

VIReC Research User Guide:

FY2006

**VHA Medical SAS[®]
Inpatient Datasets**



VA Information Resource Center

Health Services Research and
Development Service

Department of Veterans Affairs

Edward J. Hines, Jr. VA Hospital

Hines, IL

VIREC Research User Guide: FY2006 VHA Medical SAS® Inpatient Datasets
Veterans Affairs Information Resource Center
Edward J. Hines, Jr. VA Hospital (151V)
Hines, IL

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I. Introduction

The Veterans Affairs Information Resource Center (VIREC) produced the *VIREC Research User Guide: FY2006 VHA Medical SAS[®]* Inpatient Datasets*. VIREC is a national resource center of the Health Services Research and Development Service (HSR&D), U.S. Department of Veterans Affairs (VA). This edition of the guide describes the Fiscal Year (FY) 2006 Medical SAS Datasets for inpatient care in the Veterans Health Administration (VHA). VIREC issues this guide to assist health services researchers and other users of these data in understanding the availability and definitions of the stored variables within the datasets.

VIREC issued the first edition of a research user guide to VHA outpatient care data in March 2000 and described the FY1999 Medical SAS Datasets.² VIREC issued a companion guide to VHA inpatient care data in March 2000 as well, and updated guides and select variable frequencies have been produced since then.³⁻⁸ The VIREC research user guides grew from the work by Martha Beattie, Ph.D., Ralph W. Swindle, Ph.D., Lynn A. Tomko, B.A., and other authors of the five-volume *Department of Veterans Affairs Database Resources Guide*, an effort supported by the VA Health Services Research and Development Service through the Service Directed Research project #91-009 awarded to Ralph Swindle.

Using the Guide

This guide is divided into the four main sections listed below. The guide includes additional documents as appendices.

- [**Overview of the FY2006 Medical SAS Inpatient Datasets**](#). Chapter II provides a brief description of each of the current datasets including naming conventions, sort order, and observation (record) and variable counts.
- [**Variables and Their Dataset Locations**](#). Chapter III is a table of all variables in the FY2006 Inpatient Datasets indicating in which datasets each variable occurs.

* SAS[®] is a registered trademark of the SAS Institute, Inc.

- **Variable One-Page Descriptions.** Chapter IV presents a one-page description for each variable in the datasets for this fiscal year. The description includes a table with the following information, when applicable.

Data Type:	This indicates if the variable is numeric or character.
Print Format:	This is the name of the print format, if there is one. The print format name is from the format library for the file. Date variables have SAS-defined print formats. Instructions for downloading a SAS format library to be used with the Medical SAS Datasets can be found at http://www.virec.research.va.gov/References/FAQs.htm . The National Patient Care Database (NPCD) Intranet Web site . NPCD updates the SAS Format Library after every SAS Outpatient build.
Label:	This is the label for the variable as it appears in the Medical SAS Dataset.
Datasets / Fiscal Years:	This indicates the Medical SAS Datasets and Fiscal Years where the variable occurs.
VistA Data Source:	This is the file and field where data for the variable originate in the VA's decentralized clinical database, known as VistA (Veterans Health Information Systems and Technology Architecture). In VistA, files are identified by both a number and a name (e.g., "Patient (2) file"), while fields are identified by name (e.g., "Date of birth field"). Detailed information about the VistA applications is available online at the VistA Document Library . An issue of <i>VIREC Insights</i> (Vol. 3, No. 1) on VistA is available at the VIREC Intranet Web site .

Where applicable, and where space allows, a second table lists the values that the variable can assume with a description of each value. This table is in [Appendix A](#) in cases where the possible values exceed the space available. The guide provides a reference source to obtain the possible values and their descriptions for selected variables.

- **Works Cited.** Chapter V lists publications referred to earlier in the guide.

Methods for Updating the User Guide

VIREC uses numerous sources of information to update this guide. Official records of changes to the Medical SAS Datasets are maintained by the Corporate Franchise Data Center (CFD) (formally known as the Austin Automation Center (AAC)) in a section of its National Patient Care Database (NPCD) Audit Trail of Changes Web page. This audit trail, which tracks changes to the inpatient and outpatient databases and to the SAS

datasets, can be found on the [NPCD Intranet Web site\(s\)](#) Notices of changes are often announced by the CFD and NPCD staff on the HSRData listserv, an e-mail group that includes researchers, policy makers, and information managers. Information about [HSRData listserv](#) is available on the VIREC Intranet and Internet Web sites.

VIREC staff makes editorial changes in response to specific user requests and in a general effort to improve the readability and usefulness of the guide. In this respect, questions submitted to the VIREC Help Desk are reviewed to identify issues that need clarification or expansion as well as those pertinent issues discussed on HSRData. Finally, our own experiences as users of the Medical SAS Datasets also prompt us to modify content and style of the information included here.

Initial drafts are reviewed for accuracy and clarity by an *ad hoc* group of individuals who are data stewards, data managers, and end users. The invaluable contribution of the reviewers this year is acknowledged in the following section.

What's New

The Austin Automation Center is now designated as one of the VA's Corporate Data Centers. Its new name is now Corporate Franchise Data Center (CFD) and will be used throughout this document.

Fiscal years 2005 and 2006 rendered multiple changes to the Medical SAS Inpatient datasets. First, there are changes to diagnostic code variables including the removal of four variables and label changes to three diagnostic variables. Also, National Patient Care Database has now implemented a new length of stay calculation. Lastly, eleven new treating specialty codes subcategorize nursing home stays.

Effective April 7, 2006, the variables DXLSB32, DXLSB120, DLSF32, and DXLSF120 were removed due lack of use by users. DXLSB32 and DXLSB120 are the categorical recoding of [DXLSB](#) (Primary ICD-9-CM diagnostic code responsible for the length of stay within the bedsection); and DLSF32 and DXLSF120 are the categorical recoding of [DXLSF](#) (Primary ICD-9-CM diagnostic code responsible for patient's full length of stay in the hospital).

The label for [DXPRIME](#) changed from primary diagnostic code to principal diagnostic code; [DXLSF](#)'s label changed from full stay diagnostic code responsible for length of stay to primary full stay diagnostic code; and [DXLSB](#)'s label changed from diagnostic code responsible for length of stay to primary ICD-9-CM diagnostic code responsible for the patient's full length of stay bed section diagnosis. An analysis conducted by National Data Systems (NDS), which manages the National Patient Care Database, revealed that users feel the new labels are more suitable.

Before November 2005, the formula for the variable [LS](#) did not account for [PASS](#) days in the calculation of the length of stay days. The new formula subtracts pass days from the length of stay days. The formula was researched by NDS for accuracy.

On July 1, 2006, NDS added eleven new treating specialty codes to the variable [BEDSECN](#). The new codes subcategorize both short and long stay nursing home care. Specialty Code 80 (Nursing Home Care) was inactivated after August 2, 2006, and replaced by Specialty Code 44 (Nursing Home Long Stay Maintenance Care). A list of treating specialty codes is located in [Appendix A](#).

Acknowledgements

The Veterans Affairs Information Resource Center (VIREC) is supported by Health Services Research and Development (HSR&D) Service Grant SDR 98-004.

This guide is the product of many people's efforts, experiences, and insights. The contributing authors include Bianca Easterly and Denise M. Hynes.

We gratefully acknowledge reviews of this guide by Dorothea Garrett, National Data Systems (NDS), Austin, TX; Todd Wagner, Ph.D., VA Health Economics Resource Center (HERC), Menlo Park, CA; Tamara Schult, Minneapolis VAMC, Minneapolis, MN; and James Williams, University of Arkansas for Medical Sciences, Little Rock, AR. They provided valuable and insightful feedback.

VIREC accepts responsibility for any deficiencies in the current guide and welcomes suggestions for improving this resource to better meet the needs of research users.

Suggested Citation

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Contact Information

Veterans Affairs Information Resource Center
Edward Hines, Jr. VA Hospital (151V)
Hines, IL 60141

Email: virec@va.gov
Phone: (708) 202-2413
Fax: (708) 202-2415

II. Overview of the FY2006 VHA Medical SAS Inpatient Datasets

Background

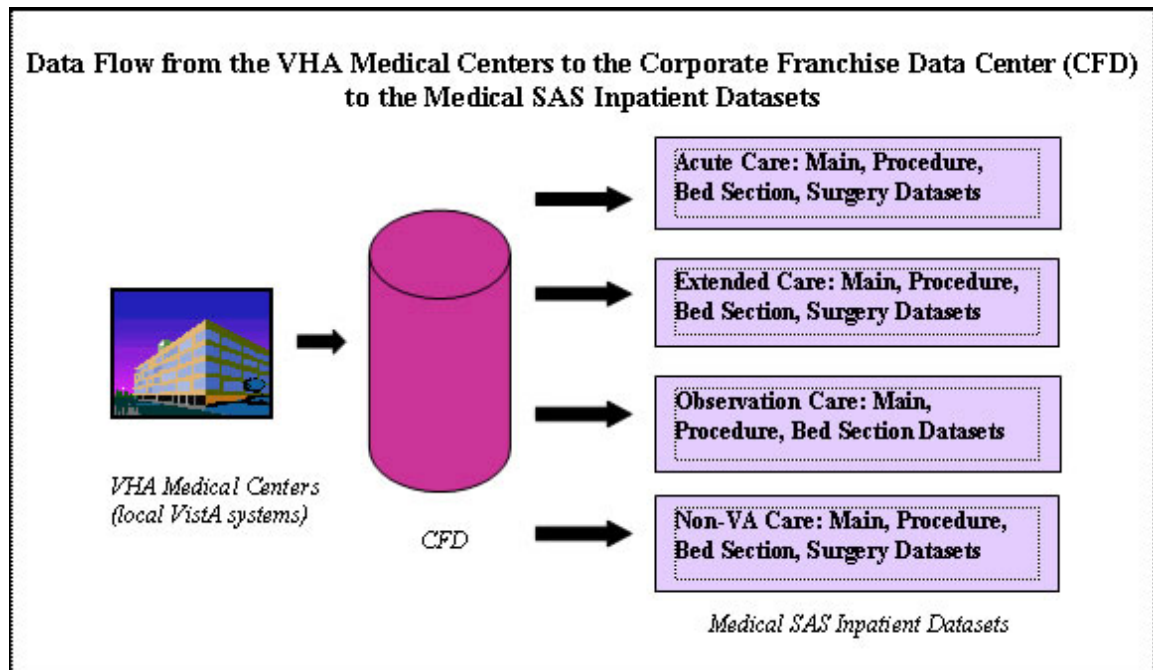
The health care utilization information for inpatient stays in VA hospitals or treatment facilities is recorded by staff members in VA treatment facilities across the United States and Puerto Rico through the use of a uniform set of coding instructions, software, and data files. The treatment facility databases that initially hold these data are known as the local VistA systems. The data are electronically transferred to the Corporate Franchise Data Center (CFD) (formerly known as the Austin Automation Center (AAC)) in Austin, Texas, which is the central repository for VHA national databases. CFD staff create SAS datasets for both inpatient and outpatient care. General information about the VHA Medical SAS Datasets has been published elsewhere.⁹

The SAS datasets are available to users who have appropriate access clearance. [Appendix B](#) presents information about requesting access to these datasets, as well as basic information about job control language (JCL) and submitting programs to the mainframe computer in Austin.

The data structures for the inpatient datasets have remained fairly stable over the past eleven years, although the data collection processes and policies have changed somewhat since 1995. The policy in effect for the transmission of inpatient records from the facilities to the CFD was established by [VHA Directive 2003-056](#), “Closeout of Veterans Health Administration Corporate Patient Data Files,” issued October 1, 2003. This stipulated that VHA treatment facilities transfer records for a given month to the CFD by the 19th of the following month. Although VistA data are transmitted to the CFD nightly, the SAS datasets are updated every two weeks. The datasets are available on a quarterly basis; the quarterly file is cumulative, and thus provides the fiscal year’s data through that quarter. The records in a given fiscal year’s Medical SAS Inpatient Datasets are for patients discharged during the period, and the records include data for the full stay even if admission was in a prior year. An exception to this is possible in the Non-VA Care datasets if the facility receives a claim in, say, FY2006 for care that was provided in FY2004; in this case, the information would be part of the FY2006 data.

As illustrated in the following figure, there currently are four SAS datasets for inpatient care, conventionally referred to as “Main,” “Bed Section,” “Procedure,” and “Surgery,” for

Acute Care, Extended Care, Observation Care, and Non-VA Care. Only “Main,” “Bed Section,” and “Procedure” datasets are available for Observation Care.



The Medical SAS Inpatient Datasets for acute care generally are referred to as “the Inpatient Data,” “the inpatient utilization data,” “the Patient Treatment File,” or just “PTF.” The Extended Care datasets contain records for inpatient stays paid for by the VA that occur in domiciliaries, VA nursing homes, or community nursing homes. Observation Care datasets contain data on hospital stays (generally less than 24 hours) for monitoring, evaluation, or assessment prior to inpatient admission or assignment to care in another setting. (See [VHA Directive 2004-018, “Recording Observation and/or Short-Stay Patients.”](#)) Non-VA Care datasets have data on care funded by the VA and provided in non-VA hospitals.

Records are assigned to the acute or extended care file depending on the admitting bedsection. A veteran who is admitted to the nursing home and then transferred to a medical/surgical bedsection will have all of his/her records for this stay assigned to the extended care file. The converse is also true: veterans transferred from medicine/surgery to extended care will be assigned to the acute file.

It is also worth noting that the term acute does not mean a short stay hospitalization or a medical/surgical hospitalization as is frequently done in Medicare. Acute, in this context, is defined as simply non-extended care.

This guide is focused on the acute care datasets, but it can be used as data documentation for the non-acute inpatient datasets as well. With a few exceptions, the four types of inpatient datasets are virtually identical in data structure and variable names.

Inpatient Dataset Names By Type of Care

Type of Care	Names for Main, Bed Section, Procedure, & Surgery Datasets
Acute Inpatient	MDPPRD.MDP.SAS.(PMyy, PByy, PPy, and PSyy)
Extended	MDPPRD.MDP.SAS.(XMyy, XByy, XPyy, and XSyy)
Observation	MDPPRD.MDP.SAS.(PMOyy, PBOyy, and PPOyy)
Non-VA	MDPPRD.MDP.SAS.(NMyy, NByy, NPy, and NSyy)

Note: yy = the last two digits of the Fiscal Year.

The table shown above, lists Medical SAS Dataset names on the CFD mainframe. For example, the Acute Inpatient Main Dataset for FY2006 is MDPPRD.MDP.SAS.PM06. A comprehensive listing of all historic names of Inpatient Datasets is on the VIREC Web site at <http://www.virec.research.va.gov/DataSourcesName/Medical-SAS-Datasets/SASdocumentation.htm>.

Characteristics of FY2006 Acute Care Inpatient Datasets

Dataset	Record Definition	# Records	# Variables	Sort Order
Main	The patient's entire inpatient stay	567,852	91	SCRSSN ADMITDAY ADTIME DISDAY STA3N SRTKEY
Procedure	Up to five procedures performed at a given time on a given day of the inpatient stay	757,176	25	SCRSSN ADMITDAY ADTIME DISDAY STA3N SRTKEY PSEQ
Bed Section	Care provided by a given treating specialty during the inpatient stay	733,209	48	SCRSSN ADMITDAY ADTIME DISDAY STA3N SRTKEY BSSQ
Surgery	Up to 5 surgeries performed in a main or specialized operating room at a given time on a given day during the inpatient stay	113,339	28	SCRSSN ADMITDAY ADTIME DISDAY STA3N SRTKEY SGSQ

In the Main Dataset, discharge date determines the fiscal year dataset in which a stay is recorded.

In the Procedure Dataset, an additional record is created as needed for procedures performed from each date / time combination during the stay; each subsequent record also records up to five procedures. Inpatient procedures are coded using the ICD-9-CM¹⁰ coding schema, while procedures in the Outpatient Datasets are coded using the CPT-4¹⁷ coding schema. Inpatient procedures are defined as non-operative procedures that are not performed in an operating room or under anesthesia. A procedure performed in a surgical suite or operating room is recorded as a surgery. Thus, a “procedure” in one facility may be a “surgery” in another facility due to different layouts in surgical suites.

The Bed Section Dataset provides a record of the diagnostic and length of stay information for each bedsection within the length of stay. Bed Section was added to the national datasets in FY1984. Apparently, individual programs of care (Infectious Disease, Mental Health) influence the development of Bed Section Datasets. Several variables that provide a measure of patient overall health status, though unrelated to a particular episode of care, are available on bed section records and nowhere else, eg, a suicide indicator, name of a specific drug being abused, and treatment of Legionnaire’s Disease. The Bed Section Dataset also includes Global Assessment of Functioning (GAF) scores, which comprise Axis V of the American Psychiatric Association’s Multi-Axis Diagnostic System.¹⁸

The Surgery Dataset has information collected from each hospital’s management information system (VistA) about each episode of care in VA Medical Centers, Non-VA Hospitals (at VA expense), VA Nursing Home Care Units, VA Domiciliaries, and Contract Community Nursing Homes. Records are produced following discharge and are stored by the fiscal year of discharge. This dataset began in FY1984. Prior to that time, surgical information was part of the Main Dataset.

Dataset Closeouts

Most researchers use the reconciled Medical SAS Datasets produced at the end of the fiscal year. The annual datasets are accumulated or constructed over time, as noted below. Throughout a given fiscal year, the data in the Medical SAS Datasets change as edits, updates, and additional record entries are performed at the transmitting medical center. The policy for transmission of data, as noted earlier, states that records for a given month are forwarded to the CFD by the 19th of the current month. This policy, sometimes called the reimbursement closeout because of its association with cost recovery deadlines, does not mean that data are not transmitted after this period. The CFD accepts inpatient information until its fiscal year closeout on October 19th. At their own discretion, the VHA Health Data and Informatics staff, in order to maintain accurate records, has allowed the field to re-submit all of the fiscal year data at the end of the fiscal year. In general, researchers are advised to use the annual, close-out datasets.

Datasets Produced Quarterly

Each of the Medical SAS Inpatient Datasets is produced in smaller subsets that are stored on a quarterly basis during the fiscal year. These datasets are rolled into a yearly dataset at the fiscal year's end. In general, the naming convention for these quarterly datasets is the dataset name followed by QTR n (where n is the number 1–4 representing the fiscal quarter).

Datasets Kept Open for Revision

In FY2001, NDS determined that a new set of “revised” Medical SAS Datasets would be created to allow for updates to continue after the traditional annual dataset closeout period ends. These revised datasets can receive updates for approximately two years after the regular closeout period. A major factor behind this decision was the desire to allow for the capture of workload that was traditionally lost due to late submission after closeout. The names of the “revised” datasets are the same as the traditional ones with the word “REVISED” added (e.g., MDPPRD.MDP.SAS.REVISED.PM06). In general, VIREC does not advise researchers to use the revised datasets, because, by their very nature, these datasets will not always give the same results. Or, if they do, researchers need to make sure that the file access date is explicitly recorded.

