from the Patient Record forms in sequence; coding instructions for this item are contained in the Reason for Visit Classification and Coding Manual (11).

2. <u>Cause of Injury/Poisoning/Adverse Effect</u>: Up to three causes of injury, poisoning, or adverse effect were coded from responses to item 5 on the ED Patient Record forms. Causes were coded using the Supplementary Classification of External Causes of Injury and Poisoning (E-codes), International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (12). In the classification, E-codes range from E800-E999, and many, but not all, codes have an additional fourth digit to provide greater specificity. For the NHAMCS ED public use file, the 'E' has been dropped.</u>

There is an implied decimal between the third and fourth digits; inapplicable fourth digits have a dash inserted.

Examples: 895- = E895 = Accident caused by controlled fire in private dwelling 9056 = E905.6 = Venomous marine animals and plants as the cause of poisoning and toxic reactions

In addition to these character codes, we have also provided numeric recodes for the cause of injury fields at the end of the record format. Please see page 56 (ED) and page 84 (OPD) in the Record Format section for more information on using the numeric recodes.

3. <u>Physician's Diagnoses</u>: Diagnostic information in item 6 of the ED and item 5 of the OPD Patient Record forms was coded according to the <u>International Classification of Diseases</u>, 9th <u>Revision, Clinical Modification</u> (ICD-9-CM) (12).

For 2005, the ICD-9-CM codes are provided in two formats, the true ICD-9-CM code in character format, and a numeric recode found at the end of the record format. Please see page 44 in the Record format section for information on the background, purpose, and appearance of the numeric recodes. The rest of this paragraph describes the format of the true ICD-9-CM codes.

The true ICD-9-CM codes are not prefixed or zerofilled on the public use file. For example, 38100 = 381.00 = Acute nonsuppurative otitis media, unspecified. There is an implied decimal between the third and fourth digits. For inapplicable fourth or fifth digits, a dash has been inserted. For example, 4011- = 401.1 = Essential hypertension, benign.

True supplementary classification codes are not prefixed or zerofilled. For example, V700- = V70.0 = Routine general medical examination at a health care facility.

In addition to the diagnostic codes from the ICD-9-CM the following unique codes in the diagnostic fields were developed by NHAMCS staff:

- V990- = noncodable diagnosis, insufficient information for coding, illegible diagnosis
- V991- = left before being seen, patient walked out, not seen by doctor, left against medical advice
- V992- = transferred to another facility, sent to see specialist
- V993- = HMO will not authorize treatment
- V997- = entry of "none," "no diagnosis," "no disease," "healthy"
- 0000 = blank

A maximum of three diagnoses were coded in sequence. Coding instructions concerning diagnoses are contained in the NHAMCS Coding Requirements Manual (13).

4. <u>Diagnostic/Screening Services and Non-Medication Treatment</u>: Open-ended responses for "Scope procedure" and "Other test/service" from item 7 on the OPD Patient Record form (Diagnostic/Screening Services) as well as open-ended responses for "Procedures" from OPD Patient Record Form item 9 (Non-Medication Treatment) were coded according to the International Classification of Diseases (ICD-9-CM) using the procedure codes in Volume III. Up to 2 scope procedures, 2 other diagnostic/screening tests/services, and up to 4 procedures in the nonmedication treatment item could be coded for each outpatient department visit.</u>

Character format codes have an implied decimal between the second and third position and do not use prefixes or zerofills. Codes without an applicable 4th digit have a dash inserted. Please note that, as with the diagnosis codes described above, the file also contains numeric recodes for procedures at the end of the record format. These are described in the OPD Record Format section.

It should be noted that some respondents reported procedures in item 7 (OPD), while others may have reported the same procedure in item 9 (OPD). For this reason, when analyzing procedures, it is

recommended that all of the possible procedure fields be taken into account regardless of item location.

5. <u>Medications/Injections</u>: The NHAMCS drug data collected in item 9 of the ED and OPD PRFs have been classified and coded according to a unique classification scheme developed at NCHS (14). Previously, in 2003, the number of medications that could be recorded on the PRF increased from 6 to 8. A list of drug codes is included in Appendix III. In addition to drug codes by entry name (the entry made on the Patient Record form by the hospital staff), this file contains the following drug data:

a. Generic name code: A unique, 5-digit code assigned to each official generic name assigned to every drug entity by the United States Pharmacopeia or other responsible authority.

b. Prescription status code: A code designed to identify the legal status (prescription or nonprescription) of the drug entry.

c. Controlled substance status code: A code used to denote the degree of potential abuse and federal control of a drug entry.

d. Composition status code: A code used to distinguish between single-ingredient and combination drugs.

Note: If the user is searching for single ingredient (or single entity) drugs, then he or she may utilize the composition status code = "1" in conjunction with the generic name code. A single ingredient drug will have one generic code in the generic name code field, and blanks in the five ingredient code fields. If the user is searching for combination drugs, then he or she may utilize composition status code = "2" in conjunction with the ingredient code fields. Combination drugs are also identified by the codes 51380, 51381, and 51382 (see below) in the generic name code field. These codes indicate that the drug is a combination product and the ingredients are listed as generic codes in the ingredient code fields. Therefore, the user may search for combination products using either the generic name code or the combination status code.

e. Ingredient codes: Codes used to identify the active generic ingredients of combination drugs. A maximum of 5 ingredients can be identified for each combination drug.

f. Therapeutic class code: A 4-digit code used to identify up to three therapeutic classes to which the drug entry may belong. These are based on the standard drug classifications used in the <u>National Drug Code Directory</u>, 1995 edition (15). The first two digits represent the major drug classes and can be used alone or in conjunction with the additional digits for greater specificity within the major classes. A listing of the drug classes is shown in Appendix III. Prior to the 2002 release, only a single class was listed for each drug on the file.

The medical classification system of drugs by entry name (Appendix III) utilizes a five-digit coding scheme which is updated regularly to include new products. It includes the following special codes:

90000 = blank 99980 = unknown entry, other 99999 = illegible entry

The classification of drugs by generic name (Appendix III) also utilizes a five-digit coding scheme, with the following special codes:

50000 = generic name undetermined

- 51380 = combination product
- 51381 = fixed combination
- 51382 = multi-vitamin/multi-mineral

MULTI-YEAR DRUG ANALYSIS

Beginning in 2002, a number of updates and revisions were made to the drug characteristics in the Ambulatory Care Drug Data Base. Many drugs had ingredient lists reviewed, and non-active ingredients were removed. Duplicate codes caused by misspellings or other variant entries were eliminated, and incorrect codes (for example, for non-medications) were removed. Revisions were also made to therapeutic classes of drugs, especially with regard to the pain relief class, to correct some inconsistencies in the way pain relief drugs were classified. Also, starting in 2002, a major change was the addition of two therapeutic classes for each drug, so that each drug entry could have up to three therapeutic classes associated with it.

Because of these revisions to the drug data base, trend analysis with previous years becomes more problematic. We recommend that researchers download the Drug Characteristics file, which is updated annually and should be available at our Ambulatory Health Care Data website. The characteristics from this file can be applied by matching on drug code to previous years of data in order to get the most accurate results when doing analysis of drug trends. A SAS program is available at the website for applying drug characteristics from the most current file to previous years of public use data. Our website can be accessed at: http://www.cdc.gov/nchs/nhamcs.htm

And, as a general reminder, if you are interested in a generic code for a particular drug, be sure to consider other formulations which each have separate codes on the file. A number of substances can also appear in both generic and salt forms, as in the case of albuterol and albuterol sulfate, and these are assigned separate generic substance codes. For over the counter drugs, data users should be aware that manufacturers may alter the ingredients in a particular product, and we do not generally update the drug database to reflect this. This is especially relevant in the case of multivitamins.

We continue to enhance and update the drug database, but if you find any anomalies or errors, please contact us at the number below.

For users who are interested in analyzing drug data, one method involves isolating those records with drugs, or drug mentions, and creating a separate data file of drug mentions. As of 2003, each Patient Record form can have up to eight drug mentions recorded in item 9, so whatever file is created would need to include all of them. This method can be used for obtaining estimates of drug mentions, but is not recommended for variance estimation. Rather, the structure of the visit file should be kept intact when estimating variance. In order to do this, estimates of drug mentions can be obtained by creating a new weight variable (called DRUGWT in this example). This variable is created by multiplying PATWT (the patient visit weight) by NUMMED (the number of medications recorded at the sampled visit) or DRUGWT=PATWT*NUMMED. DRUGWT can then be used in place of PATWT to weight one's data; it produces the estimated number of drug mentions rather than visits. (See Record Format for more on PATWT and NUMMED.)

This documentation contains some marginal data for drug mentions. Should the data user need additional assistance in analyzing data on drug mentions, the staff of the Ambulatory Care Statistics Branch is available by calling (301) 458-4600.

H. ESTIMATION PROCEDURES

Statistics from the NHAMCS were derived by a multistage estimation procedure that produces essentially unbiased estimates. The estimation procedure has three basic components: 1) inflation by reciprocals of the sampling selection probabilities; 2) adjustment for nonresponse; and 3) a population weighting ratio adjustment. Beginning with 1997 data, the population weighting ratio adjustment for OPD estimates was replaced by an adjustment which controls for effects of rotating hospital sample panels into and out of the sample each year. (The full NHAMCS hospital sample is partitioned into 16 panels which are rotated into the sample over 16 periods of four weeks each so that only 13 panels are used in each year.)

1. Inflation by reciprocals of selection probabilities

There is one probability for each sampling stage: a) the probability of selecting the PSU; b) the probability of selecting the hospital; c) the probability of selecting the emergency service area (ESA) or OPD clinic from within the hospital; and d) the probability of selecting the visit within the ESA or clinic. The last probability is calculated to be the sample size from the ESA or clinic divided by the total number of visits occurring in that unit during that unit's data collection period. The overall probability of selection is the product of the probabilities at each stage. The inverse of the overall selection probability is the basic inflation weight. Beginning with the 1997 data, the overall selection probabilities of some OPDs were permanently trimmed to prevent individual OPDs from contributing too much of their region's total to OPD visit estimates.

2. Adjustment for nonresponse

NHAMCS data are adjusted to account for two types of nonresponse. The first type of nonresponse occurred when a sample hospital refused to provide information about its ED(s) and/or OPD(s) which were publicly known to exist. In this case, the weights of visits to hospitals similar to the nonrespondent hospitals were inflated to account for visits represented by the nonrespondent hospitals where hospitals were judged to be similar if they were in the same region, ownership control group (government, non-Federal; voluntary non-profit; or proprietary), and had the same metropolitan statistical area (MSA) status (that is, whether they were located in an MSA or not in an MSA). This adjustment was made separately by department type.

The second type of nonresponse occurred when a sample ESA or OPD clinic within a respondent hospital failed to provide completed Patient Record forms for a sample of its patient visits. The weights of visits to ESAs/OPD clinics similar to the nonrespondent ESAs/OPD clinics were inflated to account for visits represented by the nonrespondent ESAs/OPD clinics where ESAs/OPD clinics were judged to be similar if they were in the same region, ownership control group, MSA status group and ESA/OPD clinic group. For this purpose, there were six OPD clinic groups: general medicine, pediatrics, surgery, OB/GYN, alcohol and/or substance abuse, and "other."

Beginning with 2004 data, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospital outpatient departments and emergency departments were shifted to responding outpatient and emergency departments in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates.

3. Ratio adjustments

Adjustments were made within hospital strata defined by region and by hospital ownership control groups. Within the Northeast, the Midwest and the South, the adjustment strata were further defined by MSA status. These adjustments were made separately for emergency and outpatient departments. For EDs, the adjustment was a multiplicative factor that had as its numerator the sum of annual visit volumes reported to EDs in sampling frame hospitals in the stratum and as its denominator the estimated number of those visits for that stratum. Through the 1996 NHAMCS, the adjustment for visits to OPDs was a multiplicative factor which had as its numerator the number of OPDs reported in sampling frame hospitals in the stratum and as its denominator the data for the numerator and denominator of both adjustments were based on figures recorded for the data year in the Verispan Hospital Database.

Beginning with the 1997 NHAMCS, the adjustment for OPD estimates was replaced by a ratio which had as its numerator the weighted OPD visit volumes of hospitals in the full NHAMCS sample (16 hospital panels) and as its denominator the weighted OPD visit volumes of hospitals in the 13 hospital panels included in that year's sample. This adjustment used visit volumes that were based on the most recent survey data collected from hospitals that had participated in the NHAMCS for at least one year. For hospitals which had never participated, visit volumes were obtained by phone, from Verispan data, or by

using the average of visit volumes for refusal hospitals which had converted to respondent status in the 2002 survey.

I. PATIENT VISIT WEIGHT

The "patient visit weight" is a vital component in the process of producing national estimates from sample data and its use should be clearly understood by all data file users. The statistics contained on the data file reflect only a sample of patient visits-- not a complete count of all the visits that occurred in the United States. Each record on the ED file represents one visit in the sample of 33,605 visits, and each record on the OPD file represents one visit in the sample of 29,975 visits. In order to obtain national estimates from the two samples, each record is assigned an inflation factor called the "patient visit weight."

By aggregating the "patient visit weights" on the 33,605 sample records for 2005 the user can obtain the total of 115,322,815 estimated visits made by all patients to EDs in the United States. Also, by aggregating the "patient visit weights" on the 29,975 OPD sample records for 2005 the user can obtain the total of 90,392,952 estimated visits made by all patients to OPDs in the United States. Data users should note that estimates produced from the 2005 ED and OPD public use files may differ very slightly with estimates produced from NCHS in-house files. This is due to adjustments that were required for the public use data as part of the disclosure avoidance process.

The marginal tables in Section III contain data on numbers of records for selected variables as well as the corresponding national estimated number of visits and drug mentions obtained by aggregating the "patient visit weights" on those records.

J. HOSPITAL CODE and PATIENT CODE

The purpose of these codes is to allow for greater analytical depth by permitting the user to link individual Patient Record forms on the public use file with individual hospitals. This linkage will enable users to conduct more comprehensive analysis without violating the confidentiality of patients or hospitals. Hospital codes are randomly assigned each year and may be different on the OPD and ED files.

To uniquely identify a record, both the hospital code and the patient code must be used. Patient codes are merely a sequential numbering of the visits recorded by the hospital and alone will not uniquely identify visit records. In order to do so, both the unique 3-digit hospital code and the 3-digit patient code must be used.

K. CLINIC TYPE CODE (For OPDs only)

The purpose of this code is similar to that of the hospital code. It allows the user to identify all records from a particular type of outpatient clinic.

L. USE OF THE ED and OPD WEIGHTS

For the first time in 2005, an emergency department weight (EDWT) has been added to the ED public use file, and an outpatient department weight (OPDWT) has been added to the OPD public use file. These weights will enable data users to calculate department-level estimates. There is one weight for each emergency department which appears on the first visit record only for that department. Likewise, there is one weight for each outpatient department, which appears only on the FIRST visit record for that department. When running an analysis of facility-level characteristics using EDWT, it is recommended to select only those records where EDWT is greater than 0. The same principle applies to the OPDWT. This will result in correct sample counts of variables, which is useful for assessing reliability. Weighted estimates will be correct either way, because of the one weight per department format.

Items on the ED file which are appropriate for department-level estimates include the following: Hospital ownership [OWNER], has your hospital received any funding for bioterror hospital preparedness from your state or municipal health department within the last 2 years [BIOTER], did your hospital receive any Medicaid Disproportionate Share Program funds in 2004 [MDSP], does emergency department use electronic medical records (not including billing records) [EMRED], does EMR system include: patient demographics [EDEMOGE], computerized prescription orders [ECPOEE], computerized test orders [ECTOEE], test results [ERESULTE], nurses' notes [ENNOTESE], physicians' notes [EPNOTESE], reminders for interventions/tests [EREMINDE], public health reporting [EPUBHLTHE]; geographic region [REGION], and metropolitan statistical area [MSA]. These variables all pertain to the department's characteristics. Also see the Marginal Data section which includes some marginal tables of emergency-department-level estimates. Appendix I ("Relative Standard Errors") provides further information.

Items on the OPD file which are appropriate for department-level estimates include the following: Hospital ownership [OWNER], has your hospital received any funding for bioterror hospital preparedness from your state or municipal health department within the last 2 years [BIOTER], did your hospital receive any Medicaid Disproportionate Share Program funds in 2004 [MDSP], does outpatient department use electronic medical records (not including billing records) [EMROPD], does EMR system include: patient demographics [EDEMOGO], computerized prescription orders [ECPOEO], computerized test orders [ECTOEO], test results [ERESULTO], nurses' notes [ENNOTESO], physicians' notes [EPNOTESO], reminders for interventions/tests [EREMINDO], public health reporting [EPUBHLTHO]; geographic region [REGION], and metropolitan statistical area [MSA]. These variables all pertain to the department's characteristics. Also see the Marginal Data section which includes some marginal tables of outpatient department-level estimates.

In addition to producing estimates of department-level characteristics, it is possible to compute means of visit characteristics at the department level, for example, average waiting time to see a physician in the ED. This is a more complicated process, and is described with sample SAS code at the Ambulatory Health Care Data website (www.cdc.gov/nchs/nhamcs.htm). For more information, contact the Ambulatory Care Statistics Branch at 301-458-4600.

M. POPULATION FIGURES

The base population used in computing annual visit rates is presented in Table I and Table II. The estimates of age, sex, race, ethnicity, and geographic region for the civilian noninstitutionalized population of the U.S. are from special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2005 set of state population estimates, and reflect Census 2000 data. More information may be obtained from the Census website at <u>www.census.gov.</u>

The 2005 MSA population estimates are based on data from the 2005 National Health Interview Survey (NHIS), National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See www.census.gov/population/www/estimates/metrodef.html for more about MSA definitions.

Estimates of visit rates for MSAs and non-MSAs beginning with 2003 may differ somewhat from those derived from 2002 and previous data years because of methodological differences in how the denominators were calculated. In survey years 1992-2002, the NHIS used a 1992 definition of MSAs and non-MSAs, and also used 1990-based Census estimates as controls. Because the NHAMCS used Census 2000-based population estimates beginning in 2001, adjustments needed to be made to the MSA figures obtained from the NHIS in 2001 and 2002. For 2005, special tabulations were obtained from the Office of Analysis and Epidemiology, NCHS, where 2005 NHIS data were matched to the November 2004 U.S. Census Bureau definition of core-based statistical areas. The estimates were further adjusted based on the 2005 population estimates obtained from the Census Bureau.

Population estimates for race groups in the 2005 NHAMCS are based on Census 2000 in which respondents were able to indicate more than one race category. The multiple race indicator was adopted starting in the 1999 NHAMCS but the population estimates that were available for calculating rates in 1999 and 2000 were based on estimates from the 1990 census, which used only single response race categories. The NHAMCS had very few records for multiple race persons in those years, so rates for single race groups were calculated by dividing estimates by denominators that included some unidentifiable number of multiple race persons. Starting with 2001, the denominators used for calculating

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race-specific visit rates in NHAMCS reports reflect the transition to multiple-race reporting. Specific race denominators reflect persons with a single race identification, and a separate denominator is now available for persons with more than one race designation.

Data indicate that multiple races are recorded for a patient less frequently in medical records compared to their numbers in the general population. The 2005 population estimates indicate that about 1.6 percent of the total population identify themselves as being of multiple races. In contrast, multiple race patients account for 0.3 percent of ED visits and 0.4 percent of OPD visits (weighted). These differences exist because hospital staff are less likely to know and record the multiple race preferences of the patient, and not because, after age-adjusting, persons with multiple races make fewer visits to EDs and OPDs. This implies that the visit rates by race populations calculated for 2005 are probably slight overestimates for the single race categories and underestimates for the multiple race category.

| Table I. U.S. population estimates used in computing annual visit rates for the National Ambulatory | |
|------------------------------------------------------------------------------------------------------|--|
| Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, by age, race, and sex: | |
| July 1, 2005 | |

| | | | Age in years | | | |
|---------------|-------------|-----------|--------------|------------|------------|------------|
| Race and sex | All ages | Under 1 | 1-4 | 5-14 | 15-24 | 25-34 |
| All races | 291,155,919 | 4,102,990 | 16,194,370 | 40,351,606 | 41,025,544 | 39,004,677 |
| Male | 142,442,130 | 2,099,182 | 8,278,786 | 20,643,731 | 20,727,094 | 19,415,878 |
| Female | 148,713,789 | 2,003,808 | 7,915,584 | 19,707,875 | 20,298,450 | 19,588,799 |
| White Only | 234,154,178 | 3,131,603 | 12,378,927 | 30,789,989 | 31,890,582 | 30,551,301 |
| Male | 115,514,106 | 1,603,011 | 6,337,880 | 15,794,620 | 16,239,067 | 15,485,118 |
| Female | 118,640,072 | 1,528,592 | 6,041,047 | 14,995,369 | 15,651,515 | 15,066,183 |
| Black Only | 36,540,357 | 611,310 | 2,433,551 | 6,259,162 | 6,020,672 | 5,075,031 |
| Male | 16,965,145 | 311,497 | 1,234,057 | 3,174,054 | 2,919,411 | 2,277,809 |
| Female | 19,575,212 | 299,813 | 1,199,494 | 3,085,108 | 3,101,261 | 2,797,222 |
| Asian Only | 12,616,683 | 175,567 | 684,916 | 1,573,962 | 1,684,827 | 2,305,800 |
| Male | 6,097,905 | 90,198 | 351,467 | 798,058 | 854,597 | 1,122,519 |
| Female | 6,518,778 | 85,369 | 333,449 | 775,904 | 830,230 | 1,183,281 |
| NHOPI* Only | 507,620 | 7,552 | 28,020 | 87,248 | 88,770 | 91,102 |
| Male | 255,757 | 3,921 | 14,508 | 44,694 | 45,072 | 47,185 |
| Female | 251,863 | 3,631 | 13,512 | 42,554 | 43,698 | 43,917 |
| AIAN* Only | 2,809,526 | 40,678 | 158,247 | 491,656 | 513,509 | 420,767 |
| Male | 1,392,029 | 20,733 | 80,179 | 249,606 | 258,878 | 214,577 |
| Female | 1,417,497 | 19,945 | 78,068 | 242,050 | 254,631 | 206,190 |
| Multiple Race | 4,527,555 | 136,280 | 510,709 | 1,149,589 | 827,184 | 560,676 |
| Male | 2,217,188 | 69,822 | 260,695 | 582,699 | 410,069 | 268,670 |
| Female | 2,310,367 | 66,458 | 250,014 | 566,890 | 417,115 | 292,006 |

*NHOPI is Native Hawaiian/Other Pacific Islander. AIAN is American Indian/Alaska Native.

| Geographic F | Region totals | Metropolitan Statistical Area totals |
|--------------|---------------|--------------------------------------|
| Northeast | 53,819,521 | MSA 245,444,440 |
| Midwest | 64,958,634 | Non-MSA 45,711,479 |
| South | 105,211,225 | |
| West | 67,166,539 | |

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2005. The estimates of age, sex, race and region are from special tabulations developed by the Population Division, U.S. Census Bureau using the July 1, 2005 set of state population estimates, and reflect Census 2000 data. More information may be obtained from the Census website at <u>www.census.gov</u>. The 2005 MSA population estimates are based on data from the 2005 National Health Interview Survey (NHIS), National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See <u>www.census.gov/population/www/estimates/metrodef.html</u> for more about MSA definitions.

| | | A | ge in years | | |
|---------------|------------|------------|-------------|------------|-------------|
| Race and sex | 35-44 | 45-54 | 55-64 | 65-74 | 75 and over |
| All races | 42,985,836 | 42,145,882 | 30,195,444 | 18,395,955 | 16,753,615 |
| Male | 21,172,955 | 20,614,754 | 14,520,530 | 8,417,048 | 6,552,172 |
| Female | 21,812,881 | 21,531,128 | 15,674,914 | 9,978,907 | 10,201,443 |
| White Only | 34,543,218 | 34,662,536 | 25,558,200 | 15,785,733 | 14,862,089 |
| Male | 17,284,743 | 17,176,981 | 12,428,621 | 7,301,984 | 5,862,081 |
| Female | 17,258,475 | 17,485,555 | 13,129,579 | 8,483,749 | 9,000,008 |
| Black Only | 5,307,807 | 4,888,444 | 2,982,815 | 1,705,009 | 1,256,556 |
| Male | 2,370,747 | 2,214,540 | 1,320,763 | 706,647 | 435,620 |
| Female | 2,937,060 | 2,673,904 | 1,662,052 | 998,362 | 820,936 |
| Asian Only | 2,181,493 | 1,768,089 | 1,143,854 | 644,402 | 453,773 |
| Male | 1,054,345 | 826,583 | 528,797 | 288,350 | 182,991 |
| Female | 1,127,148 | 941,506 | 615,057 | 356,052 | 270,782 |
| NHOPI* Only | 78,072 | 60,515 | 36,045 | 18,824 | 11,472 |
| Male | 38,935 | 30,131 | 17,701 | 8,876 | 4,734 |
| Female | 39,137 | 30,384 | 18,344 | 9,948 | 6,738 |
| AIAN* Only | 409,885 | 364,681 | 223,163 | 112,803 | 74,137 |
| Male | 202,258 | 176,047 | 107,631 | 52,249 | 29,871 |
| Female | 207,627 | 188,634 | 115,532 | 60,554 | 44,266 |
| Multiple Race | 465,361 | 401,617 | 251,367 | 129,184 | 95,588 |
| Male | 221,927 | 190,472 | 117,017 | 58,942 | 36,875 |
| Female | 243,434 | 211,145 | 134,350 | 70,242 | 58,713 |
| | | | | | |

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Table II. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2005

| HISPANIC | | | Age in years | | | |
|----------------|------------|---------|--------------|-----------|-----------|-----------|
| Race and sex | All ages | Under 1 | 1-4 | 5-14 | 15-24 | 25-34 |
| All races | 42,168,862 | 931,494 | 3,599,064 | 7,805,116 | 7,041,639 | 7,660,049 |
| Male | 21,620,632 | 475,912 | 1,836,837 | 3,991,934 | 3,687,385 | 4,142,209 |
| Female | 20,548,230 | 455,582 | 1,762,227 | 3,813,182 | 3,354,254 | 3,517,840 |
| White Only | 39,024,178 | 871,451 | 3,384,074 | 7,110,787 | 6,467,165 | 7,117,320 |
| Male | 20,063,456 | 445,191 | 1,727,153 | 3,639,852 | 3,396,790 | 3,869,541 |
| Female | 18,960,722 | 426,260 | 1,656,921 | 3,470,935 | 3,070,375 | 3,247,779 |
| Black Only | 1,547,473 | 27,703 | 96,425 | 330,994 | 273,107 | 270,395 |
| Male | 746,506 | 14,173 | 49,201 | 167,919 | 136,493 | 128,315 |
| Female | 800,967 | 13,530 | 47,224 | 163,075 | 136,614 | 142,080 |
| Asian Only | 263,788 | 5,337 | 17,167 | 57,126 | 46,719 | 46,618 |
| Male | 129,832 | 2,710 | 8,757 | 28,971 | 23,723 | 23,189 |
| Female | 133,956 | 2,627 | 8,410 | 28,155 | 22,996 | 23,429 |
| NHOPI* Only | 110,378 | 2,039 | 6,466 | 23,511 | 20,878 | 22,119 |
| Male | 57,617 | 1,060 | 3,360 | 12,037 | 10,989 | 12,417 |
| Female | 52,761 | 979 | 3,106 | 11,474 | 9,889 | 9,702 |
| AIAN* Only | 623,835 | 5,465 | 20,499 | 126,771 | 124,553 | 118,563 |
| Male | 327,059 | 2,780 | 10,340 | 64,528 | 64,867 | 66,627 |
| Female | 296,776 | 2,685 | 10,159 | 62,243 | 59,686 | 51,936 |
| Multiple Races | 599,210 | 19,499 | 74,433 | 155,927 | 109,217 | 85,034 |
| Male | 296,162 | 9,998 | 38,026 | 78,627 | 54,523 | 42,120 |
| Female | 303,048 | 9,501 | 36,407 | 77,300 | 54,694 | 42,914 |

SOURCE: These are U.S. Bureau of the Census postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 2005. They were developed by the Population Division, U.S. Census Bureau using the July 1, 2005 set of state population estimates, and reflect Census 2000 data. More information may be obtained from the Census website at www.census.gov.

Table II. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2005 - con.

| HISPANIC | | A | ge in years | | | |
|----------------|-----------|-----------|-------------|-----------|---------|--|
| | | | | | 75 and | |
| Race and sex | 35-44 | 45-54 | 55-64 | 65-74 | over | |
| All races | 6,289,227 | 4,234,157 | 2,366,077 | 1,309,981 | 932,058 | |
| Male | 3,283,089 | 2,123,218 | 1,126,584 | 584,080 | 369,384 | |
| Female | 3,006,138 | 2,110,939 | 1,239,493 | 725,901 | 562,674 | |
| White Only | 5,839,903 | 3,922,256 | 2,202,710 | 1,228,681 | 879,831 | |
| Male | 3,063,827 | 1,972,976 | 1,050,030 | 548,569 | 349,527 | |
| Female | 2,776,076 | 1,949,280 | 1,152,680 | 680,112 | 530,304 | |
| Black Only | 228,235 | 159,457 | 85,838 | 45,701 | 29,618 | |
| Male | 106,400 | 74,467 | 39,259 | 19,531 | 10,748 | |
| Female | 121,835 | 84,990 | 46,579 | 26,170 | 18,870 | |
| Asian Only | 38,703 | 27,227 | 13,986 | 6,762 | 4,143 | |
| Male | 18,600 | 12,942 | 6,446 | 2,946 | 1,548 | |
| Female | 20,103 | 14,285 | 7,540 | 3,816 | 2,595 | |
| NHOPI* Only | 16,503 | 9,989 | 4,981 | 2,380 | 1,512 | |
| Male | 8,611 | 5,052 | 2,381 | 1,074 | 636 | |
| Female | 7,892 | 4,937 | 2,600 | 1,306 | 876 | |
| AIAN* Only | 99,290 | 69,498 | 34,163 | 15,464 | 9,569 | |
| Male | 53,311 | 36,270 | 17,204 | 7,122 | 4,010 | |
| Female | 45,979 | 33,228 | 16,959 | 8,342 | 5,559 | |
| Multiple Races | 66,593 | 45,730 | 24,399 | 10,993 | 7,385 | |
| Male | 32,340 | 21,511 | 11,264 | 4,838 | 2,915 | |
| Female | 34,253 | 24,219 | 13,135 | 6,155 | 4,470 | |

| NON- HISPANIC | | | Age in years | | | |
|------------------|-------------|-----------|----------------|------------|------------|------------|
| | | | , igo in youro | | | |
| Race and sex | All ages | Under 1 | 1-4 | 5-14 | 15-24 | 25-34 |
| All races | 248,987,057 | 3,171,496 | 12,595,306 | 32,546,490 | 33,983,905 | 31,344,62 |
| Male | 120,821,498 | 1,623,270 | 6,441,949 | 16,651,797 | 17,039,709 | 15,273,66 |
| emale | 128,165,559 | 1,548,226 | 6,153,357 | 15,894,693 | 16,944,196 | 16,070,95 |
| White Only | 195,130,000 | 2,260,152 | 8,994,853 | 23,679,202 | 25,423,417 | 23,433,98 |
| Male | 95,450,650 | 1,157,820 | 4,610,727 | 12,154,768 | 12,842,277 | 11,615,57 |
| Female | 99,679,350 | 1,102,332 | 4,384,126 | 11,524,434 | 12,581,140 | 11,818,404 |
| Black Only | 34,992,884 | 583,607 | 2,337,126 | 5,928,168 | 5,747,565 | 4,804,63 |
| Male | 16,218,639 | 297,324 | 1,184,856 | 3,006,135 | 2,782,918 | 2,149,49 |
| emale | 18,774,245 | 286,283 | 1,152,270 | 2,922,033 | 2,964,647 | 2,655,14 |
| Asian Only | 12,352,895 | 170,230 | 667,749 | 1,516,836 | 1,638,108 | 2,259,18 |
| Male | 5,968,073 | 87,488 | 342,710 | 769,087 | 830,874 | 1,099,33 |
| Female | 6,384,822 | 82,742 | 325,039 | 747,749 | 807,234 | 1,159,85 |
| NHOPI* Only | 397,242 | 5,513 | 21,554 | 63,737 | 67,892 | 68,98 |
| Male | 198,140 | 2,861 | 11,148 | 32,657 | 34,083 | 34,76 |
| emale | 199,102 | 2,652 | 10,406 | 31,080 | 33,809 | 34,21 |
| AIAN* Only | 2,185,691 | 35,213 | 137,748 | 364,885 | 388,956 | 302,20 |
| Male | 1,064,970 | 17,953 | 69,839 | 185,078 | 194,011 | 147,95 |
| Female | 1,120,721 | 17,260 | 67,909 | 179,807 | 194,945 | 154,25 |
| Multiple Races | 3,928,345 | 116,781 | 436,276 | 993,662 | 717,967 | 475,64 |
| Vale | 1,921,026 | 59,824 | 222,669 | 504,072 | 355,546 | 226,55 |
| Female | 2,007,319 | 56,957 | 213,607 | 489,590 | 362,421 | 249,09 |

Table III. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2005 – con.

2005 NHAMCS MICRO-DATA FILE DOCUMENTATION

Table III. U.S. population estimates used in computing annual visit rates for the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey, by ethnicity, age, race, and sex: July 1, 2005 - con.

| NON- HISPANIC | | ļ | Age in years | | | |
|------------------|------------|------------|--------------|------------|------------|--|
| | | | | | 75 and | |
| Race and sex | 35-44 | 45-54 | 55-64 | 65-74 | over | |
| All races | 36,696,609 | 37,911,725 | 27,829,367 | 17,085,974 | 15,821,557 | |
| Male | 17,889,866 | 18,491,536 | 13,393,946 | 7,832,968 | 6,182,788 | |
| Female | 18,806,743 | 19,420,189 | 14,435,421 | 9,253,006 | 9,638,769 | |
| White Only | 28,703,315 | 30,740,280 | 23,355,490 | 14,557,052 | 13,982,258 | |
| Male | 14,220,916 | 15,204,005 | 11,378,591 | 6,753,415 | 5,512,554 | |
| Female | 14,482,399 | 15,536,275 | 11,976,899 | 7,803,637 | 8,469,704 | |
| Black Only | 5,079,572 | 4,728,987 | 2,896,977 | 1,659,308 | 1,226,938 | |
| Male | 2,264,347 | 2,140,073 | 1,281,504 | 687,116 | 424,872 | |
| Female | 2,815,225 | 2,588,914 | 1,615,473 | 972,192 | 802,066 | |
| Asian Only | 2,142,790 | 1,740,862 | 1,129,868 | 637,640 | 449,630 | |
| Male | 1,035,745 | 813,641 | 522,351 | 285,404 | 181,443 | |
| Female | 1,107,045 | 927,221 | 607,517 | 352,236 | 268,187 | |
| NHOPI* Only | 61,569 | 50,526 | 31,064 | 16,444 | 9,960 | |
| Male | 30,324 | 25,079 | 15,320 | 7,802 | 4,098 | |
| Female | 31,245 | 25,447 | 15,744 | 8,642 | 5,862 | |
| AIAN* Only | 310,595 | 295,183 | 189,000 | 97,339 | 64,568 | |
| Male | 148,947 | 139,777 | 90,427 | 45,127 | 25,861 | |
| Female | 161,648 | 155,406 | 98,573 | 52,212 | 38,707 | |
| Multiple Races | 398,768 | 355,887 | 226,968 | 118,191 | 88,203 | |
| Male | 189,587 | 168,961 | 105,753 | 54,104 | 33,960 | |
| Female | 209,181 | 186,926 | 121,215 | 64,087 | 54,243 | |

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Information concerning additional reports using NHAMCS data that have been published or are scheduled for publication through NCHS may be obtained from the Ambulatory Care Statistics Branch.

II. A. RECORD FORMAT OF EMERGENCY DEPARTMENT MICRO-DATA FILE

Number of records = 33,605

This section consists of a detailed breakdown of each data record. For each item on the record, the user is provided with a sequential item number, field length, file location, and brief description of the item, along with valid codes. Unless otherwise stated in the "item description" column, the data are derived from the Emergency Department Patient Record form. The hospital induction interview and the Verispan, L.L.C. products, "Healthcare Market Index" and "Hospital Market Profiling Solution" (formerly known as the SMG Hospital Market Database) are other sources of information, and some data are derived by recoding selected items.

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | | | DATE OF VISIT (from PRF Q1.a) |
| 1.1 | 2 | 1-2 | [VMONTH] MONTH OF VISIT 01-12: January-December |
| 1.2 | 4 | 3-6 | [VYEAR] YEAR OF VISIT 2004, 2005 (Survey dates were 12/27/2004-12/25/2005) |
| 2 | 1 | 7 | [VDAYR] DAY OF WEEK OF VISIT 1=Sunday 2=Monday 3=Tuesday 4=Wednesday 5=Thursday 6=Friday 7=Saturday |
| 3 | 3 | 8-10 | [AGE] PATIENT AGE (IN YEARS; DERIVED FROM DATE OF BIRTH) (from PRF Q1.c) 000 = Under 1 year 001-099 100 = 100 years and over |
| 4 | 4 | 11-14 | [ARRTIME] ARRIVAL TIME (military time) (from PRF Q1.d) 0000-2359 9999=Blank |
| 5 | 4 | 15-18 | [WAITTIME] WAITING TIME TO SEE PHYSICIAN (minutes) Calculated from PRF Q1.d, arrival time and time seen by physician 0-1270 9999=Blank/Not seen by physician |
| 6 | 4 | 19-22 | [LOV] LENGTH OF VISIT (minutes) Calculated from PRF Q1.d, arrival time and discharge time 1-2872 9999=Blank |

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|-------------|-----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 7 | 1 | 23 | [RESIDNCE] PATIENT RESIDENCE (from PRF Q1.e) 1 = Private residence 2 = Nursing home 3 = Other institution 4 = Other residence 5 = Homeless 6 = Unknown 7 = Blank |
| 8 | 1 | 24 | [ARRIVE] Mode of arrival (from PRF Q1.f) 0 = Blank 1 = Ambulance 2 = Public service 3 = Walk-in 4 = Unknown |
| 9 | 1 | 25 | [SEX] SEX (from PRF Q1.g) 1 = Female 2 = Male |
| 10 | 1 | 26 | [ETHNIC] ETHNICITY (from PRF Q1.h) 1 = Hispanic or Latino 2 = Not Hispanic or Latino |
| 11 | 1 | 27 | [RACE] RACE (from PRF Q1.i) 1 = White 2 = Black/African American 3 = Asian 4 = Native Hawaiian/Other Pacific Islander 5 = American Indian/Alaska Native 6 = More than one race reported |
| 12 | 1 | 28 | [PAYPRIV] EXPECTED SOURCE OF PAYMENT: PRIVATE INSURANCE (from PRF Q1.j) 0 = No 1 = Yes |
| 13 | 1 | 29 | [PAYMCARE] EXPECTED SOURCE OF PAYMENT: MEDICARE (from PRF Q1.j) 0 = No 1 = Yes |
| 14 | 1 | 30 | [PAYMCAID] EXPECTED SOURCE OF PAYMENT: MEDICAID (from PRF Q1.j) 0 = No 1 = Yes |
| 15 | 1 | 31 | [PAYWKCMP] EXPECTED SOURCE OF PAYMENT: WORKER'S COMPENSATION (from PRF Q1.j) 0 = No 1 = Yes |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 | 1 | 32 | [PAYSELF] EXPECTED SOURCE OF PAYMENT: SELF PAY (from PRF Q1.j) 0 = No 1 = Yes |
| 17 | 1 | 33 | [PAYNOCHG] EXPECTED SOURCE OF PAYMENT: NO CHARGE (from PRF Q1.j) 0 = No 1 = Yes |
| 18 | 1 | 34 | [PAYOTH] EXPECTED SOURCE OF PAYMENT: OTHER (from PRF Q1.j) 0 = No 1 = Yes |
| 19 | 1 | 35 | [PAYUNK] EXPECTED SOURCE OF PAYMENT: UNKNOWN (from PRF Q1.j) 0 = No 1 = Yes |
| 20 | 1 | 36 | [PAYTYPE] PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT (Recoded from PRF Q1.j using this hierarchy of payment categories: Medicaid, Medicare, Private Insurance, Worker's Compensation, Self-Pay, No Charge, Other, Unknown) 0 = Blank |
| | | | 1 = Private insurance 2 = Medicare 3 = Medicaid/SCHIP 4 = Worker's Compensation 5 = Self-pay 6 = No charge/charity 7 = Other |
| | | | 8 = Unknown INITIAL VITAL SIGNS (from PRF Q2) |
| 21 | 4 | 37-40 | [TEMPF] TEMPERATURE (from PRF Q2.a.1).There is an implied decimal between the third and fourth digits. 0000 = Blank 0600-1112 = 60.0 - 111.2 Fahrenheit |
| 22 | 3 | 41-43 | [PULSE] PULSE (from PRF Q2.a.2) 000-200 998 = DOP, DOPPLER 999 = Blank |
| 23.a | 3 | 44-46 | [BPSYS] SYSTOLIC BLOOD PRESSURE (from Q2.a.3) 0-290 = 0-290 999 = Blank |

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|-------------|-----------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 23.b | 3 | 47-49 | [BPDIAS] DIASTOLIC BLOOD PRESSURE (from Q2.a.3) 0-190 = 0-190 998 = P, Palp, DOP, or DOPPLER 999 = Blank | |
| 24 | 1 | 50 | [ORIENTED] ORIENTED x 3 (from Q2.a.4) 0 = Blank 1 = Yes 2 = No 3 = Unknown | |
| 25 | 1 | 51 | [IMMED] IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN (from PRF Q2.b) | |
| | | | NOTE: The PRF categories for this item changed in 2005 compared with 2004 and previous years. Please note the differences when combining data across years. | |
| | | | 1 = Immediate 2 = 1-14 minutes 3 = 15-60 minutes 4 = >1 hour - 2 hours 5 = >2 hours - 24 hours 6 = No triage 7 = Unknown | |
| 26 | 1 | 52 | [PAIN] PRESENTING LEVEL OF PAIN (from PRF Q2.c) | |
| | | | NOTE: The PRF categories for this item changed in 2005. On the 2005 form, "Unknown" is the last category rather than the first as in 2004 and earlier years, so the numbering is different for the remaining categories; please keep in mind when combining data across years. | |
| | | | 0 = Blank 1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Unknown | |
| 27 | 1 | 53 | [SEEN72] HAS PATIENT BEEN SEEN IN THIS ED WITHIN THE LAST 72 HOURS? (from PRF Q3.a) 0 = No box is marked 1 = Yes 2 = No 3 = Unknown | |
| 28 | 1 | 54 | [DISCH7DA] HAS PATIENT BEEN DISCHARGED FROM ANY HOSPITAL WITHIN THE LAST 7 DAYS? (from PRF Q3.b) 1= Yes 2= No 3= Unknown 4= Blank | |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29 | | | PATIENT'S REASON(S) FOR VISIT (See page 18 in Section I and Code List in Appendix II.) (from PRF Q4.a) |
| 29.1 | 5 | 55-59 | [RFV1] REASON # 1 10050-89990 = 1005.0-8999.0 90000 = Blank |
| 29.2 | 5 | 60-64 | [RFV2] REASON # 2 10050-89990 = 1005.0-8999.0 90000 = Blank |
| 29.3 | 5 | 65-69 | [RFV3] REASON # 3 10050-89990 = 1005.0-8999.0 90000 = Blank |
| 29.4 | 100 | 70-169 | [VRFV] REASON FOR VISIT – VERBATIM TEXT The patient's complaint(s), symptom(s), or other reasons(s) for this visit, using the patient's own words if possible. |

IMPORTANT NOTES ON USING THE REASON FOR VISIT VERBATIM TEXT DATA

The reason for visit text entry is converted to a reason for visit code by NCHS contracted medical coders using NCHS's *A Reason for Visit Classification for Ambulatory Care* (RVC) (10). The actual verbatim text is being included on the public use file for the first time with 2005 survey data. The inclusion of the verbatim text is meant to assist data users in two major ways. First, the verbatim text can be used by researchers to assign records to reason for visit classification schemes other than the RVC if so desired. Second, users can search for key text words to identify diverse reasons for visit.

It should be noted that, in an effort to preserve confidentiality, geographic names, personal names, commercial names, and exact dates have been stripped from the verbatim text. However, in other respects, the data are as keyed and may contain misspellings, typographical errors, etc. The public use file version of the verbatim text has been formatted to concatenate the 1st, 2nd, and 3rd entries (representing the most important reason, as well as up to two other reasons) of the item into a single verbatim string.

