

APPENDIX E
DATA FORMATTING



Format Name	Format Type	Starting Value for Format	Format Value Label
ACAACT	Numeric	1	Full academic load
		2	Reduced academic load
		3	Unable to participate in academics due to disease or condition
		996	Not Applicable < 5 years old/ High School graduate
		998	Status Unknown
ACAPRG	Numeric	1	Within One Grade Level of Peers
		2	Delayed Grade Level
		3	Special Education
		996	Not Applicable < 5 years old
		998	Status Unknown
ACCFMT	Character		Missing
		1	Fistula
		2	Goretex graft
		3	Bovine graft
		4	Temporary Line
		5	Permanent subclavian catheter
		6	Other
ACCTYPE	Character	1	Right
		2	Left
		3	Right and Left
		4	Neither
ACREJEPI	Numeric	1	Yes, at least one episode treated with anti-rejection agent
		2	Yes, none treated with additional anti-rejection agent
		3	No
		998	Unknown
ADRINDT	Character	1	First Service date before 1963
		2	First Service date & DOD on same day
		3	No First Service Date
AGE5YRC	Character	##	Total
		04	0- 4
		09	9-May
		14	14-Oct
		19	15-19
		24	20-24
		29	25-29
		34	30-34
		39	35-39
		44	40-44
		49	45-49
		54	50-54
		59	55-59
		64	60-64
		69	65-69
		74	70-74
		79	75-79
84	80-84		
85	85 plus		
90	All Age		
91	Age Adj		
TT	All Age		
AGEUNIT	Character	M	Months
		Y	Years

Format Name	Format Type	Starting Value for Format	Format Value Label
AGREE6A	Character	1	Strongly Agree
		2	Agree
		3	Neutral
		4	Disagree
		5	Strongly Disagree
		6	Dont Know
AIDSFMT	Character	1	Yes
		2	No
		3	Unknown
		4	Cant disclose
ALONE	Character	1	Missing
		2	Yes
		3	No
		4	Nursing home, institution Homeless
ANGINACA	Numeric	1	No
		2	Yes, and documented Coronary Artery Disease
		3	Yes, with no documented Coronary Artery Disease
		4	Yes, but Coronary Artery Disease unknown
		998	Status Unknown
ANTIHLAA	Numeric	1	Class I antibody present
		2	No Class I antibody present
		998	Unknown
ANTIHLAB	Numeric	1	Class II antibody present
		2	No Class II antibody present
		998	Unknown
ANTISEP	Character	1	Missing
		2	Dakins
		3	Amuchina
		8	Other hypochlorite Other
ANTIVIRL	Numeric	1	Acyclovir (Zovirax)
		2	Cytogam (CMV)
		4	Gamimune
		8	Gammagard
		16	Ganciclovir (Cytovene)
		32	Valgancyclovir (Valcyte)
		64	HBIG (Hepatitis B Immune Globulin)
		128	Flu Vaccine (Influenza Virus)
		256	Lamivudine (EpiVir) (for treatment of Hepatitis B)
512	“Other, Specify”		
ARTILREC	Numeric	1	CELIAC WITH PANCREAS
		2	Y-GRAFT TO SPA & SMA
		3	SPA TO SMA DIRECT
		4	SPA TO SMA WITH INTERPOSITION
		5	SPA ALONE
		999	OTHER SPECIFY

Format Name	Format Type	Starting Value for Format	Format Value Label
AUTOXM	Character	I N NT P U	Indeterminate Negative Not tested Positive Unknown
BIOPCONF	Numeric	1 2 3 998	Biopsy not done Yes, rejection confirmed Yes, rejection not confirmed Unknown
BLOOD	Character	1 2 3 4 5 6 7 8 998	O A B AB A1 A2 A1B A2B Unk
BTFLUSH	Numeric	200 300 301 302 303 304 305 306 307 308 309 998 999	NO FLUSH VIASPAN (UW/BELZER) EUROCOLLINS MODIFIED COLLINS CARDIOPLEGE PULMOPLEGE SALINE RINGERS CELSIOR CUSTODIOL PERFADEX UNKNOWN OTHER SPECIFY
CAREPROV	Numeric	1 2 3 4	Tx Center Non Tx Center Specialty Physician Primary Care Physician Other Specify
CATHBY	Character	‘ 1 2 9	Missing Surgeon Nephrologist Unknown
CATHFMT	Character	01 02 03 04 05 06 07 08 09 88	Missing Tenckhoff, straight Tenckhoff, str/with permanent bend tunnel segment Tenckhoff, curled Tenckhoff, cur/with permanent bend tunnel segment Toronto Western Toronto West./with permanent bend tunnel segment Missouri, straight with permanent bend tunnel segment Missouri, curled with permanent bend tunnel segment Lifecath, Column-Disc with permanent bend tunnel segment Other
CATHREM	Character	1	Missing Yes

Format Name	Format Type	Starting Value for Format	Format Value Label
CATHTEC	Character	‘	Missing
		1	By surgical dissection
		2	With peritoneoscopy
		3	Blind, with trocar or guidewire
		8	Other
		9	Unknown
CDTYPE	Character	B	Phys/Supp In it
		C	Claim condition
		G	DRG
		H	HCPCS
		I	ICD9 diagnosis
		J	ICD8 diagnosis
		P	ICD9 procedure
		Q	ICD8 procedure
		R	Revenue center
		S	Discharge status
V	Claim value		
CDTYPEI	Character	C	Claim condition
		I	ICD9 diagnosis
		J	ICD8 diagnosis
		P	ICD9 procedure
		Q	ICD8 procedure
		R	Revenue center
		S	Discharge status
V	Claim value		
CDTYPEP	Character	B	Phys/Supp In it
		I	ICD9 diagnosis
CELL_TY	Numeric	1	T-cell
		2	B-cell
		3	Unseparated lymphocytes
		4	Purified Class I antigen
		5	Purified Class II antigen
		6	Purified Class I and II antigen
		7	Platelets
		8	Monocytes
		9	Endothelial cells
CITIZEN	Numeric	1	U.S. Citizen
		2	Resident Alien
		3	Non-resident Alien, Specify Country
		998	Unknown(for Cadaver Donors and Donor Referrals Only)
CLOT	Character	1	Yes completely clotted
		2	No not completely clotted
CNCRSITE	Numeric	1	No
		2	Skin-Squamous, Basal Cell
		3	Skin-Melanoma
		4	CNS Tumor-Astrocytoma
		5	CNS Tumor-Glioblastoma Multiforme
		6	CNS Tumor-Medulloblastoma
		7	CNS Tumor-Neuroblastoma
		8	CNS Tumor-Angioblastoma
		9	CNS Tumor-Meningioma
		10	CNS Tumor-Intracranial Surgery
		11	CNS Tumor-Intracranial No Surgery

Format Name	Format Type	Starting Value for Format	Format Value Label		
CNCRSITE (continued)	Numeric	12	CNS Tumor-Other		
		13	Genitourinary-Bladder		
		14	Genitourinary-Uterine Cervix		
		15	Genitourinary-Uterine Body Endometrial		
		16	Genitourinary-Uterine Body Choriocarcinoma		
		17	Genitourinary-Vulva		
		18	Genitourinary-Ovarian		
		19	Genitourinary-Penis, Testicular		
		20	Genitourinary-Prostate		
		21	Genitourinary-Kidney		
		22	Genitourinary-Unknown		
		23	Genitourinary-Esophageal		
		24	Genitourinary-Stomach		
		25	Genitourinary-Small Intestine		
		26	Genitourinary-Colo-Rectal		
		27	Genitourinary-Liver&Biliary Tract		
		28	Genitourinary-Pancreas		
		29	Breast		
		31	Thyroid		
		32	Tongue/Throat		
		33	Larynx		
		34	Lung(include broncial)		
		35	Leukemia/Lymphoma		
		998	Unknown		
		999	Other Specify		
		CODFMT	Character	3200	GRAFT FAILURE: PRIMARY FAILURE
				3201	GRAFT FAILURE: REJECTION
				3202	GRAFT FAILURE: TECHNICAL
				3203	GRAFT FAILURE: GRAFT INFECTION
				3204	GRAFT FAILURE: RECURRENT DISEASE
				3299	GRAFT FAILURE: OTHER SPECIFY
				3300	INFECTION: BACTERIAL PERITONITIS
				3301	INFECTION: BACTERIAL PNEUMONIA
				3302	INFECTION: BACTERIAL SEPTICEMIA
				3303	INFECTION: FUNGAL
3304	INFECTION: MIXED OTHER SPECIFY				
3305	INFECTION: OPPORTUNISTIC OTHER SPECIFY				
3306	INFECTION: URINARY TRACT				
3307	INFECTION: VIRAL				
3308	INFECTION: AIDS				
3399	INFECTION: OTHER SPECIFY				
3400	CARDIOVASCULAR: MYOCARDIAL INFARCTION				
3401	CARDIOVASCULAR: ARTERIAL EMBOLISM				
3402	CARDIOVASCULAR - PULMONARY EMBOLISM				
3499	CARDIOVASCULAR: OTHER SPECIFY				
3500	CEREBROVASCULAR: STROKE				
3599	CEREBROVASCULAR: OTHER SPECIFY				
3600	HEMORRHAGE: GASTROINTESTINAL				
3601	HEMORRHAGE: INTRAOPERATIVE				
3699	HEMORRHAGE: OTHER SPECIFY				
3700	MALIGNANCY: METASTATIC OTHER SPECIFY				
3701	MALIGNANCY: PRIMARY OTHER SPECIFY				
3702	MALIGNANCY: POST-TX LYMPHOPROLIFERATIVE				
3799	MALIGNANCY: OTHER SPECIFY				
3800	TRAUMA: MOTOR VEHICLE				
3899	TRAUMA: OTHER SPECIFY				
3900	MISCELLANEOUS: DIABETES MELLITUS				
3901	MISC: INTRAOPER (NON-HEMORRHAGE OTHER SPECIFY)				
3902	MISCELLANEOUS: PANCREATITIS				

Format Name	Format Type	Starting Value for Format	Format Value Label		
CODFMT (continued)	Character	3903	MISCELLANEOUS: RENAL FAILURE		
		3904	MISCELLANEOUS: RESPIRATORY FAILURE		
		3905	MISCELLANEOUS: SUICIDE		
		3906	NON-COMPLIANCE		
		3907	MISC - LIVER FAILURE		
		3908	MISC - MULTIPLE SYSTEM ORGAN FAILURE (MSOF)		
		3909	MISC - FLUID/ELECTROLYTE DISORDER		
		3910	MISC - ACID/BASE DISORDER		
		3911	MISC - IMMUNO DRUG RELATED - HEMATOLOGIC		
		3912	MISC - IMMUNO DRUG RELATED - NON-HEMATOLOGIC		
		3913	MISC - NON-IMMUNO DRUG RELATED - HEMATOLOGIC		
		3914	MISC - NON-IMMUNO, NON-HEMATOLOGIC, SPECIFY DRUG		
		998	UNKNOWN		
		999	OTHER SPECIFY		
		CODKP	Character	7200	INFECTION: BACTERIAL PERITONITIS
				7201	INFECTION: BACTERIAL PNEUMONIA
7202	INFECTION: BACTERIAL SEPTICEMIA				
7203	INFECTION: FUNGAL PERITONITIS				
7204	INFECTION: FUNGAL PNEUMONIA				
7205	INFECTION: FUNGAL SEPTICEMIA				
7206	INFECTION: MIXED OTHER SPECIFY				
7207	INFECTION: OPPORTUNISTIC OTHER SPECIFY				
7208	INFECTION: URINARY TRACT				
7209	INFECTION: VIRAL CMV				
7210	INFECTION: VIRAL NON-CMV				
7211	INFECTION: AIDS				
7212	INFECTION: OTHER SPECIFY				
7213	CARDIOVASCULAR: MYOCARDIAL INFARCTION				
7214	CARDIOVASCULAR: ARTERIAL EMBOLISM				
7215	CARDIOVASCULAR: VASCULAR EMBOLISM				
7216	CARDIOVASCULAR: OTHER SPECIFY				
7217	CEREBROVASCULAR: STROKE				
7218	CEREBROVASCULAR: OTHER SPECIFY				
7219	HEMORRHAGE: GASTROINTESTINAL				
7220	HEMORRHAGE: INTRAOPERATIVE				
7221	HEMORRHAGE: OTHER SPECIFY				
7222	MALIGNANCY: METASTATIC OTHER SPECIFY				
7223	MALIGNANCY: PRIMARY OTHER SPECIFY				
7224	MALIGNANCY: POST-TX LYMPHOPROLIFERATIVE				
7225	MALIGNANCY: OTHER SPECIFY				
7226	TRAUMA: MOTOR VEHICLE				
7227	TRAUMA: OTHER SPECIFY				
7228	MISCELLANEOUS: DIABETES MELLITUS				
7229	MISC: INTRAOPER (NON-HEMORRHAGE OTHER SPECIFY)				
7230	MISC: PANCREATITIS (GRAFT)				
7231	MISC: PANCREATITIS (NATIVE)				
7232	MISC: LIVER FAILURE				
7233	MISC: ARDS				
7234	MISCELLANEOUS: INTRAOPERATIVE OTHER SPECIFY				
7235	MISCELLANEOUS: RENAL FAILURE				
7236	MISCELLANEOUS: RESPIRATORY FAILURE				
7237	MISCELLANEOUS: SUICIDE				
7238	MISC: MULTI-SYSTEM FAILURE				
7239	NON-COMPLIANCE				
7240	CARDIOVASCULAR - PULMONARY EMBOLISM				
7241	MISC - FLUID/ELECTROLYTE DISORDER				
7242	MISC - ACID/BASE DISORDER				
7243	MISC - IMMUNO DRUG RELATED - HEMATOLOGIC				
7244	MISC - IMMUNO DRUG RELATED - NON-HEMATOLOGIC				