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III. Variables and Their Dataset Locations

Name	Definition	Main	Bed Section	Surgery	Procedure	Page
ABO	Number of days a patient was out of the hospital on pass during an inpatient stay	X				25
ADMITDAY	Date of admission of the inpatient stay	X	X	X	X	26
ADMITMO	Month of admission of the inpatient stay	X				27
ADMITYR	Year of admission of the inpatient stay	X				28
ADTIME	Time of admission of the inpatient stay	X	X	X	X	29
AFIX	Indication of whether the admission was to a substation of the parent hospital	X				30
AGE	Patient age in years at discharge	X				31
AGOCARE	Indication of whether the care given during the admission is related to exposure to Agent Orange	X	X			32
AG15Y	Categorical recoding of AGE (Age In Years) into 15 groupings	X				33
AG8R	Categorical recoding of AGE (Patient age in years at discharge) into 8 groupings	X				34
ANESTEK	Principal anesthetic technique for the patient's surgery			X		35
AOR	Patient self-report of Exposure to Agent Orange	X				36
ASIH*	Number of days a patient is in Absent Sick In Hospital (ASIH) status	X				37
AXIS4B	Degree of severity of psychosocial stress		X			38
AXIS51B	The most recent Global Assessment of Functioning (GAF) recorded for the patient while an inpatient		X			39

Name	Definition	Main	Bed Section	Surgery	Procedure	Page
AXIS52B	The highest Global Assessment of Functioning (GAF) score recorded for the patient while an inpatient		X			40
BEDCDR	The Cost Distribution Reporting (CDR) code for the bedsection		X			41
BEDSECN	Specialty code of the physician who manages the patient's care during all or a portion of the inpatient stay		X		X	42
BORNDAY	Date of patient's birth	X				43
BORNYEAR	Four-digit year of birth of the patient	X				44
BOS	Bed occupancy status at discharge	X				45
BSINDAY	Date that the patient was admitted to the bedsection		X			46
BSOUTDAY	Date that the patient was discharged from the bedsection		X			47
BSOUTIME	Time of transfer out of the bedsection		X			48
BSSQ	Sequential number of the record (SAS observation) with bedsection information for the inpatient stay		X			49
BSTA6A	Substation identifier of the bedsection		X			50
COMBAT	Combat veteran eligibility indicator	X				51
COMBAT_CARE	Indicates that health care provided during admission was primarily related to an injury or illness related to service in a combat zone	X				52
COMBAT_DT	Last day of patient combat eligibility	X				53
CP	Compensation and Pension status	X				54
DBEDSECT	Bedsection at discharge	X				55
DIALTYP	Type of dialysis treatment				X	56
DISDAY	Date of discharge for the entire inpatient stay	X	X	X	X	57
DISMO	Month of discharge	X				58
DISTIME	Time of discharge	X	X	X	X	59
DISTO	Type of location to which patient was discharged	X				60
DISTYPE	Type of discharge	X	X	X	X	61
DISYR	Two-digit calendar year of discharge for the entire episode of care	X				62
DOD	Date of death	X				63

Name	Definition	Main	Bed Section	Surgery	Procedure	Page
DRG	Diagnosis Related Group	X				64
DRGB	DRG for bedsection		X			65
DRUGB	Specific drug with which the patient has a substance abuse problem		X			66
DXB2–DXB5	Secondary ICD-9-CM diagnostic codes that apply to the bedsection stay		X			67
DXF2–DXF13	Secondary ICD-9-CM diagnostic codes for full hospital stay	X				68
DXLSB	Primary ICD-9-CM diagnostic code responsible for the patient’s full length of stay bed section diagnosis		X			69
DXLSF	Primary ICD-9-CM diagnostic code responsible for the patient’s full length of stay in the hospital	X	X	X	X	70
DXPRIME	Principal admitting ICD-9-CM diagnostic code	X	X	X	X	71
ENVCARE	Indication of whether the patient was exposed to environmental contaminants	X	X			72
ETHNIC	Ethnicity with collection method	X				73
FYDIS	The 2-digit fiscal year of the discharge derived from the variable DISDAY (Date of discharge for the entire inpatient stay)	X				74
HOMECNTY	County of patient’s residence	X				75
HOMEPSA	VHA Medical center that identifies the patient’s home residence	X				76
HOMEVISN	Veterans Integrated Service Network (VISN) associated with the veteran’s home residence	X				77
HOMSTATE	State associated with the veteran’s residence	X				78
INCOME	Calculation of the patient’s recorded income	X				79
IRDCARE	Indication of whether the patient received radiation treatment while in this bedsection	X	X			80
LEGIONB	Indication of whether the patient was treated for Legionnaire’s Disease while in this bedsection		X			81
LS	Number of bed days for the entire episode of care	X	X			82
LSB	Number of bed days for the bedsection of care		X			83

Name	Definition	Main	Bed Section	Surgery	Procedure	Page
LSBR	Categorical recoding of the LSB (Number of bed days for the bedsection of care) variable into 16 groupings		X			84
LSR	Categorical recoding of the LS (Number of bed days for the entire episode of care) variable into 16 groupings	X				85
LVB	Number of days on leave from the bedsection		X			86
MDC	Major diagnostic category of the DRG	X				87
MDCB	Major diagnostic category of the bedsection DRG		X			88
MEANS	Means Test Indicator Code	X				89
MS	Patient's marital status	X				90
NBS	Number of bed sections in the Bed Section dataset for this discharge	X	X			91
NCODES	Number of ICD-9-CM procedure codes within the record				X	92
NDXB	Number of ICD-9-CM diagnoses codes in the Bed Section dataset record		X			93
NDXM	Number of ICD-9-CM diagnoses codes in the Main dataset record	X				94
NPROC	Number of records (or segments) in the Procedure dataset associated with the patient's entire length of stay	X	X		X	95
NSURG	Number of records (or segments) in the Surgery dataset associated with the patient's entire length of stay	X	X	X		96
NTREAT	Number of dialysis treatments of a given type				X	97
NVASURG	Source of payment for surgery in non-VA facility			X		98
NXFER	Number of records in Bed Section Dataset with bedsection stay information	X	X			99
OPT	Indicator that the discharge is to outpatient treatment	X				100
PASS	Number of days on pass during entire stay	X				101
PASSB	Number of days on pass during bedsection stay		X			102
PLBED	Physical location of patient's bed		X			103

Name	Definition	Main	Bed Section	Surgery	Procedure	Page
PLCDR	Cost Distribution Report account number for physical location of bed at discharge	X				104
PLCDRB	Cost Distribution Report account number for bedsection of the physical location of bed		X			105
PLDISCH	Bedsection code for physical location at discharge	X				106
POW	Prisoner of War status with name of war and location	X				107
PROC DAY	Date of procedure or procedures performed at a given date and time combination				X	108
PROCDE1- PROCDE5	ICD-9-CM Procedure Codes for 1 st -5 th procedures performed on a given date and time				X	109
PROCTIME	Starting time for the procedure or procedures performed on a given date and time				X	110
PSEQ	Sequential number of the record (SAS observation) with procedure information for a given date and time of the inpatient stay				X	111
PSEUD	Pseudo-SSN indicator	X				112
PSRCD	Categorical recode of Period of Service	X				113
PSX	Period of service that is basis for care	X				114
RACE	Race or national origin	X				115
RACE1 - RACE6	Race with collection method	X				116
RAD	Exposure to Ionizing Radiation through nuclear testing or in Japan	X				117
SCI	Indication of patient's spinal cord injury status	X	X			118
SCPER	Percentage of the patient's disability that is service-connected with respect to DXLSF (ICD-9-CM diagnostic code responsible for the major part of the patient's full length of stay in the hospital)	X				119
SCRSSN	Scrambled Social Security Number	X	X	X	X	120
SEX	Sex of patient	X				121
SGR1	Categorical recode of SURG9CD1 (First surgical procedure code for the operation)			X		122
SGSQ	Sequential number of the record (SAS observation) containing the surgeries performed on a given date/time			X		123

Name	Definition	Main	Bed Section	Surgery	Procedure	Page
SOURCE	Source of admission	X				124
SRTKEY	Sort key	X	X	X	X	125
SSTA6A	Identifier of the substation where surgery was performed			X		126
STA3N	Parent station identifier	X		X	X	127
STA6A	Substation identifier	X			X	128
STAFROM	Source station (if transferred)	X				129
STATYP*	Station type					130
SUICIDEB	Suicide indicator		X			131
SURG9CD1- SURG9CD5	1 st – 5 th ICD-9-CM procedure codes			X		132
SURGDAY	Date of surgery			X		133
SURGNAST	Identifier of the employment status / category of the first surgical assistant			X		134
SURGNCAT	Identifier of the category of team of surgeons			X		135
SURGSPEC	Identifier of the surgical specialty of the chief surgeon or resident			X		136
SURGTIME	Time of surgery			X		137
SVCCONB	Indicates whether the condition being treated within the bedsection is service connected		X			138
TOSTA6A	Receiving station (if transferred)	X				139
TSTAT	Kidney donor status			X		140
UPDATDAY	Last date record updated	X				141
VAAUS	Discharge to VA auspices	X				142
VISN	Veterans Integrated Service Network (VISN) where the hospital episode of care occurred	X	X	X	X	143
ZIP	Zip code	X				144

*Variables not in the Inpatient Acute Care Datasets. [ASIH](#) is in the Extended Care Main Dataset, and [STATYP](#) is in the Extended Care and Non-VA Main, Bed Section, Procedure, and Surgery Datasets.

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IV. Variable One-Page Descriptions

(One-page descriptions begin on the following page.)

Variable Name: **ABO**

Definition: Number of days a patient was out of the hospital on pass during an inpatient stay

Remarks: This variable is used in the calculation of the [LS](#) (Number of bed days for the entire episode of care) variable. Guidelines for issuance of authorized absences are in [VHA Manual of Policies \(M-1\), “Operations”, Part 1, “Medical Administration Activities”, Chapter 10, “Absences”](#).

Data Type	Numeric
Print Format	None
Label	ABSENT BED OCCUPANT DAYS
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, ASIH field

Variable Name: **ADMITDAY**

Definition: Date of admission of the inpatient stay

Remarks: This variable indicates the date when an episode of care began in the hospital or other setting. In non-VA cases, it refers to the date when the VA assumed responsibility for the care. An extended care patient may have an episode of care in both extended care and acute inpatient care if the patient needs acute hospitalization during the extended care stay.

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DATE OF ADMISSION (SASDATE)
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date Procedure / 1988 – To Date Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, ADMISSION DATE field

Variable Name: **ADMITMO**

Definition: Month of admission of the inpatient stay

Remarks: This variable is derived from the [ADMITDAY](#) (Date of admission of the inpatient stay).

Data Type	Numeric
Print Format	MONTHL. (MMM)
Label	MONTH OF ADMISSION
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Not applicable

Variable Name: **ADMITYR**

Definition: Year of admission of the inpatient stay

Remarks: This variable is the 4-digit year derived from [ADMITDAY](#) (Date of admission of the inpatient stay).

Data Type	Numeric
Print Format	None
Label	YEAR OF ADMISSION
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Not applicable

Variable Name: **ADTIME**

Definition: Time of admission of the inpatient stay

Remarks: Time is recorded as Military Time (i.e., using the 24-hour clock) with “hhmm” format. Thus, 11:32 A.M. is recorded as “1132”, and 11:32 P.M. is recorded as “2332”.

Data Type	Numeric
Print Format	None
Label	TIME OF ADMISSION
Datasets / Fiscal Years	Main / 1991 – To Date Bed Section / 1991 – To Date Procedure / 1991 – To Date Surgery / 1991 – To Date
VistA Data Source	PTF (45) file, ADMISSION DATE field

Variable Name: **AFIX**

Definition: Indicator of whether the admission was to a substation of the parent hospital

Remarks: Parent stations are coded in [STA3N](#) (Parent station identifier).

Data Type	Character
Print Format	None
Label	ADMITTING STATION SUFFIX
Datasets / Fiscal Years	Main / 1984 – To Date
VistA Data Source	Not applicable

AFIX can assume the following values:

Value	Description
Blank	Admission was to a parent station
A	Admission was to a substation

Variable Name: **AGE**

Definition: Patient age in years at discharge

Remarks: This variable is computed from the variables [DISDAY](#) (Date of discharge for the entire inpatient stay) and [BORNDAY](#) (Date of patient's birth).

Data Type	Numeric
Print Format	None
Label	AGE IN YEARS
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, DATE OF BIRTH field

Variable Name: **AGOCARE**

Definition: Indicator of whether the care given during the admission is related to exposure to Agent Orange

Remarks: This is a provider-determined variable in contrast to the [AOR](#) (Patient self-report of exposure to Agent Orange) variable, which indicates a patient self-report of exposure to Agent Orange. For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Character
Print Format	\$YESNO.
Label	AGENT ORANGE CARE
Datasets / Fiscal Years	Main / 1994 – To Date Bed Section / 1994 – To Date
VistA Data Source	PTF (45) file, TREATED FOR AO CONDITION field

AGOCARE can assume the following values:

Value	Description
Y	Yes
N	No

Variable Name: **AG15Y**

Definition: Categorical recoding of [AGE](#) (Patient age in years at discharge) into 15 groupings

Remarks: For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Numeric
Print Format	AG15YL.
Label	AGE GROUP (15 GROUPS)
Datasets / Fiscal Years	Main / 1983 – To Date
VistA Data Source	Derived from Patient (2) file, DATE OF BIRTH field

AG15Y can assume the following values:

Value	Description
1	0 – 19 years old
2	20 – 24 years old
3	25 – 29 years old
4	30 – 34 years old
5	35 – 39 years old
6	40 – 44 years old
7	45 – 49 years old
8	50 – 54 years old
9	55 – 59 years old
10	60 – 64 years old
11	65 – 69 years old
12	70 – 74 years old
13	75 – 79 years old
14	80 – 84 years old
15	85 + years old

Variable Name: **AG8R**

Definition: Categorical recoding of [AGE](#) (Patient age in years at discharge) into 8 groupings

Remarks: For frequency counts of the values for this variable, see [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Numeric
Print Format	AG8RL.
Label	AGE GROUP (8 GROUPS)
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Derived from Patient (2) file, DATE OF BIRTH field

AG8R can assume the following values:

Value	Description
1	0 – 24 years old
2	25 – 34 years old
3	35 – 44 years old
4	45 – 54 years old
5	55 – 64 years old
6	65 – 74 years old
7	75 – 84 years old
8	85+ years old

Variable Name: **ANESTEK**

Definition: Principal anesthetic technique for the patient's surgery

Remarks:

Data Type	Character
Print Format	\$ANESTEKL.
Label	ANESTHETIC TECHNIQUE
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, ANEST TECH field

ANESTEK can assume the following values:

Value	Description
R	Rectal
X	Other
0	None
1	Open drop inhalation
2	Circle inhalation
3	Intravenous administration
4	Filtration
5	Field block
6	Nerve block
7	Spinal administration
8	Epidural administration
9	Topical administration

Variable Name: **AOR**

Definition: Patient self-report of exposure to Agent Orange

Remarks: For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Numeric
Print Format	AORL.
Label	AGENT ORANGE EXPOSURE
Datasets / Fiscal Years	Main / 1982 – To Date
VistA Data Source	Patient (2) file, two fields: EXPOSED TO AGENT ORANGE and VIETNAM SERVICE INDICATED

AOR can assume the following values:

Value	Description
1	No claim of service in Vietnam
2	Vietnam service WITH claim of Agent Orange exposure
3	Vietnam service WITHOUT claim of Agent Orange exposure
4	Vietnam service with Agent Orange exposure unknown

Variable Name: **ASIH**

Definition: Number of days a patient is in Absent Sick in Hospital (ASIH) status

Remarks: When a VA nursing home care patient, community nursing home care or domiciliary resident is admitted to a VHA medical center, the patient is placed in ASIH status. This variable is found only in the Extended Care Main dataset and is used in the calculation of the [LS](#) (the number of bed days for the entire episode of care) variable in that dataset. This variable was not present in 1990.

Data Type	Numeric
Print Format	None
Label	ABSENT SICK IN HOSPITAL
Datasets / Fiscal Years	Main (Ext. Care only) / 1982 – To Date
VistA Data Source	PTF (45) file, ASIH DAYS field

Variable Name: **AXIS4B**

Definition: Degree of severity of psychosocial stress

Remarks: This variable in and of itself holds no information that can be used to evaluate a patient. It is only one part of a two-part piece of information. The full information is stressor plus degree of severity. **AXIS4B** is only the severity. The associated stressor is a text field (Psychosocial Stress) that is not transferred to a SAS dataset. Examples of the associated stressors are death of a spouse, war experience, or loss of job.

Data Type	Numeric
Print Format	AXISIV.
Label	PSYCHIATRY AXIS_IV
Datasets / Fiscal Years	Bed Section / 1992 – To Date
VistA Data Source	PTF (45) file, AXIS-IV field, Diagnostic Results – Mental Health (627.8) file, SEVERITY CODE field. (Note: The 60 character PSYCHOSOCIAL STRESSOR field that is not transferred to CFD is also in this file.)

AXIS4B can assume the following values:

Value	Description
0	Inadequate information or no change
1	None
2	Mild
3	Moderate
4	Severe
5	Extreme
6	Catastrophic

Variable Name: **AXIS51B**

Definition: The most recent Global Assessment of Functioning (GAF) recorded for the patient while an inpatient

Remarks: Separate annual SAS datasets have GAF scores for both inpatients and outpatients. These datasets, which are from FY1999 – present, are entitled MDPPRD.MDP.SAS.GAFyy (where yy is the fiscal year). For the actual range and set of interpretations, see the values for **AXIS51B** and [AXIS52B](#) in [Appendix A](#) on page 150.

Data Type	Numeric
Print Format	AXISV.
Label	PSYCH AXIS_V (CURRENT)
Datasets / Fiscal Years	Bed Section / 1992 – To Date
VistA Data Source	Diagnostic Results – Mental Health (627.8) file, AXIS 5 field fills the PTF (45) file, AXIS-V CURRENT FUNCTIONAL ASSESSMENT field

Variable Name: **AXIS52B**

Definition: The highest Global Assessment of Functioning (GAF) score recorded for the patient while an inpatient

Remarks: See [AXIS51B](#) for more information.

Data Type	Numeric
Print Format	AXISV.
Label	PSYCH AXIS_V (HIGHEST)
Datasets / Fiscal Years	Bed Section / 1992 – To Date
VistA Data Source	Diagnostic Results – Mental Health (627.8) file, AXIS 5 field fills the PTF (45) file, AXIS-V HIGH LEVEL FUNCTIONAL ASSESSMENT field

Variable Name: **BEDCDR**

Definition: Cost Distribution Report (CDR) code for the bedsection

Remarks: This code may be used in conjunction with the CDR to produce a daily cost of the bed. This cost is an averaged calculation that is based on the actual expenditures of a bedsection for that month. Elements that are used to average this cost include salaries, supplies and contracts. This cost does not cover procedural treatments. CDRs are not used for Community Nursing Homes. Links to resources about the CDR can be found at the [Health Economics Resource Center Intranet Web site](#). **BEDCDR** can assume the values shown in [Appendix A](#) on page 152.

Data Type	Numeric
Print Format	None
Label	BED SECTION CDR CODE
Datasets / Fiscal Years	Bed Section / 1991 – To Date
VistA Data Source	PTF (45) file, LOSING BED SECTION CDR field

Variable Name: **BEDSECN**

Definition: Specialty code of the physician who manages the patient's care during all or a portion of the inpatient stay

Remarks: This is not the physical location of the bed. Space constraints may cause a patient to reside in a bedsection not applicable to their treatment. Extended Care datasets have only four categories available: Domiciliary, Domiciliary Substance Abuse, Nursing Home, and Respite. Non-VHA facilities have only three categories available: Medicine, Surgery, and Psychiatry. **BEDSECN** can assume the values shown in [Appendix A](#) on page 156.

Data Type	Numeric
Print Format	BEDSECN.
Label	BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date Procedure / 1988 – To Date
VistA Data Source	PTF (45) file, DISCHARGE BED SECTION field

Variable Name: **BORNDAY**

Definition: Date of patient's birth

Remarks: During data collection, if the day or month is unknown, then "00" is entered. These values are then converted to "01" to allow for storage as a valid SAS date. If the year of birth is unknown, then an estimated value is entered. (See [VHA Manual \[MP-6\], "Automatic Data Processing," Part XVI, "Patient Treatment File Coding Instructions," Supplement 4.1, 301.02.j\(3\).](#)) From 1976 to 1998, the format was DATE7.

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DATE OF BIRTH (SASDATE)
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, DATE OF BIRTH field

Variable Name: **BORNYEAR**

Definition: The 4-digit year of birth of the patient

Remarks: If the year of birth is unknown, then an estimated value is entered during data collection. (See variable [BORNDAY](#) Remarks.)

Data Type	Numeric
Print Format	None
Label	YEAR OF BIRTH
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, DATE OF BIRTH field

Variable Name: **BOS**

Definition: Bed occupancy status at discharge

Remarks: This code indicates if the patient was actually occupying a bed at the time of discharge from an inpatient stay.

Data Type	Numeric
Print Format	BOSL.
Label	BED OCCUPANCY STATUS AT DISCHARGE
Datasets / Fiscal Years	Main / 1987 – To Date
VistA Data Source	PTF (45) file, DISCHARGE STATUS field

BOS can assume the following values:

Value	Description
1	Bed occupied
2	On Pass status
3	On Leave status
4	Absent Sick In Hospital (ASIH)

Variable Name: **BSINDAY**

Definition: Date that the patient was admitted to the bedsection

Remarks:

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DAY ADMITTED TO BEDSECT (SASDATE)
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	PTF (45) file, DATE OF MOVEMENT field

Variable Name: **BSOUTDAY**

Definition: Date that the patient was discharged from the bedsection

Remarks:

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DATE TRANSFERRED FROM BEDSECT (SASDATE)
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	PTF (45) file, DATE OF PHYSICAL MOVEMENT field

Variable Name: **BSOUTIME**

Definition: Time of transfer out of the bedsection

Remarks: Time is recorded as Military Time (i.e., using the 24-hour clock) with “hhmm” format. Thus, 11:32 A.M. is recorded as “1132”, and 11:32 P.M. is recorded as “2332”.

Data Type	Numeric
Print Format	None
Label	TIME TRANSFERRED FROM BEDSECT
Datasets / Fiscal Years	Bed Section / 1991 – To Date
VistA Data Source	PTF (45) file, DATE/TIME field. Note: DATE/TIME is used for admissions and discharges. The TRANSACTION FILE 405 is used to distinguish discharges from transfers.

Variable Name: **BSSQ**

Definition: Sequential number of the record (SAS observation) with bedsection information for the inpatient stay

Remarks: The bedsection records are stored in the chronological sequencing order by which they occurred. If the patient had a stay in three different bed sections, then the variable values would be 1, 2, and 3, respectively.

Data Type	Numeric
Print Format	None
Label	SEQUENTIAL NUMBER OF BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	Not Applicable

Variable Name: **BSTA6A**

Definition: Substation identifier of the bedsection

Remarks: These are sub-codes added to the station number to identify a substation as a branch, domiciliary, nursing home, community nursing home, or non-VA facility of the VAMC facility. **BSTA6A** can assume the values of the variable [STA6A](#).

Data Type	Character
Print Format	\$STA6AL.
Label	SUBSTATION OF BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	PTF (45) file, FACILITY NUMBER field

Variable Name: **COMBAT**

Definition: Combat veteran eligibility indicator

Remarks: This variable indicates whether or not a veteran was a “combat veteran” during his/her time in the service, as defined in [Title 38, U.S. Code, Section 1710\(e\)\(1\)\(D\)](#)—that is, whether the veteran served on active duty in a theater of combat operations during a period of war, after the Gulf War or in combat against a hostile force during a period of “hostilities” after November 11, 1998. Note that it does *not* indicate whether or not a veteran was ever actually in immediate physical danger due to battle (see [VHA Directive 2002-049](#), Combat Veterans are Eligible for Medical Services for 2-years After Separation from Military Service Notwithstanding Lack of Evidence for Service Connection).