It is important to remember that, because of their very specific nature, exact verbatim text strings will not translate into national estimates and should not be used as such. In general, we consider any estimate based on fewer than 30 occurrences in the data to be unreliable. Therefore, a single record showing a specific reason for visit should not be weighted to produce a national estimate. If, however, a researcher is able to identify 30 or more records where the verbatim text involves a similar reason, it might then be possible to sum the patient visit weights for these records to generate a national estimate related to that reason. The reliability of such an estimate would still depend upon the associated relative standard error.

| 29.5 | 1 | 170 | [VWORKREL] IS THIS VISIT WORK RELATED? (from PRF Q4.b) 0 = Blank 1 = Yes 2 = No 3 = Unknown |
|------|---|-----|--------------------------------------------------------------------------------------------------------------------------------------------|
| 30.1 | 1 | 171 | [INJURY] IS THIS VISIT RELATED TO AN INJURY, POISONING, OR ADVERSE EFFECT OF MEDICAL TREATMENT? (from PRF Q5.a) 0 = No 1 = Yes |

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|-------------|-----------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 30.2 | 1 | 172 | [INTENT] IS THIS INJURY/POISONING INTENTIONAL? (from PRF Q5.b) (Also see Item 66 [col. 815] which is a recoded item based on the stated cause of injury from Item 5c of the Patient Record form.) 0 = Blank 1 = Yes (Self-inflicted) 2 = Yes (Assault) 3 = No, Unintentional 4 = Unknown 8 = Not applicable (not an injury visit) |
| 30.3 | | | CAUSE OF INJURY (See page 18 in Section I for explanation of codes.) (from PRF Q5.c) |
| 30.3.a | 4 | 173-176 | [CAUSE1] CAUSE #1 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. Codes in the 7000 series were developed by the Ambulatory Care Statistics Branch. 7000 = Drug use/abuse 7100 = Alcohol use/abuse 7999 = Illegible entry 8000-999[-] = E800.0-E999 |
| 30.3b | 4 | 177-180 | 0000 = Not applicable/Blank [CAUSE2] CAUSE #2 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. See CAUSE #1 for details. |
| 30.3c | 4 | 181-184 | [CAUSE3] CAUSE #3 (ICD-9-CM, E-Codes) There is an implied decimal between the third and fourth digits; for inapplicable fourth digits, a dash is inserted. A prefix 'E' is implied. See CAUSE #1 for details. |
| 31 | 75 | 185-259 | [VCAUSE] CAUSE OF INJURY - VERBATIM TEXT Description of events that preceded the injury. Some entries contain the acronym "MVA". MVA = motor vehicle accident. |

IMPORTANT NOTES ON USING THE CAUSE OF INJURY VERBATIM TEXT DATA

The cause of injury is converted to an external cause of injury code (E-code) by NCHS medical coders. Since 1997, the actual verbatim text has been included on the public use file in addition to the E-code. The inclusion of the verbatim text is meant to assist data users in two major ways. First, the verbatim text can be used by researchers to assign records to injury classification schemes other than the "Supplementary Classification of External Causes of Injury and Poisoning" found in the ICD-9-CM, if so desired. Second, users can search for key text words (for example, swimming pool) to identify diverse causes of injury. It should be noted that, in an effort to preserve confidentiality, all geographic names, personal names, commercial names, and exact dates of injury have been stripped from the verbatim text.

It is important to remember that, because of their very specific nature, exact verbatim text strings will not translate into national estimates and should not be used as such. In general, we consider any estimate based on fewer than 30 occurrences in the data to be unreliable. Therefore, a single record showing the specific cause of injury of "tripped over a student's backpack in her classroom and fell on left knee" should

ITEM FIELD FILE NO. LENGTH LOCATION [ITEM NAME], DESCRIPTION, AND CODES

not be weighted to produce a national estimate. If, however, a researcher is able to identify 30 or more records where the verbatim text involves a "backpack" -related injury, it might then be possible to sum the patient visit weights for these records to generate a national estimate related to a broader category of visits for back-pack related injuries. The reliability of such an estimate would still depend upon the associated relative standard error.

| 32 | | | PHYSICIAN'S DIAGNOSES (See page 19, Section 1 for explanation of coding.) (from PRF Q6) |
|------|---|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32.1 | 5 | 260-264 | [DIAG1] DIAGNOSIS #1 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. |
| | | | 0010[-] - V829[-] = 001.0[0]-V82.9[0] V990- = Non-codable, insufficient information for coding, illegible V991- = Left before being seen; patient walked out; not seen by doctor; left against medical advice V992- = Transferred to another facility; sent to see specialist V993- = HMO will not authorize treatment V997- = Entry of "none," "no diagnosis," "no disease," or "healthy" 00000 = Blank |
| 32.2 | 5 | 265-269 | [DIAG2] DIAGNOSIS # 2 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details. |
| 32.3 | 5 | 270-274 | [DIAG3] DIAGNOSIS # 3 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details. |
| 33 | | | PROBABLE, QUESTIONABLE, AND RULE OUT DIAGNOSES |
| 33.1 | 1 | 275 | [PRDIAG1] IS DIAGNOSIS #1 PROBABLE, QUESTIONABLE, OR RULE OUT? 0 = No 1 = Yes 8 = Not applicable |
| 33.2 | 1 | 276 | [PRDIAG2] IS DIAGNOSIS #2 PROBABLE, QUESTIONABLE, OR RULE OUT? 0 = No 1 = Yes 8 = Not applicable |
| 33.3 | 1 | 277 | [PRDIAG3] IS DIAGNOSIS #3 PROBABLE, QUESTIONABLE, OR RULE OUT? 0 = No 1 = Yes 8 = Not applicable |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 34 | | | DIAGNOSTIC/SCREENING SERVICES (from PRF Q7) |
| 34.1 | 1 | 278 | [DIAGSCRN] Were any diagnostic/screening services ordered or provided at this visit? |
| | | | 0 = No 1 = Yes 2 = No answer (entire item blank, including "None" box) |
| | | | 0 = No, 1 = Yes |
| 34.2 34.3 34.4 34.5 34.6 34.7 34.8 34.7 34.8 34.9 34.10 34.11 34.12 34.13 34.14 34.15 34.16 34.17 34.18 | 1 1 1 1 1 1 1 1 1 1 1 1 1 | 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 | [CBC] CBC (Complete blood count) [BUNCREAT] BUN/Creatinine [CARDENZ] Cardiac enzymes [ELECTROL] Electrolytes [GLUCOSE] Glucose [LFT] Liver function tests [ABG] Arterial blood gases [BAC] Blood alcohol [HIVSER] HIV serology [OTHERBLD] Other blood test [EKG] EKG/ECG [CARDMON] Cardiac monitor [PULSOXIM] Pulse oximetry [PREGTEST] Pregnancy test [URINE] Urinalysis [OTHRTEST] Other test/service [ANYIMAGE] Any imaging |
| 34.19 34.20 34.21 34.22 34.23 | 1 1 1 1 | 296 297 298 299 300 | [XRAY] X-ray [ULTRASND] Ultrasound [MRI] MRI [CATSCAN] CT scan [OTHIMAGE] Other imaging |
| 34.24 | 2 | 301-302 | [TOTDIAG] TOTAL NUMBER OF DIAGNOSTIC/SCREENING SERVICES ORDERED OR PROVIDED 0-21 99 = All check boxes blank, including "None" box |
| 35 | | | PROCEDURES (from PRF Q8) |
| 35.1 | 1 | 303 | [PROC] Were any procedures provided at this visit? 0 = No 1 = Yes 2 = No answer (Entire item blank, including "None" box.) 0 = No, 1 = Yes |
| 35.2 35.3 35.4 35.5 35.6 35.7 | 1 1 1 1 1 | 304 305 306 307 308 309 | [BLADCATH] Bladder catheter [CPR] CPR [ENDOINT] Endotracheal intubation [IVFLUIDS] IV fluids [NEBUTHER] Nebulizer therapy [NGTUBE] NG tube/gastric lavage |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-----------------------------------------|------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 35.8 35.9 35.10 35.11 35.12 | 1 1 1 1 | 310 311 312 313 314 | [OBGYN] OB/GYN care [ORTHO] Orthopedic care [THROMBO] Thrombolytic therapy [WOUND] Wound care [OTHPROC] Other procedure |
| 35.13 | 2 | 315-316 | [TOTPROC] TOTAL NUMBER OF PROCEDURES PROVIDED 0-11 99 = Entire item blank, including "None" box |
| 36 | | | MEDICATIONS/INJECTIONS (from PRF Q9) (See page 20 for more information. See page 185 for codes.) |
| 36.1 | 1 | 317 | [MED] WERE MEDICATIONS ORDERED OR PROVIDED AT THIS VISIT? 0 = No 1 = Yes |
| 36.2 | 5 | 318-322 | [MED1] MEDICATION #1 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 36.3 | 5 | 323-327 | [MED2] MEDICATION #2 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 36.4 | 5 | 328-332 | [MED3] MEDICATION #3 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 36.5 | 5 | 333-337 | [MED4] MEDICATION #4 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 36.6 | 5 | 338-342 | [MED5] MEDICATION #5 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other |
| 36.7 | 5 | 343-347 | 99999 = Illegible Entry [MED6] MEDICATION #6 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 36.8 | 5 | 348-352 | [MED7] MEDICATION #7 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 36.9 | 5 | 353-357 | [MED8] MEDICATION #8 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 36.10 | 1 | 358 | [GPMED1] Was medication #1 given in ED or Rx at discharge? 1 = Given in ED 2 = Rx at discharge 3 = Both given in ED and Rx at discharge 8 = Not applicable 9= Blank |
| 36.11 | 1 | 359 | [GPMED2] Was medication #2 given in ED or Rx at discharge? See GPMED1. |
| 36.12 | 1 | 360 | [GPMED3] Was medication #3 given in ED or Rx at discharge? See GPMED1. |
| 36.13 | 1 | 361 | [GPMED4] Was medication #4 given in ED or Rx at discharge? See GPMED1. |
| 36.14 | 1 | 362 | [GPMED5] Was medication #5 given in ED or Rx at discharge? See GPMED1. |
| 36.15 | 1 | 363 | [GPMED6] Was medication #6 given in ED or Rx at discharge? See GPMED1. |
| 36.16 | 1 | 364 | [GPMED7] Was medication #7 given in ED or Rx at discharge? See GPMED1. |
| 36.17 | 1 | 365 | [GPMED8] Was medication #8 given in ED or Rx at discharge? See GPMED1. |
| 36.18 | 1 | 366 | [NUMGIV] NUMBER OF MEDICATIONS GIVEN IN ED 0 - 8 NOTE: For this variable, the value '0' can reflect the following situations: a) no drug listed; b) drug listed but only Rx at discharge; and c) drug listed but unknown whether given in ED or Rx at discharge. |
| 36.19 | 1 | 367 | [NUMDIS] NUMBER OF MEDICATIONS Rx AT DISCHARGE 0 - 8 NOTE: For this variable, the value '0' can reflect the following situations: a) no drug listed; b) drug listed but only given in ED; and c) drug listed but unknown whether given in ED or prescribed at discharge. |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|----------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36.20 | 1 | 368 | [NUMMED] NUMBER OF MEDICATIONS CODED 0 – 8 |
| 37 | | | PROVIDERS SEEN (from PRF Q10) |
| | | | 0 = No, 1 = Yes |
| 37.1 37.2 37.3 37.4 37.5 37.6 37.7 37.8 37.9 | 1 1 1 1 1 1 1 1 | 369 370 371 372 373 374 375 376 377 | [NOPROVID] No answer to item [ATTPHYS] ED attending physician [RESINT] ED resident/Intern [ONCALL] On call attending physician/Fellow [RNLPN] RN/LPN [NURSEPR] Nurse practitioner [PHYSASST] Physician assistant [EMT] EMT [OTHPROV] Other provider |
| 38 | | | VISIT DISPOSITION (from PRF Q11) |
| | | | 0 = No, 1 = Yes |
| 38.1 38.2 38.3 38.4 38.5 38.6 38.7 38.8 38.9 | 1 1 1 1 1 1 1 1 | 378 379 380 381 382 383 384 385 386 | [NODISP] No answer to item [NOFU] No follow-up planned [RETPRN] Return if needed, P.R.N./appt [RETREFFU] Return/Refer to physician/clinic for FU [REFSOCS] Refer to social services [LEFTAMA] Left AMA (against medical advice) [LEFT] Left without being seen [DOA] DOA/died in ED [TRANSFER] Transfer to different hospital |
| 38.10 | 1 | 387 | [RFTRANS] Reason for transfer This variable is a recode of the verbatim reason for transfer text. 1 = Continuity of care; request by patient, family, or physician 2 = Higher level or specialized care needed 3 = Psychiatric, mental health, or substance abuse care 4 = Pediatric facility needed 5 = Insurance requirement/request 6 = Other/Insufficient information available 8 = Not applicable (not transferred) 9 = No reason for transfer specified |
| 38.11 38.12 38.13 | 1 1 1 | 388 389 390 | [ADMITOBS] Admit to observation unit [ADMITHOS] Admit to hospital [OTHDISP] Other visit disposition The next 4 items were completed only if the patient was admitted to |
| | | | the hospital at the current visit. |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 38.14 | 1 | 391 | [ADMIT] Admitted to: 1 = Critical care unit 2 = OR/Cath lab 3 = Other bed/unit 4 = Unknown 5 = Not applicable (not admitted to hospital) 9 = Blank |
| 38.15 | 4 | 392-395 | [LOS] Length of stay in hospital (days) Calculated from date of ED visit, hospital admission time, and hospital discharge date. 1-69 9999 = Not applicable/Missing data |
| 38.16 | 5 | 396-400 | [HDDIAG] Principal hospital discharge diagnosis (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. 0010[-] - V829[-] = 001.0[0]-V82.9[0] V990- = Non-codable, insufficient information for coding, illegible V991- = Left before being seen; patient walked out; not seen by doctor; left against medical advice V992- = Transferred to another facility; sent to see specialist V993- = HMO will not authorize treatment V997- = Entry of "none," "no diagnosis," "no disease," or "healthy" 00000 = Blank |
| 38.17 | 1 | 401 | [HDSTAT] Hospital discharge status 1 = Alive 2 = Dead 3 = Unknown 4 = Not applicable (not admitted to hospital) 9 = Blank |
| 39 | 6 | 402-407 | [PATWT] PATIENT VISIT WEIGHT (See page 23 in Section I.) A right-justified integer developed by NCHS staff for the purpose of producing national estimates from sample data. |
| 40 | 1 | 408 | [REGION] GEOGRAPHIC REGION (Based on actual location of the hospital.) 1 = Northeast 2 = Midwest 3 = South 4 = West |
| 41 | 1 | 409 | [MSA] METROPOLITAN/NON METROPOLITAN STATUS (Based on actual location in conjunction with the definition of the Bureau of the Census and the U.S. Office of Management and Budget.) 1 = MSA (Metropolitan Statistical Area) 2 = Non-MSA (includes micropolitan statistical areas) |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 42 | 1 | 410 | [OWNER] HOSPITAL OWNERSHIP 1 = Voluntary non-profit 2 = Government, non-Federal 3 = Proprietary | | |
| 43 44 45 | 1 1 1 | 411 412 413 | Blank - reserved for possible future use Blank - reserved for possible future use Blank - reserved for possible future use | | |
| 46 | 3 | 414-416 | [HOSPCODE] HOSPITAL CODE A unique code assigned to all the records from a particular hospital. For a few hospitals, additional masking was required to minimize risks of disclosure. For this reason, the number of hospital codes may be slightly different than the number of responding facilities. 1-342 | | |
| 47 | 3 | 417-419 | [PATCODE] PATIENT CODE - A number assigned to identify each individual record from a particular hospital. 1-355 | | |
| **** TH | E FOLLOWI | NG FIELDS SH | HOW WHETHER DATA WERE IMPUTED TO REPLACE BLANKS **** | | |
| 48 | | | IMPUTED FIELDS 0 = Not imputed 1 = Imputed | | |
| 48.1 48.2 48.3 48.4 48.5 | 1 1 1 1 1 | 420 421 422 423 424 | [BDATEFL] Patient birth year [SEXFL] Patient sex [ETHNICFL] Patient ethnicity [RACEFL] Patient race [IMMEDFL] Immediacy with which patient should be seen ND OF IMPUTED DATA FIELDS **************** | | |
| | ******************************** END OF IMPUTED DATA FIELDS ************************************ | | | | |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 49 | | | DRUG-RELATED INFO FOR MEDICATION #1 |
| 49.1 | 5 | 425-429 | [GEN1] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 49.2 | 1 | 430 | [PRESCR1] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 49.3 | 1 | 431 | [CONTSUB1] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 49.4 | 1 | 432 | [COMSTAT1] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 49.5a | 4 | 433-436 | [DRUG1CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #1. 0100 - 2100 = NDC Drug Class |
| 49.5b | 4 | 437-440 | [DRUG1CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #1. 0100 - 2100 = NDC Drug Class |
| 49.5c | 4 | 441-444 | [DRUG1CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #1. 0100 - 2100 = NDC Drug Class |
| 49.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 49.6a 49.6b 49.6c 49.6d 49.6e | 5 5 5 5 5 | 445-449 450-454 455-459 460-464 465-469 | [DRG1ING1] INGRED #1 : 50001-92512, or 50000 [DRG1ING2] INGRED #2 : 50001-92512, or 50000 [DRG1ING3] INGRED #3 : 50001-92512, or 50000 [DRG1ING4] INGRED #4 : 50001-92512, or 50000 [DRG1ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 50 | | | DRUG-RELATED INFO FOR MEDICATION #2 |
| 50.1 | 5 | 470-474 | [GEN2] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 50.2 | 1 | 475 | [PRESCR2] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 50.3 | 1 | 476 | [CONTSUB2] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 50.4 | 1 | 477 | [COMSTAT2] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 50.5a | 4 | 478-481 | [DRUG2CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #2. 0100 - 2100 = NDC Drug Class |
| 50.5b | 4 | 482-485 | [DRUG2CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #2. 0100 - 2100 = NDC Drug Class |
| 50.5c | 4 | 486-489 | [DRUG2CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #2. 0100 - 2100 = NDC Drug Class |
| 50.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 50.6a 50.6b 50.6c 50.6d 50.6e | 5 5 5 5 5 | 490-494 495-499 500-504 505-509 510-514 | [DRG2ING1] INGRED #1 : 50001-92512, or 50000 [DRG2ING2] INGRED #2 : 50001-92512, or 50000 [DRG2ING3] INGRED #3 : 50001-92512, or 50000 [DRG2ING4] INGRED #4 : 50001-92512, or 50000 [DRG2ING5] INGRED #5 : 50001-92512, or 50000 |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 51 | | | DRUG-RELATED INFO FOR MEDICATION #3 |
| 51.1 | 5 | 515-519 | [GEN3] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 51.2 | 1 | 520 | [PRESCR3] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 51.3 | 1 | 521 | [CONTSUB3] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 51.4 | 1 | 522 | [COMSTAT3] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 51.5a | 4 | 523-526 | [DRUG3CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #3. 0100 - 2100 = NDC Drug Class |
| 51.5b | 4 | 527-530 | [DRUG3CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #3. 0100 - 2100 = NDC Drug Class |
| 51.5c | 4 | 531-534 | [DRUG3CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #3. 0100 - 2100 = NDC Drug Class |
| 51.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 51.6a 51.6b 51.6c 51.6d 51.6e | 5 5 5 5 5 | 535-539 540-544 545-549 550-554 555-559 | [DRG3ING1] INGRED #1 : 50001-92512, or 50000 [DRG3ING2] INGRED #2 : 50001-92512, or 50000 [DRG3ING3] INGRED #3 : 50001-92512, or 50000 [DRG3ING4] INGRED #4 : 50001-92512, or 50000 [DRG3ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 52 | | | DRUG-RELATED INFO FOR MEDICATION #4 |
| 52.1 | 5 | 560-564 | [GEN4] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 52.2 | 1 | 565 | [PRESCR4] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 52.3 | 1 | 566 | [CONTSUB4] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 52.4 | 1 | 567 | [COMSTAT4] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 52.5a | 4 | 568-571 | [DRUG4CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #4. 0100 - 2100 = NDC Drug Class |
| 52.5b | 4 | 572-575 | [DRUG4CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #4. 0100 - 2100 = NDC Drug Class |
| 52.5c | 4 | 576-579 | [DRUG4CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #4. 0100 - 2100 = NDC Drug Class |
| 52.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 52.6a 52.6b 52.6c 52.6d 52.6e | 5 5 5 5 5 | 580-584 585-589 590-594 595-599 600-604 | [DRG4ING1] INGRED #1 : 50001-92512, or 50000 [DRG4ING2] INGRED #2 : 50001-92512, or 50000 [DRG4ING3] INGRED #3 : 50001-92512, or 50000 [DRG4ING4] INGRED #4 : 50001-92512, or 50000 [DRG4ING5] INGRED #5 : 50001-92512, or 50000 |

| PAGE 5 | 50 2 | 2005 NHAMCS N | IICRO-DATA FILE DOCUMENTATION, Emergency Department Record Format |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 53 | | | DRUG-RELATED INFO FOR MEDICATION #5 |
| 53.1 | 5 | 605-609 | [GEN5] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 53.2 | 1 | 610 | [PRESCR5] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 53.3 | 1 | 611 | [CONTSUB5] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 53.4 | 1 | 612 | [COMSTAT5] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 53.5a | 4 | 613-616 | [DRUG5CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #5. 0100 - 2100 = NDC Drug Class |
| 53.5b | 4 | 617-620 | [DRUG5CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #5. 0100- 2100 = NDC Drug Class |
| 53.5c | 4 | 621-624 | [DRUG5CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #5. 0100 - 2100 = NDC Drug Class |
| 53.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 53.6a 53.6b 53.6c 53.6d 53.6e | 5 5 5 5 5 | 625-629 630-634 635-639 640-644 645-649 | [DRG5ING1] INGRED #1 : 50001-92512, or 50000 [DRG5ING2] INGRED #2 : 50001-92512, or 50000 [DRG5ING3] INGRED #3 : 50001-92512, or 50000 [DRG5ING4] INGRED #4 : 50001-92512, or 50000 [DRG5ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 54 | | | DRUG-RELATED INFO FOR MEDICATION #6 |
| 54.1 | 5 | 650-654 | [GEN6] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 54.2 | 1 | 655 | [PRESCR6] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 54.3 | 1 | 656 | [CONTSUB6] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 54.4 | 1 | 657 | [COMSTAT6] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 54.5a | 4 | 658-661 | [DRUG6CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #6. 0100 - 2100 = NDC Drug Class |
| 54.5b | 4 | 662-665 | [DRUG6CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #6. 0100 - 2100 = NDC Drug Class |
| 54.5c | 4 | 666-669 | [DRUG6CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #6. 0100 - 2100 = NDC Drug Class |
| 54.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 54.6a 54.6b 54.6c 54.6d 54.6e | 5 5 5 5 5 | 670-674 675-679 680-684 685-689 690-694 | [DRG6ING1] INGRED #1 : 50001-92512, or 50000 [DRG6ING2] INGRED #2 : 50001-92512, or 50000 [DRG6ING3] INGRED #3 : 50001-92512, or 50000 [DRG6ING4] INGRED #4 : 50001-92512, or 50000 [DRG6ING5] INGRED #5 : 50001-92512, or 50000 |

| PAGE 5 | 52 2 | 005 NHAMCS N | IICRO-DATA FILE DOCUMENTATION, Emergency Department Record Format |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 55 | | | DRUG-RELATED INFO FOR MEDICATION #7 |
| 55.1 | 5 | 695-699 | [GEN7] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 55.2 | 1 | 700 | [PRESCR7] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 55.3 | 1 | 701 | [CONTSUB7] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 55.4 | 1 | 702 | [COMSTAT7] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 55.5a | 4 | 703-706 | [DRUG7CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #7. 0100 - 2100 = NDC Drug Class |
| 55.5b | 4 | 707-710 | [DRUG7CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #7. 0100 - 2100 = NDC Drug Class |
| 55.5c | 4 | 711-714 | [DRUG7CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #7. 0100 - 2100 = NDC Drug Class |
| 55.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 55.6a 55.6b 55.6c 55.6d 55.6e | 5 5 5 5 5 | 715-719 720-724 725-729 730-734 735-739 | [DRG7ING1] INGRED #1 : 50001-92512, or 50000 [DRG7ING2] INGRED #2 : 50001-92512, or 50000 [DRG7ING3] INGRED #3 : 50001-92512, or 50000 [DRG7ING4] INGRED #4 : 50001-92512, or 50000 [DRG7ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|----------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 56 | | | DRUG-RELATED INFO FOR MEDICATION #8 |
| 56.1 | 5 | 740-744 | [GEN8] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 56.2 | 1 | 745 | [PRESCR8] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 56.3 | 1 | 746 | [CONTSUB8] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 56.4 | 1 | 747 | [COMSTAT8] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 56.5a | 4 | 748-751 | [DRUG8CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #8. 0100 - 2100 = NDC Drug Class |
| 56.5b | 4 | 752-755 | [DRUG8CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #8. 0100 - 2100 = NDC Drug Class |
| 56.5c | 4 | 756-759 | [DRUG8CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #8. 0100 - 2100 = NDC Drug Class |
| 56.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 56.6a 56.6b 56.6c 56.6d 56.6e | 5 5 5 5 5 5 | 760-764 765-769 770-774 775-779 780-784 | [DRG8ING1] INGRED #1 : 50001-92512, or 50000 [DRG8ING2] INGRED #2 : 50001-92512, or 50000 [DRG8ING3] INGRED #3 : 50001-92512, or 50000 [DRG8ING4] INGRED #4 : 50001-92512, or 50000 [DRG8ING5] INGRED #5 : 50001-92512, or 50000 |

| PAGE 54 | | 2005 NHAMCS N | IICRO-DATA FILE DOCUMENTATION, Emergency Department Record Format |
|-------------|-----------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 57 | 1 | 785 | [BIOTER] HAS YOUR HOSPITAL RECEIVED ANY FUNDING FOR BIOTERROR HOSPITAL PREPAREDNESS FROM YOUR STATE OR MUNICIPAL HEALTH DEPARTMENT WITHIN THE LAST 2 YEARS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 58 | 1 | 786 | [MDSP] DID YOUR HOSPITAL RECEIVE ANY MEDICAID DISPROPORTIONATE SHARE PROGRAM FUNDS IN 2004? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59 | 1 | 787 | [EMRED] DOES YOUR ED HAVE ELECTRONIC PATIENT MEDICAL RECORDS? 0 = Blank 1 = Yes, all electronic 2 = Yes, part paper and part electronic 3 = No 4 = Unknown The following 8 items were asked only if the ED had electronic patient |
| | | | medical records. |
| 59.1 | 1 | 788 | [EDEMOGE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE PATIENT DEMOGRAPHIC INFORMATION? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59.2 | 1 | 789 | [ECPOEE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE COMPUTERIZED ORDERS FOR PRESCRIPTIONS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59.3 | 1 | 790 | [ECTOEE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYTEM INCLUDE COMPUTERIZED ORDERS FOR TESTS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 59.4 | 1 | 791 | [ERESULTE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE TEST RESULTS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59.5 | 1 | 792 | [ENNOTESE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE NURSES' NOTES? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59.6 | 1 | 793 | [EPNOTESE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE PHYSICIANS' NOTES? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59.7 | 1 | 794 | [EREMINDE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE REMINDERS FOR GUIDELINE-BASED INTERVENTIONS AND/OR SCREENING TESTS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59.8 | 1 | 795 | [EPUBHLTHE] DOES YOUR ED'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE PUBLIC HEALTH REPORTING? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 60 | 1 | 796 | [INITVIS] INITIAL VISIT FOR PROBLEM – IMPUTED ITEM 0 = No, not initial visit 1 = Yes, initial visit |
| | | | NOTE: Beginning in 2001, a data item called "Episode of Care" [EPISODE] which included the values "Initial visit for problem", "Follow-up visit for problem" and "Unknown", was added to the ED component of NHAMCS. This item was not included in the 2005 and 2006 survey; however it will be re-introduced in the 2007 survey. |
| | | | For researchers interested in the episode of care for visits in 2005, the imputed variable INITVIS was created using data from previous years. It should be noted, however, that because this is an imputed variable, it is NOT comparable to the EPISODE variable from previous years and should therefore be used with caution in any year-to-year trend analysis, and only with appropriate footnotes. More information about the methodology used to create the INITVIS item is available at the Ambulatory Health Care Data website. |

| PAGE 56 | | 2005 NHAMCS MICRO-DATA FILE DOCUMENTATION, Emergency Department Record Format | | |
|-------------|-----------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 61 | 1 | 797 | [RACER] RACE RECODE 1= White 2= Black 3= Other | |
| 62 | 1 | 798 | [RACEETH] RACE/ETHNICITY 1 = White Only, Non-Hispanic 2 = Black Only, Non-Hispanic 3 = Hispanic 4 = Asian Only 5 = Native Hawaiian, Other Pacific Islander Only 6 = American Indian/Alaska Native 7 = Multiple Races | |
| 63 | 3 | 799-801 | [AGEDAYS] AGE IN DAYS 001-365 = 001-365 days 999 = More than 365 days | |
| 64 | 1 | 802 | [AGER] AGE RECODE 1 = Under 15 years 2 = 15-24 years 3 = 25-44 years 4 = 45-64 years 5 = 65-74 years 6 = 75 years and over | |

NUMERIC RECODES FOR CAUSE OF INJURY, DIAGNOSIS, AND PROCEDURES

The following items were included on the public use file to facilitate analysis of visits using ICD-9-CM codes. Prior to the 1995 public use file, all ICD-9-CM diagnosis codes on the NHAMCS micro-data files were converted from alphanumeric to numeric fields according to the following coding conventions: A prefix of "1" was added to ICD-9-CM codes in the range of 001.0[-] through 999.9[-]. A prefix of "20" was substituted for the letter "V" for codes in the range of V01.0[-] through V82.9[-]. Inapplicable fourth or fifth digits were zero-filled. This conversion was done to facilitate analysis of ICD-9-CM data using Ambulatory Care Statistics software systems. Similar conversions were made for ICD-9-CM procedure codes and external cause of injury codes. Specific coding conventions are discussed in the public use documentation for each data year.

In 1995, however, the decision was made to use actual ICD-9-CM codes on the public use data file. Codes were not prefixed, and a dash was inserted for inapplicable fourth or fifth digits. For specific details pertaining to each type of code (diagnosis, procedure, cause of injury), refer to the documentation for the survey year of interest. This had the advantage of preserving actual codes and avoiding possible confusion over the creation of some artificial codes due to zero-filling.

It has come to our attention that some users of NHAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Therefore, we have included numeric recodes for cause of injury, diagnosis, and procedure (ambulatory surgical procedure as well as "other" diagnostic/screening service and "other" therapeutic/preventive service) as listed below. These are in addition to the actual codes for these variables which appear earlier on the public use file. Users can make their own choice about which format best suits their needs. We would be interested in hearing from data users which format they prefer so that a decision can be made about whether to include both formats in future years. Please contact Susan Schappert, Ambulatory Care Statistics Branch, at 301-458-4480.

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| 65 | | | CAUSE OF INJURY RECODE |
| 65.1 | 4 | 803-806 | [CAUSE1R] CAUSE OF INJURY #1 (Recode to Numeric Field) 7000 = Drug use/abuse 7100 = Alcohol use/abuse 7999 = Illegible entry 8000-9999 = E800.0 - E999.[9] 0000 = Blank |
| 65.2 | 4 | 607-810 | [CAUSE2R] CAUSE OF INJURY #2 (Recode to Numeric Field) 7000 = Drug use/abuse 7100 = Alcohol use/abuse 7999 = Illegible entry 8000-9999 = E800.0 - E999.[9] 0000 = Blank |
| 65.3 | 4 | 811-814 | [CAUSE3R] CAUSE OF INJURY #3 (Recode to Numeric Field) 7000 = Drug use/abuse 7100 = Alcohol use/abuse 7999 = Illegible entry 8000-9999 = E800.0 - E999.[9] 0000 = Blank |
| 66 | 1 | 815 | [INTENTR] INTENTIONALITY OF INJURY (This is a recoded item based on the stated cause of injury in item 5c of the Patient Record form.) 0 = Not applicable (not an injury visit) 1 = Unintentional 2 = Self-inflicted 3 = Assault 4 = Legal intervention 5 = Unknown intent 6 = Adverse medical effects 7 = Blank cause |
| 67 | | | DIAGNOSIS RECODE |
| 67.1 | 6 | 816-821 | [DIAG1R] DIAGNOSIS #1 (Recode to Numeric Field) 100100-208290 = 001.0[0]-V82.9[0] 209900 = Noncodable, insufficient information for coding, illegible 209910 = Left before being seen; patient walked out; not seen by doctor; left against medical advice 209920 = Transferred to another facility; sent to see specialist 209930 = HMO will not authorize treatment 209970 = Entry of "none," "no diagnosis," "no disease," or "healthy" 900000 = Blank |

| PAGE 58 | | 2005 NHAMCS MICRO-DATA FILE DOCUMENTATION, Emergency Department Record Format | | |
|-------------|-----------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 67.2 | 6 | 822-827 | [DIAG2R] DIAGNOSIS #2 (Recode to Numeric Field) 100100-208290 = 001.0[0]-V82.9[0] See DIAGNOSIS #1 for details. | |
| 67.3 | 6 | 828-833 | [DIAG3R] DIAGNOSIS #3 (Recode to Numeric Field) See DIAGNOSIS #1 for details. | |
| 67.4 | 6 | 834-839 | [HDDIAGR] PRINCIPAL HOSPITAL DISCHARGE DIAGNOSIS (Recode to Numeric Field) See DIAGNOSIS #1 for details. | |
| | | | END OF NUMERIC RECODES | |
| 68 | 1 | 840 | [WHOCOMP] WHO COMPLETED THE PATIENT RECORD FORMS? 1 = Hospital Staff 2 = Census Field Representative - Abstraction during reporting period 3 = Census Field Representative - Abstraction after | |
| | | | reporting period 4 = Other 5 = Multiple categories checked 6 = Unknown | |
| 69 | 1 | 841 | [SETTYPE] SETTING TYPE This item is intended for use when combining data from the NAMCS or NHAMCS-OPD public use files with ED data. 1 = Physician Office (NAMCS) 2 = Outpatient Department (NHAMCS-OPD) 3 = Emergency Department (NHAMCS-ED) | |
| 70 | 4 | 842-845 | [YEAR] SURVEY YEAR (2005) | |

NHAMCS DESIGN VARIABLES

Masked design variables were first released on the 2000 NHAMCS (and NAMCS) public use files, and were subsequently added to the 1993-1999 public use files. These variables reflected the multi-stage sampling design of the surveys, and were for use with statistical software like SUDAAN that takes such information into account. However, these variables could not be used in other statistical software packages, such as SAS and Stata, which employ an ultimate cluster model to estimate variance, without substantial modification. Therefore, two new variables were created and first added to the 2002 file, CSTRATM and CPSUM. They can be used to estimate variance with SUDAAN's with-replacement (WR) option, as well as with Stata, SPSS, SAS, and other statistical software packages utilizing an ultimate cluster model for variance estimation. These variables and their use are described more fully in the "Relative Standard Errors" section of the public use file documentation. The decision was made to include only these new variables, CSTRATM and CPSUM, and not the multi-stage design variables, beginning with the 2003 data release. For those who wish to combine data from 2003 forward with survey data from years prior to 2002 which do not contain CSTRATM and CPSUM, please see the technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files*, at http://www.cdc.gov/nchs/nhamcs.htm.

71 8 846-853 [CSTRATM] CLUSTERED PSU STRATUM MARKER (masked) 20104201-40400000

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| 72 | 6 | 854-859 | [CPSUM] CLUSTERED PSU MARKER (masked) 5-100341 |
| 73 | 8 | 860-867 | [EDWT] EMERGENCY DEPARTMENT WEIGHT EDWT enables data users to make emergency-department-level estimates. Please see pp. 23 and 98 for more information. 1-73 |

II. B. RECORD FORMAT OF OUTPATIENT DEPARTMENT MICRO-DATA FILE

Number of records = 29,975

This section consists of a detailed breakdown of each data record. For each item on the record, the user is provided with a sequential item number, field length, file location, and brief description of the item, along with valid codes. Unless otherwise stated in the "item description" column, the data are derived from the Outpatient Department Patient Record form. The hospital induction interview and the Verispan, L.L.C. products, "Healthcare Market Index" and "Hospital Market Profiling Solution" (formerly known as the SMG Hospital Market Database) are other sources of information, and some data are derived by recoding selected items.

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | | | DATE OF VISIT (from PRF Q1.a) |
| 1.1 | 2 | 1-2 | [VMONTH] MONTH OF VISIT 01-12: January-December |
| 1.2 | 4 | 3-6 | [VYEAR] YEAR OF VISIT 2004, 2005 (Survey was conducted 12/27/2004-12/25/2005) |
| 2 | 1 | 7 | [VDAYR] DAY OF WEEK OF VISIT 1=Sunday 5=Thursday 2=Monday 6=Friday 3=Tuesday 7=Saturday 4=Wednesday |
| 3 | 3 | 8-10 | [AGE] PATIENT AGE (IN YEARS; DERIVED FROM DATE OF BIRTH) (from PRF Q1.c) 000 = Under 1 year 001-099 100 = 100 years and over |
| 4 | 1 | 11 | [SEX] SEX (from PRF Q1.d) 1 = Female 2 = Male |
| 5 | 1 | 12 | [PREGNANT] If female, is patient pregnant? (from PRF Q1.d) |
| | | | NOTE: It was discovered that this variable, along with GESTWK, was often completed incorrectly by survey respondents. This was because, in many cases where the patient's last menstrual period was known, that date was reported and the pregnancy box was checked, even though the patient was not pregnant. Much editing was done to correct these errors, but in some cases it was not possible to determine if the patient was really pregnant. The last menstrual period date was used to calculate GESTWK (or to corroborate a reported GESTWK) and is not included on the public use file. PREGNANT and GESTWK should be used with some caution. 1=Yes 2=No 3=Unknown 8=Not applicable (patient is not female) 9=Blank |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 | 2 | 13-14 | [GESTWEEK] Week of gestation (from PRF Q1.d) 01-44 88=Not applicable (patient is male, or patient is female with unknown or negative pregnancy status) 99=Blank |
| 7 | 1 | 15 | [ETHNIC] ETHNICITY (from PRF Q1.e) 1 = Hispanic or Latino 2 = Not Hispanic or Latino |
| 8 | 1 | 16 | [RACE] RACE (from PRF Q1.f) Data users should be aware that some records have masked race values. This was required for disclosure avoidance. 1 = White 2 = Black/African American 3 = Asian 4 = Native Hawaiian/Other Pacific Islander 5 = American Indian/Alaska Native 6 = More than one race reported |
| 9 | 1 | 17 | USETOBAC] DOES PATIENT USE TOBACCO? (from PRF Q1.g) 0 = Blank 1 = Yes 2 = No 3 = Unknown |
| 10 | 1 | 18 | [NOTOBAC] NON-CURRENT TOBACCO USE (from PRF Q1.g) 1 = Never 2 = Former 8 = Not Applicable 9 = Blank |
| 11 | 1 | 19 | [PAYPRIV] EXPECTED SOURCE OF PAYMENT: PRIVATE INSURANCE (from PRF Q1.h) 0 = No 1 = Yes |
| 12 | 1 | 20 | [PAYMCARE] EXPECTED SOURCE OF PAYMENT: MEDICARE (from PRF Q1.h) 0 = No 1 = Yes |
| 13 | 1 | 21 | [PAYMCAID] EXPECTED SOURCE OF PAYMENT: MEDICAID (from PRF Q1.h) 0 = No 1 = Yes |
| 14 | 1 | 22 | [PAYWKCMP] EXPECTED SOURCE OF PAYMENT: WORKER'S COMPENSATION (from PRF Q1.h) 0 = No 1 = Yes |

| PAGE 62 | | 2005 NHAMCS MICRO-DATA FILE DOCUMENTATION, Outpatient Department Record Format | | |
|-------------|-----------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 15 | 1 | 23 | [PAYSELF] EXPECTED SOURCE OF PAYMENT: SELF PAY (from PRF Q1.h) 0 = No 1 = Yes | |
| 16 | 1 | 24 | [PAYNOCHG] EXPECTED SOURCE OF PAYMENT: NO CHARGE (from PRF Q1.h) 0 = No 1 = Yes | |
| 17 | 1 | 25 | [PAYOTH] EXPECTED SOURCE OF PAYMENT: OTHER (from PRF Q1.h) 0 = No 1 = Yes | |
| 18 | 1 | 26 | [PAYUNK] EXPECTED SOURCE OF PAYMENT: UNKNOWN (from PRF Q1.h) 0 = No 1 = Yes | |
| 19 | 1 | 27 | [PAYTYPE] PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT (Recoded from PRF Q1.h using this hierarchy of payment categories: Medicaid, Medicare, Private Insurance, Worker's Compensation, Self-Pay, No Charge, Other, Unknown.) 0 = Blank 1 = Private insurance 2 = Medicare 3 = Medicaid/SCHIP 4 = Worker's Compensation 5 = Self-pay 6 = No charge/charity 7 = Other 8 = Unknown | |
| 20 | 1 | 28 | [INJDET] INJURY/POISONING/ADVERSE EFFECT Is this visit related to any of the following (from PRF Q2) 1 = Unintentional injury/poisoning 2 = Intentional injury/poisoning 3 = Adverse effect of medical/surgical care or adverse effect of medicinal drug 4 = None of the above 5 = Unknown 9 = Blank | |
| 21 | 1 | 29 | [INJURY] Is this visit related to an injury, poisoning, or adverse effect of medical treatment? (recoded from PRF Q2, PRF Q3 and PRF Q5) 0 = No 1 = Yes | |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22 | | | PATIENT'S REASON(S) FOR VISIT (See page 18 in Section I and from PRF Q3) |
| 22.1 | 5 | 30-34 | [RFV1] REASON # 1 10050-89990 = 1005.0-8999.0 90000 = Blank |
| 22.2 | 5 | 35-39 | [RFV2] REASON # 2 10050-89990 = 1005.0-8999.0 90000 = Blank |
| 22.3 | 5 | 40-44 | [RFV3] REASON # 3 10050-89990 = 1005.0-8999.0 90000 = Blank |
| 23 | 1 | 45 | [PRIMCARE] ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN/PROVIDER? (from PRF Q4.a) 0 = Blank 1 = Yes 2 = No 3 = Unknown |
| 24 | 1 | 46 | [REFER] WAS PATIENT REFERRED FOR THIS VISIT? (from PRF Q4.a) 0 = Blank 1 = Yes 2 = No 3 = Unknown 8 = Not applicable |
| 25.1 | 1 | 47 | [SENBEFOR] HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE? (from PRF Q4.b) 1 = Yes, established patient 2 = No, new patient |
| 25.2 | 1 | 48 | [PASTVIS] HOW MANY PAST VISITS IN THE LAST 12 MONTHS? (from PRF Q4.b) 1 = None 2 = 1-2 3 = 3-5 4 = 6 or more 8 = Not applicable |
| 26 | 1 | 49 | [MAJOR] MAJOR REASON FOR THIS VISIT (from PRF Q4.c) 0 = Blank 1 = New problem (<3 mos. onset) 2 = Chronic problem, routine 3 = Chronic problem, flare up 4 = Pre- or post surgery 5 = Preventive care (e.g. routine prenatal, well-baby, screening, insurance, general exams) |

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|-------------|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 27 | | | PHYSICIAN'S DIAGNOSES (See page 19, Section 1 for explanation of coding.) (from PRF Q5) | |
| 27.1 | 5 | 50-54 | [DIAG1] DIAGNOSIS #1 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. | |
| | | | 0010[-] - V829[-] = 001.0[0]-V82.9[0] V990- = Noncodable, insufficient information for coding, illegible V991- = Left before being seen; patient walked out; not seen by doctor; left against medical advice V992- = Transferred to another facility; sent to see specialist V993- = HMO will not authorize treatment V997- = Entry of "none," "no diagnosis," "no disease," or "healthy" 00000 = Blank | |
| 27.2 | 5 | 55-59 | [DIAG2] DIAGNOSIS #2 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details. | |
| 27.3 | 5 | 60-64 | [DIAG3] DIAGNOSIS #3 (ICD-9-CM) There is an implied decimal between the third and fourth digits; for inapplicable fourth or fifth digits, a dash is inserted. See DIAGNOSIS #1 for details. | |
| 28 | | | PROBABLE, QUESTIONABLE, AND RULE OUT DIAGNOSES | |
| 28.1 | 1 | 65 | [PRDIAG1] IS DIAGNOSIS #1 PROBABLE, QUESTIONABLE, OR RULE OUT? 0 = No 1 = Yes 8 = Not applicable | |
| 28.2 | 1 | 66 | [PRDIAG2] IS DIAGNOSIS #2 PROBABLE, QUESTIONABLE, OR RULE OUT? 0 = No 1 = Yes 8 = Not applicable | |
| 28.3 | 1 | 67 | [PRDIAG3] IS DIAGNOSIS #3 PROBABLE, QUESTIONABLE, OR RULE OUT? 0 = No 1 = Yes 8 = Not applicable | |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29 | | | REGARDLESS OF THE DIAGNOSES WRITTEN IN 5A, DOES THE PATIENT NOW HAVE: (from PRF Q5.b) 0 = No 1 = Yes |
| 29.1 29.2 29.3 29.4 29.5 29.6 29.7 29.8 29.9 29.10 29.11 29.12 29.13 29.14 | 1 1 1 1 1 1 1 1 1 1 | 68 69 70 71 72 73 74 75 76 77 78 79 80 81 | [ARTHRTIS] Arthritis [ASTHMA] Asthma [CANCER] Cancer [CEBVD] Cerebrovascular disease [CHF] Congestive heart failure [CRF] Chronic renal failure [COPD] Chronic obstructive pulmonary disease [DEPRN] Depression [DIABETES] Diabetes [HYPLIPID] Hyperlipidemia [HTN] Hypertension [IHD] Ischemic heart disease [OBESITY] Obesity [OSTPRSIS] Osteoporosis |
| 29.15 | 1 | 82 | [NOCHRON] None of the above 0 = "None" not checked, 1 = "None" checked, 2 = Entire item blank |
| 29.16 | 2 | 83-84 | [TOTCHRON] TOTAL NUMBER OF CHRONIC CONDITIONS (derived from PRF Q5.b) 0-9 99 = Entire item blank |
| 30 | 1 | 85 | [DMP] STATUS OF PATIENT ENROLLMENT IN A DISEASE MANAGEMENT PROGRAM FOR CONDITION(S) MARKED IN 5B (from PRF Q5.c) 1=Currently enrolled 2=Ordered/advised to enroll at this visit 3=Not enrolled 4=Unknown 8=Not applicable 9=Blank |
| 31 | | | VITAL SIGNS (from PRF Q6) |
| 31.1 | 2 | 86-87 | [HTIN] PATIENT'S HEIGHT (inches) 5-95 inches 99 = Blank |
| 31.2 | 3 | 88-90 | [WTLB] PATIENT'S WEIGHT (pounds) 3-500 999 = Blank |
| 31.2a | 6 | 91-96 | [BMI] Body-Mass Index This was calculated from Patient's Height and Weight during data processing. It uses a format of XXX.XX. BMI was not calculated for pregnant females or patients under age 2. 5.72-98.91 999=Unknown/Not Applicable |