Format Name	Format Type	Starting Value for Format	Format Value Label
CODKP (continued)	Character	7245	MISC - NON-IMMUNO DRUG RELATED - HEMATOLOGIC
		7246	MISC - NON-IMMUNO - NON-HEMATOLOGIC, SPECIFY DRUG
		998	UNKNOWN
		999	OTHER SPECIFY
	Numeric	998	UNKNOWN
		999	OTHER SPECIFY
		7200	INFECTION: BACTERIAL PERITONITIS
		7201	INFECTION: BACTERIAL PNEUMONIA
		7202	INFECTION: BACTERIAL SEPTICEMIA
		7203	INFECTION: FUNGAL PERITONITIS
		7204	INFECTION: FUNGAL PNEUMONIA
		7205	INFECTION: FUNGAL SEPTICEMIA
		7206	INFECTION: MIXED OTHER SPECIFY
		7207	INFECTION: OPPORTUNISTIC OTHER SPECIFY
		7208	INFECTION: URINARY TRACT
		7209	INFECTION: VIRAL CMV
		7210	INFECTION: VIRAL NON-CMV
		7211	INFECTION: AIDS
		7212	INFECTION: OTHER SPECIFY
		7213	CARDIOVASCULAR: MYOCARDIAL INFARCTION
		7214	CARDIOVASCULAR: ARTERIAL EMBOLISM
		7215	CARDIOVASCULAR: VASCULAR EMBOLISM
		7216	CARDIOVASCULAR: OTHER SPECIFY
		7217	CEREBROVASCULAR: STROKE
		7218	CEREBROVASCULAR: OTHER SPECIFY
		7219	HEMORRHAGE: GASTROINTESTINAL
		7220	HEMORRHAGE: INTRAOPERATIVE
		7221	HEMORRHAGE: OTHER SPECIFY
		7222	MALIGNANCY: METASTATIC OTHER SPECIFY
		7223	MALIGNANCY: PRIMARY OTHER SPECIFY
		7224	MALIGNANCY: POST-TX LYMPHOPROLIFERATIVE
		7225	MALIGNANCY: OTHER SPECIFY
		7226	TRAUMA: MOTOR VEHICLE
		7227	TRAUMA: OTHER SPECIFY
		7228	MISCELLANEOUS: DIABETES MELLITUS
		7229	MISC: INTRAOPER (NON-HEMORRHAGE OTHER SPECIFY)
		7230	MISC: PANCREATITIS (GRAFT)
		7231	MISC: PANCREATITIS (NATIVE)
		7232	MISC: LIVER FAILURE
		7233	MISC: ARDS
		7234	MISCELLANEOUS: INTRAOPERATIVE OTHER SPECIFY
		7235	MISCELLANEOUS: RENAL FAILURE
		7236	MISCELLANEOUS: RESPIRATORY FAILURE
		7237	MISCELLANEOUS: SUICIDE
		7238	MISC: MULTI-SYSTEM FAILURE
		7239	NON-COMPLIANCE
7240	CARDIOVASCULAR - PULMONARY EMBOLISM		
7241	MISC - FLUID/ELECTROLYTE DISORDER		
7242	MISC - ACID/BASE DISORDER		
7243	MISC - IMMUNO DRUG RELATED - HEMATOLOGIC		
7244	MISC - IMMUNO DRUG RELATED - NON-HEMATOLOGIC		
7245	MISC - NON-IMMUNO DRUG RELATED - HEMATOLOGIC		
7246	MISC - NON-IMMUNO - NON-HEMATOLOGIC, SPECIFY DRUG		
COMPFMT	Character	1	Much better now than one year ago
		2	Somewhat better now than one year ago
		3	About the same
		4	Somewhat worse now than a year ago
		5	Much worse now than one year ago

Format Name	Format Type	Starting Value for Format	Format Value Label		
CONNREQ	Numeric	10	DONOR AGE		
		11	NON-HEART BEATING DONOR		
		12	HISTORY OF PREVIOUS CARDIAC SURGERY (valid only for HR)		
		13	HISTORY OF SEVERE CARDIAC DISEASE (valid only for HR)		
		14	HISTORY OF LUNG DISEASE (valid only for LU)		
		15	HISTORY OF GASTRO-INTESTINAL DISEASE (valid only for IN)		
		16	HISTORY OF DIABETES MELLITUS (valid only for PA)		
		17	PANCREATITIS (valid only for PA)		
		18	ACUTE/CHRONIC RENAL FAILURE		
		21	Donor Quality		
		22	Donor ABO		
		99	OTHER SPECIFY		
		CTRY	Character	ADR	Andorra
				AFG	Afghanistan
AGB	Antigua and Barbuda				
AIL	Anguilla				
ALB	Albania				
ALR	Algeria				
AMN	Armenia				
AOL	Angola				
ARG	Argentina				
ARU	Aruba				
ASM	American Samoa				
ATR	Austria				
AUS	Australia				
AZB	Azerbaijan				
AZO	Azores				
BBD	Barbados				
BDS	Brunei Darussalam				
BEL	Belgium				
BEN	Benin				
BER	Bermuda				
BGD	Bangladesh				
BHG	Bosnia-Herzegovina				
BHR	Bahrain				
BHS	Bahamas				
BHT	Bhutan				
BIT	British Indian Ocean Territory				
BLG	Bulgaria				
BOL	Bolivia				
BRA	Brazil				
BUD	Burundi				
BUK	Burkina				
BUR	Burma(Myanmar)				
BVI	British Virgin Islands				
BWA	Botswana				
BYL	Byelarus				
BZE	Belize				
CAI	Canary Islands				
CAM	Cambodia				
CAN	Canada				
CAR	Central African Republic				
CCI	Cocos(keeling) Island				
CEI	Canton and Enderbury Islands				
CGO	Congo				
CHD	Chad				
CHI	China				
CHL	Chile				
CKI	Cook Islands				

Format Name	Format Type	Starting Value for Format	Format Value Label
CTRY (continued)	Character	CMR	Cameroon
		CMS	Comoros
		COL	Colombia
		CRO	Croatia
		CSR	Costa rica
		CUB	Cuba
		CVD	Cape verde
		CXI	Christmas Islands
		CYI	Cayman Island
		CYP	Cyprus
		CZR	Czech Republic: The
		DJI	Djibouti
		DMK	Demark
		DMN	Dominica
		DOR	Dominican Republic
		ECU	Ecuador
		EET	Estonia
		EGQ	Equatorial Guinea
		EGY	Egypt
		ENG	England
		ESV	El Salvador
		ETH	Ethiopia
		FGF	French Guiana
		FIN	Finland
		FJI	Fiji
		FKI	Falkland Islands(Malvinas)
		FOI	Faroe Islands
		FPF	French Polynesia
		FRA	France
		FSA	French Southern and Antarctic
		GAB	Gabon
		GDA	Grenada
		GDP	Guadeloupe
		GEO	Georgia
		GER	Germany:Federal Republic of
		GHA	Ghana
		GIB	Gibraltar
		GLD	Greenland
		GMB	Gambia:The
		GRC	Greece
		GTL	Guatemala
		GUB	Guinea-Bissau
		GUM	Guam
		GUN	Guinea
		GYA	Guyana
		GZS	Gaza Strip
		HKG	Hong Kong
HMI	Heard Island and Mcdonald Islands		
HON	Honuras		
HTI	Haiti		
HUG	Hungary		
ICI	Ivory Coast		
ICL	Iceland		
IDN	Indonesia		
IND	India		
IRE	Ireland		
IRN	Iran		
IRQ	Iraq		
ISR	Israel		
ITL	Italy		

Format Name	Format Type	Starting Value for Format	Format Value Label
CTRY (continued)	Character	JMC	Jamaica
		JOR	Jordan
		JPN	Japan
		JSA	Johnston Atoll
		KEY	Kenya
		KGS	Kyrgyzstan
		KIR	Kiribati
		KOR	Korea
		KPH	Kampuchea:Democratic
		KUW	Kuwait
		KZK	Kazakhstan
		LAD	Lao Peoples'Democratic Republic
		LAT	Latin America
		LBY	Libya
		LCT	Liechtenstein
		LEB	Lebanon
		LIB	Libaria
		LST	Lesotho
		LTN	Lithuania
		LTV	Latvia
		LUX	Luxembourg
		MAC	Macau
		MCD	Macedonia(Skopje)
		MDG	Madagascar
		MDI	Madeira Island
		MDV	Moldova
		MEX	Mexico
		MFM	Micronesia:Federated States of
		MHI	Marshall Islands
		MLD	Maldives
		MLI	Mali
		MNC	Monaco
		MNG	Mongolia
		MOR	Morocco
		MRT	Mauritania
		MST	Montserat
		MTA	Malta
		MTQ	Martinique
		MUR	Mauritius
		MWI	Malawi
		MWS	Midway Islands
		MYS	Malaysia
MZB	Mozambique		
NAM	Mamibia		
NAN	Netherlands Antilles		
NCD	New Caledonia		
NET	Netherlands		
NFI	Norfolk Island		
NGA	Nigeria		
NIC	Nicaragua		
NIG	Niger		
NKR	North Korea		
NOR	Norway		
NPI	Northern Mariana Islands		
NPL	Nepal		
NRU	Nauru		
NUE	Niue		
NZD	New Zealand		
OMN	Oman		
PAL	Palau		

Format Name	Format Type	Starting Value for Format	Format Value Label
CTRY (continued)	Character	AN	Panama
		PER	Peru
		PHI	Pitcairn Island
		PHL	Phillipines
		PKT	Pakistan
		PLD	Poland
		PNG	Papua New Guinea
		PRO	Puerto Rico
		PRY	Paraguay
		PTL	Portugal
		QAT	Qatar
		REN	Reunion
		ROM	Romania
		RUS	Russia
		RWD	Rwanda
		SAF	South Africa
		SAM	Samoa
		SAU	Saudi Arabia
		SCL	Seychelles
		SDN	Sudan
		SED	Sweden
		SGP	Singapore
		SJM	Svalbard and Jan Mayen Islands
		SKA	Slovakia
		SKR	South Korea
		SLI	Solomon Islands
		SLK	Srilanka
		SLV	Slovenia
		SMO	San Marino
		SNG	Senegal
		SOM	Somalia
		SPA	Spain
		SPM	St.Pierre and Miquelon
		SRL	Sierra Leone
		SRN	Suriname
		STA	Spanish Africa
		STC	St.Christopher
		STH	St.Helena
		STK	St.Kitts and Mevis
		STL	Saint Lucia
		STP	Sao Tome and Principe
		SVC	Saint Vincent and The Grenadines
		SWT	Switzerland
		SYA	Syrian Arab Republic
		SZL	Swaziland
		TCI	Turks and Caicos Island
		TDT	Trinidad and Tobago
		TGO	Togo
THL	Thailand		
TJK	Tajikistan		
TKL	Tokelau		
TMS	Turkmenistan		
TNS	Tunisia		
TOG	Tonga		
TRK	Turkey		
TVL	Tuvalu		
TWN	Taiwan		
TZN	Tanzania:United Republic of		
UAE	United Arab Emirates		
UGD	Uganda		