In 2002, Congress mandated that all combat veterans are eligible for up to two years of medical care from the VA immediately after they are discharged from their service. There is no co-pay or means-test required, nor is proof needed that any illness is related to military service. National Guard and Army Reserve personnel who fulfill the criteria are also eligible.

This variable has been populated since June 10, 2004. For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Character
Print Format	\$XXYN.
Label	PATIENT COMBAT ELIGIBILITY INDICATOR
Datasets / Fiscal Years	Main / FY2004 – To Date
VistA Data Source	PTF File #45 Combat Veteran Field #79.31 (Potentially related to Combat)

COMBAT can assume the following values:

Value	Description
0	Not a combat veteran
1	Combat veteran

Variable Name: **COMBAT_CARE**

Definition: Indicates that health care provided during admission was primarily related to an injury or illness related to service in a combat zone

Remarks: This variable has been populated since June 10, 2004. For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Character
SAS Format	\$YESNO.
Label	CARE RELATED TO COMBAT SERVICE CONDITION
Datasets/Fiscal Years	Main / 2004 – To Date
VistA Data Source	PTF File #45 Combat Veteran Field #79.31 (Potentially related to Combat)

COMBAT_CARE can assume the following values:

Value	Description
Y	Encounter related to combat vet status
N	Encounter not related to combat vet status

Variable Name: **COMBAT_DT**

Definition: Last day of patient combat eligibility

Remarks: Combat veterans identified by **COMBAT** (Combat veteran eligibility indicator) are eligible for up to two years of free treatment, regardless of other eligibility. This variable indicates the date that this eligibility expires. If **COMBAT** is missing or equals "0", this variable is set to missing. The variable has been populated since June 10, 2004. On September 11, 2002, the VHA Under Secretary for Health issued directive, "Combat Veterans are Eligible for Medical Services for 2-Years after Separation from Military Service Notwithstanding Lack of Evidence for Service Connection."¹ The directive states that "veterans who served in combat operations during a period of war after the Gulf War, or in combat against a hostile force after November 11, 1998, must be provided hospital care, medical services and nursing home care for any illness for a 2-year period following separation from military service." (VHA-Directive 2002-049)

Data Type	Numeric
Print Format	DATE9.
Label	PATIENT COMBAT ELIGIBILITY END DATE
Datasets / Fiscal Years	Main / FY2004 – To Date
VistA Data Source	PTF File #45 Combat Veteran Field #79.31

¹ See http://www1.va.gov/enviroagents/docs/VHADirective2002-049_Sept_11_2002.pdf

Variable Name: **CP**

Definition: Compensation and Pension status

Remarks: This variable indicates to what extent the condition being treated relates to a service-connected condition and / or disability. The primary diagnosis of the episode is the first determinant of this graded variable, with treatment for service-connected (SC) conditions taking highest precedence. Among those patients being treated for a non-service-connected condition, the grade levels are highest for patients who also have a SC condition, then VA pension recipients, and lowest are non-service-connected, non-pension veterans. In the final category are non-veterans. For frequency counts of the values for this variable, see [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	CPL.
Label	COMPENSATION & PENSION STATUS
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, C&P STATUS field

CP can assume the following values:

Value	Description
1	Treated for compensable SC condition (rated 10 percent or more). (Use even if veteran is receiving a VA pension.)
2	Treated for a non-compensable SC condition (rated less than 10 percent). (Use even if veteran is receiving a VA pension.)
3	Treated for a NSC condition and has a compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
4	Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
5	Treated for NSC condition, no SC disability and is in receipt of a VA pension.
6	Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.
7	Treated for NSC condition, no SC disability and is not in receipt of a VA pension.
8	Non-veteran

Variable Name: **DBEDSECT**

Definition: Bedsection at discharge

Remarks: This code indicates the treating service of the physician rather than the physical location of the bed, e.g., space constraints may cause a patient to reside in a bedsection not applicable to his treatment. Extended care files have only 4 categories available (Domiciliary, Domiciliary Substance Abuse, Nursing Home, and Respite); likewise, Non-VAH facilities have only 3 categories available (Medicine, Surgery, and Psychiatry). **DBEDSECT** can assume the values of **BEDSECN** shown in [Appendix A](#) on page 156.

Data Type	Numeric
Print Format	BEDSECN.
Label	BED SECTION AT DISCHARGE
Datasets / Fiscal Years	Main / 1984 – To Date
VistA Data Source	PTF Movement (405) file, DISCHARGE SPECIALTY field

Variable Name: **DIALTYP**

Definition: Type of dialysis treatment

Remarks: These are the values for type of dialysis treatment. Patients receiving routine maintenance dialysis are considered outpatients and are not reported here. When a patient has received multiple types of dialysis, the procedure segment is not a report of the date of treatment, but rather a report of the number of times that type of dialysis treatment was provided during the episode of care. The date and time of the procedure are from the last time the treatment was provided during the episode.

Data Type	Numeric
Print Format	DIAL.
Label	DIALYSIS TYPE
Datasets / Fiscal Years	Procedure / 1988 – To Date
VistA Data Source	PTF (45) file, DIALYSIS TYPE field, reference file PTF TYPE OF DIALYSIS (45.4) file

DIALTYP can take on the following values:

Value	Description
1	Acute hemodialysis treatment
2	Chronic assisted (full care) hemodialysis treatment
3	Limited / self care hemodialysis treatment
4	Acute peritoneal dialysis treatment
5	Chronic assisted (full care) peritoneal dialysis treatment
6	Limited / self care peritoneal dialysis treatment
7	Home hemodialysis training treatment
8	Home peritoneal dialysis treatment

Variable Name: **DISDAY**

Definition: Date of discharge for the entire inpatient stay

Remarks: In VA nursing homes, a discharge is made if a patient is absent from the nursing home due to hospitalization ([ASIH](#)) for 30 days. In Community Nursing Homes, the discharge is after 15 ASIH days. In non-VA cases, the discharge date refers to the date when the VA no longer assumes responsibility for the care. A patient whose absence is unauthorized is discharged as of midnight on the day he or she leaves, with some exceptions listed in [VHA Operations Manual \(M-1\), Part 1, "Medical Administration Activities," Chapter 10, "Absences."](#) If exceptions are not located within 30 days, a discharge is made. If the client is discharged to a different level of care, e.g., from acute care to nursing home care, the inpatient discharge is recorded and an admission is made for the different level of care.

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DATE OF DISCHARGE
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date Procedure / 1988 – To Date Surgery / 1984 – To Date
VistA Data Source	PTF (45) File, DATE OF DISPOSITION field

Variable Name: **DISMO**

Definition: Month of discharge

Remarks: This variable is computed from [DISDAY](#) (Date of discharge for the entire inpatient stay).

Data Type	Numeric
Print Format	MONTHL.
Label	MONTH OF DISCHARGE
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Not Applicable

DISMO can take on the following values:

Value	Description
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

Variable Name: **DISTIME**

Definition: Time of discharge

Remarks: Time is recorded as Military Time (i.e., using the 24-hour clock) with “hhmm” format. Thus, 11:32 A.M. is recorded as “1132”, and 11:32 P.M. is recorded as “2332”.

Data Type	Numeric
Print Format	None
Label	TIME OF DISCHARGE
Datasets / Fiscal Years	Main / 1991 – To Date Bed Section / 1991 – To Date Procedure / 1991 – To Date Surgery / 1991 – To Date
VistA Data Source	PTF (45) file, DATE OF DISPOSITION field

Variable Name: **DISTO**

Definition: Type of location to which patient was discharged

Remarks: Types of discharge location include various community settings, another VA hospital, or various long-term care facilities. **DISTO** can assume the values shown in [Appendix A](#), page 159. For frequency counts of the values for this variable, see [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	DISTOL.
Label	DISCHARGE TO:
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, PLACE OF DISPOSITION field, Reference file – Place of Disposition (45.6)

Variable Name: **DISTYPE**

Definition: Type of discharge

Remarks: For frequency counts of the values for this variable, see [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	DISTYPEL.
Label	TYPE OF DISCHARGE
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date Procedure / 1988 – To Date Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, TYPE OF DISPOSITION field

DISTYPE can take on the following values:

Value	Description
1	Regular
2	Discharge, usually of committed patients, for a minimum of 30 days to determine the patient's ability to make a satisfactory adjustment outside the medical center
3	Discharge of a community nursing home patient due to expiration of a 6-month limitation for stay
4	Irregular
5	Transfer (to another VA medical center or another hospital under VA auspices)
6	Death, with autopsy
7	Death, without autopsy

Variable Name: **DISYR**

Definition: Two-digit calendar year of discharge for the entire episode of care

Remarks: Computed from the variable [DISDAY](#) (Date of discharge for the entire inpatient stay). The current transmission policy for inpatient records is upon admission, discharge, or transfer. Discharge dates are not available until the record is closed out.

Data Type	Numeric
Print Format	None
Label	YEAR OF DISCHARGE
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Not Applicable

Variable Name: **DOD**

Definition: Date of death

Remarks: This variable reflects the date of death occurring during an inpatient stay. The format was DATE7. from 1992 to 1997.

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DATE OF DEATH
Datasets / Fiscal Years	Main / 1992 – To Date
VistA Data Source	PTF (45) file, DATE OF DISPOSITION and TYPE OF DISPOSITION fields

Variable Name: **DRG**

Definition: Diagnosis Related Group

Remarks: DRG is calculated from the principal diagnoses ([DXPRIME](#)) and procedures. Information on how the VA assigns DRGs can be found in the [VHA Operations Manual \(M-1\), Part 1, “Medical Administration Activities,” Chapter 7, “Patient Data and Quality Control.”](#)

The DRG classification is updated annually by the Centers for Medicare and Medicaid Services (CMS). CMS also annually updates their DRG weight, which is a corresponding relative value unit (RVU) for each of the DRGs. Contact [HERC](#) for more information about the DRG weights.

DRGG (“Diagnostic Related Group [Ann Arbor]”) is the previous name of the variable. **DRG** can assume the values shown in [Appendix A](#) on page 160. For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	DRGSHORT.
Label	DIAGNOSTIC RELATED GROUP (AUSTIN)
Datasets / Fiscal Years	Main / 1986 – To Date
VistA Data Source	None

Variable Name: **DRGB**

Definition: DRG for the bedsection

Remarks: See [DRG](#) (Diagnosis Related Group) for more information.
DRGB was previously called DRGG (“Diagnostic Related Group [Ann Arbor]”).

Data Type	Numeric
Print Format	DRGSHORT.
Label	DRG FOR BED SECTION
Datasets / Fiscal Years	Bed Section / 1986 – To Date
VistA Data Source	None

Variable Name: **DRUGB**

Definition: Specific drug with which the patient has a substance abuse problem

Remarks:

Data Type	Character
Print Format	\$DRUG.
Label	SUBSTANCE ABUSE
Datasets / Fiscal Years	Bed Section / 1992 – To Date
VistA Data Source	PTF (45) file, DRUG field

DRUGB can assume the following values:

Value	Description
A001	Heroin
A002	Methadone
A003	Morphine
A004	Opium
A005	Other Opiates
A006	Benzodiazepines
A007	Meprobamate
A008	Barbiturates
A009	Other Sedatives or Hypnotics
A010	Marijuana or Other Cannabis
A011	Amphetamines
A012	Other Psychostimulants
A013	Lysergic Acid Diethylamide (LSD)
A014	Phencyclidine (PCP)
A015	Other Hallucinogens
A016	Tobacco
A017	Miscellaneous Specified Drug
A018	Not Elsewhere Classified

Variable Name: **DXB2 – DXB5**

Definition: Secondary ICD-9-CM diagnostic codes that apply to the bedsection stay

Remarks:

Data Type	Character
Print Format	None
Label	2 nd – 5 th DX – BED SECTION (ICD9) (6-DIGIT)
Datasets / Fiscal Years	Bed Section / 1987 – To Date
VistA Data Source	PTF (45) file, DIAGNOSIS 2-5 fields

Variable Name: **DXF2 – DXF13**

Definition: Secondary ICD-9-CM diagnostic codes for full hospital stay

Remarks: These ICD-9-CM diagnoses apply to the full hospital stay. They include all other diagnoses treated, observed, or known diagnoses that impact upon the patient’s length of stay during the episode of care. From FY1970 to FY1980, ICD-8 diagnostic codes were used. The number of diagnostic codes in the dataset increased from 5 to 10 in FY1984 and increased to 13 in FY2006. For psychiatric patients, diagnosing is based upon DSM-III-R criteria, translated to ICD-9-CM coding for entry into the dataset (see [VHA Operations Manual \[M-1\], Part I, Chapter 7, “Patient Data and Quality Control”, Paragraph 7.08e](#)). An admitting diagnosis variable was in the dataset from FY1984 to FY1986 as well.

Guidelines to clinicians and administrative personnel on making and reporting these diagnoses are given in [M-1, Part 1, Chapter 7](#) of the VHA Operations Manual. Coders are to use only those diagnoses listed on the discharge (or transfer) summary. “Suspected” conditions at discharge are coded as if the condition existed.

Data Type	Character
Print Format	None
Label	2 ND –13 TH DX – FULL STAY (ICD9) (6-DIGIT)
Datasets / Fiscal Years	Main / 1987 – To Date
VistA Data Source	PTF (45) file, DIAGNOSIS 2-10 fields

Variable Name: **DXLSB**

Definition: Primary ICD-9-CM diagnostic code responsible for the bed section diagnosis

Remarks: See [DXF2 - DXF13](#) for more information.

Data Type	Character
Print Format	None
Label	PRIMARY DX LOS – BED SECTION (ICD9) (6-DIGIT)
Datasets / Fiscal Years	Bed Section / 1987 – To Date
VistA Data Source	PTF (45) file, DIAGNOSIS 1 field

Variable Name: **DXLSF**

Definition: Primary ICD-9-CM diagnostic code responsible for the patient's full length of stay in the hospital

Remarks: This is the "primary" diagnosis, rather than the "principal" diagnosis (the diagnosis determined to be the reason for admission) used in many other facilities (for a domiciliary, it is the diagnosis of "greatest clinical significance"). Until FY1981, ICD-8-A was used, and only the first four digits were defined except in special cases. Until FY1986, admitting diagnosis, DXAFULL, was also in the datasets. It was eliminated since it was usually identical to primary diagnosis at discharge. In FY1997, the admitting diagnosis was reestablished as [DXPRIME](#). Currently, DRG codes (see [DRG](#)) are based on [DXPRIME](#). This is consistent with coding recommended by the Department of Health and Human Services (DHHS) through its dataset subcommittee definitions.

Data Type	Character
Print Format	None
Label	PRIMARY DX LOS – FULL STAY (ICD9) (6-DIGIT)
Datasets / Fiscal Years	Main / 1987 – To Date Bed Section / 1987 – To Date Procedure / 1988 – To Date Surgery / 1987 – To Date
VistA Data Source	PTF (45) file, DXLS field

Variable Name: **DXPRIME**

Definition: Principal admitting ICD-9-CM diagnostic code

Remarks: The principal diagnosis is defined by the Department of Health and Human Services to be the condition after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. This variable should not be confused with the variable [DXLSF](#) (ICD-9-CM diagnostic code responsible for the major part of the patient's full length of stay in the hospital). Currently, DRG codes for episode of care are based on **DXPRIME**.

Data Type	Character
Print Format	None
Label	PRIMARY DIAGNOSIS
Datasets / Fiscal Years	Main / 1997 – To Date Bed Section / 1997 – To Date Procedure / 1997 – To Date Surgery / 1997 – To Date
VistA Data Source	PTF (45) file, ONLY DX field

Variable Name: **ENVCARE**

Definition: Indication of whether the patient was exposed to environmental contaminants

Remarks: For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Character
Print Format	\$YESNO.
Label	ENVIRONMENTAL CARE
Datasets / Fiscal Years	Main / 1992 – To Date Bed Section / 1994 – To Date
VistA Data Source	PTF (45) file, EXPOSED TO ENVIRONMENTAL CONTAMINANTS field

ENVCARE can assume the following values:

Value	Description
N	No
Y	Yes

Variable Name: **ETHNIC**

Definition: Ethnicity with collection method

Remarks: Beginning with FY2003, the VHA Medical SAS Inpatient Main Dataset includes a variable that identifies the Hispanic ethnicity of the patient collected in VistA in response to the U.S. Office of Management and Budget's revision of Statistical Policy Directive No. 15, [Race and Ethnic Standards for Federal Statistics and Administrative Reporting](#). The variable is coded to indicate ethnicity as well as the means of data collection (e.g., Hispanic or Latino-Observer; non-Hispanic or Latino-Observer). **ETHNIC** can assume the values shown in [Appendix A](#) on page 174. For frequency counts of the values for this variable, see the accompanying [VIReC Research User Guide: Select Variable Frequencies from the FY2006 VHA Medical SAS Datasets](#).

Data Type	CHARACTER
Print Format	\$ETHNIC.
Label	ETHNICITY WITH COLLECTION METHOD
Datasets / Fiscal Years	Main / 2003 – To Date
VistA Data Source	Patient Information Sub-file (# 2.02) ETHNICITY INFORMATION field and METHOD OF COLLECTION field

Variable Name: **FYDIS**

Definition: Two-digit fiscal year of the discharge derived from the variable [DISDAY](#) (Date of discharge for the entire inpatient stay)

Remarks:

Data Type	Numeric
Print Format	None
Label	FISCAL YEAR DISCHARGED
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Derived from PTF (45) file, DATE OF DISPOSITION field

Variable Name: **HOMECONTY**

Definition: County of patient's residence

Remarks: This is the state and county code (or equivalent) for the patient's home residence. Based on the Federal Information Processing Standards (FIPS) code, this variable contains state code in the first two columns and county code, within the state, in the last three columns. If the patient resides in a domiciliary, that stay is considered the permanent residence for coding. State and county codes are available from the Census Bureau. For more information on the FIPS and a link to a complete list of county FIPS codes, go to <http://www.census.gov/geo/www/fips/fips.html>.

Data Type	Numeric
Print Format	COUNTYL.
Label	COUNTY OF RESIDENCE
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Reference file: STATE (5)

Variable Name: **HOMEPSA**

Definition: VHA Medical center that identifies the patient's home residence

Remarks: This variable is considered antiquated, and it should not be used. Rather, it has been recommended that primary service area be identified with the preferred facility indicator in the Enrollment Database, and market areas be identified using the Planning System Support Group's Distributed Population Planning Base model. **HOMEPSA** can assume the values of [STA3N](#), which can be found in [Appendix A](#) on page186.

Data Type	Numeric
Print Format	STA3NL.
Label	HOME PRIM. SVC AREA
Datasets / Fiscal Years	Main / 1980 – To Date
VistA Data Source	Station Number (389.9) file, STATION NUMBER field

Variable Name: **HOMEVISN**

Definition: Veterans Integrated Service Network (VISN) associated with the veteran's home residence

Remarks: For the values **HOMEVISN** can assume, see [VISN](#) (Veterans Integrated Service Network where the hospital episode of care occurred). For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	None
Label	VISN OF RESIDENCE
Datasets / Fiscal Years	Main / 1995 – To Date
VistA Data Source	Not applicable

Variable Name: **HOMSTATE**

Definition: State associated with the veteran's home residence

Remarks: **HOMSTATE** can assume the values shown in [Appendix A](#) on page 175. For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	STATEL.
Label	STATE OF RESIDENCE
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, STATE field

Variable Name: **INCOME**

Definition: Adjusted individual annual income

Remarks: **INCOME** is a calculation of all reported income minus any deductions for medical expenses. Medical expenses are those actually paid for by the eligible veteran and include fees of physicians, dentists, and other providers of health services; hospital and nursing home fees; medical insurance premiums (including the Medicare premium); drugs and medicines; eyeglasses; and any other expenses that are reasonably related to medical care.

Individual income is part of the household income on which the Means Test is based and includes Social Security (except disability), U.S. Civil Service, U.S. Railroad Retirement, Military Retirement, other Retirement monies, Unemployment Compensation, Employment Income, Interest, Dividends & Annuities, Workers Comp or Black Lung.

Data Type	Numeric
Print Format	COMMA6.
Label	INCOME
Datasets / Fiscal Years	Main / 1992 – To Date
VistA Data Source	Individual Annual Income (408.21)

Variable Name: **IRDCARE**

Definition: Indication of whether the patient received radiation treatment while in this bedsection

Remarks: For frequency counts of the values for this variable see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Character
Print Format	\$YESNO.
Label	RADIATION CARE
Datasets / Fiscal Years	Main / 1994 – To Date Bed Section / 1994 – To Date
VistA Data Source	PTF (45) file, TREATED FOR IR CONDITION

IRDCARE can assume the following values:

Value	Description
Y	Yes
N	No

Variable Name: **LEGIONB**

Definition: Indication of whether the patient was treated for Legionnaire's Disease while in this bedsection

Remarks: This variable is carried only at the bedsection level.