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|-------------------------------------------------------------|----------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 31.3 | 4 | 97-100 | [TEMPF] Temperature (Fahrenheit) There is an implied decimal between the third and fourth digits. 0000 = Blank 0600-1112 = 60.0 – 111.2 Fahrenheit |
| 31.4a | 3 | 101-103 | [BPSYS] Blood pressure - systolic 0-290 999 = Blank |
| 31.4b | 3 | 104-106 | [BPDIAS] Blood pressure – diastolic 0-190 = 0-190 998 = P, Palp, DOP, or DOPPLER 999 = Blank |
| 32 | | | DIAGNOSTIC/SCREENING SERVICES (from PRF Q7) |
| 32.1 | 1 | 107 | [DIAGSCRN] Were any diagnostic/screening services ordered or provided at this visit? 0 = No 1 = Yes 2 = No answer (Entire item blank, including "None" box.) |
| | | | 0 = No, 1 = Yes |
| 32.2 32.3 32.4 32.5 32.6 | 1 1 1 1 | 108 109 110 111 112 | EXAMINATIONS: [BREAST] Breast exam [PELVIC] Pelvic exam [RECTAL] Rectal exam [SKIN] Skin exam [DEPRESS] Depression screening exam |
| | | | IMAGING: |
| 32.7 | 1 | 113 | [ANYIMAGE] (derived from PRF Q7, boxes 7-12) This item was created during data processing and indicates whether any of the imaging boxes were checked. |
| 32.8 32.9 32.10 32.11 32.12 32.13 | 1 1 1 1 1 | 114 115 116 117 118 119 | [BONEDENS] Bone density exam [MAMMO] Mammography [MRI] MRI/CT/PET [ULTRASND] Ultrasound [XRAY] X-ray [OTHIMAGE] Other imaging |
| 32.14 32.15 32.16 32.17 32.18 32.19 32.20 | 1 1 1 1 1 1 | 120 121 122 123 124 125 126 | BLOOD TESTS: [CBC] Complete blood count [ELECTROL] Electrolytes [GLUCOSE] Glucose [HGBA] HgbA1C (glycohemoglobin) [CHOLEST] Cholesterol [PSA] PSA (prostate specific antigen) [OTHERBLD] Other blood test |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|----------------------------------|------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | OTHER TESTS: |
| 32.21 32.22 32.23 32.24 | 1 1 1 1 | 127 128 129 130 | [BIOPSY] Biopsy [CHLAMYD] Chlamydia test [EKG] EKG/ECG [PAP] PAP test/Cervical cytology |
| 32.25 | 1 | 131 | [SCOPPROC] Any scope procedure |
| 32.26 | 1 | 132 | [SIGCOLON] (derived from PRF Q7, box 24) This item was created during data processing and indicates whether any type of sigmoidoscopy/colonoscopy was ordered or performed at the visit, based on write-in procedure entries. It is a summary variable only and should not be added to results from the write-in procedure fields. |
| 32.27.a | a 4 | 133-136 | [SCOPEWI1] Scope procedure write-in #1 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 32.27.t | 5 4 | 137-140 | [SCOPEWI2] Scope procedure write-in #2 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 32.28 32.29 | 1 1 | 141 142 | [SPIRO] Spirometry/Pulmonary function test [URINE] Urinalysis |
| 32.30 32.31 32.32 32.33 | 1 1 1 1 | 143 144 145 146 | [HTTAKE] Height taken (derived from PRF Q6) [WTTAKE] Weight taken (derived from PRF Q6) [TEMPTAKE] Temperature taken (derived from PRF Q6) [BLODPRES] Blood pressure taken (derived from PRF Q6) |
| 32.34 | 1 | 147 | [OTHDIAG] Other service |
| 32.35.a | a 4 | 148-151 | [DIAGSC1] Other diagnostic service write-in #1 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 32.35.t | 5 4 | 152-155 | [DIAGSC2] Other diagnostic service write-in #2 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 32.36 | 2 | 156-157 | [TOTDIAG] Total number of diagnostic/screening services ordered or provided 0-32 99 = Entire Item blank | |
| 33 | | | HEALTH EDUCATION [from PRF Q 8) | |
| 33.1 | 1 | 158 | [HLTHED] Was any health education ordered or provided at this visit? 0 = No 1 = Yes 2 = No answer (Entire item blank, including "None" box.) | |
| | | | 0 = No, 1 = Yes | |
| 33.2 33.3 33.4 33.5 33.6 33.7 33.8 33.9 33.10 | 1 1 1 1 1 1 1 | 159 160 161 162 163 164 165 166 167 | [ASTHMAED] Asthma education [DIETNUTR] Diet/Nutrition [EXERCISE] Exercise [GRWTHDEV] Growth/Development [INJPREV] Injury prevention [STRESMGT] Stress management [TOBACED] Tobacco use/exposure [WTREDUC] Weight reduction [OTHLTHED] Other health education | |
| 33.11 | 2 | 168-169 | [TOTHLTED] Total health education ordered or provided 0-9 99 = Entire item blank | |
| 34 | | | NON-MEDICATION TREATMENT (from PRF Q9) | |
| 34.1 | 1 | 170 | [NONMED] Was any non-medication treatment ordered or provided? | |
| | | | 0 = No 1 = Yes 2 = No answer (Entire item blank, including "None" box.) 0 = No, 1 = Yes | |
| 34.2 34.3 34.4 34.5 34.6 34.7 34.8 34.9 34.10 34.11 34.12 34.13 | 1 1 1 1 1 1 1 1 | 171 172 173 174 175 176 177 178 179 180 181 182 | [CAM] Complementary alternative medicine [DME] Durable medical equipment [HOMEHLTH] Home health care [HOSPICE] Hospice care [PT] Physical therapy [SPOCTHER] Speech/Occupational therapy [PSYCHOTH] Psychotherapy [OTHMNTL] Other mental health counseling [EXCISION] Excision [ORTHO] Orthopedic care [WOUND] Wound care [OTHPROC] Other surgical or non-surgical procedure This created checkbox combines data from items 9.13 and 9.14 on the Patient Record form. Procedures written in these items are listed below. | |

| | ELD ENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|---------|--------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 34.14.a | 4 | 183-186 | [OTHPROC1] Procedure #1 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 34.14.b | 4 | 187-190 | [OTHPROC2] Procedure # 2 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 34.14.c | 4 | 191-194 | [OTHPROC3] Procedure # 3 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 34.14.d | 4 | 195-198 | [OTHPROC4] Procedure #4 (ICD-9-CM, Vol.3, Procedure Classification) A left-justified alphanumeric code with an implied decimal after the first two digits; inapplicable fourth digits have a dash inserted. 0101-999 = 01.01-99.99 0000 = Not applicable/blank |
| 34.15 | 2 | 199-200 | [TOTNONMED] Total number of non-medication treatments 0-15 99 = Entire item blank |
| 35 | | | MEDICATIONS & IMMUNIZATIONS (See page 20 for more information. See Appendix III for Code List.) (from PRF Q10) |
| 35.1 | 1 | 201 | [MED] WERE MEDICATIONS ORDERED OR PROVIDED AT THIS VISIT? 0 = No 1 = Yes 2 = Entire item blank, including "None" box |
| 35.2 | 5 | 202-206 | [MED1] MEDICATION #1 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |
| 35.3 | 5 | 207-211 | [MED2] MEDICATION #2 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | |
| 35.4 | 5 | 212-216 | [MED3] MEDICATION #3 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry | |
| 35.5 | 5 | 217-221 | [MED4] MEDICATION #4 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry | |
| 35.6 | 5 | 222-226 | [MED5] MEDICATION #5 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry | |
| 35.7 | 5 | 227-231 | [MED6] MEDICATION #6 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry | |
| 35.8 | 5 | 232-236 | [MED5] MEDICATION #7 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry | |
| 35.9 | 5 | 237-241 | [MED5] MEDICATION #8 00001-99227 = 00001-99227 90000 = Blank 99980 = Unknown Entry; Other 99999 = Illegible Entry | |
| 35.10 | 1 | 242 | [NCMED1] Was medication #1 new or continued? 1 = New 2 = Continued 3 = Both "New" and "Continued" were checked 8 = Not Applicable (no drug listed) 9 = Blank | |
| 35.11 | 1 | 243 | [NCMED2] Was medication #2 new or continued? See NCMED1. | |
| 35.12 | 1 | 244 | [NCMED3] Was medication #3 new or continued? See NCMED1. | |
| 35.13 | 1 | 245 | [NCMED4] Was medication #4 new or continued? See NCMED1. | |

35.14 1 246 [NCMED5] Was medication #5 new or continued? See NCMED1.

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
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| | | | |
| 35.15 | 1 | 247 | [NCMED6] Was medication #6 new or continued? See NCMED1. |
| 35.16 | 1 | 248 | [NCMED7] Was medication #7 new or continued? See NCMED1. |
| 35.17 | 1 | 249 | [NCMED8] Was medication #8 new or continued? See NCMED1 |
| 35.18 | 1 | 250 | [NUMNEW] NUMBER OF NEW MEDICATIONS CODED 0 – 8 |
| | | | NOTE: For this variable, the value '0' can reflect the following situations: a) no drug listed; b) drug listed as continued medication only; or c) drug listed but unknown whether new or continued. |
| 35.19 | 1 | 251 | [NUMCONT] NUMBER OF CONTINUED MEDICATIONS CODED 0 – 8 |
| | | | NOTE: For this variable, the value '0' can reflect the following situations: a) no drug listed; b) drug listed as new medication only; or c) drug listed but unknown whether new or continued. |
| 35.20 | 1 | 252 | [NUMMED] NUMBER OF MEDICATIONS CODED 0 – 8 |
| | | | PROVIDERS SEEN (from PRF Q11) |
| | | | 0 = No, 1 = Yes |
| 36.1 36.2 36.3 36.4 36.5 36.6 | 1 1 1 1 1 | 253 254 255 256 257 258 | [NOPROVID] No answer to item [PHYS] Physician [PHYSASST] Physician assistant [NPNMW] Nurse practitioner/Midwife [RNLPN] RN/LPN [OTHPROV] Other provider |
| | | | VISIT DISPOSITION (from PRF Q12) |
| | | | 0 = No, 1 = Yes |
| 37.1 37.2 37.3 37.4 37.5 37.6 37.7 37.8 37.9 | 1 1 1 1 1 1 1 | 259 260 261 262 263 264 265 266 266 | [NODISP] No answer to item [NOFU] No follow-up planned [RETPRN] Return if needed, P.R.N [REFOTHMD] Refer to other physician [RETAPPT] Return at specified time [TELEPHON] Telephone follow-up planned [REFERED] Refer to emergency department [ADMITHOS] Admit to hospital [OTHDISP] Other visit disposition |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 38 | 6 | 268-273 | [PATWT] PATIENT VISIT WEIGHT (See page 23 in Section I) A right-justified integer developed by NCHS staff for the purpose of producing national estimates from sample data. |
| 39 | 1 | 274 | [REGION] GEOGRAPHIC REGION (Based on actual location of the hospital.) 1 = Northeast 2 = Midwest 3 = South 4 = West |
| 40 | 1 | 275 | [MSA] METROPOLITAN/NON METROPOLITAN STATUS (Based on actual location in conjunction with the definition of the Bureau of the Census and the U.S. Office of Management and Budget.) 1 = MSA (Metropolitan Statistical Area) 2 = Non-MSA (including micropolitan statistical areas) |
| 41 | 1 | 276 | [OWNER] HOSPITAL OWNERSHIP 1 = Voluntary non-profit 2 = Government, non-Federal 3 = Proprietary |
| 42 | 1 | 277 | Blank - reserved for possible future use |
| 43 | 3 | 278-280 | [HOSPCODE] HOSPITAL CODE A unique code assigned to all the records from a particular hospital. For a few hospitals, additional masking was required to minimize risks of disclosure. For this reason, the number of hospital codes may be slightly different than the number of responding facilities. 1-190 |
| 44 | 1 | 281 | [CLINTYPE] TYPE OF CLINIC 1 = General medicine 2 = Surgery 3 = Pediatric 4 = Obstetrics and Gynecology 5 = Substance abuse 6 = Other |
| 45 | 3 | 282-284 | [PATCODE] PATIENT CODE - A number assigned to identify each individual record from a particular hospital. 1-569 |

ITEM FIELD FILE NO. LENGTH LOCATION [ITEM NAME], DESCRIPTION, AND CODES

**** THE FOLLOWING FIELDS SHOW WHETHER DATA WERE IMPUTED TO REPLACE BLANKS ****

| 46 | | | IMPUTED FIELDS |
|------|------|-------|------------------------------------------------------------|
| | | | 0 = Not imputed 1 = Imputed |
| 46.1 | 1 | 285 | [BDATEFL] Patient birth year |
| 46.2 | 1 | 286 | [SEXFL] Patient sex |
| 46.3 | 1 | 287 | [ETHNICFL] Patient ethnicity |
| 46.4 | 1 | 288 | [RACEFL] Patient race |
| 46.5 | 1 | 289 | [SENBEFL] Has the patient been seen in this clinic before? |
| 46.6 | 1 | 290 | [PASTFL] If yes, how many past visits in last 12 months? |
| | **** | ***** | * END OF IMPUTED DATA FIELDS ******************* |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 47 | | | DRUG-RELATED INFO FOR MEDICATION #1 |
| 47.1 | 5 | 291-295 | [GEN1] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 47.2 | 1 | 296 | [PRESCR1] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 47.3 | 1 | 297 | [CONTSUB1] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 47.4 | 1 | 298 | [COMSTAT1] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 47.5a | 4 | 299-302 | [DRUG1CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #1. 0100 - 2100 = NDC Drug Class |
| 47.5b | 4 | 303-306 | [DRUG1CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #1. 0100 - 2100 = NDC Drug Class |
| 47.5c | 4 | 307-310 | [DRUG1CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #1. 0100 - 2100 = NDC Drug Class |
| 47.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 47.6a 47.6b 47.6c 47.6d 47.6e | 5 5 5 5 5 | 311-315 316-320 321-325 326-330 331-335 | [DRG1ING1] INGRED #1 : 50001-92512, or 50000 [DRG1ING2] INGRED #2 : 50001-92512, or 50000 [DRG1ING3] INGRED #3 : 50001-92512, or 50000 [DRG1ING4] INGRED #4 : 50001-92512, or 50000 [DRG1ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 48 | | | DRUG-RELATED INFO FOR MEDICATION #2 |
| 48.1 | 5 | 336-340 | [GEN2] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 48.2 | 1 | 341 | [PRESCR2] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 48.3 | 1 | 342 | [CONTSUB2] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 48.4 | 1 | 343 | [COMSTAT2] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 48.5a | 4 | 344-347 | [DRUG2CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #2. 0100 - 2100 = NDC Drug Class |
| 48.5b | 4 | 348-351 | [DRUG2CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #2. 0100 - 2100 = NDC Drug Class |
| 48.5c | 4 | 352-355 | [DRUG2CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #2. 0100 - 2100 = NDC Drug Class |
| 48.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 48.6a 48.6b 48.6c 48.6d 48.6e | 5 5 5 5 5 | 356-360 361-365 366-370 371-375 376-380 | [DRG2ING1] INGRED #1 : 50001-92512, or 50000 [DRG2ING2] INGRED #2 : 50001-92512, or 50000 [DRG2ING3] INGRED #3 : 50001-92512, or 50000 [DRG2ING4] INGRED #4 : 50001-92512, or 50000 [DRG2ING5] INGRED #5 : 50001-92512, or 50000 |

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| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 49 | | | DRUG-RELATED INFO FOR MEDICATION #3 |
| 49.1 | 5 | 381-385 | [GEN3] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 49.2 | 1 | 386 | [PRESCR3] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 49.3 | 1 | 387 | [CONTSUB3] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 49.4 | 1 | 388 | [COMSTAT3] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 49.5a | 4 | 389-392 | [DRUG3CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #3. 0100 - 2100 = NDC Drug Class |
| 49.5b | 4 | 393-396 | [DRUG3CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #3. 0100 - 2100 = NDC Drug Class |
| 49.5c | 4 | 397-400 | [DRUG3CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #3. 0100 - 2100 = NDC Drug Class |
| 49.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 49.6a 49.6b 49.6c 49.6d 49.6e | 5 5 5 5 5 | 401-405 406-410 411-415 416-420 421-425 | [DRG3ING1] INGRED #1 : 50001-92512, or 50000 [DRG3ING2] INGRED #2 : 50001-92512, or 50000 [DRG3ING3] INGRED #3 : 50001-92512, or 50000 [DRG3ING4] INGRED #4 : 50001-92512, or 50000 [DRG3ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 50 | | | DRUG-RELATED INFO FOR MEDICATION #4 |
| 50.1 | 5 | 426-430 | [GEN4] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 50.2 | 1 | 431 | [PRESCR4] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 50.3 | 1 | 432 | [CONTSUB4] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 50.4 | 1 | 433 | [COMSTAT4] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 50.5a | 4 | 434-437 | [DRUG4CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #4. 0100 - 2100 = NDC Drug Class |
| 50.5b | 4 | 438-441 | [DRUG4CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #4. 0100 - 2100 = NDC Drug Class |
| 50.5c | 4 | 442-445 | [DRUG4CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #4. 0100 - 2100 = NDC Drug Class |
| 50.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 50.6a 50.6b 50.6c 50.6d 50.6e | 5 5 5 5 5 | 446-450 451-455 456-460 461-465 466-470 | [DRG4ING1] INGRED #1 : 50001-92512, or 50000 [DRG4ING2] INGRED #2 : 50001-92512, or 50000 [DRG4ING3] INGRED #3 : 50001-92512, or 50000 [DRG4ING4] INGRED #4 : 50001-92512, or 50000 [DRG4ING5] INGRED #5 : 50001-92512, or 50000 |

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|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 51 | | | DRUG-RELATED INFO FOR MEDICATION #5 |
| 51.1 | 5 | 471-475 | [GEN5] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 51.2 | 1 | 476 | [PRESCR5] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 51.3 | 1 | 477 | [CONTSUB5] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 51.4a | 1 | 478 | [COMSTAT5] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 51.5b | 4 | 479-482 | [DRUG5CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #5. 0100 - 2100 = NDC Drug Class |
| 51.5c | 4 | 483-486 | [DRUG5CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #5. 0100 - 2100 = NDC Drug Class |
| 51.5 | 4 | 487-490 | [DRUG5CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #5. 0100 - 2100 = NDC Drug Class |
| 51.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 51.6a 51.6b 51.6c 51.6d 51.6e | 5 5 5 5 5 | 491-495 496-500 501-505 506-510 511-515 | [DRG5ING1] INGRED #1 : 50001-92512, or 50000 [DRG5ING2] INGRED #2 : 50001-92512, or 50000 [DRG5ING3] INGRED #3 : 50001-92512, or 50000 [DRG5ING4] INGRED #4 : 50001-92512, or 50000 [DRG5ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 52 | | | DRUG-RELATED INFO FOR MEDICATION #6 |
| 52.1 | 5 | 516-520 | [GEN6] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 52.2 | 1 | 521 | [PRESCR6] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 52.3 | 1 | 522 | [CONTSUB6] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 52.4 | 1 | 523 | [COMSTAT6] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 52.5a | 4 | 524-527 | [DRUG6CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #6. 0100 - 2100 = NDC Drug Class |
| 52.5b | 4 | 528-531 | [DRUG6CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #6. 0100 - 2100 = NDC Drug Class |
| 52.5c | 4 | 532-535 | [DRUG6CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #6. 0100 - 2100 = NDC Drug Class |
| 52.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 52.6a 52.6b 52.6c 52.6d 52.6e | 5 5 5 5 5 | 536-540 541-545 546-550 551-555 556-560 | [DRG6ING1] INGRED #1 : 50001-92512, or 50000 [DRG6ING2] INGRED #2 : 50001-92512, or 50000 [DRG6ING3] INGRED #3 : 50001-92512, or 50000 [DRG6ING4] INGRED #4 : 50001-92512, or 50000 [DRG6ING5] INGRED #5 : 50001-92512, or 50000 |

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|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 53 | | | DRUG-RELATED INFO FOR MEDICATION #7 |
| 53.1 | 5 | 561-565 | [GEN7] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 53.2 | 1 | 566 | [PRESCR7] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 53.3 | 1 | 567 | [CONTSUB7] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 53.4 | 1 | 568 | [COMSTAT7] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 53.5a | 4 | 569-572 | [DRUG7CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #7. 0100 - 2100 = NDC Drug Class |
| 53.5b | 4 | 573-576 | [DRUG7CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #7. 0100 - 2100 = NDC Drug Class |
| 53.5c | 4 | 577-580 | [DRUG7CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #7. 0100 - 2100 = NDC Drug Class |
| 53.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 53.6a 53.6b 53.6c 53.6d 53.6e | 5 5 5 5 5 | 581-585 586-590 591-595 596-600 601-605 | [DRG7ING1] INGRED #1 : 50001-92512, or 50000 [DRG7ING2] INGRED #2 : 50001-92512, or 50000 [DRG7ING3] INGRED #3 : 50001-92512, or 50000 [DRG7ING4] INGRED #4 : 50001-92512, or 50000 [DRG7ING5] INGRED #5 : 50001-92512, or 50000 |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------------------------------------|-----------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 54 | | | DRUG-RELATED INFO FOR MEDICATION #8 |
| 54.1 | 5 | 606-610 | [GEN8] GENERIC NAME CODE (See page 165 for Code List.) 50001-51379, 51383-92512 = Specific Generic Code 51380 = Combination Product 51381 = Fixed Combination 51382 = Multi-vitamin/multi-mineral 50000 = Generic Name Undetermined |
| 54.2 | 1 | 611 | [PRESCR8] PRESCRIPTION STATUS CODE 1 = Prescription Drug 2 = Nonprescription Drug 3 = Undetermined |
| 54.3 | 1 | 612 | [CONTSUB8] CONTROLLED SUBSTANCE STATUS CODE1 = Schedule I (Research Only)2 = Schedule II5 = Schedule V3 = Schedule III6 = No Control4 = Schedule IV7 = Undetermined |
| 54.4 | 1 | 613 | [COMSTAT8] COMPOSITION STATUS CODE 1 = Single Entity Drug 2 = Combination Drug 3 = Undetermined |
| 54.5a | 4 | 614-617 | [DRUG8CL1] NAT'L DRUG CODE DIRECTORY DRUG CLASS – First class listed in NDC for Medication #8. 0100 - 2100 = NDC Drug Class |
| 54.5b | 4 | 618-621 | [DRUG8CL2] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Second class listed in NDC for Medication #8. 0100 - 2100 = NDC Drug Class |
| 54.5c | 4 | 622-625 | [DRUG8CL3] NAT'L DRUG CODE DIRECTORY DRUG CLASS – Third class listed in NDC for Medication #8. 0100 - 2100 = NDC Drug Class |
| 54.6 | | | INGREDIENT CODES (Ingredients of Combination Drugs; Maximum of 5 Generic Name Codes, see p. 165) |
| 54.6a 54.6b 54.6c 54.6d 54.6e | 5 5 5 5 5 | 626-630 631-635 636-640 641-645 646-650 | [DRG8ING1] INGRED #1 : 50001-92512, or 50000 [DRG8ING2] INGRED #2 : 50001-92512, or 50000 [DRG8ING3] INGRED #3 : 50001-92512, or 50000 [DRG8ING4] INGRED #4 : 50001-92512, or 50000 [DRG8ING5] INGRED #5 : 50001-92512, or 50000 |

| PAGE 82 | | 2005 NHAMCS | MICRO-DATA FILE DOCUMENTATION, Outpatient Department Record Format |
|-------------|-----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 55 | 1 | 651 | [BIOTER] HAS YOUR HOSPITAL RECEIVED ANY FUNDING FOR BIOTERROR HOSPITAL PREPAREDNESS FROM YOUR STATE OR MUNICIPAL HEALTH DEPARTMENT WITHIN THE LAST 2 YEARS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 56 | 1 | 652 | [MDSP] DID YOUR HOSPITAL RECEIVE ANY MEDICAID DISPROPORTIONATE SHARE PROGRAM FUNDS IN 2004? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 57 | 1 | 653 | [EMROPD] DOES YOUR OPD HAVE ELECTRONIC PATIENT MEDICAL RECORDS? 0 = Blank 1 = Yes, all electronic 2 = Yes, part paper and part electronic 3 = No 4 = Unknown |
| 58 | 1 | 654 | [EDEMOGO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE PATIENT DEMOGRAPHIC INFORMATION? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 59 | 1 | 655 | [ECPOEO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE COMPUTERIZED ORDERS FOR PRESCRIPTIONS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 60 | 1 | 656 | [ECTOEO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYTEM INCLUDE COMPUTERIZED ORDERS FOR TESTS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 61 | 1 | 657 | [ERESULTO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE TEST RESULTS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 62 | 1 | 658 | [ENNOTESO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE NURSES' NOTES? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 63 | 1 | 659 | [EPNOTESO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE PHYSICIANS' NOTES? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 64 | 1 | 660 | [EREMINDO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE REMINDERS FOR GUIDELINE- BASED INTERVENTIONS AND/OR SCREENING TESTS? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| 65 | 1 | 661 | [EPUBHTHO] DOES YOUR OPD'S ELECTRONIC MEDICAL RECORD SYSTEM INCLUDE PUBLIC HEALTH REPORTING? 1 = Yes 2 = No 3 = Unknown 4 = Blank |
| | | ***The follow | ing 4 items are recoded from other survey items.*** |
| 66 | 1 | 662 | [RACER] RACE RECODE 1= White 2= Black 3= Other |
| 67 | 1 | 663 | [RACEETH] RACE/ETHNICITY 1 = White Only, Non-Hispanic 2 = Black Only, Non-Hispanic 3 = Hispanic 4 = Asian Only 5 = Native Hawaiian, Other Pacific Islander Only 6 = American Indian/Alaska Native 7 = Multiple Races |
| 68 | 3 | 664-666 | [AGEDAYS] AGE IN DAYS 001-365 = 001-365 days 999 = More than 365 days |

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|-------------|-----------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
| 69 | 1 | 667 | [AGER] AGE RECODE 1 = Under 15 years 2 = 15-24 years 3 = 25-44 years 4 = 45-64 years 5 = 65-74 years 6 = 75 years and over |

NUMERIC RECODES FOR CAUSE OF INJURY, DIAGNOSIS, AND PROCEDURES

The following items were included on the public use file to facilitate analysis of visits using ICD-9-CM codes. Prior to the 1995 public use file, all ICD-9-CM diagnosis codes on the NHAMCS micro-data files were converted from alphanumeric to numeric fields according to the following coding conventions: A prefix of '1' was added to ICD-9-CM codes in the range of 001.0[-] through 999.9[-]. A prefix of '20' was substituted for the letter 'V' for codes in the range of V01.0[-] through V82.9[-]. Inapplicable fourth or fifth digits were zero-filled. This conversion was done to facilitate analysis of ICD-9-CM data using Ambulatory Care Statistics software systems. Similar conversions were made for ICD-9-CM procedure codes and external cause of injury codes. Specific coding conventions are discussed in the public use documentation for each data year.

In 1995, however, the decision was made to use actual ICD-9-CM codes on the public use data file. Codes were not prefixed, and a dash was inserted for inapplicable fourth or fifth digits. For specific details pertaining to each type of code (diagnosis, procedure, cause of injury), refer to the documentation for the survey year of interest. This had the advantage of preserving actual codes and avoiding possible confusion over the creation of some artificial codes due to zero-filling.

It has come to our attention that some users of NHAMCS data find it preferable to use the numeric field recodes rather than the alphanumeric fields in certain data applications. Therefore, we have included numeric recodes for diagnoses and procedure reported under scope procedures, "other" diagnostic/screening services, and other surgical and non-surgical non-medication treatments, as listed below. These are in addition to the actual codes for these variables which appear earlier on the public use file. Users can make their own choice about which format best suits their needs. We would be interested in hearing from data users as to which format they prefer so that a decision can be made about whether to include both formats in future years. Please contact Susan Schappert, Ambulatory Care Statistics Branch, at 301-458-4480.

| 70 | | | DIAGNOSIS RECODE |
|------|---|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 70.1 | 6 | 668-673 | [DIAG1R] DIAGNOSIS #1 (Recode to Numeric Field) 100100-208290 = 001.0[0]-V82.9[0] 209900 = Noncodable, insufficient information for coding, illegible 209910 = Left before being seen; patient walked out; not seen by doctor; left against medical advice 209920 = Transferred to another facility; sent to see specialist 209930 = HMO will not authorize treatment 209970 = Entry of "none," "no diagnosis," "no disease," or "healthy" 900000 = Blank |
| 70.2 | 6 | 674-679 | [DIAG2R] DIAGNOSIS #2 (Recode to Numeric Field) 100100-208290 = 001.0[0]-V82.9[0] See DIAGNOSIS #1 for details. |

| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES |
|-------------|-----------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 70.3 | 6 | 680-685 | [DIAG3R] DIAGNOSIS #3 (Recode to Numeric Field) 100100-208290 = 001.0[0]-V82.9[0] See DIAGNOSIS #1 for details. |
| 71.1 | 4 | 686-689 | [SCOPWI1R] SCOPE PROCEDURE WRITE-IN #1 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 71.2 | 4 | 690-693 | [SCOPWI2R] SCOPE PROCEDURE WRITE-IN #2 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 72.1 | 4 | 694-697 | [DIAGSC1R] OTHER DIAGNOSTIC/SCREENING SERVICE WRITE-IN #1 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 72.2 | 4 | 698-701 | [DIAGSC2R] OTHER DIAGNOSTIC/SCREENING SERVICE WRITE-IN #2 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 73.1 | 4 | 702-705 | [OTHPRC1R] OTHER PROCEDURE WRITE-IN #1 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 73.2 | 4 | 706-709 | [OTHPRC2R] OTHER PROCEDURE WRITE-IN #2 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 73.3 | 4 | 710-713 | [OTHPRC32R] OTHER PROCEDURE WRITE-IN #3 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| 73.4 | 4 | 714-717 | [OTHPRC4R] OTHER PROCEDURE WRITE-IN #4 (Recode to Numeric Field) 0101-999 = 01.01 - 99.99 0 = Not applicable/Blank |
| | | | END OF NUMERIC RECODES |
| 74 | 1 | 718 | [WHOCOMP] WHO COMPLETED THE PATIENT RECORD FORMS? 1 = Hospital Staff 2 = Census Field Representative - Abstraction during reporting period 3 = Census Field Representative - Abstraction after reporting period 4 = Other 5 = Multiple categories checked 6 = Unknown |

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|-------------|-----------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| ITEM NO. | FIELD LENGTH | FILE LOCATION | [ITEM NAME], DESCRIPTION, AND CODES | | |
| 75 | 1 | 719 | [SETTYPE] SETTING TYPE This item is intended for use when combining data from the NAMCS or NHAMCS-ED public use files with OPD data. 1 = Physician Office (NAMCS) 2 = Outpatient Department (NHAMCS-OPD) 3 = Emergency Department (NHAMCS-ED) | | |
| 76 | 4 | 720-723 | [YEAR] SURVEY YEAR (2005) | | |

NHAMCS DESIGN VARIABLES

Masked design variables were first released on the 2000 NHAMCS (and NAMCS) public use files, and were subsequently added to the 1993-1999 public use files. These variables reflected the multi-stage sampling design of the surveys, and were for use with statistical software like SUDAAN that takes such information into account. However, these variables could not be used in other statistical software packages, such as SAS and Stata, which employ an ultimate cluster model to estimate variance, without substantial modification. Therefore, two new variables were created and first added to the 2002 file, CSTRATM and CPSUM. They can be used to estimate variance with SUDAAN's with-replacement (WR) option, as well as with Stata, SPSS, SAS, and other statistical software packages utilizing an ultimate cluster model for variance estimation. The decision was made to include only these new variables, CSTRATM and CPSUM, and not the multi-stage design variables, beginning with the 2003 data release. These variables and their use are described more fully in the "Relative Standard Errors" section of the public use file documentation. For those who wish to combine data from 2003 forward with survey data from years prior to 2002 which do not contain CSTRATM and CPSUM, please see the technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files*, at http://www.cdc.gov/nchs/nhamcs.htm.

| 77 | 8 | 724-731 | [CSTRATM] CLUSTERED PSU STRATUM MARKER (masked) 20105201-40400000 |
|----|---|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 78 | 6 | 732-737 | [CPSUM] CLUSTERED PSU MARKER (masked) 5-100189 |
| 79 | 8 | 738-745 | [OPDWT] OPD WEIGHT OPDWT enables data users to make outpatient-department-level estimates. Please see pp. 23 and 98 for more information. 1-85 |

III. MARGINAL DATA

A. EMERGENCY DEPARTMENT PATIENT VISITS

PATIENT AGE

| CATEGORY | RECORDS | WEIGHTED VISITS | B PERCENT | |
|-----------------------------|------------|-----------------|-----------------|---------|
| Total | 33,605 | 115,322,815 | 100.000 | |
| - | | 24,497,312 | | |
| - | • | 18,681,711 | | |
| 3 - 25-44 years | 9,828 | | | |
| 4 - 45-64 years | • | 22,181,714 | | |
| 5 - 65-74 years | | 6,756,233 | | |
| 6 - 75 years and over | 2,866 | 9,973,905 | 8.649 | |
| PATIENT SEX | | | | |
| CATEGORY | RECORDS | WEIGHTED VISITS | 9 PERCENT | |
| Total | 33,605 | 115,322,815 | 100.000 | |
| 1 - Female | 18,041 | 62,109,376 | 53.857 | |
| 2 - Male | - | 53,213,439 | | |
| PATIENT RACE | | | | |
| CATEGORY | | RECORDS | WEIGHTED VISITS | PERCENT |
| Total | | 33,605 | 115,322,815 | 100.000 |
| 1 - White only | | 24,446 | 86,198,371 | 74.745 |
| 2 - Black/African American | only | 7,744 | 25,229,510 | 21.877 |
| 3 - Asian only | | 893 | 2,145,541 | 1.860 |
| 4 - Native Hawaiian/ | | | | |
| Other Pacific Islande | er only | 201 | 578,578 | 0.502 |
| 5 - American Indian/Alaska | Native on] | Ly 225 | 788,892 | 0.684 |
| 6 - More than one race repo | orted | 96 | 381,923 | 0.331 |
| | | | | |

PATIENT ETHNICITY

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT |
|----------------------------|---------|-----------------|---------|
| Total | 33,605 | 115,322,815 | 100.000 |
| 1 - Hispanic or Latino | 5,230 | 16,817,042 | 14.583 |
| 2 - Not Hispanic or Latino | 28,375 | 98,505,773 | 85.417 |

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Total O - Blank 1 - Private insurance 2 - Medicare 3 - Medicaid 4 - Worker's compensation 5 - Self-pay 6 - No charge 7 - Other 8 - Unknown | 33,605 527 11,200 4,546 9,097 573 5,198 276 613 1,575 | 115,322,815 1,466,155 39,564,974 16,043,343 28,661,232 1,940,724 18,581,136 884,838 2,184,358 5,996,055 | 100.000 1.271 34.308 13.912 24.853 1.683 16.112 0.767 1.894 5.199 |
| 7 - Other | 613 | 2,184,358 | 1.894 |

PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT

IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT |
|-------------------------------------|-----------------|--------------------------|------------------|
| Total | 33,605 | 115,322,815 | 100.000 |
| 1 - Immediate 2 - 1 - 14 min | 1,697 3,474 | 6,385,189 11,313,112 | 5.537 9.810 |
| 3 - 15 - 60 min 4 - > 1hr - 2hrs | 11,533 6,767 | 38,433,304 23,869,623 | 33.327 20.698 |
| 5 - >2 hours - 24 hours | 4,387 | 16,067,837 | 13.933 2.078 |
| 6 - No triage 7 - Unknown | 5,071 | 2,396,577 16,857,173 | 14.617 |
| | | | |

NUMBER OF MEDICATION CODES THIS VISIT

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT |
|----------|---------|-----------------|---------|
| Total | 33,605 | 115,322,815 | 100.000 |
| No drugs | 7,779 | 26,826,245 | 23.262 |
| 1 drug | 9,059 | 30,184,439 | 26.174 |
| 2 drugs | 7,960 | 27,947,723 | 24.234 |
| 3 drugs | 4,412 | 15,544,289 | 13.479 |
| 4 drugs | 2,321 | 7,930,139 | 6.876 |
| 5 drugs | 1,044 | 3,518,827 | 3.051 |
| 6 drugs | 509 | 1,683,036 | 1.459 |
| 7 drugs | 231 | 779,915 | 0.676 |
| 8 drugs | 290 | 908,202 | 0.788 |

B. EMERGENCY DEPARTMENT DRUG MENTIONS

PATIENT AGE

| CATEGORY | RECORDS | WEIGHTED MENTIONS | PERCENT | |
|-----------------------|---------|-------------------|---------|--|
| Total | 59,710 | 204,850,680 | 100.000 | |
| 1 - Under 15 years | 9,550 | 34,158,417 | 16.675 | |
| 2 - 15-24 years | 8,805 | 30,355,550 | 14.818 | |
| 3 - 25-44 years | 18,963 | 64,289,139 | 31.383 | |
| 4 - 45-64 years | 13,389 | 44,775,953 | 21.858 | |
| 5 - 65-74 years | 3,707 | 12,691,002 | 6.195 | |
| 6 - 75 years and over | 5,296 | 18,580,619 | 9.070 | |
| | | | | |

PATIENT SEX

| CATEGORY | RECORDS | WEIGHTED MENTIONS | PERCENT |
|------------|---------|-------------------|---------|
| Total | 59,710 | 204,850,680 | 100.000 |
| 1 - Female | 32,923 | 112,958,666 | 55.142 |
| 2 - Male | 26,787 | 91,892,014 | 44.858 |
| | | | |

PATIENT RACE

CATEGORY

RECORDS WEIGHTED MENTIONS PERCENT

| Total | 59,710 | 204,850,680 | 100.000 |
|----------------------------------------|--------|-------------|---------|
| 1 - White only | 43,864 | 153,511,491 | 74.938 |
| 2 - Black/African American only | 13,358 | 44,293,878 | 21.623 |
| 3 - Asian only | 1,541 | 3,877,238 | 1.893 |
| 4 - Native Hawaiian/ | | | |
| Other Pacific Islander only | 378 | 1,124,498 | 0.549 |
| 5 - American Indian/Alaska Native only | 388 | 1,266,991 | 0.618 |
| 6 - More than one race reported | 181 | 776,584 | 0.379 |
| | | | |

NATIONAL DRUG CODE DIRECTORY DRUG CLASS

| CATEGO | DRY | RECORDS | WEIGHTED MENTIONS | PERCENT |
|--------|-------------------------------|---------|-------------------|---------|
| Total | | 75,616 | 259,032,381 | 100.000 |
| 1 = | Anesthetics | 1,605 | 5,532,240 | 2.136 |
| 2 = | Antidotes | 151 | 483,012 | 0.186 |
| 3 = | Antimicrobial agents | 9,110 | 32,116,043 | 12.398 |
| 4 = | Hematologic agents | 869 | 2,698,160 | 1.042 |
| 5 = | Cardiovascular renal drugs | 3,253 | 11,122,948 | 4.294 |
| 6 = | Central nervous system | 5,109 | 16,668,306 | 6.435 |
| | Radiopharmaceutical/Contrast | | | |
| 7 = | media | 34 | 137,944 | 0.053 |
| 8 = | Gastrointestinal agents | 3,316 | 11,340,633 | 4.378 |
| 9 = | Metabolics/Nutrients | 2,570 | 8,277,173 | 3.195 |
| | Hormones and agents affecting | | | |
| 10 = | hormonal mechanisms | 2,429 | 8,313,177 | 3.209 |
| 11 = | Immunologic agents | 1,159 | 3,695,315 | 1.427 |
| 12 = | Skin/Mucous membrane | 1,788 | 5,949,769 | 2.297 |
| 13 = | Neurologic drugs | 2,085 | 7,028,713 | 2.713 |
| 14 = | Oncolytics | 27 | 83,902 | 0.032 |
| 15 = | Ophthalmic drugs | 901 | 3,060,930 | 1.182 |
| 16 = | Otologic drugs | 3,877 | 13,666,268 | 5.276 |
| 17 = | Drugs used for relief of pain | 26,454 | 92,008,709 | 35.52 |
| 18 = | Antiparasitic agents | 285 | 961,057 | 0.371 |
| 19 = | Respiratory tract drugs | 7,562 | 25,974,559 | 10.028 |
| 20 = | Unclassified/Miscellaneous | 3,020 | 9,879,868 | 3.814 |
| 21 = | Homeopathic products | 12 | 33,655 | 0.013 |

Adapted from the National Drug Code Directory (NDC), 1995 edition.

C. EMERGENCY DEPARTMENTS

REGION

| CATEGORY | RECORDS | WEIGHTED EMERGENCY DEPTS | PERCENT |
|-----------|---------|--------------------------|---------|
| Total | 342 | 4,594 | 100.000 |
| Northeast | 71 | 669 | 14.562 |
| Midwest | 78 | 1,409 | 30.670 |
| South | 126 | 1,717 | 37.375 |
| West | 67 | 799 | 17.392 |
| | | | |

| CATEGORY | RECORDS | WEIGHTED EMERGENCY DEPTS | PERCENT |
|----------------------------------------------|------------|-----------------------------|-------------------|
| Total MSA (Metropolitan Statistical Area) | 342 296 | 4,594 2,983 | 100.000 64.933 |
| Non-MSA | 46 | 1,611 | 35.067 |
| OWNER | | WEIGHTED | |
| | | WEIGHTED | |

| CATEGORY | RECORDS | EMERGENCY DEPTS | PERCENT |
|-------------------------|---------|-----------------|---------|
| Total | 342 | 4,594 | 100.000 |
| Voluntary non-profit | 244 | 3,134 | 68.219 |
| Government, non-Federal | 66 | 1,031 | 22.442 |
| Proprietary | 32 | 429 | 9.338 |

D. OUTPATIENT DEPARTMENT PATIENT VISITS

PATIENT AGE

MSA

| CATEGORY | | RECORDS | WEIGHT | ED VISITS | PERCENT | |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|------|
| Total 1 - Under 15 y 2 - 15-24 year 3 - 25-44 year 4 - 45-64 year 5 - 65-74 year 6 - 75 years a | rs rs rs | 29,975 6,349 3,641 7,596 7,966 2,403 2,020 | 21, 10, 21, 23, 7, | 392,952 109,188 418,083 804,675 202,357 517,357 341,292 | 100.000 23.353 11.525 24.122 25.668 8.316 7.015 | |
| PATIENT SEX | | | | | | |
| CATEGORY | RECORDS | WEIGHTED | VISITS | PERCENT | | |
| Total 1 - Female 2 - Male | 29,975 18,225 11,750 | 90,392 55,279 35,113 | ,866 | 100.000 61.155 38.845 | | |

-

PATIENT RACE

| CATEGORY | | RECORDS | WEIGHTE | D VISITS | PERCENT | |
|------------------------------------------------------------------------|---------------|----------|----------|----------|---------|--|
| Total | | • | 90,39 | • | | |
| 1 - White only 2 - Black/African American | oply | • | 66,23 | | | |
| 3 - Asian only | UIIIY | • | 20,70 | • | | |
| 4 - Native Hawaiian/ | | 1,070 | 2,10 | ,504 | 2.413 | |
| Other Pacific Island | er only | 521 | 34 | 17,414 | 0.384 | |
| 5 - American Indian/Alaska | - | | | | | |
| 6 - More than one race repo | | - | | 7,874 | | |
| | | | | | | |
| PATIENT ETHNICITY | | | | | | |
| CATEGORY | | RECORDS | WEIGHTED | VISITS | PERCENT | |
| Total | | 29,975 | 90,39 | 92,952 | 100.000 | |
| 1 - Hispanic or Latino | | 5,117 | 14,28 | 38,643 | 15.807 | |
| 2 - Not Hispanic or Latino | | 24,858 | 76,10 | 04,309 | 84.193 | |
| PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT | | | | | | |
| CATEGORY | RECORDS | WEIGHTED | VISITS | PERCENT | | |
| Total | 29,975 | 90,39 | 92,952 | 100.000 | | |
| 0 - No box marked | 759 | 2,27 | 70,283 | 2.512 | | |
| | 9,788 | • | 39,123 | | | |
| | 4,062 | | | | | |
| 3 - Medicaid | 11 000 | | | ~~ ~ ~ ~ | | |
| 4 - Worker's compensation | 11,060 234 | | 51,086 | | | |

| 4 - Worker's compensation | 234 | 836,941 | 0.926 |
|---------------------------|-------|-----------|-------|
| 5 - Self-pay | 2,025 | 5,330,796 | 5.897 |
| 6 - No charge | 656 | 1,312,029 | 1.451 |
| 7 - Other | 713 | 1,820,125 | 2.014 |
| 8 - Unknown | 678 | 2,291,268 | 2.538 |

HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE?

