



H·CUP

HEALTHCARE COST AND UTILIZATION PROJECT

HCUP Methods Series



Agency for Healthcare
Research and Quality



U.S. Department of Health and Human Services
Agency for Healthcare Research and Quality

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Available: <http://www.hcup-us.ahrq.gov/reports/methods.jsp>

Figure 1: Percent of Inpatient Discharges with Injury Diagnoses

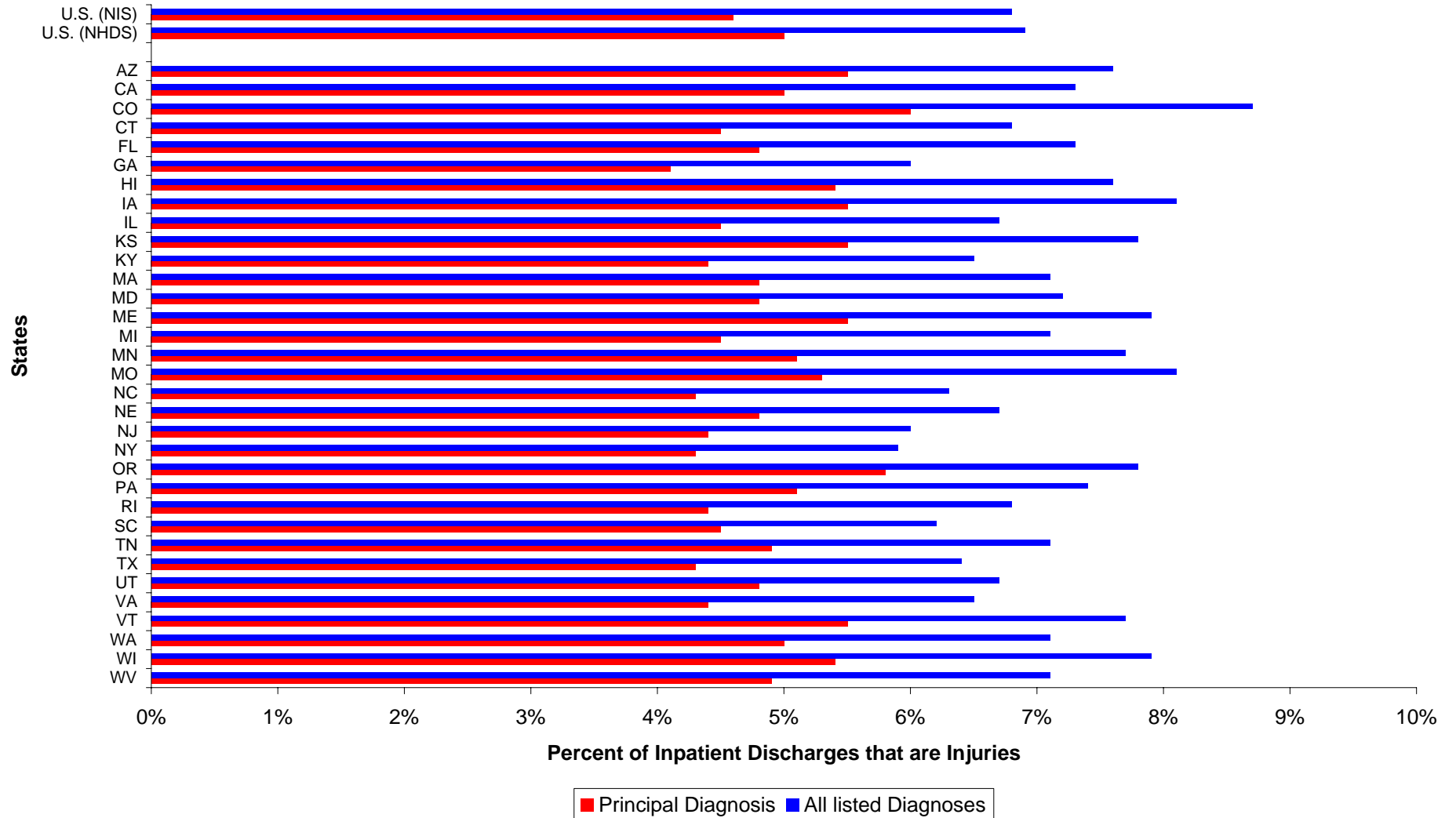


Figure 2: Percent of Inpatient Injury Discharges with an Injury E Code

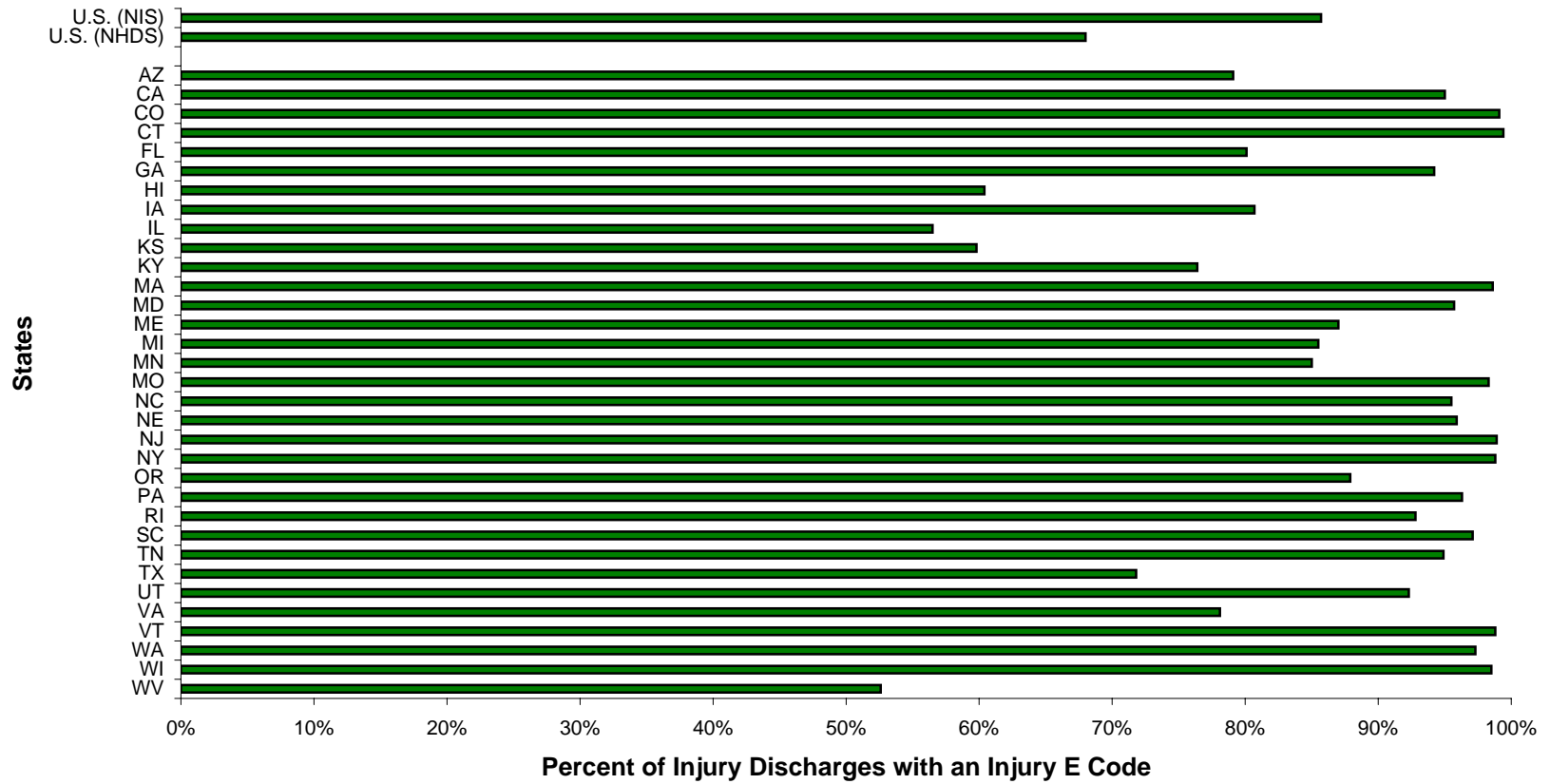


Figure 3a: Percent of Inpatient Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, United States (NIS)

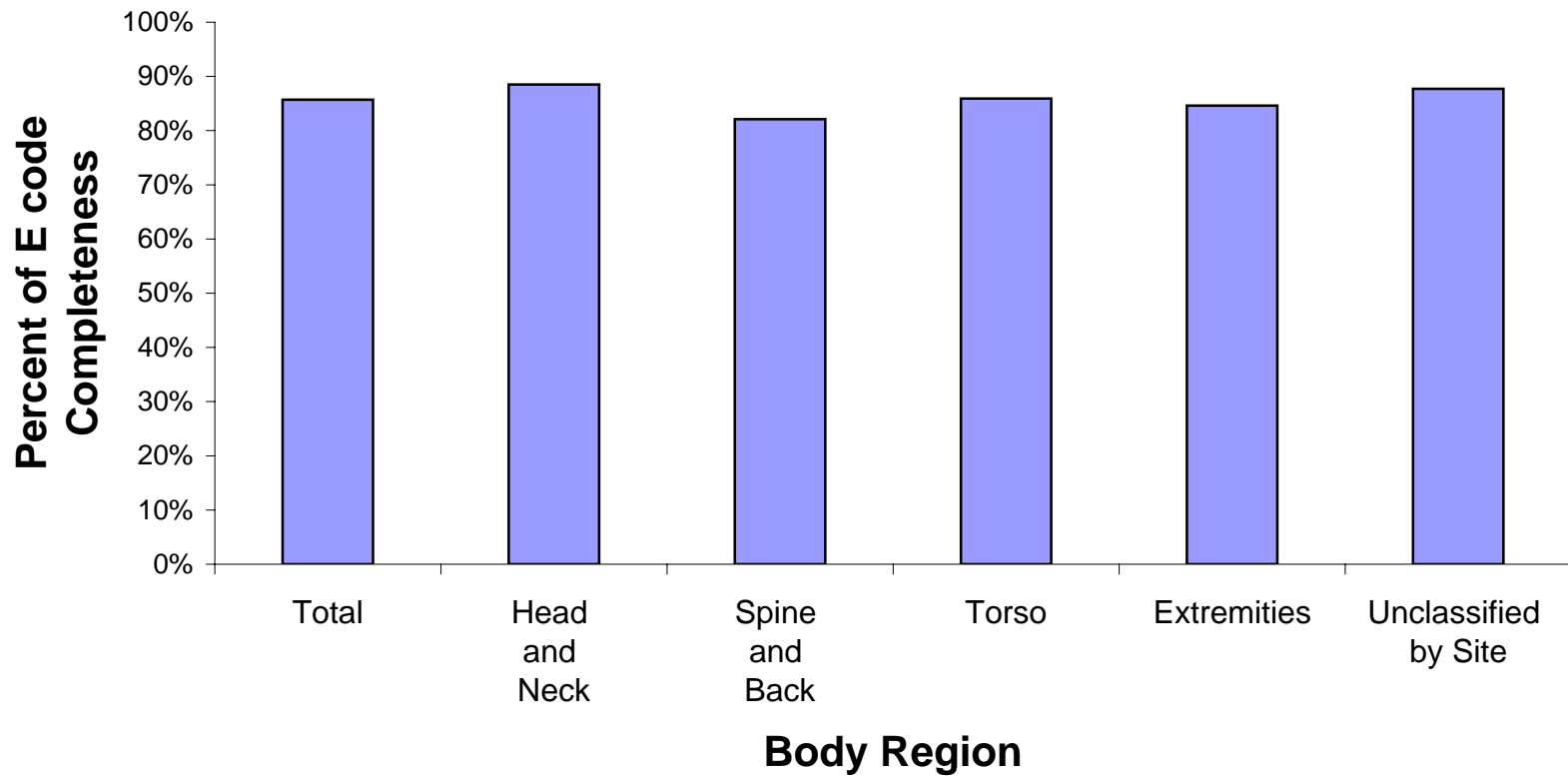


Figure 3b: Percent of Inpatient Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, Connecticut SID

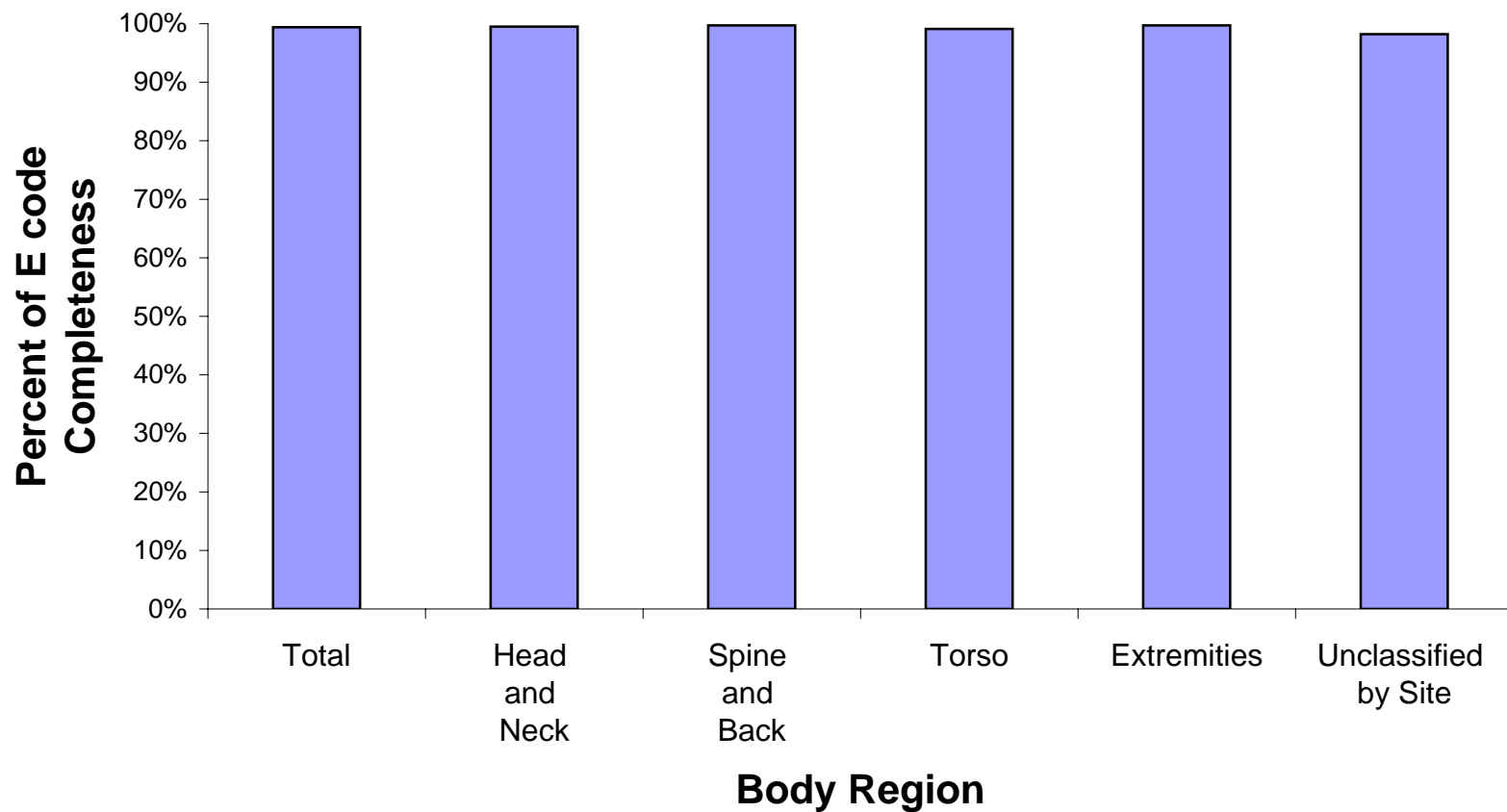


Figure 3c: Percent of Inpatient Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, Georgia SID

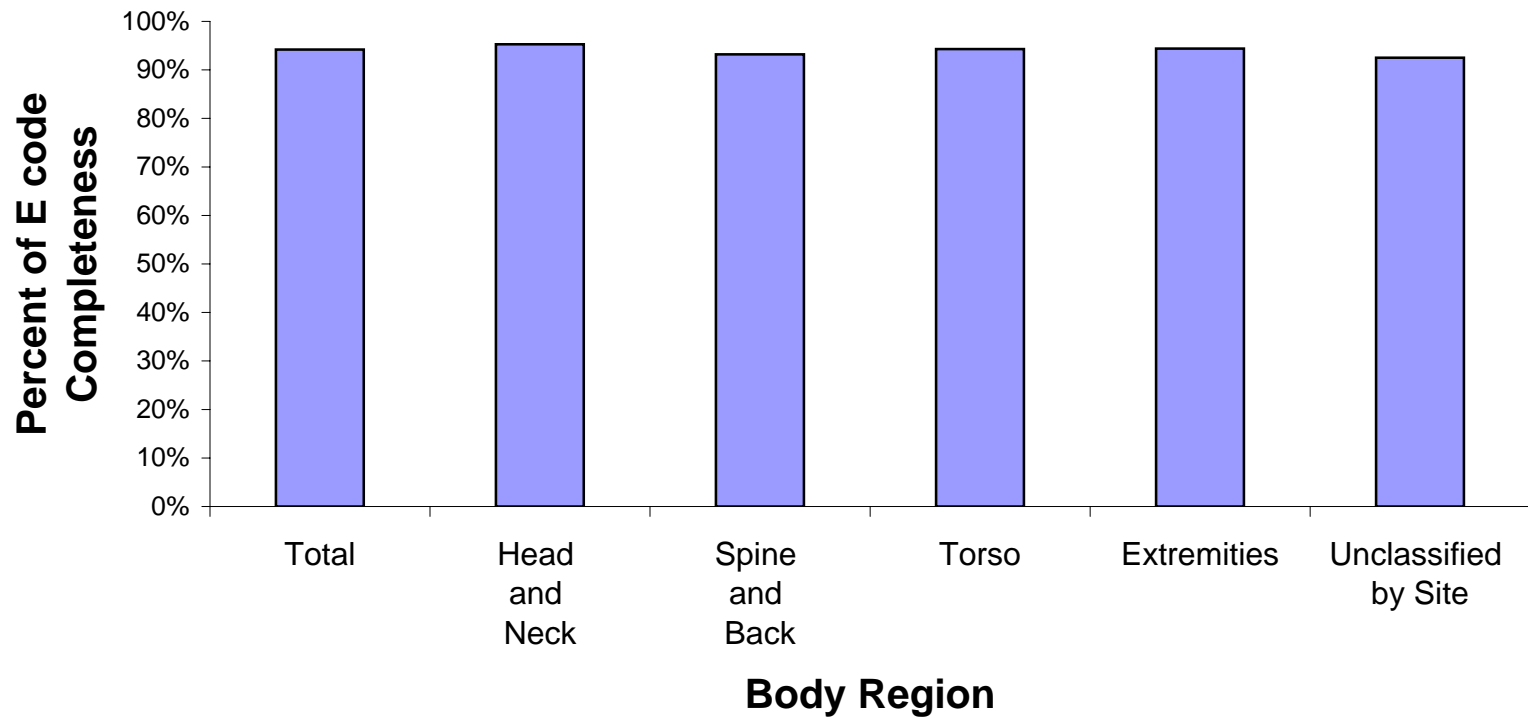


Figure 3d: Percent of Inpatient Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, West Virginia SID