Data Type	Numeric
Print Format	YESNO.
Label	LEGIONNAIRES DISEASE
Datasets / Fiscal Years	Bed Section / 1992 – To Date
VistA Data Source	PTF (45) file, LEGIONNAIRES DISEASE field

LEGIONB can assume the following values:

Value	Description
1	Yes
2	No

Variable Name: **LS**

Definition: Number of bed days for the entire episode of care

Remarks: In 2006, a new calculation was determined for the variable **LS**. **PASS** is now subtracted from the length of stay days. The variable is now calculated as $[(\text{DISDAY} - \text{ADMITDAY}) - (\text{ABO} + \text{PASS}) - \text{ASIH}]$ but is given a minimum value of 1. This means that the patients who are admitted and discharged on the same day have the same value in **LS** as those who stay overnight in hospital. To avoid this problem, a user may want to construct a length of stay variable using the formula shown above. **DISDAY** is “Date of discharge for the entire inpatient stay,” **ADMITDAY** is “Date of admission of the inpatient stay,” **ABO** is “Number of days on pass logged during an inpatient stay,” and **PASS** is “Number of days on pass during entire stay”. The Extended Care and non-VA dataset calculations subtract the **ASIH** (Absent Sick in Hospital) days in the **LS** calculation as well.

Data Type	Numeric
Print Format	None
Label	LENGTH OF STAY
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date
VistA Data Source	Not applicable

Variable Name: **LSB**

Definition: Number of bed days for the bedsection of care

Remarks: Like the [LS](#) variable, LSB is constrained to have a minimum of 1. Because of this constraint, [LS](#) does not equal the sum of a patient's LSB records in a small number of the cases.

Data Type	Numeric
Print Format	None
Label	LENGTH OF STAY IN BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	Not applicable

Variable Name: **LSBR**

Definition: Categorical recoding of the **LSB** (Number of bed days for the bedsection of care) variable into 16 groupings

Remarks:

Data Type	Numeric
Print Format	LSRL.
Label	RECODED LENGTH OF STAY IN BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date
Previous Names	None
VistA Data Source	Not applicable

LSBR can assume the following values:

Value	Description
1	0 days
2	1 day
3	2 – 3 days
4	4 – 7 days
5	8 – 14 days
6	15 – 21 days
7	22 – 30 days
8	31 – 60 days
9	61 – 90 days
10	91 – 180 days
11	181 – 270 days
12	271 – 365 days
13	336 – 730 days
14	731 – 1825 days
15	1826 – 3650 days
16	3651 or more days

Variable Name: **LSR**

Definition: Categorical recoding of the [LS](#) (Number of bed days for the entire episode of care) variable into 16 groupings

Remarks: **LSR** can assume the values of [LSBR](#) [Categorical recoding of the [LSB](#) (Number of bed days for the bedsection of care) variable into 16 groupings]. For frequency counts of the values for this variable, see [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	LSRL.
Label	LENGTH OF STAY GROUP
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date
VistA Data Source	Not applicable

Variable Name: **LVB**

Definition: Number of days on leave from the bedsection

Remarks: A leave of absence from the hospital is an absence of more than 96 hours but not exceeding 14 days or any period of unauthorized absence. (A pass is defined as an authorized absence from the hospital of 96 hours or less.) A period of authorized absence for nursing home care or domiciliary patients may not exceed 30 days. For more information, see [VHA Operations Manual \(M-1\), Part I, "Medical Administration Activities," Chapter 10, "Absences."](#)

Data Type	Numeric
Print Format	None
Label	LEAVE DAYS IN BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	PTF (45) file, LEAVE DAYS field

Variable Name: **MDC**

Definition: Major diagnostic category of [DRG](#)

Remarks: The name of this variable was MDCG from 1982 to 1985. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	MDCL.
Label	MAJOR DIAGNOSTIC CATEGORY (AUSTIN)
Datasets / Fiscal Years	Main / 1982 – To Date
VistA Data Source	Major Diagnostic Category (80.3) file, NAME field

MDC can assume the following values:

Value	Description
1	Nervous system
2	Eye
3	Ear, nose & throat
4	Respiratory
5	Circulatory
6	Digestive
7	Liver & pancreas
8	Muscle, bone & connect
9	Skin, subcut & breast
10	Endocrine & metabolic
11	Kidney & urinary
12	Male reproductive
13	Female reproductive
14	Pregnancy
15	Newborn
16	Blood & related
17	Myeloproliferative
18	Infectious¶sit
19	Mental
20	Drugs
21	Injuries & toxic
22	Burns
23	Health visit
24	Multi sig. Trauma
25	HIV infections

Variable Name: **MDCB**

Definition: Major diagnostic category of the bedsection [DRG](#)

Remarks: For the values **MDCB** can assume, see [MDC](#).

Data Type	Numeric
Print Format	MDCL.
Label	MDC FOR BED SECTION
Datasets / Fiscal Years	Bed Section / 1986 – To Date
VistA Data Source	Major Diagnostic Category (80.3) file, NAME field

Variable Name: **MEANS**

Definition: Means Test Indicator code

Remarks: The Means Test Indicator is used in determining a patient's eligibility to receive care. The assigned value, which reflects veteran status and percent service-connected eligibility, indicates the necessity of a Means Test.

Veterans classified as having 10 percent or more service-connected disability, former POWs, WWI veterans, and veterans without service-connected disability who are receiving a VA pension are eligible for mandatory care. They are not required to complete a Means Test. All other veteran patients (namely the non-service connected veterans) are required to complete an annual financial Means Test to determine a financial status against the VA thresholds that are established January 1st of each year (See [VHA Directive 2004-026](#)). Veterans with household income below the current year's applicable Means Test threshold are considered Category A. Those with household income above the threshold are considered Category C.

Beginning in FY2003, patient records without a valid MEANS Test are coded with a "U" value. (See [VHA Directive 2003-026](#), "Disabling the Means Test And/Or Appointment Blocking Functionality."). The SAS print format was changed from "\$MEANSL." to "\$MEANSG." in FY2003 to reflect these changes.

MEANS can assume values shown in [Appendix A](#) on page 177. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS[®] Datasets](#).

Data Type	Character
Print Format	\$MEANSG. (For years prior to FY2003, use \$MEANSL.)
Label	MEANS TEST INDICATOR
Datasets / Fiscal Years	Main / 1987– To Date
VistA Data Source	PTF (45) file, MEANS TEST INDICATOR field

Variable Name: **MS**

Definition: Patient's marital status

Remarks: Marital status is elicited from each patient when he or she first applies for medical care. This information is stored within the VistA Patient file and not in the VistA PTF file. As such it may be updated through outpatient encounters. We found that ambulatory care staff does make changes to the patient record regarding this variable. In a comparison between the CFD outpatient data and a patient survey, there was an 82.7% agreement.¹⁹ For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Character
Print Format	\$MSL.
Label	MARITAL STATUS
Datasets / Fiscal Years	Main / 1970– To Date
VistA Data Source	Patient (2) file, MARITAL STATUS field

MS can assume the following values:

Value	Description
D	Divorced
M	Married
N	Never Married
S	Separated
U	Unknown
W	Widowed

Variable Name: **NBS**

Definition: Number of bed sections in the Bed Section dataset for this discharge

Remarks: This variable represents the number of transfer segments plus one, the initial bedsection.

Data Type	Numeric
Print Format	None
Label	NUMBER OF BED SECTIONS
Datasets / Fiscal Years	Main / 1984 – To Date
VistA Data Source	Not applicable

Variable Name: **NCODES**

Definition: Number of ICD-9-CM procedure codes within the record

Remarks: This number (a value of between 1 and 5) indicates how many of the procedure variables ([PROCDE1-PROCDE5](#)) are populated in this record. Only up to 5 procedure codes can be recorded in the Procedure dataset at one date and time, but up to 32 procedures can be recorded for a patient's entire duration of stay.

Data Type	Numeric
Print Format	None
Label	NUMBER OF PROCEDURE CODES THIS SEGMENT
Datasets / Fiscal Years	Procedure / 1988- To Date
VistA Data Source	Not applicable

Variable Name: **NDXB**

Definition: Number of ICD-9-CM diagnoses codes in the Bed Section dataset record

Remarks: This number (a value of between 1 and 5) indicates how many of the Bed Section diagnosis variables ([DXPRIME](#), [DXB2–DXB5](#)) are populated.

Data Type	Numeric
Print Format	None
Label	NO. OF DIAGNOSES – BED SECTION
Datasets / Fiscal Years	Bed Section / 1987– To Date
VistA Data Source	Not applicable

Variable Name: **NDXM**

Definition: Number of ICD-9-CM diagnoses codes in a Main dataset record

Remarks: This number (a value of between 1 and 10) indicates how many of the diagnosis variables ([DXPRIME](#), [DXF2-DXF10](#)) are populated for a patient's inpatient stay in the Main dataset. The previous name of **NDXM** was NDX (Number of diagnostic segments).

Data Type	Numeric
Print Format	None
Label	NO. OF DIAGNOSES – MASTER FILE
Datasets / Fiscal Years	Main / 1987– To Date
VistA Data Source	Not applicable

Variable Name: **NPROC**

Definition: Number of records (or segments) in the Procedure dataset associated with the patient's entire length of stay

Remarks: This variable represents the total number of procedure records that exist for this inpatient admission and NOT the number of procedures coded in a particular record. Each record (also referred to as a "segment") in the Procedure Dataset can contain up to 5 procedure codes.

Data Type	Numeric
Print Format	None
Label	NUMBER OF PROCEDURE SEGMENTS
Datasets / Fiscal Years	Main / 1989 – To Date Bed Section / 1991 – To Date Procedure / 1988 – To Date
VistA Data Source	Not applicable

Variable Name: **NSURG**

Definition: Number of records (or segments) in the Surgery dataset associated with the patient's entire length of stay

Remarks: This is not a count of the number of surgeries, as implied by the label. Rather, this is a count of the number of records in the Surgery Dataset with information about the surgery or surgeries performed during the patient's inpatient stay. Each Surgery Dataset record (also referred to as a "segment") can include up to five surgeries.

Data Type	Numeric
Print Format	None
Label	NUMBER OF SURGICAL OPERATIONS
Datasets / Fiscal Years	Main / 1984 – To Date Bed Section / 1984 – To Date Surgery / 1984 – To Date
VistA Data Source	Not applicable

Variable Name: **NTREAT**

Definition: Number of dialysis treatments of a given type

Remarks: This is not necessarily the number of dialysis treatments, as indicated by the Label. Rather, this is a count of the number of dialysis treatments of a given type (see [DIALTYP](#)) performed during the inpatient stay. If more than one treatment of a given type of dialysis was done, the date of the procedure (see [PROCDA Y](#)) is the date of the last dialysis procedure of the given type.

Data Type	Numeric
Print Format	None
Label	NUMBER OF DIALYSIS TREATMENTS
Datasets / Fiscal Years	Procedure / 1988 – To Date
VistA Data Source	PTF (45) file, NUMBER OF TREATMENTS field

Variable Name: **NVASURG**

Definition: Source of payment for surgery in non-VA facility

Remarks: This is the source of payment for surgery performed in a non-VA facility, whether performed by VA or non-VA surgeons. Coding documentation references the Code of Federal Regulations (CFR) for the definitions of contract and sharing agreements.

Data Type	Numeric
Print Format	NVASURGL.
Label	NON-VA SURGERY
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, SOURCE OF PAYMENT field

NVASURG can assume the following values:

Value	Description
1	Contract, public, and private hospitals (see 38 CFR 17.50b)
2	Sharing agreement (see 38 CFR 17.50e)
3	Contract, military, and Federal agencies (see 38 CFR 17.50 and 17.50a), when period of service codes are A through L (see PSX)
4	Paid unauthorized services (see 38 CFR 17.80)

Variable Name: **NXFER**

Definition: Number of records in Bed Section Dataset with bedsection stay information

Remarks: This is a count of records in the Bed Section Dataset with information about the patient's stay in the bedsection as the result of a transfer. A "transfer" is a change from one bedsection to another or from or to a specialized unit, made for a change in patient care requirements, where the stay is a minimum of 24 hours. Moving to a different section due to bed availability would not generate a transfer record.

Data Type	Numeric
Print Format	None
Label	NUMBER OF TRANSFER SEGMENTS
Datasets / Fiscal Years	Main / 1991 – To Date Bed Section / 1991 – To Date
VistA Data Source	Not Applicable

Variable Name: **OPT**

Definition: Indicator that the discharge is to outpatient treatment

Remarks: This variable indicates whether or not the patient is being referred for outpatient follow-up treatment after an inpatient stay. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	OPTL.
Label	DISCHARGE TO OUTPATIENT?
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, OUTPATIENT TREATMENT field

OPT can assume the following values:

Value	Description
1	Yes
2	Due to service-connected disability, patient is automatically eligible for outpatient care (not simply as follow-up from this inpatient stay)
3	No

Variable Name: **PASS**

Definition: Number of days on pass during entire stay

Remarks: This is the total number of days on pass during the inpatient stay. A pass is an absence of less than 96 hours; the bed remains reserved for the patient's return. **PASS** is now subtracted from the length of stay days.

Data Type	Numeric
Print Format	None
Label	DAYS ON PASS – ALL BED SECTIONS
Datasets / Fiscal Years	Main / 1984 – To Date
VistA Data Source	PTF (45) file, PASS DAYS field

Variable Name: **PASSB**

Definition: Number of days on pass during bedsection stay

Remarks: This is the total number of days on pass during the bedsection stay. A pass is an absence of less than 96 hours; the bed remains reserved for the patient's return. Like [PASS](#), **PASSB** is now subtracted from the length of stay days.

Data Type	Numeric
Print Format	None
Label	PASS DAYS IN BED SECTION
Datasets / Fiscal Years	Bed Section / 1984 – To Date
VistA Data Source	PTF (45) file, PASS DAYS field

Variable Name: **PLBED**

Definition: Physical location of patient's bed

Remarks: This is the bedsection code for the physical location of the patient's bed. **PLBED** can assume the values of [BEDSECN](#), which can be found in [Appendix A](#) on page 156.

Data Type	Numeric
Print Format	BEDSECN.
Label	PHYSICAL LOCATION CODE
Datasets / Fiscal Years	Bed Section / 1991 – To Date
VistA Data Source	PTF (45) file, PHY SPEC field

Variable Name: **PLCDR**

Definition: Cost Distribution Report account number for physical location of bed at discharge

Remarks: This is the Cost Distribution Report (CDR) cost account number for the discharge location. Links to resources about the CDR can be found on the [Health Economics Resource Center Intranet Web site](#). **PLCDR** can assume the values of **BEDCDR**, which are shown in [Appendix A](#) on page 152.

Data Type	Numeric
Print Format	None
Label	PHYSICAL LOCATION CDR (DISCH)
Datasets / Fiscal Years	Main / 1991 – To Date
VistA Data Source	PTF (45) file, PHY CDR files

Variable Name: **PLCDRB**

Definition: Cost Distribution Report account number for bedsection of the physical location of bed

Remarks: This is the Cost Distribution Report (CDR) cost account number for the physical location of the patient's bed. Links to resources about the CDR can be found on the [Health Economics Resource Center Intranet Web site](#). **PLCDRB** can assume the values of [BEDCDR](#), which are shown in [Appendix A](#) on page 152.

Data Type	Numeric
Print Format	None
Label	PHYSICAL LOCATION CDR
Datasets / Fiscal Years	Bed Section / 1991 – To Date
VistA Data Source	PTF (45) file, LOSING BED SECTION CDR field

Variable Name: **PLDISCH**

Definition: Bedsection code for physical location at discharge

Remarks: This is a bedsection code for the patient's physical location at discharge. **PLDISCH** matches the discharge bedsection (variable [DBEDSECT](#)), except when the treatment service unit is not the same as the unit where the patient is physically located. **PLDISCH** can assume the values of the variable [BEDSECN](#), which can be found in [Appendix A](#) on page 156. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	BEDSECN.
Label	PHYSICAL LOCATION CODE (DISCH)
Datasets / Fiscal Years	Main / 1991 – To Date
VistA Data Source	PTF (45) file, PHY SPEC field

Variable Name: **POW**

Definition: Prisoner of War status with name of war and location

Remarks: Note that this variable assumes only three values (“YES”, “NO”, or “UNKNOWN”) in the Outpatient Visit Dataset. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	POWL.
Label	PRISONER OF WAR STATUS
Datasets / Fiscal Years	Main / 1976 – To Date
VistA Data Source	Patient (2) file, POW STATUS INDICATED field

POW can assume the following values:

Value	Description
1	Not a POW
2	N/A
3	Information not available
4	POW in WWI
5	POW in WWII, Europe only
6	POW in WWII, South Pacific
7	POW in Korean Conflict only
8	POW in Vietnam Era only
9	POW during more than one of the preceding periods of service
10	Persian Gulf
11	Yugoslavia

Variable Name: **PROCDAY**

Definition: Date of procedure or procedures performed at a given date and time combination

Remarks:

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMYYYY)
Label	DATE OF PROCEDURE
Datasets / Fiscal Years	Procedure / 1988 – To Date
VistA Data Source	File 45.05, DATE OF PROCEDURE field

Variable Name: **PROCDE1 – PROCDE5**

Definition: ICD-9-CM Procedure Codes for 1st – 5th procedures performed on a given date and time

Remarks: Procedures include dental services and are defined as either intervention operations or non-surgical actions (e.g., diagnostic, therapeutic) not occurring in an operating room. Up to five procedures can be reported for a given date and time, with up to 32 total procedures allowed for one inpatient stay. Each date-time combination constitutes a record (or a segment) in the Procedure Dataset. Each record can record up to five procedures. If more than five procedures were performed at a given date and time, “only the most significant will be entered.” (See [VHA Operations Manual \[MP-6\], Part XVI, Supplement 4.1, Chapter 2, “NPTF \[New Patient Treatment File\] Transactions”](#), Paragraph 301.06.)

Data Type	Character
Print Format	None
Label	1 ST – 5 TH PROCEDURE CODES
Datasets / Fiscal Years	Procedure / 1988 – To Date
VistA Data Source	File 45.05, PROCEDURE CODES field

Variable Name: **PROCTIME**

Definition: Starting time for the procedure or procedures performed at a given time

Remarks: Time is recorded in Military Time (i.e., using the 24-hour clock) with “hhmm” format. Thus, 11:32 A.M. is recorded as “1132”, and 11:32 P.M. is recorded as “2332”.

Data Type	Numeric
Print Format	None
Label	TIME OF PROCEDURE
Datasets / Fiscal Years	Procedure / 1991 – To Date
VistA Data Source	File 45.05, DATE OF PROCEDURE field

Variable Name: **PSEQ**

Definition: Sequential number of the record (SAS observation) with procedure information for a given date and time of the inpatient stay

Remarks: If procedures were performed at more than one date / time combination during the inpatient stay, then an additional record is created with the PSEQ variable indicating the chronologically sequenced order of the occurrence. Each record can contain up to five ICD-9-CM procedure codes. [NPROC](#) (Number of records [or segments] in the Procedure dataset associated with the patient's entire length of stay) in the associated Main and Procedure SAS datasets reflects the total number of procedure records that exist for this inpatient stay.

Data Type	Numeric
Print Format	None
Label	SEQUENTIAL NUMBER OF PROC SEGMENT
Datasets / Fiscal Years	Procedure / 1988 – To Date
VistA Data Source	Not Applicable

Variable Name: **PSEUD**

Definition: Pseudo-SSN indicator

Remarks: This variable indicates if the patient's Social Security Number (SSN) is recorded as a pseudo-Social Security Number created using numeric equivalents of the patient's initials and birth date. A pseudo-SSN is a temporary identification when the patient has no SSN or the patient's true SSN cannot be determined. The pseudo-SSN will be retained as a permanent identification number when a patient refuses to apply for a Social Security Number or death occurs before an SSN application can be made.

Data Type	Character
Print Format	None
Label	PSEUDO SSN INDICATOR
Datasets / Fiscal Years	Main / 1984 – To Date
VistA Data Source	Patient (2) file, SOCIAL SECURITY NUMBER field

PSEUD can assume the following values:

Value	Description
P	Social Security Number recorded is a pseudo-SSN
Blank	Social Security Number recorded is not a pseudo-SSN

Variable Name: **PSRCD**

Definition: Categorical recode of Period of Service

Remarks: This is a recode of **PSX** (Period of service that is basis for care) into chronological categories of military service from the Spanish-American War to Desert Storm. For frequency counts of the values for this variable, see the accompanying resource guide, [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	PSRCDL.
Label	PERIOD OF SERVICE (RECODED)
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) File, PERIOD OF SERVICE field

PSRCD can assume the following values:

Value	Description
0	Spanish-American War (April 21, 1898, to July 4, 1902)
1	World War I (April 6, 1917, to November 11, 1918; date can be extended to April 1, 1920, if veteran served in Russia)
2	World War II (December 7, 1941, to December 31, 1946)
3	Pre-Korean Conflict (Before June 27, 1950)
4	Korean Conflict (June 27, 1950, to January 31, 1955)
5	Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964)
6	Vietnam Era (August 5, 1964, to May 7, 1975)
7	Post-Vietnam/Peacetime Service (On or after May 8, 1975)
8	Other active military or non-veteran
9	Desert Storm active duty
10	Desert Storm veteran

Variable Name: **PSX**

Definition: Period of service that is basis for care

Remarks: This variable is called “category of beneficiary” in the coding instructions and is related to the authority under which a patient is eligible for care. This variable is a mixture of the branch of service (Army, Navy, etc.) for patients currently on active duty, the period of service (Spanish-American War to Desert Storm) for veterans, and other codes (e.g., Workers Compensation, emergency, CHAMPUS, etc.), which are largely for non-veterans. If a veteran has more than one period of service, the latest wartime period of service is coded, unless the patient is service-connected for a condition incurred in an earlier period.