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT |
|------------------------------|---------|-----------------|---------|
| Total | 29,975 | 90,392,952 | 100.000 |
| 1 - Yes, established patient | 24,857 | 77,406,730 | 85.634 |
| 2 - No, new patient | 5,118 | 12,986,222 | 14.366 |
| | | | |

CLINIC TYPE

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT | |
|---------------------------|---------|-----------------|---------|--|
| Total | 29,975 | 90,392,952 | 100.000 | |
| 1 - General medicine | 11,746 | 50,627,997 | 56.009 | |
| 2 - Surgery | 5,034 | 10,632,426 | 11.762 | |
| 3 - Pediatrics | 3,817 | 12,615,217 | 13.956 | |
| 4 - Obstetrics/Gynecology | 3,838 | 8,535,984 | 9.443 | |
| 5 - Substance abuse | 610 | 651,598 | 0.721 | |
| 6 - Other | 4,930 | 7,329,730 | 8.109 | |

NUMBER OF MEDICATIONS

| CATEGORY | RECORDS | WEIGHTED VISITS | PERCENT |
|----------|---------|-----------------|---------|
| Total | 29,975 | 90,392,952 | 100.000 |
| No drugs | 9,749 | 24,806,921 | 27.443 |
| 1 drug | 7,071 | 21,718,186 | 24.026 |
| 2 drugs | 4,522 | 15,192,499 | 16.807 |
| 3 drugs | 2,885 | 9,499,705 | 10.509 |
| 4 drugs | 1,605 | 5,151,682 | 5.699 |
| 5 drugs | 1,129 | 3,889,655 | 4.303 |
| 6 drugs | 782 | 2,472,256 | 2.735 |
| 7 drugs | 652 | 2,208,402 | 2.443 |
| 8 drugs | 1,580 | 5,453,646 | 6.033 |

D. OUTPATIENT DEPARTMENT DRUG MENTIONS

PATIENT AGE

| CATEGORY | RECORDS | WEIGHTED MENTIONS | PERCENT |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| Total 1 - Under 15 years 2 - 15-24 years 3 - 25-44 years 4 - 45-64 years 5 - 65-74 years | 58,731 8,461 4,559 12,563 19,891 7,072 | 194,578,820 28,212,131 14,317,532 39,943,992 64,112,440 24,885,221 | 100.000 14.499 7.358 20.528 32.949 12.789 |
| 6 - 75 years and over | 6,185 | 23,107,504 | 11.876 |
| | | | |

- - - - - -

PATIENT SEX

| CATEGORY | RECORDS | WEIGHTED MENTIONS | 6 PERCENT | |
|------------|---------|-------------------|-----------|--|
| Total | 58,731 | 194,578,820 | 100.000 | |
| 1 - Female | 35,899 | 121,044,061 | 62.208 | |
| 2 - Male | 22,832 | 73,534,759 | 37.792 | |
| | | | | |

PATIENT RACE

| CATEGORY | RECORDS | WEIGHTED MENTIONS | B PERCENT |
|----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------|--------------------------------------|
| Total 1 - White only 2 - Black/African American only 3 - Asian only 4 - Native Hawaiian/ | 58,731 41,634 13,390 1,997 | 194,578,820 140,776,596 47,440,588 4,309,056 | 100.000 72.349 24.381 2.215 |
| Other Pacific Islander only 5 - American Indian/Alaska Native only 6 - More than one race reported | 842 283 570 | 495,570 906,628 782,242 | 0.255 0.557 0.402 |

NATIONAL DRUG CODE DIRECTORY DRUG CLASSES

| | | | WEIGHTED | |
|--------|------------------------------|---------|-------------|---------|
| CATEGO | DRY | RECORDS | MENTIONS | PERCENT |
| Total | | 66,823 | 221,603,797 | 100.000 |
| 1 = | Anesthetics | 1,068 | 1,539,632 | 0.695 |
| 2 = | Antidotes | 44 | 118,261 | 0.053 |
| 3 = | Antimicrobial agents | 4,671 | 17,961,463 | 8.105 |
| 4 = | Hematologic agents | 1,768 | 5,666,965 | 2.557 |
| 5 = | Cardiovascular renal drugs | 8,782 | 34,196,782 | 15.431 |
| 6 = | Central nervous system | 7,024 | 20,327,671 | 9.173 |
| | Radiopharmaceutical/Contrast | | | |
| 7 = | media | 84 | 127,876 | 0.058 |
| 8 = | Gastrointestinal agents | 3,321 | 10,795,106 | 4.871 |
| 9 = | Metabolics/Nutrients | 5,911 | 20,121,528 | 9.080 |
| | Hormones and agents | | | |
| | affecting hormonal | | | |
| 10 = | mechanisms | 5,577 | 17,768,161 | 8.018 |
| 11 = | Immunologic agents | 2,178 | 8,098,700 | 3.655 |
| 12 = | Skin/Mucous membrane | 2,162 | 5,184,751 | 2.340 |
| 13 = | Neurologic drugs | 2,682 | 7,328,907 | 3.307 |
| 14 = | Oncolytics | 666 | 1,193,242 | 0.538 |
| 15 = | Ophthalmic drugs | 903 | 2,345,775 | 1.059 |
| 16 = | Otologic drugs | 640 | 1,791,942 | 0.809 |
| | Drugs used for relief of | | | |
| 17 = | pain | 11,721 | 39,825,945 | 17.972 |
| 18 = | Antiparasitic agents | 292 | 844,630 | 0.381 |
| 19 = | Respiratory tract drugs | 6,031 | 23,165,419 | 10.454 |
| 20 = | Unclassified/Miscellaneous | 1,111 | 2,589,682 | 1.169 |
| 21 = | Homeopathic products | 187 | 611,359 | 0.276 |
| | | | | |

Adapted from the National Drug Code Directory (NDC), 1995 edition.

E. OUTPATIENT DEPARTMENTS

REGION

| | | WEIGHTED | |
|-----------|---------|------------------|---------|
| CATEGORY | RECORDS | OUTPATIENT DEPTS | PERCENT |
| | | | |
| Total | 190 | 2,395 | 100.000 |
| Northeast | 59 | 562 | 23.466 |
| Midwest | 47 | 772 | 32.234 |
| South | 58 | 715 | 29.854 |
| West | 26 | 346 | 14.447 |
| | | | |

MSA

| | | WEIGHTED | |
|-------------------------------------|---------|------------------|---------|
| CATEGORY | RECORDS | OUTPATIENT DEPTS | PERCENT |
| | | | |
| Total | 190 | 2,395 | 100.000 |
| MSA (Metropolitan Statistical Area) | 47 | 1,557 | 65.010 |
| Non-MSA | 28 | 838 | 34.990 |
| | | | |

OWNER

| | WEIGHTED | |
|---------|------------------|--------------------------------------------------------------|
| RECORDS | OUTPATIENT DEPTS | PERCENT |
| | | |
| 190 | 2,395 | 100.000 |
| 147 | 1,856 | 77.495 |
| 36 | 456 | 19.040 |
| 7 | 83 | 3.466 |
| | 190 147 | RECORDS OUTPATIENT DEPTS 190 2,395 147 1,856 36 456 |

APPENDIX I

A. RELATIVE STANDARD ERRORS

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample is surveyed, rather than the entire universe. The relative standard error (RSE) of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Standard errors and other measures of sampling variability are best determined by using a statistical software package that takes into account the sample designs of surveys to produce such measures.

While the initial release of masked design variables (starting with the 2000 data year, and continuing with re-released files for 1993-99) included the multi-stage variables necessary for running SUDAAN's full sample without-replacement design option, the 2002 release added two new variables (CSTRATM and CPSUM) needed for running programs that use an ultimate cluster model. Ultimate cluster variance estimates depend only on the first stage of the sample design, so that only first-stage cluster and first-stage stratum identification are required. The earlier version of the masked design variables could not be used with such software without substantial recoding. For 2003 forward, the decision was made to include only those two new variables on the files. The new variables, CSTRATM and CPSUM, differ from the earlier design variables STRATM and PSUM, in that providers are the first-stage sampling units in certainty areas (geographic areas selected with certainty), while geographic areas are the first-stage sampling units in non-certainty areas. Therefore, one should not use the new and old versions (CSTRATM and STRATM or CPSUM and PSUM) together (as for example, when combining years of data). Researchers who wish to combine data from 2003 forward with prior files which do not contain CSTRATM and CPSUM should refer to the technical paper, *Using Ultimate Cluster Models with NAMCS and NHAMCS Public Use Files*, at http://www.cdc.gov/nchs/nhamcs.htm.

Using computer software like SUDAAN to produce standard errors will, in general, yield results that are more accurate than those produced using the generalized variance curve described below. This is especially true for clustered variables like race, provider seen, or expected source of payment. The standard errors produced with such software using masked design variables, while improving substantially over the generalized variance curve results, will not always be as accurate as those produced using unmasked data. However, data files containing unmasked variables are confidential and are only available through the NCHS Research Data Center.

Examples using CSTRATM and CPSUM in Stata, SPSS, SUDAAN's 1-stage WR (with replacement) design option, and SAS's PROC SURVEYMEANS applications are presented below:

<u>Stata</u>

The pweight (PATWT), strata (CSTRATM), and PSU (CPSUM) are set with the svyset command as follows:

Stata 8: svyset [pweight=patwt], psu(cpsum) strata(cstratm)

Stata 9: svyset cpsum [pweight=patwt], strata(cstratm)

<u>SPSS</u>

This code pertains to SPSS Inc.'s Complex Samples 12.0 module. It would be used with the "Analysis Preparation Wizard" component of that module. The PLAN FILE statement would be invoked in statistical runs, as in the example for CSTABULATE shown below.

CSPLAN ANALYSIS /PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN' /PLAN VARS ANALYSISWEIGHT=PATWT /PRINT PLAN /DESIGN STAGELABEL= 'ANY LABEL' STRATA=CSTRATM CLUSTER=CPSUM /ESTIMATOR TYPE=WR.

CSTABULATE /PLAN FILE='DIRECTORY\PLANNAME.CSAPLAN' /TABLES VARIABLES = var1 var2 /CELLS POPSIZE /STATISTICS SE /MISSING SCOPE = TABLE CLASSMISSING = EXCLUDE.

SUDAAN 1-stage WR Option

The program below provides a with replacement ultimate cluster (1-stage) estimate of standard errors for a cross-tabulation.

PROC CROSSTAB DATA=COMB1 DESIGN=WR FILETYPE=SAS; NEST CSTRATM CPSUM/MISSUNIT;

SAS - PROC SURVEYMEANS

PROC SURVEYMEANS DATA=COMB1; CLUSTER CPSUM; STRATA CSTRATM;

Since the ultimate cluster procedures discussed above compute Taylor series variance estimates, results should be identical. Results differ, however, when a single case stratum, or singleton, is present on the data file because each software package treats such cases differently. There are no singletons on the 2005 NHAMCS files, so this should not present a problem.

IMPORTANT NOTE: These examples can be used when producing visit or drug estimates. For department-level estimates, the statements are the same, but replace PATWT with either EDWT (for emergency department estimates) or OPDWT (for outpatient department estimates). The EDWT and OPDWT are only placed on the first record for each emergency department or outpatient department on the file. When running purely facility level analysis, it is recommended that only records with EDWT > 0 or OPDWT > 0 be selected; this will give the correct sample counts and will not affect estimation of variance. Weighted estimates will be correct either way.

In addition to producing estimates of department-level characteristics, it is possible to compute means of visit characteristics at the department level, for example, average waiting time to see a physician in the ED. This is a more complicated process, and is described with sample SAS code at the Ambulatory Health Care Data website (www.cdc.gov/nchs/nhamcs.htm). For more information, contact the Ambulatory Care Statistics Branch at 301-458-4600.

For data users who do not wish to use SUDAAN or similar programs to produce measures of sampling variability, we may be able to provide tables which contain relative standard errors based on generalized variance curves for a wide range of visit estimates and drug mention estimates by physician specialty. (Estimates with a relative standard error greater than 30 percent are considered unreliable by the standards of the National Center for Health Statistics. It should also be noted here that estimates based on fewer than 30 sample records are considered unreliable, regardless of the magnitude of the relative standard errors for visit estimates and be used to calculate approximate relative standard errors for visit estimates.

For aggregate estimates, relative standard errors may be calculated using the following general formula, where "x" is the aggregate of patient visits or drug mentions in thousands, and coefficients "A" and "B" are obtained from table III:

$$RSE(x) = \sqrt{A + \frac{B}{x}} \bullet 100$$

For estimates of percentages, relative standard errors may be calculated using the following general formula, where "p" is the percent of visits or drug mentions, "x" is the denominator of the percent in thousands, and coefficient "B" is obtained from table III:

$$RSE(x) = \sqrt{\frac{B \bullet (1 - p)}{p \bullet x}} \bullet 100$$

TABLE III. Coefficients appropriate for determining approximate relative standard errors of estimates by type of estimate and setting: National Hospital Ambulatory Medical Care Survey, 2005.

| | Coefficient for us | se with estimates | in thousands | |
|-------------------------------------------------|----------------------|-------------------|---------------------------------------------|--|
| | A | В | Lowest reliable estimate in thousands | |
| Patient visits | | | | |
| Emergency departments Outpatient departments | 0.002685 0.016012 | 6.222 7.739 | 71 105 | |
| Drug mentions | | | | |
| Emergency departments Outpatient departments | 0.003462 0.023435 | 16.204 17.632 | 187 265 | |

For estimates of visit rates in which the numerator is the number of visits for a particular characteristic and the denominator is the total United States population, the relative standard error is equivalent to the relative standard error of the numerator, as shown in the previous paragraph on aggregate estimates.

B. INSTRUCTIONS FOR COMPLETING PATIENT RECORD FORMS (PRFs)

I. EMERGENCY DEPARTMENT PATIENT RECORD FORM

1. PATIENT INFORMATION

ITEM 1a. DATE OF VISIT

The month, day and year should be recorded in figures, for example, 05/17/2005 for May 17, 2005. Enter the last digit for the pre-filled 4-digit year.

ITEM 1b. ZIP CODE

Enter 5-digit zip code from patient's mailing address.

ITEM 1c. DATE OF BIRTH

The month, day, and year of the patient's birth should be recorded here, in the same fashion as Date of Visit above. In the rare event the date of birth is unknown, the year of birth should be estimated as closely as possible. Enter the 4-digit year.

ITEM 1d. TIME OF DAY

(1) Arrival - Record the hour and minutes that the patient arrived in figures. For example, enter 01:15 for 1:15 AM or 1:15 PM. Also, check the appropriate box (Military, AM or PM). Enter the first time listed in the medical record (i.e., arrival/registration/triage).

(2) Time seen by physician – Record the time (i.e., the hour and minute) when the physician began seeing the patient in figures. For example, enter 01:15 and then check the appropriate box (military, AM or PM). Check the box, if the patient was not seen by a physician.

(3) Discharge - Record the hour and minutes when the patient was discharged in figures. For example, enter 01:45 and then check the appropriate box (Military, AM or PM).

Check the box if the discharge time was more than 24 hours after the arrival time.

It is important that this item be recorded correctly. Please pay special attention to the Military, AM or PM boxes. Also, cross-check this item with Arrival Time (item 1d(1)). For example, time of discharge should be after the time patient entered the Emergency Department.

ITEM 1e. PATIENT RESIDENCE

| Residence | | Definition |
|-----------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Private residence | The patient's current place of residence is a private home (such as an apartment, single family home, townhouse, etc.) |
| 2 | Nursing home | The patient's current place of residence is a nursing home. |
| 3 | Other institution | The patient's current place of residence is an institution other than a nursing home (such as a prison, mental hospital, group home for the mentally retarded or physically disabled, etc.) |
| 4 | Other residence | The patient's current place of residence is a hotel, college dormitory, assisted living center, etc. |
| 5 | Homeless | The patient has no home (e.g., lives on the street) or patient's current place of residence is a homeless shelter. |
| 6 | Unknown | If you cannot determine the patient's current residence, mark "Unknown." |

ITEM 1f. MODE OF ARRIVAL

| Mode | | Definition |
|------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Ambulance | The patient arrives in an ambulance, either air or ground. This includes private and public ambulances that can provide either Advanced Life Support or Basic Life Support. |
| 2 | Public service | The patient arrives in a vehicle, such as a police car, a social service vehicle, beach patrol, etc., or is escorted or carried by a public service official. |
| 3 | Walk-in | The patient arrives by car, taxi, bus, or foot. |
| 4 | Unknown | The mode of arrival is unknown. |

If two modes of arrival are shown, check the highest level box – Ambulance/Public service/Walk-in.

ITEM 1g. SEX

Please check the appropriate category.

ITEM 1h. ETHNICITY

Ethnicity refers to a person's national or cultural group. The ED Patient Record form has two categories for ethnicity, Hispanic or Latino and Not Hispanic or Latino.

Mark the appropriate category according to your hospital's usual practice or based on your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's ethnicity is not known and is not obvious, mark the box which in your judgment is most appropriate. The definitions of the categories are listed below. Do not determine the patient's ethnicity from their last name.

| Ethnicity | Definition |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1 Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. |
| 2 Not Hispanic or Latino | All other persons. |

ITEM 1i. RACE

Mark *all* appropriate categories based on observation or your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's race is not known or not obvious, mark the box(es) which in your judgment is (are) most appropriate. Do not determine the patient's race from their last name.

| | Race | Definition |
|---|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | White | A person having origins in any of the original peoples of Europe, Middle East, or North Africa. |
| 2 | Black/African American | A person having origins in any of the black racial groups of Africa. |
| 3 | Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| 4 | Native Hawaiian/ Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| 5 | American Indian/ Alaska Native | A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. |

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ITEM 1j. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT

Mark the expected source or sources of payment that will pay for *this visit*. This information may be in the patient's file; however, in large hospitals, the billing information may be kept in the business office.

Mark all sources of payment that apply.

| Р | rimary Expected | |
|---|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S | ource of Payment | Definition |
| 1 | Private insurance | Charges paid in-part or in-full by a private insurer (e.g., Blue Cross/Blue |
| 2 | Medicare | Shield) either directly to the hospital or reimbursed to the patient. Include charges covered under a private insurance sponsored prepaid plan. Charges paid in-part or in-full by a Medicare plan. Includes payments directly to the hospital as well as payments reimbursed to the patient. |
| 3 | Medicaid/SCHIP | Include charges covered under a Medicare sponsored prepaid plan. Summacare is a health plan servicing the Akron, Ohio area and is sometimes utilized in lieu of Medicare for that area. Charges paid in-part or in-full by a Medicaid plan. Includes payments made directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicaid sponsored prepaid plan or the State Children's Health Insurance Program (SCHIP). |
| 4 | Worker's | Includes programs designed to enable employees injured on the job to |
| | compensation | receive financial compensation regardless of fault. |
| 5 | Self-pay | Charges, to be paid by the patient or patient's family, which will not be reimbursed by a third party. "Self-pay" is perhaps a poor choice of wording since we really have no interest in whether the patient actually pays the bill. This category is intended to include visits for which the patient is expected to be ultimately responsible for most of the bill. DO NOT check this box for a copayment or deductible. |
| 6 | No charge/Charity | Visits for which no fee is charged (e.g., charity, special research or teaching). Do not include visits paid for as part of a total package (e.g., prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in a flat fee charged for the entire pregnancy). Mark the box or boxes that indicate how the services were originally paid. |
| 7 | Other | Any other sources of payment not covered by the above categories, such as CHAMPUS, state and local governments, private charitable organizations, and other liability insurance (e.g., automobile collision policy coverage). |
| 8 | Unknown | The primary source of payment is not known. |
| | | |

2. TRIAGE

ITEM 2a. INITIAL VITAL SIGNS

Record the patient's initial body temperature and check the appropriate box (degrees C or F). Indicate the pulse and blood pressure of the patient at the time of arrival. Indicate if the patient is oriented to time, place, and person.

ITEM 2b. IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN

Mark the box that best meets the clinical judgment made by the practitioner (e.g., triage nurse) about the patient's need for immediacy of evaluation, stabilization, and/or treatment. Level is assigned upon arrival at the ED.

| Tr 1 | iage Level Immediate | Definition (Emergent, Stat, Severe, Immediate, Expectant, Major trauma, Major medical problem) Severe condition where any delay would likely result in death. |
|---------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | 1-14 minutes | (Emergent, Stat, Severe, Immediate, Expectant, Major trauma, Major medical problem) Severe illness or injury requiring immediate care to combat danger to life or limb and where any delay would likely result in deterioration. |
| 3 | 15-60 minutes | (Urgent, ASAP) Illness or injury requiring treatment within 60 minutes. |
| 4 | >1 hour-2 hours | (Semi-urgent, Moderate, Delayed) Illness or injury requiring treatment within 60-120 minutes. |
| 5 | > 2 hours - 24 hours | (Non-urgent, Minimal, Minor trauma, Minor medical problem) Condition where delay of up to 24 hours would make no appreciable difference to the clinical condition, and where subsequent referral may be made to the appropriate alternative specialty. |
| 6 | No triage | Hospital does not perform triage or patient arrived DOA. |
| 7 | Unknown | Immediacy with which patient should be seen is not known. |

ITEM 2c. PRESENTING LEVEL OF PAIN

Mark the box that indicates the level of the patient's pain at triage as recorded in the medical record. Assessment of pain level should be based on the Clinical Practice Guidelines published by the Agency for Healthcare Research and Quality which provides a numerical pain intensity scale.

- 1 None Numerical rating of 0
- 2 Mild Numerical rating of 1-3
- 3 Moderate Numerical rating of 4-6
- 4 Severe Numerical rating of 7-10
- 5 Unknown Unable to determine level of pain

3. PREVIOUS CARE

ITEM 3a. HAS PATIENT BEEN SEEN IN THIS ED WITHIN THE LAST 72 HOURS?

Indicate whether the patient has been seen in this emergency department within the 72 hours prior to the current visit using the check boxes provided. If you are unable to determine whether the patient has been seen in this time period, please mark "Unknown."

ITEM 3b. HAS PATIENT BEEN DISCHARGED FROM ANY HOSPITAL WITHIN THE LAST 7 DAYS?

Indicate whether the patient has been discharged from any hospital within the last 7 days prior to the current visit by using the check boxes provided. If you are unable to determine whether the patient was discharged from any hospital within the last 7 days, please mark "unknown."

4. REASON FOR VISIT

ITEM 4a. PATIENT'S COMPLAINT(S), SYMPTOM(S) OR OTHER REASON(S) FOR THIS VISIT (*in patient's own words*)

Enter the Patient's complaint(s), symptom(s), or other reason(s) for this visit *in the Patient's own words*. Space has been allotted for the "most important" and two "other" complaints, symptoms, and reasons as indicated below.

- (1) Most important
- (2) Other
- (3) Other

The *Most Important* reasons should be entered in (1). Space is available for two other reasons in (2) and (3). By "most important" we mean the problem or symptom which in the physician's judgment, was most responsible for the patient making this visit. Since we are interested only in the patient's *most important complaints/ symptoms/ reasons,* it is not necessary to record more than three.

This is one of the most important items on the Patient Record form. No similar data on emergency department visits are available in any other survey and there is tremendous interest in the findings. Please take the time to be sure you understand what is wanted--especially the following two points:

We want the patient's principal complaint(s), symptom(s) or other reason(s) in the patient's own words. The physician may recognize right away, or may find out after the examination, that the real problem is something entirely different. In item 3a we are interested in how the patient defines the reason for the visit (e.g., "cramps after eating," "fell and twisted my ankle").

The item refers to the patient's complaint, symptom, or other reason for *this visit*. Conceivably, the patient may be undergoing a course of treatment for a serious illness, but if his/her principal reason for this visit is a cut finger or a twisted ankle, that is the information we want.

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There will be visits by patients for reasons other than some complaint or symptom. Examples might be follow-up for suture removal or recheck of a heart condition. In such cases, simply record the reason for the visit.

Reminder: If the reason for a patient's visit is to pay a bill, ask the physician to complete an insurance form, or drop off a specimen, then the patient is not eligible for the sample. A Patient Record form should not be completed for this patient.

ITEM 4b. IS THIS VISIT WORK RELATED?

Mark "Yes" if the patient's condition is a result of an illness, injury or poisoning stemming from work-related activities. For example, mark "Yes" if the patient was injured while at work, or has a stress-related illness from working. Often payment by Worker's Compensation indicates a work-related illness or injury, but not always. Mark "No" if there is an indication that the condition is NOT work related. Mark "Unknown" if there is no mention of whether or not the patient's condition is work related.

"Yes" should be marked if the illness or injury occurred on employer premises while the patient was:

- Engaged in work activity, apprenticeship, or vocational training
- On break, in hallway, rest room, cafeteria, or storage area
- In employer parking lot while working, arriving, or leaving

"Yes" should also be checked if the illness or injury occurred off the employer's premises while the patient was:

- Working for pay or compensation, including at home
- Working as a volunteer EMS, firefighter, or law enforcement officer
- Working in the family business, including family farm
- Traveling on business, including to and from customer/business contacts
- Engaged in work activity where vehicle is considered the work
 environment (e.g., taxi driver, truck driver, etc.)

"No" should also be checked if the illness or injury occurred:

1) On employer premises but--the patient was:

- Engaged in recreational activities on employer controlled facilities (games, etc.) for personal enjoyment
- A visitor for non-work purposes, not on official business, or
 - 2) Off employer premises--but the patient was:
- A homemaker working at homemaking activities
- Working for self non profit (i.e., mowing lawn, repairing own roof, hobby, or recreation activities)
- A student engaged in school activities
- Operating vehicle (personal or commercial) for non-work purposes
- Commuting to or from work site

5. INJURY/POISONING/ADVERSE EFFECT

ITEM 5a. IS THIS VISIT RELATED TO AN INJURY, OR POISONING, OR ADVERSE EFFECT OF MEDICAL TREATMENT?

Mark the "Yes" or "No" box to indicate whether the patient's visit was due to any type of injury, poisoning, or adverse effect of medical treatment. The injury/poisoning/adverse effect does not need to be recent. It can include those visits for follow up of previously treated injuries and visits for flare-ups of problems due to old injuries. This not only includes injuries or poisonings, but also adverse effects of medical treatment or surgical procedures (e.g., unintentional cut during a surgical procedure, foreign object left in body during procedure, and adverse drug events). Include any prescription, over-the-counter medication or illegal drugs involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

ITEM 5b. IS THIS INJURY/POISONING INTENTIONAL?

Indicate whether the injury was intentional (i.e., self-inflicted or an assault), unintentional, or unknown.

ITEM 5c. CAUSE OF INJURY, POISONING OR ADVERSE EFFECT

Provide a brief description of the *who, what, when, where, and why* associated with the injury, poisoning or the adverse effects of medical treatment or surgical procedures including adverse drug events (e.g., allergy to penicillin). Indicate the place of the injury (e.g., residence, recreation or sports area, street or highway, school, hospital, public building, or industrial place). Include any post-surgical complications and if it involved an implant, specify what kind. If safety precautions were taken, describe them (e.g., seat belt use). Be sure to include the mechanism that caused the injury (e.g., farm equipment, fire, arsenic, knife, pellet gun). If it was a work-related injury or poisoning, specify the industry of the patient's employment (e.g., food service, agricultural, mining, health services, etc.).

Describe in detail the circumstances that caused the injury (e.g., fell off monkey bars, motor vehicle involving collision with another car, spouse beaten with fists by spouse). Include information on the role of the patient associated with the injury (e.g., bicyclist, pedestrian, unrestrained driver or passenger in a motor vehicle, horseback rider), the specific place of occurrence (e.g., lake, school football field), and the activity in which the patient was engaged at the time of the injury (e.g., swimming, boating, playing football).

Also include what happened to the patient and identify the proximate cause of the injury or injuries for which the patient sought treatment. The proximate cause of injury is the mechanism of injury that is temporarily or immediately responsible for the injury. An example is a laceration caused by a broken piece of glass. Include, in addition, the underlying or precipitating cause of injury (i.e., the event, mechanism, or external cause of injury that initiated and led to the proximate cause of injury). An example is a house fire that caused a person to jump out of the window. Both the precipitating or underlying cause (house fire) and the proximate cause (fall from roof) would be important to record. It's especially important to record as much detail about falls and motor vehicle crashes as possible. For each, indicate what the fall was from (e.g., steps) and where the patient landed (e.g., pavement). The National Center for Health Statistics will use the information collected to classify the cause of the injury using the International Classification of Diseases, Supplementary Classification of External Causes of Injury and Poisoning codes (ICD-9-CM E-Codes).

6. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

- (1) Primary diagnosis
- (2) Other
- (3) Other

This is one of the most important items on the Patient Record Form. Item 6(1) refers to the physician's primary diagnosis for this visit. While the diagnosis may be tentative, provisional, or definitive it should represent the physician's best judgment at this time, expressed in acceptable medical terminology including "problem" terms. If the patient was not seen by a physician, then the diagnosis by the main medical provider should be recorded.

If a patient appears for *postoperative* care (follow up visit after surgery), record the postoperative diagnosis as well as any other. The postoperative diagnosis should be indicated with the letters "P.O."

Space has been allotted for two "other" diagnoses. In Items 6(2) and 6(3) list the diagnosis of other conditions related to this visit. Include chronic conditions (e.g., hypertension, depression, etc.) if related to this visit.

7. DIAGNOSTIC/SCREENING SERVICES

Mark all services that were ordered or provided during *this visit* for the purpose of screening (i.e., early detection of health problems in asymptomatic individuals) or diagnosis (i.e., identification of health problems causing individuals to be symptomatic). EACH SERVICE ORDERED OR PROVIDED SHOULD BE MARKED.

Mark the "NONE" box if no blood tests, imaging services, or other tests were ordered or provided.

For "Electrolytes," include any of the following tests: electrolytes, sodium (Na), chloride (Cl), potassium (K), biocarbonate (HCO₃), calcium (Ca), magnesium (Mg).

For "Cardiac enzymes," include any of the following tests: CPK (creatine phosphokinase), CK (creatine kinase), LD or LDH (lactic dehydrogenase), SGOT (serum glutamic-oxaloacetic transaminase) or AST (aspartate aminotransferase), myoglobin, and troponin (include forms T, I, and L).

For "Liver function tests," include any of the following tests: ALP (akaline phosphatase), SGPT (serum glutamate pyruvate transaminase) or ALT (alanine transaminase), SGOT (serum glutamic-oxaloacetic transaminase) or AST (aspartate aminostransferase), GGT (gamma-glutamyl transpeptidase), and serum bilirubin.

For "Arterial blood gases," include the measurement of the levels of pH, oxygen (PO_2 or PaO_2) carbon dioxide (PCO_2 or $PaCO_2$), bicarbonate (HCO_3), and oxygen saturation (SaO_2).

If services were ordered or provided but not listed, mark the "Other blood test," "Other test/service," or "Other imaging." boxes.

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8. PROCEDURES

Mark all procedures provided at this visit. Mark the "NONE" box if no procedures were provided.

| 2 3 4 | Bladder catheter CPR Endotracheal intubation | Any type of catheter used to obtain urine from the bladder (e.g., Foley). Cardiopulmonary resuscitation. Insertion of a laryngoscope into the mouth followed by a tube into the trachea. |
|-------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | IV fluids | Administration of intravenous fluids. |
| 6 | Nebulizer therapy | Therapy where bronchodilator (airway-opening) medications (e.g., albuterol), are delivered through a nebulizer which changes liquid medicine into fine droplets (in aerosol or mist form) that are inhaled through a mouthpiece or mask. |
| 7 | NG tube/ | Insertion of a nasogastric (NG) tube through the nose, down the esophagus and into the stomach. |
| | Gastric suction | A procedure used to empty the contents of the stomach, usually for analysis or removal of irritating elements, such as poisons. |
| 8 9 | OB/GYN care Orthopedic care | Treatment of obstetric or gynecologic conditions, including routine care. Treatment of orthopedic injuries or conditions; includes reduction, casting, wrapping, splinting, and aspiration of fluid from joints. |
| 10 | Thrombolytic therapy | The use of one or more medications to break up or destroy blood clots, which are the main cause of both heart attack and stroke. |
| 11 | Wound care | Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures; removal of foreign bodies; excisions; and incision and drainage of wounds. |
| 12 | Other | Mark if other procedures were provided but not listed. |

9. MEDICATIONS & IMMUNIZATIONS

ITEM 9. LIST UP TO EIGHT MEDICATION/IMMUNIZATION NAMES BELOW.

Please list up to eight drugs given at this visit or prescribed at ED discharge, using either the brand or generic names. Include prescription and over-the-counter drugs, immunizations, dietary supplements, and anesthetics.

Record the exact drug name (brand or generic) written on any prescription or medical record.

Do not enter broad drug classes, such as "laxative," "cough preparation," "analgesic," "antacids," "birth control pill," or "antibiotics." The one exception is "allergy shot."

Limit entries to drug name only. Additional information such as dosage, strength or regimen is not required. For example, the medication might be in the forms of pills, injections, salves or ointments, drops,

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suppositories, powders, or skin patches, but this information should not be entered on the Patient Record form.

For each drug listed, mark the appropriate box indicating if the medication was given in the ED or prescribed at discharge. If the same drug was both given in the ED and prescribed at discharge, then mark (X) both boxes.

10. PROVIDERS SEEN

Mark all providers seen during this visit. If care was provided, at least in part, by a person not represented in the seven categories, mark the "Other" box.

11. VISIT DISPOSITION

Mark all that apply.

| Visit Disposition | | Definition |
|-------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No follow-up planned | No return visit or telephone contact is scheduled or planned for the patient's problem. |
| 2 | Return if needed, PRN/appointment | The patient is instructed to return to the ED as needed; or the patient was told to schedule an appointment or was given an appointment to return to the ED at a particular time. |
| 3 | Return/Refer to physician/clinic for FU | The patient was referred to the ED by his or her personal physician or some other physician and is now instructed to consult with the physician who made the referral. The patient was screened, evaluated, stabilized and then referred to another physician or clinic for follow-up. |
| 4 | Refer to social services | The patient was referred to social services, including both those provided in the hospital and the community (e.g., social work, alcohol or drug treatment program, home health care, counseling services). |
| 5 | Left AMA | The patient left against medical advice, that is, the patient was evaluated by the hospital staff and advised to stay and receive or complete treatment. |
| 6 | Left without being seen | The patient left the hospital after being triaged, but before receiving any medical care. |
| 7 | DOA/died in ED | If the patient was dead on arrival (DOA) or died in the ED, this patient is still included in the sample if listed on the arrival log. |
| 8 | Transfer to different hospital | The patient was transferred to a different hospital. Indicate the reason why the patient was transferred in the space provided. |
| 9 | Admit to observation unit | The patient was sent to a designated observation unit in the ED for evaluation and management or to wait for an inpatient bed. |
| 10 | Admit to hospital | The patient was instructed that further care or treatment was needed and was admitted to a hospital. If "Admit to hospital" was marked, then please continue with item 12 – HOSPITAL ADMISSION on the reverse side. |
| 11 | Other | Any other disposition not included in the above list. |

12. HOSPITAL ADMISSION

If box "10 – Admit to Hospital" in ITEM 11. VISIT DISPOSITION was marked, continue on the reverse side of the NHAMCS-100(ED) and complete ITEM 12 HOSPITAL ADMISSION. If the information for items 12c-12e are not available at the time of the abstraction, please complete the NHAMCS-105, Hospital Admission Log.

ITEM 12a. ADMITTED TO:

| Type of Unit | | Definition |
|--------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Critical care unit – | A critical care unit of the hospital, (e.g., Intensive Care Unit (ICU), Coronary Care Unit (CCU), Pediatric Intensive Care Unit (PICU)). |
| 2 | OR/Cath lab – | The patient was sent directly to the operating room or cardiac catheterization lab from the ED. |
| 3 | Other bed/unit – | The patient was admitted to a bed/unit in the hospital not listed above (e.g., med/surg unit). |
| 4 | Unknown – | Information is not available to determine where the patient was admitted. |

ITEM 12b. HOSPITAL ADMISSION TIME

Record the hours and minutes that the patient was admitted to the hospital in figures. For example, enter 05:45 and then check the appropriate box (Military, AM, or PM).

ITEM12c. HOSPITAL DISCHARGE DATE

The month, day and year, should be recorded in figures, for example 05/17/2005 for May 17, 2005. Enter last digit for the pre-filled 4-digit year.

ITEM 12d. PRINCIPAL HOSPITAL DISCHARGE DIAGNOSIS

Enter the principal hospital discharge diagnosis.

ITEM 12e. HOSPITAL DISCHARGE STATUS

Mark the appropriate check box.

II. OUTPATIENT DEPARTMENT PATIENT RECORD FORM

1. PATIENT INFORMATION

ITEM 1a. DATE OF VISIT – same as ED.

ITEM 1b. ZIP CODE – same as ED.

ITEM 1c. DATE OF BIRTH – same as ED.

ITEM 1d. SEX

Please check the appropriate category. If "female" is marked, please answer the sub-question: "Is patient pregnant?" If "Yes" is marked, specify gestation week. If gestation week is unknown, then record LMP (last menstrual period) date in same fashion as Date of Visit.

ITEM 1e. ETHNICITY – same as ED Item 1h.

ITEM 1f. RACE – same as ED Item 1j.

ITEM 1g. TOBACCO USE

Tobacco use is defined as smoking cigarettes/cigars, using snuff, or chewing tobacco. Mark "Not current" if the patient does not currently use tobacco. If "Not current" is marked, then mark "Never" if the patient has never used tobacco or "Former" if the patient formerly used tobacco. Mark "Current" if the patient uses tobacco. Mark "Unknown" if it cannot be determined whether the patient currently uses or does not use tobacco.

| 1 Not current | 2 Current |
|---------------|-----------|
| 1 Never | 3 Unknown |
| 2 Former | |

ITEM 1h. EXPECTED SOURCE OF PAYMENT FOR THIS VISIT

Mark (X) ALL appropriate expected source(s) of payment.

| Expected Source of Payment 1 Private insurance | Definition Charges paid in-part or in-full by a private insurer (e.g., Blue Cross/Blue Shield) either directly to the hospital or reimbursed to the patient. Include charges covered under a private insurance sponsored prepaid plan. |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 Medicare | Charges paid in-part or in-full by a Medicare plan. Includes payments directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicare sponsored prepaid plan. |
| 3 Medicaid/SCHIP | Charges paid in-part or in-full by a Medicaid plan. Includes payments made directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicaid sponsored prepaid plan or the State Children's Health Insurance Program (SCHIP). |
| 4 Worker's compensation | Includes programs designed to enable employees injured on the job to receive financial compensation regardless of fault. |
| 5 Self-pay | Charges, to be paid by the patient or patient's family, which will not be reimbursed by a third party. "Self-pay" is perhaps a poor choice of wording since we really have no interest in whether the patient actually pays the bill. This category is intended to include visits for which the patient is expected to be ultimately responsible for most of the bill. DO NOT check this box for a copayment or deductible. |
| 6 No charge/Charity | Visits for which no fee is charged (e.g., charity, special research or teaching). Do not include visits paid for as part of a total package (e.g., prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in a flat fee charged for the entire pregnancy). Mark the box or boxes that indicate how the services were originally paid. |
| 7 Other | Any other sources of payment not covered by the above categories, such as CHAMPUS, state and local governments, private charitable organizations, and other liability insurance (e.g., automobile collision policy coverage). |
| 8 Unknown | The primary source of payment is not known. |

2. INJURY/POISONING/ADVERSE EFFECT

ITEM 2. IS THIS VISIT RELATED TO ANY OF THE FOLLOWING?

If ANY PART of this visit was related to an injury or poisoning or adverse effect of medical or surgical care or an adverse effect of a medicinal drug, then mark (X) the appropriate box. Indicate whether the injury or poisoning was intentional (i.e., self-inflicted or an assault) or unintentional. The injury/poisoning/adverse effect does not need to be recent. It can include those visits for follow up of previously treated injuries and visits for flare-ups of problems due to old injuries. This item not only includes injuries or poisonings, but also adverse effects of medical treatment or surgical procedures (e.g., unintentional cut during a surgical procedure, foreign object left in body during procedure, and adverse drug events). Include any prescription or over-the-counter medication involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

If the visit was not related to an injury, or poisoning or adverse effect of medical or surgical care or an adverse effect of a medicinal drug, then mark (X) "None of the above" and if it could not be determined mark (X) "Unknown."

3. REASON FOR VISIT - same as ED Item 4.

4. CONTINUITY OF CARE

ITEM 4a. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN/PROVIDER?

The primary care physician/provider plans and provides the comprehensive primary health care of the patient. Mark "Yes" if the health care provided to the patient during this visit was from his/her primary care physician/provider and skip to Item 4b. If the physician/provider seen at this visit was substituting for the primary care physician/provider, also check "Yes." Mark "No" if care was not from the primary care physician/provider and "Unknown" if it is not known.

If "No" or "Unknown" is checked, also indicate whether the patient was referred for this visit by another physician or health care provider. This item provides an idea of the "flow" of ambulatory patients from one physician/provider to another. Mark the "Yes," "No," or "Unknown" category, as appropriate.

Notice that this item concerns referrals to the sample clinic by a different physician/provider or clinic. The interest is in referrals for this visit and not in referrals for any prior visit.

Referrals are any visits that are made because of the advice or direction of a clinic or physician/provider other than the clinic or physician/provider being visited.

ITEM 4b. HAS THE PATIENT BEEN SEEN IN THIS CLINIC BEFORE?

"Seen" means "provided care for" at any time in the past. Mark "Yes, established patient" if the patient was seen before by any physician or staff member in the clinic. Exclude this visit.

Mark "No, new patient" if the patient has not been seen in the clinic before.

If "Yes" is checked, also indicate approximately how many past visits the patient has made to this clinic within the last 12 months using the check boxes provided. Do not include the current visit in your total. If you cannot determine how many past visits were made, then please mark "Unknown." Include all visits to other physicians or health care providers in this clinic.

ITEM 4c. MAJOR REASON FOR THIS VISIT

Mark the major reason for the patient's current visit. Be sure to check only one of the following "Major Reasons:"

| | Problem | Definition |
|---|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | New Problem | A visit for a condition, illness, or injury having a relatively sudden or recent onset (within three months of this visit). |
| 2 | Chronic Problem, Routine | A visit primarily to receive care or examination for a pre-existing chronic condition, illness, or injury (onset of condition was three months or more before this visit). |
| 3 | Chronic Problem, Flare up | A visit primarily due to sudden exacerbation of a pre-existing chronic condition. |
| 4 | Pre- or Post- Surgery | A visit scheduled primarily for care required prior to or following surgery (e.g., pre-surgery tests, removing sutures). |
| 5 | Preventive Care | General medical examinations and routine periodic examinations. Includes prenatal and postnatal care, annual physicals, well-child exams, screening, and insurance examinations. |

5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

ITEM 5a. AS SPECIFICALLY AS POSSIBLE, LIST DIAGNOSES RELATED TO THIS VISIT INCLUDING CHRONIC CONDITIONS. – Same as ED item 6.

ITEM 5b. REGARDLESS OF THE DIAGNOSES WRITTEN IN 5a, DOES PATIENT NOW HAVE:

The intent of this item is to supplement the diagnosis reported in item 5a(1), 5a(2), and 5a(3). Mark all of the selected condition(s) regardless if it is already reported in item 5a. Even if the condition is judged to be not clinically significant for this visit, it should still be checked. General descriptions for each condition are listed below.

| Condition | Description |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Arthritis | Includes those types of rheumatic diseases in which there is an inflammation involving joints, (e.g., osteoarthritis, rheumatoid arthritis, acute arthritis, juvenile chronic arthritis, hypertrophic arthritis, Lyme arthritis, and psoriatic arthritis). |
| 2 Asthma | Includes extrinsic, intrinsic, and chronic obstructive asthma. |
| 3 Cancer (ca) | Includes any type of cancer (ca), such as, carcinoma, sarcoma, leukemia, and lymphoma. |
| 4 Cerebrovascular disease | Includes stroke and transient ischemic attacks (TIAs). |

| 5 CHF (congestive heart failure) | |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 Chronic renal | Includes end-stage renal disease (ESRD) and chronic kidney failure due to failure diabetes or hypertension. |
| 7 COPD (chronic obstructive pulmonary disease) | Includes chronic bronchitis and emphysema. Excludes asthma. |
| 8 Depression | Includes affective disorders and major depressive disorders, such as episodes of depressive reaction, psychogenic depression, and reactive depression. |
| 9 Diabetes | Includes both diabetes mellitus and diabetes insipidus. |
| 10 Hyperlipidemia | Includes hyperlipidemia and hypercholesterolemia. |
| 11 Hypertension | Includes essential (primary or idiopathic) and secondary hypertension. |
| 12 Ischemic heart | Includes angina pectoris, coronary atherosclerosis, acute myocardial disease infarction, and other forms of ischemic heart disease. |
| 13 Obesity | Includes body weight 20% over the standard optimum weight. |
| 14 Osteoporosis | |
| 15 None of the above | Mark (X) if none of the conditions above exist. |

ITEM 5c. STATUS OF PATIENT ENROLLMENT IN A DISEASE MANAGEMENT PROGRAM FOR ANY OF THE CONDITIONS MARKED IN 5b

A disease management program is defined as a set of interventions designed to improve the health of individuals by working more directly with them and their physicians and support-service providers on their treatment plans regarding diet, adherence to medicine schedules, and other self-management techniques. Other components of the program include outcomes measurement and a routine reporting/feedback loop which may involve communication with the patient, physician, health plan, and ancillary providers.

6. VITAL SIGNS

(1) Height Record the patient's height if measured at this visit. If it was not measured at this visit and the patient is 21 years of age or over, then review the chart for the last time that height was recorded and enter that value. Mark the appropriate box (ft/in or cm).

| (2) | Weight | Record the patient's weight if measured at this visit. If it was not measured at this visit and the patient is 21 years of age or over, then review the chart for the last time that weight was recorded and enter that value. Mark the appropriate box (lbs or kg). |
|-----|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (3) | Temperature | Record the patient's temperature if measured at this visit. Mark the appropriate box (degrees C or F). |
| (4) | Blood pressure | Record the patient's blood pressure if measured at this visit. |

7. DIAGNOSTIC/SCREENING SERVICES

Mark all services that were ordered or provided during this visit for the purpose of screening (i.e., early detection of health problems in asymptomatic individuals) or diagnosis (i.e., identification of health problems causing individuals to be symptomatic). EACH SERVICE ORDERED OR PROVIDED SHOULD BE MARKED. At visits for a complete physical exam, several tests may be ordered prior to the visit, so that the results can be reviewed during the visit. Since these services are related to the visit, the appropriate box(es) should be marked.

Mark the "NONE" box if no Diagnostic/Screening Services were ordered or provided.

For "Electrolytes," include any of the following tests: electrolytes, sodium (Na), chloride (Cl), potassium (K), calcium (Ca), magnesium (Mg).

For "Lipids/Cholesterol," include any of the following tests: cholesterol, LDL, HDL, cholesterol/HDL ratio, triglycerides, coronary risk profile, lipid profile.

For "Biopsy," include any form of open or closed biopsy of lesions or tissues.