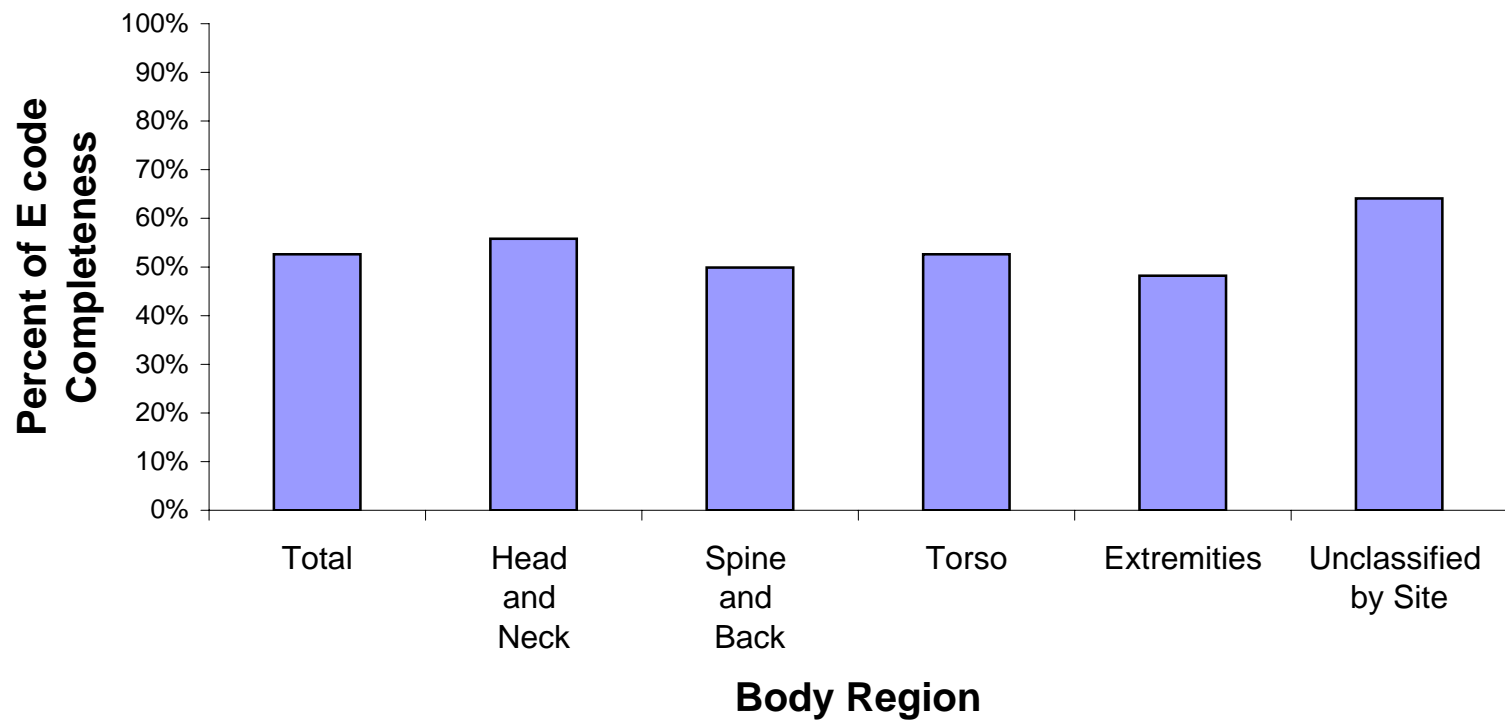


Figure 5: Inpatient Injury Discharges Classified by Intent

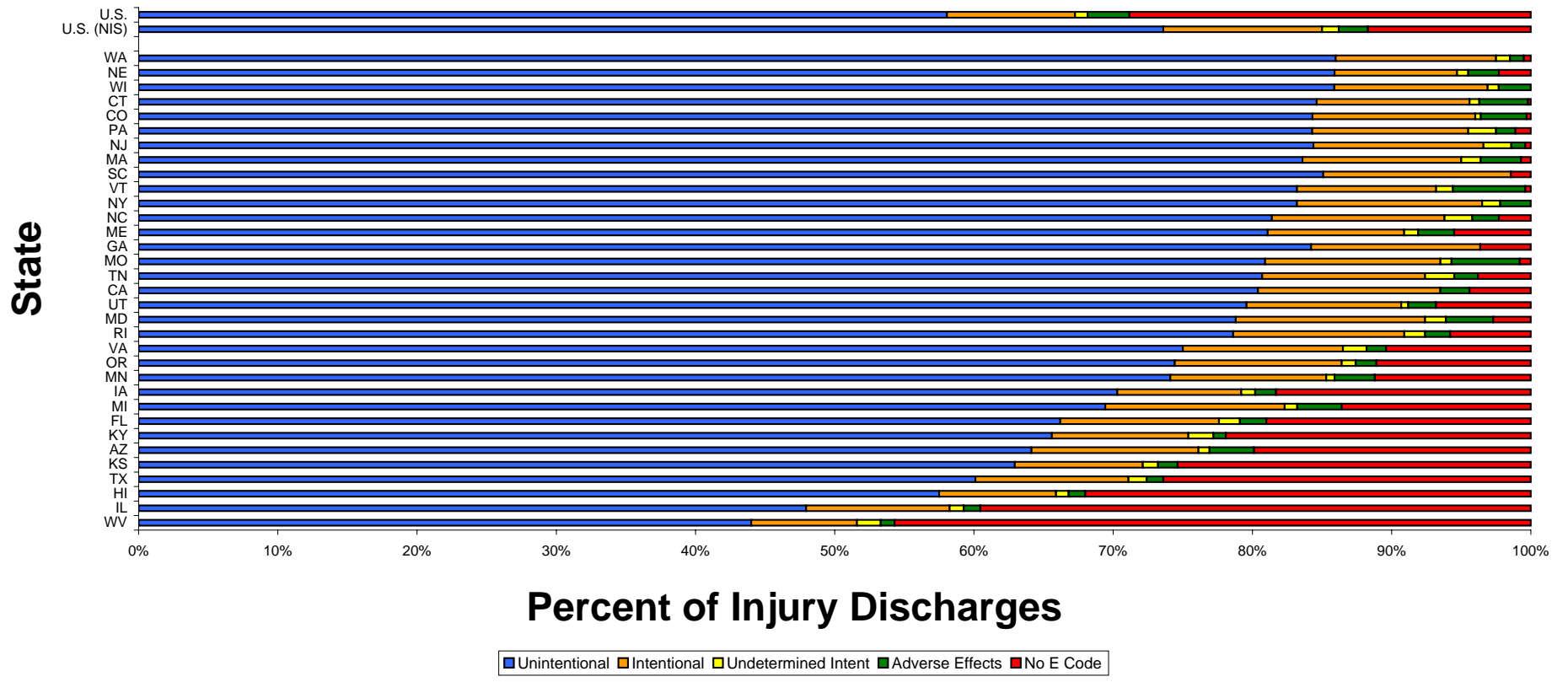


Figure 6: Unintentional Inpatient Injury Discharges Classified by Mechanism

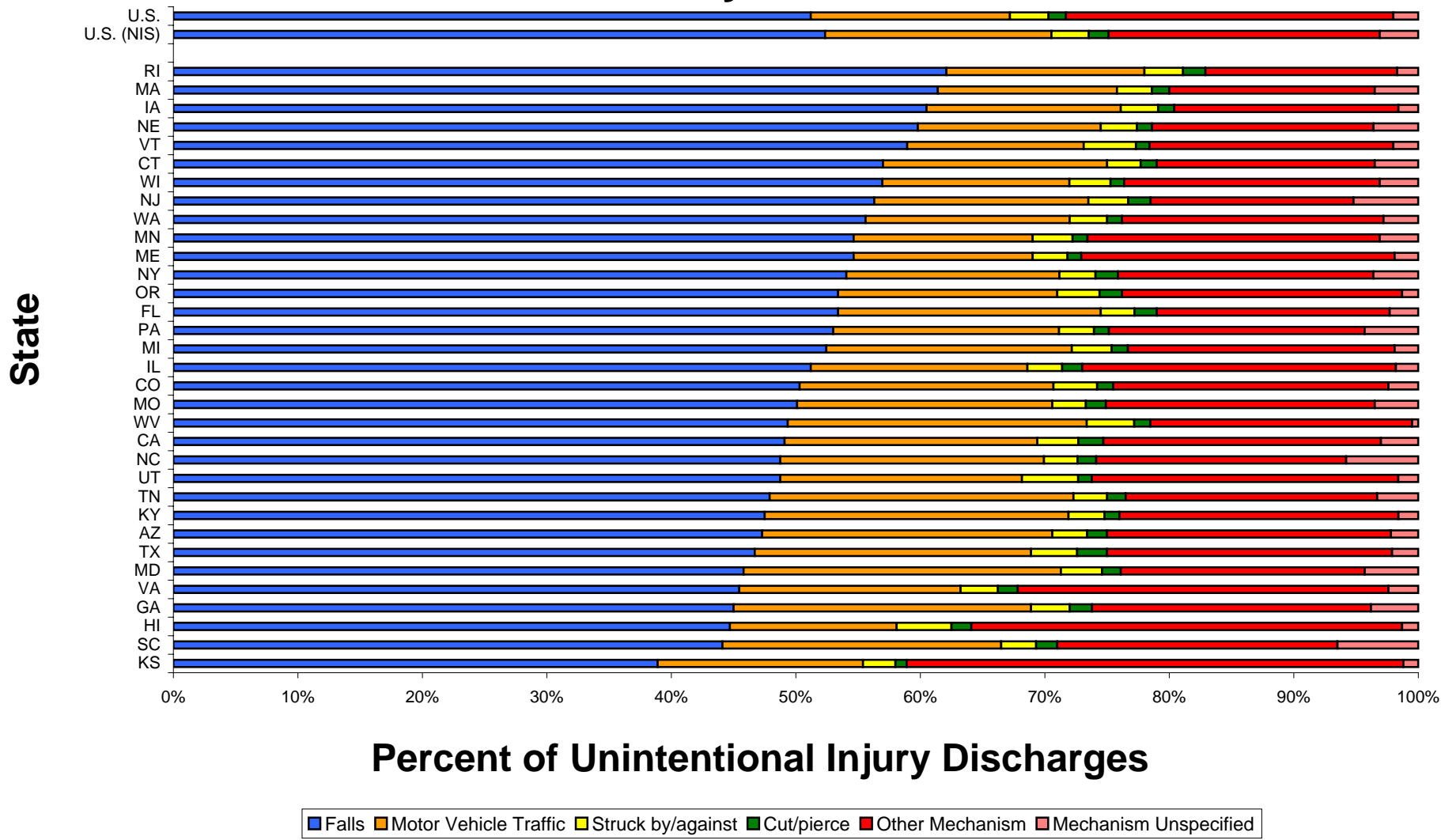


Figure 7: Intentional Inpatient Injury Discharges Classified by Mechanism

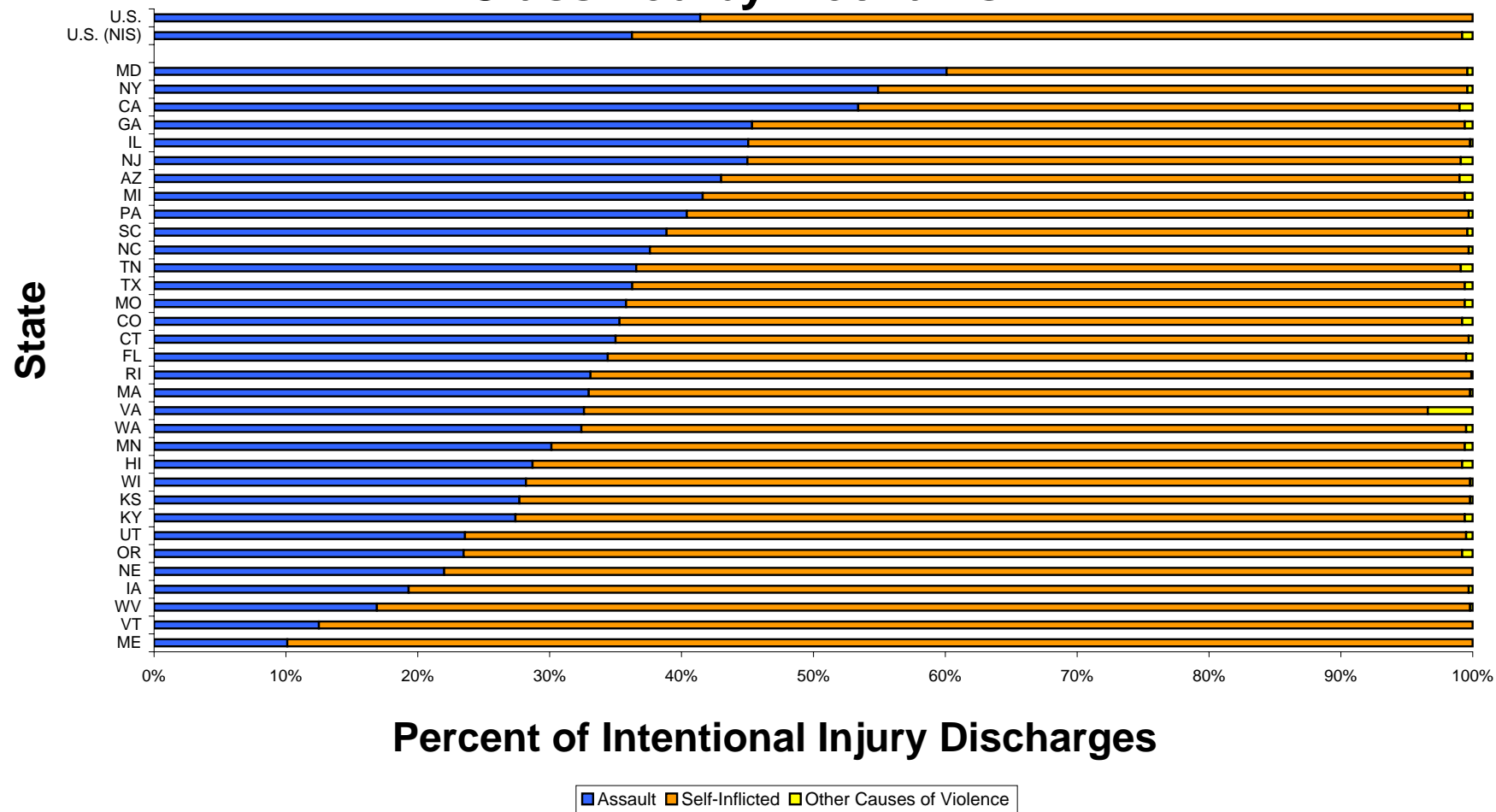


Figure 8: Maximum Number of Diagnoses Coded versus Percent E Code Completeness for Inpatient Records

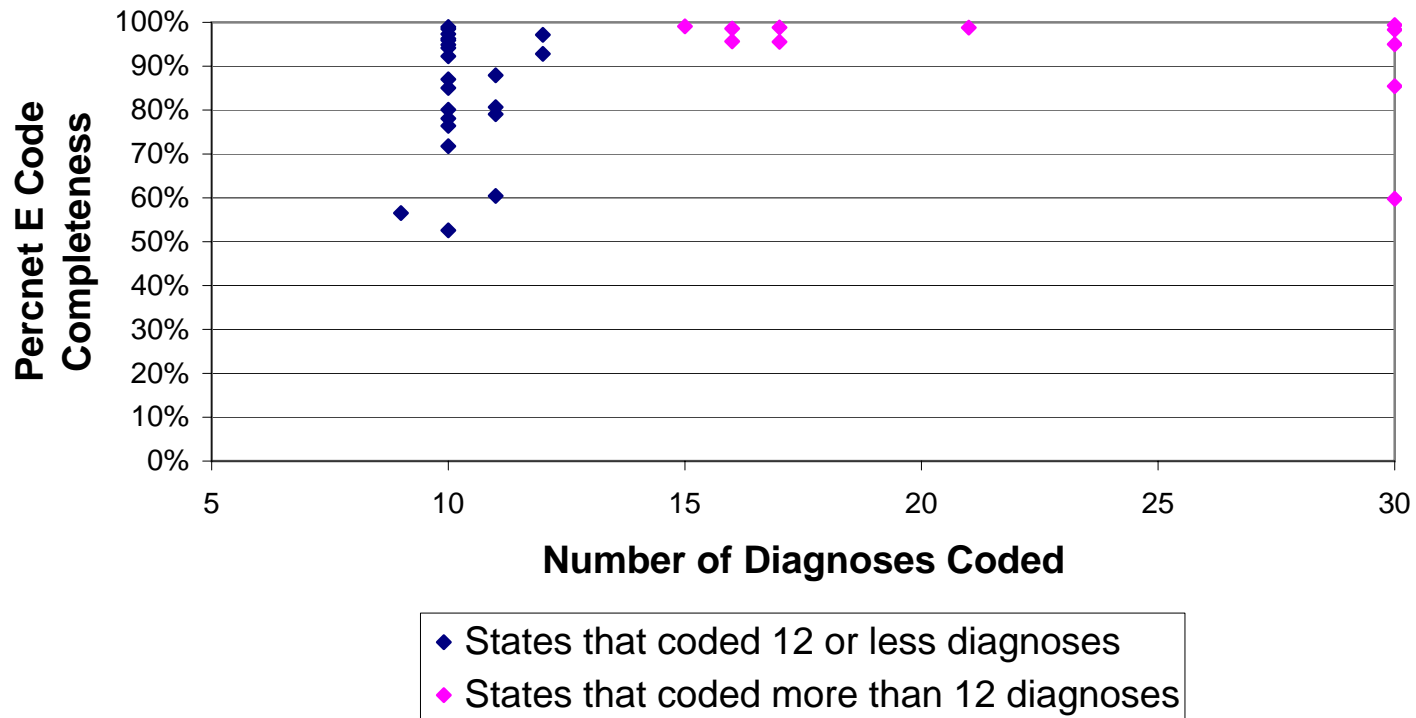
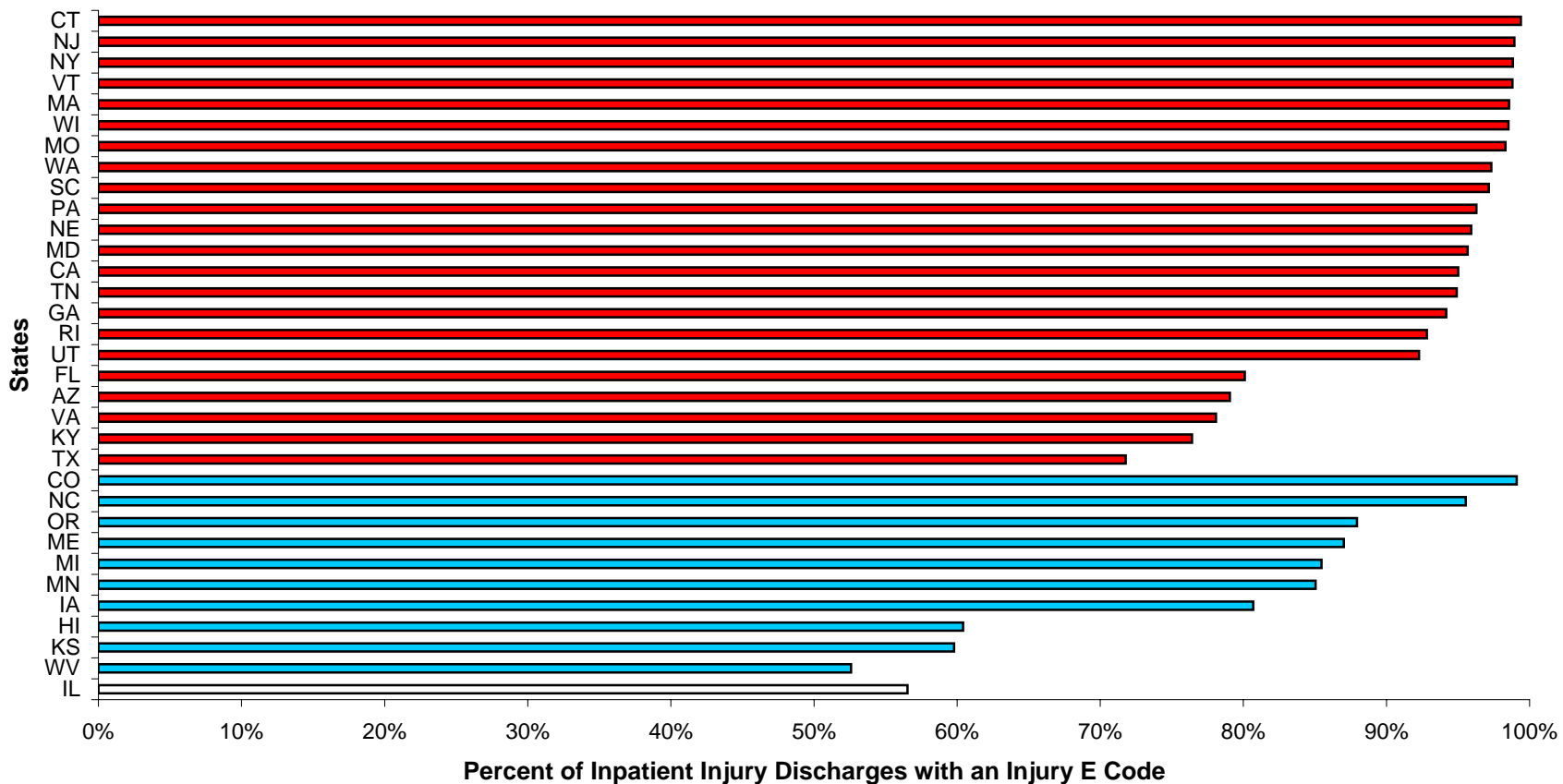
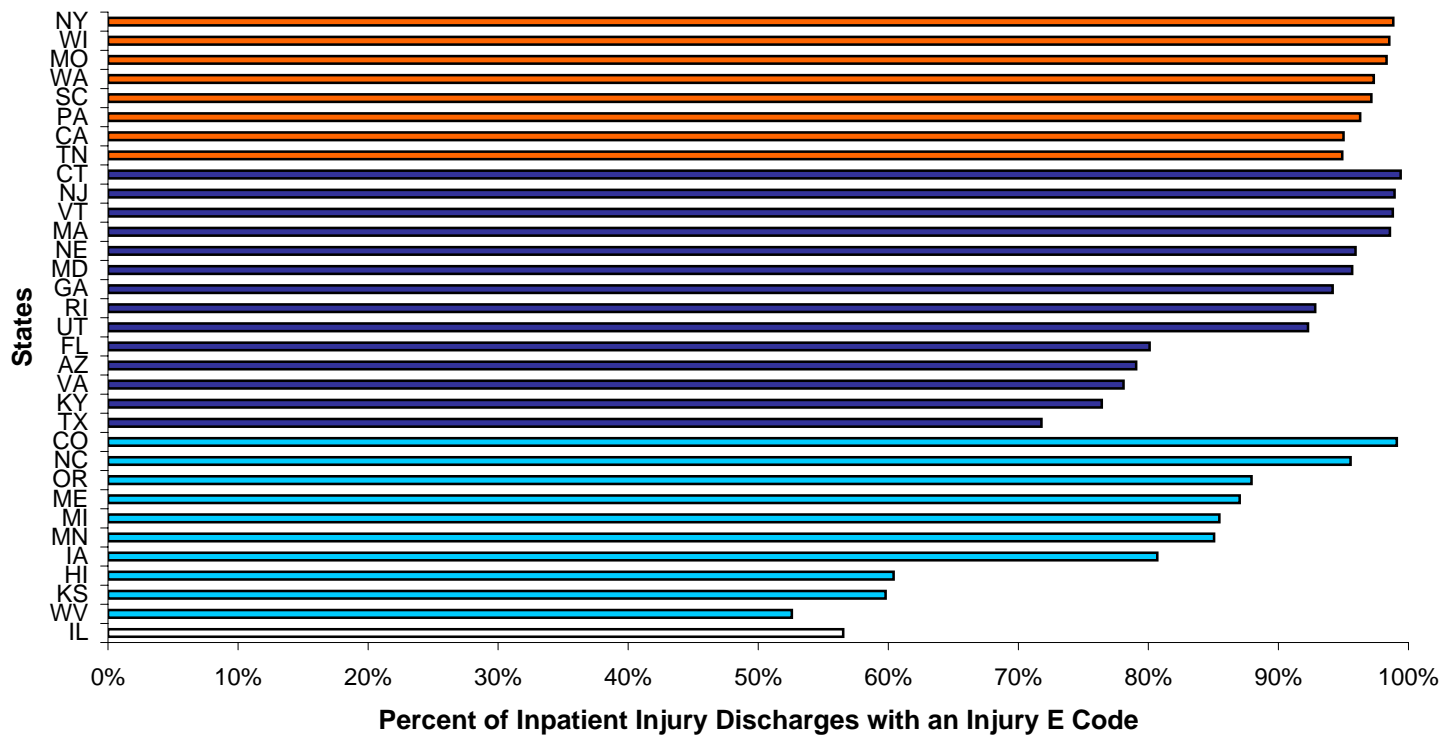