Format Name	Format Type	Starting Value for Format	Format Value Label
CTRY (continued)	Character	UKA	Ukraine
		UKD	United Kingdom
		UMI	USA Minor Outlying Islands
		UNK	Unknown
		URG	Uruguay
		USA	United States
		UZB	Uzbekistan
		VAC	Vatican City
		VEN	Venezuela
		VGI	Virgin Islands of the USA
		VTN	Viet Nam
		VUT	Vanuata
		YEM	Yemen:Republic of
		YUG	Yugoslavia
		ZAM	Zambia
ZAR	Zaire		
ZIM	Zimbabwe		
CUFFFMT	Character		Missing
		1	One deep
		2	One superficial
		3	Two cuffs (deep and superficial)
		9	Unknown
CUFFPLC	Character		Missing
		1	Midline
		2	Lateral
		3	Paramedian (in rectus muscle or fascia)
		9	Unknown
CWHLA	Numeric	0	0
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		97	Unknown
98	No second antigen detected		
99	Not Tested		
100	No antigen detected		
CYCLER	Character	1	four times or more
		2	three times
		3	twice
		4	once
		5	not at all
		6	I am not on a cycler

Format Name	Format Type	Starting Value for Format	Format Value Label
C_GRF_FU	Numeric	2	Acute rejection
		3	Primary Failure
		4	Graft Thrombosis
		5	Infection
		7	Urological Complications
		8	Recurrent Disease
		10	Chronic Rejection
		999	Other Specify
		DCANC	Character
2	Extracranial		
3	None		
DCRFMT	Character	Missing	
		1	Gram pos
		2	Gram neg, single
		3	Gram neg, multiple
		4	Gram pos and neg
		5	Fungal
		6	Fungal and bacterial
		7	No growth
		8	Other
		9	Unknown
DEATHFM	Character	01	Pericarditis(incl. Cardiac Tamponade)
		02	Myocardial Infarction, Acute
		03	Cardiac (Other Than 01 Or 02)
		04	Cerebrovascular
		05	Embolism, Air
		06	Embolism, Pulmonary
		07	Gi Hemorrhage
		08	Vascular Access
		09	Hemorrhage (Other Than 04, 07, Or 08)
		10	Pulmonary Infection
		11	Septicemia
		12	Viral Hepatitis
		13	Infection (Other Than 10, 11, Or 12)
		14	Hyperkalemia
		15	Pancreatitis
		16	Malignancy
		17	Withdrawl From Dialysis
		18	Suicide
		19	Accidental, Treatment Related (Not 05)
		20	Accidental, Not Treatment Related
		21	Unknown Cause
		22	Other (Specify In Remarks)
		23	Myocardial Infarction, Acute
		24	Hyperkalemia
		25	Pericarditis, Incl. Cardiac Tamponade
		26	Atherosclerotic Heart Disease
		27	Cardiomyopathy
		28	Cardiac Arrhythmia
		29	Cardiac Arrest, Cause Unknown
		30	Valvular Heart Disease
		31	Pulmonary Edema Due To Exogenous Fluid
		35	Pulmonary Embolus
		36	Cerebro-Vascular Accident Including Intracranial Hemorrhage
		37	Ischemic Brain Damage/Anoxic Enecephalopathy
		38	Hemorrhage From Transplant Site
		39	Hemorrhage From Vascular Access

Format Name	Format Type	Starting Value for Format	Format Value Label
DEATHFM (continued)	Character	40	Hemorrhage From Dialysis Circuit
		41	Hemorrhage From Ruptured Vascular Aneurysm
		42	Hemorrhage From Surgery (Not 38,39 Or 40)
		43	Other Hemorrhage (Not Codes 38-42,72)
		44	Mesenteric Infarction/Ischemic Bowel
		49	Septicemia, Due To Vascular Access
		50	Septicemia, Due To Peritonitis
		51	Septicemia, Due To Peripheral Vascular Disease, Gangrene
		52	Septicemia, Other
		53	Pulmonary Infection (Bacterial)
		54	Pulmonary Infection (Fungal)
		55	Pulmonary Infection (Other)
		56	Viral Infection, Cmv
		57	Viral Infection, Other (Not 64 Or 65)
		58	Tuberculosis
		59	Aids
		60	Infection, Other
		64	Hepatitis B
		65	Other Viral Hepatitis
		66	Liver-Drug Toxicity
		67	Cirrhosis
		68	Polycystic Liver Disease
		69	Liver Failure, Cause Unknown Other
		72	Gastro-Intestinal Hemorrhage
		73	Pancreatitis
		74	Fungal Peritonitis
		75	Perforation Of Peptic Ulcer
		76	Perforation Of Bowel (Not 75)
		80	Bone Marrow Depression
		81	Cachexia
		82	Malignant Disease, Patient Ever On Immunosuppressive Therapy
		83	Malignant Disease (Not 82)
		84	Dementia, Incl. Dialysis Dementia, Alzheimers
		85	Seizures
		86	Diabetic Coma, Hyperglycemia, Hypoglycemia
		87	Chronic Obstructive Lung Disease (Copd)
		88	Complications Of Surgery
		89	Air Embolism
		90	Accident Related To Treatment
		91	Accident Unrelated To Treatment
92	Suicide		
93	Drug Overdose (Street Drugs)		
94	Drug Overdose (Not 92 Or 93)		
98	Other Identified Cause Of Death, Please Specify		
99	Unknown		
DESCFMT	Character	1	RENAL RECOVERY
		2	DIED
		3	CURRENT (12/90)
		4	LOST TO FOLLOWUP
DIABFMT	Character	'	Missing
		1	IDDM (Juv. Type I)
		2	NIDDM (Adult Type II)
DIABTRET	Numeric	1	Insulin
		2	Oral Hypoglycemic Agent
		4	Diet

Format Name	Format Type	Starting Value for Format	Format Value Label
DIAGFMT	Character	1	DIABETES
		2	HYPERTENSION
		3	GLOMERULONEPH
		4	CYSTIC KIDNEY
		5	OTHER UROLOGIC
		6	OTHER CAUSE
DIAINSDP	Numeric	1	No
		2	Insulin Dependent Diabetes
		3	Non-insulin Dependent Diabetes
		4	Diabetes, Dependency Unknown
		998	Unknown
DIALCRC	Character	1	FULL CARE UNIT
		2	SELF CARE UNIT
		3	SELF CARE TRAINING
		4	HOME
		5	HOME 100 PERCENT
		6	BACK-UP FACILITY
DIALRVC	Character	00	INPATIENT
		01	INP HEMO
		02	INP PERI NONCAPD
		03	INP CAPD
		04	INP CCPD
		09	INP OTHER
		10	Organ Acquis.
		20	HEMO OP/H GENERAL
		21	HEMO OP/H RATE
		22	HEMO HOME SUPPLIES
		23	HEMO HOME EQUIPMENT
		24	HEMO OP/H MAINTENANCE
		25	HEMO OP/H SUPPORT
		29	HEMO OP/H OTHER
		30	PERI OP/H GENERAL
		31	PERI OP/H RATE
		32	PERI OP/H HOME SUPPLIES
		33	PERI OP/H HOME EQUIP
		34	PERI OP/H MAINT
		35	PERI OP/H SUPPORT
		39	PERI OP/H OTHER
		40	CAPD OP/H GENERAL
		41	CAPD OP/H RATE
		42	CAPD OP/H HOME SUPPLIES
		43	CAPD OP/H HOME EQUIP
		44	CAPD OP/H MAINT
		45	CAPD OP/H SUPPORT
		49	CAPD OP/H OTHER
		50	CCPD OP/H GENERAL
		51	CCPD OP/H RATE
		52	CCPD OP/H HOME SUPPLIES
		53	CCPD OP/H HOME EQUIP
		54	CCPD OP/H MAINT
		55	CCPD OP/H SUPPORT
		59	CCPD OP/H OTHER
		80	MISC DIAL GENERAL
81	DIALYSIS ULTRAFILTRATION		
82	DIALYSIS HOME AIDE		
89	MISC DIAL OTHER		
90	Organ Bank		

Format Name	Format Type	Starting Value for Format	Format Value Label
DIAL_TY	Numeric	1	No dialysis
		2	Hemodialysis
		3	Peritoneal Dialysis
		998	Dialysis Status Unknown
		999	Dialysis-Unknown Type was performed
DIA_MNT	Numeric	1	No
		2	Yes, Resumed Maintenance Dialysis
		3	Yes, No Maintenance Resumption
		4	Yes, Maintenance Resumption Unknown
		998	Unknown
DINFEC	Character	A	Yes
		B	No
		C	Unknown
DISATE	Character	1	bicarbonate
		2	acetate
DISCD_CD	Numeric	601	Too Old on Pump
		602	Too Old on Ice
		603	Vascular Damage
		604	Ureteral Damage
		605	Inadequate Urine Output
		606	Donor Medical History
		607	Donor Social History
		608	Positive CMV
		609	Positive HIV
		610	Positive Hepatitis
		611	Warm Ischemic Time too Long
		612	Organ Trauma
		613	Organ not as Described
		614	Biopsy Findings
		615	Recipient Determined to be Unsuitable for Tx in OR
		616	Poor Organ Function
		617	Infection
		618	Diseased Organ
		619	Anatomical Abnormalities
620	No Recipient Located-List Exhausted		
699	Other, specify		
DISGRPC	Character	1	Diabetes
		2	Hypertension
		3	Glomeruloneph.
		4	Cystic Kidney
		5	Other Urologic
		6	Other Cause
		7	Unknown Cause
		8	Missing Cause
		OTHER	Missing Cause
DISPOS	Numeric	1	Consent Not Requested
		2	Consent Not Obtained
		3	Organ Not Recovered
		4	Recovered Not for Tx
		5	Recovered for TX but Not Tx
		6	Transplanted
		7	N/A

Format Name	Format Type	Starting Value for Format	Format Value Label
DISREC	Numeric	1	No recurrence
		2	Suspected recurrence (not confirmed or unknown is confirmed by biopsy)
		3	Biopsy confirmed recurrence
		998	Unknown
DIST	Character	1	15 minutes or less
		2	16 minutes to half an hour
		3	31 minutes to one hour
		4	More than one hour
DNRTYP	Character		Missing
		1	Cadaver
		2	Living Related
DONOR	Character	3	Living Unrelated
		Missing	
		C	Cadaveric
		F	Foreign Donor (import)
		L	Living
DON_COD	Numeric	U	Unknown
		OTHER	Unknown
		1	Anoxia
		2	Cerebrovascular/Stroke
		3	Head Trauma
		4	CNS Tumor
999	Other Specify		
DON_P	Character	C	Cadaveric
		F	Foreign Import
		L	Living Related
		U	Unspecified
DON_REL	Numeric	1	Biological, blood related Parent
		2	Biological, blood related Child
		3	Biological, blood related Identical Twin
		4	Biological, blood related Full Sibling
		5	Biological, blood related Half Sibling
		6	Biological, blood related Other Relative: SPECIFY
		7	Non-Biological, Spouse
		8	Non-Biological, Life Partner
		9	Non-Biological, Unrelated: Paired Exchange
		10	Non-Biological, Unrelated: Non-Directed Donation (Anonymous)
		11	Non-Biological, Living/Deceased Exchange
		12	Non-Biological, Unrelated: Domino
999	Non-Biological, Other Unrelated Directed Donation: Specify		
DPHLA	Character	0	0
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		97	Unknown
		98	No second antigen detected
		99	Not Tested
	Numeric	1	1
		2	2
		3	3