For "Chlamydia test," only include the following tests if chlamydia is specifically mentioned: enzyme-linked immunosorbent assay (ELISA, EIA), direct fluorescent antibody test (DFA), nucleic acid amplification test (NAAT), nucleic acid hybridization test (DNA probe testing), or chlamydia culture.

If a scope procedure was ordered or provided, mark the "Scope Procedure – Specify" box and write-in the type in the space provided.

If services were ordered or provided, but are not listed, mark the "Other test/service - Specify" box and write-in the service(s) in the space provided.

8. HEALTH EDUCATION

Mark all appropriate boxes for any of the following types of health education ordered or provided to the patient during the visit. Exclude medications.

Mark the "NONE" box if no counseling, educational, or therapeutic services were provided.

| Health | | Definition |
|--------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | cation | Information regarding the elimination of allorgons that may everythete |
| 2 | Asthma Education | Information regarding the elimination of allergens that may exacerbate asthma, or other activities that could lead to an asthma attack or instruction on the use of medication, such as an inhaler. |
| 3 | Diet/Nutrition | Any topic related to the foods and/or beverages consumed by the patient. Examples include general dietary guidelines for health promotion and disease prevention, dietary restrictions to treat or control a specific medical problem or condition, and dietary instructions related to medications. Includes referrals to other health professionals, for example, dietitians and nutritionists. |
| 4 | Exercise | Any topics related to the patient's physical conditioning or fitness. Examples include information aimed at general health promotion and disease prevention and information given to treat or control a specific medical condition. Includes referrals to other health and fitness professionals. Does not include referrals for physical therapy. Physical therapy ordered or provided at the visit is listed as a separate check box in item 9. |
| 5 | Growth/ Development | Any topics related to human growth and development. |
| 6 | Injury Prevention | Any topic aimed at minimizing the chances of injury in one's daily life. May include issues as diverse as drinking and driving, seat belt use, child safety, avoidance of injury during various physical activities, and use of smoke detectors. |
| 7 | Stress Management | Information intended to help patients reduce stress through exercise, biofeedback, yoga, etc. Includes referrals to other health professionals for the purpose of coping with stress. |
| 8 | Tobacco use/exposure | Information given to the patient on issues related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, and on the exposure to tobacco in the form of "secondhand smoke." Includes information on smoking cessation as well as prevention of tobacco use. Includes referrals to other health professionals for smoking cessation programs. |
| 9 | Weight reduction | Information given to the patient to assist in the goal of weight reduction. Includes referrals to other health professionals for the purpose of weight reduction. |
| 10 | Other | Check if there were other types of health education ordered or provided that were not listed above. |

9. NON-MEDICATION TREATMENT

Mark (X) all non-medication treatments ordered or provided at this visit.

| Non-Medication treatment | | Definition |
|-----------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | NONE | No non-medication treatments were ordered, scheduled, or performed at this visit. |
| 2 | Complementary or alternative medicine (CAM) | Includes medical interventions neither widely taught in medical schools nor generally available in physician offices or hospitals (e.g., acupuncture, chiropractic, homeopathy, massage, or herbal therapies). |
| 3 | Durable medical equipment | Equipment which can withstand repeated use, (i.e., could normally be rented and used by successive patients; is primarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury); and is appropriate for use in the patient's home, (e.g., cane, crutch, walker, wheelchair) |
| 4 | Home health care | Includes services provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health or for maximizing the level of independence while minimizing the effects of disability and illness, including terminal illness. Services may include skilled nursing care; help with bathing, using the toilet, or dressing provided by home health aides; and physical therapy, speech language pathology services, and occupational therapy. |
| 5 | Hospice care | A program of palliative care (i.e., care which serves to relieve or alleviate without curing) and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones. Hospice services are available in both the home and inpatient settings. Home hospice care is provided on a part-time, intermittent, regularly scheduled, and around-the-clock basis. Bereavement services and other types of counseling are available to the family and other loved ones. |
| 6 | Physical therapy | Physical therapy includes treatments using heat, light, sound, or physical pressure or movement, (e.g., ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, or manipulative therapy). |
| 7 | Speech/ Occupational therapy | Speech therapy includes the treatment of defects and disorders of the voice and of spoken and written communication. Occupational therapy includes the therapeutic use of work, self-care, and play activities to increase independent function, enhance development, and prevent disability. |
| 8 | Psychotherapy | All treatments involving the intentional use of verbal techniques to explore or alter the patient's emotional life in order to effect symptom reduction or behavior change. |
| 9 | Other mental health counseling | General advice and counseling about mental health issues and education about mental disorders. Includes referrals to other mental health professionals for mental health counseling. |
| 10 | Excision of tissue | Includes any excision of tissue such as polyps, cysts, or moles. Excludes would care and biopsy. |

| Non-Medication treatment | | Definition |
|-----------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Orthopedic care | Includes reduction, casting, wrapping, splinting, and aspiration of fluid from joints. |
| 12 | Wound care | Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures; removal of foreign bodies; and incision and draining of wounds. |
| 13 | Other non- surgical procedures | Write-in any non-surgical procedure ordered or performed at this visit that was not previously recorded. |
| 14 | Other surgical procedures | Write-in any surgical procedure ordered or performed at this visit that was not previously recorded. Surgical procedures may be simple (e.g., insertion of intrauterine contraceptive device) or complex (e.g., cataract extraction, hernia repair, hip replacement, etc.) |

10. MEDICATIONS & IMMUNIZATIONS

If medications or immunizations were ordered, supplied, administered, or continued at this visit, please list them (up to 8) in the space provided using either the brand or generic names. Record the exact drug name (brand or generic) written on any prescription or on the medical record. Do not enter broad drug classes, such as "laxative," "cough preparation," "analgesic," "antacid," "birth control pill," or "antibiotic." The one exception is "allergy shot." If no medication was prescribed, provided, or continued, then mark (X) the "NONE" box and continue.

Medication, broadly defined, includes the specific name of any:

prescription and over-the-counter medications, anesthetics, hormones, vitamins, immunizations, allergy shots, and dietary supplements.

medications and immunizations which the physician/provider ordered or provided prior to this visit and instructs or expects the patient to continue taking regardless of whether a "refill" is provided at the time of visit.

For each medication, record if it was new or continued.

11. PROVIDERS

Mark all providers seen during this visit. If care was provided, at least in part, by a person not represented in the four categories, mark the "Other" box.

12. VISIT DISPOSITION

Mark all that apply.

| Visit Disposition | | Definition |
|-------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No follow-up planned | No return visit or telephone contact was scheduled or planned for the patient's problem. |
| 2 | Return if needed, PRN | The patient was instructed to return to the clinic as needed. |
| 3 | Refer to other physician | The patient was instructed to consult or seek care from another physician. The patient may or may not return to this clinic at a later date. |
| 4 | Return at specified time | The patient was told to schedule an appointment or was given an appointment to return to the clinic at a particular time. |
| 5 | Telephone follow-up planned | The patient was instructed to telephone the physician or other clinic staff on a particular day to report on his or her progress, or a member of the clinic staff plans to call the patient to check on his or her condition. |
| 6 | Refer to emergency department | The patient was instructed to go to the emergency department for further evaluation and care immediately. |
| 7 | Admit to hospital | The patient was instructed that further care or treatment will be provided as an inpatient in the hospital. |
| 8 | Other | Any other disposition not included in the above list. |

C. DEFINITIONS OF CERTAIN TERMS USED IN THE SURVEY

<u>Patient</u> - An individual seeking personal health services not currently admitted to any health care institution on the premises. Patients arriving by ambulance are included. Patients are defined as in scope or out of scope as follows:

In scope - A patient seen by hospital staff in an in scope emergency service area or clinic except as excluded below.

<u>Out of scope</u> - Patients seen by a physician in their private office, nursing home, or other extended care institution or in the patient's home. Patients who contact and receive advice from hospital staff via telephone. Patients who come to the hospital only to leave a specimen, to pick up insurance forms, to pick up medication, or to pay a bill.

<u>Visit</u> - A direct, personal exchange between an ambulatory patient seeking care and a physician or other hospital staff member working under the physician's supervision for the purpose of rendering personal health services.

<u>Drug mention</u> - The health care provider's entry on the Patient Record form of a pharmaceutical agent ordered, supplied, administered or continued during the visit-- by any route of administration--for prevention, diagnosis, or treatment. Generic as well as brand name drugs are included, as are nonprescription as well as prescription drugs. Along with all new drugs, the hospital staff also records continued medications if the patient was specifically instructed during the visit to continue the medication.

<u>Hospital</u> - All hospitals with an average length of stay for all patients of less than 30 days (short-stay) or hospital whose specialty is general (medical or surgical) or children's general are eligible for the National Hospital Ambulatory Medical Care Survey except Federal hospitals and hospital units of institutions, and hospitals with less than six beds staffed for patient use.

<u>Ownership</u> - Hospitals are designated according to the primary owner of the hospital based on the Verispan Hospital Data Base.

<u>Voluntary nonprofit</u> - Hospitals that are church-related, are a nonprofit corporation, or have other nonprofit ownership.

<u>Government, non-Federal</u> - Hospitals that are operated by State, county, city, city-county, or hospital district or authority.

<u>Proprietary</u> - Hospitals that are individually or privately owned or are partnerships or corporations for profit.

<u>MSA</u> - Metropolitan Statistical Area as defined by the U.S. Office of Management and Budget. The definition of an individual MSA involves two considerations: first, a city or cities of specified population that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with "contiguous" counties that are metropolitan in character so that the periphery of the specific metropolitan area may be determined. MSAs may cross state lines. In New England, MSAs consist of cities and towns rather than counties.

Non-MSA - Non-Metropolitan Statistical Area (area other than metropolitan).

<u>Emergency department</u> - Hospital facility for the provision of unscheduled outpatient services to patients whose conditions require immediate care and which is staffed 24 hours a day. Emergency departments that are open less than 24 hours a day are included as part of the hospital's outpatient department.

<u>Emergency service area</u> - Area within the emergency department where emergency services are provided. This includes services provided under the "hospital as landlord" arrangement in which the hospital rents space to a physician group.

<u>Outpatient department</u> - Hospital facility where non-urgent ambulatory medical care is provided under the supervision of a physician.

<u>Clinic</u> - Administrative unit within an organized outpatient department that provides ambulatory medical care under the supervision of a physician. This excludes the "hospital as landlord" arrangement in which the hospital only rents space to a physician group and is not otherwise involved in the delivery of services.

Clinics are grouped into the following six specialty groups for purposes of systematic sampling and non-response adjustment: general medicine, surgery, pediatrics, obstetrics/gynecology, substance abuse, and other. Clinics are defined as in scope or out of scope as follows:

In scope - General Medicine

23/24 Hour Observation Adult - Screening Adult HIV AIDS Allergy (Adult) Ambulatory Care Andrology Anticoagulation Apnea (Adult) Arthritis/Rheumatology (Adult) Asthma Brain Tumor Breast Medical Oncology Cancer Center Cancer Screening Cardiology (Adult) CD4 Cerebral Palsy (Adult) Chest Chest TB

In scope - General Medicine (cont.)

Chorea/Huntington's Disease Coagulant **Connective Tissue** Counseling - Diabetic Cystic Fibrosis (Adult) Cytomegalovirus (CMV) Dermatology Diabetes **Diabetic Counseling Digestive Disease** Down's Syndrome (Adult) Endocrinology (Adult) Epilepsy Family Practice Gastroenterology (Adult) **General Medicine** General Medicine (Outreach Program) **General Practice** Genetics (Adult) Geriatric Medicine Head (Non-Surgical) Head & Neck (Non-Surgical) Hematology (Adult) Hemophilia (Adult) HIV (Adult) Holistic Medicine Homeless Huntington's Disease/Chorea Hyperlipidemia (Adult) Hypertension Immunology Immunosuppression Infectious Diseases (Adult) Internal Medicine (Adult) Lead Poisoning (Adult) Leukemia Lipid Liver Lupus (Systemic Lupus Erythematosus/SLE) Medical Oncology Medical Screening Melanoma Metabolic Movement and Memory Disorders Multiple Sclerosis (MS) Muscular Dystrophy (MD) Nephrology (Adult) Neurocutaneous Non-Surgical Head Non-Surgical Head & Neck Obesity (Adult) **Occupational Medicine** Oncology

Outreach Program (General Medicine) Pacemaker Pentamidine Peripheral Vascular Disease Pheresis **Pigmented Lesion** Plasmapheresis Primary Care Pulmonary (Adult) Renal Rheumatology/Arthritis (Adult) Screening (Adult) Screening - Cancer Screening and/or Walk-In Seizure Senior Care Sexually Transmitted Diseases (STD) Sickle Cell (Adult) SLE/Systemic Lupus Erythematosus (Lupus) Spina Bifida (Adult) STD/Sexually Transmitted Diseases Systemic Lupus Erythematosus/SLE (Lupus) Thyroid Transplant Medicine **Travel Medicine** Tuberculosis Tumor Urgent Care Walk-in and/or Screening Weight Management Wellness In scope - Surgery Abdominal Surgery Amputee (Surgery and Rehabilitation) Ano-Rectal Back Care **Bone Marrow Aspiration** Breast Breast Care Burn Cardiothoracic Surgery Cardiovascular Surgery Cast/Brace Chief Resident (Follow-up Surgery) Chronic Wound Cleft Palate Club Foot Cochlear Colon & Rectal Surgery Cryosurgery Elective Surgery ENT (Ear, Nose, and Throat) (Adult) ENT (Ear, Nose, and Throat) (Pediatric) Eve Fine Needle Aspiration

In scope – Surgery (cont.)

Fracture General Surgery Genitourinary **Genitourinary Surgery** Hand Surgery Head and Neck Surgery Heart Transplant Injury Knee Myelomeningocele Neurosurgery **Oncologic Surgery Ophthalmology** (Adult) **Ophthalmology** (Pediatric) **Orthopedic Surgery** Orthopedics (Adult) Orthopedics (Pediatric) Ostomy Otolaryngologic Surgery Otolaryngology (Adult) Otolaryngologic (Pediatric) Otology Otorhinolaryngology Plastic Surgery (Adult) Plastic Surgery (Pediatric) Post-Operative **Pre-Operative** Proctology Pulmonary/Thoracic Surgery Rectal & Colon Surgery Renal Surgery Renal Transplant Scoliosis (Adult) Scoliosis (Pediatric) Spinal Cord Injury Spine (Adult) Spine (Pediatric) Sports Medicine Surg Surgery (Adult) Surgery (Pediatric) Surgery Cancer Detection Surgical Oncology Suture Thoracic Surgery/Pulmonary Transplant Surgery Traumatic Surgery Urodynamics **Urologic Surgery** Urology (Adult) Urology (Pediatric) Vascular Surgery Visual Fields Wound Care

In scope – Pediatrics

Abuse (Child)/Sexual Assault Adolescent Medicine Adolescent/Young Adult Airway (Pediatric) Allergy (Pediatric) Apnea (Infant) Arthritis/Rheumatology (Pediatric) Attention Deficit Disorder Behavior and Development (Child) Birth Defect Cardiac (P Cardiology (Pediatric) Cerebral Palsy (Child) Clotting (Pediatric) **Congenital Heart** Craniofacial Craniomalformation Critical Care (Pediatric) Cystic Fibrosis (Child) Dermatology (Pediatric) **Developmental Disability Developmental Evaluation** Diabetes (Pediatric) Diagnostic (Pediatric) Down's Syndrome (Child) Endocrinology (Pediatric) Feeding Disorder (Pediatric) Gastroenterology (Pediatric) **General Pediatrics** Genetics (Pediatric) GI (Pediatric) **Growth Hormone** Hematology (Pediatric) Hemoglobinopathy (Pediatric) Hemophilia (Child) **High Risk Pediatrics HIV Pediatrics** Hyperlipidemia (Pediatric) Immunization Immunology (Pediatric) Infectious Diseases (Pediatric) Internal Medicine (Pediatric) Lead Poisoning (Pediatric) Learning Disorder Neonatal Neonatology Nephrology (Pediatric) Newborn Obesity (Pediatric) Oncology (Pediatric) Pediatrics Perinatal Phenylketonuria Prader-Willi Syndrome Pulmonary (Pediatric)

In scope – Pediatrics (cont.)

Renal and Diabetes (Pediatric) Rheumatic Heart Disease Rheumatology/Arthritis (Pediatric) Sexual Assault/Abuse (Child) Short stay (Pediatric) Sickle Cell (Child) Spina Bifida (Child) Teen Health Teen-Tot Teenage Well Child Care

In scope - Obstetrics/Gynecology

Adolescent Gynecology Antepartum Birth Control Counseling - Pregnancy Dysplasia (Gynecologic) Endocrinology (Gynecologic) Endocrinology (Reproductive) Family Planning Gynecology Gynecology (Adolescent) Gynecology (Dysplasia) Gynecology (Endocrinologic) Gynecology (Oncologic) Gynecology (Pediatric) Gynecology (Preteen) **High Risk Obstetrics HIV Obstetrics** In Vitro Fertilization Infertility Maternal Health Maternity **Obstetrics** Oncology (Gynecologic) Perinatal (Obstetrics) Postpartum (Obstetrics) Pregnancy (Counseling) Pregnancy Verification Prenatal Prenatal (Obstetrics) Preteen Gynecology Reproductive Reproductive Endocrinology Well Woman Women's Care

In scope - Substance Abuse

Alcohol Abuse Alcohol Detoxification Alcohol Walk-in Chemical Dependency (excluding Methadone Maintenance) Drug Abuse (excluding Methadone Maintenance) Drug Detoxification (excluding Methadone Maintenance) Substance Abuse (excluding Methadone Maintenance) Walk-in – Alcohol Women's Alcohol Program

In scope - Other

Anxietv **Behavioral Medicine** Biofeedback Eating Disorder **General Preventive Medicine** Geriatric Psychiatry Headache (Neurology) Mental Health Mental Hygiene Myasthenia Gravis Neurofibromatosis Neurology (Adult) Neurology (Pediatric) Neuromuscular Neurophysiology Pain Pain Medicine Pain Management Palliative Medicine **Preventive Medicine** Psychiatry (Adolescent) Psychiatry (Adult) Psychiatry (Child) Psychiatry (Geriatric) Psychiatry (Pediatric) Psychopharmacology Sleep Disorder Sleep Medicine Social Evaluation Toxicology

Out of scope

Abortion/Pregnancy Termination Acupuncture Adult Day Care Ambulatory Surgery Centers Amniocentesis Anesthesia Anesthesiology Arthroscopy Audiology Blood Bank Bone Density Screening

Out of scope (cont.)

Bronchoscopy Cardiac Catheterization CAT Scan & Imaging Chemotherapy Chiropractic Colonoscopy Colposcopy Cystoscopy Day Hospital Dental **Dental Surgery** Diabetic Foot Clinic Diagnostic X-ray (Imaging)/Radiology Dialysis Dietary Drug Immunotherapy Echocardiology Electrocardiogram (ECG) Electroconvulsive Therapy (ECT) Employee Health Service Endoscopy Fetal Diagnostic Testing Hearing & Speech Hemodialysis Home Intravenous Therapy Imaging & CAT Scan Infusion Infusion Therapy Kidney (Renal) Dialysis Laser Surgery Lasik Surgery Lithotripsy Mammography Methadone Maintenance **Nuclear Medicine** Nurse Clinic/Nurse Only Nutrition Occupational Health Occupational Safety and Health **Occupational Therapy** Optometry **Oral Surgery** Partial Hospitalization Partial Hospitalization Program (Psyc) Path Lab Pathology Pharmacy Physiatry Physical Medicine Physical Therapy Physiotherapy Podiatrv Preadmission Testing Pregnancy Termination/Abortion Psychology

2005 NHAMCS MICRO-DATA FILE DOCUMENTATION

Pulmonary Function Lab Radiation Diagnosis Radiation Oncology Radiation Therapy Radiology/Diagnostic X-ray (Imaging) Reading & Language Reference Lab Reference X-Ray Rehabilitation Renal (Kidney) Dialysis Same Day Surgery School Programs Sigmoidoscopy Social Work Speech & Hearing Tele-Health Transfusion Ultrasound Vertical Balance

<u>Region</u> - Hospitals are classified by location in one of the four geographic regions of the United States that correspond to those used by the U.S. Bureau of the Census.

Mexico, Oregon, Utah, Washington, and Wyoming

RegionStates includedNortheast.....Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York,
Pennsylvania, Rhode Island, and VermontMidwest.....Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska,
North Dakota, Ohio, South Dakota, and WisconsinSouth.....Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky,
Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina,
Tennessee, Texas, Virginia, and West VirginiaWest......Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New

APPENDIX II REASON FOR VISIT CLASSIFICATION

A. SUMMARY OF CODES

MODULE

CODE NUMBER

SYMPTOM MODULE

| General Symptoms | 1001-1099 |
|-------------------------------------------------------------------|-----------|
| Symptoms Referable to Psychological and Mental Disorders | 1100-1199 |
| Symptoms Referable to the Nervous System (Excluding Sense Organs) | 1200-1259 |
| Symptoms Referable to the Cardiovascular and Lymphatic Systems | 1260-1299 |
| Symptoms Referable to the Eyes and Ears | 1300-1399 |
| Symptoms Referable to the Respiratory System | 1400-1499 |
| Symptoms Referable to the Digestive System | 1500-1639 |
| Symptoms Referable to the Genitourinary System | 1640-1829 |
| Symptoms Referable to the Skin, Nails, and Hair | 1830-1899 |
| Symptoms Referable to the Musculoskeletal System | 1900-1999 |

DISEASE MODULE

| Infective and Parasitic Diseases Neoplasms | 2001-2099 2100-2199 |
|--------------------------------------------------------------|------------------------|
| Endocrine, Nutritional, Metabolic, and Immunity Diseases | 2200-2249 |
| Diseases of the Blood and Blood-forming Organs | 2250-2299 |
| Mental Disorders | 2300-2349 |
| Diseases of the Nervous System | 2350-2399 |
| Diseases of the Eye | 2400-2449 |
| Diseases of the Ear | 2450-2499 |
| Diseases of the Circulatory System | 2500-2599 |
| Diseases of the Respiratory System | 2600-2649 |
| Diseases of the Digestive System | 2650-2699 |
| Diseases of the Genitourinary System | 2700-2799 |
| Diseases of the Skin and Subcutaneous Tissue | 2800-2899 |
| Diseases of the Musculoskeletal System and Connective Tissue | 2900-2949 |
| Congenital Anomalies | 2950-2979 |
| Perinatal Morbidity and Mortality Conditions | 2980-2999 |

| MODULE | CODE NUMBER |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| DIAGNOSTIC, SCREENING AND PREVENTIVE MODULE | |
| General Examinations Special Examinations Diagnostic Tests Other Screening and Preventive Procedures Family Planning | 3100-3199 3200-3299 3300-3399 3400-3499 3500-3599 |
| TREATMENT MODULE | |
| Medications Preoperative and Postoperative Care Specific Types of Therapy Specific Therapeutic Procedures Medical Counseling Social Problem Counseling Progress Visit, NEC INJURIES AND ADVERSE EFFECTS MODULE | 4100-4199 4200-4299 4400-4499 4500-4599 4600-4699 4700-4799 4800-4899 |
| Injury by Type and/or Location Injury, NOS Poisoning and Adverse Effects | 5001-5799 5800-5899 5900-5999 |
| TEST RESULTS MODULE | 6100-6700 |
| ADMINISTRATIVE MODULE | 7100-7140 |
| UNCODABLE ENTRIES | 8990-8999 |
| BLANK | 9000 |

NOTE: NOS = Not otherwise specified; NEC = not elsewhere classified

B. REASON FOR VISIT CLASSIFICATION TABULAR LISTING

| SYMPTOM MODULE GENERAL SYMPTOMS (1001-1099) | | 1035.0 | Symptoms of fluid abnormalities Includes: | | |
|------------------------------------------------|------------------------------------|--------|-----------------------------------------------------|--|--|
| | | | Fluid retention Holding water | | |
| 1005.0 | Chills | | 1035.1 Edema | | |
| 1010.0 | E | | | | |
| 1010.0 | Fever | | Includes: | | |
| | Includes: | | Ankles swelling (both) | | |
| | High temperature | | Bloated | | |
| | | | Dropsy | | |
| 1012.0 | Other symptoms of body temperature | | Legs (both) | | |
| | Excludes: | | Peripheral | | |
| | Chills (1005.0) | | Swollen with water | | |
| | Fever (1010.0) | | | | |
| | | | Excludes: | | |
| | 1012.1 Feeling cold | | Swelling of one ankle (1930.5) | | |
| | 1012.2 Feeling hot | | Swelling of one leg (1920.5) | | |
| | 1012.3 Feeling hot and cold | | | | |
| | | | 1035.2 Excessive sweating, perspiration | | |
| 1015.0 | Tiredness, exhaustion | | Includes: | | |
| | | | Diaphoresis | | |
| | Includes: | | | | |
| | Exercise intolerance | | 1035.3 Excessive thirst | | |
| | Fatigue | | | | |
| | Lack of energy | 1040.0 | Weight gain | | |
| | No energy | | | | |
| | Run down | | Includes: | | |
| | Worn out | | Fat pads (localized) | | |
| | | | Fatty deposits | | |
| 1020.0 | General weakness | | Obesity | | |
| | | | Overweight | | |
| 1025.0 | General ill feeling | | Too fat | | |
| | Includes: | | Excludes: | | |
| | Diffuse Cx | | Counseling for weight problem (4600.0) | | |
| | Illness, NOS | | 8 8 I () , | | |
| | Malaise | 1045.0 | Weight loss | | |
| | Not feeling well | | 8 | | |
| | Multiple complaints | | 1045.1 Recent weight loss | | |
| | Side NOS | | 1045 2 Underweicht | | |
| | Sick, NOS | | 1045.2 Underweight | | |
| 1030.0 | Fainting (syncope) | 1046.0 | Symptoms of face, NEC | | |
| | Includes: | | Excludes: | | |
| | Blacking out | | Facial pain 1055.4 | | |
| | Fainting spells | | Facial paralysis 1230.0 | | |
| | Passing out | | | | |
| | - | 1050.0 | Chest pain and related symptoms (not referable to a | | |
| | Excludes: | | specific body system) | | |
| | Unconsciousness (5840.0) | | | | |
| | | | 1050.1 Chest pain | | |
| | | | Excludes: | | |
| | | | Heart pain (1265.0) | | |
| | | | Tout puil (1200.0) | | |

1050.2 Chest discomfort, pressure, tightness, heaviness

Includes: C - pressure

1050.3 Burning sensation in the chest

| 1055.0 | Pain, specified site r system | not referable to a specific body | 1075.0 | Symptoms of growth | and developmental disorders |
|---------|-------------------------------------|--------------------------------------------------------------------------------|--------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| | Include | | | Includes: Develo | pmental regression |
| | Buttoc Glutea Peripe | * | | 1075.1 | Lack of growth |
| | Exclude Abdor Chest Phanto | es: ninal pain (see 1545.1-1545.3) pain (1050.1) om leg/limb (2307.0) | | | Includes: Failure to thrive Immaturity, physical Poor weight gain Slowness, physical Too short |
| | 1055.1 | Rib pain | | 1075.2 | Excessive growth |
| | 1055.2 1055.3 | Side pain, flank pain Groin pain | | | Includes: Development, early (physical) Too big for age |
| | | Includes: Pubic pain | | | Too tall |
| | 1055.4 | Facial pain | 1080.0 | General symptoms o 1080.1 | f infants (under 1 year of age), NEC Cranky, crying too much, fussy, fidgety, irritable |
| | | Includes: Jaw pain Pain over eye | | 1080.2 | Regurgitation, spitting up |
| 1060.0 | Pain and related sym | nptoms, generalized, site unspecified | | | Excludes: Vomiting (1530.0) |
| | 1060.1 | Pain, unspecified | | 1080.3 | Feeding problem, eating difficulty |
| | | Includes: Ache all over (generalized) Incisions | 1085.0 | General or unspecifi Includes | ed nonviral infection |
| | 1060.2 | Cramps, spasms, site unspecified Excludes: | 1090.0 | Infecti Allergy, NOS | on, NOS |
| | | Menstrual cramps (1745.2) | | Includes | |
| 10.55.0 | 1060.3 | Stiffness, site unspecified | | Food a | ic reaction, NOS llergy, NOS |
| 1065.0 | Tumor or mass, site 1065.1 | • | | Milk a Exclude | llergy, NOS |
| 1066.0 | | Internal mass, NOS S (excludes brain and skin) | | Allergi | is: ic skin reaction (2825.0) y to medications (5905.0) |
| 1070.0 | Bleeding, multiple o | | | | allergy (2635.0) |
| | | | 1095.0 | Disorders of motor f | unctions |
| | | | | Dyskir Fall, N Limpir Stagge Stumb | iness alty in walking nesia OS ng ring ling rdinated |

Unsteady gait

PAGE 131

| 1096.0 E | Dyslexia, NOS | 1125.0 | Restlessness | |
|-------------------------------------------------------------------------|----------------------------------------|--------|---------------------|----------------------------------------|
| SYMPTOMS REFERABLE TO PSYCHOLOGICAL AND MENTAL DISORDERS (1100-1199) | | | | rest activity |
| 1100.0 | Anxiety and nervousness | | Overa | ctivity |
| | Includes | 1130.0 | Behavioral disturba | nces |
| | Includes: Apprehension | | Include | |
| | Bad nerves | | | s. vior problem |
| | Jittery | | | bling problem |
| | Panicky feeling | | | of self control |
| | Stress | | Starin | ng spells |
| | Tension | | 1120.1 | A |
| | Upset Worried | | 1130.1 | Antisocial behavior |
| | wonied | | | Includes: |
| 1105.0 | Fears and phobias | | | Avoiding people Excessive shyness |
| | Includes: | | | Lying |
| | General fearfulness | | | Social isolation |
| | Agoraphobia | | | Withdrawal |
| 1110.0 | Depression | | 1130.2 | Hostile behavior |
| | Includes: | | | Includes: |
| | Crying excessively | | | Aggressiveness |
| | Dejected | | | Child abuser |
| | Distress (NOS) | | | Child neglecter |
| | Feeling down Feeling low | | | Combative Criminality |
| | Grief | | | Cruelty |
| | Hopelessness | | | Destructiveness |
| | Sadness | | | Elder abuser |
| | Tension | | | Homicidal |
| | Tension headache (also code 1210.0) | | | Negativism Parent abuser |
| | Unhappy | | | Quarrelsome |
| | - 115 | | | Spouse abuser |
| 1115.0 | Anger | | | Spouse batterer |
| | Includes: | | 1130.3 | Hysterical behavior |
| | Bitterness | | 1120.4 | T 11 |
| | Hostile feelings | | 1130.4 | Temper problems |
| | Excludes: | | | Includes: |
| | Temper problems (1130.4) | | | Blowing up |
| 1120.0 | Problems with identity and self-esteem | | | Fussy Irritability Losing temper |
| | Includes: | | | Temper tantrums |
| | Co-dependency | | | |
| | Dependency | | | Excludes: |
| | Don't like myself Guilt | | | Fussy infants (1080.1) |
| | Helpless | | 1130.5 | Obsessions and |
| | Identity crisis | | | compulsions |
| | Insecurity, emotional | | | |
| | Lack of motivation | | | |
| | Loss of identity No confidence | | | |
| | No goals | | | |
| | Poor boundaries | | | |
| | — 11 1 1 | | | |

Too much is expected of me

| 1135.0 | Disturbances of sleep | p | 1155.0 | Delusions or hallucit | nations |
|--------|----------------------------------------------------------|---------------------------------------------------------------|--------|---------------------------------------|----------------------------------------------------------------|
| | Includes: Night terrors | | | Includes: Flashback Grandiosity | |
| | 1135.1 Insomnia | | | Hearin | g voices of reference |
| | | Includes: Can't sleep | | | ine is poisoned |
| | | Sleeplessness Trouble falling asleep | 1160.0 | Psychosexual disorders | |
| | 1135.2 | Sleepiness (hypersomnia) | | 1160.1 | Frigidity, loss of sex drive, lack of response, lack of libido |
| | | Includes: | | | response, mer of holdo |
| | | Can't stay awake | | 1160.2 | Homosexuality, concerns with |
| | | Drowsiness | | 11(0.2 | Investore Enertile destances |
| | | Groggy | | 1160.3 | Impotence, Erectile dysfunction |
| | 1135.3 1135.4 | Nightmares Sleepwalking | | 1160.4 | Premature ejaculation |
| | 1135.5 | Apnea Includes: | | 1160.5 | Masturbation excessive, concerns about |
| | | Sleep apnea (use additional code 1420.0 if breathing problem) | | 1160.6 | Orgasm, problem with |
| 1140.0 | Smoking problems | | | 1160.7 | Preoccupation with sex |
| | 2 | | 1165.0 | Other symptoms or p | problems relating to psychological |
| | Includes: | | | and mental disorders, NEC | |
| | Can't quit smoking Smoking too much | | | | |
| | Smoki | ng too much | | Includes | d affect |
| | Exclude | s: | | Can't c | |
| | Physical symptoms of smoking (see particular symptom) | | | | cal imbalance |
| | | | | | icted affect |
| | Smoke | r's cough (1440.0) | | | r to self |
| 1145.0 | Alcohol-related problems | | | Disorie | |
| | Includes | | | Frustra | alty concentrating |
| | | l abuse | | Going | |
| | | ng problem | | | verybody |
| | | | | Inhibit | |
| | Excludes: | | | | ng disability |
| | | se effects of alcohol (5915.0) blism (2320.0) | | | ; my mind fluctuation |
| | / Heolic | Jishi (2320.0) | | Mood | |
| 1150.0 | Abnormal drug usag | e | | | ommunicative |
| | | | | | ar thinking |
| | Includes: | | | | ological problems, NOS |
| | Drug abuse Frequent or excessive use of stimulants, | | | | wn syndrome e concentrating |
| | 1 | inogens, depressants, etc. | | | pring around |
| | Exclude | s: | | Exclude | s: |
| | Drug addiction (2321.0) | | | Charac | eter disorder (2315.0) |
| | | ependence (2321.0) | | Person | ality disorder (2315.0) |
| | | ation with drugs (5910.0) | | 1165 1 | Nailhiting |
| | | ose, intentional (5820.1) ose, unintentional, NOS (5910.0) | | 1165.1 1165.2 | Nailbiting Thumbsucking |
| | | | | | 0 |

| SYMPTOMS REFERABLE TO THE NERVOUS SYSTEM (EXCLUDING SENSE ORGANS) (1200 - 1259) | | 1220.0 | Disturbances of sensation | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|-----------------------------------------------------------------------------------------------|--|
| | | | 1220.1 | Loss of feeling (anesthesia) | |
| 1200.0 | Abnormal involuntary movements Includes: Jerking Shaking Tics Tremors | | | Includes: Lack of sensation No response to pain Numbness Stunned | |
| | Twitch Excludes: | | | Excludes: Post-op complications of anesthesia | |
| | Eye movements (see 1325.0-1325.4) Eyelid twitch (1340.4) | | Note: Use pa | e additional code to identify body rt. | |
| 1205.0 | Convulsions | | 1220.2 | Increased sensation (hyperesthesia) | |
| | Includes: Febrile convulsions Fits Seizures Spells | | 1220.3 | Abnormal sensation (paresthesia) Includes: Burning legs | |
| | Excludes: Fainting (1030.0) | | | Burning, tingling sensation Needles and pins Prickly feeling | |
| 1207.0 | Symptoms of head, NEC | | 1220.4 | Other disturbances of sense, including smell and taste | |
| | Excludes: Headache, pain in head (1210.0) | 1225.0 | Vertigo - dizziness | | |
| 1210.0 | Headache, pain in head Includes: Post-traumatic (also code 5575.0) Excludes: Migraine (2365.0) Sinus headache (1410.1) Symptoms of head, NEC (1207.0) | 1230.0 | Giddin Lighth Loss o: | g sensation less (dizziness) eadedness f sense of equilibrium or balance spinning | |
| 1215.0 | Memory, disturbances of | | | | |
| | Includes: Amnesia Forgetfulness | | - | s: ing, facial or NOS or left-sided weakness | |
| | Lack or loss of memory Temporary loss of memory | | Exclude Genera | s: al weakness (1020.0) | |
| | | 1235.0 | Disorders of speech, | speech disturbance | |
| | | | Speech | s: g for words h/verbal apraxia e to speak | |
| | | | 1235.1 | Stuttering, stammering | |
| | | | 1235.2 | Slurring | |

| 1240.0 | Other symptoms referable to the nervous system |
|--------|------------------------------------------------|
|--------|------------------------------------------------|

Includes: Brain lesion Confusion Cognitive decline Damaged nerves Neuralgia Pinched nerve

Excludes: Blocked nerve Nerve block 4560.0

1240.1 Apraxia

Excludes: Speech/verbal apraxia 1235.0

SYMPTOMS REFERABLE TO THE CARDIOVASCULAR AND LYMPHATIC SYSTEMS (1260-1299)

1260.0 Abnormal pulsations and palpitations

1260.1

Includes: Pulse too fast Rapid heartbeat

Increased heartbeat

1260.2 Decreased heartbeat

Includes: Pulse too slow Slow heart

1260.3 Irregular heartbeat

Includes: Fluttering Jumping Racing Skipped beat

1265.0 Heart pain

Includes: Anginal pain Heart distress Pain over heart

Excludes: Angina pectoris (2515.0) Chest pain (1050.1)

1270.0 Other symptoms of the heart

Includes: Bad heart Heart condition Poor heart Weak heart 1275.0 Symptoms of lymph glands (or nodes)

1275.1 Swollen or enlarged glands

1275.2 Sore glands

1280.0 Other symptoms referable to the cardiovascular/lymphatic system, NEC

| | Includes: Telangiectasia |
|--------|-----------------------------|
| 1280.1 | Poor circulation |
| 1280.2 | Pallor, paleness |
| 1280.3 | Flushed, blushing |

SYMPTOMS REFERABLE TO THE EYES AND EARS (1300-1399)

Vision dysfunctions

1305.0

Excludes: Refractive errors (2405.0) 1305.1 Blindness and half vision Includes: Visual field deficit 1305.2 Diminished vision Includes: Blurred vision Can't see distances Difficulty reading Focus, Eyes won't (other than Infant 1335.0) Obstruction, Vision Poor vision Scotoma Trouble seeing Weak eyes 1305.3 Extraneous vision Includes: Cloudy vision Hazy vision Spots in front of eyes (floaters) 1305.4 Double vision (diplopia) 1310.0 Discharge from eye 1310.1 Bleeding 1310.2 Tearing, watering (lacrimation)

1310.3 Pus, matter, white discharge

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| 1315.0 | Eye infection and int | lammation | 1340.0 | Symptoms of eyelids | |
|--------|-----------------------|--------------------------------------|---------|-------------------------------------|-----------------------------------|
| 1919.0 | • | | 15 10.0 | Symptoms of Cyclics | Includes: |
| | 1315.1 | Pinkeye | | | Can't close eye Lesion |
| 1320.0 | Abnormal sensations | s of the eye | | | Rash |
| | Includes | : n body sensation | | 1340.1 | Infection, inflammation, swelling |
| | - | | | 1340.2 | Itching |
| | 1320.1 | Pain | | 1340.3 | Mass or growth |
| | | Includes: Irritation | | 1340.4 | Abnormal movement |
| | 1320.2 | Itching | | | Includes: |
| | 1320.3 | Burning, stinging | | | Blinking Drooping Squinting |
| | 1320.4 | Strain | | | Twitching |
| 1325.0 | Abnormal eye move | ments | 1345.0 | Hearing dysfunctions | |
| | 1325.1 | Abnormal retraction | | 1345.1 | Diminished hearing |
| | 1325.2 | Cross-eyed | | | Includes: |
| | 1325.3 | Pupils unequal | | | Deafness Hearing loss |
| | 1325.4 | Deviation | | | Trouble hearing |
| 1330.0 | Abnormal appearance | | | 1345.2 | Heightened or acute hearing |
| 1550.0 | | | | 1345.3 | Extraneous hearing |
| | 1330.1 | Abnormal color | | | Includes: |
| | | Includes: Bloodshot | | | Ringing (tinnitus) Excludes: |
| | | Red | | | Hearing things (1155.0) |
| | | Excludes: Yellow (1610.2) | 1350.0 | Discharge from ear | |
| | 1330.2 | Protrusion (exophthalmos) | | Includes: Fluid in | |
| | 1330.3 | Cloudy, dull, hazy appearance | | 1350.1 | Bleeding |
| 1335.0 | Other and unspecifie | d symptoms referable to eye, NEC | | 1350.2 | Pus (purulent drainage) |
| | Includes | | | 1350.3 | Swimmer's ear |
| | Defect | | 1355.0 | Earache, or ear infect | ion |
| | 1335.1 | Contact lens problems | | 1355.1 | Earache, pain |
| | 1335.2 | Allergy | | 1355.2 | Ear infection |
| | 1335.3 | Swelling | 12(0.0 | | |
| | | Excludes: | 1360.0 | Plugged feeling in ear Includes: | |
| | | Foreign body (5600.0) | | Blocked | |
| | | Injury (5510.0) Abrasion (5410.0) | | U | tion in ear |
| | | A01851011 (3410.0) | | Crackin Ear feel | • |
| | | | | | ed cleaning |
| | | | | Ear wax | 4 |
| | | | | Popping | 5 |

| 1365.0 | Other and unspecifie | ed symptoms referable to the ears, | 1410.0 | Sinus problems | |
|---------------------|-------------------------|--------------------------------------------------|--------|-------------------------------|------------------------------------------------------------|
| | NEC | es red, redness | | Includes | |
| | 1365.1 | Itching | | Sinus | |
| | 1365.2 | Growths or mass | | 1410.1 | Pain and pressure |
| | 1365.3 | Pulling at ears, picking at ears | | | Includes: Sinus headache |
| | 1365.4 | Abnormal size or shape, "ears stick out" | | 1410.2 | Sinus inflammation, infection |
| | | Excludes: Foreign body in ear (5620.0) | 1415.0 | 1410.3 Shortness of breath | Sinus congestion |
| SYMPT((1400-14) | | O THE RESPIRATORY SYSTEM | | | lessness |
| 1400.0 | 1400.0 Nasal congestion | | | Out of Sensat | breath ion of suffocation |
| | Include Drippy | | 1420.0 | Labored or difficult | breathing (dyspnea) |
| | Excess Nasal | s mucus obstruction asal drip nose s | | | a reathe ia |
| 1405.0 | Other symptoms of a | nose | 1425.0 | Wheezing | C |
| | Exclude Nasal | es: allergy (2635.0) | | Include | |
| | 1405.1 | Nosebleed (epistaxis) | 1430.0 | Signin Breathing problems, | g respiration NEC |
| | 1405.2 | Sore in nose | | Includes | |
| | 1405.3 | Inflammation and swelling | | Hurts t | o breathe |
| | | Includes: Infection Red nose | | 1430.1 | Disorders of respiratory sound, NEC |
| | 1405.4 | Sore nose Problem with appearance of nose | | | Includes: Abnormal breathing sounds Snoring Rales |
| | | Includes: Bump(s) Too large | | | Rattles Stridor |
| | | Undesirable appearance | | 1430.2 | Rapid breathing (hyperventilation) |
| | | | 1435.0 | Sneezing | |
| | | | 1440.0 | Cough | |
| | | | | | |

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1445.0

1450.0

1455.0

1460.0

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| Head cold, upper respiratory infection (coryza) | 1470.0 | Abnormalities of sputum or phlegm | | |
|-------------------------------------------------|------------------------------------------------------|---------------------------------------------------------|--|--|
| Includes: Cold, NOS | | 1470.1 Coughing up blood | | |
| Excludes: | | Includes: Hemoptysis | | |
| Chest cold (1475.0) | | 1470.2 Pus in sputum | | |
| General viral infection | | 1470.3 Excessive sputum | | |
| 1450.1 Flu | | Includes: | | |
| Includes: Grip | | Productive | | |
| Influenza | 1475.0 | Congestion in chest | | |
| Excludes: Croup (2600.0) | | Includes: Lung congestion Chest cold | | |
| Symptoms referable to throat | 1480.0 | Disorders of voice | | |
| 1455.1 Soreness | 1.0010 | 1480.1 Hoarseness, loss of voice | | |
| Includes: Throat hurts | | Includes: | | |
| 1455.2 Pain | | Croaky | | |
| 1455.3 Infection | | 1480.2 Hypernasality | | |
| Includes: Throat virus | 1485.0 | Other symptoms referable to the respiratory system, NEC | | |
| Excludes: Strep throat (2010.0) | Includes: Drainage in throat 1485.1 Lung pain | | | |
| 1455.4 Irritation, scratch, tickle, itch | | | | |
| | 1485.2 Lung infection | | | |
| 1455.5 Swelling | | | | |
| 1455.6 Lump or mass | SYMPTOMS REFERABLE TO THE DIGESTIVE SYST (1500-1639) | | | |
| Includes: Sensation of something in throat | 1500.0 | Symptoms of teeth and gums | | |
| Excludes: Foreign body in throat (5615.0) | | Includes: Loose tooth (no injury) Tooth infection | | |
| Symptoms referable to tonsils | | 1500.1 Toothache | | |
| Includes: Hypertrophy | | 1500.2 Gum pain | | |
| Infection | | L | | |
| Inflammation | | 1500.3 Bleeding gums | | |
| | 1501.0 | Symptoms of the jaw, NOS | | |
| | | Includes: Jaw problem, unspecified | | |