A Technical Report published by the [Health Economics Resource Center \(HERC\)](#) determined that values A-V signify non-veteran status while values 0-8 and W-Z indicate veteran status. HERC discovered that in many cases, multiple records pertaining to a single individual fluctuate between value “Other or None” and other values. Consequently, HERC recommends that researchers concerned about the reliability of the Period of Service variable as an indicator of non-veteran should eliminate PSX from their analysis or eliminate all records that contain a “Other or None” value.²

PSX can assume the values shown in [Appendix A](#) on page 179. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Character
Print Format	\$PSXL.
Label	PERIOD OF SERVICE
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, PERIOD OF SERVICE field

² U.S. Department of Veterans Affairs. Health Economic Resource Center. *A Guide to Identifying Non-Veteran Records in the Inpatient and Outpatient Databases*. VA Palo Alto Healthcare System, Menlo Park, CA: HERC, 2006.

Variable Name: **RACE**

Definition: Race or national origin

Remarks: Race or ethnicity most frequently was extracted from clinical documentation (e.g., discharge summary) and / or observation of administrative staff before FY2003. Beginning with FY2003, six new race variables ([RACE1 – RACE6](#)) are collected from VistA and populated in the Main Dataset. Note that this variable is partially populated in the FY2003 Main Dataset and entirely empty in the FY2004 Main Dataset. The Frequently Asked Questions section in [Appendix C](#) provides recommendations and resources on using race data. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	RACEL.
Label	RACE OR NATIONAL ORIGIN
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, RACE field

RACE can assume the following values:

Value	Description
1	Hispanic White
2	Hispanic Black
3	American Indian
4	Black
5	Asian
6	White
7 or missing	Unknown

Variable Name: **RACE1 – RACE6**

Definition: Race with collection method

Remarks: Beginning with FY2003, the VHA Medical SAS Inpatient Main Dataset contains six new variables containing up to 6 new race values collected in VistA in response to the U.S. Office of Management and Budget’s revision of [Statistical Policy Directive No. 15](#), “*Race and Ethnic Standards for Federal Statistics and Administrative Reporting*.” These new variables are coded to indicate the means of data collection (e.g., White-Self-identified, White-Observer, and White-Proxy). **RACE1 – RACE6** can assume the values shown in [Appendix A](#) on page 180. The Frequently Asked Questions section in [Appendix C](#) provides recommendations and resources on using race data. For frequency counts of the values for these variables, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	CHARACTER
Print Format	\$RACE.
Label	RACE WITH COLLECTION METHOD
Datasets / Fiscal Years	Main / 2003 – To Date
VistA Data Source	Race Information Sub-file (# 2.02) RACE INFORMATION field and METHOD OF COLLECTION field

Variable Name: **RAD**

Definition: Exposure to ionizing radiation through nuclear testing or in Japan

Remarks: This variable was added to the dataset in July of FY1982. It is self-reported and is not recorded for non-veterans or for those veterans in service prior to WWII. For frequency counts of the values for this variable, see the accompanying resource guide, [*VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.*](#)

Data Type	Number
Print Format	RADL.
Label	RADIATION EXPOSURE
Datasets / Fiscal Years	Main / 1982 – To Date
VistA Data Source	Patient (2) file, EXPOSURE TO RADIATION INDICATED

RAD can assume the following values:

Value	Description
1	No claim of exposure to ionizing radiation
2	Claims exposure to ionizing radiation in Hiroshima or Nagasaki, Japan
3	Claims exposure to ionizing radiation through nuclear testing
4	Claims exposure to ionizing radiation both through nuclear testing and in Japan

Variable Name: **SCI**

Definition: Indication of patient's spinal cord injury status

Remarks: This variable is the patient's spinal cord injury status as recorded for the bedsection. The variable **SCI** in the Main Dataset is the status recorded for the discharge bedsection; in the Bed Section Dataset, multiple bedsections may have different values for **SCI**, since a patient's status can change over time. This variable was not required for extended care discharges until FY1998. For frequency counts of the values for this variable, see the accompanying resource guide, [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Character
Print Format	\$SCIL.
Label	SPINAL CORD INJURY STATUS
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date
VistA Data Source	Patient (2) File, SPINAL CORD INJURY field

SCI can assume the following values:

Value	Description
X	Not applicable
1	Traumatic paraplegia
2	Traumatic quadriplegia
3	Nontraumatic paraplegia
4	Nontraumatic quadriplegia

Variable Name: **SCPER**

Definition: Percentage of a patient's disability that is service-connected with respect to **DXLSF** (Primary ICD-9-CM diagnostic code responsible for the patient's full length of stay in the hospital)

Remarks: This is not the percent service-connected disability used for the patient's Compensation and Pension (C&P) status (see **CP**). However, the C&P percentage may be recorded here without determination of the percent specifically for the primary diagnosis. This variable is not used for domiciliary or non-VA care. For frequency counts of the values for this variable, see the accompanying resource guide, [*VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.*](#)

Data Type	Numeric
Print Format	None
Label	PERCENT SERVICE-CONNECTED
Datasets / Fiscal Years	Main / 1991 – To Date
VistA Data Source	Patient (2) file, SERVICE-CONNECTED PERCENTAGE field

Variable Name: **SCRSSN**

Definition: Scrambled Social Security Number

Remarks: Scrambled Social Security Number was created in FY1986 as a replacement for the patient's real Social Security Number (SSN). It is a formula manipulation of the real SSN and not a randomly generated number. Therefore, **SCRSSN** may be used to identify a patient across fiscal years and datasets.

Data Type	Numeric
Print Format	SSN11. (999-99-9999)
Label	SCRAMBLED SOCIAL SECURITY NUMBER
Datasets / Fiscal Years	Main / 1986 – To Date Bed Section / 1986 – To Date Procedure / 1986 – To Date Bed Section / 1986 – To Date (Note: Real SSN was used 1980–85)
VistA Data Source	None (formula manipulation of Patient (2) file real SSN)

Variable Name: **SEX**

Definition: Sex of patient

Remarks: For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Character
Print Format	\$SEXL.
Label	GENDER OF PATIENT
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	Patient (2) file, SEX field

SEX can assume the following values:

Value	Description
M	Male
F	Female
O	Other
U	Unknown

Variable Name: **SGR1**

Definition: Categorical recode of [SURG9CD1](#) (First surgical procedure code for the operation)

Remarks: **SGR1** can assume the values shown in [Appendix A](#) on page 181.

Data Type	Numeric
Print Format	SG999L.
Label	99-RECODE OF SURG9CD1
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	Not Applicable

Variable Name: **SGSQ**

Definition: Sequential number of the record (SAS observation) containing the surgeries performed on a given date / time.

Remarks: If surgeries were performed at more than one date / time combination during the inpatient stay, then an additional record is created with the **SGSQ** variable indicating the chronologically sequenced order of the occurrence. Each record can contain up to five ICD-9-CM procedure codes. **NSURG** (Number of records [or segments] in the Surgery Dataset associated with the patient's entire length of stay) in the associated Main and Surgery SAS datasets reflects the total number of surgery records that exist for this inpatient stay.

Data Type	Numeric
Print Format	None
Label	SEQUENTIAL NUMBER OF OPERATION
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	Not Applicable

Variable Name: **SOURCE**

Definition: Source of admission

Remarks: This refers primarily to the source of referral and, secondarily, to the military status of the patient. This value is calculated from the combination of the station value for the station transmitting the record and the PTF Source of Admission data. **SOURCE** can assume the values shown in [Appendix A](#) on page 184.

Data Type	Character
Print Format	\$SOURCEC.
Label	SOURCE OF ADMISSION
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, SOURCE OF ADMISSION field, SOURCE OF ADMISSION (45.1) file – reference

Variable Name: **SRTKEY**

Definition: Sort key

Remarks: This is the sequential number of the record on the raw regional files, used as a record identifier if two or more records cannot be otherwise distinguished.

Data Type	Numeric
Print Format	None
Label	SORT KEY
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date Procedure / 1988 – To Date Surgery / 1984 – To Date
VistA Data Source	Not Applicable

Variable Name: **SSTA6A**

Definition: Identifier of the substation where surgery was performed

Remarks: For more information, see [STA6A](#) (Substation identifier).

Data Type	Character
Print Format	\$STA6AL.
Label	SUBSTATION OF SURGERY
Datasets / Fiscal Years	Surgery / 1988 – To Date
VistA Data Source	STATION NUMBER (389.9) file

Variable Name: **STA3N**

Definition: Parent station identifier

Remarks: This is the 3-digit numeric identification of VAMC facilities. This variable indicates the parent station (VA hospital) or the parent station of a branch to which the patient was admitted. Use [STA6A](#) (Substation identifier) to identify the actual facility to which the patient was admitted. If a patient was admitted to a VAMC facility, then this variable and [STA6A](#) will have the same values. **STA3N** can assume the values shown in [Appendix A](#) on page 186. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS[®] Datasets](#).

Data Type	Numeric
Print Format	STA3NL.
Label	STATION (PARENT)
Datasets / Fiscal Years	Main / 1970 – To Date Bed Section / 1984 – To Date Procedure / 1988 – To Date Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, FACILITY NUMBER field

Variable Name: **STA6A**

Definition: Substation identifier

Remarks: This variable identifies the VA substation to which a patient was admitted. Prior to 1984, this variable was listed as the admitting station in the SAS datasets. Since that time, it has been called the discharging substation to indicate that the data are included in the fiscal year based on the discharge date rather than the admission date. Since this variable can take as many as 1,300 distinct values, they are not listed in this document. Instead, users are referred to the [VA Site Tracking \(VAST\) database](#), maintained by the Planning Systems Support Group (PSSG) of the Office of the Assistant Deputy Under Secretary for Health (ADUSH). Also, the [National Patient Care Database \(NPCD\) Web site](#) maintains a Facility Reference search engine which can be found on the Intranet. For frequency counts of the values for this variable, see the accompanying resource guide, [VIREC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#)

Data Type	Character
Print Format	\$STA6AL.
Label	DISCHARGING SUBSTATION
Datasets / Fiscal Years	Main / 1970 – To Date Procedure / 1988 – To Date
VistA Data Source	STATION NUMBER (389.9) file

Variable Name: **STAFROM**

Definition: Source station (if transferred)

Remarks: Direct admissions from VA nursing homes or a domiciliary, contract community nursing homes, and military personnel from military hospitals, and transfers from other VA Medical Centers and other VA-auspice hospitals are recorded here. See [STA6A](#) for more information.

Data Type	Character
Print Format	\$STA6AL.
Label	SOURCE STATION (IF TRANSFERRED)
Datasets / Fiscal Years	Main / 1984 – To Date
VistA Data Source	PTF (45) file, SOURCE OF ADMISSION field, SOURCE OF ADMISSION (45.1) file, STATION TYPE field STATION TYPE (45.81) file – reference file STATION NUMBER (389.9) file – reference

Variable Name: **STATYP**

Definition: Station type

Remarks: This is found in the Extended Care and Non-VA datasets.

Data Type	Numeric
Print Format	STATYPL.
Label	STATION TYPE
Datasets / Fiscal Years	Main (Ext. Care and non-VA) / 1991 – To Date Bed Section (Ext. Care and non-VA) / 1991 – To Date Procedure (Ext. Care and non-VA) / 1991 – To Date Surgery (Ext. Care and non-VA) / 1991 – To Date
VistA Data Source	PTF (45) file, FACILITY NUMBER field (last 3 digits)

STATYP can assume the following values:

Value	Description
10	VA General Medicine, Surgery
11	VA Psych
12	VA TB hospital
20	Army hospital
21	Navy hospital
22	Air Force hospital
23	PHS hospital
24	Federal hospital
25	Public hospital
26	Civil hospital
27	State hospital
30	VA Domiciliary
31	Restoration Center
32	State domiciliary
40	VA Nursing Home
41	State Nursing Home
42	Community Nursing Home

Variable Name: **SUICIDEB**

Definition: Suicide indicator

Remarks: This indicates if a suicide was attempted or accomplished or if a self-inflicted injury occurred. This variable has been in the Bedsection dataset sine FY1992. In FY1992-FY1994, the variable SUICIDE was found in the Main Dataset as well.

Data Type	Numeric
Print Format	SUICIDE.
Label	SUICIDE INDICATOR
Datasets / Fiscal Years	Bed Section / 1992 – To Date
VistA Data Source	PTF (45) file, SUICIDE INDICATOR field.

SUICIDEB can assume the following values:

Value	Description
1	Attempted
2	Accomplished
3	Self-inflicted injury occurred
(Other)	None

Variable Name: **SURG9CD1 – SURG9CD5**

Definition: 1st – 5th ICD-9-CM procedure codes

Remarks: Many surgical procedures may be performed during a single operation. The VistA PTF (45) file only records up to five procedures in ICD-9-CM before a second record is generated.

Data Type	Character
Print Format	None
Label	1 ST – 5 TH SURGERY CODE (ICD9)
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, OPCODE fields

Variable Name: **SURGDAY**

Definition: Date of surgery

Remarks: This is the date that the surgery was performed.

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	DAY OF SURGERY
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	PTF (45), DATE OF SURGERY field

Variable Name: **SURGNAST**

Definition: Identifier of the employment status / category of the first surgical assistant

Remarks: This variable is coded only for patients who are operated on in a VA facility.

Data Type	Numeric
Print Format	SURGNTPL.
Label	CATEGORY OF FIRST SURG. ASSISTANT
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	PTF (45), file, 401 field, CATEGORY OF FIRST ASSISTANT sub-field

SURGNAST can assume the following values:

Value	Description
1	Staff, Full-time
2	Staff, Part-time
3	Consultant
4	Attending
5	Fee Basis
6	Resident
7	Other (Includes Intern)
8	No Assistant
91	VA Team
92	Non-VA Team
93	VA & Non-VA team

Variable Name: **SURGNCAT**

Definition: Identifier of the category of team of surgeons

Remarks: This is not the category of the chief surgeon, as the label implies. Rather, this variable identifies the team of surgeons performing the operation either within the VA (codes 1-7), or outside the VA (codes M, N, and V).

Data Type	Character
Print Format	\$SGNCATL.
Label	CATEGORY OF CHIEF SURGEON
Datasets / Fiscal Years	Surgery / 1984 – To Date
VistA Data Source	PTF (45) file, CATEGORY OF CHIEF SURG field

SURGNCAT can assume the following values:

Value	Description
1	Staff, Full-time
2	Staff, Part-time
3	Consultant
4	Attending
5	Fee-Basis
6	Resident
7	Other (Includes Intern)
8	No Assistant
M	Mixed VA & Non-VA team
N	Non-VA team
V	VA team

Variable Name: **SURGSPEC**

Definition: Identifier of the surgical specialty of the chief surgeon or resident

Remarks: This is the surgical specialty of the chief surgeon or resident (when applicable). Codes for residents reflect the residency assignment. There are currently 13 possible surgical specialties. The BEDSECTION code of 50 is used for non-VA surgery. For [BEDSECN](#) codes, see [Appendix A](#) one page 156.

Data Type	Numeric
Print Format	BEDSECN.
Label	SURGICAL SPECIALTY
Datasets / Fiscal Years	Surgery / 1984 – To Date
Vista Data Source	PTF (45) file, 401 field, sub-field SURGICAL SPECIALTY pints to a reference file SURGICAL SPECIALTY (45.3)

SURGSPEC can assume the following values:

Value	Description
50	General (or when surgery is not any of the following)
51	Gynecology
52	Neurosurgery
53	Ophthalmology
54	Orthopedic
55	Ear, Nose & Throat (Otorhinolaryngology)
56	Plastic Surgery (includes head and neck)
57	Proctology
58	Thoracic Surgery (includes Cardiac Surgery)
59	Urology
60	Oral Surgery (Dental)
61	Podiatry
62	Peripheral Vascular
63	Surgical ICU
65	Surgical Observation

Variable Name: **SURGTIME**

Definition: Time of surgery

Remarks: Time is recorded as Military Time (i.e., using the 24-hour clock) with “hhmm” format. Thus, 11:32 A.M. is recorded as “1132”, and 11:32 P.M. is recorded as “2332”.

Data Type	Numeric
Print Format	None
Label	TIME OF SURGERY
Datasets / Fiscal Years	Surgery / 1991 – To Date
VistA Data Source	PTF (45), DATE OF SURGERY field

Variable Name: **SVCCONB**

Definition: Indicates whether the condition being treated within the bedsection is service-connected

Remarks:

Data Type	Numeric
Print Format	YESNO.
Label	SERVICE CONNECTED
Datasets / Fiscal Years	Bed Section / 1991 – To Date
VistA Data Source	PTF (45) file, SC field

SVCCONB can assume the following values:

Value	Description
1	Yes
2	No

Variable Name: **TOSTA6A**

Definition: Receiving station (if transferred)

Remarks: Receiving station / facility, if transferred under VA auspices. See [STA6A](#) for more information.

Data Type	Character
Print Format	\$STA6AL.
Label	RECEIVING STATION (IF TRANSFERRED)
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, RECEIVING FACILITY field

Variable Name: **TSTAT**

Definition: Kidney donor status

Remarks: This variable indicates whether the kidney donor was alive or dead. For patients not receiving a kidney transplant, no entry is made.

Data Type	Numeric
Print Format	TRANSPL.
Label	TRANSPLANT STATUS
Datasets / Fiscal Years	Surgery / 1992 – To Date
VistA Data Source	PTF (45), TRANSPLANT STATUS field

TSTAT can assume the following values:

Value	Description
1	Live Donor
2	Cadaver

Variable Name: **UPDATDAY**

Definition: Last date record updated

Remarks: The current policy for uploading PTF data to the national repository in Austin includes a transmission for admission, discharge and transfers. Upon each subsequent transmission, the previous record is written over. This variable provides information on the last date of update.

Data Type	Numeric (SAS Date)
Print Format	DATE9. (DDMMMYYYY)
Label	LAST DATE RECORD UPDATED
Datasets / Fiscal Years	Main / 1991 – To Date
VistA Data Source	Not Applicable

Variable Name: **VAAUS**

Definition: Discharge to VA auspices

Remarks: If further care is indicated, this variable captures whether that care is provided under VA auspices (e.g., at VA expense). For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets.](#)

Data Type	Numeric
Print Format	VAAUSL.
Label	DISCHARGE TO VA AUSPICES?
Datasets / Fiscal Years	Main / 1970 – To Date
VistA Data Source	PTF (45) file, VA AUSPICES field

VAAUS can assume the following values:

Value	Description
1	Yes
2	No

Variable Name: **VISN**

Definition: Veterans Integrated Service Network (VISN) where the hospital episode of care occurred

Remarks: VISNs are VHA organizational business units comprised of multiple medical centers and clinics within a geographic region. For frequency counts of the values for this variable, see the accompanying resource guide, [VIReC Research User Guide: Select Variable Frequencies From The FY2006 VHA Medical SAS® Datasets](#).

Data Type	Numeric
Print Format	None
Label	VETERANS INTEGRATED SERVICE NETWORK
Datasets / Fiscal Years	Main / 1995 – To Date Bed Section / 1995 – To Date Procedure / 1995 – To Date Surgery / 1995 – To Date
VistA Data Source	INSTITUTIONS (4) file, ASSOCIATIONS field

VISN can assume the following values:

Value	Description
1	VA New England Healthcare System
2	VA Healthcare Network Upstate New York
3	VA NY / NJ Veterans Healthcare Network
4	VA Stars & Stripes Healthcare Network
5	VA Capitol Health Care Network
6	VA Mid-Atlantic Network
7	The Atlantic Network
8	VA Sunshine Healthcare Network
9	Mid South Veterans Healthcare Network
10	VA Healthcare System of Ohio
11	Veterans In Partnership
12	The Great Lakes Health Care System
15	VA Heartland Network
16	South Central VA Health Care Network
17	VA Heart of Texas Health Care Network
18	VA Southwest Healthcare Network
19	Rocky Mountain Network
20	Northwest Network
21	Sierra Pacific Network
22	Desert Pacific Healthcare Network
23	VA Midwest Health Care Network

Variable Name: **ZIP**

Definition: Zip code

Remarks: This variable indicates the 5-digit postal code for the patient's home residence.

Data Type	Numeric
Print Format	Z5.
Label	ZIP CODE
Datasets / Fiscal Years	Main / 1976 – To Date
VistA Data Source	Patient (2) file

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V. Works Cited

1. U.S. Department of Veterans Affairs. VA Information Resource Center. *National Patient Care Database (NPCD) – The FY1999 SAS® Datasets for the Patient Treatment File*. Edward J. Hines Jr. VA Hospital, Hines, IL: Veterans Affairs Information Resource Center, March 2000. Available at: <http://www.virec.research.va.gov/>. Accessed April 18, 2007.
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Appendix A: Values for Selected Variables

(Values and their descriptions begin on the following page.)