Figure 9a: States with and without Mandates/Regulations for the Submission of E Codes on Injury Records, HCUP State Inpatient Databases



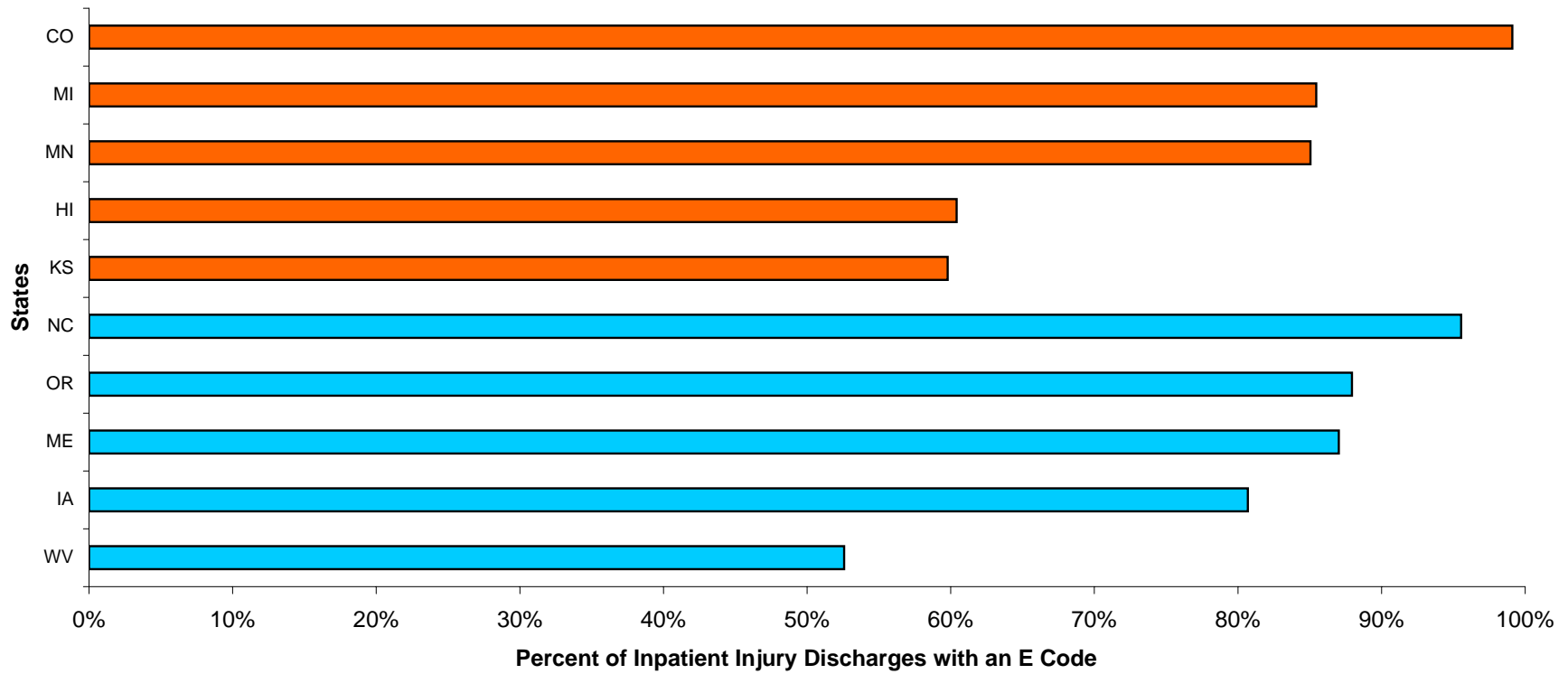
■ States with mandates
 ■ States without mandates
 Information not available

Figure 9b: States with a Mechanism to Enforce Mandates/Regulations for the Submission of E Codes on Injury Records, HCUP State Inpatient Databases



Mechanism to enforce mandates
 Mandates without enforcement
 No Mandates
 Not Available

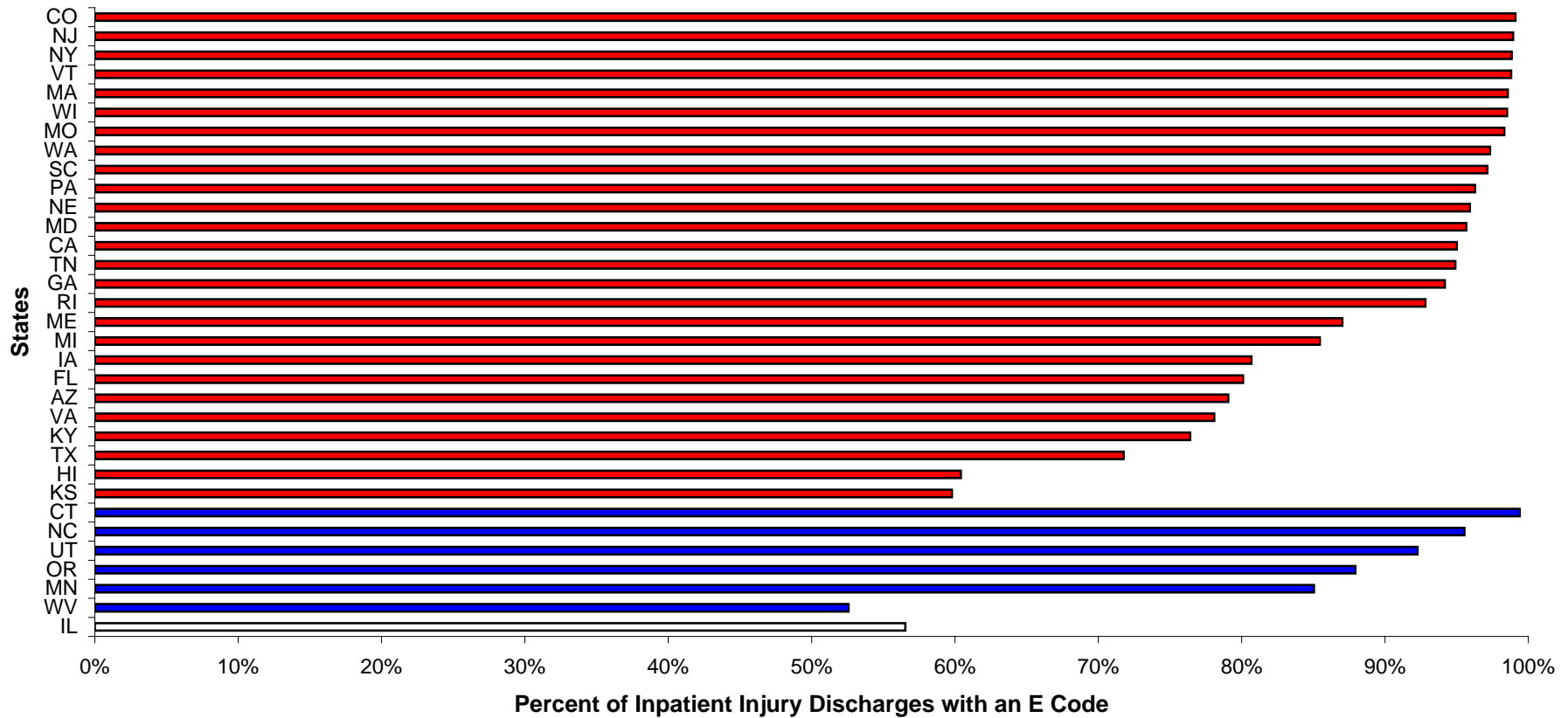
Figure 10: States without Mandates/Regulations for the Submission of E Codes on Injury Records that Encourage E Code Submission, HCUP State Inpatient Databases



Encourage E Code Submission

No policy on E Codes

**Figure 11: States that do and do not Edit Check or Verify E Codes,
HCUP State Inpatient Databases**



Edit Check
 No Edit Check
 Not Available

Figure 12: Percent of Emergency Department Records with Injury Diagnoses

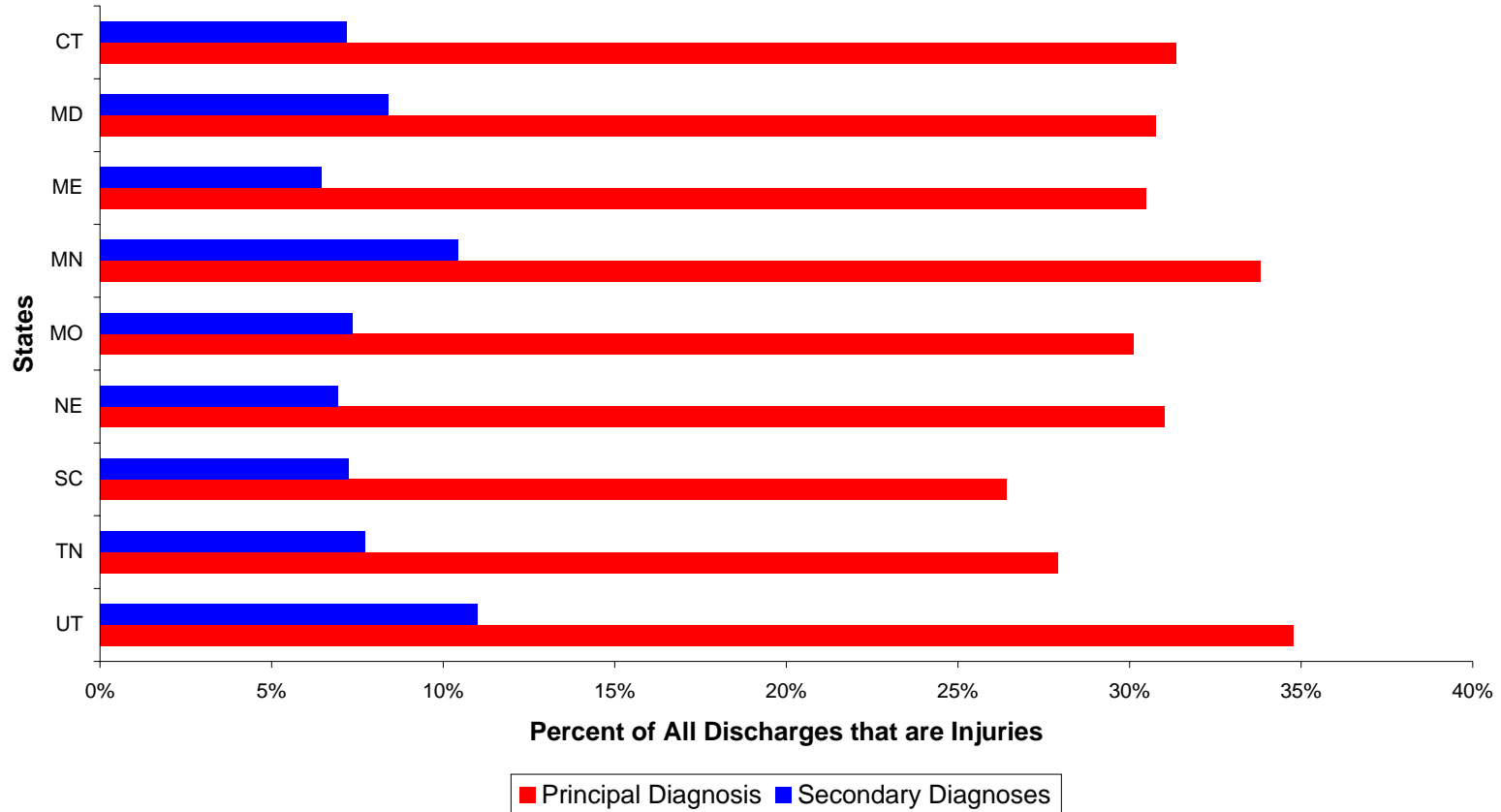


Figure 13: Percent of Emergency Department Injury Records with an Injury E Code

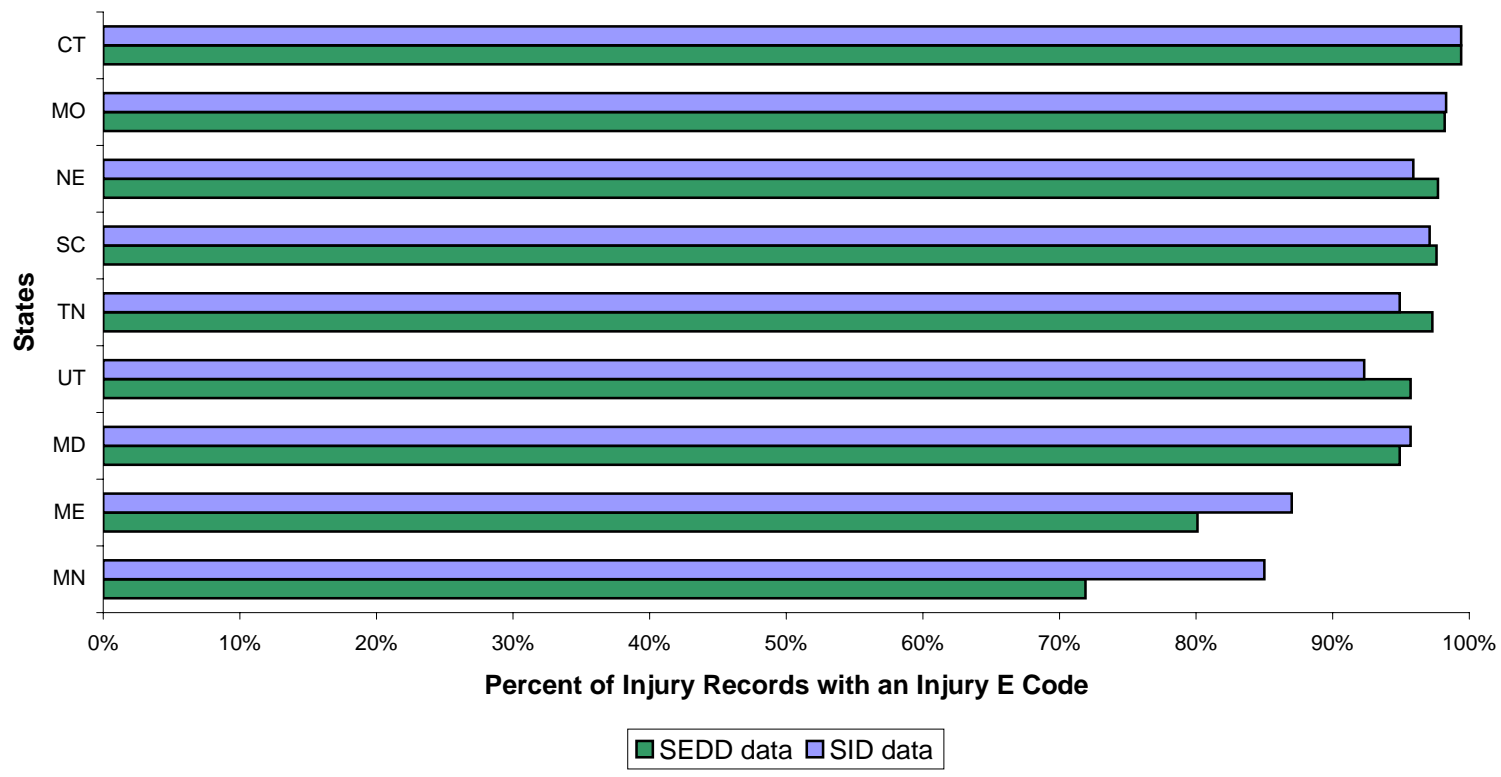


Figure 14a: Percent of Emergency Department Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, Connecticut SEDD

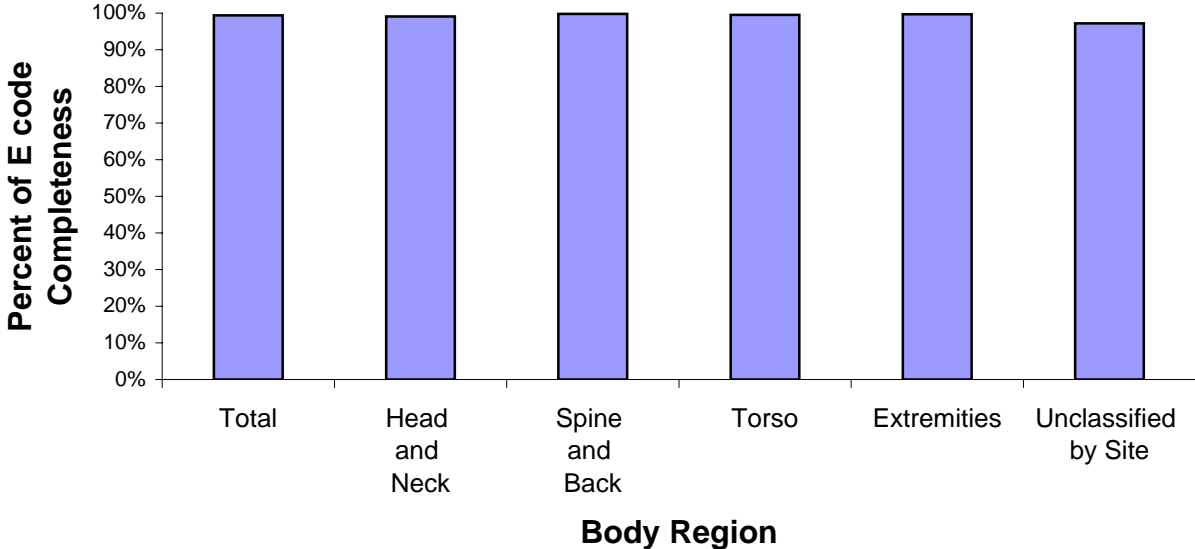


Figure 14b: Percent of Emergency Department Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, Minnesota SEDD