1501.1 Swelling

1501.2 Lump or mass

| 1505.0 | Symptoms referable | to lips | 1540.0 | Gastrointestinal infe | ection |
|--------|-------------------------------------------------|--------------------------------------------------|--------|-----------------------|-------------------------------------------------------------|
| | 1505.1 1505.2 | Cracked, bleeding, dry Abnormal color | | Stoma | nal virus |
| | 1505.3 | Cold sore | | Viral g | gastroenteritis |
| 1510.0 | Symptoms referable Include | | 1545.0 | Stomach and abdom | inal pain, cramps and spasms |
| | Foaming at the mouth | | | Include | |
| | | too thick | | Gastri | c pain |
| | White spots | | | Exclude | S. |
| | 1510.1 | Pain, burning, soreness | | | pain (1055.3) |
| | 1510.2 | Bleeding | | | - |
| | 1510.3 | Dryness | | 1545.1 | Abdominal pain, cramps, spasms, |
| | 1510.4 | Ulcer, sore | | | NOS |
| 1515.0 | Symptoms referable | - | | | Includes: Abdominal discomfort, NO |
| | Include | | | | Gas pains |
| | | on tongue n tongue | | | Intestinal colic |
| | 5010 0 | in tongue | | 1545.2 | Lower abdominal pain, cramps, |
| | 1515.1 | Pain | | | spasms, |
| | 1515.2 | Bleeding | | | Includes: Right lower quadrant (RLQ) pain |
| | 1515.3 | Inflammation, infection, swelling | | | Left lower quadrant (LLQ) pain Inguinal pain |
| | 1515.4 | Abnormal color, ridges, coated | | 1545.3 | Upper abdominal pain, cramps, |
| 1520.0 | Difficulty in swallow | wing (dysphagia) | | 15+5.5 | spasms |
| | Include | s: | | | Includes: |
| | Choki | 0 | | | Epigastric pain |
| | Inabili | ty to swallow | | | Left upper quadrant (LUQ) pain |
| 1525.0 | Nausea | | | | Pain in umbilical region Right upper quadrant (RUQ) pain |
| 1020.0 | Tuuseu | | | | Trigin upper quantum (TO Q) pum |
| | Include | | 1565.0 | Change in abdomina | al size |
| | | ke throwing up | | 1565 1 | |
| | | us stomach | | 1565.1 | Distention, fullness, NOS |
| | Sick to stomach Upset stomach | | | | Includes: |
| | | | | | Abdominal bloating |
| 1530.0 | Vomiting | | | | Stomach fullness |
| | Include | | | 15(5.0 | |
| | Includes: Can't keep food down Dry heaves | | | 1565.2 | Mass or tumor |
| | | | | | Includes: |
| | Retchi | | | | Mass in groin |
| | Throwing up Excludes: | | | | Mass, inguinal |
| | | | | 1565.3 | Abdominal swelling, NOS |
| | | gitation, infants (1080.2) ing blood (1580.2) | | | |
| 1535.0 | Heartburn and indig | | | | |
| | Include Acid i | | | | |
| | Acid in stomach Excessive belching | | | | |

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| 1570.0 | Appetite, abnormal | | 1605.0 | Symptoms referable | |
|--------|-----------------------------|---------------------------------------------------------|------------------|--------------------------------|--------------------------------------------|
| | 1570.1 | Excessive appetite Eats too much Always hungry | | 1605.1 | Pain Includes: Burning Irritation |
| | 1570.2 | Decreased appetite Not hungry Loss of appetite | | 1605.2 | Bleeding |
| | | Decreased fluid intake | | 1605.3 | Swelling or mass |
| 1575.0 | Difficulty eating | | | 1605.4 | Itching |
| 1580.0 | Gastrointestinal blee | ding | 1610.0 | Symptoms of liver, g | gallbladder, and biliary tract |
| | Includes: Bowel | | | 1610.1 | Pain |
| | 1580.1 | Blood in stool (melena) | | 1610.2 | Jaundice |
| | 1580.2 | Vomiting blood (hematemesis) | | | Includes: Yellow eyes Yellow skin |
| 1585.0 | Flatulence | | 1615.0 | | |
| | | d, gas tion due to gas | 1615.0 system | - | ed symptoms referable to digestive |
| | Excess Gas | sive gas | | Includes Abdon Bad br | ninal pressure |
| | Exclude Gas pa | es: ins (1545.1) | | Epigas Gastro | tric distress intestinal distress |
| 1590.0 | Constipation | | | Halitos Hiccou Regurg | |
| 1595.0 | Diarrhea | | | Stoma | ch problem ch trouble |
| | Includes Loose The ru | stools | | OMS REFERABLE I (1640-1829) | TO THE GENITOURINARY |
| 1600.0 | Other symptoms or c | changes in bowel function | 1640.0 | Abnormalities of uri | ne |
| | 1600.1 | Discharge in stools | | Exclude Abnor | s: mal findings of urine tests (6200.0) |
| | | Includes: Guaiac positive Hemocult positive | | 1640.1 | Blood in urine (hematuria) |
| | | Mucus Pus | | 1640.2 | Pus in urine |
| | 1600.2 | Worms | | 1640.3 | Unusual color or odor |
| | | | 1645.0 | Frequency and urger | ncy of urination |
| | 1600.3 | Changes in size, color, shape, or odor | | 1645.1 | Excessive urination, night (nocturia) |
| | | Includes: Bulky stools Too narrow | 1650.0 | Painful urination | |
| | | Unusual odor or color | | Includes | s: g, discomfort |
| | 1600.4 | Incontinence of stool | | Dullin | 5, disconnon |
| | | Includes: Dirty pants (encopresis) Leaking stools | | | |

| 1655.0 | Incontinence of urin | ne (enuresis) | 1700.0 | Symptoms of penis | |
|--------|--------------------------|----------------------------------------------------------------------|--------|--------------------------------|-----------------------------------------------------------------|
| | 1655.1 | Involuntary urination, can't hold urine, dribbling, wetting pants | | 1700.1 | Pain, aching, soreness, tenderness, painful erection |
| | 1655.2 | Bedwetting | | 1700.2 | Infection, inflammation, swelling |
| 1660.0 | Other urinary dysfu | nctions | | 1700.3 | Lumps, bumps, growths, warts |
| | Include | | 1705.0 | Penile discharge | |
| | | ole going Stream | 1710.0 | Symptoms of prosta | te |
| | 1660.1 | Retention of urine | | Include: Prosta | s: te trouble |
| | | Includes: Can't urinate | | 1710.1 | Swelling |
| | 1660.2 | Hesitancy | | 1710.2 | Infection |
| | | Includes: | 1715.0 | Symptoms of the sci | rotum and testes |
| | 1.000 | Difficulty in starting stream | | 1715.1 | Pain, aching, tenderness |
| | 1660.3 | Large volume | | 1715.2 | Swelling, inflammation |
| | | Includes: Polyuria | | 1715.3 | Growths, warts, lumps, bumps |
| | 1660.4 | Small volume | | 1715.4 | Itching, jock itch |
| 1665.0 | Symptoms of bladd | er | 1720.0 | Other symptoms of a Include | male reproductive system s: |
| | Include Bladd | es: ler trouble | | Painfu | Il ejaculation |
| | 1665.1 | Pain | | Exclude Psycho | es: osexual problems (1160.0-1160.6) |
| | 1665.2 | Infection | 1730.0 | Absence of menstru | ation (amenorrhea) |
| | 1665.3 | Mass | | Exclude | |
| 1670.0 | Symptoms of the ki | dneys | | Missee | cted pregnancy (3200.0) d a period (3200.0) late (3200.0) |
| | Include | | 1725.0 | | |
| | | ey trouble | 1735.0 | Irregularity of mens | iruai intervai |
| | 1670.1 1670.2 | Pain Infection | | 1735.1 | Frequent |
| | 1670.3 | Mass | | 1735.2 | Infrequent |
| 1675.0 | Urinary tract infect | ion, NOS | | 1735.3 | Unpredictable |
| | Include | | 1740.0 | Irregularity of mense | trual flow |
| | | ourinary infection infection | | 1740.1 | Excessively heavy (menorrhagia) |
| 1680.0 | Other symptoms ref | ferable to urinary tract | | 1740.2 | Scanty flow (oligomenorrhea) |
| | Ureth Urina Exclud | d stones ral bleeding ry irritation | | 1740.3 | Abnormal material, including clots |

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| 1745.0 | Menstrual | symptom | s, other and unspecified | 1775.0 | Pelvic symptoms | |
|--------|------------|-------------------|--------------------------------------------------------------------|-----------|----------------------------------|------------------------------------------------|
| | | Include Long p | | | 1775.1 | Pain |
| | | 1745.1 | Premenstrual symptoms, PMS | | 1775.2 | Pressure or dropping sensation |
| | | | Includes: | | | Includes: Feeling of uterus falling out |
| | | | Bloating before periods Premenstrual tension or irritability | | 1775.3 | Infection, inflammation |
| | 1745.2 | Painful n | nenstruation (dysmenorrhea) | 1790.0 | Problems of pregnar Includes: | - |
| | | | Tri altri da an | | Fetal movemen | ıt |
| | | | Includes: Menstrual cramps | | Exclude | 201 |
| | | | Pain in legs and back | | | es. ne prenatal visits (3205.0) |
| | | | during menstruation | | Routin | le prenatar visits (3203.0) |
| 1750.0 | Menopaus | al sympto | - | | 1790.1 | Pain during pregnancy |
| | | | | | 1790.2 | Spotting, bleeding during |
| | | 1750.1 | Early or late onset of menopause | pregnancy | у | |
| | | 1750.2 | Vasomotor symptoms-hot flashes | | 1790.3 | Symptoms of onset of labor |
| | | 1750.3 | Emotional symptoms, change of life problems | | | Includes: Water broke Ruptured membranes |
| 1755.0 | Uterine an | nd vaginal | bleeding | | | Labor pain, contractions Labor, NOS |
| | | Exclude Bleedi | es: ng during pregnancy (1790.2) | 1791.0 | Postpartum problem | |
| | | 1755.1 | Intermenstrual bleeding (metrorrhagia) | | Include Bleedi Pain | |
| | | | Includes: Bleeding between periods Breakthrough bleeding | | Exclude | es: urtum examination, routine (3215.0) |
| | | 1755.2 | Postmenopausal bleeding | 1795.0 | Other symptoms refo | erable to the female reproductive |
| | | 1755.3 | Postcoital bleeding, female | | sjoteni | |
| | | | - | 1800.0 | Pain or soreness of b | breast |
| 1760.0 | Vaginal di | ischarge | | | Include: Tende: | |
| | | Include | s: | | | |
| | | Blood | y, brown, white (leukorrhea), ssive | 1805.0 | Lump or mass of bre | |
| 1765.0 | Other vag | inal sympt | toms | | Include Bump Knot | S: |
| | | 1765.1 | Pain | | Nodul | e |
| | | 1765.2 | Infection | | Cyst | |
| | | 1765.3 | Itching, burning | | | |
| | | 1765.4 | Vaginal dryness | | | |
| 1770.0 | Vulvar dis | sorders | | | | |
| | | 1770.1 | Itching and irritation, swelling | | | |
| | | 1770.2 | Mass, lump | | | |
| | | 1770.3 | Growth, wart, cyst, ulcer, sore | | | |
| | | | | | | |

| 1810.0 | Other symptoms ref | ferable to breast | 1835.0 | Discoloration or abi | normal pigmentation |
|----------|-------------------------|---------------------------------------------|--------------------------------------------|-----------------------------|------------------------------------------------|
| | 1810.1 | Bleeding or discharge from nipple or breast | | Include Birthn | nark |
| | 1810.2 | Postpartum problems | Blotches Circles under eyes Freckles | | |
| | | Includes: | | Redne | |
| | | Engorgement | | Spots | |
| | | Postpartum infection | | E11 | |
| | | Nursing difficulties | | Exclude | ing (1280.3) |
| | 1810.3 | Problems with shape or size | | Bruise | e (see 5405.0-5430.0) ng (1280.3) |
| | | Includes: | | | ice (1610.2) |
| | | Too large Too small | 1940.0 | Tufutium of shin N | 105 |
| | | Sagging | 1840.0 | Infections of skin, N | 105 |
| | | Uneven development | | Include | s: |
| 1815.0 | Symptoms of infert | ility | | Infecto | ing wound ed blister ed wound |
| | Include | 25: | | mitted would | |
| | | get pregnant | | Exclude | |
| | Inabil Sterili | ity to conceive | | | e's foot (2025.0) d drainage (as treatment) |
| 1820.0 | Hormone deficiency | | | 1840.1 | Infection of skin of head or neck area |
| 1825.0 | Symptoms of sexua | l dysfunction | | 1840.2 | Infection of skin of arm, hand, or |
| | Include | es: | | 1640.2 | finger |
| | | areunia | | | 8 |
| | | ıl intercourse | | 1840.3 | Infection of skin of leg, foot, or toe |
| | Exclud Psych 1160 | ological disorders (see 1160.0- | 1845.0 | Symptoms of skin n | noles |
| ~ | , , | | | Includes: Skin mole, NOS | |
| (1830-18 | | FO THE SKIN, NAILS, AND HAIR | | 1845.1 | Change in size or color |
| 1830.0 | Acne or pimples | | | 1845.2 | Bleeding mole |
| | Include Bad c | es: omplexion | 1850.0 | Warts, NOS | |
| | Black | | | Include | |
| | Blemi | ing out | | Condy | /loma /loma acuminatum |
| | | lexion, NOS | | Condy | |
| | | cheads | | Exclude | |
| | | | | Planta | r's warts (2015.0) |
| | | | 1855.0 | Other growths of sk | in |
| | | | | Include | |
| | | | | Callus | |
| | | | | Corns | |
| | | | | Cysts, Cyst, s | |
| | | | | | growth, NOS |
| | | | | Skin t | |

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| 1860.0 | Skin rash Include Rash | | 1890.0 | Symptoms referable Includes: Scalp lesion | to hair and scalp | |
|--------|----------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|--|
| | Skin e | ruption | | 1890.1 | Too little hair | |
| | Exclude | 28: | | 1090.1 | | |
| | Poison | n ivy (2825.0) | | | Includes: | |
| | Poison | 1 oak (2825.0) | | | Alopecia | |
| | | | | | Baldness | |
| | 1860.1 | Diaper rash | | | Falling out | |
| 1865.0 | Skin lesion, NOS | | | | Losing hair | |
| | Skii lesioli, 1005 | | | 1890.2 | Unwanted hair | |
| | Include | | | | | |
| | Blister | | | | Includes: | |
| | Face Papule | | | | Abnormal hairiness Hirsutism | |
| | Pustul | | | | Superfluous hair | |
| | Raw a | | | | Superindus nun | |
| | Sore | | | 1890.3 | Dryness, flaky scalp, dry scalp | |
| | Ulcer | | | | | |
| 1970 0 | Clain insitations NE | 7 | | 1890.4 | Itching | |
| 1870.0 | Skin irritations, NEC | ~ | 1895.0 | Navel problems | | |
| | 1870.1 | Pain | 10,5.0 | raver problems | | |
| | | | | Include | s: | |
| | 1870.2 | Itching | | | | |
| 1075 0 | Constition of station | | | | icus not healing | |
| 1875.0 | Swelling of skin | | | Protru | ISION | |
| | Include | S: | SYMPTO | OMS REFERABLE ' | TO THE MUSCULOSKELETAL | |
| | Bumps | s, lumps | SYSTEM | I (1900-1999) | | |
| | Nodules | | | | | |
| | | except hives (2825.0) | | | s (See Injuries and Adverse Effects | |
| | Tumor | , skin | Module.) | | | |
| 1880.0 | Other symptoms referable to skin | | The following fifth digits should be used with categories 1900-1970 in place of the zero when there is adequate information | | | |
| | Exclude | | given: | | | |
| | Navel | problems (1895.0) | 1 | | | |
| | 1880.1 | Oiliness | .1 .2 | pain, ache, soreness | | |
| | 1000.1 | Onniess | .2 | cramps, contracture limitation of moven | | |
| | 1880.2 | Dryness, peeling, scaliness, | .4 | weakness | lient, stiffiess | |
| | | roughness | .5 | swelling | | |
| | | - | .6 | lump, mass, tumor | | |
| | 1880.3 | Wrinkles | | | | |
| 1885.0 | Symmetows asfaushis | to poils | 1900.0 | Neck symptoms | | |
| 1885.0 | Symptoms referable | to hans | 1905.0 | Back symptoms | | |
| | 1885.1 | Infected | 1905.0 | Duck symptoms | | |
| | | | 1910.0 | Low back symptoms | 3 | |
| | 1885.2 | Ingrown | | | | |
| | 1005.2 | | 1915.0 | Hip symptoms | | |
| | 1885.5 | 1885.3 Brittle, breaking, splitting, cracked, ridged | 1920.0 | Leg symptoms | | |
| | | nugeu | 1)20.0 | Leg symptoms | | |
| | | | 1925.0 | Knee symptoms | | |
| | | | 1930.0 | Ankle symptoms | | |
| | | | 1935.0 | Foot and toe sympto | oms | |

1940.0 Shoulder symptoms

| Arm symptoms | 2015.0 Viral diseases | |
|--------------------------|-----------------------|---------|
| Elbow symptoms | Includes: | |
| | Chickenpox | |
| Wrist symptoms | Genital warts | |
| | German measles (| rubell |
| Hand and finger symptoms | Hepatitis (infection | ous and |
| Includes: | Herpes simplex | |
| Ring stuck on finger | Infectious monon | ucleos |
| 0 0 | | |

1965.0 Symptoms of unspecified muscles

1945.0

1950.0

1955.0

1960.0

- 1970.0 Symptoms of unspecified joints
- 1975.0 Musculoskeletal deformities
 - Excludes: Clubfoot (2960.0) Curvature of spine (2910.0)
 - 1975.1 Bowlegged, knock-kneed
 - 1975.2 Posture problems
 - 1975.3 Pigeon-toed, feet turn in

1980.0 Other musculoskeletal symptoms

Includes: Bone pain Stump pain

DISEASE MODULE

INFECTIVE AND PARASITIC DISEASES (2001-2099)

- 2005.0 Intestinal infectious diseases
 - Includes: Cholera Dysentery Enteritis Gastroenteritis Giardia Salmonella

2010.0 Streptococcal infection

> Includes: Streptococcal tonsillitis Scarlet fever

lla) nd NOS) osis Measles Meningitis Mumps Plantar's warts Poliomyelitis Rabies Respiratory syncytival virus (RSV) Shingles (Herpes zoster) Smallpox, NOS Venereal warts Verruca

2015.1 Human immunodeficiency virus (HIV) with or without associated conditions

> Includes: Acquired immunodeficiency syndrome AIDS AIDS-like syndrome AIDS-related complex ARC HIV positive

> Excludes: Results, follow-up of test for HIV (6106.0)

Hemorrhagic fevers 2015.2

Includes: Botulism Ebola Fever, Hemorrhagic Marburg

2020.0 Sexually transmitted diseases

> Includes: Chlamydia Gonorrhea Syphilis

2025.0 Fungus infections (mycoses)

Includes: Athlete's foot Candidiasis monilia Dermatophytoses Moniliasis Ringworm Thrush Tinea Yeast infection

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| 2030.0 | Parasitic diseases Includes: | 2125.0 | Cancer, male genital tract |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Ascaris | | Includes: |
| | Leeches | | Epididymitis |
| | Lice | | Penis |
| | Maggots | | Prepuce (foreskin) |
| | Pinworms | | Prostate |
| | Scabies | | Scrotum |
| | | | Spermatic Cord |
| 2031.0 | Sepsis, septicemia | | Testes |
| 2035.0 | Other and unspecified infectious and parasitic diseases | 2126.0 | Cancer of urinary tract |
| | Includes: | | Includes: |
| | Cattleman's disease | | Bladder |
| | Lyme disease | | Kidney |
| | PCP (pneumocystis carinii) | | Renal pelvis |
| | Plague | | Ureter |
| | Staphylococcal infections | | Urethra |
| | Trichomonas vaginitis | | |
| | Tuberculosis | | |
| | Tularemia | 2130.0 | Other malignant neoplasms |
| | | | |
| NEOPLA | ASMS (2100-2199) | | Includes: |
| | | | Bone cancer |
| Malignan | nt neoplasms: | | Metastatic carcinoma |
| 2100.0 | | | Brain tumor |
| 2100.0 | Cancer, gastrointestinal tract | | Carcinoma-in-situ, NOS |
| | Includes: | 2135.0 | Hodgkin's disease, lymphomas, leukemias |
| | Colon | | |
| | Esophagus | | Includes: |
| | Liver | | Cancer of blood |
| | Small intestine | | Lymphosarcoma |
| | | | |
| | Stomach | | Multiple myeloma |
| 2105.0 | | | |
| 2105.0 | Stomach Cancer, respiratory tract | Benign a | Multiple myeloma Polycythemia vera |
| 2105.0 | Cancer, respiratory tract | <u>Benign a</u> | Multiple myeloma |
| 2105.0 | Cancer, respiratory tract Includes: | - | Multiple myeloma Polycythemia vera nd uncertain nature neoplasms: |
| 2105.0 | Cancer, respiratory tract Includes: Bronchus | <u>Benign a</u> 2140.0 | Multiple myeloma Polycythemia vera |
| 2105.0 | Cancer, respiratory tract Includes: Bronchus Larynx | - | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms |
| 2105.0 | Cancer, respiratory tract Includes: Bronchus | - | Multiple myeloma Polycythemia vera nd uncertain nature neoplasms: |
| 2105.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung | - | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: |
| 2105.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat | - | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp |
| 2105.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat | - | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata |
| | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst |
| | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea | - | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma |
| | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms |
| | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: |
| | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst |
| | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: |
| 2110.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) |
| 2110.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) Ovary(ies) | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion Vocal cord |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) Ovary(ies) Uterus | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion Vocal cord Excludes: |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) Ovary(ies) Uterus Vagina | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion Vocal cord Excludes: Cyst, NOS (1855.0) |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) Ovary(ies) Uterus | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion Vocal cord Excludes: Cyst, NOS (1855.0) Epidermoid cyst (2825.0) |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) Ovary(ies) Uterus Vagina | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion Vocal cord Excludes: Cyst, NOS (1855.0) Epidermoid cyst (2825.0) |
| 2110.0 2115.0 | Cancer, respiratory tract Includes: Bronchus Larynx Lung Throat Trachea Cancer, skin and subcutaneous tissues Includes: Basal cell carcinoma Melanoma Squamous cell carcinoma Cancer, breast Cancer, female genital tract Includes: Cervix Endometrium Fallopian tube(s) Ovary(ies) Uterus Vagina | 2140.0 | Multiple myeloma Polycythemia vera and uncertain nature neoplasms: Fibroids and other uterine neoplasms Includes: Cervical polyp Leiomyomata Myoma Nabothian cyst Other benign neoplasms Includes: Bartholin's cyst Dermoid cyst (ovary) Hemangioma Lipoma Nasal polyp Nevus Ovarian cyst Rectal polyp Vaginal inclusion Vocal cord Excludes: Cyst, NOS (1855.0) Epidermoid cyst (2825.0) |

2150.0 Neoplasm of uncertain nature

Excludes:

Brain tumor (2130.0)

ENDOCRINE, NUTRITIONAL, METABOLIC AND IMMUNITY DISEASES (2200-2249)

2200.0 Diseases of the thyroid gland

Includes: Goiter Hyperthyroidism Hypothyroidism Myxedema Thyroid nodule Thyrotoxicosis

2205.0 Diabetes mellitus

- 2210.0 Gout, hyperuricemia
- 2215.0 Other endocrine, nutritional, metabolic and immunity diseases

Includes: Amyloidosis Bartter's Syndrome Calcium deficiency Cystinosis Disorders of intestinal absorption Electrolyte imbalance Female hormone deficiency Hematochromatosis HL, elevated Hormone imbalance Hypercholesterolemia Hyperlipidemia Hypoglycemia Impaired immune system Iron deficiency Low blood sugar Malnutrition Ovarian dysfunction Poor nutrition

DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS (2250-2299)

| 2250.0 | Anemia |
|--------|--------------------------------------------------|
| | Includes: |
| | Anemia, NOS |
| | Iron deficiency anemia |
| | Pernicious anemia |
| | Sickle cell anemia |
| 2255.0 | Other diseases of blood and blood-forming organs |
| | Includes: |
| | II |

Hemophilia Thrombocytopenia von Willebrand's disease

MENTAL DISORDERS (2300-2349)

| 2300.0 | Organic psychoses |
|--------|-------------------------|
| | Includes: |
| | Alcoholic psychoses |
| | Drug withdrawal |
| | Organic brain syndromes |
| | Senile dementia |

2305.0 Functional psychoses

Includes: Autism Bipolar disease Depression, Major Manic-depressive psychoses Paranoid states Psychosis, NOS Schizophrenia, all types

2310.0 Neuroses

Includes: Anxiety reaction Depressive neurosis Depressive reaction Neurosis, NOS Obsessive compulsive neurosis

Excludes: Anxiety (1100.0) Depression (1110.0)

- 2315.0 Personality and character disorders
- 2320.0 Alcoholism Includes:

Alcohol dependence

Excludes: Adverse effect of alcohol (5915.0) Alcohol abuse (1145.0) Alcohol-related problems (1145.0)

2321.0 Drug dependence

Includes: Drug addiction

Excludes: Abnormal drug usage (1150.0) Adverse effect of drug abuse (5910.0) Overdose, intentional (5820.1)

2325.0 Mental retardation

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2330.0

Other and unspecified mental disorders 2405.0 Includes: Adolescent adjustment reaction Attention deficit disorder (ADD) Attention deficit hyperactivity disorder 2410.0 Cataract (ADHD) Note: Use additional code (1125.0) for 2415.0 Glaucoma hyperactivity. Bruxism Dyslexia. Mental Grief reaction

DISEASES OF THE NERVOUS SYSTEM (2350-2399)

Sexual deviations

Transient situational disturbances

- 2350.0 Multiple sclerosis
- 2355.0 Parkinson's disease (paralysis agitans) 2360.0 Epilepsy
- 2365.0 Migraine headache
- 2370.0 Other and unspecified diseases of the nervous system

Includes: Alzheimer's disease Bell's palsy Carpal tunnel syndrome Cerebral palsy Demyelinating disease Meningitis Morton's neuroma Muscular dystrophy Myasthenia gravis Neuropathy Paralysis, NEC Phantom leg/limb pain Thoracic outlet syndrome Tourette's syndrome

DISEASES OF THE EYE (2400-2449)

2400.0 Inflammatory diseases of the eye

> Includes: Blepharitis Conjunctivitis Ophthalmia Iritis Keratitis (includes sicca) Sty Ulcer

Excludes: Infection, NOS (1315.0)

2405.0 Refractive error

> Includes: Anisometropia Astigmatism Hyperopia, farsightedness Myopia, nearsightedness Presbyopia

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Refractive error (continued)

Excludes: Test for refractive errors (3230.0)

Includes: Hypertensive ocular disease Increased ocular pressure

2420.0 Other diseases of the eye

> Includes: Amblyopia Aphakia Color blindness Esotropia Exotropia Krukenberg's spindle Macular degeneration Pterygium Retinal detachment Strabismus

DISEASES OF THE EAR (2450-2499)

- 2450.0 Otitis media
- Other diseases of the ear 2455.0

Includes: Abscess Labyrinthitis Ruptured tympanic membrane

Excludes: Deafness (1345.1) Infection, NOS (1355.2)

DISEASES OF THE CIRCULATORY SYSTEM (2500-2599)

2500.0 Rheumatic fever and chronic rheumatic heart disease

> Includes: Chorea

2505.0 Hypertension with involvement of target organs

> Includes: HCD HCVD Hypertensive cardiovascular disease Hypertensive heart disease Pulmonary hypertension Renal hypertension

2510.0 Hypertension, hypertensive

> Includes: High blood pressure

| 2515.0 | Ischemic heart disease | 2550.0 | Other disease of circulatory system Includes: |
|--------|-----------------------------------------|--------|--------------------------------------------------|
| | Includes: | | Aneurysm |
| | Angina pectoris | | Blood clots |
| | Arteriosclerotic cardiovascular disease | | Pulmonary embolism |
| | (ACVD) | | Heart disease, NOS |
| | Arteriosclerotic heart disease (ASHD) | | Infarct(s), NOS |
| | Coronary | | Lymphadenitis |
| | Coronary artery disease | | Lymphadenopathy |
| | Heart attack | | Stasis dermatitis |
| | Myocardial infarction | | Temporal arteritis |
| | 5 | | Vasculitis |
| 2520.0 | Other heart disease | | Venous insufficiency |
| | Includes: | | 5 |
| | Aortic valve stenosis | DISEAS | ES OF THE RESPIRATORY SYSTEM (2600-2649) |
| | Arrhythmia, NOS | | |
| | Atrial fibrillation | 2600.0 | Upper respiratory infections except tonsillitis |
| | Cardiac arrhythmia | | |
| | Cardiac dysrhythmias | | Includes: |
| | Cardiomyopathy | | Croup |
| | Cardiomyopathy (congestive) | | Laryngitis |
| | Congestive heart failure | | Pharyngitis |
| | Cor pulmonale | | Rhinitis |
| | Heart failure | | Sinusitis |
| | Heart murmur | | |
| | Mitral valve prolapse | | Excludes: |
| | Mitral valve regurgitation | | Allergic rhinitis (2635.0) |
| | Paroxysmal tachycardia | | Cold (1445.0) |
| | Premature ventricular contractions | | Nose infection, NOS (1405.3) |
| | (PVCs) | | Sinus infection, NOS (1410.2) |
| | Ventricular tachycardia | | Throat infection, NOS (1455.3) |
| 2525.0 | Cerebrovascular disease | 2605.0 | Tonsillitis |
| 2525.0 | | 2005.0 | Tonsinitis |
| | Includes: | 2610.0 | Bronchitis |
| | Carotid stenosis | | |
| | Cerebral arteriosclerosis | | Includes: |
| | Cerebral hemorrhage | | Acute bronchitis |
| | Cerebral stenosis | | Bronchitis, NOS |
| | Cerebrovascular accident (CVA) | | Chronic bronchitis |
| | Stroke | | |
| | TIA | 2620.0 | Emphysema |
| | | 2625.0 | Asthma |
| 2530.0 | Atherosclerosis | 2630.0 | Pneumonia |
| | Includes: | | Includes: |
| | Arteriosclerosis | | Bacterial pneumonia |
| | Hardening of the arteries | | |
| | That defining of the arteries | | Bronchopneumonia Pneumonitis |
| | Excludes: | | Viral pneumonia |
| | Cerebral arteriosclerosis (2525.0) | | v nai plieumoma |
| | Cerebrar arterioscierosis (2525.0) | 2635.0 | Hay fever |
| 2535.0 | Phlebitis, thrombophlebitis | 2055.0 | Thay level |
| 2000.0 | r meetus, un omoopmeetus | | Includes: |
| | Includes: | | Allergic rhinitis |
| | Phlebothrombosis | | Allergy to: |
| | | | Dust |
| 2540.0 | Varicose veins | | Pollen |
| | | | Animals |
| 2545.0 | Hemorrhoids | | Ragweed |
| | | | Nasal allergy |
| | Includes: | | Pollenosis |
| | Perineal tags | | |
| | | | |

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2640.0 Other respiratory diseases

Includes: Bronchospasm Chronic obstructive pulmonary disease Deviated nasal septum Hemothorax Pleurisy Pneumothorax Pulmonary edema Respiratory failure SARS

DISEASES OF THE DIGESTIVE SYSTEM (2650-2699)

2650.0 Diseases of the esophagus, stomach, and duodenum

Includes: Barrett's esophagus Duodenal ulcer Esophageal ulcer Esophagitis Gastritis GERD Peptic ulcer Stomach ulcer

Excludes: Gastroenteritis (2005.0) Stomach flu (1540.0)

2655.0 Appendicitis, all types

- 2660.0 Hernia of abdominal cavity
 - Includes: Abdominal Femoral Hiatus Inguinal Umbilical Ventral

2665.0 Diseases of the intestine and peritoneum

Includes: Abscess, rectal Adhesions Crohn's disease Diverticulitis Diverticulosis Fissure - rectal, anal Fistula - rectal, anal Ileitis Irritable bowel syndrome Proctitis Small bowel obstruction Spastic colitis Ulcerative colitis

Excludes: Intestinal virus (1540.0)

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2670.0 Diseases of the liver, gallbladder, and pancreas

Includes: Biliary colic Cholecystitis Cholelithiasis (gallstones) Cirrhosis Liver diseases Pancreatitis

2675.0 Other diseases of digestive system, NEC Includes: Mandibular cyst

> 2675.1 Dental abscess 2675.2 Dental cavities 2675.3 Canker sore 2675.4 Stomatitis 2675.5 Temperomandibular joint (TMJ) pain, Temperomandibular joint (TMJ) syndrome

DISEASES OF THE GENITOURINARY SYSTEM (2700-2799)

2700.0 Cystitis

Excludes: Bladder infection (1665.2)

- 2705.0 Urinary tract disease except cystitis
 - Includes: Bladder stones Glomerulonephritis Glomerulonephrosis Kidney stones Neurogenic bladder Pyelonephritis Renal failure Ureteral calculus Urethritis

Excludes: Bladder infection (1665.2) Kidney infection, NOS (1670.2) Passed stones (1680.0) Urinary tract infection (1675.0)

2710.0 Diseases of the male genital organs

Includes: Benign prostatic hypertrophy (BPH) Epididymitis Hydrocele Peyronie's disease Phimosis Prostatitis

Excludes: Prostate infection (1710.2)

2715.0 Fibrocystic and other diseases of breast

Includes: Abscess Mastitis

Excludes: Infection (1810.0) Cancer (2115.0)

2720.0 Pelvic inflammatory disease (PID)

Includes: Oophoritis Pelvic peritonitis Salpingitis

Excludes: Pelvic infection, NOS (1775.3)

2725.0 Cervicitis, vaginitis

Includes: Cervical erosion Vulvovaginitis

2730.0 Other diseases of female reproductive system

Includes: Cervical dysplasia Cystocele Dysfunctional uterine bleeding Endometriosis Polycystic ovaries Procidentia uteri Prolapse of uterus Rectal-vaginal fistula Rectocele Vulvitis

2735.0 Diagnosed complications of pregnancy and puerperium

Includes: Advanced maternal age Diabetes during pregnancy Ectopic pregnancy Edema of pregnancy Fetal death in utero High blood pressure during pregnancy High risk pregnancy Hyperemesis Intrauterine growth retardation (IUGR) Miscarriage (if patient is pregnant) Multiple pregnancy Placenta previa Post dates RH sensitization Spontaneous abortion Threatened abortion Toxemia

Excludes: Abortion induced (3520.0)

2736.0 Other diseases of the genitourinary system, NEC

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (2800-2899)

2800.0 Carbuncle, furuncle, boil, cellulitis, abscess, NEC

2805.0 Impetigo

 2810.0 Seborrheic dermatitis Includes: Dandruff
 2815.0 Eczema and dermatitis, NOS

2810.0 Psoriasis

2825.0 Other diseases of the skin

2023.0 Other diseases of the skin

Includes: Allergic skin reactions Epidermal inclusion cyst Folliculitis Hidradenitis Hives Keloid Keratosis Lupus erythematosus, NOS Paronychia Pilonidal cyst Poison ivy Poison oak Rosacea Sebaceous cyst Urticaria

Excludes: Acne (1830.0) Cyst, NOS (1855.0)

DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (2900-2949)

2900.0 Arthritis

Includes: Osteoarthritis Rheumatism, NOS Rheumatoid arthritis Septic

2905.0 Nonarticular rheumatism

Includes: Bursitis Ganglion cyst Lumbago Myositis Radiculitis/Radiculopathy Synovitis Tendinitis Tenosynovitis

Excludes: Rheumatism, NOS (2900.0) 2910.0 Other musculoskeletal or connective tissue disease

Includes: Baker's cvst Bone cysts Bone spur Bunions Cervical myelopathy Curvatures of spine Degenerative disc diseases Dupuytren's contracture Exostosis Kyphoscoliosis Kyphosis Osteomyelitis Osteoporosis Paget's Plantar fistula Scleroderma Scoliosis Sjogen's Slipped disc Spondylosis Spur, NOS Systemic lupus erythematosus

CONGENITAL ANOMALIES (2950-2979)

- 2950.0 Congenital anomalies of heart and circulatory system
- 2955.0 Undescended testicles

Includes: Hypospadias

2960.0 Other and unspecified congenital anomalies

Includes: Absence of organs Blocked tear duct Cleft palate Cleft lip Clubfoot Congenital dislocation of hip Deformed earlobe Down syndrome Duplication of organs Dysmorphic Harelip

PERINATAL MORBIDITY AND MORTALITY CONDITIONS (2980-2999)

Turner's Syndrome

2980.0 Prematurity

Includes: Late effects of prematurity Premature infant

2990.0 All other perinatal conditions

DIAGNOSTIC, SCREENING, AND PREVENTIVE MODULE

GENERAL EXAMINATIONS (3100-3199)

3100.0 General medical examination

Includes: Annual exam Checkup, NOS Checkup, routine Evaluation, NOS General exam Healthy adult Healthy child History and physical (H&P) Multiphasic screening exam Physical exam Preventive Regular exam Routine exam

Excludes: Administrative exam (7100.0-7140.0) Followup visit (4800.0) Gynecological exam (3225.0) Pre-op exam (4200.0) Prenatal exam (3205.0) Progress visit (4800.0)

- 3105.0 Well baby examination (any child under 1 year of age)
- 3130.0 General psychiatric or psychological examination

Includes: Psychological testing

Excludes: Court- or school-ordered examination (7140.0)

SPECIAL EXAMINATIONS (3200-3299)

- 3200.0 Pregnancy, unconfirmed
 - Includes: HCG Late menses Late menstruation Might be pregnant Missed period Period late Possible pregnancy Pregnancy test

3205.0 Prenatal examination, routine

Includes: Normal antepartum visit Pregnancy, NOS Routine obstetrical care

3215.0 Postpartum examination, routine

| 3220.0 | Breast examination | 3305.0 | Skin immunity test Includes: |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Excludes: Breast thermography (3340.0) Mammography (3340.0) Xerography (3340.0) | | PPD test Tuberculin test Excludes: To check results of skin tests (6600.0) |
| 3225.0 | Gynecological examination | 3310.0 | Glucose level determination |
| | Includes: Pelvic exam Excludes: Examination for birth control medication (3505.0) Examination for birth control, NOS (3500.0) Examination involving IUD (3510.0) | 3314.0 | Includes: Blood sugar test Check sugar Glucose tolerance test Test for diabetes Human immunodeficiency virus (HIV) test |
| | Repeat or abnormal Pap smear (6300.0) | | Includes: AIDS test |
| 3230.0 | Eye examination Includes: Check contacts Check glasses For contacts For glasses Glasses, NOS Need new glasses Routine ophthalmologic exam Test for nearsightedness, farsightedness To test my eyes Vision test Visual field test Excludes: | 3315.0 | Excludes: To check results of human immunodeficiency virus test (6106.0) Other blood test Includes: Blood alcohol Blood count Blood count Blood culture Blood test, NOS Blood thinning test Check cholesterol Prothrombin time Sickle cell anemia test |
| 3235.0 | Fitting glasses or contacts (4515.0) Heart examination | | Excludes: Premarital blood test (7135.1) |
| 3233.0 | Includes: Cardiac checkup Heart checkup | 3320.0 | 3315.1 Blood test for sexually transmitted disease Blood pressure test |
| 3240.0 | Other special examination Includes: AICD check Check tubes Examination of functioning internal prosthetic devices: implants, stents,shunts, etc. Hearing aid ICD check Neurological exam Thyroid | 3325.0 3330.0 | Includes: Blood pressure check Check blood pressure Urine test Includes: Estriol for fetal evaluation Test urine for sugar Urinalysis Urine culture Diagnostic endoscopies Includes: |
| DIAGNO | STIC TESTS (3300-3399) | | Arthroscopy Cystoscopy |
| 3300.0 | Sensitization test Includes: Allergy test Excludes: | | Laparoscopy Proctoscopy Sigmoidoscopy |
| | To check results of skin tests (6600.0) | 3335.0 | Biopsies |

| 3340.0 | Mammography, xero | ography, breast thermography | OTHER (3400-34 | SCREENING AND PREVENTIVE PROCEDURES (199) |
|--------|----------------------|---------------------------------------|-------------------|------------------------------------------------------------|
| | Exclude | es: | | |
| | Breast | examination (3220.0) | 3400.0 | Prophylactic inoculations |
| 3345.0 | Diagnostic radiolog | у | | Includes: Flu shot |
| | Include | s: | | Immunization |
| | Angio | gram/angiography | | Influenza shot |
| | Bone s | | | Rhogam |
| | | osalpingogram | | Tetanus shot |
| | IVP | | | Vaccination |
| | MRI | | | |
| | Myelo | | 3405.0 | Exposure to sexually transmitted disease (STD) |
| | | sotope scanning | | |
| | Venog | gram | | Includes: |
| | X-ray | | | Check for STD |
| 3350.0 | EKG ECG electron | cardiogram, treadmill, stress testing | | May have STD |
| 3330.0 | EKO, ECO, electroc | ardiogram, treatmin, stress testing | 3408.0 | Possible HIV |
| 3355.0 | EEG, electroenceph | alogram | 5400.0 | |
| 3360.0 | Hearing test | uogram | 3409.0 | Exposure to human immunodeficiency virus (HIV) |
| | 8 | | | Includes: |
| | Include | s: | | Exposed to AIDS |
| | Hearin | ng exam | | |
| | | | 3410.0 | Exposure to other infectious diseases |
| 3365.0 | Pap smear | | | |
| | | | | Includes: |
| 3366.0 | Nasal swab | | | Chickenpox |
| 2270.0 | 0.1 1 | 1.12 21.2.2 | | Infectious hepatitis |
| 3370.0 | Other and unspecifie | ed diagnostic tests | | Measles |
| | Include | | | Mumps Pathogens |
| | | ocentesis | | Tuberculosis |
| | Centes | | | Tuberculosis |
| | | screening | 3415.0 | Exposure to bodily fluids of another person, NOS |
| | | onic fetal monitoring | | |
| | | st, NOS | | Includes: |
| | Pulmo | nary function test | | Blood exposure |
| | Spinal | tap | | Exposure to another's secretions |
| | | | | |
| | | | FAMIL | Y PLANNING (3500-3599) |
| | 3370.1 | Glaucoma test | | |
| | | Includes: | 3500.0 | Family Planning, NOS |
| | | ATN check | | |
| | | Check intraocular pressure | | Includes: |
| | 2270.2 | TT1 / 1/ | | Birth control, NOS |
| | 3370.2 | Throat culture | | Counseling, examinations, and general advice regarding: |
| | 3370.3 | Heart catheterization | | Genetics |
| | 5570.5 | i ican calletenzation | | Sterilization |
| | 3370.4 | Other cultures | | Unwanted pregnancy |
| | 5570.4 | Includes: | | Fertility, NOS |
| | | Skin | | Unwanted pregnancy, contraceptive, |
| | | | | NOS |
| | | | | |
| | | | | Excludes: |
| | | | | Procedures performed [See Counseling |

Actudes: Procedures performed [See Counseling and examinations for pregnancy interruption (3515.0) through Artificial insemination (3530.0)] Specified types of birth control: Birth control medication (3505.0) IUD (3510.0)

| 3505.0 | Contraceptive medication | | TREATMENT MODULE |
|-------------|----------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| | Includes: | MEDIC | ATIONS (4100-4199) |
| | Depo Provera Examinations, instructions, and advice regarding: | 4100.0 | Allergy medication |
| | Birth control pills | | Includes: |
| | Contraceptive implants | | Allergy shots |
| | Foams, jellies Oral contraceptives | | Allergy treatments |
| | Renewing pill prescription | | Excludes: |
| | Norplant checkup | | Allergy testing (3300.0) |
| | Norplant insertion/removal (also code 4520.0) | 4110.0 | Injections |
| 3510.0 | Contraceptive device | | Includes: Antibiotics |
| | Includes: | | Fat |
| | Diaphragm insertion, removal, checkup | | Hormones |
| | IUD insertion, removal, checkup | | Injections, NOS |
| | | | Iron |
| 3515.0 | Counseling and examinations for pregnancy | | Lupron Depot |
| | interruption | | Shots, NOS |
| | | | Steroid |
| | Includes: | | Vitamins |
| | Evaluation for an arrangement for abortion | | Excludes: |
| | Wants abortion | | Allergy shots (4100.0) |
| 3520.0 | Abortion to be performed (at this visit) | | Immunizations (3400.0) |
| 002010 | | | Inoculations (3400.0) |
| 3525.0 | Sterilization and sterilization reversal to be performed | | Vaccinations (3400.0) |
| (at this vi | sit) | 4111.0 | Non-constitution of the state of the second |
| | Includes: | 4111.0 | Noncompliance with medication therapy |
| | Male - vasectomy | 4115.0 | Medication, other and unspecified kinds |
| | Female - tubal ligation | | medication, other and anspectived minus |
| 3530.0 | Artificial insemination (at this visit) | | Includes: |
| | Includes: | | Antibiotics, NOS |
| | Assisted reproductive technologies | | Check medication |
| | Fetal reduction | | Drug studies |
| | Intrauterine insemination | | For medication |
| | In vitro fertilization | | Medication for pain |
| 3535.0 | Preconception counseling and education | | Oral Prescribe medication |
| 5555.0 | Includes: | | Renew prescription |
| | Counseling, examinations, and general | | Renew scripts |
| | advice regarding: | | Request prescription |
| | Artificial insemination | | Scripts |
| | Desires pregnancy | | |
| | Egg donor | | Excludes: |
| | Infertility | | Antibiotic medication injections |
| | Semen analysis | | (4110.0) Di da da di |
| | Sperm donor Sperm washing | | Birth control medication (3505.0) Eyeglass prescription (see Eye |
| | speriii wasning | | examination (3230.0) and |
| | | | Fitting glasses and contact lenses |
| | | | (4515.0)) |

PREOPERATIVE AND POSTOPERATIVE CARE (4200-4299)

4200.0 Preoperative visit for specified and unspecified types of surgery

> Includes: Discussion of cosmetic surgery Pre-op examination Surgical consultation

4205.0 Postoperative visit

Includes: Check graft Check implant Check shunt Check stoma Check surgical wound Clotted graft/shunt Endoscopy follow-up Postop care Postop pain Postop suture removal Suture removal follow-up

Excludes: Complications of surgical or medical procedures and treatments (5930.0)

SPECIFIC TYPES OF THERAPY (4400-4499)

- 4400.0 Physical medicine and rehabilitation
 - Includes: Back adjustment Cardiac rehabilitation Heat therapy Hydrotherapy Occupational therapy Physical therapy Pulmonary rehabilitation Recreational therapy Speech therapy Therapeutic exercises Vocational rehabilitation