Format Name	Format Type	Starting Value for Format	Format Value Label
DPHLA (continued)	Numeric	4	4
		5	5
		6	6
		97	Unknown
		98	Confirmed Blk
		99	Not Tested
DQHLA	Character	0	0
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		97	Unknown
		98	No second antigen detected
		99	Not Tested
	Numeric	1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		97	Unknown
		98	Confirmed Blk
		99	Not Tested
DRGLAB	Character	0	0 Unknown
		000	000 Unknown
		001	001 CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA
		002	002 CRANIOTOMY FOR TRAUMA AGE >17
		003	003 CRANIOTOMY AGE 0-17
		004	004 SPINAL PROCEDURES
		005	005 EXTRACRANIAL VASCULAR PROCEDURES
		006	006 CARPAL TUNNEL RELEASE
		007	007 PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
		008	008 PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
		009	009 SPINAL DISORDERS & INJURIES
		010	010 NERVOUS SYSTEM NEOPLASMS W CC
		011	011 NERVOUS SYSTEM NEOPLASMS W/O CC
		012	012 DEGENERATIVE NERVOUS SYSTEM DISORDERS
		013	013 MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
		014	014 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA
		015	015 TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS
		016	016 NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
		017	017 NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
		018	018 CRANIAL & PERIPHERAL NERVE DISORDERS W CC
		019	019 CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
		020	020 NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
		021	021 VIRAL MENINGITIS
		022	022 HYPERTENSIVE ENCEPHALOPATHY
		023	023 NONTRAUMATIC STUPOR & COMA
		024	024 SEIZURE & HEADACHE AGE >17 W CC
025	025 SEIZURE & HEADACHE AGE >17 W/O CC		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	026	026 SEIZURE & HEADACHE AGE 0-17
		027	027 TRAUMATIC STUPOR & COMA, COMA >1 HR
		028	028 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
		029	029 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
		030	030 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
		031	031 CONCUSSION AGE >17 W CC
		032	032 CONCUSSION AGE >17 W/O CC
		033	033 CONCUSSION AGE 0-17
		034	034 OTHER DISORDERS OF NERVOUS SYSTEM W CC
		035	035 OTHER DISORDERS OF NERVOUS SYSTEM W/O CC
		036	036 RETINAL PROCEDURES
		037	037 ORBITAL PROCEDURES
		038	038 PRIMARY IRIS PROCEDURES
		039	039 LENS PROCEDURES WITH OR WITHOUT VITRECTOMY
		040	040 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
		041	041 EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
		042	042 INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
		043	043 HYPHEMA
		044	044 ACUTE MAJOR EYE INFECTIONS
		045	045 NEUROLOGICAL EYE DISORDERS
		046	046 OTHER DISORDERS OF THE EYE AGE >17 W CC
		047	047 OTHER DISORDERS OF THE EYE AGE >17 W/O CC
		048	048 OTHER DISORDERS OF THE EYE AGE 0-17
		049	049 MAJOR HEAD & NECK PROCEDURES
		050	050 SALOADENECTOMY
		051	051 SALIVARY GLAND PROCEDURES EXCEPT SALOADENECTOMY
		052	052 CLEFT LIP & PALATE REPAIR
		053	053 SINUS & MASTOID PROCEDURES AGE >17
		054	054 SINUS & MASTOID PROCEDURES AGE 0-17
		055	055 MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
		056	056 RHINOPLASTY
		057	057 T&A PROC, EXCEPT TONSILL &/OR ADENOIDECTOMY ONLY, AGE >17
		058	058 T&A PROC, EXCEPT TONSILL &/OR ADENOIDECTOMY ONLY, AGE 0-17
		059	059 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
		060	060 TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
		061	061 MYRINGOTOMY W TUBE INSERTION AGE >17
		062	062 MYRINGOTOMY W TUBE INSERTION AGE 0-17
		063	063 OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
		064	064 EAR, NOSE, MOUTH & THROAT MALIGNANCY
		065	065 DYSEQUILIBRIUM
		066	066 EPISTAXIS
		067	067 EPIGLOTTITIS
		068	068 OTITIS MEDIA & URI AGE >17 W CC
		069	069 OTITIS MEDIA & URI AGE >17 W/O CC
		070	070 OTITIS MEDIA & URI AGE 0-17
		071	071 LARYNGOTRACHEITIS
		072	072 NASAL TRAUMA & DEFORMITY
		073	073 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
		074	074 OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
		075	075 MAJOR CHEST PROCEDURES
		076	076 OTHER RESP SYSTEM O.R. PROCEDURES W CC
		077	077 OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
		078	078 PULMONARY EMBOLISM
		079	079 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
		080	080 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
		081	081 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
		082	082 RESPIRATORY NEOPLASMS