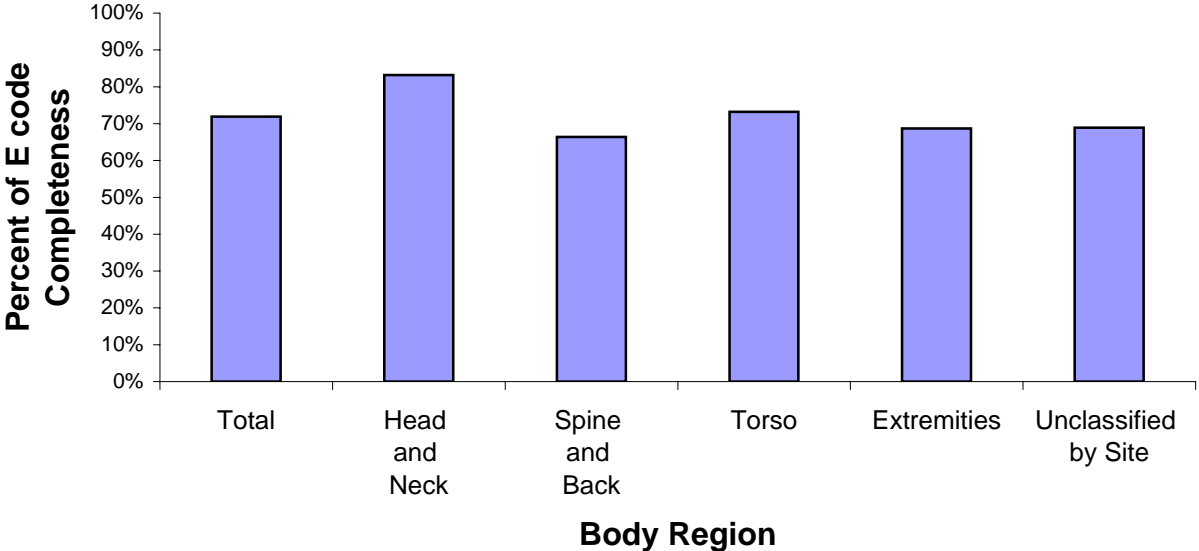


Figure 16: Emergency Department Injuries Classified by Intent

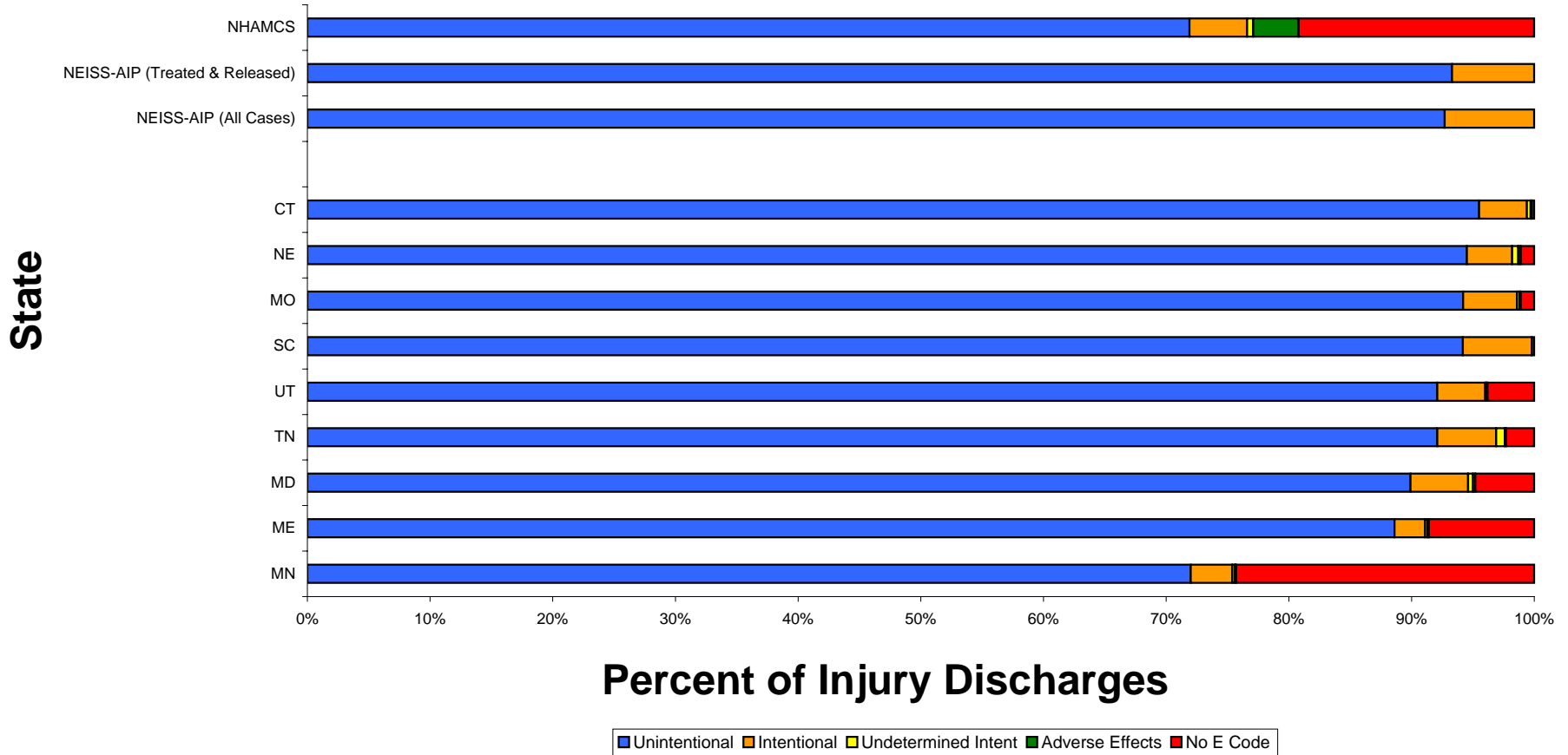


Figure 17: Unintentional Injury Emergency Department Records Classified by Mechanism

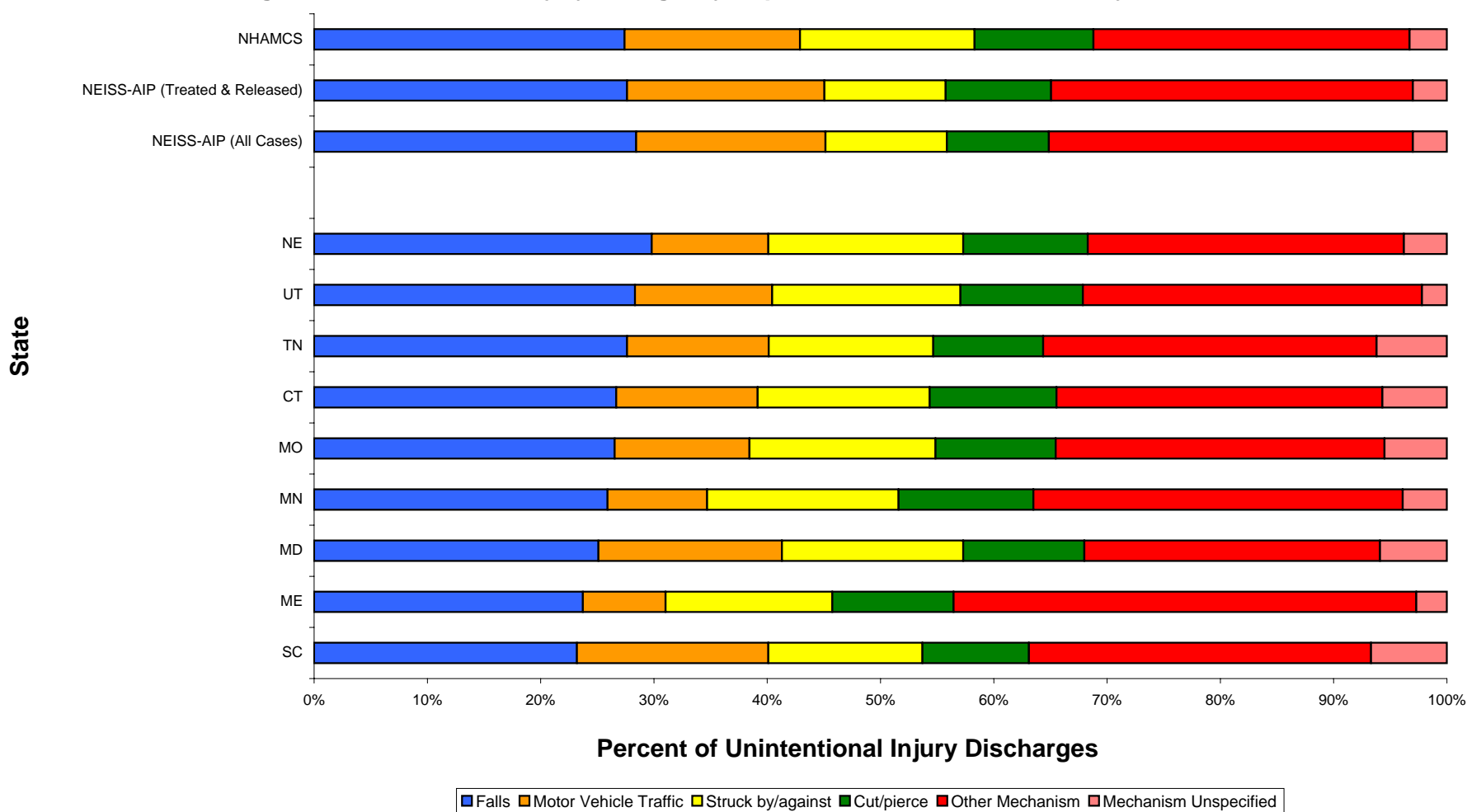


Figure 18: Intentional Injury Emergency Department Records Classified by Mechanism

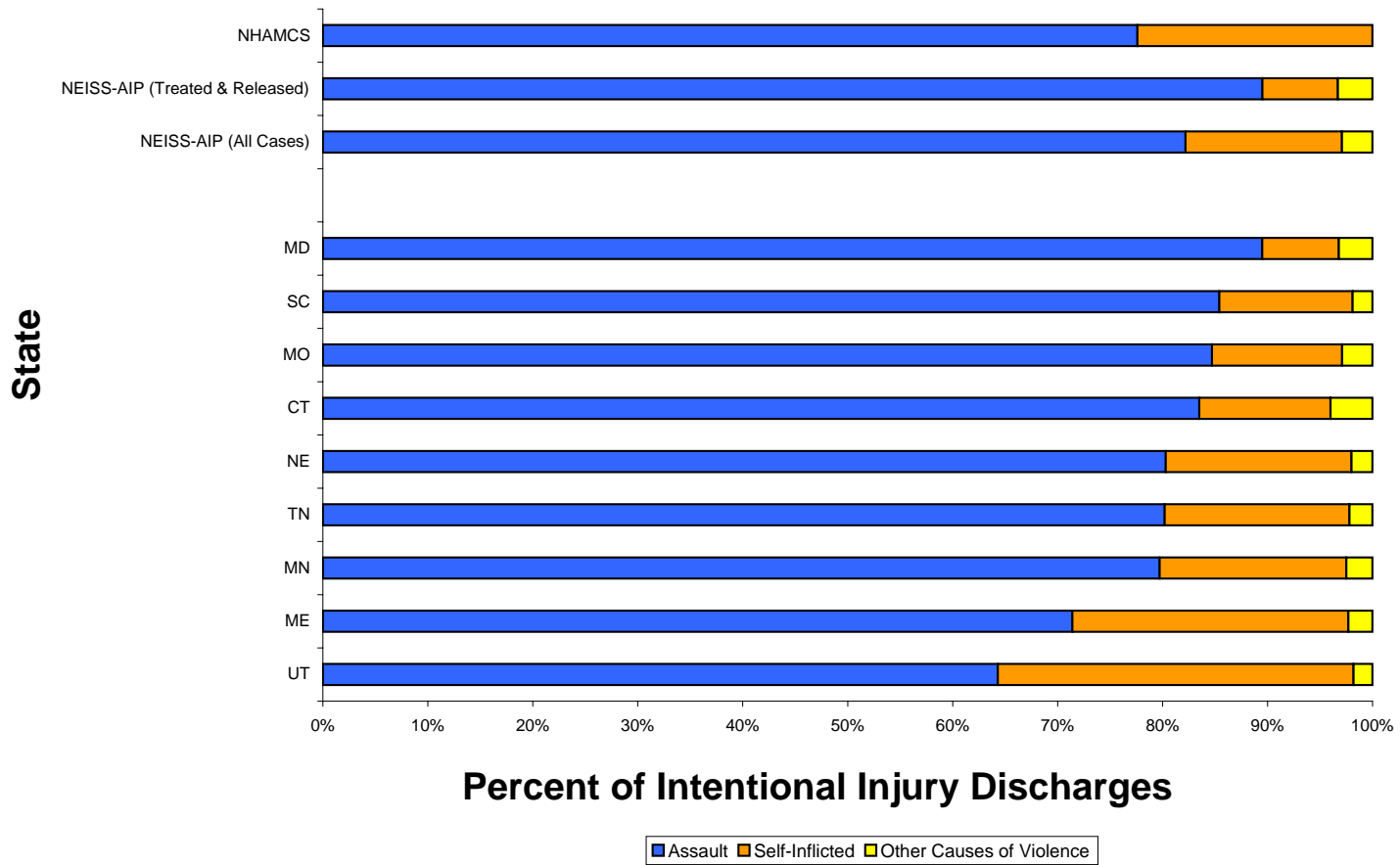
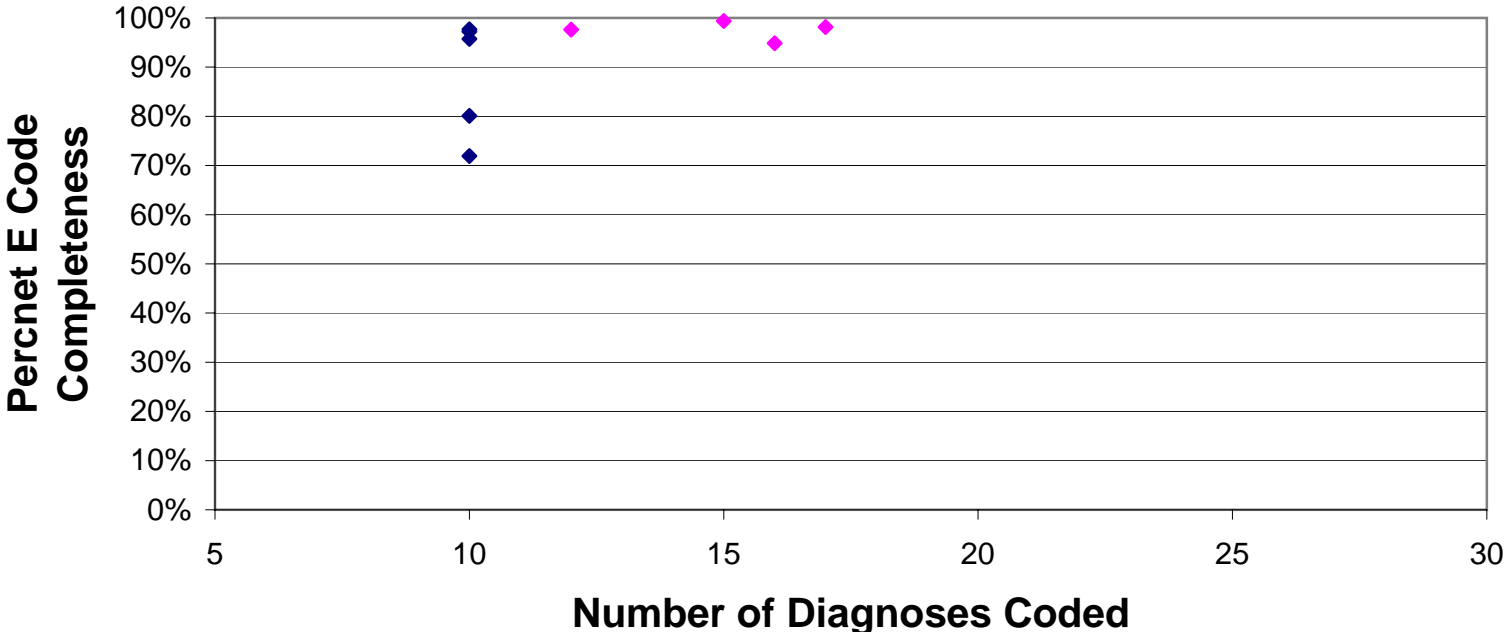
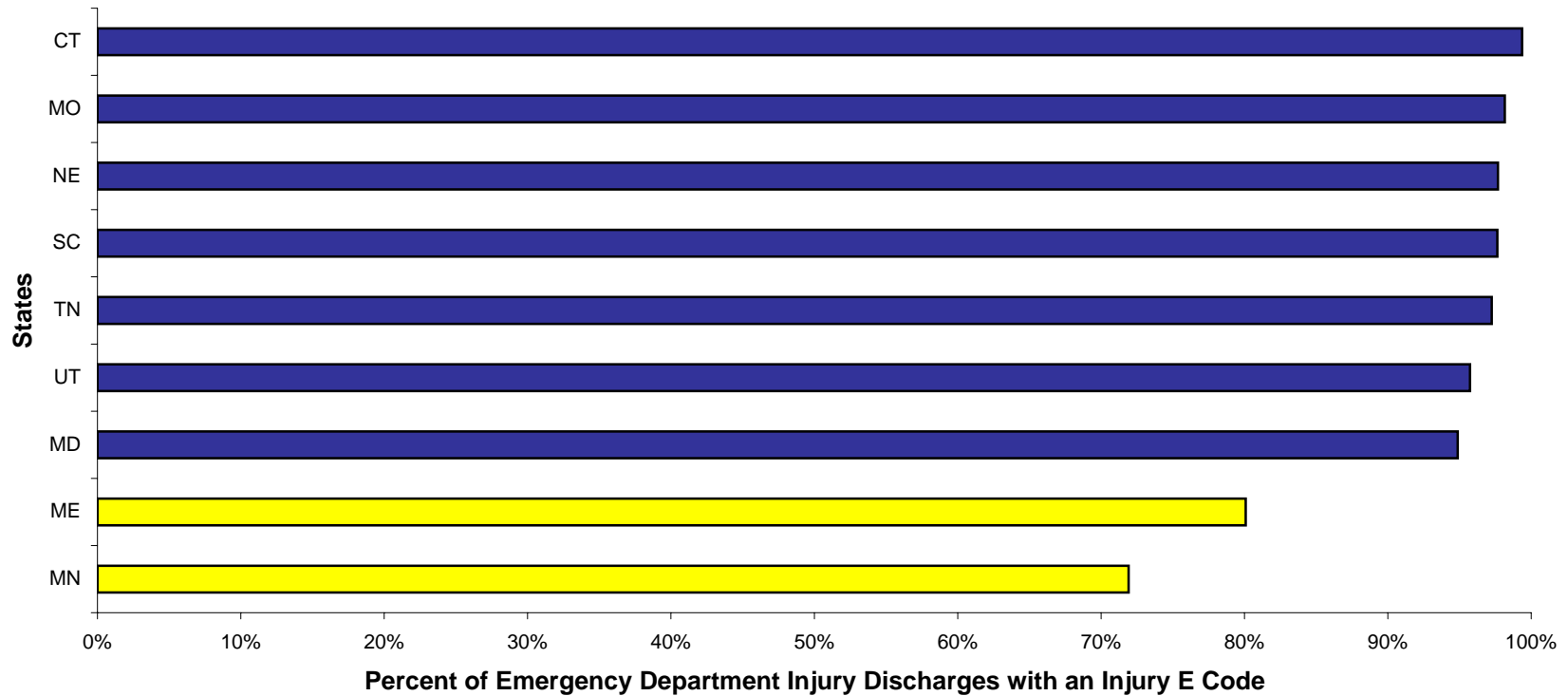


Figure 19: Maximum Number of Diagnoses Coded versus Percent E Code Completeness For Emergency Department Records



◆ States that coded 10 diagnoses ◆ States that coded more than 10 diagnoses

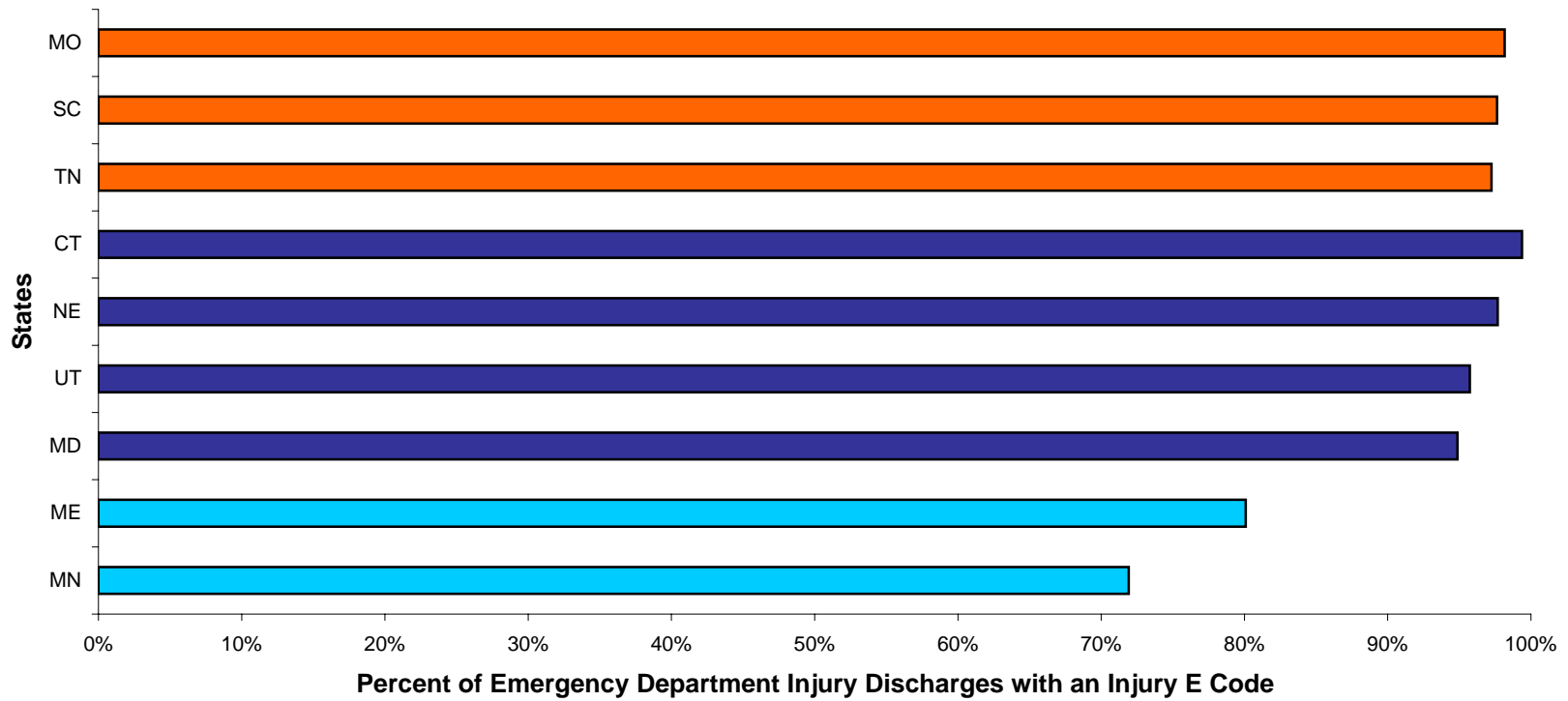
Figure 20a: States with and without Mandates/Regulations for the Submission of E Codes on Injury Records, HCUP State Emergency Department Databases