AXIS51B and **AXIS52B** can assume the following values:*

Values	Descriptions
0	Inadequate information.
1 – 10	Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with a clear expectation of death.
11 – 20	Some danger of hurting self or others (e.g., suicide attempts without clear expectations of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
21 – 30	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home or friends).
31 – 40	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friend, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).
41 – 50	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
51 – 60	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with co-workers).
61 – 70	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful, interpersonal relationships.
71 – 80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
81 – 90	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

91 – 100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
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BEDCDR can assume the following values:

Value	Description
110000	Indirect Costs (Inpatient Medicine)
111000	General (Acute) Medicine
111000	Cardiology
111000	Pulmonary Non-TB
111000	Gerontology
111000	Dematology
111000	Endocrinology
111000	Gastroenterology
111000	Hematology/Oncology
111000	Metabolic
111000	Cardiac Step Down
111000	Telemetry
111000	Medical Observation
111000	Respite Care
111100	Neurology
111300	Rehabilitation Medicine
111300	Rehabilitation Medicine Observation
111400	Epilepsy Center
111500	Blind Rehabilitation
111600	Spinal Cord Injury
111700	Medical Intensive Care Units
111800	Inpatient Dialysis
111900	Inpatient AIDS
112000	Geriatric Evaluation and Management (GEM) Unit
121000	Surgical Ward Cost
121000	Gynecology
121000	Neurosurgery
121000	Ophthalmology
121000	Orthopedic
121000	Ear,Nose&Throat
121000	Plastic Surgery
121000	Thoracic Surgery
121000	Urology
121000	Oral Surgery
121000	Podiatry
121000	Peripheral Vascular
121000	Surgical Obs
121100	Surgical Intensive Care Unit
121200	Operating / Recovery Room
121300	Open Heart Surgery
123000	Primary Care - Surgery

Value	Description
130000	Indirect Costs (Inpatient Psychology)
131000	Psychiatric Ward Cost
131000	Acute Psychology
131000	Long-Term Psychology
131000	Hi Int General Psychology – Inpatient
131000	Psychiatric Observation
131100	Psychiatric - General
131200	Psychiatric SA (Inter Care)
131300	Substance Abuse Treatment Program
131300	Alcohol Depend-Hi Int
131300	Drug Depend-Hi Int
131400	Spec Inpatient Post Traumatic Stress Disorder (PTSD) Unit – Intermediate Care
131500	Evaluation / Brief Treatment PTSD Unit – High Intensity
131600	Sustained Treatment and Rehabilitation (STAR) I, II, & III Programs
131700	Substance Abuse – STAR I / II / III
132000	GEM Unit – Psychiatry Beds
133000	Primary Care – Psychology
140000	Indirect Costs (Nursing Home)
141000	VA Nursing Home Care
141500	Intermediate Medical for Long Term Care
141600	Nursing Home Care Unite – Spinal Cord Injury
142000	GEM Unit – VA Nursing Home
142500	Hospice
150000	Indirect Costs (Domiciliary)
151000	Domiciliary Bed Section
151100	Domiciliary Substance Abuse
151200	Domiciliary PTSD
151300	Homeless Domiciliary
152000	GEM Unit – Domiciliary Beds
160000	Indirect Costs (Intermediate Care)
161000	Intermediate Care
162000	GEM Intermediate Care
170000	Indirect Costs (Residential Care)
171100	PTSD Residence Rehabilitation Treatment Program (PRRTP)
171200	PTSD Residence Rehabilitation Program (PRRP)
171300	Substance Abuse Residence Rehabilitation Treatment Program (SARRTP)
171400	Healthcare for Mentally Ill (HCMI) Compensated Work Therapy (CWT) / Trans Residences
171500	Substance Abuse CWT / Trans Residences
171600	PTSD Compensated Work Therapy (CWT) / Trans Residence
171700	General Compensated Work Therapy (CWT) / Trans Residence

Value	Description
211000	Medicine - Soc
211100	Admitting/Screening
211900	HIV/Aids Op Clinics
213000	Op Primary Care Med
221000	Surgery - CBC
221100	Amb Operating Room
223000	Op Prim Care Surg
231000	Spec Psych - Soc
231100	Gen Psych - Soc
231200	Hchv/Hmi Soc
231300	PTSD Clinical Team
231400	Psysocial-Grp Soc
231500	Psysoc-Ind Soc
231600	Substance Abuse (Op)
231700	Substance Use Disorder
231800	Hud/Vash Soc
231900	Community Outreach
233000	Outpatient Primary Care Spt Soc
233100	Outpatient Primary Care Gen Soc
241000	Dialysis - Soc
242000	Cancer Treatment
251000	Adult Day Health Care
261000	Ancillary Svc - Soc
261100	Rehab-Supt Svcs
261200	Diagnostic Svc - Soc
261300	Pharmacy - Soc
261400	Prosthetics/Orthot
261600	Sci Subs Abuse Outpatient
271000	Dental Procedures
275000	Domiciliary Aftercare - VA
278000	Telephone Contacts
280000	Indirect Costs (Ambulatory Care)
311000	Contract Hospital – Medical
321000	Contract Hospital – Surgical
331000	Contract Hospital – Psychiatric
341000	Community Nursing Home
341100	State Home Nursing Home Care
351000	State Domiciliary Home Care
352000	Contract Homeless Chronically Mentally Ill
352100	Contract Alcohol and Drug Treatment and Rehabilitation
352200	Homeless Providers
361000	State Home Hospital Care

Value	Description
361100	Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
380000	Indirect Cost (Inpatient Contract Care)
411000	Outpat Care-Non VA
411100	Other Non-VA Outpatient Care
411200	Cnt Adult Day Health
411300	State Home - Adhc
412000	Contract/Fee Dialysis
413000	Fee Rx-VA Pharmacy
461000	Champva - Outpatient
461200	Non VA Pharmacies
461300	Fee Tests By VA Lab
471000	Dental Services Fee
480000	Indirect Costs (Outpatient Contract Care)
500000	Indirect Costs (Home Care)
511000	Hosp Based Home Care
511100	Home Dialysis
511200	Spinal Cord Injury Home
511300	Res Care Home Program
511400	Oth Home Based Program
511500	Com Based Domiciliary Aftercare
511600	Homemaker/Homehealth
511700	MH Intensive Case
600000	Indirect Costs (Misc Benefits & Services)
601000	Other Misc Ben/Svcs
601100	Visn/National Sppt
601300	Cont Edu Field Units
601500	National Cen on PTSD
601600	Third Party Bill Act
700000	Interstation Transfers
800000	Indirect Costs (Non VHA Services)
802100	Services Furn VBA
802200	Services Furn NCS
802300	Svc Fur Oth Non-VHSRA
802400	DOD Sharing
802500	Other Sharing

BEDSECN can assume the following values:

Value	Description
1	Allergy
2	Cardiology
3	Pulmonary Tuberculosis (TB)
4	Pulmonary Non-TB
5	Gerontology
6	Dermatology
7	Endocrinology
8	Gastroenterology
9	Hematology / Oncology
10	Neurology
11	Epilepsy Center
12	Medical Intensive Care Unit
14	Metabolic
15	General (Acute) Medicine
16	Cardiac Step Down
17	Telemetry
18	Neurology Off Board Server (OBS)
19	Stroke
20	Rehabilitation Medicine
21	Blind Rehabilitation
22	Spinal Cord Injury
23	Spinal Cord Injury Observation
24	Medical Observation
25	Psychiatric Residence Rehabilitation Treatment
26	PTSD Residence Rehabilitation Program
27	Substance Abuse Residence Rehabilitation
28	HCMV Compensated Work Therapy (CWT)/ Trans
29	Substance Abuse Compensated Work Therapy (CWT) / Trans
31	Geriatric Evaluation and Management (GEM) Acute Medicine
32	GEM Intermediate
33	GEM Psychiatry
34	GEM Neurology
35	GEM Rehabilitation
36	Blind Rehabilitation OBS
37	Domiciliary Care for Homeless Veterans (DCHV)
38	Post Traumatic Stress Disorder (PTSD) / CWT / TR
39	General CWT / TR
40	Intermediate Medicine
41	Rehabilitation Medicine OBS
42	Nursing Home Long Stay Dementia
43	Nursing Home Long Stay Skilled Nursing

Value	Description
44	Nursing Home Long Stay Maintenance Care
45	Nursing Home Long Stay Psychiatric Care
46	Nursing Home Long Stay Sci Care
47	Respite Care (NHCU)
50	Surgery (General)
51	Gynecology
52	Neurosurgery
53	Ophthalmology
54	Orthopedic
55	Ear, Nose, & Throat
56	Plastic Surgery
57	Proctology
58	Thoracic Surgery
59	Urology
60	Oral Surgery
61	Podiatry
62	Peripheral Vascular
63	Surgical Intensive Care Unit
64	Nursing Home Short Stay Rehabilitation
65	Surgical OBS
66	Nursing Home Short Stay Restorative
67	Nursing Home Short Stay Maintenance
68	Nursing Home Short Stay Psychiatric Care
69	Nursing Home Short Stay Dementia Care
70	Acute Psychiatry
71	Long-Term Psychiatry
72	Alcohol Dependency – High Intensity
73	Drug Dependency – High Intensity
74	Substance Abuse – High Intensity
75	Halfway House
76	Psychiatric Medically Infirm
77	Psychiatric Residence Rehabilitation
79	Special Inpatient PTSD Unit
80	Nursing Home Care (No longer active after 8/1/06)
81	GEM Nursing Home Care Unit (NHCU)
83	Respite Care (Medicine)
84	Psychiatric Substance Abuse (Intermediate Care)
85	Domiciliary
86	Domiciliary Substance Abuse
87	GEM Domiciliary
88	Domiciliary PTSD
89	Sustained Treatment and Rehabilitation (STAR) I, II, & III Programs
90	Substance Abuse Star I, II, & III

Value	Description
91	Evaluation / Brief Treatment PTSD
92	Psychiatry – General Intervention
93	High Intensity General Psychiatry - Inpatient
94	Psychiatric OBS
95	NH Short Stay Skilled Nursing
96	Hospice
98	Non-Department of Defense (DOD) Beds
99	DOD Beds

DISTO can assume the following values:

-3	Irregular
-2	Death
-1	Community
0	VA Hospital
1	Military Hospital
2	Other Fed Hospital
3	Other GovernmentHospital
4	Community Hospital
5	VA Nursing Home
7	Community Nursing Home
9	Same Community Nursing Home
10	Other Community Nursing Home
11	State Home Nursing
12	VA Domiciliary
13	State Home Domiciliary
14	Restor Center
15	Foster Home
16	Halfway House
17	Boarding House
19	Penal Institute
20	Residental Hotel/Resid
21	Other Placement
22	VA-Paid Home/Community
25	Home-Basic Primary Care
27	Sci Hcu Program
29	Respite
30	Hospice
34	Medicare Home Health
35	Other-Agency Home Health
-3	Irregular

DRG can assume the following values:

Value	Description
1	Craniotomy age >17 except for trauma
2	Craniotomy for trauma age >17
3	Craniotomy age 0-17
4	Spinal procedures
5	Extracranial vascular procedures
6	Carpal tunnel release
7	Periph & cranial nerve & other nerv syst proc w CC
8	Periph & cranial nerve & other nerv syst proc w/o CC
9	Spinal disorders & injuries
10	Nervous system neoplasms w CC
11	Nervous system neoplasms w/o CC
12	Degenerative nervous system disorders
13	Multiple sclerosis & cerebellar ataxia
14	Specific cerebrovascular disorders except tia
15	Transient ischemic attack & precerebral occlusions
16	Nonspecific cerebrovascular disorders w CC
17	Nonspecific cerebrovascular disorders w/o CC
18	Cranial & peripheral nerve disorders w CC
19	Cranial & peripheral nerve disorders w/o CC
20	Nervous system infection except viral meningitis
21	Viral meningitis
22	Hypertensive encephalopathy
23	Nontraumatic stupor & coma
24	Seizure & headache age >17 w CC
25	Seizure & headache age >17 w/o CC
26	Seizure & headache age 0-17
27	Traumatic stupor & coma, coma >1 hr
28	Traumatic stupor & coma, coma <1 hr age >17 w CC
29	Traumatic stupor & coma, coma <1 hr age >17 w/o CC
30	Traumatic stupor & coma, coma <1 hr age 0-17
31	Concussion age >17 w CC
32	Concussion age >17 w/o CC
33	Concussion age 0-17
34	Other disorders of nervous system w CC
35	Other disorders of nervous system w/o CC
36	Retinal procedures
37	Orbital procedures
38	Primary iris procedures
39	Lens procedures with or without vitrectomy
40	Extraocular procedures except orbit age >17

Value	Description
41	Extraocular procedures except orbit age 0-17
42	Intraocular procedures except retina, iris & lens
43	Hyphema
44	Acute major eye infections
45	Neurological eye disorders
46	Other disorders of the eye age >17 w CC
47	Other disorders of the eye age >17 w/o CC
48	Other disorders of the eye age 0-17
49	Major head & neck procedures
50	Sialoadenectomy
51	Salivary gland procedures except sialoadenectomy
52	Cleft lip & palate repair
53	Sinus & mastoid procedures age >17
54	Sinus & mastoid procedures age 0-17
55	Miscellaneous ear, nose, mouth & throat procedures
56	Rhinoplasty
57	T&A proc, except tonsillectomy &/or adenoidectomy only, age >17
58	T&A proc, except tonsillectomy &/or adenoidectomy only, age 0-17
59	Tonsillectomy &/or adenoidectomy only, age >17
60	Tonsillectomy &/or adenoidectomy only, age 0-17
61	Myringotomy w tube insertion age >17
62	Myringotomy w tube insertion age 0-17
63	Other ear, nose, mouth & throat O.R. procedures
64	Ear, nose, mouth & throat malignancy
65	Dysequilibrium
66	Epistaxis
67	Epiglottitis
68	Otitis media & uri age >17 w CC
69	Otitis media & uri age >17 w/o CC
70	Otitis media & uri age 0-17
71	Laryngotracheitis
72	Nasal trauma & deformity
73	Other ear, nose, mouth & throat diagnoses age >17
74	Other ear, nose, mouth & throat diagnoses age 0-17
75	Major chest procedures
76	Other resp system O.R. procedures w CC
77	Other resp system O.R. procedures w/o CC
78	Pulmonary embolism
79	Respiratory infections & inflammations age >17 w CC
80	Respiratory infections & inflammations age >17 w/o CC
81	Respiratory infections & inflammations age 0-17
82	Respiratory neoplasms

Value	Description
83	Major chest trauma w CC
84	Major chest trauma w/o CC
85	Pleural effusion w CC
86	Pleural effusion w/o CC
87	Pulmonary edema & respiratory failure
88	Chronic obstructive pulmonary disease
89	Simple pneumonia & pleurisy age >17 w CC
90	Simple pneumonia & pleurisy age >17 w/o CC
91	Simple pneumonia & pleurisy age 0-17
92	Interstitial lung disease w CC
93	Interstitial lung disease w/o CC
94	Pneumothorax w CC
95	Pneumothorax w/o CC
96	Bronchitis & asthma age >17 w CC
97	Bronchitis & asthma age >17 w/o CC
98	Bronchitis & asthma age 0-17
99	Respiratory signs & symptoms w CC
100	Respiratory signs & symptoms w/o CC
101	Other respiratory system diagnoses w CC
102	Other respiratory system diagnoses w/o CC
103	Heart transplant
104	Cardiac valve & other major cardiothoracic proc w cardiac cath
105	Cardiac valve & other major cardiothoracic proc w/o cardiac cath
106	Coronary bypass w ptca
107	Coronary bypass w cardiac cath
108	Other cardiothoracic procedures
109	Coronary bypass w/o cardiac cath
110	Major cardiovascular procedures w CC
111	Major cardiovascular procedures w/o CC
113	Amputation for circ system disorders except upper limb & toe
114	Upper limb & toe amputation for circ system disorders
115	Prm card pacem impl w ami,hrt fail or shk,or aicd lead or gnrtr proc
116	Other permanent cardiac pacemaker implant
117	Cardiac pacemaker revision except device replacement
118	Cardiac pacemaker device replacement
119	Vein ligation & stripping
120	Other circulatory system O.R. procedures
121	Circulatory disorders w ami & major comp, discharged alive
122	Circulatory disorders w ami w/o major comp, discharged alive
123	Circulatory disorders w ami, expired
124	Circulatory disorders except ami, w card cath & complex diag
125	Circulatory disorders except ami, w card cath w/o complex diag

Value	Description
126	Acute & subacute endocarditis
127	Heart failure & shock
128	Deep vein thrombophlebitis
129	Cardiac arrest, unexplained
130	Peripheral vascular disorders w CC
131	Peripheral vascular disorders w/o CC
132	Atherosclerosis w CC
133	Atherosclerosis w/o CC
134	Hypertension
135	Cardiac congenital & valvular disorders age >17 w CC
136	Cardiac congenital & valvular disorders age >17 w/o CC
137	Cardiac congenital & valvular disorders age 0-17
138	Cardiac arrhythmia & conduction disorders w CC
139	Cardiac arrhythmia & conduction disorders w/o CC
140	Angina pectoris
141	Syncope & collapse w CC
142	Syncope & collapse w/o CC
143	Chest pain
144	Other circulatory system diagnoses w CC
145	Other circulatory system diagnoses w/o CC
146	Rectal resection w CC
147	Rectal resection w/o CC
148	Major small & large bowel procedures w CC
149	Major small & large bowel procedures w/o CC
150	Peritoneal adhesiolysis w CC
151	Peritoneal adhesiolysis w/o CC
152	Minor small & large bowel procedures w CC
153	Minor small & large bowel procedures w/o CC
154	Stomach, esophageal & duodenal procedures age >17 w CC
155	Stomach, esophageal & duodenal procedures age >17 w/o CC
156	Stomach, esophageal & duodenal procedures age 0-17
157	Anal & stomal procedures w CC
158	Anal & stomal procedures w/o CC
159	Hernia procedures except inguinal & femoral age >17 w CC
160	Hernia procedures except inguinal & femoral age >17 w/o CC
161	Inguinal & femoral hernia procedures age >17 w CC
162	Inguinal & femoral hernia procedures age >17 w/o CC
163	Hernia procedures age 0-17
164	Appendectomy w complicated principal diag w CC
165	Appendectomy w complicated principal diag w/o CC
166	Appendectomy w/o complicated principal diag w CC
167	Appendectomy w/o complicated principal diag w/o CC

Value	Description
168	Mouth procedures w CC
169	Mouth procedures w/o CC
170	Other digestive system O.R. procedures w CC
171	Other digestive system O.R. procedures w/o CC
172	Digestive malignancy w CC
173	Digestive malignancy w/o CC
174	G.I. hemorrhage w CC
175	G.I. hemorrhage w/o CC
176	Complicated peptic ulcer
177	Uncomplicated peptic ulcer w CC
178	Uncomplicated peptic ulcer w/o CC
179	Inflammatory bowel disease
180	G.I. obstruction w CC
181	G.I. obstruction w/o CC
182	Esophagitis, gastroent & misc digest disorders age >17 w CC
183	Esophagitis, gastroent & misc digest disorders age >17 w/o CC
184	Esophagitis, gastroent & misc digest disorders age 0-17
185	Dental & oral dis except extractions & restorations, age >17
186	Dental & oral dis except extractions & restorations, age 0-17
187	Dental extractions & restorations
188	Other digestive system diagnoses age >17 w CC
189	Other digestive system diagnoses age >17 w/o CC
190	Other digestive system diagnoses age 0-17
191	Pancreas, liver & shunt procedures w CC
192	Pancreas, liver & shunt procedures w/o CC
193	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC
194	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC
195	Cholecystectomy w c.d.e. w CC
196	Cholecystectomy w c.d.e. w/o CC
197	Cholecystectomy except by laparoscope w/o c.d.e. w CC
198	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC
199	Hepatobiliary diagnostic procedure for malignancy
200	Hepatobiliary diagnostic procedure for non-malignancy
201	Other hepatobiliary or pancreas O.R. procedures
202	Cirrhosis & alcoholic hepatitis
203	Malignancy of hepatobiliary system or pancreas
204	Disorders of pancreas except malignancy
205	Disorders of liver except malig,cirr,alc hepa w CC
206	Disorders of liver except malig,cirr,alc hepa w/o CC
207	Disorders of the biliary tract w CC
208	Disorders of the biliary tract w/o CC
209	Major joint & limb reattachment procedures of lower extremity

Value	Description
210	Hip & femur procedures except major joint age >17 w CC
211	Hip & femur procedures except major joint age >17 w/o CC
212	Hip & femur procedures except major joint age 0-17
213	Amputation for musculoskeletal system & conn tissue disorders
216	Biopsies of musculoskeletal system & connective tissue
217	Wnd debrid & skn grft except hand,for muscskelet & conn tiss dis
218	Lower extrem & humer proc except hip,foot,femur age >17 w CC
219	Lower extrem & humer proc except hip,foot,femur age >17 w/o CC
220	Lower extrem & humer proc except hip,foot,femur age 0-17
223	Major shoulder/elbow proc, or other upper extremity proc w CC
224	Shoulder,elbow or forearm proc,exc major joint proc, w/o CC
225	Foot procedures
226	Soft tissue procedures w CC
227	Soft tissue procedures w/o CC
228	Major thumb or joint proc,or oth hand or wrist proc w CC
229	Hand or wrist proc, except major joint proc, w/o CC
230	Local excision & removal of int fix devices of hip & femur
231	Local excision & removal of int fix devices except hip & femur
232	Arthroscopy
233	Other musculoskelet sys & conn tiss O.R. proc w CC
234	Other musculoskelet sys & conn tiss O.R. proc w/o CC
235	Fractures of femur
236	Fractures of hip & pelvis
237	Sprains, strains, & dislocations of hip, pelvis & thigh
238	Osteomyelitis
239	Pathological fractures & musculoskeletal & conn tiss malignancy
240	Connective tissue disorders w CC
241	Connective tissue disorders w/o CC
242	Septic arthritis
243	Medical back problems
244	Bone diseases & specific arthropathies w CC
245	Bone diseases & specific arthropathies w/o CC
246	Non-specific arthropathies
247	Signs & symptoms of musculoskeletal system & conn tissue
248	Tendonitis, myositis & bursitis
249	Aftercare, musculoskeletal system & connective tissue
250	Fx, sprn, strn & disl of forearm, hand, foot age >17 w CC
251	Fx, sprn, strn & disl of forearm, hand, foot age >17 w/o CC
252	Fx, sprn, strn & disl of forearm, hand, foot age 0-17
253	Fx, sprn, strn & disl of uparm,lowleg ex foot age >17 w CC
254	Fx, sprn, strn & disl of uparm,lowleg ex foot age >17 w/o CC
255	Fx, sprn, strn & disl of uparm,lowleg ex foot age 0-17