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	083	083 MAJOR CHEST TRAUMA W CC
		084	084 MAJOR CHEST TRAUMA W/O CC
		085	085 PLEURAL EFFUSION W CC
		086	086 PLEURAL EFFUSION W/O CC
		087	087 PULMONARY EDEMA & RESPIRATORY FAILURE
		088	088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
		089	089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
		090	090 SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
		091	091 SIMPLE PNEUMONIA & PLEURISY AGE 0-17
		092	092 INTERSTITIAL LUNG DISEASE W CC
		093	093 INTERSTITIAL LUNG DISEASE W/O CC
		094	094 PNEUMOTHORAX W CC
		095	095 PNEUMOTHORAX W/O CC
		096	096 BRONCHITIS & ASTHMA AGE >17 W CC
		097	097 BRONCHITIS & ASTHMA AGE >17 W/O CC
		098	098 BRONCHITIS & ASTHMA AGE 0-17
		099	099 RESPIRATORY SIGNS & SYMPTOMS W CC
		100	100 RESPIRATORY SIGNS & SYMPTOMS W/O CC
		101	101 OTHER RESPIRATORY SYSTEM DIAGNOSES W CC
		102	102 OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC
		103	103 HEART TRANSPLANT
		104	104 CARDIAC VALVE PROCEDURES W CARDIAC CATH
		105	105 CARDIAC VALVE PROCEDURES W/O CARDIAC CATH
		106	106 CORONARY BYPASS W CARDIAC CATH
		107	107 CORONARY BYPASS W/O CARDIAC CATH
		108	108 OTHER CARDIOTHORACIC PROCEDURES
		109	109 OTH CARDIOTHORACIC PROC W/O PUMP/CORONARY BYPASS W/O CARDIAC CATH
		110	110 MAJOR CARDIOVASCULAR PROCEDURES W CC
		111	111 MAJOR CARDIOVASCULAR PROCEDURES W/O CC
		112	112 PERCUTANEOUS CARDIOVASCULAR PROCEDURES
		113	113 AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE
		114	114 UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS
		115	115 PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK
		116	116 OTH PERM CARD PACEMKR IMPLANT/AICD LEAD/GENERATOR PROC/ PTCA W CORONARY ART STENT
		117	117 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
		118	118 CARDIAC PACEMAKER DEVICE REPLACEMENT
119	119 VEIN LIGATION & STRIPPING		
120	120 OTHER CIRCULATORY SYSTEM O.R. PROCEDURES		
121	121 CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE		
122	122 CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE		
123	123 CIRCULATORY DISORDERS W AMI, EXPIRED		
124	124 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG		
125	125 CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG		
126	126 ACUTE & SUBACUTE ENDOCARDITIS		
127	127 HEART FAILURE & SHOCK		
128	128 DEEP VEIN THROMBOPHLEBITIS		
129	129 CARDIAC ARREST, UNEXPLAINED		
130	130 PERIPHERAL VASCULAR DISORDERS W CC		
131	131 PERIPHERAL VASCULAR DISORDERS W/O CC		
132	132 ATHEROSCLEROSIS W CC		
133	133 ATHEROSCLEROSIS W/O CC		
134	134 HYPERTENSION		
135	135 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC		
136	136 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	137	137 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
		138	138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
		139	139 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
		140	140 ANGINA PECTORIS
		141	141 SYNCOPE & COLLAPSE W CC
		142	142 SYNCOPE & COLLAPSE W/O CC
		143	143 CHEST PAIN
		144	144 OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
		145	145 OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC
		146	146 RECTAL RESECTION W CC
		147	147 RECTAL RESECTION W/O CC
		148	148 MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
		149	149 MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
		150	150 PERITONEAL ADHESIOLYSIS W CC
		151	151 PERITONEAL ADHESIOLYSIS W/O CC
		152	152 MINOR SMALL & LARGE BOWEL PROCEDURES W CC
		153	153 MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
		154	154 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
		155	155 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
		156	156 STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
		157	157 ANAL & STOMAL PROCEDURES W CC
		158	158 ANAL & STOMAL PROCEDURES W/O CC
		159	159 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
		160	160 HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
		161	161 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
		162	162 INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
		163	163 HERNIA PROCEDURES AGE 0-17
		164	164 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
		165	165 APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC
		166	166 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
		167	167 APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
		168	168 MOUTH PROCEDURES W CC
		169	169 MOUTH PROCEDURES W/O CC
		170	170 OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
		171	171 OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
		172	172 DIGESTIVE MALIGNANCY W CC
		173	173 DIGESTIVE MALIGNANCY W/O CC
		174	174 G.I. HEMORRHAGE W CC
		175	175 G.I. HEMORRHAGE W/O CC
		176	176 COMPLICATED PEPTIC ULCER
		177	177 UNCOMPLICATED PEPTIC ULCER W CC
		178	178 UNCOMPLICATED PEPTIC ULCER W/O CC
		179	179 INFLAMMATORY BOWEL DISEASE
		180	180 G.I. OBSTRUCTION W CC
		181	181 G.I. OBSTRUCTION W/O CC
		182	182 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
		183	183 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
184	184 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17		
185	185 DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17		
186	186 DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	187	187 DENTAL EXTRACTIONS & RESTORATIONS
		188	188 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
		189	189 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC
		190	190 OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
		191	191 PANCREAS, LIVER & SHUNT PROCEDURES W CC
		192	192 PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
		193	193 BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
		194	194 BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC
		195	195 CHOLECYSTECTOMY W C.D.E. W CC
		196	196 CHOLECYSTECTOMY W C.D.E. W/O CC
		197	197 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
		198	198 CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
		199	199 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
		200	200 HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
		201	201 OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES
		202	202 CIRRHOSIS & ALCOHOLIC HEPATITIS
		203	203 MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS
		204	204 DISORDERS OF PANCREAS EXCEPT MALIGNANCY
		205	205 DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC
		206	206 DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC
		207	207 DISORDERS OF THE BILIARY TRACT W CC
		208	208 DISORDERS OF THE BILIARY TRACT W/O CC
		209	209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
		210	210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
		211	211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
		212	212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
		213	213 AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
		214	214 BACK & NECK PROCEDURES W CC
		215	215 BACK & NECK PROCEDURES W/O CC
216	216 BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE		
217	217 WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS		
218	218 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC		
219	219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC		
220	220 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17		
221	221 KNEE PROCEDURES W CC		
222	222 KNEE PROCEDURES W/O CC		
223	223 MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC		
224	224 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC		
225	225 FOOT PROCEDURES		
226	226 SOFT TISSUE PROCEDURES W CC		
227	227 SOFT TISSUE PROCEDURES W/O CC		
228	228 MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W		
229	229 HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	230	230 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
		231	231 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR
		232	232 ARTHROSCOPY
		233	233 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
		234	234 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
		235	235 FRACTURES OF FEMUR
		236	236 FRACTURES OF HIP & PELVIS
		237	237 SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
		238	238 OSTEOMYELITIS
		239	239 PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY
		240	240 CONNECTIVE TISSUE DISORDERS W CC
		241	241 CONNECTIVE TISSUE DISORDERS W/O CC
		242	242 SEPTIC ARTHRITIS
		243	243 MEDICAL BACK PROBLEMS
		244	244 BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
		245	245 BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
		246	246 NON-SPECIFIC ARTHROPATHIES
		247	247 SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE
		248	248 TENDONITIS, MYOSITIS & BURSITIS
		249	249 AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
		250	250 FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC
		251	251 FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC
		252	252 FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17
		253	253 FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC
		254	254 FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC
		255	255 FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17
		256	256 OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
		257	257 TOTAL MASTECTOMY FOR MALIGNANCY W CC
		258	258 TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
		259	259 SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
		260	260 SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
		261	261 BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
		262	262 BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
		263	263 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
		264	264 SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC
		265	265 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC
		266	266 SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC
		267	267 PERIANAL & PILONIDAL PROCEDURES
		268	268 SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
		269	269 OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
		270	270 OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC
		271	271 SKIN ULCERS
272	272 MAJOR SKIN DISORDERS W CC		
273	273 MAJOR SKIN DISORDERS W/O CC		
274	274 MALIGNANT BREAST DISORDERS W CC		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character		
		275	275 MALIGNANT BREAST DISORDERS W/O CC
		276	276 NON-MALIGANT BREAST DISORDERS
		277	277 CELLULITIS AGE >17 W CC
		278	278 CELLULITIS AGE >17 W/O CC
		279	279 CELLULITIS AGE 0-17
		280	280 TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC
		281	281 TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC
		282	282 TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17
		283	283 MINOR SKIN DISORDERS W CC
		284	284 MINOR SKIN DISORDERS W/O CC
		285	285 AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METAB OL DISORDERS
		286	286 ADRENAL & PITUITARY PROCEDURES
		287	287 SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
		288	288 O.R. PROCEDURES FOR OBESITY
		289	289 PARATHYROID PROCEDURES
		290	290 THYROID PROCEDURES
		291	291 THYROGLOSSAL PROCEDURES
		292	292 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
		293	293 OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
		294	294 DIABETES AGE >35
		295	295 DIABETES AGE 0-35
		296	296 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC
		297	297 NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC
		298	298 NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17
		299	299 INBORN ERRORS OF METABOLISM
		300	300 ENDOCRINE DISORDERS W CC
		301	301 ENDOCRINE DISORDERS W/O CC
		302	302 KIDNEY TRANSPLANT
		303	303 KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEO PLASM
		304	304 KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
		305	305 KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
		306	306 PROSTATECTOMY W CC
		307	307 PROSTATECTOMY W/O CC
		308	308 MINOR BLADDER PROCEDURES W CC
		309	309 MINOR BLADDER PROCEDURES W/O CC
		310	310 TRANSURETHRAL PROCEDURES W CC
		311	311 TRANSURETHRAL PROCEDURES W/O CC
		312	312 URETHRAL PROCEDURES, AGE >17 W CC
		313	313 URETHRAL PROCEDURES, AGE >17 W/O CC
		314	314 URETHRAL PROCEDURES, AGE 0-17
		315	315 OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
		316	316 RENAL FAILURE
		317	317 ADMIT FOR RENAL DIALYSIS
		318	318 KIDNEY & URINARY TRACT NEOPLASMS W CC
		319	319 KIDNEY & URINARY TRACT NEOPLASMS W/O CC
		320	320 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
		321	321 KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
		322	322 KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
		323	323 URINARY STONES W CC, &/OR ESW LITHOTRIPSY
		324	324 URINARY STONES W/O CC
		325	325 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC
		326	326 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character		
		327	327 KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
		328	328 URETHRAL STRICTURE AGE >17 W CC
		329	329 URETHRAL STRICTURE AGE >17 W/O CC
		330	330 URETHRAL STRICTURE AGE 0-17
		331	331 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC
		332	332 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC
		333	333 OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
		334	334 MAJOR MALE PELVIC PROCEDURES W CC
		335	335 MAJOR MALE PELVIC PROCEDURES W/O CC
		336	336 TRANSURETHRAL PROSTATECTOMY W CC
		337	337 TRANSURETHRAL PROSTATECTOMY W/O CC
		338	338 TESTES PROCEDURES, FOR MALIGNANCY
		339	339 TESTES PROCEDURES, NON-MALIGNANCY AGE >17
		340	340 TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
		341	341 PENIS PROCEDURES
		342	342 CIRCUMCISION AGE >17
		343	343 CIRCUMCISION AGE 0-17
		344	344 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY
		345	345 OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY
		346	346 MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC
		347	347 MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC
		348	348 BENIGN PROSTATIC HYPERTROPHY W CC
		349	349 BENIGN PROSTATIC HYPERTROPHY W/O CC
		350	350 INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
		351	351 STERILIZATION, MALE
		352	352 OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
		353	353 PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
		354	354 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
		355	355 UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
		356	356 FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
		357	357 UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
		358	358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
		359	359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
		360	360 VAGINA, CERVIX & VULVA PROCEDURES
		361	361 LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
		362	362 ENDOSCOPIC TUBAL INTERRUPTION
		363	363 D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
		364	364 D&C, CONIZATION EXCEPT FOR MALIGNANCY
		365	365 OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
		366	366 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
		367	367 MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
		368	368 INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
		369	369 MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
		370	370 CESAREAN SECTION W CC
		371	371 CESAREAN SECTION W/O CC
		372	372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES
		373	373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
		374	374 VAGINAL DELIVERY W STERILIZATION &/OR D&C
		375	375 VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLA (continued)	Character	376	376 POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
		377	377 POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
		378	378 ECTOPIC PREGNANCY
		379	379 THREATENED ABORTION
		380	380 ABORTION W/O D&C
		381	381 ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTERTOMY
		382	382 FALSE LABOR
		383	383 OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
		384	384 OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
		385	385 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
		386	386 EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
		387	387 PREMATURITY W MAJOR PROBLEMS
		388	388 PREMATURITY W/O MAJOR PROBLEMS
		389	389 FULL TERM NEONATE W MAJOR PROBLEMS
		390	390 NEONATE W OTHER SIGNIFICANT PROBLEMS
		391	391 NORMAL NEWBORN
		392	392 SPLENECTOMY AGE >17
		393	393 SPLENECTOMY AGE 0-17
		394	394 OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS
		395	395 RED BLOOD CELL DISORDERS AGE >17
		396	396 RED BLOOD CELL DISORDERS AGE 0-17
		397	397 COAGULATION DISORDERS
		398	398 RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
		399	399 RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC
		400	400 LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE
		401	401 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
		402	402 LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
		403	403 LYMPHOMA & NON-ACUTE LEUKEMIA W CC
		404	404 LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
		405	405 ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17
		406	406 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC
		407	407 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/ O CC
		408	408 MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC
		409	409 RADIOTHERAPY
		410	410 CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
		411	411 HISTORY OF MALIGNANCY W/O ENDOSCOPY
		412	412 HISTORY OF MALIGNANCY W ENDOSCOPY
		413	413 OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
		414	414 OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC
		415	415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
		416	416 SEPTICEMIA AGE >17
417	417 SEPTICEMIA AGE 0-17		
418	418 POSTOPERATIVE & POST-TRAUMATIC INFECTIONS		
419	419 FEVER OF UNKNOWN ORIGIN AGE >17 W CC		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	420	420 FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC
		421	421 VIRAL ILLNESS AGE >17
		422	422 VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
		423	423 OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
		424	424 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
		425	425 ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION
		426	426 DEPRESSIVE NEUROSES
		427	427 NEUROSES EXCEPT DEPRESSIVE
		428	428 DISORDERS OF PERSONALITY & IMPULSE CONTROL
		429	429 ORGANIC DISTURBANCES & MENTAL RETARDATION
		430	430 PSYCHOSES
		431	431 CHILDHOOD MENTAL DISORDERS
		432	432 OTHER MENTAL DISORDER DIAGNOSES
		433	433 ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
		434	434 ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC
		435	435 ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O CC
		436	436 ALC/DRUG DEPENDENCE W REHABILITATION THERAPY
		437	437 ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY
		438	438 NO LONGER VALID
		439	439 SKIN GRAFTS FOR INJURIES
		440	440 WOUND DEBRIDEMENTS FOR INJURIES
		441	441 HAND PROCEDURES FOR INJURIES
		442	442 OTHER O.R. PROCEDURES FOR INJURIES W CC
		443	443 OTHER O.R. PROCEDURES FOR INJURIES W/O CC
		444	444 TRAUMATIC INJURY AGE >17 W CC
		445	445 TRAUMATIC INJURY AGE >17 W/O CC
		446	446 TRAUMATIC INJURY AGE 0-17
		447	447 ALLERGIC REACTIONS AGE >17
		448	448 ALLERGIC REACTIONS AGE 0-17
		449	449 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
		450	450 POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
		451	451 POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
		452	452 COMPLICATIONS OF TREATMENT W CC
		453	453 COMPLICATIONS OF TREATMENT W/O CC
		454	454 OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC
		455	455 OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC
		456	456 BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
		457	457 EXTENSIVE BURNS W/O O.R. PROCEDURE
		458	458 NON-EXTENSIVE BURNS W SKIN GRAFT
		459	459 NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC
		460	460 NON-EXTENSIVE BURNS W/O O.R. PROCEDURE
		461	461 O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
		462	462 REHABILITATION
		463	463 SIGNS & SYMPTOMS W CC
		464	464 SIGNS & SYMPTOMS W/O CC
		465	465 AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
		466	466 AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
		467	467 OTHER FACTORS INFLUENCING HEALTH STATUS
		468	468 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
469	469 PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS		

Format Name	Format Type	Starting Value for Format	Format Value Label
DRGLAB (continued)	Character	470	470 UNGROUPABLE
		471	471 BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
		472	472 EXTENSIVE BURNS W O.R. PROCEDURE
		473	473 ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17
		475	475 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT
		476	476 PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
		477	477 NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
		478	478 OTHER VASCULAR PROCEDURES W CC
		479	479 OTHER VASCULAR PROCEDURES W/O CC
		480	480 LIVER TRANSPLANT
		481	481 BONE MARROW TRANSPLANT
		482	482 TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
		483	483 TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES
		484	484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
		485	485 LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA
		486	486 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
		487	487 OTHER MULTIPLE SIGNIFICANT TRAUMA
		488	488 HIV W EXTENSIVE O.R. PROCEDURE
		489	489 HIV W MAJOR RELATED CONDITION
		490	490 HIV W OR W/O OTHER RELATED CONDITION
		491	491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
		492	492 CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
		493	493 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
		494	494 LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
		495	495 LUNG TRANSPLANT
		496	496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
		497	497 SPINAL FUSION W CC
		498	498 SPINAL FUSION W/O CC
		499	499 BACK & NECK PROCS EXCEPT SPINAL FUSION W CC
		500	500 BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC
501	501 KNEE PROC W PDX OF INFECTION W CC		
502	502 KNEE PROC W PDX OF INFECTION W/O CC		
503	503 KNEE PROCEDURES W/O PDX OF INFECTION		
504	504 EXTENSIVE 3RD DEGREE BURN W SKIN GRAFT		
505	505 EXTENSIVE 3RD DEGREE BURN W/O SKIN GRAFT		
506	506 FULL THICK BURN W SK GRAFT OR INHAL INJ W CC OR SIG TR		
507	507 FULL THICK BURN W SK GRAFT OR INHAL INJ W/O CC OR SIG TR		
508	508 FULL THICK BURN W/O SK GRAFT OR INHAL INJ W CC OR SIG TR		
509	509 FULL THICK BURN W/O SK GRAFT OR INHAL INJ W/O CC OR SIG TR		
510	510 NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA		
511	511 NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA		
999	Missing		
T 5	T 5 Unknown		
DRG_DES	Character	01	01 HOME, SELF CARE
		02	02 SHORT TERM HOSPITAL
		03	03 SNF