 With Mandates

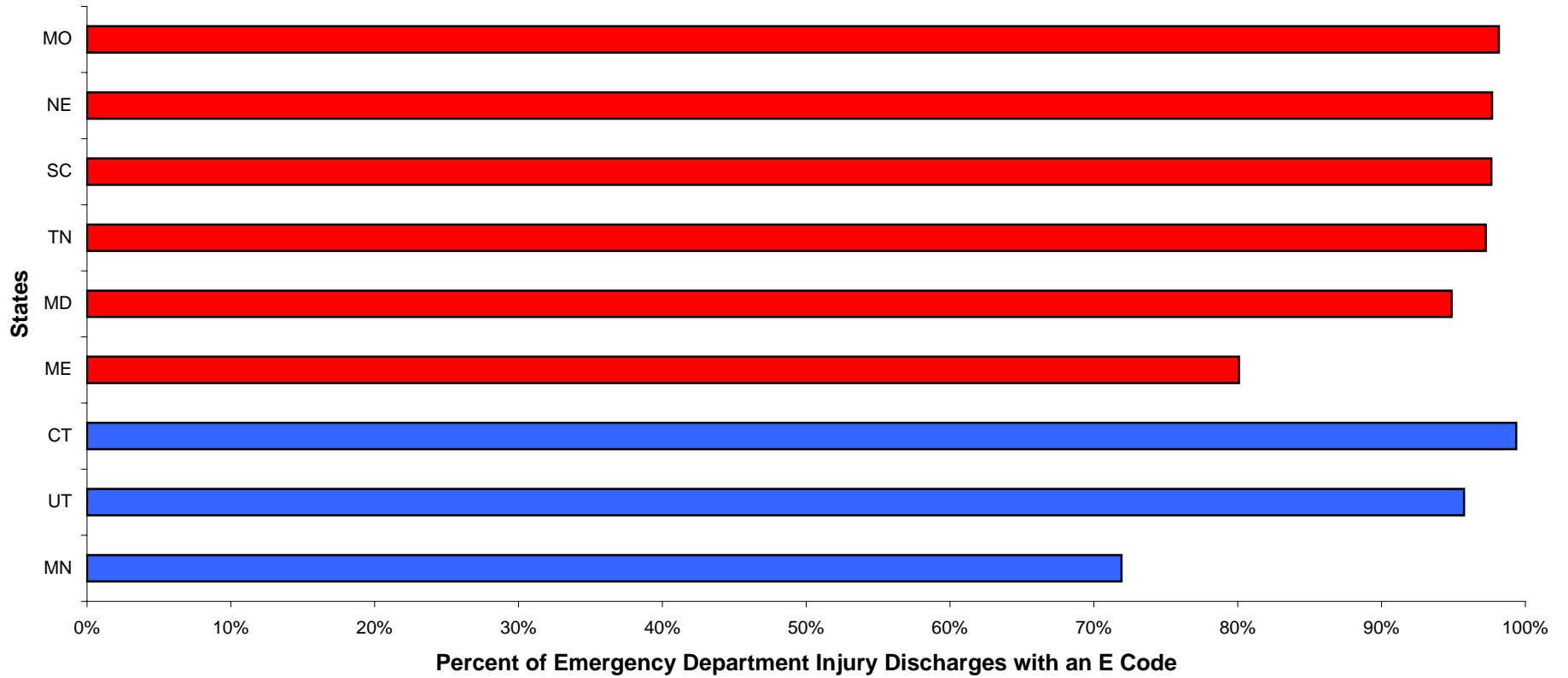
 Without Mandates

Figure 20b: States with a Mechanism to Enforce Mandates/Regulations for the Submission of E Codes on Injury Records, HCUP State Emergency Department Databases



 Mechanism to enforce Mandates  Mandates without Enforcement  No Mandates

Figure 21: States that do and do not Edit Check or Verify E Codes For Injury Records, HCUP State Emergency Department Databases



 Edit Check


 Do not Edit Check

Figure 22: Percent of Ambulatory Surgery Records with Injury Diagnoses, Hospital-Based Facilities

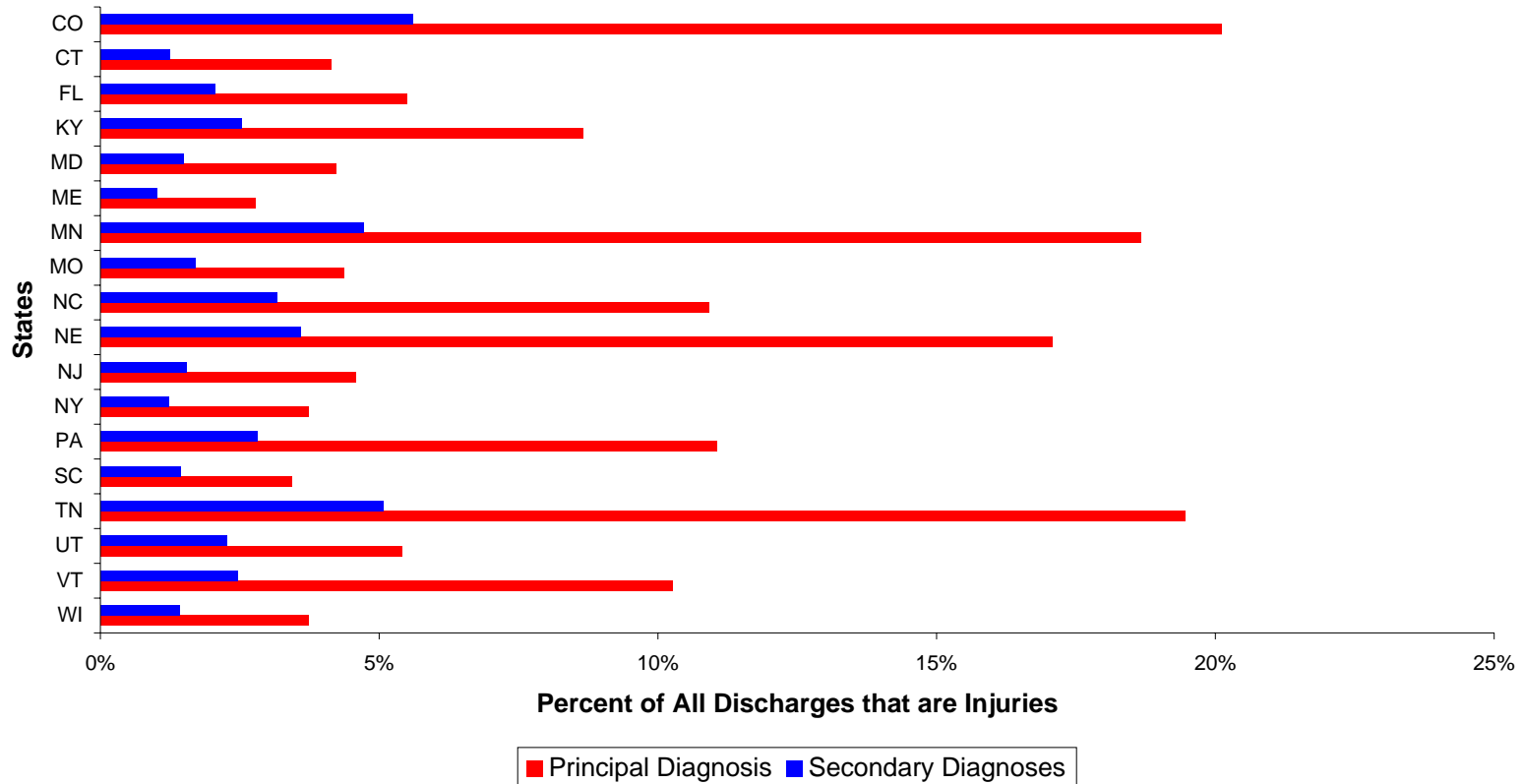


Figure 23a: Percent of Ambulatory Surgery Injury Records with an Injury E Code

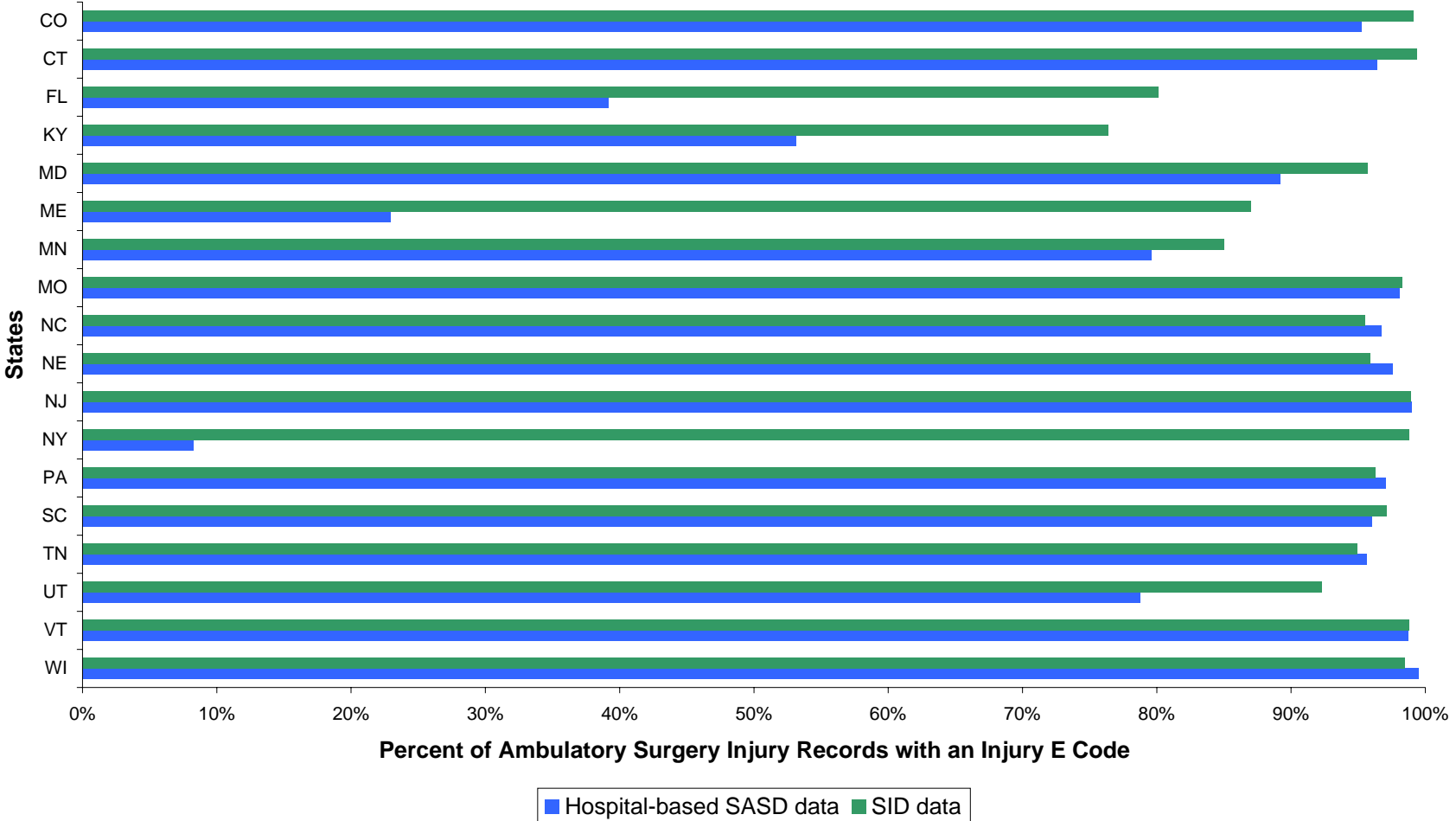


Figure 23b: Percent of Ambulatory Surgery Injury Records with an Injury E Code

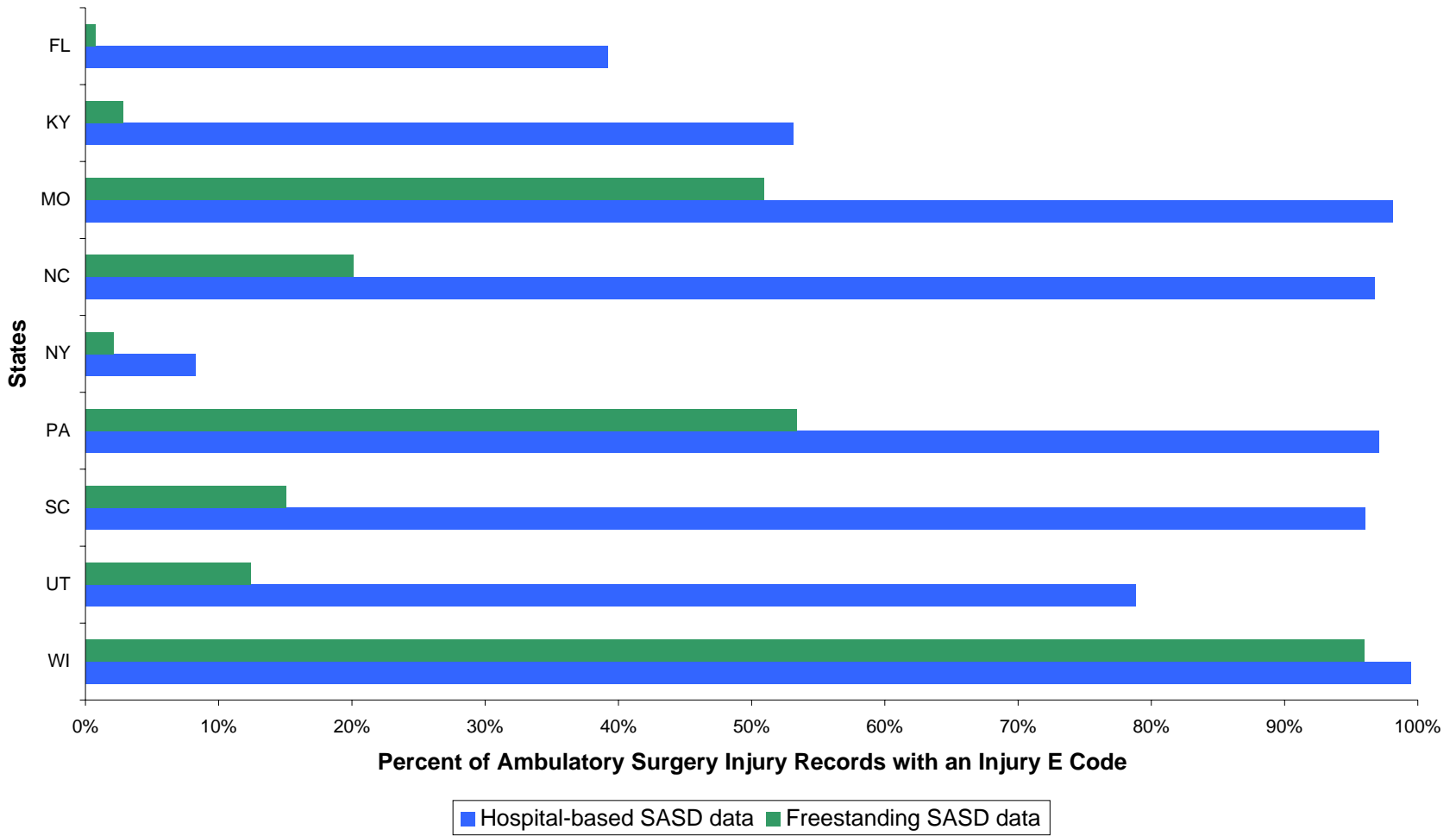


Figure 24a: Percent of Ambulatory Surgery Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, Colorado SASD, Hospital-Based Facilities

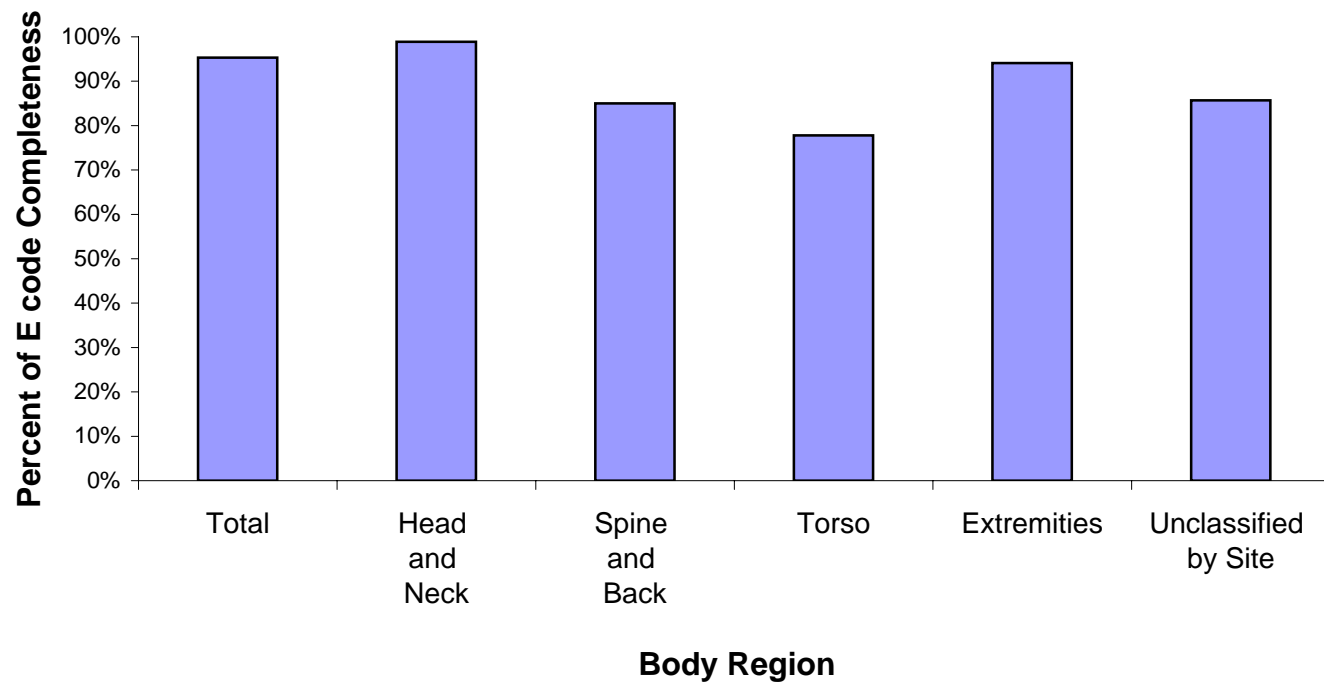
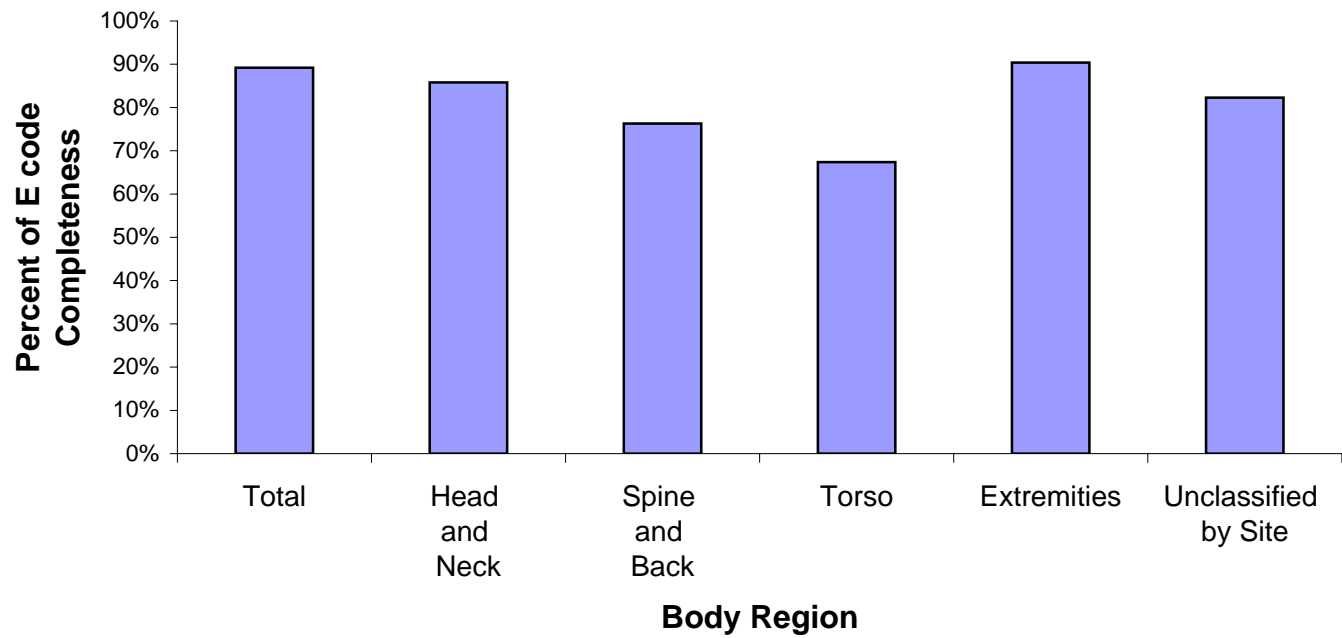