Value	Description
256	Other musculoskeletal system & connective tissue diagnoses
257	Total mastectomy for malignancy w CC
258	Total mastectomy for malignancy w/o CC
259	Subtotal mastectomy for malignancy w CC
260	Subtotal mastectomy for malignancy w/o CC
261	Breast proc for non-malignancy except biopsy & local excision
262	Breast biopsy & local excision for non-malignancy
263	Skin graft &/or debrid for skn ulcer or cellulitis w CC
264	Skin graft &/or debrid for skn ulcer or cellulitis w/o CC
265	Skin graft &/or debrid except for skin ulcer or cellulitis w CC
266	Skin graft &/or debrid except for skin ulcer or cellulitis w/o CC
267	Perianal & pilonidal procedures
268	Skin, subcutaneous tissue & breast plastic procedures
269	Other skin, subcut tiss & breast proc w CC
270	Other skin, subcut tiss & breast proc w/o CC
271	Skin ulcers
272	Major skin disorders w CC
273	Major skin disorders w/o CC
274	Malignant breast disorders w CC
275	Malignant breast disorders w/o CC
276	Non-maligant breast disorders
277	Cellulitis age >17 w CC
278	Cellulitis age >17 w/o CC
279	Cellulitis age 0-17
280	Trauma to the skin, subcut tiss & breast age >17 w CC
281	Trauma to the skin, subcut tiss & breast age >17 w/o CC
282	Trauma to the skin, subcut tiss & breast age 0-17
283	Minor skin disorders w CC
284	Minor skin disorders w/o CC
285	Amputat of lower limb for endocrine,nutrit,& metabol disorders
286	Adrenal & pituitary procedures
287	Skin grafts & wound debrid for endoc, nutrit & metab disorders
288	O.R. procedures for obesity
289	Parathyroid procedures
290	Thyroid procedures
291	Thyroglossal procedures
292	Other endocrine, nutrit & metab O.R. proc w CC
293	Other endocrine, nutrit & metab O.R. proc w/o CC
294	Diabetes age >35
295	Diabetes age 0-35
296	Nutritional & misc metabolic disorders age >17 w CC
297	Nutritional & misc metabolic disorders age >17 w/o CC

Value	Description
298	Nutritional & misc metabolic disorders age 0-17
299	Inborn errors of metabolism
300	Endocrine disorders w CC
301	Endocrine disorders w/o CC
302	Kidney transplant
303	Kidney,ureter & major bladder procedures for neoplasm
304	Kidney,ureter & major bladder proc for non-neopl w CC
305	Kidney,ureter & major bladder proc for non-neopl w/o CC
306	Prostatectomy w CC
307	Prostatectomy w/o CC
308	Minor bladder procedures w CC
309	Minor bladder procedures w/o CC
310	Transurethral procedures w CC
311	Transurethral procedures w/o CC
312	Urethral procedures, age >17 w CC
313	Urethral procedures, age >17 w/o CC
314	Urethral procedures, age 0-17
315	Other kidney & urinary tract O.R. procedures
316	Renal failure
317	Admit for renal dialysis
318	Kidney & urinary tract neoplasms w CC
319	Kidney & urinary tract neoplasms w/o CC
320	Kidney & urinary tract infections age >17 w CC
321	Kidney & urinary tract infections age >17 w/o CC
322	Kidney & urinary tract infections age 0-17
323	Urinary stones w CC, &/or esw lithotripsy
324	Urinary stones w/o CC
325	Kidney & urinary tract signs & symptoms age >17 w CC
326	Kidney & urinary tract signs & symptoms age >17 w/o CC
327	Kidney & urinary tract signs & symptoms age 0-17
328	Urethral stricture age >17 w CC
329	Urethral stricture age >17 w/o CC
330	Urethral stricture age 0-17
331	Other kidney & urinary tract diagnoses age >17 w CC
332	Other kidney & urinary tract diagnoses age >17 w/o CC
333	Other kidney & urinary tract diagnoses age 0-17
334	Major male pelvic procedures w CC
335	Major male pelvic procedures w/o CC
336	Transurethral prostatectomy w CC
337	Transurethral prostatectomy w/o CC
338	Testes procedures, for malignancy
339	Testes procedures, non-malignancy age >17

Value	Description
340	Testes procedures, non-malignancy age 0-17
341	Penis procedures
342	Circumcision age >17
343	Circumcision age 0-17
344	Other male reproductive system O.R. procedures for malignancy
345	Other male reproductive system O.R. proc except for malignancy
346	Malignancy, male reproductive system, w CC
347	Malignancy, male reproductive system, w/o CC
348	Benign prostatic hypertrophy w CC
349	Benign prostatic hypertrophy w/o CC
350	Inflammation of the male reproductive system
351	Sterilization, male
352	Other male reproductive system diagnoses
353	Pelvic evisceration, radical hysterectomy & radical vulvectomy
354	Uterine,adnexa proc for non-ovarian/adnexal malig w CC
355	Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC
356	Female reproductive system reconstructive procedures
357	Uterine & adnexa proc for ovarian or adnexal malignancy
358	Uterine & adnexa proc for non-malignancy w CC
359	Uterine & adnexa proc for non-malignancy w/o CC
360	Vagina, cervix & vulva procedures
361	Laparoscopy & incisional tubal interruption
362	Endoscopic tubal interruption
363	D&c, conization & radio-implant, for malignancy
364	D&c, conization except for malignancy
365	Other female reproductive system O.R. procedures
366	Malignancy, female reproductive system w CC
367	Malignancy, female reproductive system w/o CC
368	Infections, female reproductive system
369	Menstrual & other female reproductive system disorders
370	Cesarean section w CC
371	Cesarean section w/o CC
372	Vaginal delivery w complicating diagnoses
373	Vaginal delivery w/o complicating diagnoses
374	Vaginal delivery w sterilization &/or d&c
375	Vaginal delivery w O.R. proc except steril &/or d&c
376	Postpartum & post abortion diagnoses w/o O.R. procedure
377	Postpartum & post abortion diagnoses w O.R. procedure
378	Ectopic pregnancy
379	Threatened abortion
380	Abortion w/o d&c
381	Abortion w d&c, aspiration curettage or hysterotomy

Value	Description
382	False labor
383	Other antepartum diagnoses w medical complications
384	Other antepartum diagnoses w/o medical complications
385	Neonates, died or transferred to another acute care facility
386	Extreme immaturity or respiratory distress syndrome, neonate
387	Prematurity w major problems
388	Prematurity w/o major problems
389	Full term neonate w major problems
390	Neonate w other significant problems
391	Normal newborn
392	Splenectomy age >17
393	Splenectomy age 0-17
394	Other O.R. procedures of the blood and blood forming organs
395	Red blood cell disorders age >17
396	Red blood cell disorders age 0-17
397	Coagulation disorders
398	Reticuloendothelial & immunity disorders w CC
399	Reticuloendothelial & immunity disorders w/o CC
400	Lymphoma & leukemia w major O.R. procedure
401	Lymphoma & non-acute leukemia w other O.R. proc w CC
402	Lymphoma & non-acute leukemia w other O.R. proc w/o CC
403	Lymphoma & non-acute leukemia w CC
404	Lymphoma & non-acute leukemia w/o CC
405	Acute leukemia w/o major O.R. procedure age 0-17
406	Myeloprolif disord or poorly diff neopl w maj O.R.proc w CC
407	Myeloprolif disord or poorly diff neopl w maj O.R.proc w/o CC
408	Myeloprolif disord or poorly diff neopl w other O.R.proc
409	Radiotherapy
410	Chemotherapy w/o acute leukemia as secondary diagnosis
411	History of malignancy w/o endoscopy
412	History of malignancy w endoscopy
413	Other myeloprolif dis or poorly diff neopl diag w CC
414	Other myeloprolif dis or poorly diff neopl diag w/o CC
415	O.R. procedure for infectious & parasitic diseases
416	Septicemia age >17
417	Septicemia age 0-17
418	Postoperative & post-traumatic infections
419	Fever of unknown origin age >17 w CC
420	Fever of unknown origin age >17 w/o CC
421	Viral illness age >17
422	Viral illness & fever of unknown origin age 0-17
423	Other infectious & parasitic diseases diagnoses

Value	Description
424	O.R. procedure w principal diagnoses of mental illness
425	Acute adjustment reaction & psychosocial dysfunction
426	Depressive neuroses
427	Neuroses except depressive
428	Disorders of personality & impulse control
429	Organic disturbances & mental retardation
430	Psychoses
431	Childhood mental disorders
432	Other mental disorder diagnoses
433	Alcohol/drug abuse or dependence, left ama
439	Skin grafts for injuries
440	Wound debridements for injuries
441	Hand procedures for injuries
442	Other O.R. procedures for injuries w CC
443	Other O.R. procedures for injuries w/o CC
444	Traumatic injury age >17 w CC
445	Traumatic injury age >17 w/o CC
446	Traumatic injury age 0-17
447	Allergic reactions age >17
448	Allergic reactions age 0-17
449	Poisoning & toxic effects of drugs age >17 w CC
450	Poisoning & toxic effects of drugs age >17 w/o CC
451	Poisoning & toxic effects of drugs age 0-17
452	Complications of treatment w CC
453	Complications of treatment w/o CC
454	Other injury, poisoning & toxic effect diag w CC
455	Other injury, poisoning & toxic effect diag w/o CC
461	O.R. proc w diagnoses of other contact w health services
462	Rehabilitation
463	Signs & symptoms w CC
464	Signs & symptoms w/o CC
465	Aftercare w history of malignancy as secondary diagnosis
466	Aftercare w/o history of malignancy as secondary diagnosis
467	Other factors influencing health status
468	Extensive O.R. procedure unrelated to principal diagnosis
469	Principal diagnosis invalid as discharge diagnosis
470	Ungroupable
471	Bilateral or multiple major joint procs of lower extremity
473	Acute leukemia w/o major O.R. procedure age >17
475	Respiratory system diagnosis with ventilator support
476	Prostatic O.R. procedure unrelated to principal diagnosis
477	Non-extensive O.R. procedure unrelated to principal diagnosis

Value	Description
478	Other vascular procedures w CC
479	Other vascular procedures w/o CC
480	Liver transplant
481	Bone marrow transplant
482	Tracheostomy for face,mouth & neck diagnoses
483	Tracheostomy except for face,mouth & neck diagnoses
484	Craniotomy for multiple significant trauma
485	Limb reattachment, hip and femur proc for multiple significant trauma
486	Other O.R. procedures for multiple significant trauma
487	Other multiple significant trauma
488	HIV w extensive O.R. procedure
489	HIV w major related condition
490	HIV w or w/o other related condition
491	Major joint & limb reattachment procedures of upper extremity
492	Chemotherapy w acute leukemia as secondary diagnosis
493	Laparoscopic cholecystectomy w/o c.d.e. w CC
494	Laparoscopic cholecystectomy w/o c.d.e. w/o CC
495	Lung transplant
496	Combined anterior/posterior spinal fusion
497	Spinal fusion except cervical w CC
498	Spinal fusion except cervical w/o CC
499	Back & neck procedures except spinal fusion w CC
500	Back & neck procedures except spinal fusion w/o CC
501	Knee procedures w pdx of infection w CC
502	Knee procedures w pdx of infection w/o CC
503	Knee procedures w/o pdx of infection
504	Extensive 3rd degree burns w skin graft
505	Extensive 3rd degree burns w/o skin graft
506	Full thickness burn w skin graft or inhal inj w CC or sig trauma
507	Full thickness burn w skin grft or inhal inj w/o CC or sig trauma
508	Full thickness burn w/o skin grft or inhal inj w CC or sig trauma
509	Full thickness burn w/o skin grft or inh inj w/o CC or sig trauma
510	Non-extensive burns w CC or significant trauma
511	Non-extensive burns w/o CC or significant trauma
512	Simultaneous pancreas/kidney transplant
513	Pancreas transplant
514	Cardiac defibrillator implant w cardiac cath
515	Cardiac defibrillator implant w/o cardiac cath
516	Percutaneous cardiovascular procedures w ami
517	Percutaneous cardiovasc proc w coronary artery stent w/o ami
518	Percutaneous cardiovasc proc w/o coronary artery stent or ami
519	Cervical spinal fusion w CC

Value	Description
520	Cervical spinal fusion w/o CC
521	Alcohol/drug abuse or dependence w CC
522	Alcohol/drug abuse or dependence w rehabilitation therapy w/o CC
523	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o CC
524	Transient Ischemia
525	Heart assist system implant
526	Percutaneous cardiovascular procedures w drug eluting stent w AMI
527	Percutaneous cardiovascular procedures w drug eluting stent w/o AMI
528	Intracranial vascular procedures w PDX hemorrhage
529	Ventribular shunt procedures w CC
530	Ventricular shunt procedures w/o CC
531	Spinal procedures w CC
532	Spinal procedures w/o CC
533	Extracranial procedures w CC
534	Extracranial procedures w/o CC
535	Cardiac defib implant w cardiac cath w AMI/HF/SHOCK
536	Cardiac debib implant w cardiac cath w/o AMI/HF/SHOCK
537	Local excis & remov of int fix dev except hip & femur w CC
538	Local excis & remov of int fix dev except hip & femur w/o CC
539	Lymphoma & leukemia w major OR procedures w CC
540	Lymphoma & leukemia w major OR procedures w/o CC
541	Ecmo or trach w mv 96+hrs or pdx exc face, mouth & neck w maj O.R.
542	Trach w mv 96+hrs or pdx exc face, mouth & neck w/o maj O.R.
543	Craniotomy w/implant of chemo agent or acute complx cns pdx
544	Major joint replacement or reattachment of lower extremity
545	Revision of hip or knee replacement
546	Spinal fusion exc cerv with curvature of the spine or malig
547	Coronary bypass w cardiac cath w major cv dx
548	Coronary bypass w cardiac cath w/o major cv dx
549	Coronary bypass w/o cardiac cath w major cv dx
550	Coronary bypass w/o cardiac cath w/o major cv dx
551	Permanent cardiac pacemaker impl w maj cv dx or aicd lead or gnrtr
552	Other permanent cardiac pacemaker implance w/o major cv dx
553	Other vascular procedures w cc w major cv dx
554	Other vascular procefures w cc w/o major cv dx
555	Percutaneous cardiovascular proc w major cv dx
556	Percutaneous cardiovascular proc w non-drug-eluting stent w/o maj cv dx
557	Percutaneous cardiovascular proc w drug-eluting stent w major cv dx
558	Percutaneous cardiovascular proc w drug-eluting stent w/o major cv dx
559	Acute ischemic stroke with use of thromolytic agent
560	Bacterial & tuberculous infections of nervous system
561	Non-bacterial infections of nervous system except viral meningitis

Value	Description
562	Seizure age>17 w CC
563	Seizure age>17 w/o CC
564	Headaches age>17
565	Respiratory system diagnosis with ventilator support 96+hours
566	Respiratory system diagnosis with ventilator support <96 hours
567	Stomach, esophageal & duodental proc age>17 w CC w major GI DX
568	Stomach, esophageal & duodental proc age >17 w CC w/o major GI DX
569	Major small & large bowel procedures w CC w major GI DX
570	Major small & large bowel procedures w CC w/o major GI DX
571	Major esophageal disorders
572	Major gastrointestinal disorders and peritoneal infections
573	Major bladder procedures
574	Major hematologic/immunologic diag exc sicke cell crisis & coagul
575	Septicemia w mv 96+ hours age>17
576	Septicemia w/o mv 96+ hours age>17
577	Carotid artery stent procedure
578	O.R. Procedure w pdx exc postoperative or post-traumatic infection
579	O.R. Procedure w pdx of postoperative or post-traumatic infection

ETHNIC can assume the following values:

Value	Description – Method of Data Collection
(Other)	Missing
D	Declined To Answer-Missing
DO	Declined To Answer-Observer
DP	Declined To Answer-Proxy
DS	Declined To Answer-Self-identification
DU	Declined To Answer-Unknown By Patient
H	Hispanic or Latino-Missing
HO	Hispanic or Latino-Observer
HP	Hispanic or Latino-Proxy
HS	Hispanic or Latino-Self-identification
HU	Hispanic or Latino-Unknown By Patient
N	Not Hispanic or Latino-Missing
NO	Not Hispanic or Latino-Observer
NP	Not Hispanic or Latino-Proxy
NS	Not Hispanic or Latino-Self-identified
NU	Not Hispanic or Latino-Unknown By Patient
U	Unknown-Missing
UO	Unknown-Observer
UP	Unknown-Proxy
US	Unknown-Self-identification
UU	Unknown-Unknown By Patient

HOMSTATE can assume the following values:

Value	Description
1	Alabama
2	Alaska
4	Arizona
5	Arkansas
6	California
8	Colorado
9	Connecticut
10	Delaware
11	Washington, D.C.
12	Florida
13	Georgia
15	Hawaii
16	Idaho
17	Illinois
18	Indiana
19	Iowa
20	Kansas
21	Kentucky
22	Louisiana
23	Maine
24	Maryland
25	Massachusetts
26	Michigan
27	Minnesota
28	Mississippi
29	Missouri
30	Montana
31	Nebraska
32	Nevada
33	New Hampshire
34	New Jersey
35	New Mexico
36	New York
37	North Carolina
38	North Dakota
39	Ohio
40	Oklahoma
41	Oregon
42	Pennsylvania
44	Rhode Island
45	South Carolina

Value	Description
46	South Dakota
47	Tennessee
48	Texas
49	Utah
50	Vermont
51	Virginia
53	Washington
54	West Virginia
55	Wisconsin
56	Wyoming
58	Alberta
59	British Columbia
60	U.S. Samoa
61	Manitoba
62	New Brunswick
63	Newfoundland
65	Nova Scotia
66	Guam
71	Midway Islands
72	Puerto Rico
73	Northwest Territories
74	U.S. Minor Outlying Islands
75	Ontario
76	U.S. Caribbean
77	Prince Edward Island
78	Virgin Islands
80	Quebec
85	AF Amer – exc CAN
87	AF EUR, ME, CAN
88	AF Pacific
90	Foreign Country
91	Canada & Mexico
93	Europe
96	Philippines
99	Unknown

MEANS can assume the following values:

Value	Description
AN	This Means Test category includes non-service connected (NSC) veterans who are required to complete VA Form 10-10F (Financial Worksheet) and those NSC veterans in receipt of VA pension, aid and attendance, housebound allowance, or entitled to State Medicaid. This category may also include 0% non-compensable service-connected veterans when they are not treated for a service-connected condition and are placed in this category based on completion of a Means Test.
AS	This Means Test category includes all compensable service-connected (0-100%) veterans and special category veterans. Special category veterans include: Mexican Border War and World War I veterans; former Prisoners of War; and patients receiving care for conditions potentially related to exposure to either Agent Orange (Herbicides), Ionizing Radiation or Environmental Contaminants. This category also includes 0% non-compensable service-connected veterans when they are treated for a service-connected condition.
C	This Means Test category includes those veterans who, based on income and/or net worth, are required to reimburse VA for care rendered. This category also includes those pending adjudication. This category may also include 0% non-compensable service-connected veterans when they are not treated for a service-connected condition and are placed in this category based on completion of a Means Test.
G	This Means Test category includes those veterans who are not service-connected and non-compensable 0% service-connected veterans with current income above the Means Test threshold and below the applicable HUD Index. These veterans are assigned to Priority 7 (unless Catastrophically Disabled or exposed to a toxic substance.) Veterans who fall into this category will have to submit income for yearly testing. Public Law 107-135 requires VA to identify veterans who agree to make medical care copayments and whose family incomes are below the “low-income” limits for the geographical area set by HUD for public housing benefits. Effective October 1, 2002, these veterans will be charged a reduced inpatient copayment equal to 20% of the established inpatient copayment and per diem charges. On October 8, 2002, VA published the final rule governing the new geographic means test (GMT) process and defines procedures for assigning veterans to Priority 7 and 8. The rule also clarifies a previous rule relating to assignments to Priority 4 based on Catastrophic Disability. Veterans who are Catastrophically Disabled and who have income above the Means Test threshold are still required to make copayments for their medical care.
N	This Means Test category includes only non-veterans receiving treatment at VA facilities.

Value	Description
X	This Means Test category includes treatment of patients who are not required to complete the Means Test for the care being provided. If the veteran was admitted prior to July 1, 1986 with no change in the level of care being received, (i.e., if the patient was in the Nursing Home Care Unit (NHCU) on June 30, 1986 and has remained in the NHCU since that date with no transfer to the hospital for treatment), the "X" Means Test indicator will be accepted. This category also includes patients admitted to the domiciliary, patients seen for completion of a compensation and pension examination, and Class II dental treatment.
U	This Means Test category includes only those patients who require a Means Test, and the Means Test has not been done/completed.