Format Name	Format Type	Starting Value for Format	Format Value Label
		04	04 ICF
		05	05 OTHER TYPE FACILITY
		06	06 HOME, HEALTH SERVICE CARE
		07	07 LEFT AGAINST MEDICAL ADVICE
		20	20 DIED
		30	30 STILL PATIENT
		99	99 MISSING
DRLOCUS	Character	1	1
		10	10
		103	103
		11	11
		12	12
		13	13
		14	14
		1403	1403
		1404	1404
		15	15
		16	16
		17	17
		18	18
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		97	Unknown
		98	Confirmed Blk
		99	Not Tested
	Numeric	0	0
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		97	Unknown
		98	No second antigen detected
		99	Not Tested
		103	103
		1403	1403
		1404	1404
DRUG	Numeric	-3	OKT4
		-2	Cyclosporin

Format Name	Format Type	Starting Value for Format	Format Value Label
		-1	ALG
		1	Prednisone (Deltasone, Orasone)
		2	Methylprednisolone (Solu-medrol, Medrol, A-Methapred)
		3	Sandimmune (Cyclosporine A)
		4	Neoral (CyA-NOF)
		5	Tacrolimus (Prograf, FK506)
		6	Sirolimus (RAPA, Rapamycin, Rapamune)
		7	Leflunomide (LFL)
		8	Azathioprine (AZA, Imuran)
		9	Mycophenolate Mofetil (MME, Cellcept, RS61443)
		10	Cyclophosphamide (Cytoxan)
		11	Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)
		12	Brequinar Sodium (BQR)
		13	Mizoribine (Bredinin)
		14	Atgam (ATG, Anti-thymocyte Globulin)/NRATG/NRATS
		15	NRATG /NRATS
		16	OKT3 (Orthoclone, Muromonab)
		19	Xoma Zyme - CD5+
		20	DAB486 - IL -2
		21	Anti - LFA -1
		22	Anti - ICAM - 1
		23	IL - 1 Receptor Antagonist
		24	Anti - IL - 6
		25	Anti - TNF
		26	Soluble IL - 1 Receptor
		27	Aldesleukin (IL - 2)
		28	T10B9 (Medimmune)
		30	Deoxyspergualin (DSG, 15-DSG, Gusperimus, Spanidin)
		40	Sang Cy A
		41	Thymoglobulin
		42	Zenapax - Daclizumab
		43	Simulect - Basiliximab
		44	Gengraf (Abbott Cyclosporine)
		45	Everolimus (RAD, Certican)
		46	EON (Generic Cyclosporine)
		47	ERL (Myfortic) - Mycophenolate Sodium
		48	Other generic Cyclosporine, specify brand:
		49	Steroids (Prednisone, Methylprednisolone, Solumedrol, Medrol, Decadron)
		50	Campath - Alemtuzumab (anti-CD52)
		51	FTY 720
		97	Other Immunosuppressive Medication, Specify
		98	Other Immunosuppressive Medication, Specify
DTYPEDP	Character	1	Parent
		10	Living/Cadaveric Exchange
		2	Child
		3	Identical Twi
		4	Full Sibling
		5	Half Sibling
		6	Other Relativ
		7	Spouse
		8	Paired Exchange
		9	Anonymous Donation
		998	Other value
		999	Other Unrelated
DTYPEDT	Character	1	Monozygotic Twin
		2	Dizygotic Twin
		3	Sibling

Format Name	Format Type	Starting Value for Format	Format Value Label
DTYPEDT (continued)	Character	4	Genetic Parent
		5	Child
		6	Cadaver
		7	Other
		8	Living related
		9	Unspecified
DTYPFMT	Character	1	Living Related
		2	Living Related
		3	Living Related
		4	Living Related
		5	Living Related
		6	Cadaver
		7	Other
		8	Living Related
		9	Unspecified
		OTHER	Unspecified
D_CIRCUM	Numeric	1	MVA
		2	Suicide
		3	Homicide
		4	Child-Abuse
		5	Non-MVA
		6	Death From Natural Causes
OTHER	Other Specify		
D_MECH	Numeric	1	Drowning
		2	Seizure
		3	Drug Intoxication
		4	Asphyxiation
		5	Cardiovascular
		6	Electrical
		7	Gunshot Wound
		8	Stab
		9	Blunt Injury
		10	Sids
		11	Intracranial Hemorrhage/Stroke
		12	Death from Natural Causes
OTHER	Other Specify		
EDLEV	Character		Missing
		1	Less than 12 Yrs.
		2	High School Grad
		3	Some College
4	College Grad		
EDUC	Character	1	Less than 12 Years
		2	High school graduate
		3	Some college
		4	College graduate
		5	Unknown
ED_LEVEL	Numeric	1	None
		2	Grade School(0-8)
		3	High School(9-12)
		4	Attended College/Technical School
		5	Associate/Bachelor Degree
		6	Post-college Graduate Degree
		996	N/A(<5 yrs old)
		998	Unknown

Format Name	Format Type	Starting Value for Format	Format Value Label
EMPDMMS	Character	1	Employed or student fulltime
		2	Employed or student part time
		3	Homemaker
		4	Retired
		5	Never employed
		6	Unemployed
		7	Disabled
		8	Other
EMPLEV	Character		Missing
		1	Employed full time or full time student
		2	Employed part time or part time student
		3	Homemaker
		4	Retired
		5	Unemployed
		6	Disabled
7	Other		
EMPLOY	Character	1	Employed full time
		2	Employed part time
		3	Full time student
		4	Part time student
		5	Retired
		6	Not empl outside home/homemaker
		7	Unemployed
		8	Disabled
		9	Other
EMPSTAT	Character		Missing
		1	Unemployed
		2	Emp full-time
		3	Emp pt-time
		4	Homemaker
		5	Ret-age
		6	Ret-disab
		7	Med LOA
		8	Student
9	Other		
EPOADM	Character	1	Intravenous
		2	Subcutaneous
ETHFMT	Character	1	Hispanic Origin
		2	Not of Hispanic Origin
EXER	Character	1	Daily or almost daily
		2	4-5 times a week
		3	2-3 times a week
		4	About once a week
		5	Less than once a week
		6	Almost never or never
EXTEN5A	Character	1	Not at all
		2	Slightly
		3	Moderately
		4	Quite a bit
		5	Extremely
EXTEN5B	Character	1	Not at all
		2	Somewhat

Format Name	Format Type	Starting Value for Format	Format Value Label
EXTEN5B (continued)	Character	3	Moderately
		4	Very much
		5	Extremely
EXTEN5C	Character	1	Extremely
		2	Quite a bit
		3	Moderately
		4	Slightly
		5	Not at all
FLUSH	Numeric	300	VIASPAN (UW/BELZER)
		301	EUROCOLLINS
		302	MODIFIED COLLINS
		303	CARDIOPLEGE
		304	PULMOPLEGE
		305	SALINE
		306	RINGERS
		307	CELSIOR
		308	CUSTODIOL
		309	PERFADEX
		310	NO FLUSH
998	UNKNOWN		
999	OTHER SPECIFY		
FOLFMT	Character	001	Hospital Discharge
		003	3 Month After Tx
		006	6 Month After Tx
		010	1 year After Tx
		020	2 year After Tx
		030	3 year After Tx
		040	4 year After Tx
		050	5 year After Tx
		060	6 year After Tx
		070	7 year After Tx
		080	8 year After Tx
		090	9 year After Tx
		100	10 year After Tx
		110	11 year After Tx
		120	12 year After Tx
		130	13 year After Tx
		140	14 year After Tx
		150	15 year After Tx
		160	16 year After Tx
		170	17 year After Tx
		180	18 year After Tx
		190	19 year After Tx
		200	20 year After Tx
		210	21 year After Tx
		220	22 year After Tx
		230	23 year After Tx
		240	24 year After Tx
		250	25 year After Tx
		260	26 year After Tx
		270	27 year After Tx
		280	28 year After Tx
		290	39 year After Tx
		300	30 year After Tx
310	31 year After Tx		
320	32 year After Tx		
330	33 year After Tx		

Format Name	Format Type	Starting Value for Format	Format Value Label
FOLFMT (continued)	Character	340	34 year After Tx
		350	35 year After Tx
		360	36 year After Tx
		370	37 year After Tx
		380	38 year After Tx
		390	39 year After Tx
		400	40 year After Tx
		410	41 year After Tx
		420	42 year After Tx
		430	43 year After Tx
		440	44 year After Tx
		450	45 year After Tx
		460	46 year After Tx
		470	47 year After Tx
		480	48 year After Tx
		490	49 year After Tx
		500	50 year After Tx
		510	51 year After Tx
		520	52 year After Tx
		530	53 year After Tx
		540	54 year After Tx
		550	55 year After Tx
		560	56 year After Tx
		570	57 year After Tx
		580	58 year After Tx
		590	59 year After Tx
		600	60 year After Tx
		610	61 year After Tx
		620	62 year After Tx
		630	63 year After Tx
		640	64 year After Tx
		650	65 year After Tx
		660	66 year After Tx
		670	67 year After Tx
		680	68 year After Tx
		690	69 year After Tx
		700	70 year After Tx
		710	71 year After Tx
		720	72 year After Tx
		730	73 year After Tx
		740	74 year After Tx
		750	75 year After Tx
		760	76 year After Tx
		770	77 year After Tx
		780	78 year After Tx
		790	79 year After Tx
		800	Graft Failure
		801	1 Year After Graft Failure
		802	2 Year After Graft Failure
		803	3 Year After Graft Failure
		804	4 Year After Graft Failure
		805	5 Year After Graft Failure
		806	6 Year After Graft Failure
		807	7 Year After Graft Failure
		808	8 Year After Graft Failure
		809	9 Year After Graft Failure
		810	10 Year After Graft Failure
		811	11 Year After Graft Failure
		812	12 Year After Graft Failure
		813	13 Year After Graft Failure

Format Name	Format Type	Starting Value for Format	Format Value Label
FOLFMT (continued)	Character	814	14 Year After Graft Failure
		815	15 Year After Graft Failure
		816	16 Year After Graft Failure
		817	17 Year After Graft Failure
		818	18 Year After Graft Failure
		819	19 Year After Graft Failure
		820	20 Year After Graft Failure
		821	21 Year After Graft Failure
		822	22 Year After Graft Failure
		823	23 Year After Graft Failure
		824	24 Year After Graft Failure
		825	25 Year After Graft Failure
		826	26 Year After Graft Failure
		827	27 Year After Graft Failure
		828	28 Year After Graft Failure
		829	29 Year After Graft Failure
		830	30 Year After Graft Failure
		831	31 Year After Graft Failure
		832	32 Year After Graft Failure
		833	33 Year After Graft Failure
		834	34 Year After Graft Failure
		835	35 Year After Graft Failure
		836	36 Year After Graft Failure
		837	37 Year After Graft Failure
		838	38 Year After Graft Failure
		839	39 Year After Graft Failure
		840	40 Year After Graft Failure
		841	41 Year After Graft Failure
		842	42 Year After Graft Failure
		843	43 Year After Graft Failure
844	44 Year After Graft Failure		
845	45 Year After Graft Failure		
846	46 Year After Graft Failure		
847	47 Year After Graft Failure		
848	48 Year After Graft Failure		
849	49 Year After Graft Failure		
850	50 Year After Graft Failure		
900	Lost to Follow up:Reported Alive		
998	Lost to Follow up		
999	Recipient Death		
OTHER	Unknown		
FSCERT	Character	1	TRANSPLANT CENTER
		2	DIALYSIS CENTER
		3	DIALYSIS FACIL HOSPITAL
		4	DIALYSIS FACIL (FREE-STANDING)
		5	TRANSPLANT AND DIALYSIS CENTER
		6	OBSOLETED CATEGORY
		7	INPATIENT CARE ONLY
FSOWN	Character	01	INDIVIDUAL-FOR PROFIT
		02	PARTNERSHIP-FOR PROFIT
		03	CORPORATION-FOR PROFIT
		04	OTHER-FOR PROFIT
		05	INDIVIDUAL-NOT-FOR-PROFIT
		06	PARTNERSHIP-NOT-FOR-PROFIT
		07	CORPORATION-NOT-FOR-PROFIT
		08	OTHER-NOT-FOR-PROFIT
		09	STATE-GOV NON-FED
		10	COUNTY-GOV NON-FED