Figure 24b: Percent of Ambulatory Surgery Injury Discharges with an Injury E Code by Body Region using a Modified Barell Matrix, Maryland SASD, Hospital-Based Facilities



**Figure 27: Hospital-Based Ambulatory Surgery Injuries
Classified by Intent**

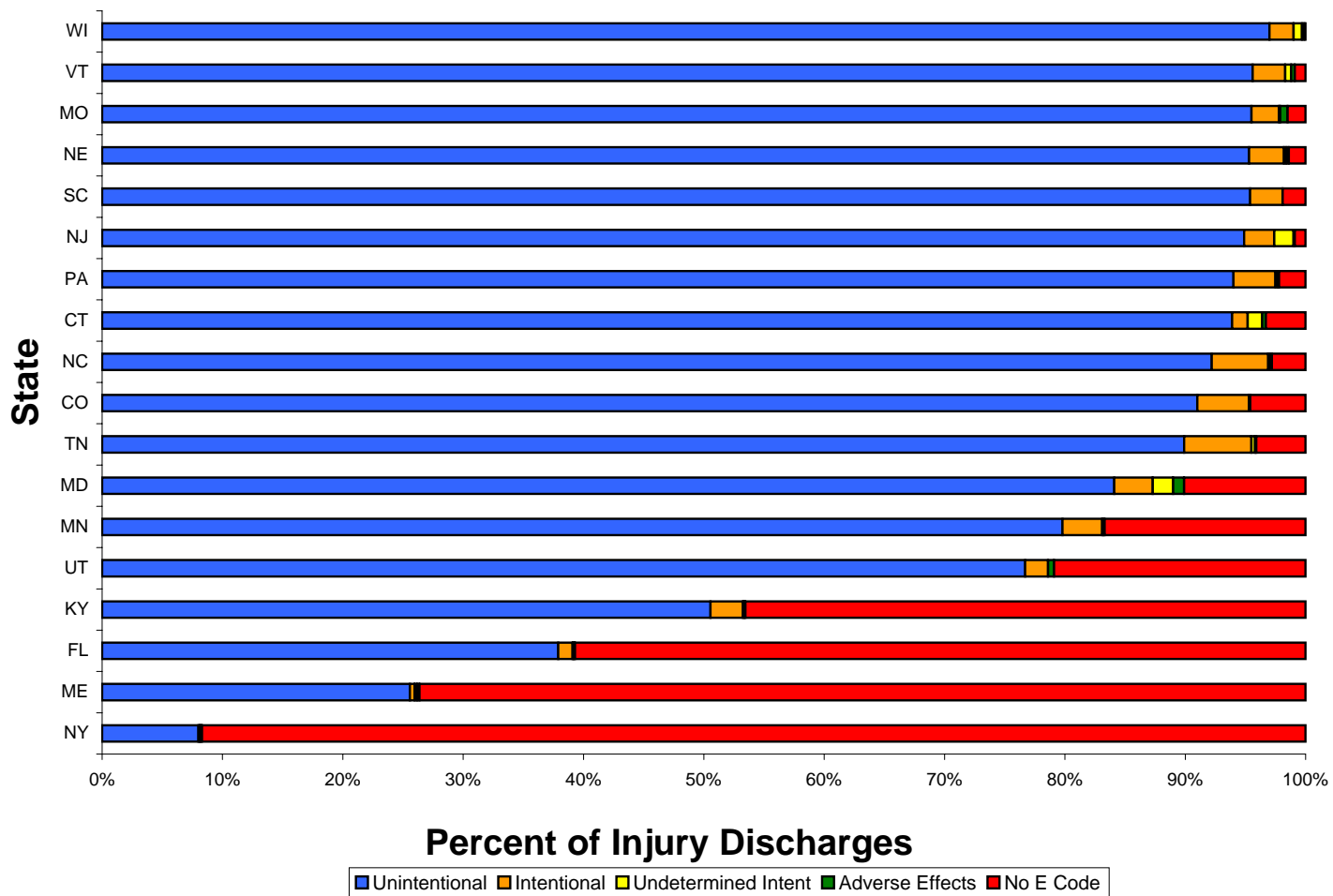


Figure 28: Hospital-based Ambulatory Surgery Unintentional Injury Records Classified by Mechanism

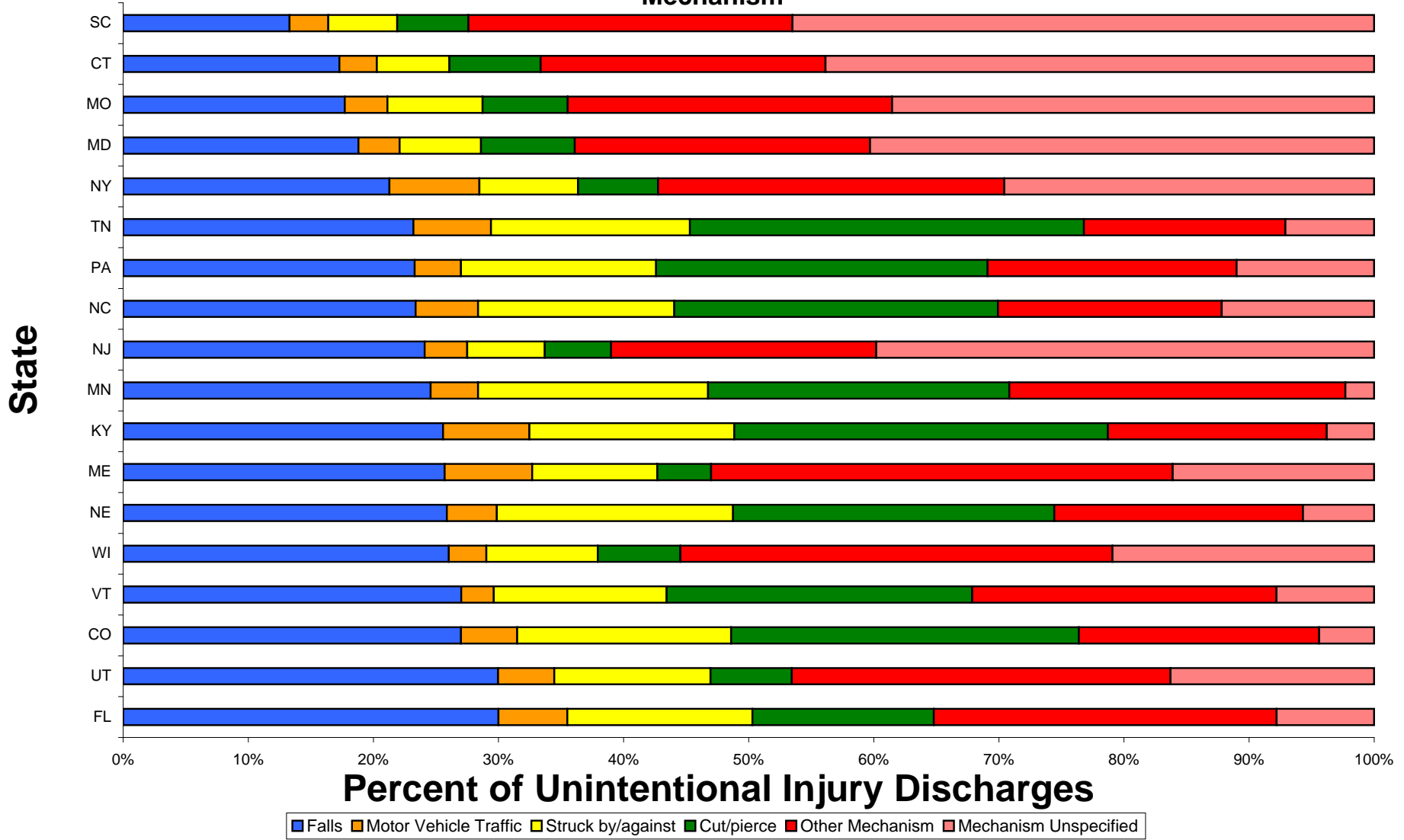


Figure 29: Hospital-based Ambulatory Surgery Intentional Injury Records Classified by Mechanism

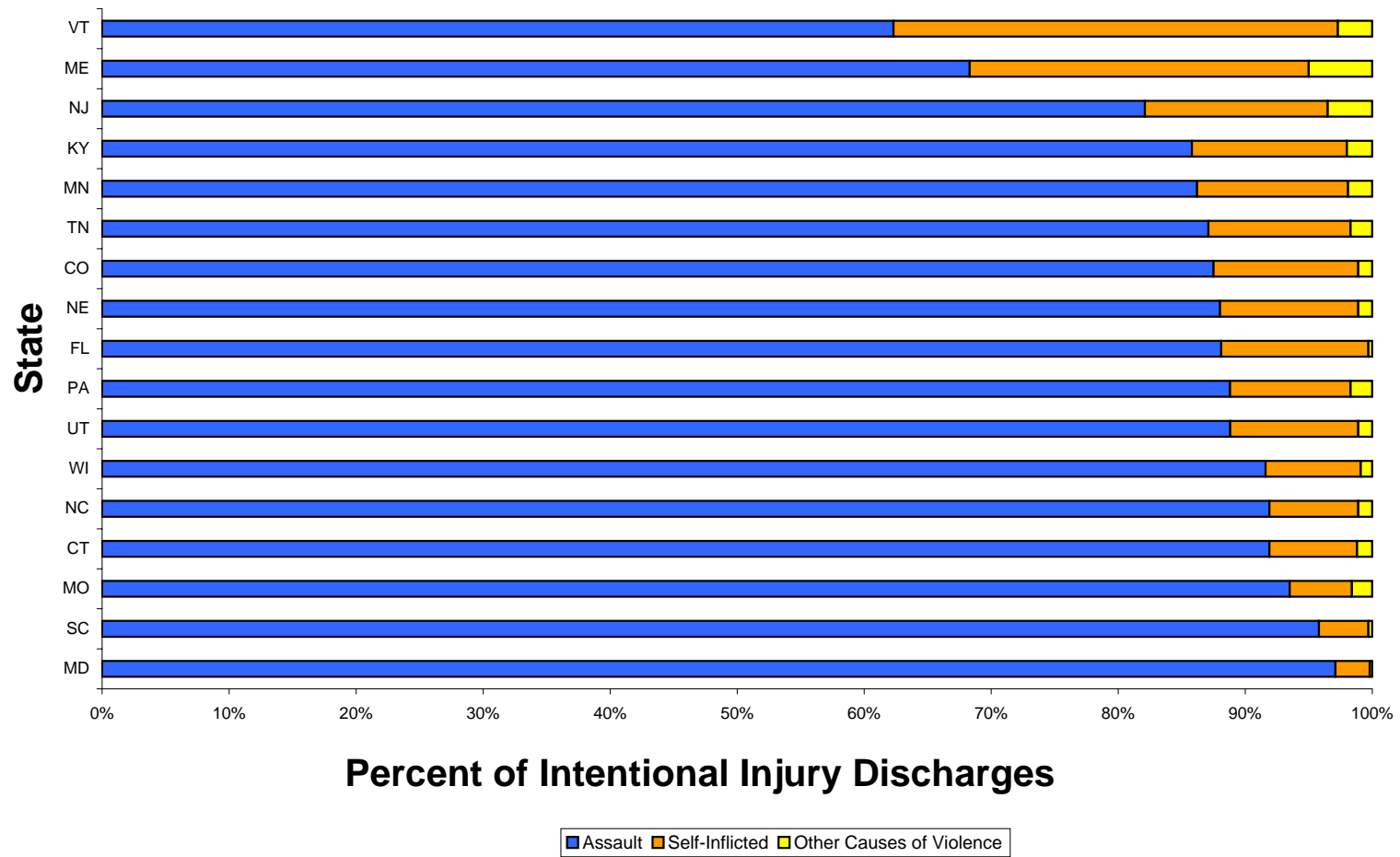
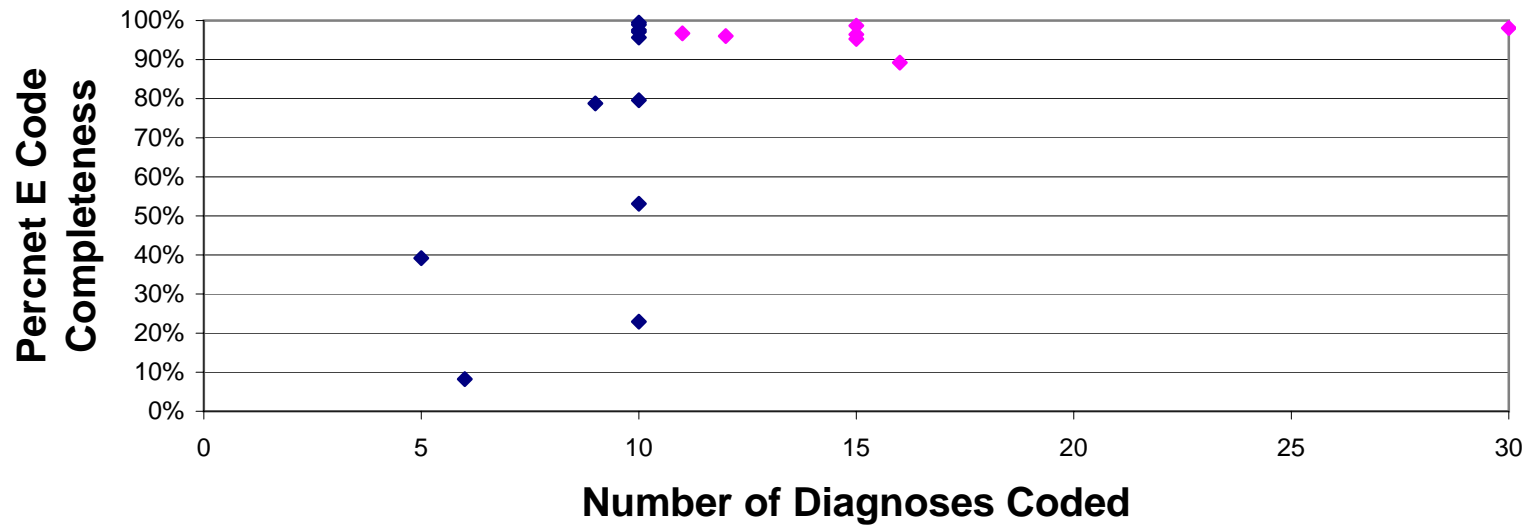
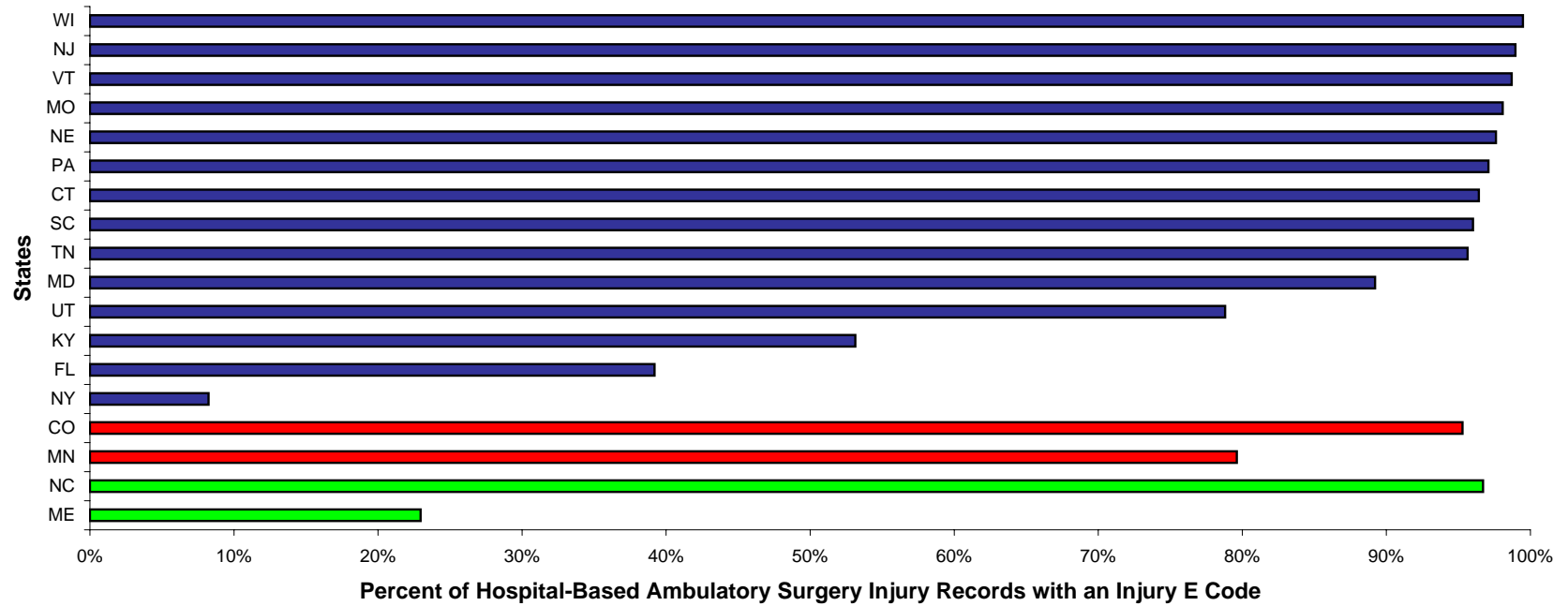


Figure 30: Maximum Number of Diagnoses Coded versus Percent E Code Completeness for Hospital-Based Ambulatory Surgery Records



◆ States that coded 10 or less diagnoses ◆ States that coded more than 10 diagnoses

Figure 31: States with and without Mandates/Regulations for the Submission of E Codes on Injury Records, HCUP State Ambulatory Surgery Databases



 With Mandates

 Without Mandates that Encourage Submission


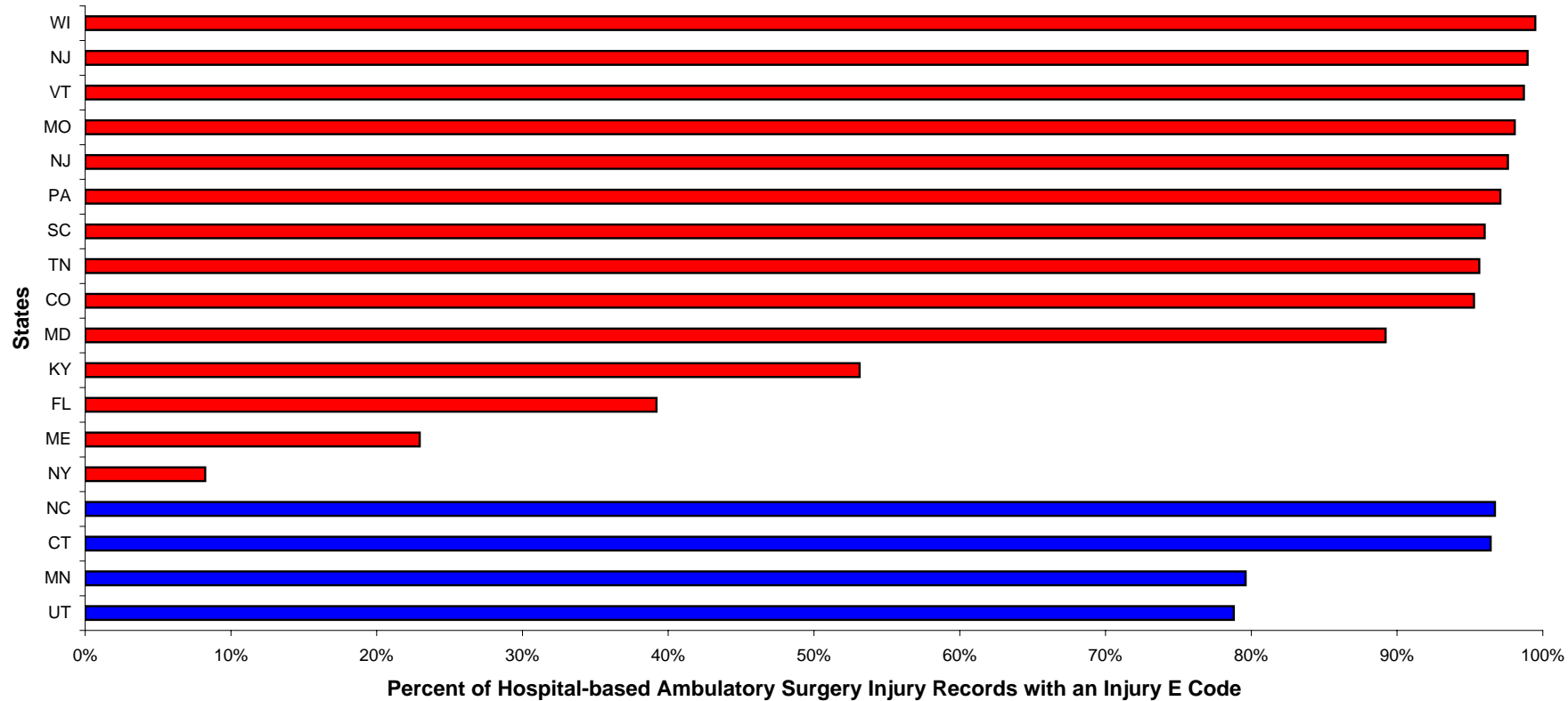
 Without Mandates that do not Encourage Submission