PSX can assume the following values:

Value	Description
0	Spanish-American War
1	World War I (April 6, 1917, to November 11, 1918); date can be extended to April 1, 1920, if veteran served in Russia
2	World War II (December 7, 1941, to December 31, 1946)
3	Pre-Korean (Before June 27, 1950)
4	Korean Conflict (June 27, 1950, to January 31, 1955)
5	Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964)
6	Vietnam Era (August 5, 1964, to May 7, 1975)
7	Post-Vietnam/Peacetime Service (On or after May 8, 1975)
8	Persian Gulf War (Active Duty)
9	Other or None
A	Active Duty—ARMY
B	Active Duty--NAVY/MARINE CORPS
C	Active Duty--AIR FORCE
D	Active Duty--COAST GUARD (Department of Transportation)
E	Retired members of uniformed services
F	Medically Remedial Enlistment Program
G	Merchant Seamen (United States Public Health Service)
H	Other United States Public Health Service (PHS) beneficiaries
I	Observation and examination
J	OWCP (Office of Workers Compensation Program)
K	Job Corps and Peace Corps
L	Railroad retirement
M	Beneficiaries of Foreign Governments
N	Humanitarian (non-veteran emergency)
O	CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) Restore - VA Medical Center, Albuquerque only
P	Other contract reimbursable (non-veteran) programs of the VA (Public Law 93-82)
Q	Other Federal agency – dependent
R	Donors (non-veteran)
S	Special Studies (non-veteran)
T	Other non-veteran (not classified elsewhere)
U	Spouse, surviving spouse, child (CHAMPVA) (Civilian Health and Medical Program for the Department of Veterans Affairs)
V	CHAMPUS
W	Service in Czechoslovakian or Polish Armed Forces (Public Law 94-491)
X	Persian Gulf War
Y	New Philippine Scouts and Commonwealth Army Veterans
Z	Merchant Marines

RACE1 – RACE6 can assume the following values:

Value	Description – Method of Data Collection
(blank)	Missing
3	American Indian Or Alaska Native-Missing
3O	American Indian Or Alaska Native-Observer
3P	American Indian Or Alaska Native-Proxy
3S	American Indian Or Alaska Native-Self-identification
3U	American Indian Or Alaska Native-Unknown By Patient
8	Asian-Missing
8O	Asian-Observer
8P	Asian-Proxy
8S	Asian-Self-identification
8U	Asian-Unknown By Patient
9	Black or African American-Missing
9O	Black or African American-Observer
9P	Black or African American-Proxy
9S	Black or African American-Self-identification
9U	Black or African American-Unknown By Patient
A	Native Hawaiian or Other Pacific Islander-Missing
AO	Native Hawaiian or Other Pacific Islander-Observer
AP	Native Hawaiian or Other Pacific Islander-Proxy
AS	Native Hawaiian or Other Pacific Islander-Self-identification
AU	Native Hawaiian or Other Pacific Islander-Unknown By Patient
B	White-Missing
BO	White-Observer
BP	White-Proxy
BS	White-Self-identification
BU	White-Unknown By Patient
C	Declined to Answer-Missing
CO	Declined to Answer-Observer
CP	Declined to Answer-Proxy
CS	Declined to Answer-Self-identification
CU	Declined to Answer-Unknown By Patient
D	Unknown-Missing
DO	Unknown-Observer
DP	Unknown-Proxy
DS	Unknown-Self-identification
DU	Unknown-Unknown By Patient

SGR1 can assume the following values:

Value	Description
1	Skull incision
2	Skull, other
3	Spinal
4	Cranial nerve
5	Nerve, sympathetic
6	Thyroid
7	Endocrine
8	Eyelid
9	Lachrymal
10	Conjunctiva
11	Cornea
12	Iris, etc.
13	Eye, lens
14	Retina, etc.
15	Extraocular muscles
16	Eyeball & orbital
18	Ear, external
19	Ear, middle
20	Ear, inner
21	Nose
22	Sinus, nasal
23	Teeth
24	Gums & teeth
25	Tongue
26	Salivary
27	Mouth & face, other
28	Tonsils & adenoids
29	Pharynx
30	Larynx, excision
31	Larynx, other
32	Lung, excision
33	Lung, other
34	Chest, no lung
35	Heart valve
36	Heart vessels
37	Heart, other
38	Vessels, excision
39	Vessels, other
40	Lymphatic
41	Marrow & spleen
42	Esophagus

Value	Description
43	Stomach, excision
44	Stomach, other
45	Intestine, excision
46	Intestine, other
47	Appendix
48	Rectum
49	Anus
50	Liver
51	Gallbladder
52	Pancreas
53	Hernia
54	Abdominal, other
55	Kidney
56	Ureter
58	Bladder
59	Urinary, other
60	Prostate
61	Scrotum
62	Testes
63	Spermatic, etc.
64	Penis
65	Ovary
66	Fallopian
67	Cervix
68	Uterus, excision
69	Uterus, other
70	Vagina
71	Perineum
72	Delivery
73	Delivery, other
74	Cesarean
75	Obstetric, other
76	Face
77	Bone, excision
78	Bone, other
79	Fracture, reduction
80	Joint, excision
81	Joint, plastic
82	Muscle, hand
83	Muscle, not hand
84	Muscle & bone, other
85	Breast
86	Skin

Value	Description
87	X-Ray, diagnostic
88	X-Ray, etc.
89	Examination
90	Microscopic – I
91	Microscopic – II
92	Nuclear
93	Physical therapy, etc.
94	Psych procedure
95	Ophthalmologic
96	Intubation & irrigation
97	Therapeutic device
98	Foreign body, no operation (NOOP)
99	Non-operative, other

SOURCE can assume the following values:

Value	Description
1	_____ To VA Hospital:
1A	Pre-Bed Care
1B	Outpatient Non-Service Connected Condition
1C	Outpatient Service Connected Condition
1D	VA Nursing Home Care Unit (NHCU)
1E	VA Domiciliary
1F	Restoration Center
1G	Contract Community Nursing Home (CNH) – Under VA Auspices
1H	CNH – Not Under VA Auspices (NVA)
1J	Government (Non-Federal) Mental Hospital – NVA
1K	All Other Non-VA Hospitals – NVA
1L	State Home (Domiciliary Or Nursing Home)
1M	Direct (Excludes Admission From Outpatient Status)
1P	Outpatient Treatment
1R	Research – Veteran
1S	Research – Non-Veteran
1T	Observation And Examination
2A	Non-Veteran, Other Than Military
2B	Military Personnel, Not Directly From A Military Hospital
2C	Other Non-VA Hospital Under VA Auspices (Includes Military Hospital And State Home Hospital)
3A	A VA Medical Center
3B	Other Federal Hospital (Excluding Military Hospital) Under VA Auspices
3C	Other Non-VA Hospital Under VA Auspices (Includes Military Hospital And State Home Hospital)
3D	VA Hospital To A Military Hospital
3E	Transfer From A VA Medical Center To A VA Medical Center And The Patient Has Been Continuously Hospitalized Since Before 7/1/86, The Source Of Admission Will Generate A MEANS Test Indicator Of “X”
4	_____ To Domiciliary: _____
4A	VA Hospital
4B	VA Hospital, Non Bed Care
4C	VA Nursing Home
4D	VA Domiciliary
4E	Transfer From A Domiciliary To A Domiciliary And The Patient Has Been Continuously Hospitalized Since Before 7/1/86, The Source Of Admission Will Generate A MEANS Test Indicator Of “X”
4F	Non-VA Hospital Under VA Auspices (Includes Military Hospital And State Home Hospital)

Value	Description
4G	Non-VA Hospital Under Non-VA Auspices
4H	Community Nursing Home (CNH) – Under VA Auspices
4J	CNH – Not Under VA Auspices (NVA)
4K	State Domiciliary
4L	State Nursing Home
4M	Military Hospital
4N	Federal Hospital Under VA Auspices (Includes Military Hospital And State Home Hospital)
4P	Federal Hospital Not Under VA Auspices
4Q	Government Hospital Not Under VA Auspices
4R	Government Hospital Under VA Auspices (Includes Military Hospital And State Home Hospital)
4S	Outpatient Clinic
4T	Welfare Referral
4U	NSO Referral
4W	Self Walk In
4Y	Other Source
5	___ To VA Nursing Home
5A	VA Hospital
5B	Non-VA Hospital
5C	VA Domiciliary
5D	Transfer From A N To A Domiciliary And The Patient Has Been Continuously Hospitalized Since Before 7/1/86, The Source Of Admission Will Generate A MEANS Test Indicator Of “X”
5E	Transfer To A VA Nursing Home
5F	Transfer To A Community Nursing Home
5G	Other
6	___ To CNH: ___
6A	VA Hospital
6B	VA Nursing Home
6C	Community Nursing Home (CNH) – Under VA Auspices
6D	Other Source
7B	Active Military

STA3N Can Assume The Following Values:

Value	Description
101	VA Central Office
105	Mortgage Loan Accounting Center
200	Austin DPC
315	Huntington
318	Winston-Salem
358	Manila
359	Honolulu (Old)
363	Anchorage (Old)
372	Washington
402	Togus
405	White River Junction
423	Jackson<80
433	Des Moines<71
436	Fort Harrison, Montana Health Care System (HCS)
437	Fargo
438	Sioux Falls
442	Cheyenne
447	Boise<73
452	VAMC Wichita, KS
454	Reno<74
455	San Juan Old<88
459	Honolulu
460	Wilmington
463	Alaska HCS & RO
500	Albany<0700 NY
501	New Mexico Health Care System (HCS)
502	Alexandria
503	James E. Van Zandt VAMC (Altoona)
504	Amarillo Health Care System (HCS)
505	American Lake (Old)
506	Ann Arbor Health Care System (HCS)
508	Decatur, Atlanta
509	Augusta
512	Baltimore
513	Batavia (Old)
514	Bath<0700
515	Battle Creek
516	Bay Pines
517	Beckley
518	Bedford

Value	Description
519	West Texas Health Care System (HCS)
520	Gulf Coast Health Care System (HCS)
521	Birmingham
522	Bonham (Old)
523	VA Boston Health Care System (HCS) – Boston Division
524	Brecksville<74
525	Brockton
526	Bronx
527	Brooklyn-Poly Pl.
528	Upstate New York Health Care System (HCS)
529	Butler
530	LA-Brentwood<83
531	Boise
532	Canandaigua
533	Castle Point (Old)
534	Charleston
535	Chicago-Lakeside-Old
537	Chicago Health Care System (HCS)
538	Chillicothe
539	Cincinnati
540	Clarksburg
541	Cleveland – Wade Park
542	Coatesville
543	Columbia MO<0401
544	Columbia SC
546	Miami
548	West Palm Beach
549	Dallas VAMC
550	Illiana Health Care System (HCS) (Danville)
552	Dayton
553	Detroit (John D. Dingell)
554	Denver, Eastern Colorado Health Care System (HCS)
555	Des Moines <0700
556	North Chicago IL
557	Dublin
558	Durham
561	East Orange, New Jersey Health Care System (HCS)
562	Erie
564	Fayetteville AR
565	Fayetteville NC
566	Fort Howard (Old)
567	Sth Colorado Hcs <1001

Value	Description
568	Fort Meade
569	Fort Wayne (Old)
570	Fresno, Central California Health Care System (HCS)
573	North Florida / South Georgia Health Care System (HCS) – Gainesville
574	Grand Island (Old)
575	Grand Junction
578	Hines
579	Hot Springs (Old)
580	Houston
581	Huntington
583	Indianapolis
584	Iowa City<1000
585	Iron Mountain MI
586	Jackson, G. V. (Sonny) Montgomery VAMC
587	Jeff Bks<71
589	VAMC Heartland, Kansas City
590	Hampton
591	Kerrville (Old)
592	Knoxville IA (Old)
593	Las Vegas, Southern Nevada Health Care System (HCS)
594	Lake City < 1998
595	Lebanon
596	Lexington – Leestown
597	Lincoln
598	Little Rock, Central AR Veterans Health Care System (HCS)
599	Livermore (Old)
600	Long Beach Health Care System (HCS)
601	La Dom<73
602	Wadsworth<71
603	Louisville
604	Lyons (Old)
605	Loma Linda VAMC
607	Madison WI
608	Manchester
609	Marion IL<0701
610	N. Indiana Health Care System (HCS) – Marion
611	Marlin (Old)
612	NCHC Martinez
613	Martinsburg
614	Memphis
616	Miami<70
617	Miles City

Value	Description
618	Minneapolis
619	Montgomery
620	Montrose, Hudson Valley Health Care System (HCS)
621	Mountain Home
622	Murfreesboro
623	Muskogee
626	Middle Tennessee Health Care System (HCS)
627	Newington (Old)
629	Southeast LA HCS
630	New York Harbor Health Care System (HCS) – NY Division
631	Northampton
632	Northport
635	Oklahoma City
636	VA Nebb-Western IA HCS
637	Asheville – Oteen
640	Palo Alto – Palo Alto
641	Perry Point (Old)
642	Philadelphia
644	Phoenix
645	Pittsburgh-HD (Old)
646	Pittsburgh Health Care System (HCS) – University Dr
647	Poplar Bluff < 401
648	Portland
649	Northern Arizona Health Care System (HCS)
650	Providence
652	Richmond
653	Roseburg Health Care System (HCS)
654	Sierra Nevada Health Care System (HCS)
655	Saginaw
656	St Cloud
657	VA Heartland-E VH MO
658	Salem
659	W.G. (Bill) Hefner Salisbury VAMC
660	Salt Lake City Health Care System (HCS)
661	San Fernando <62
662	San Francisco
663	Seattle, Puget Sound Health Care System (HCS)
664	San Diego Health Care System (HCS)
665	Sepulveda
666	Sheridan
667	Shreveport, Overton Brooks VAMC
668	Spokane

Value	Description
670	Syracuse<0400
671	San Antonio VAMC
672	San Juan
673	Tampa
674	Temple VAMC
675	Orlando FL VAMC
676	Tomah
677	Colmery-Oneil Vamc<200107
678	S. Arizona Health Care System (HCS)
679	Tuscaloosa
680	Tuskegee (Old)
683	Vancouver<80
685	Waco (Old)
686	Leavenworth (Old)
687	Walla Walla
688	Washington
689	West Haven
690	West Roxbury<84
691	Greater Los Angeles Health Care System (HCS)
692	S. Org Rehab White City
693	Wilkes Barre
694	Wilmington<72
695	Milwaukee WI
696	Honolulu-Future
741	Denver-Champva Center
750	Boston-IOC (Old)
751	Brooklyn-IOC (Old)
752	LA-IOC (Old)
753	Lubbock-IOC (Old)
754	Philadelphia IOC (Old)
755	San Antonio IOC (Old)
756	El Paso HCS
757	Columbus-IOC
758	Las Vegas-IOC (Old)
778	Denver Canteen FO
780	Atlanta Canteen FO
781	Somerville Canteen FO
782	San Fran Canteen FO
783	St. Louis Canteen FO
784	Wash. Canteen FO
785	St Louis Fiance Center
790	New York-PC

Value	Description
791	Denver Prosthetic Center
792	Prosthetic Aases/Info Center
793	Hines-SD
794	Somerville
795	Belle
797	Hines-MC

Appendix B: Corporate Franchise Data Center Information

Requesting Access to the Datasets

To gain access to the Medical SAS Datasets an approved ACRS (Automated Customer Registration System) TIME SHARING REQUEST FORM (Form 9957) must be submitted specifying the appropriate Functional Task Code(s) for the dataset(s) requested to the Corporate Franchise Data Center (CFD). This is typically done through the Information Systems Security department at your site. The CFD can provide you with the Information Security Office (ISO) contact person at your site. A copy of this form can be obtained through the VIREC Intranet web site.

Non-VA employees interested in access to Medical SAS datasets can visit the [VIREC Toolkit for New Users – Requesting Access to VA Data page](#) for details on the process of requesting VA data.

Batch Job Service Level Categories

When submitting programs (jobs) in the IBM OS/390 mainframe environment at the Corporate Franchise Data Center (CFD), Austin Campus, an appropriate service level code is required to allocate the system resources required to complete the job. The CFD currently defines four categories of batch job service and strives to provide corresponding job turnaround, from submission to completion, as shown. The number of tape drives and CPU time expected can be determined from step statistics messages. The table below describes the four service level categories and their associated system resource capacity levels. Specific instruction on how to code the batch service level in a job is described in the Job Control Language (JCL) example below.

Service Level Code	CPU Seconds	Tape Drives	Turnaround Time Goal
6	0-10	0	15 minutes
7	10-50	0	30 minutes
8	0-600	1-2	2 hours
9	over 600	over 2	6 hours

JCL Example

```
(1) //yourIDx JOB XXXUNKAn,yourID,MSGCLASS=I,NOTIFY=&SYSUID
(2) //step1 EXEC SAS,WORK='100,100'
(3) //libref DD DSN=SAS-dataset-name,DISP=SHR
(3) //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6,DISP=SHR
(3) //SYSIN DD *
```

(1) Job card:

- **yourIDx** – Time Sharing Option (TSO) account user ID plus a one-character job identifier (**x** (A–Z)) (maximum 8 characters)
- **XXXUNKA*n*** – Batch job service level category (**n**, (6–9) (described in section above))
- **MSGCLASS=x** – supplies the SYSOUT class for the job’s system messages (“I”=24 hour retention period, “R”=5 day retention period)
- **NOTIFY=&SYSUID** – notifies user ID when job has completed

(2) Execution statement:

- **step1** – job step name (maximum 8 characters)
- **EXEC SAS** – executes SAS software
- **WORK='p,s'** – primary and secondary work space to be allocated during step execution

(3) Data Definition (DD) statements

- **libref** – library reference defining a file to be read (maximum 8 characters)
- **DSN= SAS-dataset-name** – defines a SAS dataset
- **DISP=SHR** – allocates dataset as “shared” or read-only
- **LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6** – allocates dataset containing library of permanent SAS formats attached to the variables in the SAS datasets
- **SYSIN DD *** – indicates that SAS program statements follow

Other Sources of Information

Toolkit for New Users of National VA Data at the Austin Automation Center

Available on the VIREC Intranet site at:

<http://www.virec.research.va.gov/Support/Training-NewUsersToolkit/Toolkit.htm>

Guide for First Time Users of VA Austin Automation Center (AAC).

Available at: <http://www.virec.research.va.gov/INSIGHTS/VOL002NO001.PDF>.

Suggested Citation: Cowper DC. Guide for First Time Users of VA Austin Automation Center (AAC). Hines, IL: VA Information Resource Center; 2001. VIREC Insights, Vol. 2, No. 1. (PDF)

The Austin Operations Information Intranet site provides tutorials on dataset management, Time Sharing Option/Interactive System Productivity Facility (TSO/ISPF), Job Control Language (JCL), Job Entry System ((E)JES) and File Transfer Protocol (FTP) utilities.

CFD Contact Information

CFD Help Desk: 1-512-326-6780
Internet website: <http://www.aac.va.gov/>
Intranet website: [See Appendix D](#)

Appendix C: Frequently Asked Questions

VIReC has compiled a list of the most common Medical SAS questions submitted to the helpdesk.

Where can I locate national data on substance abuse?

In 2004, an estimated 1.4 million veterans smoked tobacco. Consequently, the [Substance Use Disorders Quality Enhancement Research Initiative \(SUD-QUERI\)](#), under the VA's Health Services Research and Development Service initiative is to "improve the detection and treatment of VHA patients' misuse of psychoactive substances by implementing evidence-based practice" which includes alcohol misuse in primary care and tobacco use/smoking cessation.

There are several variables in the Med SAS Inpatient dataset that contains ICD-9 CM diagnostic codes as well as a specific substance abuse variable. The principal admitting diagnostic code is [DXPRIME](#), [DXLSF](#) is responsible for the major part of the patient's full length of stay, and [DXF2-DCF13](#) are secondary ICD-9 CM diagnostic codes. There are also primary and secondary bedsection variables in the bedsection datasets ([DXLSB](#) and [DXB2-DXB5](#) respectively). The variable [DRUGB](#) contains specific drugs with which a patient has substance abuse problems.

The VHA Rehabilitation Outcomes Research Center constructed the VA Health Care Atlas FY2000, which is a compilation of demographic, health care use, and VA utilization information about the veteran population specific to the nine QUERI foci. A list of substance abuse ICD-9 CM diagnostic codes is available www1.va.gov/rorc/products.cfm.

Do you have any suggestions/recommendations on how to deal with the issue of the large amount of missing data for race in the administrative records?

VIReC suggests two methods to supplement missing race data. Combining the old and new race variables from or to more recent Medical SAS Datasets or using Medicare data may be the best methods.

The institution of the new race data collection method in 2003 (from only observation to observation and self-report) has caused inconsistencies in the values. To address this problem, consider using the most recent or common race values and then combine the

variables from or to more recent datasets. “[Transition to the New Race/Ethnicity Data Collection Standards in the Department of Veterans Affairs](#)” discusses comparing the old race values to the new race values.

Medicare data can also supplement race information for those enrolled in Medicare. There is a [VIREC Data Issues Brief](#) which discusses the missing race value problem and a VIREC study which compared race data in the VA and Medicare³. If you would like to request Medicare data to fill in missing race, you can request the Medicare Cumulative Vital Status File from VIREC--the application procedure is at: <http://www.virec.research.med.va.gov/DataSourcesName/VA-MedicareData/DataRequest/Procedure.htm>

³ Sohn, MW., Zhang, H., Arnold, N., Stroupe, K., Talyor, B.C., Wilt, T.J., & Hynes, D.M. (2006, July). Transition to the new race/ethnicity data collection standards in the Department of Veterans Affairs. *Population Health Metrics*, 4:7. Retrieved May 8, 2007, from <http://www.pophealthmetrics.com/content/pdf/1478-7954-4-7.pdf>

Appendix D: Medical SAS Inpatient RUG Intranet Reference

Please see Intranet version of the FY2006 Medical SAS Inpatient RUG for links to the Intranet Web sites.