4401.0 Cardiopulmonary resuscitation (CPR)4405.0 Respiratory therapy

Includes: Asthma treatment Inhalation therapy Inhaler/breathing treatment

4410.0 Psychotherapy

Includes: Group counseling Includes: 12 Step programs (e.g. AA, Overeaters Anonymous, etc.) Group therapy

Psychoanalysis

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| 4415.0 | Radiation therapy |
|--------|---------------------------|
| | Includes treatment of s/p |

- 4420.0 Acupuncture
- 4425.0 Chemotherapy

SPECIFIC THERAPEUTIC PROCEDURES (4500-4599)

4500.0 Tube insertion

Includes: Chest tube Flushed catheter PEG, Replacement Port-a-cath placement

Excludes: Flushed urinary catheter 4510.0

4505.0 Cauterization, all sites

- 4507.0 IV therapy, infusion
- 4510.0 Urinary tract instrumentation and catheterization

Includes: Flushed urinary catheter Urethral dilation Urinary catheterization

Excludes: Cystoscopy [see Diagnostic endoscopies (3330.0)]

4515.0 Fitting glasses and contact lenses

Includes: Broken or lost glasses or contacts Clean glasses or contacts Pick up glasses or contacts Prescription renewal

Excludes: Eye examination (3230.0)

4518.0 Detoxification

- 4518.1 Alcohol
- 4518.2 Drug

| 4520.0 | Minor surgery | 4556.0 | Cosmetic injection, NOS |
|--------|----------------------------------------------------------|--------|-------------------------------------------------|
| | Includes: | | 4556.1 Botox injection |
| | Ear tube removal | | 4556.2 Collagen injection |
| | Ears pierced | | 1990.2 Conagen injection |
| | Joint manipulation | 4560.0 | Other specific therapeutic procedures, NEC |
| | | 4300.0 | Other specific merapeutic procedures, NEC |
| | Norplant insertion/removal (also code | | |
| | 3505.0) | | Includes: |
| | Tattoo removal | | Adjust device |
| | Tube removal | | Cryotherapy |
| | | | Debridement |
| | 4520.1 Wart removed | | Enema |
| | | | Epidural |
| 4521.0 | Major surgery | | Eye exercises |
| 4521.0 | wajor surgery | | • |
| | | | Nerve block |
| | Includes: | | Pessary, Change/Clean |
| | | | Phototherapy |
| | Aspiration bone marrow | | Skin rejuvenation |
| | Balloon angiogram | | TENS unit, NOS |
| | Cholecystectomy | | Ultraviolet treatment |
| | Laser surgery, eye | | Wound care, NOS |
| | Lens extraction | | Would care, 1005 |
| | | 15(5) | Termente NOS |
| | Liver biopsy | 4565.0 | Transplants, NOS |
| | Percutaneous transluminal angiogram | | |
| | Polypectomy | | Includes: |
| | PTCA (balloon) | | Stem cell |
| 4525.0 | Kidney dialysis | | 4565.1 Failure |
| | | | |
| 4529.0 | Internal prosthetic devices (fit, adjust, remove) | | Includes: |
| | Includes: | | Bone marrow |
| | Breast implants | | |
| | Cardiac pacemaker | | 4565.2 Rejection |
| | Joint prostheses | | 5 |
| | 1 | MEDIC | AL COUNSELING (4600-4699) |
| | Excludes: | | |
| | | 4600.0 | Dist and nutritional sourceling |
| | Complications of surgical or medical | 4000.0 | Diet and nutritional counseling |
| | procedures and treatments | | |
| | (5930.0) | | Includes: |
| | | | Check weight |
| 4530.0 | External prosthetic devices, artificial body parts (fit, | | Counseling for weight reduction |
| | adjust, remove) | | |
| | | 4604.0 | Human immunodeficiency virus (HIV) counselin |
| | Excludes: | +00+.0 | Human minimunodericiency virus (111 v) counsemi |
| | | | Tere la de co |
| | Prosthetic complications (5930.0) | | Includes: |
| | | | AIDS counseling |
| 4535.0 | Corrective appliances | | AIDS information, education |
| | | | ARC counseling |
| | Includes: | | Worried, concerned about getting, |
| | Fitting and adjusting: | | transmitting AIDS |
| | Back brace | | |
| | Hearing aid | | |
| | Leg brace | | |
| | ę | | |
| | Neck brace | | |
| | Orthopedic shoes | | |
| | Walking cane | | |
| 4540.0 | Cast, splint - application, removal | | |
| 4545.0 | Dressing, bandage - application, change | | |
| 4550.0 | Irrigation, lavage | | |

4555.0 Suture - insertion, removal

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| 4605.0 | Medical Counseling, NOS | 4715.0 | Other problems of fa | amily relationship |
|--------|-----------------------------------------------------|--------|----------------------|------------------------------------------------------|
| | Includes: Alcohol | | Include: | s: parents or in-laws |
| | Disease counseling | | | ced parents |
| | Drug | | | v fights and disruptions |
| | Drug rehabilitation | | • | ms with relatives |
| | Medical consultation | | | |
| | New patient | 4720.0 | Educational problem | 18 |
| | Patient education | | | |
| | Personal problem | | Includes | s: |
| | Referral | | Absen | teeism, truancy |
| | Second opinion | | Hates | |
| | To learn about a condition | | | ms with teachers |
| | To meet doctor | | School | l behavior problems |
| | Trouble toilet training | 1705.0 | 0 | |
| | Wants to talk to doctor | 4725.0 | Occupational proble | ms |
| | 4605.1 Family history of cardiovascular | | Include | |
| | disease | | | ssatisfaction |
| | 4605 2 Family history of someon | | Out of Droble | m with boss or coworkers |
| | 4605.2 Family history of cancer | | | e to work |
| | 4605.3 Family history of diabetes | | | ployment |
| | 4605.4 Family history of other disease or condition | 4730.0 | Social adjustment pr | roblems |
| SOCIAL | PROBLEM COUNSELING (4700-4799) | | Include: Discrit | s: mination problems |
| | | | Don't l | have any friends |
| 4700.0 | Economic problem | | Loneli Neighl | ness borhood and community relations |
| | Includes: | | prob | |
| | Can't pay bills | | Social | isolation |
| | Too little income | | | |
| | | 4735.0 | Legal problems | |
| 4702.0 | Problem with access to medical care | | | |
| | | | Includes | |
| | Includes: | | - | onment, prosecution |
| | Blocked access to medical care | | Lawsu | its, litigation |
| | Limited access to medical care | | 4735.1 | Police involvement in |
| 4705.0 | Marital problems | | 4755.1 | outpatient visit circumstances |
| +705.0 | Wartar problems | | | outpatient visit enculistances |
| | Includes: | | | Includes: |
| | | | | Brought in by police |
| | Alcoholic spouse | | | Police called |
| | Custody battle | 4740.0 | Other social problen | |
| | Divorce, desertion, separation | | * | |
| | Marriage counseling, NOS | | Includes | s: |
| | Premarital counseling | | Disabl | ed |
| | Problem with husband, wife | | Disaste | |
| | | | | ng and clothing problems |
| 4710.0 | Parent-child problems | | | ncy out-of-wedlock m with boyfriend or girlfriend |
| | Includes: | | | ms of aging |
| | Adopted or foster child | | 110010 | |
| | Concern about childhood behavior | | | |
| | Discipline | | | |
| | Maturation problems | | | |
| | Working mother | | | |
| | - | | | |

| PROGR | ESS VISIT, NEC (4800-4899) | | |
|-----------|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|
| | | 5025.0 | Ankle |
| 4800.0 | Progress visit, NOS (Use only when the only information given is progress or followup) | 5030.0 | Foot and toes |
| | Includes: Chronic, NOS Followup, NOS | 5035.0 | Arm Includes: Elbow |
| | Getting better I'm better I'm the same I'm worse | | Humerus Radius Shoulder Ulna |
| | Monthly visit Ongoing treatment, NOS | 5040.0 | Wrist |
| | Recheck Routine followup | 5045.0 | Hand and fingers |
| | Same problems, NOS Touching base | 5050.0 | Fracture, other and unspecified |
| | Excludes: | Sprains a | and strains: |
| | Followup, disease (Code to disease) Followup, injury (Code to injury) Followup, symptom (Code to symptom) | 5105.0 | Cervical spine, neck |
| | Followup, test results (Code to 6100.0- 6700.0) | | Includes: Whiplash |
| | General checkup (3100.0) Postoperative followup (4205.0) | 5110.0 | Back |
| | Preventive medicine (3100.0) | 5115.0 | Knee |
| IN | JURIES AND ADVERSE EFFECTS MODULE | 5120.0 | Ankle |
| INJURY | BY TYPE AND/OR LOCATION (5001-5799) | 5125.0 | Wrist |
| Fractures | and dislocations: | 5130.0 | Sprain or strain, other and unspecified |
| 5005.0 | Head and face | Laceratio | ons and cuts: |
| | Includes: Facial bones | 5205.0 | Head and neck area Excludes: |
| | Jaw | | Face (5210.0) |
| | Nose Skull | 5210.0 | Facial area |
| 5010.0 | Spinal column | | Includes: Eye |
| | Includes: Back | | Ear Forehead |
| | Neck | | Lip |
| | Vertebrae | | Nose |
| 5015.0 | Trunk area, except spinal column | 5215.0 | Trunk area Includes: |
| | Includes: Clavicle | | Perineum |
| | Collarbone | 5220.0 | Lower extremity |
| | Pelvic scapula Rib | | Includes: Ankle Foot |
| 5020.0 | Leg | 5225.0 | Upper extremity |
| | Includes: Femur Fibula Hip Knee | 5225.0 | Includes: Arm Fingers Hand |
| | Tibia | | Wrist |

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| | | 5520.0 | Chest and abdomen |
|-------------------|---------------------------------------------------|------------------|-----------------------------------------------------------------|
| 5230.0 | Laceration and cuts, site unspecified | | Includes: |
| Puncture | wounds: | | Internal injuries |
| 5305.0 | Head, neck and facial area | 5525.0 | Hip |
| 5310.0 | Trunk area | 5530.0 | Leg |
| 5315.0 | Lower extremity | 5535.0 | Knee |
| 5320.0 | Upper extremity | 5540.0 | Ankle |
| 5325.0 | Puncture wound, site unspecified | 5545.0 | Foot and toe(s) |
| | Includes: Needlestick, NOS | 5550.0 | Shoulder |
| Contusio | ns, abrasions, and bruises: | 5555.0 | Arm |
| 5405.0 | Head, neck, and face | 5560.0 | Elbow |
| 5405.0 | Excludes: | 5565.0 | Wrist |
| | Eye (5410.0) | 5570.0 | Hand and finger(s) |
| 5410.0 | Eye | 5575.0 | Injury, multiple or unspecified |
| | Includes: Black eye | <u>Foreign b</u> | Includes post-traumatic (NOS) headache (and 1210.0) pody: |
| | Contusion Corneal abrasion | 5600.0 | Eye |
| 5415.0 | Trunk area | 5605.0 | Nose |
| | Includes: | 5610.0 | Skin |
| | Injury to scrotum | 5615.0 | Digestive tract |
| 5420.0 | Lower extremity | | Includes: |
| 5425.0 | Upper extremity | | Mouth Rectum |
| 5430.0 | Contusion, abrasion, bruise, site unspecified | | Throat |
| <u>Injury, ot</u> | her and unspecified type: | 5616.0 5620.0 | Respiratory tract Other and unspecified sites |
| 5505.0 | Head, neck, and face | 5020.0 | Other and dispectived sites |
| | Includes: | <u>Burns, al</u> | l degrees: |
| | Post concussive syndrome Tooth fracture | 5705.0 | Head, neck, and face |
| | Tooth knocked out Traumatic brain injury (TBI) | | Includes eyes |
| | Excludes: | 5710.0 | Trunk area |
| | Loose tooth (no injury) 1500.0 | 5715.0 | Extremities |
| 5510.0 | Eye | | Includes: Lower |
| 5515.0 | Back | | Upper |
| | Includes: | 5720.0 | Duran site surger site a |
| | Tail bone | 5720.0 | Burn, site unspecified |

| 5750.0 | Sunburn, windburn | | 5820.0 | Suicide attempt | |
|--------|-------------------------------|------------------------------------------|--------|------------------------------------|-------------------------------------------------|
| Bites: | Exclude Sun po | s: isoning 5920.0 | | Hanging Slashed v | |
| 5755.0 | Insect | | | (5225 Stabbed o | .0) |
| | Includes | :: | | 5820.1 Ov | erdose, intentional |
| | Sting Tick | | | I | Excludes: Unintentional overdose (5910.0) |
| 5760.0 | Animal ,snake, huma | n | 5830.0 | Rape | |
| | NOS (5800-5899) | | | Includes: Sexual as | ssault |
| 5800.0 | Late effects of an old | l injury | | 5830.1 | Sexual abuse |
| | Includes Deform | | | 5050.1 | Includes: |
| 5805.0 | Scars Motor vehicle accide | ent, type of injury unspecified | | | Molestation |
| | | | 5835.0 | Dead on arrival (DOA) |) |
| | Includes Auto ac | | | Includes: | |
| | Car acc | cident | | Death | |
| | Motore | cycle accident | | Excludes: | |
| 5810.0 | Accident, NOS | | | Cardiac a Cardiopu | arrest (5837.0) Ilmonary arrest (5839.0) |
| | Includes Fall. tv | : pe or location of injury | | Respirato | ory arrest (5836.0) |
| | | ecified | 5836.0 | Respiratory arrest | |
| 5815.0 | Violence, NOS | | | Excludes: | arrest (5837.0) |
| | Includes | | | | ilmonary arrest (5839.0) |
| | Abuse Beat ut | | | | arrival (5835.0) g (5838.0) |
| | Beat up In a fig | | | | g (3838.0) wning (5838.0) |
| | Stabbir | ng | 5027.0 | | - |
| | Exclude | s: | 5837.0 | Cardiac arrest Includes: | |
| | | ce against oneself (5818.0, | | Code blu | le |
| | 5815.1 | Child abuse or neglect | | Excludes: Cardiopu CPR (44 | llmonary arrest (5839.0) |
| | | Excludes: Child sexual abuse (5830.1) | | Dead on | arrival (5835.0) pry arrest (5836.0) |
| | 5815.2 | Battered spouse | 5838.0 | Drowning | |
| | 5815.3 | Elder abuse | | Includes: | |
| | 5815.4 | Gunshot wound | | Near drov | vning |
| 5818.0 | Intentional self-mutil | | 5839.0 | Cardiopulmonary arres Excludes: | |
| | Includes Self ab | | | | arrest (5837.0) |
| | Self-ab Tried to | o hurt self | | Respirato | ory arrest (5836.0) |
| | Exclude | s: | | | |

Suicide attempt (5820.0)

| 5840.0 | Unconscious on arrival | 5915.0 | Adverse effect of alcohol |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Includes: Coma Found unconscious Knocked out Shock Stupor Unresponsive | 5920.0 | Includes: Acute intoxication Drunk Intoxication Adverse effects of environment |
| 5841.0 | State of consciousness not specified Includes: | | Includes: Air pollution Frostbite Hypothermia |
| | Brought in by ambulance Found on floor Verbally unresponsive | | Noise pollution Sun damage Sun poisning Water pollution |
| 5842.0 | Altered level of consciousness, NOS Excludes: Adverse effect of alcohol 5915.0 Adverse effect of drug abuse 5910.0 | 5922.0 | Adverse effects of terrorism and bioterrorism Includes: Anthrax, skin Anthrax, respiratory (inhalation) Bombing Food/water contamination |
| POISONI | NG AND ADVERSE EFFECTS (5900-5999) | | Smallpox |
| 5900.0 | Unintentional poisoning | Note: Us or disease | se an additional code to identify the complaint, symptom, e, if any. |
| | 5900.1 Food poisoning 5900.2 Ingestion, inhalation, or exposure to potentially poisonous products | 5925.0 | Adverse effects, other and unspecified Includes: Seasickness |
| | Includes: Household products Chemicals Drugs Gas Smoke Lead Mace in eyes | 5930.0 | Complications of surgical or medical procedures and treatments Includes: Artificial openings (ostomies, stoma) Catheter Foreign body (accidentally left during surgery e.g. sponge, instrument) Medical complication, NOS |
| 5905.0 | Adverse effect of medication Includes: Allergy to medication Anaphylactic shock Bad reaction to prescribed medication Penicillin allergy | | Non-healing surgical wound Post-op fever Post-op hemorrhage (bleeding) Post-op infection or inflammation Post-op sepsis (septicemia) Shunt Tubes |
| 5910.0 | Adverse effect of drug abuse Includes: Bad trip Combination of drugs and alcohol (nonsuicidal) Drug-induced hallucinations Freaked out on drugs Ingestion of drugs for nonmedicinal purposes Unintentional overdose Excludes: Intentional overdose (5820.1) | | Wound dehiscence Use additional code to identify condition Such as: UTI (1675.0) Fever (1010.0) Excludes: Postpartum conditions (1791.0 and 1810.2) Complication of transplant organs (4565.1-4565.2) |

| TEST RESULTS MODULE | | 6700.0 | For other and unspeci | fied test results |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| (Includes all abnormal test results and followups for test results) | | | Includes: Abnorm | |
| 6100.0 | For results of blood glucose tests | | Abnormal lab test results, NOS Abnormal scans | |
| | Includes: Abnormal glucose tolerance test Elevated blood sugar Glucose control High blood sugar Hyperglycemia | | Results To discu Ultrasor | al pulmonary function test of fetal evaluation tests iss test results with physician nography results |
| 6105.0 | Sugar in blood For results of cholesterol and triglyceride tests | 7100.0 | | TIVE MODULE required for school or |
| | | | employment | |
| | Includes: High cholesterol | | 7100.1 | Division a sumination required |
| 6106.0 | For results of test for human immunodeficiency virus (HIV) | | /100.1 | Physical examination required for employment |
| | Includes: Results of AIDS test Excludes: | | | Includes: Preemployment examination Required company physical Return to work checkup Teacher's certificate physical |
| | History of positive HIV test findings (2015.1) | | 7100.2 | Executive physical examination |
| 6110.0 | For other findings of blood tests | | 7100.3 | Physical examination required for school |
| | Includes: | | | lor school |
| | Elevated sed rate Low potassium Positive blood culture Positive serology, VDRL | | | Includes: College Day care center Grade school |
| 6200.0 | For results of urine tests | | | High school Nursery school |
| | Includes: Abnormal urinalysis Positive urine culture Sugar in urine | | 7100.4 | Physical examination for extracurricular activities Includes: |
| 6300.0 | For cytology findings | | | Athletics Boy Scouts or Girl Scouts Camp |
| | Includes: Atypical Pap smear | | | Little League |
| | For results of Pap smear of cervix or other area | 7120.0 | Driver's license exami | ination |
| | Positive Pap smear Repeat Pap smear | 7125.0 | Insurance examination | |
| 6400.0 | For radiological findings | 7130.0 | Disability examination | |
| | Includes: Abnormal X-ray X-ray results | | | ion of disability ecurity examination |
| | Xeromammography results | 7131.0 | Worker's comp exam | |
| 6500.0 | For results of EKG, Holter monitor review | 7135.0 | Premarital examinatio | n |
| 6600.0 | For results of skin tests | | 7135.1 | Premarital blood test |

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7137.0 Direct admission to hospital

- Includes: Admit to hospital Direct admit For admission Here for admission Involuntary commitment Pre admission exam Voluntary commitment
- 7140.0 Other reason for visit required by party other than the patient or the health care provider

Includes: Physical examination for adoption Psychiatric examination required by court

UNCODABLE ENTRIES

- 8990.0 Problems, complaints, NEC
- 8991.0 Patient unable to speak English
- 8993.0 Patient (or patient's spokesperson) refused care

Includes: Left AMA Walked out

8997.0 Entry of "none" or "no complaint"

Includes: Asymptomatic, NOS Doing well

- 8998.0 Insufficient information
- 8999.0 Illegible entry

SPECIAL CODE

90000 Blank

APPENDIX III

A. GENERIC CODES AND NAMES IN NUMERIC ORDER

A. GENERC CODES AD DAMES IN DUBERCORDE9000UNDETERMINED9000ACADA GUM9000ACADA GUM9000ACADA GUM9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO9000ACETANILO90000

50595 BETHANECHOL 50605 BILAZO REAGENT 50610 BILE ACIDS 50613 BILE SALTS 50615 BIOFLAVONOIDS 50620 BIOTIN 50625 BIPERIDEN 50630 BISACODYL 50631 BISMUTH ALUMINATE 50632 BISMUTH OXIDE 50634 BISMUTH SULFONATE 50635 BISMUTH ANTI-DIARRHEA AGENTS 50637 BISMUTH, EXTERNAL 50638 BISMUTH IODIDE 50640 BISMUTH SALICYLATE 50650 BISMUTH TRIBROMOPHENATE 50653 BITOLTEROL MESYLATE 50655 BLEOMYCIN 50660 BORIC ACID 50663 BRAN 50665 BRETYLIUM 50668 BRILLIANT BLUE 50670 BRILLIANT GREEN 50675 BROMELAINS 50679 BROMINE 50680 BROMOCRIPTINE 50685 BROMODIPHEN-HYDRAMINE 50687 BROMOPHENOL 50690 BROMPHENIRAMINE 50698 BUCHU 50705 BUCLIZINE 50706 BUFFERS 50708 BUMETANIDE 50710 BUPIVACAINE 50711 BUPRENORPHINE HCL 50713 BUSPIRONE HCL 50714 BUPROPION 50715 BUSULFAN 50720 BUTABARBITAL 50728 BUTALBITAL 50730 BUTAMBEN 50733 BUTOCONAZOLE NITRATE 50740 BUTORPHANOL TARTRATE 50742 BUTYLPARABEN 50745 CAFFEINE 50755 CALAMINE 50758 CALCIFEDIOL 50760 CALCITONIN 50770 CALCIUM REPLACEMENT AGENTS 50773 CALCIUM **GLYCEROPHOSPHATE** 50775 CALCIUM ACETATE 50776 CALCIUM 50780 CALCIUM BROMIDE

| 50705 | |
|----------------|------------------------------|
| 50785 | CALCIUM CARBONATE |
| 50800 50802 | |
| 50802 | |
| 50805 | CALCIUM SILICATE |
| 50805 | CALCIUM ION |
| 50810 | CALCIUM SUCCINATE |
| 50811 | CALCIUM |
| 00011 | PANTOTHENATE |
| 50818 | CALCIUM |
| | THIOGLYCOLLATE |
| 50821 | CALCIUM THIOSULFATE |
| 50823 | |
| | UNDECYLENATE |
| 50840 | |
| 50845 | CAMPHOR |
| 50848 | - |
| 50860 | - |
| 50865 | CAPREOMYCIN CAPRYLIC ACID |
| 50866 50867 | CAPSAICIN |
| 50868 | CAPSICIN |
| 50869 | |
| 50870 | CARAMEL |
| 50873 | - |
| 50875 | |
| 50880 | CARBAMAZEPINE |
| 50885 | CARBARSONE |
| 50887 | CALCIUM CARBASPIRIN |
| 50890 | CARBAZOCHROME |
| 50895 | CARBENICILLIN |
| 50898 | CARBETAPENTANE |
| 50899 | |
| 50900 | CARBINOXAMINE |
| 50905 | CARBOL-FUCHSIN |
| 50908 | CARBON DIOXIDE |
| 50910 | |
| 50912 | TETRACHLORIDE CARBOXY- |
| 50912 | METHYLCELLULOSE |
| 50920 | |
| 50923 | CARMELLOSE |
| 50925 | |
| 50929 | |
| 50930 | |
| 50933 | CASANTHRANOL |
| 50935 | CASCARA |
| 50938 | |
| 50940 | |
| 50943 | |
| 50945 | |
| 50950 | |
| 50955 | |
| 50960 50961 | CEFAZOLIN CEFTRIAXONE |
| 50961 50962 | |
| 50962 50963 | |
| 50903 50964 | |
| 50965 | |
| | CEFTAZIDIME |
| | |

50967 CEFUROXIME SODIUM 50968 CELLULASE 50969 CEFOTETAN DISODIUM 50975 CELLULOSE 50980 CEPHALEXIN 50990 CEPHALORIDINE 50995 CEPHALOTHIN 51000 CEPHAPIRIN 51005 CEPHRADINE 51008 CERESIN WAX 51010 CERIUM OXALATE 51012 CERULETIDE DIETHYLAMINE 51015 CETALKONIUM CHLORIDE 51016 CETEARETH 51017 CETEARYL OCTANOATE 51018 CETRIMONIUM BROMIDE 51020 CETYL ALCOHOL 51023 CETYLPYRIDINIUM 51025 CHARCOAL 51030 CHERRY SYRUP 51040 CHLORAL HYDRATE 51045 CHLORAMBUCIL 51050 CHLORAMPHENICOL 51053 CHLORCYCLIZINE 51055 CHLORDIAZEPOXIDE 51060 CHLORHEXIDINE 51064 CHLORIDE ION 51066 CHLORMEZANONE 51068 CHLOROACETIC ACID 51070 CHLOROALLYL-HEXAMINIUM CHLORIDE 51075 CHLOROBUTANOL 51080 CHLOROFORM 51085 CHLOROPHYLL 51090 CHLOROPROCAINE 51095 CHLOROQUINE 51100 CHLOROTHIAZIDE 51105 CHLOROTHYMOL 51110 CHLOROTRIANISENE 51115 CHLOROXINE 51120 CHLOROXYLENOL 51125 CHLORPHENESIN 51130 CHLORPHENIRAMINE 51150 CHLORPROMAZINE 51155 CHLORPROPAMIDE 51160 CHLORPROTHIXENE 51165 CHLORTETRACYCLINE 51170 CHLORTHALIDONE 51175 CHLORZOXAZONE 51177 CHOLECALCIFEROL 51180 CHOLERA VACCINE 51185 CHOLESTEROL 51190 CHOLESTYRAMINE 51193 CHOLIC ACID 51195 CHOLINE 51200 CHOLINE SALICYLATE 51203 CHONDRUS

 2025 NHAMES MICRO-DATA FILE DOCUMENTATION, APPENDIX III - GENERIC LIS
 51205
 CHARADA TARIA

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 CORN OL
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 51475
 CORN OLYN SCDIUM

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 CHARADA TARIA
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| 54015 | OINTMENT HYDROPHILIC |
|-------|----------------------|
| | |
| 54020 | OLEANDOMYCIN |
| 54025 | OLEIC ACID |
| 54030 | OLIVE OIL |
| | |
| 54032 | |
| | HYDROCHLORIDE |
| 54035 | OPIUM |
| | |
| 54045 | |
| 54050 | ORPHENADRINE |
| 54055 | ORTHOTOLIDINE |
| 04000 | |
| | REAGENT |
| 54060 | OUABAIN |
| 54063 | OVULATION TEST KIT |
| | OX BILE EXTRACT |
| 54065 | |
| 54070 | OXACILLIN |
| 54075 | OXALIC ACID |
| | OXANDROLONE |
| 54080 | |
| 54085 | OXAZEPAM |
| 54093 | OXYBENZONE |
| | |
| 54094 | |
| 54095 | OXYPHENCYCLIMINE |
| 54100 | OXTRIPHYLLINE |
| 54105 | OXYBUTYNIN |
| | |
| 54110 | OXYCHLOROSENE |
| 54115 | OXYGEN |
| 54120 | OXYMETAZOLINE |
| 54130 | OXYMETHOLONE |
| | |
| 54135 | OXYMORPHONE |
| 54140 | OXYPHENBUTAZONE |
| 54145 | OXYPHENOMIUM |
| | |
| 54148 | OXYQUINOLONE |
| 54155 | OXYTOCIN |
| 54157 | PADIMATE O |
| 54158 | PAMABRON |
| | - |
| 54160 | PANCREATIN |
| 54165 | PANCRELIPASE |
| 54170 | PANCURONIUM |
| 54173 | PANTHENOL |
| | |
| 54175 | PANTOTHENIC ACID |
| 54180 | PAPAIN |
| 54190 | PAPAVERINE |
| 54191 | |
| 54191 | |
| | METAXYLENOL |
| 54193 | PARAFFIN |
| 54195 | |
| | |
| 54200 | PARAMETHADIONE |
| 54205 | PARAMETHASONE |
| 54215 | PAREGORIC |
| 54220 | PARGYLINE |
| | |
| 54225 | PAROMOMYCIN |
| 54227 | PASSIFLORA EXTRACT |
| 54228 | |
| | |
| 54230 | |
| 54235 | PEANUT OIL |
| 54237 | PEG-4 DILAURATE |
| 54238 | |
| | |
| 54239 | PELLITORY ROOT |
| 54240 | PEMOLINE |
| | |

| 54245 54250 54260 54268 54270 54275 54275 | PENICILLIN PENICILLIN G PROCAINE PENICILLIN V POTASSIUM PENICILLOYL |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 54280 54290 54295 54297 54300 54305 54310 54315 | PENTAZOCINE PENTOBARBITAL PENTOXIFYLLINE PENTYLENETETRAZOL PEPPERMINT PEPSIN |
| 54320 54325 | |
| 54328 54330 54332 54345 | PERTUSSIS VACCINE PETROLATUM PETROLEUM DISTILLATE |
| 54350 54360 54365 | |
| 54375 54378 54385 | PHENELZINE PHENINDAMINE PHENIRAMINE |
| 54390 54395 54400 54405 | PHENOBARBITAL PHENOL |
| 54410 54415 | PHENOLSULFON- PHTHALEIN PHENOXYBENZAMINE |
| 54420 54425 | HCL PHENPROCOUMON PHENSUXIMIDE |
| 54430 54435 54440 54445 | PHENTERMINE PHENTOLAMINE PHENYL SALICYLATE PHENYLALANINE |
| 54450 54455 54460 | PHENYLBUTAZONE |
| 54465 | PHENYLPROPA- NOLAMINE |
| 54468 54470 54475 | PHENYLTOLOXAMINE PHENYTOIN PHOSPHOMOLYBDATE REAGENT |
| 54480 54485 | PHOSPHORIC ACID PHTHALYLSULFA- THIAZOLE |

| 54488 | PHYSIOLOGIC IRRIGATING SOLUTION |
|-----------|------------------------------------|
| E 4 4 0 0 | |
| 54490 | PHYSOSTIGMINE |
| 54495 | PHYTONADIONE |
| 54500 | PILOCARPINE |
| 54501 | PINDOLOL |
| | |
| 54502 | PINE OIL |
| 54504 | PIMOZIDE |
| 54505 | PIPERACETAZINE |
| 54508 | PIPERACILLIN |
| 54510 | PIPERAZINE |
| | |
| 54523 | PIPERONYL |
| 54525 | PIPOBROMAN |
| 54528 | PIROXICAM |
| 54530 | PITUITARY POSTERIOR |
| 54535 | PLACEBO |
| 54540 | PLAGUE VACCINE |
| | |
| 54545 | |
| 54550 | |
| | FRACTION |
| 54555 | PNEUMOCOCCAL |
| | VACCINE |
| 54560 | PODOPHYLLUM |
| | |
| 54565 | POISON IVY EXTRACT |
| 54575 | POLIO VACCINE |
| 54585 | POLLEN ANTIGEN |
| 54587 | POLYCARBOPHIL |
| 54590 | POLYETHYLENE GLYCOL |
| 54599 | POLYOXY 40 STEARATE |
| | |
| 54605 | POLYTHIAZIDE |
| 54610 | POLYVINYL ALCOHOL |
| 54613 | POPLAR BUD |
| 54615 | POTASH SULFURATED |
| 54620 | POTASSIUM |
| | ALKALINIZING AGENTS |
| 54625 | |
| 54025 | |
| | AMINOBENZOATE |
| 54640 | POTASSIUM BITARTRATE |
| 54645 | POTASSIUM BROMIDE |
| 54650 | POTASSIUM CARBONATE |
| 54655 | POTASSIUM |
| 0.000 | REPLACEMENT |
| | SOLUTIONS |
| F 4700 | COLOHIONO |
| 54700 | |
| | GUAIACOLSULFONATE |
| 54703 | POTASSIUM GLUTAMATE |
| 54705 | POTASSIUM HYDROXIDE |
| 54710 | POTASSIUM IODIDE |
| 54713 | POTASSIUM ION |
| | |
| 54715 | POTASSIUM NITRATE |
| 54720 | POTASSIUM |
| | OXYQUINOLINE |
| | SULFATE |
| 54725 | POTASSIUM |
| 01120 | PERCHLORATE |
| E1720 | |
| 54730 | POTASSIUM |
| | PERMANGANATE |
| 54733 | POTASSIUM PHOSPHATE |
| | |

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| FF 470 | |
|----------------|-----------------------------------|
| 55470 55475 | STANOZOLOL STAPHYLOCOCCUS |
| 00470 | TOXOID |
| 55480 | |
| 55485 | STEARIC ACID |
| 55490 | STEARYL ALCOHOL |
| 55491 | |
| 55494 55495 | STORAX STREPTOKINASE |
| 55500 | |
| 55503 | |
| 55505 | |
| 55508 | STYRAMATE |
| 55510 | SUCCINYLCHOLINE |
| 55515 | |
| 55518 | SULFATHIAZOLE SUCRALFATE |
| 55520 | |
| 55521 | |
| 55525 | SULFACETAMIDE |
| 55535 | SULFACYTINE |
| | SULFADIAZINE SULFAMERAZINE |
| 55543 55548 | |
| 55550 | SULFAMETHIZOLE |
| | SULFAMETHOXAZOLE |
| 55565 | SULFANILAMIDE |
| 55567 | |
| 55570 | |
| 55575 55580 | |
| 55583 | SUFENTANIL CITRATE |
| 55585 | |
| 55590 | |
| 55595 | SULFOBROMO- |
| FEGOO | PHTHALEIN SULFOSALICYLIC ACID |
| 55600 55605 | SULFOSALIC FLIC ACID |
| 55610 | SULFUR |
| 55613 | |
| 55615 | |
| 55618 | SUPROFEN |
| 55623 | SURFACTANT |
| 55630 55635 | SUTILAINS SYRUP |
| 55645 | TALC |
| 55647 | TALLOW |
| 55650 | TAMOXIFEN |
| 55655 | TANNIC ACID |
| 55665 | |
| 55666 55668 | TARTRAZINE TEMAZEPAM |
| 55670 | TERBUTALINE |
| 55673 | TERFENADINE |
| 55675 | TERPIN HYDRATE |
| 55690 | TESTOLACTONE |
| 55695 55700 | TESTOSTERONE TETANUS ANTITOXIN |
| 55700 | |

| 55705 | TETANUS IMMUNE |
|----------------|----------------------------|
| | GLOBULIN |
| 55710 | TETANUS TOXOID |
| 55715 | TETRACAINE |
| 55725 | TETRACYCLINE |
| 55730 | TETRAHYDROZOLINE |
| 55733 | |
| 55735 | |
| 55745 | THEOPHYLLINE |
| 55750 | THIABENDAZOLE |
| | THIAMINE |
| | |
| 55760 | |
| 55765 | THIETHYLPERAZINE |
| | THIMEROSAL |
| 55775 | |
| 55780 | THIOPENTAL |
| | THIOPROPAZATE |
| | THIORIDAZINE |
| 55790 | THIOTEPA |
| 55795 | THIOTHIXENE |
| | THIPHENAMIL |
| 55801 | THONZONIUM BROMIDE |
| | |
| 55815 | THROMBIN THYMOL |
| 55820 | THYROGLOBULIN |
| | THYROID |
| 55830 | |
| 55050 | THYROTROPIN TICARCILLIN |
| 55845 | |
| | |
| 55850 | |
| 55860 | TOCAINIDE |
| | HYDROCHLORIDE |
| 55870 | |
| 55875 | TOLAZOLINE |
| 55880 | TOLBUTAMIDE |
| 55885 | TOLMETIN SODIUM |
| 55890 | TOLNAFTATE |
| 55893 | TOLU BALSAM |
| 55895 | TRAGACANTH |
| 55900 | TRANYLCYPROMINE |
| | TRAZODONE |
| 55905 | TRETINOIN |
| 55910 | TRIACETIN |
| 55915 | TRIAMCINOLONE |
| 55925 | TRIAMTERENE |
| 55928 | TRIAZOLAM |
| 55920 55930 | TRICHLORMETHIAZIDE |
| | |
| 55935 | TRICHLOROACETIC ACID |
| 55940 | TRICHLOROETHYLENE |
| 55943 | TRICHLOROFLUORO- |
| | METHANE |
| 55945 | TRICLOFOS |
| 55947 | TRICLOSAN |
| 55950 | TRIDIHEXETHYL |
| | CHLORIDE |
| 55952 | TRIETHYLENE GLYCOL |
| 55953 | TRIENTINE |
| | HYDROCHLORIDE |
| | |

55955 TRIETHANOLAMINE 55960 TRIFLUOPERAZINE 55967 TRIFLURIDINE 55970 TRIGLYCERIDES 55975 TRIHEXYPHENIDYL 55978 TRILOSTANE 55985 TRIMEPRAZINE 55990 TRIMETHADIONE 55995 TRIMETHAPHAN 55997 TRIMETHOPRIM 56000 TRIMETHOBENZAMIDE 56005 TRIMIPRAMINE 56010 TRIOXSALEN 56015 TRIPELENNAMINE 56020 TRIPROLIDINE 56030 TROLAMINE 56040 TROMETHAMINE 56045 TROPICAMIDE 56048 TRYPSIN 56050 TRYPTOPHAN 56065 TUBERCULIN 56075 TUBOCURARINE 56080 TURPENTINE 56085 TYBAMATE 56090 TYLOXAPOL 56095 TYPHOID VACCINE 56100 TYPHUS VACCINE 56105 TYROPANOATE SODIUM 56110 UNDECYLENIC ACID 56115 URACIL 56120 UREA 56123 UROFOLLITROPIN 56130 UROKINASE 56134 UVA URSI 56135 VALERIAN 56145 VALPROIC ACID 56150 VANCOMYCIN 56161 VEGETABLE OIL 56162 VECURONIUM BROMIDE 56163 VERAPAMIL 56165 VERATRUM VIRIDE 56170 VIDARABINE 56175 VINBLASTINE 56180 VINCRISTINE 56185 VITAMIN A 56192 VITAMIN B-12 56193 VITAMIN C 56194 VITAMIN D 56195 VITAMIN E 56198 VITAMIN K 56205 WARFARIN SODIUM 56210 WATER STERILE 56211 WATER FOR INHALATION 56213 WAX 56214 WHEAT GERM 56220 WHITE LOTION 56225 WHITE PINE SYRUP 56230 WILD CHERRY SYRUP

<page-header>PAGE 14205 DEMACCINATE CLASSINGSTARTSTARTSTARTSAME ALLSAME ALLSAME ALLSAME ALLSTARTSAME ALLS

57162BEPRIDIL HCL59627MELATONIN59735IRBESARTAN57164DESFLURANE59628DINITROCHLORO-59736CALCITRIOL57166PROTEINBENZENE59737ROPINROLE HCL57168CARBOHYDRATE(S)59629LANSOPRAZOLE59738CARBOPROST57170FAT59630ADAPALENETROMETHAMINE57172ROCURONIUM59631TIOPRONIN59739QUETIAPINE FUM57174INTERFERON59632DEHYDRO-59740PENCICLOVIR57176NEFAZODONE HCLEPIANDROSTERENE59741JAPANESE57186DORZOLAMIDE HCL59633GLIMEPRIDEENCEPHALITIS M57188LOVERSOL59634ZAFIRLUKASTVACCINE57190CURARE59635MYCOPHENOLATE59742POLOXAMER57192METFORMINMOFETIL59743TROGLITAZONE57194HYPERTONIC SALINE59636RILUZOLE59744TOPIRAMATE57194TENDOSIDE59637AL CLOMETASONE59744TOPIRAMATE 59627 MELATONIN 57190CURARE59635MYCOPHENOLATE59742POLOXAMER57192METFORMINMOFETIL59743TROGLITAZONE57194HYPERTONIC SALINE59636RILUZOLE59744TOPIRAMATE57198TENPOSIDE59637ALCLOMETASONE59745REMIFENTANIL HCL57204HEPATITIS C VACCINE59639LATANOPROST59800BEE POLLEN57204HEPATITIS C VACCINE59641ACIDOPHILUS59804ZOLMITRIPTAN57206TAZOBACTAM59640TRANDOLAPRIL59804ZOLMITRIPTAN57207QUERCETIN59642CIDOFOVIR59804ZOLMITRIPTAN57216DICHLOROACETIC ACIDHYDROCHLORIDE59809ANASTRIPTAN57220LAMOTRIGINE59644OLANZAPINE59809ANASTROZOLE57222ALENDRONATE59701FOSPHENYTOIN SODIUM59810BRINZOLAMIDE57224DIRITHROMYCIN59702VITAMINS59811TOLTERODINE57232BICALUTAMIDE59705ATORVASTATIN CALCIUM59813FOLLITROPIN BETA57232SULCONAZOLE NITRATE59706ZILEUTON59814FOLLITROPIN ALPHA57233AZELAIC ACID59710VALSATAN59816CLOPIDORE57234AZELAIC ACID59710PARISTATIN CALCIUM59813FOLLITROPIN BETA57238AZELAIC ACID59710VALSATAN59816CLOPIDOREL57244DOILM NITRITE59710VALSATAN59816CLOPIDOGEL57 59600ALBENDAZOLE59714MIRTAZAPINE59821RETEPLASE59601SAQUINAVIR MESYLATE59715NEVIRAPINERECOMBINANT59602HEPATITIS A VACCINE59716LEVOFLOXACIN59822NALMEFENE59603HEPATITIS VACCINE59717ANDROGENS59823EFAVIRENZ59604GEMCITABINE HCL59718ROPIVACAINE HCL59824TOLCAPONE59605VINORELBINE59719NELFINAVIR MESYLATE59825TAZAROTENE59606RITONAVIR59720NILUTAMIDE59826DOLAESTRON MESYLATE59607PIRACETAM59721OLOPATADINE HCL59827ACITRETIN59608ACARBOSE59722TILUDRONATE SODIUM59828CERIVASTATIN SODIUM59610SEVOFLURANE59724DALTEPARIN SODIUM59829CITALOPRAM59611THYROID STIMULATING59725PRAMIPEXOLE59830TIAGABINE HCL59612CEFTIBUTEN59727TIZANIDINE HCL59832ROTAVIRUS VACCINE HORMONE59726BROMFENAC SODIUM59831FENOFIBRATE59612CEFTIBUTEN59727TIZANIDINE HCL59832ROTAVIRUS VACCINE59615SOMATOSTATIN59728SODIUM BIPHOSPHATE59833OXALIPLATIN59619VALACYCLOVIR59729MELARSOPROL59834DACLIZUMAB59620INDINAVIR59730MIBEFRADIL59835RECOMBINANT HUMAN59621DEXFENFLURAMINEDIHYDROCHLORIDEINTERLEUKIN ELEVE59622NISOLDIPINE59731TAMSULOSIN59836LOTEPREDNOL59623ALTRETAMINEHYDROCHLORIDEETABONATE59624DIATRIZOATE59732CEFEPIME HCL59837GLATITAMER ACETATE59625NITROGEN MUSTARDBESYLATE59839LEFLUNOMIDE59626RIMEXOLONE59734CARVEDILOL59840CAPECITABINE

TROMETHAMINE
 ADAPALENE
 TROME TRAINING

 FIOPRONIN
 59739
 QUETIAPINE FUMARATE

 DEHYDRO 59740
 PENCICLOVIR

 EPIANDROSTERENE
 59741
 JAPANESE

 SUMERRIDE
 ENCEPHALITIS VIPUS
 ENCEPHALITIS VIRUS

70028 ETHYNODIOL DIACETATE

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 59841
 GRAPESEED
 70050
 COENZYME Q10
 70131
 ISOSORBIDE DINITRATE

 59842
 TROVAFLOXACIN/ ALTROFLOXAVIN
 70051
 CREATINE
 70131
 ISOSORBIDE DINITRATE

 60020
 DIPROPYLENE GLYCOL
 70052
 ZINC OXIDE
 70133
 CRANBERRY

 70001
 CEFEPIME
 70056
 THYME
 70134
 ARABERRY

 70003
 INFLIXIMAB
 70056
 THYME
 70133
 RANBERRY

 70004
 SEVELAMER HCL
 70057
 MALTODEXTRIN NF
 70138
 ASPARTIC ACID

 70005
 TRIAMCINOLONE
 70059
 ADENOSYL 70138
 MOXIFLOXACIN HCL

 70006
 TRIAMCINOLONE
 70050
 MALTODEXTRIN NF
 70138
 MOXIFLOXACIN HCL

 70007
 CEFDINIR
 70060
 DOLASETRON MESYLATE
 70140
 SEA CULUMBER

 70018
 RIBAVIRIN
 70061
 EMEDATINE
 70142
 AMMONIUM LACTATE

 70019
 DIYMYXIN B
 70064
 T TotalETHINTIC Ion NobelVac70028ETHYNODIOL DIACETATEVAC70029ETANERCEPT70108PALIVIZUMAB70030ALITRETINOIN70109GATIFLOXACIN70031ZANAMIVIR70110CABERGOLINE70032ABACAVIR SULFATE70111ALDESLEUKIN70033RABEPRAZOLE SODIUM70112MAGNESIUM HYDROXIDE70034PIOGLITAZONE HCL70113PERINDOPRIL ERBUMINE70035METHYLSULFONY-70114MIGLITOLMETHANE70115ZALEPLON70036CETYLMYRISTOLEATE70116SOY70037TRASTUZUMAB70117ADEFOVIR DIPIVOXIL70038PETROLEUM70118PANTOPRAZOLE SODIUM70039CILOSTAZOL70119ANTITHROMBIN III70040LEVALBUTEROL HCL70120ATROPINE SULFATE70041KETOTIFEN FUMARATE70122ENTACAPONE70043OPRELVEKIN70123BISMUTH70043OPRELVEKIN70123BISMUTH 70042FERROUS FUMARATE70122ENTACAPONE70172NULASSES70043OPRELVEKIN70123BISMUTH70173CYTOMEGALOVIRUS70044MORPHINE SULFATE70124BEECHWOOD CREOSOTEIMMUNE GLOBULIN70045RALOXIFENE70125EPIRUBICIN HCL70174FERROUS SULFATE70046PENICILLIN G \
BENZATHINE70126EPTIFIBATIDE70175COAGULATION FACT
VIIIA70047HELIUM70127BETAMETHASONEVIIA70048OIL OF EVENING
PRIMROSE70128OXCARBAZEPINE70176EFLORNITHINE HCL70049ROPINIROLE HCLTARTRATE70178DIMETICONE