Figure 32: States that do and do not Edit Check or Verify E Codes for Injury Records, HCUP State Ambulatory Surgery Databases



 Edit Check


 Do not Edit Check

Figure 33: Percent of Inpatient Discharges with Medical Misadventure/Adverse Reaction Diagnoses

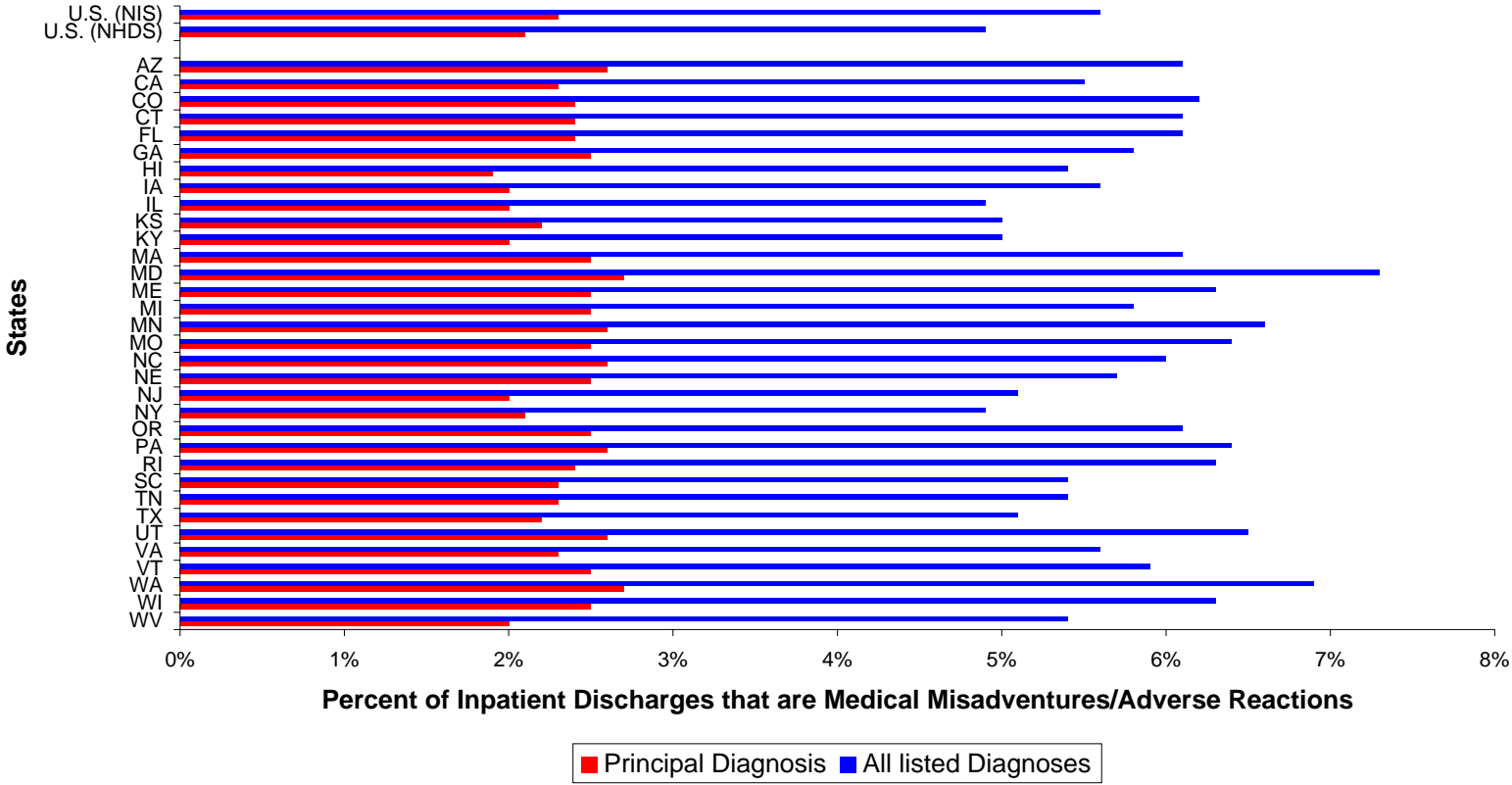


Figure 34: Percent of Emergency Department Records with Medical Misadventure/Adverse Reaction Diagnoses

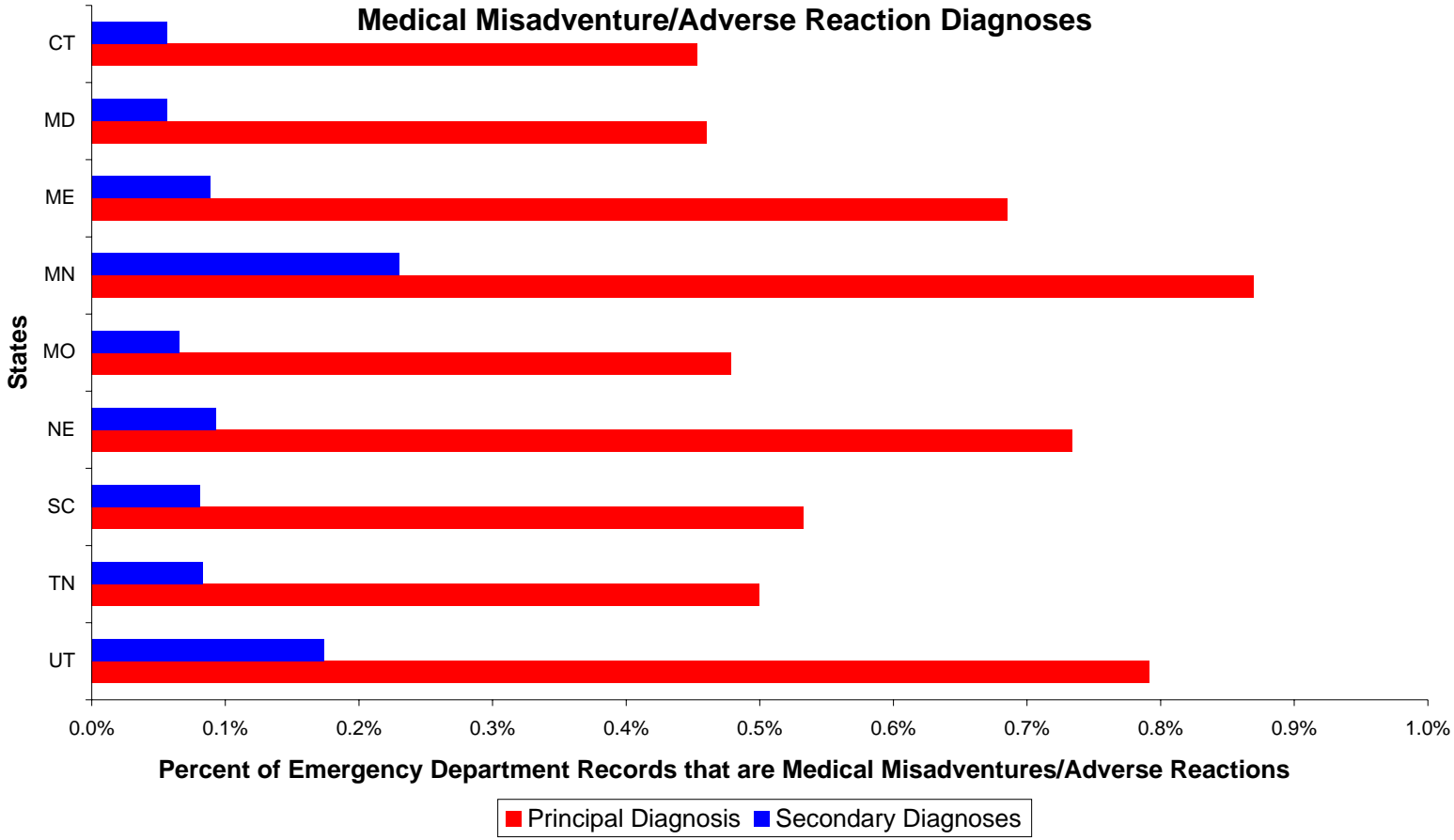


Figure 35: Percent of Hospital-based Ambulatory Surgery Records with Medical Misadventure/Adverse Reaction Diagnoses

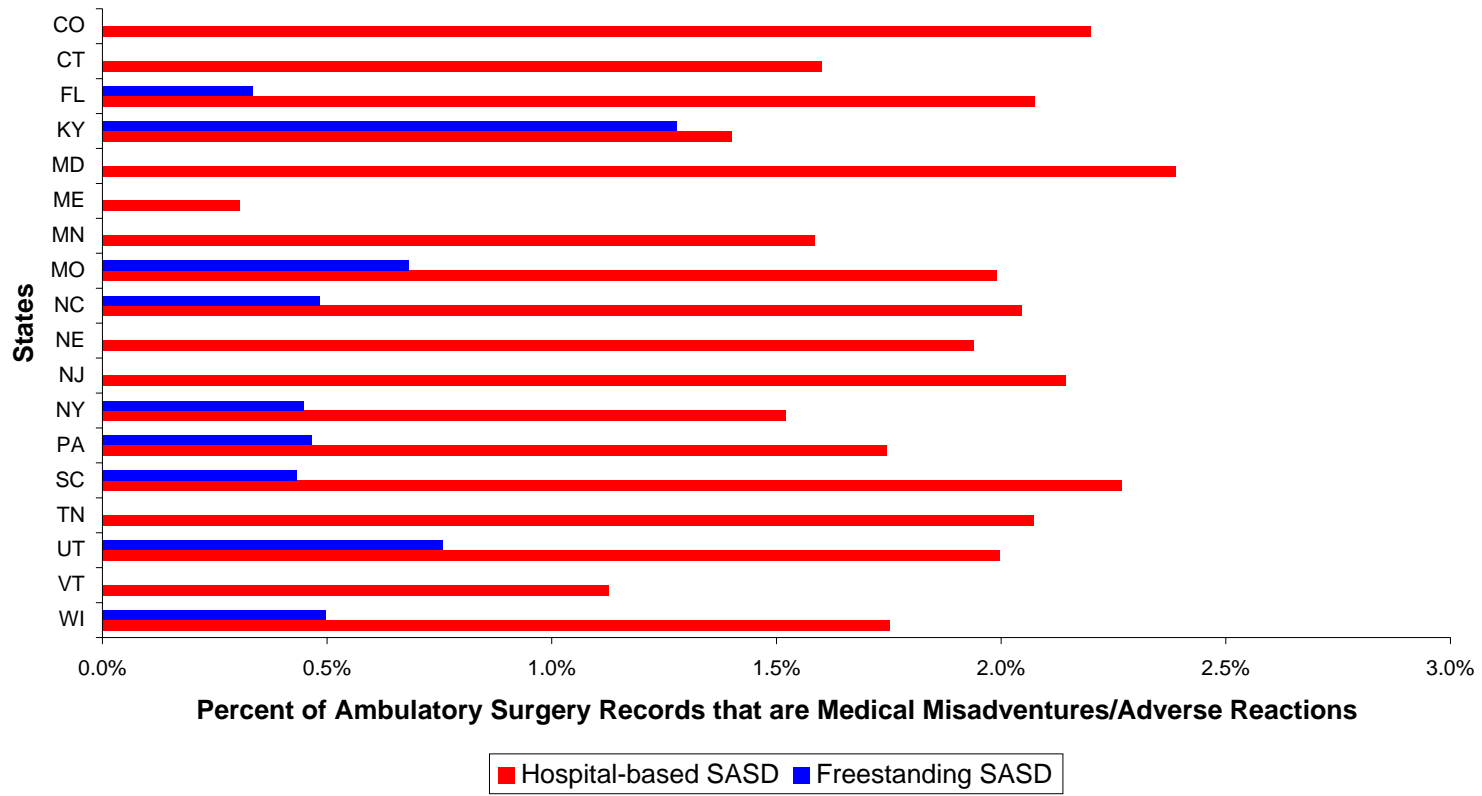


Figure 36: Percent of SID, SEDD, and Hospital-based SASD Records with Medical Misadventure/Adverse Reaction Principal Diagnosis

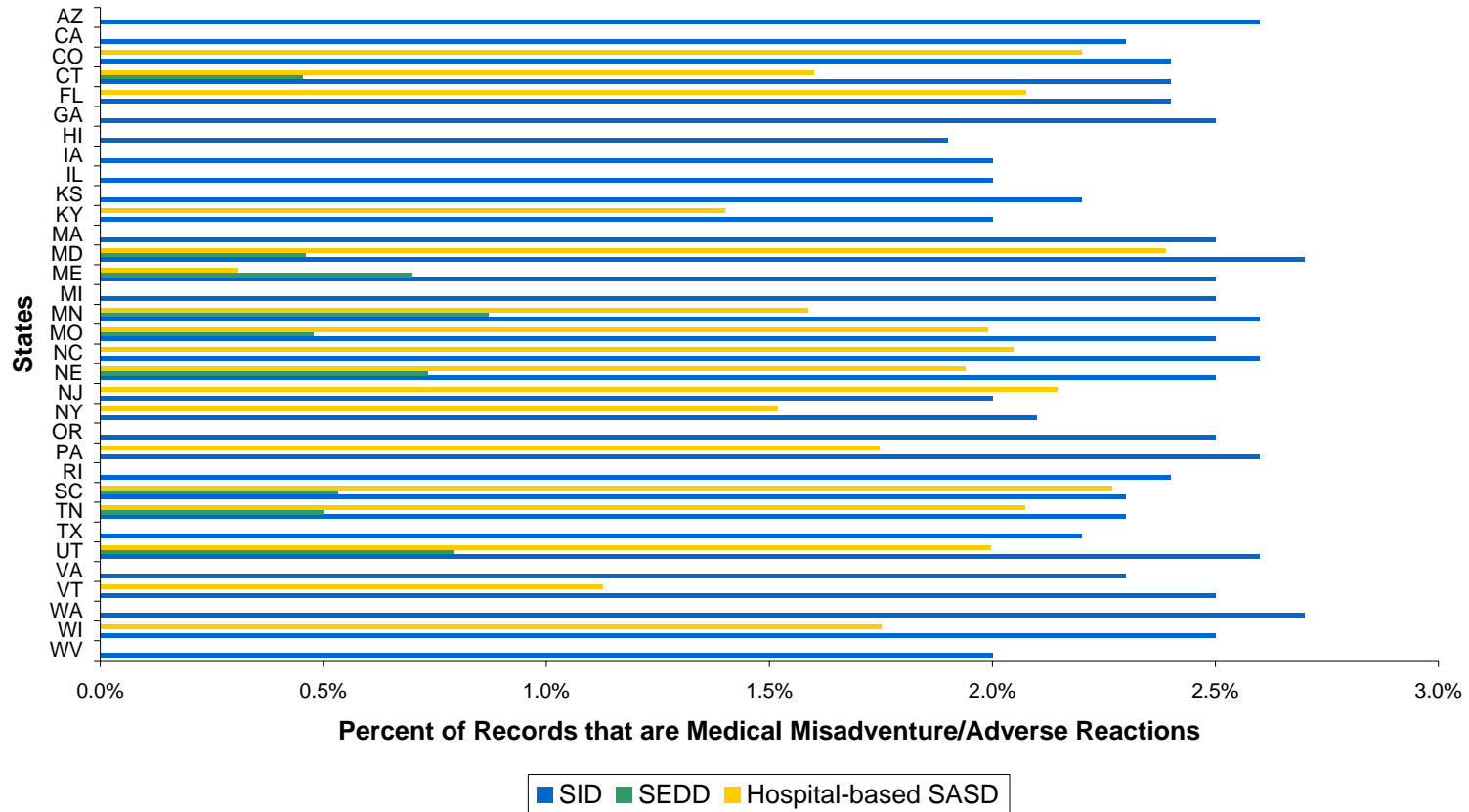


Figure 37: Percent of Inpatient Injury and Medical Misadventure/Adverse Reaction Injury Discharges with an E code

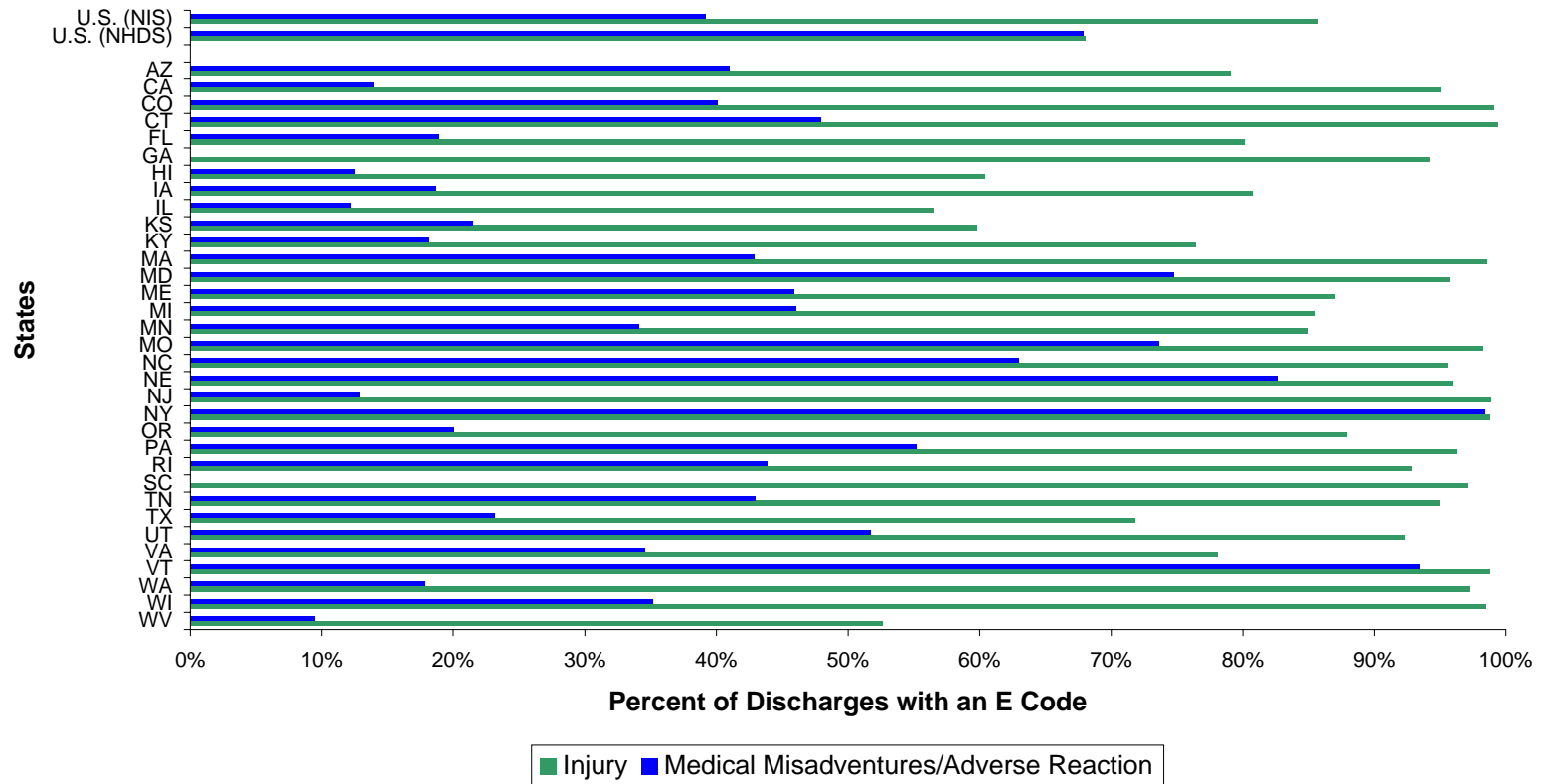


Figure 38: Percent of Emergency Department Injury and Medical Misadventure/Adverse Reaction Records with an E code