Format Name	Format Type	Starting Value for Format	Format Value Label
FSOWN (continued)	Character	11	CITY-GOV NON-FED
		12	CITY/COUNTY-GOV NON-FED
		13	HOSPITAL DIST/AUTH GOV NON-FED
		14	OTHER-GOV NON-FED
		15	VETERANS ADMIN - HCFA CERT
		15a	VETERANS ADMIN - NOT CERTIFIED
		16	PUBLIC HEALTH SERVICE- GOV FED
		17	MILITARY-GOV FED
		18	OTHER-GOV FED
		99	UNKNOWN-MISSING ON FORM
FUCHGTY	Character	01	no change in status or modality
		02	changed to PD (for at least 2 weeks)
		03	changed to hemodialysis (for at least 2 weeks)
		04	changed to home hemodialysis (for at least 2 weeks)
		05	return of renal function
		06	transferred to another facility
		07	kidney transplant
		08	died
		09	lost to followup
		10	withdrew from dialysis
FUMODAL	Character	1	hemo
		2	PD
FUNCSTAT	Numeric	1	No Activity Limitations. NYHA Cls I or Cls II
		2	Performs Activities of Daily Living w/ some assistance. HYHA Cls III
		3	Performs Activities of Daily Living w/ total assistance. NYHA Cls IV
		996	Not Applicable (patient < 1 year old)
		998	Unknown
		2010	10% - Moribund, fatal processes progressing rapidly
		2020	20% - Very sick, hospitalization necessary: active treatment necessary
		2030	30% - Severely disabled: hospitalization is indicated, death not imminent
		2040	40% - Disabled: requires special care and assistance
		2050	50% - Requires considerable assistance and frequent medical care
		2060	60% - Requires occasional assistance but is able to care for needs
		2070	70% - Cares for self: unable to carry on normal activity or active work
		2080	80% - Normal activity with effort: some symptoms of disease
		2090	90% - Able to carry on normal activity: minor symptoms of disease
		2100	100% - Normal, no complaints, no evidence of disease
		4010	10% - No play; does not get out of bed
		4020	20% - Often sleeping; play entirely limited to very passive activities
		4030	30% - In bed; needs assistance even for quiet play
		4040	40% - Mostly in bed; participates in quiet activities
		4050	50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities
4060	60% - Up and around, but minimal active play; keeps busy with quieter activities		
4070	70% - Both greater restriction of and less time spent in play activity		
4080	80% - Active, but tires more quickly		
4090	90% - Minor restrictions in physically strenuous activity		
4100	100% - Fully active, normal		
FUNITYP	Character	1	mg/vol
		2	mg/24hrs.
		3	mg/dl=mg%
FUNUM	Numeric	0	Unknown
		1	At Discharge

Format Name	Format Type	Starting Value for Format	Format Value Label
FUMUN (continued)	Numeric	2	Disch-6 mths post tx
		3	7 mths-1 yr post tx
		4	1-2 yr post tx
		5	2-3 yr post tx
		6	Annually
		FUPSTAT	Character
2	died		
3	lost to followup		
FUREVTY	Character	1	Thrombolysis
		2	Balloon angioplasty .w/.wout thrombolysis
		3	Surgical repair or declotting
		4	New AV Fistula
		5	New PTFE graft
		6	Another permanent access
		7	Other
FUURINE	Character	1	> 200 ml/day
		2	< 200 ml/day
FUVATYP	Character	1	AV Fistula
		2	PTFE graft
		3	Bovine graft
		4	Other
GENDFMT	Character	1	MALE
		2	FEMALE
GFAIL	Character	01	Acute rejection
		02	Chronic rejection
		03	Hyperacute rejection, biopsy-proved
		04	accelerated humoral rejection
		05	Primary non-function
		06	Recurrence of original disease, biopsy
		07	Papillary necrosis
		08	Parenchymal abscess
		09	Parenchymal hemorrhage
		10	Local Wound Infection
		11	Arterial hemorrhage
		12	Venous hemorrhage
		13	Renal vein thrombosis
		14	Renal artery thrombosis
		15	Renal artery stenosis
		16	Inadequate graft vasculature
		17	Bladder leak
		18	Ureteral leak
		19	Ureteral obstruction
		20	Renal pelvic or cortical leak
		21A	Stop immunosuppression, infection
		21B	Stop IS, gastro-intestinal hemorrhage
		21C	Stop IS, visceral perforation
		21D	Stop immunosuppression, malignancy
		21E	Stop IS, skeletal complications
		21F	Stop IS, steroid psychosis
		21G	Stop immunosuppression, other
22	Poor compliance with immunosuppression		
23	Other		
No	No Form		
unk	Unknown		

Format Name	Format Type	Starting Value for Format	Format Value Label
GOOD5A	Character	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
GOOD5B	Character	1	Poor
		2	Fair
		3	Good
		4	Very Good
		5	Excellent
GOOD7A	Character	1	Very poor
		2	Poor
		3	Fair
		4	Good
		5	Very Good
		6	Excellent
		7	The Best
HAPLOTY	Numeric	1	0
		2	0.5
		3	1
		4	1.5
		5	2
		6	N/A Living Donor - Not Typed
		7	N/A Unrelated Donor
		998	UNKNOWN
HBSAG	Character	1	positive
		2	negative
HCCDTYP	Character	B	Phys/supp ln it
		C	Claim condition
		G	DRG
		H	HCPCS
		I	ICD9 diagnosis
		J	ICD8 diagnosis
		P	ICD9 procedure
		Q	ICD8 procedure
		R	Revenue Center
		S	Discharge status
V	Claim value		
HCFASAF	Character	D	Dialysis
		E	Durable Medical Equipment
		H	HHA
		I	Inpatient
		M	PMMIS inpat stay
		N	SNF
		O	Outpatient
		P	Phys/supplier
		Q	PMMIS qtrly dial
		S	Hospice
HCFASFI	Character	D	Dialysis
		H	HHA
		I	Inpatient
		M	PMMIS inpat stay
		N	SNF

Format Name	Format Type	Starting Value for Format	Format Value Label
HCFASFI (continued)	Character	O	Outpatient
		Q	PMMIS qtrly dial
		S	Hospice
HCFASFP	Character	E	Durable Medical Equipment
		P	Phys/supplier value \$hcfasfe
HCFASVC	Character	0	Whole Blood or Packed Red Cells
		1	Medical Care
		2	Surgery
		3	Consultation
		4	Diagnostic Radiology
		5	Diagnostic Laboratory
		6	Therapeutic Radiology
		7	Anesthesia
		8	Assistance at Surgery
		9	Other Medical Service
		A	Used DME, Prosthetics, Orthotics
		B	High Risk Mammography
		C	Low Risk Mammography
		F	Ambulatory Surgical Center
		G	Immunosuppressive Drugs
		H	Hospice Services
		I	Purchase of DME (Installment Plan)
		L	Renal Supplier in the Home
		M	Monthly Capitation Paym,ent (Dialysis)
		N	Kidney Donor
P	Lumpsum Purchase of DME		
R	Rental of DME		
T	Psychological Therapy		
U	Occupational Therapy		
V	Pneumococcal Vaccine		
W	Physical Therapy		
Y	Second Opinion/Elective Surg		
Z	Third Opinion/Elective Surg		
HDPD	Character	1	HD
		2	PD
HEMOFMT	Character		Missing
		1	In Center
		2	Home Training
		3	At Home
HISTDIAB	Numeric	1	No
		2	Yes, 0-5 Years
		3	Yes, 6-10 Years
		4	Yes, >10 Years
		5	Yes, Duration Unknown
		998	Unknown
HISTHYPE	Numeric	1	No
		2	Yes, 0-5 Years
		3	Yes, 6-10 Years
		4	Yes, >10 Years
		5	Yes, Duration Unknown
		998	Unknown
HISTTCHX	Numeric	1	NIH/Extended
		2	Wash/Extended

Format Name	Format Type	Starting Value for Format	Format Value Label
HISTTCHX (continued)	Numeric	3	Anti-Globulin
		4	FLow
		5	ELISA
		999	Other, specify
HIVFMT	Character	1	Positive
		2	Negative
		3	Unknown
		4	Cant disclose
HLA_TYMT	Numeric	1	Serology
		2	DNA
		4	Other,Specify
HMANMO	Character	1	Althin/Drake 480
		10	Baxter 1550
		11	Baxter SPS450
		12	C2 & C2RX
		13	C2RX UFCM
		14	CS 3
		15	Braun HD Secura
		16	Gambro AK10
		17	Gambro Monitrol
		18	travenol mod-?
		19	baxter mod-?
		2	Althin/D 480UF
		20	cobe mod-?
		21	drake mod-?
		22	braun mod-?
		3	Althin/Drake1000
		4	Althin/Drake4521
		5	Althin/Drake4009
		6	Fresenius
		7	Baxter 350
		8	Baxter 450
		9	Baxter 550
HMANMO	Numeric	1	Althin/Drake 480
		2	Althin/D 480UF
		3	Althin/Drake1000
		4	Althin/Drake4521
		5	Althin/Drake4009
		6	Fresenius
		7	Baxter 350
		8	Baxter 450
		9	Baxter 550
		10	Baxter 1550
		11	Baxter SPS450
		12	C2 & C2RX
		13	C2RX UFCM
		14	CS 3
		15	Braun HD Secura
		16	Gambro AK10
		17	Gambro Monitrol
		18	travenol mod-?
		19	baxter mod-?
		20	cobe mod-?
		21	drake mod-?
		22	braun mod-?

Format Name	Format Type	Starting Value for Format	Format Value Label
HOSPFMT	Character		Missing
		1	Yes
		2	No
		3	In Hosp.
		9	Unknown
HOWMEAS	Character	1	METRIC
		2	NONMETRIC
		3	NOT INDICATED
		4	NOT MEASURED
		5	METRIC (PROB)
		6	NONMETRIC (PROB)
HPOSFMT	Character	1	STANDING
		2	LYING
		3	NOT INDICATED
		4	NO HEIGHT GIVEN
		9	UNABLE TO DETERM
IMMOR	Numeric	1	Yes, same as previous validated report
		2	Yes, but different than previous validated report
		3	None given
IMPORT	Character	1	no effect
		2	small effect
		3	some effect
		4	important
		5	very important
		6	dont know
INSDEP	Numeric	1	No
		2	Yes, 0-5 Years
		3	Yes, 6-10 Years
		4	Yes, >10 Years
		998	Yes, Duration Unknown
INSLFMT	Character	1	active
		2	stopped
		3	never
INSUFMT	Character		Missing
		1	Active
		2	Stopped
	3	Never	
INSUR	Character	0	Yes, primary
		1	Yes, secondary
		2	No, not a payment source
INTROMED	Numeric	1	Dopamine
		2	Dobutamine
		3	Epinephrine
		4	Levophed
		5	Neosynephrine
		6	Isoproterenol (Isuprel)
		999	Other, specify
INTROUT	Numeric	1	mcg/kg/min
		2	mcg/min
		3	mg/min