70159 SILVER 70160 LEVETIRACETAM 70161 L-LYSINE 70162 BETA-GLUCAN 70163 CALCIUM CHLORIDE DIHYDRATE 70164 TEMOZOLOMIDE 70165 PARACETAMOL 70166 DEXTROPROPOXYPHENE 70167 CALCIUM GLUBIONATE 70168 RISEDRONATE SODIUM 70169 CELECOXIB 70170 NICOTINAMIDE ADENINE DINUCLEOTIDE 70171 DANAPAROID SODIUM 70172 MOLASSES 70173 CYTOMEGALOVIRUS IMMUNE GLOBULIN IV 70175 COAGULATION FACTOR

70179 ACRYLATE COPOLYMER 70180 CARBOMER 940 70181 GLUTAMINE 70182 SARGRAMOSTIM 70183 PEGINTERFERON ALFA-2B 70184 INSULIN ANALOG 70185 AMIFOSTINE 70186 KAVA 70187 MODAFINIL 70188 VERTEPORFIN 70189 POLYSORBATE 70190 EDTA 70191 RETINYL PALMITATE 70192 DEXRAZOXANE 70193 SYNTHETIC CONJUGATED **ESTROGENS** 70194 GRAFT T STARCH COPOLYMER 70195 EPROSARTAN MESYLATE 70196 PODOPHYLLIN 70197 ALOE VERA 70198 ZINCUM GLUCONICUM 70199 MAGNESIUM GLYCINATE 70200 CATIONIC CELLULOSE 70201 POLIDOCANOL 70202 GREPAFLOXACIN HCL 70203 RACEMIC EPINEPHRINE 70204 ACEMANNAN 70205 BETAMETHASONE ACETATE 70206 BETAMETHASONE SODIUM PHOSPHATE 70207 HETASTARCH SODIUM 70208 TRIETHANOLAMINE POLYPEPTIDE OLEATE-70209 TRIPROLIDINE HCL 70211 DIPHENOXYLATE HCL 70212 POLYMYXIN B SULFATE 70213 BACITRACIN ZINC 70214 SULFACETAMIDE SODIUM 70215 INSULIN RECOMBINANT HUMAN 70216 INSULIN SUSP ISO **RECOMB HUMAN** 70217 HYDROCODONE BITARTRATE 70218 HOMATROPINE METHYL BROMIDE 70219 IOXAGLATE MEGLUMINE 70220 IOXAGLATE SODIUM 70221 ESOMEPRAZOLE MAGNESIUM 70222 NAPROXEN SODIUM 70223 FERRIMIN 70224 DOFETILIDE

| 70225 | ZONISAMIDE |
|-------|----------------------|
| 70226 | CHLORPHENIRAMINE |
| | MALEATE |
| 70227 | IBUTILIDE FUMARATE |
| 70228 | FERRIC SUBSULFATE |
| 70230 | IVERMECTIN |
| 70231 | CODEINE PHOSPHATE |
| 70232 | ZIPRASIDONE HCL |
| 70233 | MINERAL SPIRITS |
| 70233 | OCTYLPHENOXY- |
| 70234 | POLYETHOXYETHANO |
| 70005 | |
| 70235 | AMPICILLIN SODIUM |
| 70237 | PREDNISOLONE SODIUM |
| | PHOSPHATE |
| 70238 | NORETHINDRONE |
| | ACETATE |
| 70239 | BROMPHENIRAMINE |
| | MALEATE |
| 70241 | AMINOLEVULINIC ACID |
| | HCL |
| 70242 | BUPROPION HCL |
| 70243 | METHSCOPOLAMINE |
| | NITRATE |
| 70244 | OCTYL |
| | METHOXYCINNAMATE |
| 70245 | ESTRADIOL CYPIONATE |
| 70246 | NATEGLINIDE |
| 70247 | LONICERA JAPONICA |
| 70248 | ESTRIOL |
| 70240 | BIMATOPROST |
| 70249 | AMLEXANOX |
| 70250 | CEFPODOXIME PROXETIL |
| | IOTHALAMATE |
| 70252 | |
| 70050 | MEGLUMINE |
| 70253 | IOTHALAMATE SODIUM |
| 70254 | PHENYLPROPA- |
| | NOLAMINE HCL |
| 70255 | PHENYLTOLOXAMINE |
| | CITRATE |
| 70256 | PSEUDOEPHEDRINE HCL |
| 70257 | AMPHETAMINE |
| | ASPARTATE |
| 70258 | AMPHETAMINE SULFATE |
| 70259 | DEXTROAMPHETAMINE |
| | SACCHARATE |
| 70260 | DEXTROAMPHETAMINE |
| | SULFATE |
| 70261 | |
| 70262 | DOCUSATE SODIUM |
| 70262 | ALUMINUM ANTACID |
| 70203 | EPHEDRINE SULFATE |
| 70204 | SECOBARBITAL SODIUM |
| | BOTULINUM TOXIN TYPE |
| 70266 | |
| 70007 | |
| 70267 | MEPERIDINE HCL |
| 70268 | PHENERGAN |
| 70269 | OXYCODONE HCL |
| 70270 | LUTEIN |
| | |

70271 SPIRULINA 70272 TRAVOPROST 70273 METHENAMINE MANDELATE 70274 SODIUM ACID PHOSPHATE MONOHYDR 70275 MAGNESIUM CITRATE 70276 MILK THISTLE EXTRACT 70277 LINEZOLID 70278 ALMOTRIPTAN MALATE 70279 FLUVASTATIN SODIUM 70280 NALTREXONE 70281 UNOPROSTONE ISOPROPYL 70282 TRAMADOL HCL 70283 PERUVIAN BALSAM 70284 NICOTINAMIDE 70285 CHLORELLA **PYRENOIDOSA** 70286 ARNICA MONTANA 70287 ACONITUM NAPELLUS 70288 CHAMOMILLA 70289 SYMPHYTUM OFFICINALE 70290 CALCIUM LACTATE 70291 BOVINE UTERUS PMG EXTRACT 70292 CALCIUM STEARATE 70293 ACETRETIN 70294 RED CLOVER 70295 PUMPKIN SEED OIL 70296 GALANTAMINE HYDROBROMIDE 70297 CANADA BALSAM 70298 PINE NEEDLE OIL 70299 TINCTURE OF CAPSICUM 70300 PHOSPHOLINE IODIDE 70301 AMMONIUM GLYCOLATE 70302 GLYCOLIC COMPOUND 70303 EUCALYPTUS GLOGULUS OIL 70304 ESTRADIOL HEMIHYDRATE 70305 XYLOCAINE 70306 MARCAINE 70307 TRIAMCINOLONE ACETONIDE 70308 NORMAL SALINE 70309 QUINAPRIL HCL 70310 ZINC 70311 TRIMETHOPRIM HCL 70313 COLESEVELAM 70314 MANGANESE ASCORBATE 70315 ANAGRELIDE HYDROCHLORIDE 70316 EXEMESTANE 70317 LACTATED RINGERS

2005 NHAMCS MICRO-DATA FILE DOCUMENTATION, APPENDIX III - GENERIC LIST

70368 OXYPHENCYCLIMINE HCL

70318 MAGNESIUM L-LACTATE DIHYDRATE 70319 CONDYLOX 70320 ZINC PYRITHIONE 70321 PASSION FLOWER POWER 70322 DIPHTHERIA TOXIN 70323 PERTUSSIS TOXOID 70324 AMPHOTERICIN B 70325 BORON 70326 BLACK COHOSH ROOT 70327 ISOFLAVONES 70328 INSULIN GLARGINE 70329 TOREMIFENE CITRATE 70330 FEXOFENADINE HCL 70331 LANOLIN OIL 70332 AMILORIDE HCL 70333 AMITRIPTYLINE HCL 70334 HYDROCORTISONE ACETATE 70335 PRAMOXINE HCL 70336 HYOSCYAMINE SULFATE 70337 ANISOTROPINE **METHYLBROMIDE** 70338 DEXTROMETHORPHAN HBR 70339 HYDRALAZINE HCL 70340 PRIMAQUINE PHOSPHATE 70341 CLAVULANATE POTASSIUM 70342 PHENAZOPYRIDINE HCL 70343 PYRIDOXINE HCL 70344 DIPHENHYDRAMINE HCL 70345 DICYCLOMINE HCL 70346 PRAZOSIN HCL 70347 ANTITHYMOCYTE GLOBULIN 70348 BECLOMETHASONE DIPROPIONATE 70349 BROMODIPHE-HYDRAMINE HCL 70350 EPHEDRINE HCL 70351 BUPIVACAINE HCL 70352 BUTABARBITAL SODIUM 70353 ERGOTAMINE TARTRATE 70354 MEPENZOLATE BROMIDE 70355 ARGININE HCL 70356 CHLORDIAZEPOXIDE HCL 70357 CLONIDINE HCL 70358 PHENYLEPHRINE HCL 70359 ALBUTEROL SULFATE 70360 CODEINE SULFATE 70361 PAPAVERINE HCL 70362 NEOMYCIN SULFATE 70363 5-FLUOROURACIL 70364 CEFAZOLIN SODIUM 70365 ZINC ACETATE 70366 TIMOLOL MALEATE 70367 CYCLOPENTOLATE HCL

| 70368 | OXYPHENCYCLIMINE HCL |
|-------|----------------------|
| 70369 | DEXAMETHASONE |
| | SODIUM PHOSPHAT |
| 70070 | LIDOCAINE HCL |
| 70370 | |
| 70371 | HYDROXYZINE HCL |
| 70372 | TESTOSTERONE |
| | CYPIONATE |
| 70070 | DEXBROMPHENIRAMINE |
| 70373 | |
| | MALEATE |
| 70374 | METHYLPHENIDATE HCL |
| 70375 | ESTRADIOL VALERATE |
| 70376 | TESTOSTERONE |
| 10310 | |
| | ENANTHATE |
| 70377 | PROPOXYPHENE HCL |
| 70378 | PSEUDOEPHEDRINE |
| | SULFATE |
| 70379 | ISOPROTERENOL HCL |
| | |
| 70380 | PHENYLEPHRINE |
| | BITARTRATE |
| 70381 | EPINEPHRINE |
| | BITARTRATE |
| 70000 | |
| 70382 | ETIDOCAINE HCL |
| 70383 | COAGULATION FACTOR |
| | IX |
| 70384 | MEADOWFOAM OIL |
| 70385 | SILYBUM |
| | |
| 70386 | PROPOXYCAINE HCL |
| 70387 | POSACONAZOLE |
| 70388 | TAPIOCA |
| 70389 | BISMUTH SUBGALLATE |
| 70390 | CALCIUM CHLORIDE |
| | |
| 70391 | PARABENS |
| 70392 | XALATAN |
| 70393 | ZOLEDRONIC ACID |
| 70394 | PYRILAMINE MALEATE |
| 70395 | NAPHAZOLINE HCL |
| | |
| 70396 | COD LIVER OIL |
| 70398 | MAGNESIUM SULFATE |
| 70399 | ATROPINE |
| | METHYLNITRATE |
| 70400 | CASCARA SAGRADA |
| | |
| 70401 | CARBINOXAMINE |
| | MALEATE |
| 70402 | CHLORPHENIRAMINE |
| | TANNATE |
| 70403 | PHENYLEPHRINE |
| 70403 | |
| | TANNATE |
| 70404 | PYRILAMINE TANNATE |
| 70405 | DIHYDROCODEINE |
| | BITARTRATE |
| 70400 | |
| 70406 | THEOPHYLLINE |
| | ANHYDROUS |
| 70407 | PHENIRAMINE MALEATE |
| 70408 | PIPERONYL BUTOXIDE |
| 70409 | COLLAGEN HEMOSTAT |
| | |
| 70410 | FERROUS GLUCONATE |
| 70411 | PROMETHAZINE HCL |
| 70412 | CETYLPYRIDINIUM CL |
| 70413 | CORN STARCH |
| 70414 | HYDROCOLLOID GEL |
| 10414 | I I DROGOLLOID GEL |
| | |

70415 CHROMIUM CHLORIDE 70416 COPPER SULFATE 70417 SELENIOUS ACID 70418 BALSAM PERU 70419 BISMUTH RESORCIN 70420 HYDROXYQUINOLINE SULFATE 70421 MAGNESIUM ACID CITRATE 70422 MAGNESIUM HYDROXYCARBONATE 70423 PHENYLCARBINOL 70424 OLMESARTAN MEDOXOMIL 70425 VALDECOXIB 70426 DESLORATADINE 70427 DEXMETHYLPHENIDATE HCI 70428 FORMOTEROL FUMARATE 70429 CILICA 70430 DECYLOLEATE 70431 DROSPIRENONE 70432 PIMECROLIMUS 70433 GYMNEMA SYLVESTRE 70434 LIPOIC ACID 70435 VANADIUM 70436 BURDOCK ROOT 70437 SLIPPERY ELM 70438 SHEEP SORREL 70439 INDIAN RHUBARB ROOT 70440 ACELLULAR PERTUSSIS VACCINE 70441 POTASSIUM ACETATE 70442 NESIRITIDE 70443 ADRENALINE 70444 CINNARIZINE 70445 TRIMETHOPRIM SULFATE 70446 PONTOCAINE 70447 1-TYROSINE 70448 ACETYL-1-TYROSINE 70449 GREEN TEA EXTRACT 70450 ERTAPENEM SODIUM 70451 TENECTEPLASE 70452 FENTANYL CITRATE 70453 CHLORHEXIDINE GLUCONATE 70454 CHLORHEXIDINE DIGLUCONATE 70455 LEUPROLIDE ACETATE 70456 MEROPENEM 70457 OIL OF PINE 70458 CAJEPUT 70459 LEVOTHYROXINE SODIUM 70460 WATER 70461 GUGGULSTERONES 70462 CLADRIBINE 70463 BALSALAZIDE DISODIUM

70464 ACETYLCHOLINE CHLORIDE 70465 SUPER OXIDE DISMUTASE 70466 ESCITALOPRAM OXALATE 70467 BENZYDAMINE 70468 SURAMIN 70469 FOXGLOVE 70470 CLORAZEPATE DIPOTASSIUM 70472 GANIRELIX ACETATE 70473 NORELGESTROMIN 70474 INTERFERON BETA-1A 70475 IMATINIB MESYLATE 70476 VIGABATRIN 70477 BLACK COHOSH 70478 CARBONYL IRON 70479 BORAGE OIL 70480 ALPHA LIPOIC ACID 70481 METFORMIN HCL 70482 CETIRIZINE HCL 70483 CADEXOMER IODINE 70484 CARBOXYMETHYL-CELLULOSE SODIUM 70485 WITCH HAZEL 70486 ARIPIPRAZOLE 70487 BILBERRY EXTRACT 70488 BROWN RICE FLOUR 70490 GUM GHATTI 70491 HYOSCYNAMINE SULFATE 70492 DARBEPOETIN ALFA 70493 CARBETAPENTANE TANNATE 70494 EZETIMIBE 70495 FROVATRIPTAN SUCCINATE 70496 PROGUANIL HCL 70497 TINIDAZOLE 70498 DILTIAZEM HCL 70499 VERAPAMIL HCL 70500 ACETYLATED LANOLIN 70501 LANOLIN ALCOHOLS EXTRACT 70502 BOTULINUM TOXIN TYPE В 70503 AMMONIUM HYDROXIDE 70504 POLYQUATERNIUM-10 70505 ACRYLATES/STEARETH-20 70506 ITACONATE COPOLYMER 70507 PEGFILGRASTIM 70508 VORICONAZOLE 70509 EDATREXATE 70510 COCAMIDOPROPYL HYDROXY SULTAN

| 70511ERUCAMIDOPROPYL HYDROXY SULTA70512SILK AMINO ACID70513CYCLOMETHICONE70514ETHYLHEXYL METHOXYCINNAMATE70515ETHYLHEXYL SALICYLATE70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL7058BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70541LIME WATER70543JOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70548FUPELENNAMINE HCL70545OSARTAN POTASSIUM70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE70557ILOPAN | | |
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| 70512SILK AMINO ACID70513CYCLOMETHICONE70514ETHYLHEXYL METHOXYCINNAMATE70515ETHYLHEXYL SALICYLATE70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70545POLYTAR70546CARNOSINE70547ORTHOPHOSPHORIC ACID70545POLYTAR70545LOQUINOL70545CLIOQUINOL70545CLOQUINOL70545CLOQUINOL70546 | 70511 | ERUCAMIDOPROPYL |
| 70512SILK AMINO ACID70513CYCLOMETHICONE70514ETHYLHEXYL METHOXYCINNAMATE70515ETHYLHEXYL SALICYLATE70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70545POLYTAR70546CARNOSINE70547ORTHOPHOSPHORIC ACID70545POLYTAR70545LOQUINOL70545CLIOQUINOL70545CLOQUINOL70545CLOQUINOL70546 | | HYDROXY SULTA |
| 70513CYCLOMETHICONE70514ETHYLHEXYL METHOXYCINNAMATE70515ETHYLHEXYL SALICYLATE70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70545POLYTAR70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70512 | |
| 70514ETHYLHEXYL METHOXYCINNAMATE70515ETHYLHEXYL SALICYLATE70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70548CHOLINE TANNATE70540CONTHOPHOSPHORIC ACID70541CIOQUINOL70545CLIOQUINOL70546CARNOSINE70547ORTHOPHOSPHORIC ACID70548CLIOQUINOL70544CLIOQUINOL | | |
| METHOXYCINNAMATE METHOXYCINNAMATE 70515 ETHYLHEXYL SALICYLATE 70516 GLYCERYL TALLOWATE 70517 GLYCERYL COCOATE 70518 LAURETH-23 70519 COCOAMIDO PROPYLAMINE OXIDE 70520 VARICELLA VIRUS VACCINE 70521 GRIFFONIA SIMPLICIFOLIA 70523 BIFIDOBACTERIUM INFANTIS 70524 GLOBULIN PROTEIN CONCENTRATE 70525 PHOSPHATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70549 TRIPELENNAMINE HCL 70551 POLYTAR 70552 EPHEDRINE TANNATE 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL | | |
| 70515ETHYLHEXYL SALICYLATE70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 10314 | |
| SALICYLATE 70516 GLYCERYL TALLOWATE 70517 GLYCERYL COCOATE 70518 LAURETH-23 70519 COCOAMIDO PROPYLAMINE OXIDE 70520 VARICELLA VIRUS VACCINE 70521 GRIFFONIA SIMPLICIFOLIA 70523 BIFIDOBACTERIUM INFANTIS 70524 GLOBULIN PROTEIN CONCENTRATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70539 PEPPERMINT OIL 70539 DEPPERMINT OIL 70530 JUNIPER OIL 70531 DOGK OIL 70541 LIME WATER 70542 METHAMINE 70543 DOCK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70545 | |
| 70516GLYCERYL TALLOWATE70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO <bbr></bbr> PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL7058BAKING SODA70590PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70541LIME WATER70543DOCK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547TRIPELENNAMINE HCL70554CLIOQUINOL70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 10515 | |
| 70517GLYCERYL COCOATE70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | | |
| 70518LAURETH-2370519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70548TRIPELENNAMINE HCL70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | | |
| 70519COCOAMIDO PROPYLAMINE OXIDE70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | | |
| PROPYLAMINE OXIDE 70520 VARICELLA VIRUS VACCINE 70521 GRIFFONIA SIMPLICIFOLIA 70523 BIFIDOBACTERIUM INFANTIS 70524 GLOBULIN PROTEIN CONCENTRATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70539 PEPPERMINT OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70551 POLYTAR 70552 EPHEDRINE TANNATE 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70520VARICELLA VIRUS VACCINE70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70540TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70519 | |
| VACCINE 70521 GRIFFONIA SIMPLICIFOLIA 70523 BIFIDOBACTERIUM INFANTIS 70524 GLOBULIN PROTEIN CONCENTRATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | PROPYLAMINE OXIDE |
| 70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70520 | VARICELLA VIRUS |
| 70521GRIFFONIA SIMPLICIFOLIA70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | | VACCINE |
| SIMPLICIFOLIA 70523 BIFIDOBACTERIUM INFANTIS 70524 GLOBULIN PROTEIN CONCENTRATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70539 PEPPERMINT OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70521 | |
| 70523BIFIDOBACTERIUM INFANTIS70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOCK OIL70544SALOL70545QXYQUINOLONE SULFATE70540TRIPELENNAMINE HCL70550SOLUMET70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 10021 | |
| INFANTIS 70524 GLOBULIN PROTEIN CONCENTRATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70539 PEPPERMINT OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70523 | |
| 70524GLOBULIN PROTEIN CONCENTRATE70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70540TRIPELENNAMINE HCL70550SOLUMET70540TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 10525 | |
| CONCENTRATE 70525 PHOSPHATE 70526 IRON SUCROSE 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE FUMARATE 70536 POTASSIUM BICARBONATE BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE SOLUFATE 70540 ORTHOPHOSPHORIC ACID ACID 70545 ORUMET 70540 TRIP | 70504 | |
| 70525PHOSPHATE70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70540TRIPELENNAMINE HCL70550SOLUMET70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70524 | |
| 70526IRON SUCROSE70527VALGANCICLOVIR HCL70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70540TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | | |
| 70527 VALGANCICLOVIR HCL 70528 BAKING SODA 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70566 CHOLINE BITARTRATE | | |
| 70528BAKING SODA70529MELANOMA VACCINE70530PROANTHOCYANIDINS70531ESTERIFIED ESTROGENS70532LACTOBACILLUS RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70540TRIPELENNAMINE HCL70550SOLUMET70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70526 | |
| 70529 MELANOMA VACCINE 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70566 CHOLINE BITARTRATE | 70527 | VALGANCICLOVIR HCL |
| 70530 PROANTHOCYANIDINS 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70528 | BAKING SODA |
| 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70529 | MELANOMA VACCINE |
| 70531 ESTERIFIED ESTROGENS 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70530 | PROANTHOCYANIDINS |
| 70532 LACTOBACILLUS RHAMNOSUS 70533 BIFIDOBACTERIUM BIFIDUM 70534 LACTOBACILLUS CASEI 70535 TENOFOVIR DISOPROXIL FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70531 | |
| RHAMNOSUS70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70566CHOLINE BITARTRATE | | |
| 70533BIFIDOBACTERIUM BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70566CHOLINE BITARTRATE | 10002 | |
| BIFIDUM70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70566CHOLINE BITARTRATE | 70522 | |
| 70534LACTOBACILLUS CASEI70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 10555 | |
| 70535TENOFOVIR DISOPROXIL FUMARATE70536POTASSIUM BICARBONATE70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70549TRIPELENNAMINE HCL70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70566CHOLINE BITARTRATE | 70504 | |
| FUMARATE 70536 POTASSIUM BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70536POTASSIUM BICARBONATE70537TARRAGON OIL70537TARRAGON OIL70538GINGER OIL70539PEPPERMINT OIL70540JUNIPER OIL70541LIME WATER70542METHAMINE70543DOOK OIL70544SALOL70545QXYQUINOLONE SULFATE70546CARNOSINE70547ORTHOPHOSPHORIC ACID70550SOLUMET70551POLYTAR70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70535 | |
| BICARBONATE 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | - |
| 70537 TARRAGON OIL 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70536 | |
| 70538 GINGER OIL 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70539 PEPPERMINT OIL 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70537 | TARRAGON OIL |
| 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70538 | GINGER OIL |
| 70540 JUNIPER OIL 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70539 | PEPPERMINT OIL |
| 70541 LIME WATER 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70540 | JUNIPER OIL |
| 70542 METHAMINE 70543 DOOK OIL 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | LIME WATER |
| 70543 DOOK OIL 70543 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70544 SALOL 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70545 QXYQUINOLONE SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| SULFATE 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70546 CARNOSINE 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70545 | |
| 70547 ORTHOPHOSPHORIC ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70540 | |
| ACID 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70549 TRIPELENNAMINE HCL 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | 70547 | |
| 70550 SOLUMET 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70551 POLYTAR 70552 EPHEDRINE TANNATE 70554 CLIOQUINOL 70555 LOSARTAN POTASSIUM 70556 CHOLINE BITARTRATE | | |
| 70552EPHEDRINE TANNATE70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70550 | SOLUMET |
| 70552 EPHEDRINE TANNATE70554 CLIOQUINOL70555 LOSARTAN POTASSIUM70556 CHOLINE BITARTRATE | 70551 | POLYTAR |
| 70554CLIOQUINOL70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | 70552 | EPHEDRINE TANNATE |
| 70555LOSARTAN POTASSIUM70556CHOLINE BITARTRATE | | |
| 70556 CHOLINE BITARTRATE | | |
| | | |
| | | |
| | , 5557 | |

| 70559 | PROPRANOLOL HCL |
|-------|-----------------------|
| 70560 | BATH OIL |
| 70561 | SODIUM ACID |
| 10201 | |
| | PHOSPHATE |
| 70562 | SODIUM PYRROLIDONE |
| | CARBOXYLATE |
| 70563 | LIVER DESSICATED |
| 70564 | AMLODIPINE BESYLATE |
| 70565 | BETAMETHASONE |
| | DIPROPIONATE |
| 70566 | MANNITOL HEXANITRATE |
| 70567 | DIFENOXIN HCL |
| 70568 | DEXTRAN 40 |
| 70569 | NEOSTIGMINE |
| 10009 | |
| 70570 | METHYLSULFATE |
| 70570 | PREDNISOLONE |
| | PHOSPHATE |
| 70571 | CARAMIPHEN EDISYLATE |
| 70572 | ISOPROPAMIDE IODIDE |
| 70573 | PENTAERYTHRITOL |
| | TETRANITRATE |
| 70574 | PILOCARPINE HCL |
| 70575 | CHLOROPHYLLIN |
| 10010 | COPPER COMPLEX |
| 70576 | HYDROXYAMPHETAMINE |
| 10010 | HBR |
| 70577 | ERYTHROMYCIN |
| 10511 | |
| | ETHYLSUCCINATE |
| 70578 | SULFISOXAZOLE ACETYL |
| 70579 | CHLORPHENIRAMIN |
| | POLISTIREX |
| 70580 | CODEINE POLISTIREX |
| 70582 | OXYCODONE |
| | TEREPHTHALATE |
| 70583 | BUTYL |
| | METHOXYDIBEZOYL |
| | METHANE |
| 70584 | AMPICILLIN TRIHYDRATE |
| 70585 | GENTAMICIN SULFATE |
| 70586 | MEDROXY- |
| 10200 | |
| | PROGESTERONE |
| | ACETATE |
| 70587 | PROPANTHELINE |
| | BROMINE |
| 70588 | PROCAINE HCL |
| 70590 | RAUWOLFIA |
| | SERPENTINA |
| 70591 | PENTAZOCINE HCL |
| 70592 | PSEUDOEPHEDRINE |
| | TANNATE |
| 70593 | CLEMASTINE FUMARATE |
| 70593 | OXYTETRACYCLINE HCL |
| | |
| 70595 | TICARCILLIN DISODIUM |
| 70596 | CHOLINE MAGNESIUM |
| | TRISALICYLATE |
| 70597 | AZATADINE MALEATE |
| 70598 | LETROZOLE |
| | |

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70599 HYDROCODONE POLISTIREX 70600 ENALAPRIL MALEATE 70601 ANTAZOLINE PHOSPHATE 70602 SODIUM CHONDROITIN SULFATE 70603 THIAMINE HCL 70604 PIPERACILLIN SODIUM 70605 TAZOBACTAM SODIUM 70606 GLACIAL ACETIC ACID 70607 OXYQUINOLONE SULFATE 70608 PHENYLPRO-PANOLAMINE **BITARTRATE** 70609 DIPERODON HCL 70610 CALCIUM GLUCONATE 70611 MAGNESIUM CARBONATE 70612 BELLAFOLINE 70613 WRINKLED GIANT HYSSOP 70614 ANGELICA ROOT 70615 ARECA PEEL 70616 PERILLA LEAF 70617 BISMUTH SUBNITRATE 70618 ALUMINUM **CHLORHYDRATE** 70619 BUROW'S SOLUTION 70620 BUTYL AMINOBENZOATE 70621 COLISTIN SULFATE 70622 PLATELET PHERESIS 70623 HYDROMORPHONE HCL 70624 DOCUSATE POTASSIUM 70625 ISOPROPYL SEBACATE 70626 TETANUS VACCINE 70627 DIHYDROERGOTAMINE MESYLATE 70628 HEPARIN SODIUM 70629 GLYCEROL 70630 ETONOGESTREL 70631 COLFOSCERIL PALMITATE 70632 GREEN SOAP 70633 BISMUTH SUBSALICYLATE 70634 TEA TREE OIL 70635 RICE 70639 TRIPLE SULFA 70640 TRISULFAPYRIMIDINES 70641 POLYOXYETHYLENE NONYLPHENOL 70642 TEGASEROD MALEATE 70643 ANHYDROUS LANOLIN 70644 BISMUTH FORMIC IODIDE 70645 BISMUTH VIOLET 70646 COLD CREAM 70647 HYOSCINE HBR 70648 DOVER'S POWDER

| 70650 | PHENINDAMINE TARTRATE |
|-------|------------------------------|
| 70651 | ORPHENADRINE CITRATE |
| 70652 | ISOPROTERENOL |
| | SULFATE |
| 70653 | OXYMETAZOLINE HCL |
| 70654 | ALUMINUM |
| | CHLORHYDROXIDE |
| 70655 | DOXYCYCLINE HYCLATE |
| 70656 | BASILIXIMAB |
| 70657 | IMMUNE GLOBULIN |
| | INTRAVENOUS |
| 70658 | ANDROSTENEDIONE |
| 70659 | DROTRECOGIN ALFA |
| 70660 | NITRIC OXIDE |
| 70661 | CETYLDIMETHYLETHYL |
| 70000 | |
| 70662 | GUANETHIDINE |
| 70663 | MONOSULFATE PARGYLINE HCL |
| 70663 | SULFADOXINE |
| 70665 | TRICHLOROMONO- |
| 10005 | FLUOROMETHANE |
| 70666 | LIVE YEAST CELL |
| 70667 | MINERAL WAX |
| 70668 | WOOLWAX ALCOHOL |
| 70669 | DEODORIZED KEROSENE |
| 70670 | POTASSIUM ESTRONE |
| | SULFATE |
| 70671 | SENNOSIDES A |
| 70672 | SENNOSIDES B |
| 70673 | PROPYLENE GLYCOL |
| | DIACETATE |
| 70674 | TOTAL UNDECYLENATE |
| 70675 | DUTASTERIDE |
| 70676 | DONNATAL |
| 70677 | DOXYLAMINE SUCCINATE |
| 70678 | ATAZANAVIR SULFATE |
| 70679 | EPOPROSTENOL SODIUM |
| 70680 | GEFITINIB |
| 70681 | ALEFACEPT |
| 70682 | ELETRIPTAN HYDROBROMIDE |
| 70683 | MEGESTROL ACETATE |
| 70684 | PSYLLIUM HYDROPHILIC |
| 70004 | MUCILLOID FIBE |
| 70685 | IRON SULFATE |
| 70686 | CROTALIDAE |
| 10000 | POLYVALENT IMMUNE |
| | FAB |
| 70687 | ATOMOXETINE HCL |
| 70688 | DIBASIC SODIUM |
| | PHOSPHATE |
| 70689 | MONOBASIC SODIUM |
| | PHOSPHATE |
| 70690 | HP GUAR |
| 70691 | BORATE |
| 70692 | MEMANTINE HCL |
| 70693 | AZELASTINE HCL |
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70694 RED YEAST RICE FORMULA 70695 METHYLSULFONYL-METHANE 70696 VITAMIN B-1 70697 VITAMIN B-6 70699 LYCOPENE 70700 GAMMALINOLENIC ACID 70701 ISOSULFAN BLUE 70702 BROMPHENIRAMINE TANNATE 70703 DOXERCALCIFEROL 70704 SODIUM CITRATE DIHYDRATE 70705 CITRIC ACID MONOHYDRATE 70706 RECOMBINANT **INTERFERON ALFA-2A** 70707 PERTUSSIS TOXIN 70708 FILAMENTOUS HEMAGGLUTININ 70709 PERTACTIN 70710 VARDENAFIL HCL 70711 ROSUVASTATIN CALCIUM 70712 KOJIC ACID 70713 TADALAFIL 70714 FIBER 70715 DIPHENHYDRAMINE TANNATE 70716 DEXTROMETHORPHAN TANNATE 70717 DEXCHLORPHENIRAMINE TANNATE 70718 CEVIMELINE HCL 70719 RANITIDINE HCL 70721 METOPROLOL SUCCINATE 70722 SODIUM OXYBATE 70723 PEMIROLAST POTASSIUM 70724 METHENAMINE SULFATE 70725 ASPARTAME 70726 CO ENZYME B-12 70727 ATP 70728 ALPHA GPC 70729 MEQUINOL 70730 ACRIFLAVINE 70731 FENTANYL TRANSMUCOSAL LOZENGE 70732 EPIDURAL 70733 VITAMIN K5 70734 ERWINIA L-ASPARAGINASE 70735 INSULIN LIKE GROWTH FACTOR 1 70736 SODIUM FERRIC **GLUCONATE COMPLEX** 70737 BEESWAX 70738 SUGAR 70739 PURIFIED WATER

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| 70949 | FULVESTRANT |
| 70950 | BORTEZOMIB |
| 70951 | TRIMETREXATE |
| 10001 | CLUCURONATE |
| 70952 | GEMTUZUMAB |
| 10352 | OZOGAMICIN |
| 70953 | DESICCATED STOMACH |
| 10333 | SUBSTANCE |
| 70954 | ECHINACEA |
| 70955 | METHYLPREDNISOLONE |
| 10000 | SODIUM SUCCINATE |
| 70956 | SULBACTAM SODIUM |
| 10350 | STERILE |
| 70957 | SORBITAN |
| 10001 | SESQUIOLEATE |
| 70958 | HYDROCORTISONE |
| 10000 | VALERATE |
| 70959 | SOTALOL HCL |
| 70960 | TEMOCAPRIL |
| 10000 | HYDROCHLORIDE |
| 70961 | SERMORELIN ACETATE |
| 70962 | RECOMBINANT |
| 10002 | HEMOPHILIC FACTOR |
| 70963 | L-ARGININE |
| 70964 | PARATHYROID |
| | HORMONE |
| 70965 | PARAGUAY TEA |
| 70966 | SERTACONAZOLE |
| | NITRATE |
| 70967 | SPINACH POWER |
| 70968 | DOCETAXEL |
| 70969 | LINOLEIC ACID |
| 70970 | HYDROLYZED |
| | LATALBUMIN |
| 70971 | MCT OIL |
| 70972 | PRAZIQUANTEL |
| 70973 | POLYDIMETHYL- |
| | SILOXANE |
| 70975 | MYCOPHENOLIC ACID |
| 70976 | BOSENTAN |
| 70977 | ROSAVASTATIN CALCIUM |
| 70978 | ALEMTUZUMAB |
| 70979 | S-ADENOSYL-L- |
| | METHIONINE |
| 70980 | FENOLDOPAM MESYLATE |
| 70981 | DAPTOMYCIN |
| 70982 | SWEET-EASE |
| 70983 | N-ACETYL-L-CYSTEINE |
| 70984 | TIROFIBAN HCL |
| 70985 | HAMAMELIS LEAF |
| 70986 | EFALIZUMAB |
| 70987 | SQUARIC ACID |
| 70988 | ESCZOPICLONE |
| 70989 | PEGAPTANIB |
| | OCTASODIUM |
| 70990 | SOLIFENACIN |
| 70991 | HYDROPHILIC POLYMER |
| 70992 | ACAMPROSATE CALCIUM |
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B. DRUG ENTRY CODES AND NAMES IN NUMERIC ORDER

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 RELAXIN
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 EVISTA
 BESYLATE

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 ALBUTEROL
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 DOLASETRON MESYLATE

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 ACIPHEX
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 HERBS
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 FENRETINIDE

 99090
 ACTOS
 99139
 MAGIC MOUTHWASH
 99201
 ORTHO-CYCLEN

 99092
 ARTHRO-7
 99140
 MORNING-AFTER PILL
 99202
 PRENATAL VITAMINS W/
CALCIUM

 99098
 NITROQUICK
 IRON
 99203
 RITUXIMAB

 990101
 QUETIAPINE FUMARATE
 99144
 RACEMIC EPINEPHRINE
 99207
 BRIMONIDINE

 99103
 TUBEX
 99146
 VITAPLEX
 99209
 CALENDULA CREAM

 99104
 TUSEN-12
 99150
 B-50
 99211
 CITRACAL + D

 99104
 TUSEX
 991512
 EVENING PRIMROSE OIL
 99214
 DIOVAN HCT

 99105
 ULTRA MEGA ONE
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 EVENING RAGENT
 99215
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C. LIST OF NATIONAL DRUG CODE DIRECTORY DRUG CLASSES

CODE DRUG CLASS

0100 ANESTHETICS/ADJUNCTS

- 0117 ANESTHETICS, LOCAL
- 0118 .. ANESTHETICS, GENERAL
- 0119 ADJUNCTS TO ANESTHESIA/ANALEPTICS
- 0120 MEDICINAL GASES
- 0121 ANESTHETICS, TOPICAL
- 0122 ANESTHETICS, OPHTHALMIC
- 0123 ANESTHETICS, RECTAL

0200 ANTIDOTES

- 0281 ANTIDOTES, SPECIFIC
- 0283 ANTIDOTES, GENERAL
- 0285 ANTITOXINS/ANTIVENINS
- 0286 ANAPHYLAXIS TREATMENT KIT

0300 ANTIMICROBIALS

- 0346 PENICILLINS
- 0347 CEPHALOSPORINS
- 0348 LINCOSAMIDES/MACROLIDES
- 0349 POLYMYXINS
- 0350 TETRACYCLINES
- 0351 CHLORAMPHENICOL/DERIVATIVES
- 0352 AMINOGLYCOSIDES
- 0353 SULFONAMIDES/RELATED COMPOUNDS
- 0354 ANTISEPTICS, URINARY TRACT
- 0355 ANTIBACTERIALS, MISCELLANEOUS
- 0356 ANTIMYCOBACTERIALS (INCL ANTI LEPROSY)
- 0357 QUINOLONES/DERIVATIVES
- 0358 ANTIFUNGALS
- 0388 ANTIVIRALS

0400 HEMATOLOGICS

- 0408 DEFICIENCY ANEMIAS
- 0409 ANTICOAGULANTS/THROMBOLYTICS
- 0410 BLOOD COMPONENTS/SUBSTITUTES
- 0411 HEMOSTATICS

0500 CARDIOVASCULAR-RENAL

- 0501 CARDIAC GLYCOSIDES
- 0502 ANTIARRHYTHMICS
- 0503 ANTIANGINALS
- 0504 VASCULAR DISORDERS,
 - CEREBRAL/ PERIPHERAL
- 0505 HYPOTENSION/ SHOCK
- 0506 ANTIHYPERTENSIVES
- 0507 DIURETICS
- 0508 CORONARY VASODILATORS
- 0509 RELAXANTS /STIMULANTS, URINARY TRACT
- 0510 CALCIUM CHANNEL BLOCKERS
- 0511 CARBONIC ANHYDRASE INHIBITORS
- 0512 BETA BLOCKERS
- 0513 ALPHA AGONISTS/ ALPHA BLOCKERS
- 0514 ACE INHIBITORS

CODE DRUG CLASS

0600 CENTRAL NERVOUS SYSTEM

- 0626 SEDATIVES/HYPNOTICS
- 0627 ANTIANXIETY
- 0628 ANTIPSYCHOTICS/ANTIMANICS
- 0630 ANTIDEPRESSANTS
- 0631 ANOREXIANTS/CNS STIMULANTS
- 0632 CNS, MISCELLANEOUS
- 0633 ALZHEIMER-TYPE DEMENTIA
- 0634 SLEEP AID PRODUCTS (OTC)
- 0635 ANTIEMETICS

0700 CONTRAST MEDIA/ RADIOPHARMACEUTICALS

- 0789 DIAGNOSTICS, RADIOPAQUE &
- NONRADIOACTIVE
- 0790 DIAGNOSTICS -RADIOPHARMACEUTICALS
- 0791 THERAPEUTICS RADIOPHARMACEUTICALS
- 0792 DIAGNOSTICS, MISCELLANEOUS

0800 GASTROINTESTINALS

- 0874 DISORDERS, ACID/PEPTIC
- 0875 ANTIDIARRHEALS
- 0876 LAXATIVES
- 0877 GASTROINTESTINAL.
- MISCELLANEOUS
- 0878 ANTISPASMODICS/
- ANTICHOLINERGICS
- 0879 ANTACIDS

0900 METABOLICS /NUTRIENTS

- 0912 HYPERLIPIDEMIA
- 0913 VITAMINS/MINERALS
- 0914 NUTRITION, ENTERAL/PARENTERAL
- 0915 REPL/REGS OF ELECTROLYTES/
- WATER BALANCE
- 0916 CALCIUM METABOLISM
- 0917 HEMATOPOIETIC GROWTH FACTORS

1000 HORMONES /H ORMONAL MECHANISMS

- 1032 ADRENAL CORTICOSTEROIDS
- 1033 ANDROGENS/ ANABOLIC STEROIDS
- 1034 ESTROGENS/PROGESTINS
- 1035 ANTERIOR PITUITARY/HYPOTHALMIC FUNCTION
- 1036 BLOOD GLUCOSE REGULATORS
- 1037 THYROID/ ANTITHYROID
- 1038 ANTIDIURETICS
- 1039 RELAXANTS/ STIMULANTS, UTERINE
- 1040 CONTRACEPTIVES
- 1041 INFERTILITY
- 1042 DRUGS USED IN DISORDERS OF
 - GROWTH HORMONE SECRETION

CODE DRUG CLASS

1100 IMMUNOLOGICS

- 1180 VACCINES/ANTISERA
- 1181 IMMUNOMODULATORS
- 1182 ALLERGENIC EXTRACTS
- 1183 IMMUNE SERUMS

1200 SKIN/MUCOUS MEMBRANES

- 1264 ANTISEPTICS/DISINFECTANTS
- 1265 DERMATOLOGICS
- 1266 KERATOLYTICS
- 1267 ANTIPERSPIRANTS
- 1268 TOPICAL STEROIDS
- 1269 BURN/SUNBURN,
 - SUNSCREEN/SUNTAN
 - PRODUCTS
- 1270 ACNE PRODUCTS
- 1271 TOPICAL ANTI-INFECTIVES
- 1272 ANORECTAL PRODUCTS
- 1273 PERSONAL CARE PRODUCTS (VAGINAL)
- 1274 DERMATITIS/ ANTIPRURITICS
- 1275 TOPICAL ANALGESICS

1300 NEUROLOGICS

- 1371 EXTRAPYRAMIDAL MOVEMENT
- DISORDERS
- 1372 MYASTHENIA GRAVIS
- 1373 SKELETAL MUSCLE HYPERACTIVITY
- 1374 ANTICONVULSANTS

1400 ONCOLYTICS

- 1479 ANTINEOPLASTICS
- 1480 HORMONAL/BIOLOGICAL
 - RESPONSE MODIFIERS
- 1481 ANTIMETABOLITES
- 1482 ANTIBIOTICS, ALKALOIDS, AND ENZYMES
- 1483 DNA DAMAGING DRUGS

1500 OPHTHALMICS

- 1566 GLAUCOMA
- 1567 CYCLOPLEGICS/MYDRIATICS
- 1568 OCULAR ANTI-INFECTIVE/
- ANTI-INFLAMMATORY
- 1569 OPHTHALMICS, MISCELLANEOUS
- 1570 OPHTHALMICS-DECONGESTANTS/
- ANTIALLERGYAGENT
- 1571 CONTACT LENS PRODUCTS

1700 RELIEF OF PAIN

CODE DRUG CLASS

1600 OTICS

1670

1671

- 1720 ANALGESICS, GENERAL
- 1721 ANALGESICS-NARCOTIC

OTICS, TOPICAL

- 1722 ANALGESICS-NON-NARCOTIC
- 1723 ANTIMIGRAINE/OTHER HEADACHES

VERTIGO/MOTIONSICKNESS/VOMITING

- 1724 ANTIARTHRITICS
- 1725 ANTIGOUT
- 1726 CENTRAL PAIN SYNDROMES
- 1727 NSAID
- 1728 ANTIPYRETICS
- 1729 MENSTRUAL PRODUCTS

1800 ANTIPARASITICS

- 1860 ANTIPROTOZOALS
- 1862 ANTHELMINTICS
- 1863 SCABICIDES/ PEDICULICIDES
- 1864 ANTIMALARIALS

1900 RESPIRATORY TRACT

- 1940 ANTIASTHMATICS/
 - BRONCODILATORS
 - 1941 NASAL DECONGESTANTS
- 1943 ANTITUSSIVES/
 - EXPECTORANTS/ MUCOLYTICS
- 1944 ANTIHISTAMINES
- 1945 COLD REMEDIES
- 1946 LOZENGE PRODUCTS
- 1947 CORTICOSTEROIDS-
 - INHALATION/NASAL

2000 UNCLASSIFIED/MISCELLANEOUS

- 2087 UNCLASSIFIED
- 2095 PHARMACEUTICAL AIDS
- 2096 SURGICAL AIDS
- 2097 DENTAL PREPARATIONS
- 2098 DENTRIFICE/DENTURE PRODUCTS
- 2099 MOUTH PAIN, COLD SORE, CANKER
 - SORE PRODUCTS

2100 HOMEOPATHIC PRODUCTS