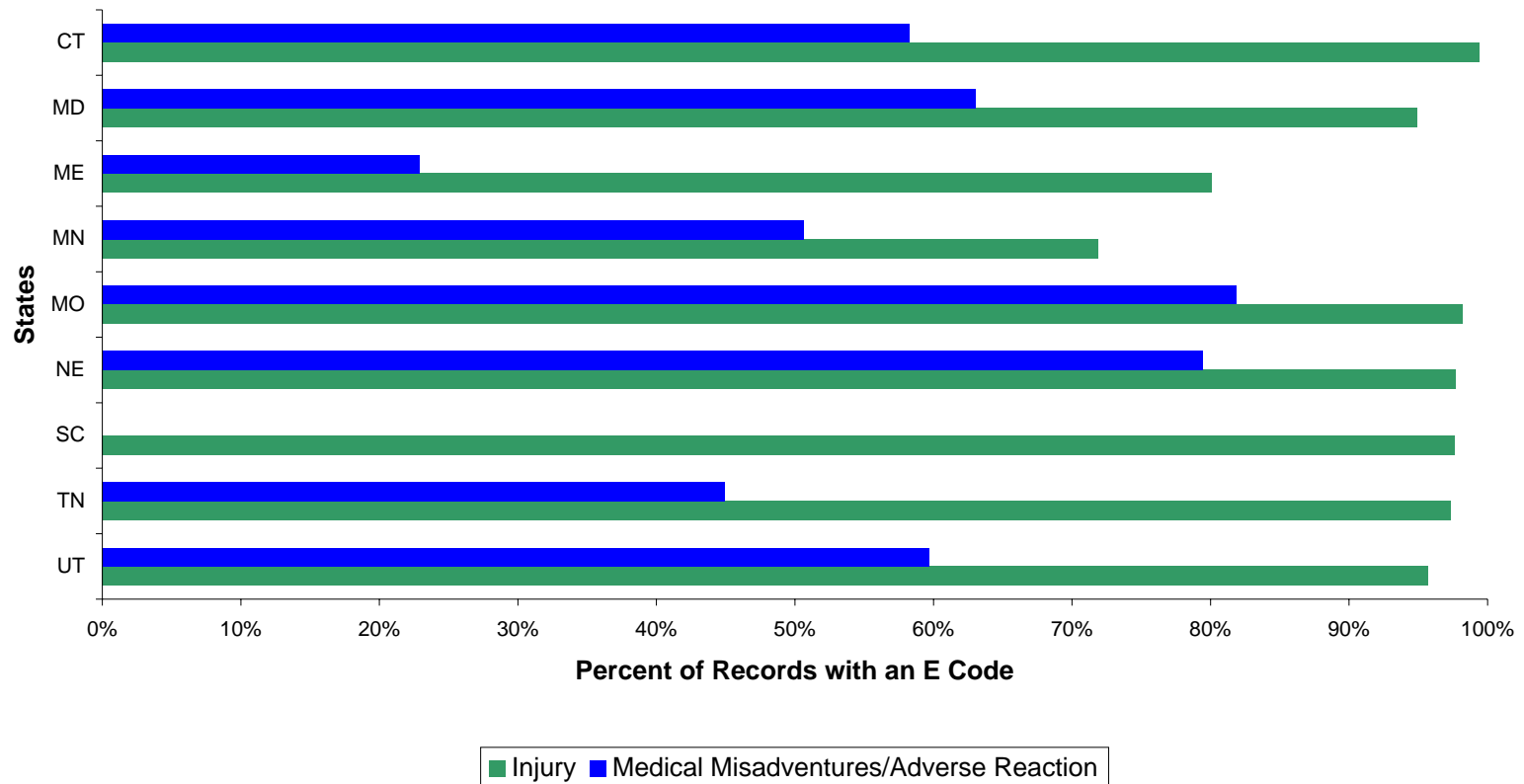


Figure 39: Percent of Hospital-Based Ambulatory Surgery Injury and Medical Misadventure/Adverse Reaction Records with an E code

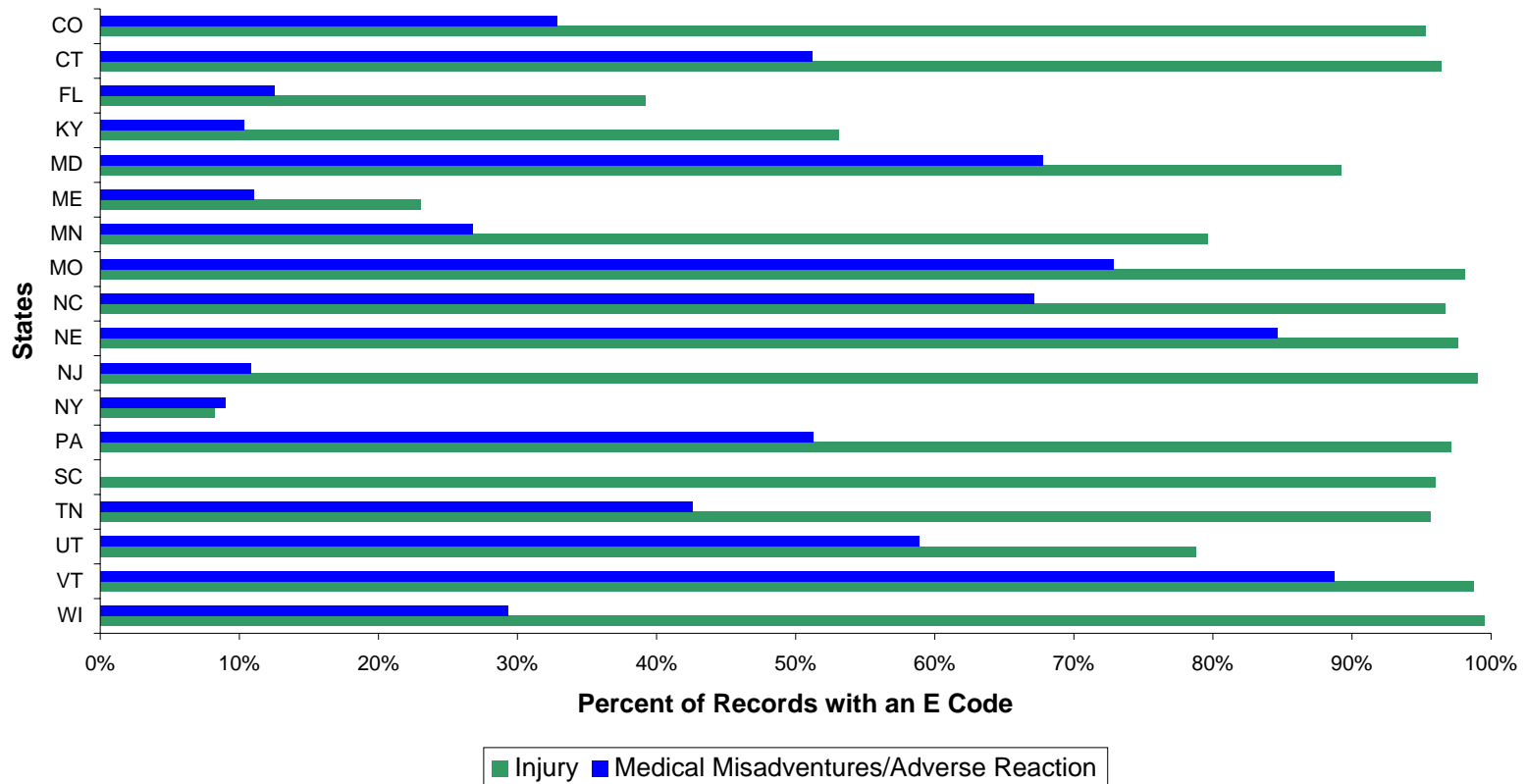


Figure 40: Percent of SID, SEDD, and Hospital-based SASD Medical Misadventure/Adverse Reaction Records with an E code

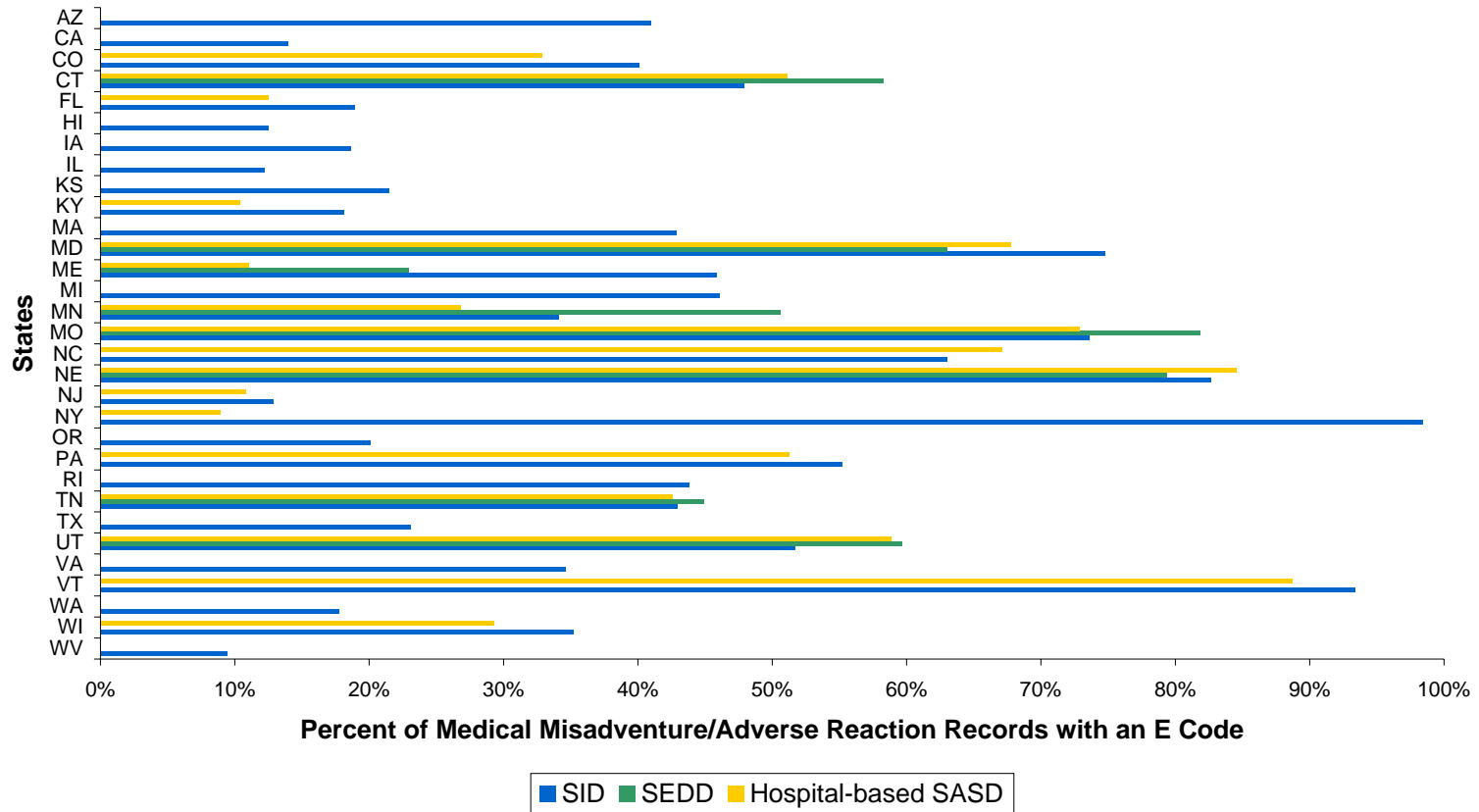


Figure 41: Percent of SID, SEDD, and Hospital-based SASD Injury Records Classified as Adverse Effects of Medical Treatment using the Mechanism by Intent Matrix

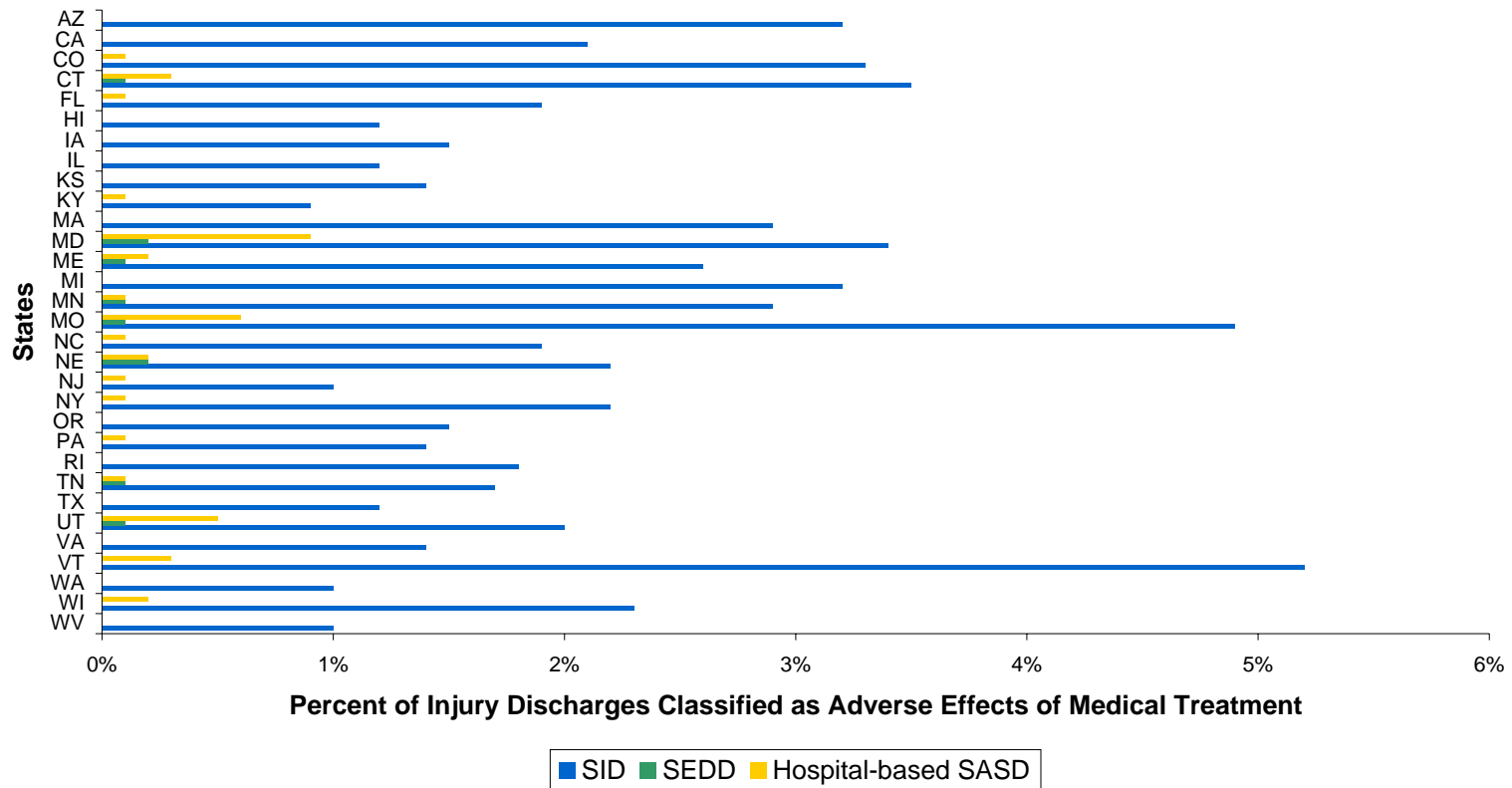
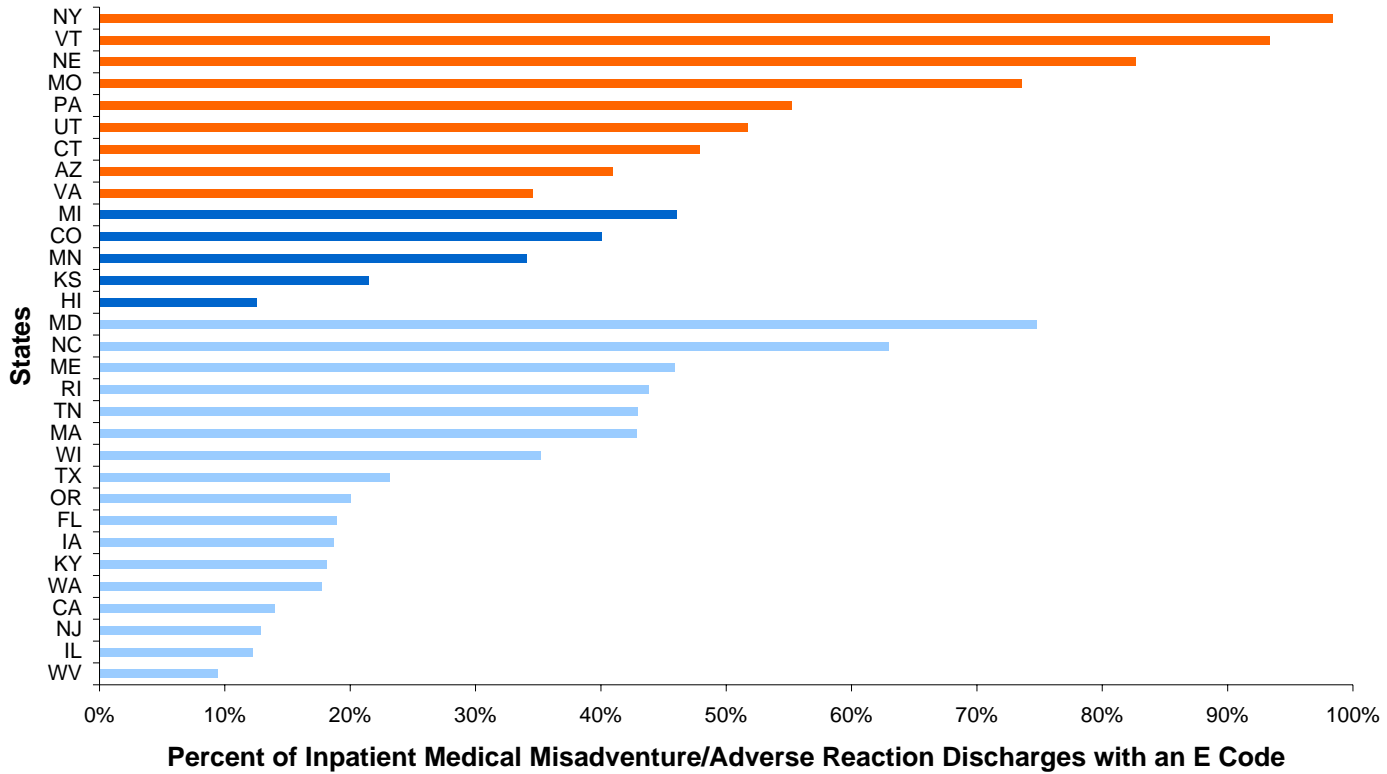
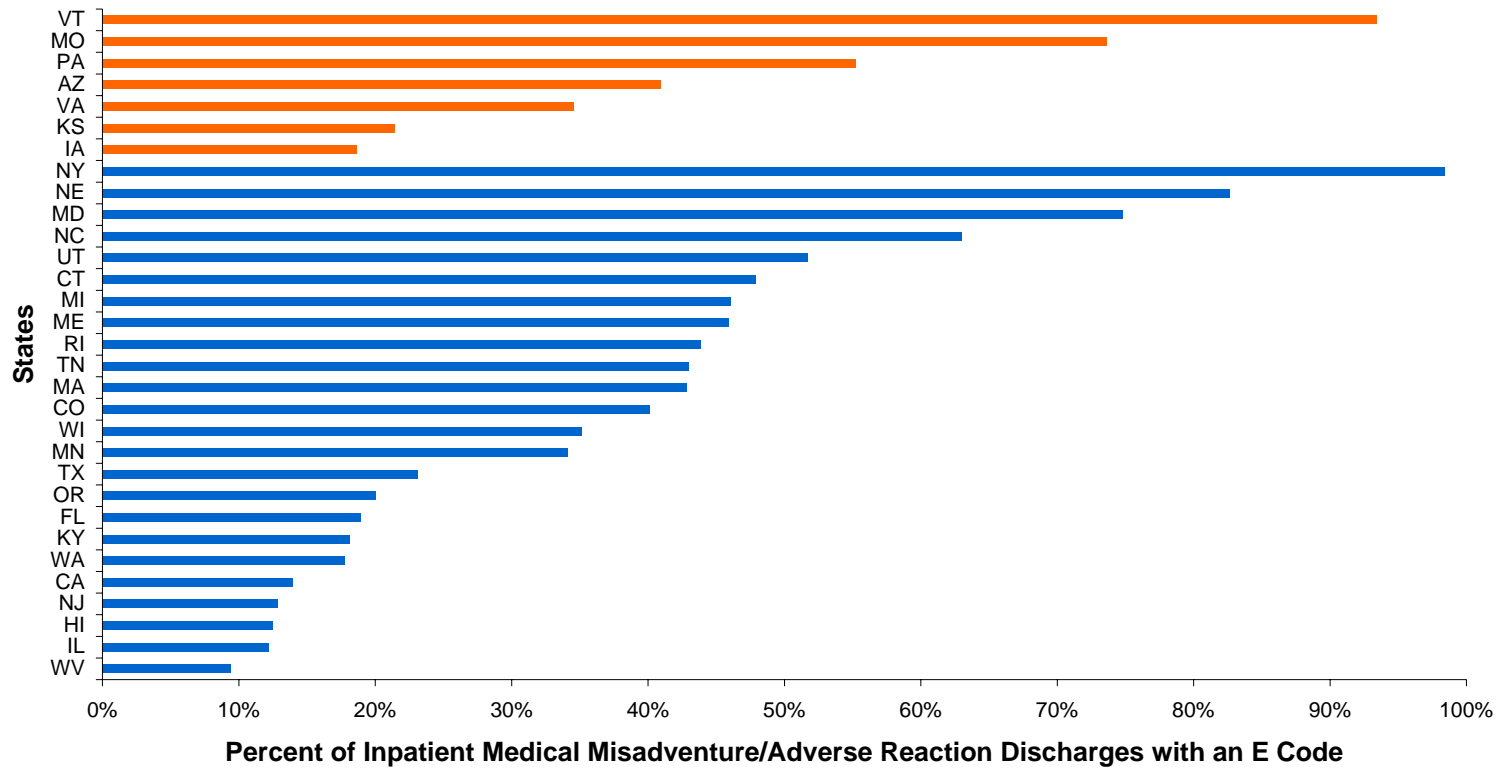


Figure 42: States with Mandates for the Collection of E Codes on Medical Misadventure/Adverse Reaction Records, HCUP State Inpatient Databases




Mandate for collection of E Codes
 Policy for submission of E Codes
 No mandate or policy

Figure 43: States that Edit Check or Verify E Codes on Medical Misadventure/Adverse Reaction Records, HCUP State Inpatient Databases



 Edit Check

 Do not Edit Check