Format Name	Format Type	Starting Value for Format	Format Value Label
INTROUT (continued)	Numeric	4	units/hr
		5	mcg/hr
IRONADM	Character	1	Intravenous
		2	Intramuscular
KI_COD	Numeric	998	Unknown
		999	Other Specify
		3200	Graft Failure:Primary Failure
		3201	Graft Failure:Rejection
		3202	Graft Failure:Technical
		3203	Graft Failure:Graft Infection
		3204	Graft Failure:Recurrent Disease
		3299	Graft Failure:Other Specify
		3300	Infection:Bacterial Peritonitis
		3301	Infection:Bacterial Pneumonia
		3302	Infection:Bacterial Septicemia
		3303	Infection:Fungal
		3304	Infection:Mixed Other Specify
		3305	Infection:Opportunistic Other Specify
		3306	Infection:Urinary Tract
		3307	Infection:Viral
		3308	Infection:Aids
		3399	Infection:Other Specify
		3400	Cardiovascular:Myocardial Infarctoin
		3401	Cardiovascular:Arterial Embolism
		3499	Cardiovascular:Other Specify
		3500	Cerebrovascular:Stroke
		3599	Cerebrovascular:Other Specify
		3600	Hemorrhage:Gastrointestinal
		3601	Hemorrhage:Intraoperative
		3699	Hemorrhage:Other Specify
		3700	Malignancy:Metastatic Other Spcify
		3701	Malignancy:Primary Other specify
		3702	Malignancy:Post-tx Lymphoproliferative
		3799	Malignancy:Other specify
		3800	Trauma:Motor Vehicle
		3899	Trauma:Other Specify
		3900	Miscellaneous:Diabetes Mellitus
3901	Miscellaneous:Intraoperative Other SP		
3902	Miscellaneous:Pancreatitis		
3903	Miscellaneous:Renal Faulure		
3904	Miscellaneous:Respiratory Failure		
3905	Miscellaneous:Suicide		
3906	Non-Compliance		
KI_C_GRF	Numeric	1	Hyperacute Rejection
		2	Acute rejection
		3	Primary Failure
		4	Graft Thrombosis
		5	Infection
		6	Surgical Complications
		7	Urological Complications
		8	Recurrent Disease
		999	Other Specify Cause
KI_DGN	Numeric	999	OTHER SPECIFY
		3000	IDIO/POST-INF CRESCENTIC GLOMERULONEPHRI
		3001	MEMBRANOUS GLOMERULONEPHRITIS
		3002	MESANGIO-CAPILLARY 1 GLOMERULONEPHRITIS

Format Name	Format Type	Starting Value for Format	Format Value Label
KI_DGN	Numeric	3003	MESANGIO-CAPILLARY 2 GLOMERULONEPHRITIS
		3004	IGA NEPHROPATHY
		3005	ANTI-GBM
		3006	FOCAL GLOMERULAR SCLEROSIS (FOCAL SEGMENTAL - FSG)
		3007	CHRONIC PYELONEPHRITIS/REFLUX NEPHROPATH
		3008	POLYCYSTIC KIDNEYS
		3009	NEPHRITIS
		3010	NEPHROPHTHISIS
		3011	DIABETES - TYPE I INSULIN DEP/JUV ONSET
		3012	DIABETES - TYPE II NON-INSULIN DEP/ADULT
		3013	OXALATE NEPHROPATHY (INCLUDES HEREDITARY OXALOSIS)
		3014	CYSTINOSIS
		3015	FABRY'S DISEASE
		3016	AMYLOIDOSIS
		3017	GOUT
		3018	SYSTEMIC LUPUS ERYTHEMATOSUS
		3019	PROGRESSIVE SYSTEMIC SCLEROSIS
		3020	WILMS' TUMOR
		3021	RENAL CELL CARCINOMA
		3022	INCIDENTAL CARCINOMA
		3023	MYELOMA
		3024	HEMOLYTIC UREMIC SYNDROME
		3025	HYPOPLASIA/DYSPLASIA/DYSGENESIS/AGENESIS
		3026	CORTICAL NECROSIS
		3027	ACUTE TUBULAR NECROSIS
		3028	MEDULLARY CYSTIC DISEASE
		3029	SICKLE CELL ANEMIA
		3030	ACQUIRED OBSTRUCTIVE NEPHROPATHY
		3031	ALPORT'S SYNDROME
		3032	FAMILIAL NEPHROPATHY
		3033	GOODPASTURE'S SYNDROME
		3034	MALIGNANT HYPERTENSION
		3035	HENOCH-SCHOENLEIN PURPURA
		3036	PRUNE BELLY SYNDROME
		3037	RETRANSPLANT/GRAFT FAILURE
		3038	DIABETES - TYPE I NON-INSULIN DEP/JUV ON
		3039	DIABETES - TYPE II INSULIN DEP/ADULT ONS
		3040	HYPERTENSIVE NEPHROSCLEROSIS
		3041	CHRONIC GLOMERULONEPHRITIS UNSPECIFIED
		3042	MEMBRANOUS NEPHROPATHY
		3043	CHRONIC GLOMERULOSCLEROSIS UNSPECIFIED
		3044	ANALGESIC NEPHROPATHY
3045	RADIATION NEPHRITIS		
3046	ANTIBIOTIC-INDUCED NEPHRITIS		
3047	CANCER CHEMOTHERAPY INDUCED NEPHRITIS		
3048	CALCINEURIN INHIBITOR NEPHROTOXICITY		
3049	HEROIN NEPHROTOXICITY		
3050	RENAL ARTERY THROMBOSIS		
3051	CHRONIC NEPHROSCLEROSIS-UNSPECIFIED		
3052	CONGENITAL OBSTRUCTIVE UROPATHY		
3053	SCLERODERMA		
3054	WEGENERS GRANULOMATOSIS		
3055	POLYARTERITIS		
3056	RHEUMATOID ARTHRITIS		
3057	SARCOIDOSIS		
3058	LYMPHOMA		
3059	NEPHROLITHIASIS		
3060	UROLITHIASIS		
3061	DYSPLASIA		
3062	PRE-BMTRANSPLANTATION TOTAL BODY IRRADIATION		

Format Name	Format Type	Starting Value for Format	Format Value Label
KI_DGN (continued)	Numeric	3063	DRUG RELATED INTERSTITIAL NEPHRITIS
		3064	THIN BASEMENT MEMBRANE DISEASE
		3065	HEREDITARY OXALOSIS (PEDIATRIC PATIENTS)
		3066	CHOLESTEROL EMBOLIZATION
		3067	FSG - FOCAL SEGMENTAL GLOMERULOSCLEROSIS
		3068	RAPID PROGRESSIVE GLOMERULONEPHRITIS (RPGN)
		3069	DIABETES MELLITUS - TYPE I
		3070	DIABETES MELLITUS - TYPE II
		3071	DIABETES MELLITUS - TYPE OTHER / UNKNOWN
KI_GLUMR	Numeric	1	0-5
		2	10-Jun
		3	15-Nov
		4	16-20
		5	20+
KI_PROC	Character	101	LEFT KIDNEY
		102	RIGHT KIDNEY
		103	EN-BLOC
		104	Bilateral Sequential Kidney
		105	HEMI-RENAL
KI_PROC	Numeric	101	LEFT KIDNEY
		102	RIGHT KIDNEY
		103	EN-BLOC
		104	Bilateral Sequential Kidney
		105	HEMI-RENAL
KI_PR_TY	Numeric	1	Transabdominal
		2	Flank(retroperitoneal)
		3	Laparoscopic Not Hand-assisted
		4	Laparoscopic Hand-assisted
		5	Laparoscopic Unknown (inactive)
KPTXTYP	Numeric	1	Simultaneous Kidney-Pancreas
		2	Cluster
		3	Multi-Organ Non-Cluster
KP_PROC	Numeric	101	LEFT KIDNEY
		102	RIGHT KIDNEY
		103	EN-BLOC
		104	DOUBLE
		105	HEMI-RENAL
		201	Pancreas Segment
		202	Whole Pancreas with Duodenum
		203	Whole Pancreas with Duodenal Patch
		204	Whole Pancreas
		301	Pancreas segment / Kidney Right
		302	Pancreas segment / Kidney Left
		303	Pancreas segment / En-bloc Kidney
		304	Pancreas Segment/Bilateral Sequential Kidney
		305	Pancreas segment / hemi-renal kidney
		306	Whole pancreas with duodenum / left kidney
		307	Whole pancreas with duodenum / right kidney
		308	Whole pancreas with duodenum / en-bloc kidneys
		309	Pancreas with duodenum/bilateral sequential kidney
		310	Whole pancreas with duodenum / hemi-renal kidney
311	Whole pancreas with duodenal patch / left kidney		
312	Whole pancreas with duodenal patch / right kidney		
313	Whole pancreas with duodenal patch / en-bloc kidneys		

Format Name	Format Type	Starting Value for Format	Format Value Label
KP_PROC continued)	Numeric	314	Pancreas with duodenal patch/bilateral sequential kidney(
		315	Whole pancreas with duodenal patch / hemi-renal kidney
		316	Whole pancreas / left kidney
		317	Whole pancreas / right kidney
		318	Whole pancreas / en-bloc kidneys
		319	Whole pancreas/bilateral sequential kidney
		320	Whole pancreas / hemi-renal kidney
LBKG	Character	1	LBS
		2	KG
LCRES	Character	1	Not Performed
		2	Positive
		3	Negative
		4	Equivocal
LHAP	Character	1	HLA IDENTICAL
		2	HAPLO IDENTICAL
		3	HAPLO DISSSIM
		4	ID TWIN
		5	UNKNOWN
LIMIT3A	Character	1	Yes, Limited a lot
		2	Yes, Limited a little
		3	No, Not Limited at all
LIVFMT	Character	1	yes
		2	no
		3	nursing home, institution
		4	homeless
LREL	Character	1	PARENT
		2	CHILD
		3	ID TWIN
		4	FULL SIBL
		5	HALF SIBL
		6	OTHER REL
		7	SPOUSE
		8	UNKNOWN
		9	OTHER UNRELATED
		998	UNKNOWN
999	OTHER UNRELATED		
LU_PROC	Character	605	LOBE, RIGHT
		606	LOBE, LEFT
	Numeric	605	LOBE, RIGHT
		606	LOBE, LEFT
MALIGMUL	Numeric	1	Skin Melanoma
		2	Skin Non-Melanoma
		4	CNS Tumor
		8	Genitourinary
		16	Breast
		32	Thyroid
		64	Tongue/Throat/Larynx
		128	Lung
		256	Leukemia/Lymphoma
		512	Type Unknown
		1024	Other, specify
2048	Liver		

Format Name	Format Type	Starting Value for Format	Format Value Label
MANUFMT	Character	1	Missing
		2	Abbott
		3	Baxter/Travenol
		4	Delmed
		8	NMC
		9	Other
		9	Unknown
MARST	Character	1	Missing
		2	Single
		3	Married
		4	Widowed
		5	Divorced
MARSTAT	Character	1	Single
		2	Married
		3	Widowed
		4	Divorced
		5	Separated
		6	Unknown
MEDCODE	Character	0	ICDA.8
		1	ICD9.CM
MEDIATP	Character	1	Hemo
		2	IPD
		3	CAPD
		4	CCPD
		5	Other
		6	Unknown
MEDVA	Character	A	Non VA Facility
		V	Non-Medicare VA Facility
		W	Medicare VA Facility
		Y	Other
MED_COND	Numeric	1	In Intensive Care Unit
		2	Hospitalized Not In ICU
		3	Not Hospitalized
MEETH	Character	1	Hisp:Mex
		2	Hisp Other
		3	Non-Hisp
		4	Unknown
MERACE	Character	1	Missing
		2	American Indian/Alaskan Native
		3	Asian
		4	Black
		5	White
		6	Unknown
		7	Pacific Islander
		8	MidEast
		9	Indian SubCo
MESET	Character	1	Hospital Inpatient
		2	Dialysis Facility
		3	Home
		4	Unknown

Format Name	Format Type	Starting Value for Format	Format Value Label		
MESEX	Character	1	Male		
		2	Female		
		F	Female		
		M	Male		
		U	Unknown		
METHBLD	Numeric	1	Insulin		
		2	Oral medication		
		4	Unknown, converted		
		8	Diet		
		16	No Treatment		
METXST	Character	1	Functioning		
		2	Non-Functioning		
		3	Unknown		
MEXAMRPT	Numeric	1	NO		
		2	YES, MEDICAL EXAMINER CONSENTED		
		3	YES, MEDICAL EXAMINER REFUSED CONSENT		
		998	UNKNOWN		
MISSEDX	Character	1	7 or more times		
		2	4 to 6 times		
		3	2 to 3 times		
		4	once		
		5	not at all		
MLC	Character	A	One way		
		B	Two way		
		C	Not Done		
MODFMT	Character	1	HEMODIALYSIS		
		2	CAPD		
		3	CCPD 6-7 DAYS/WK		
		4	IPD <= 5 DAYS/WK		
		5	1ST TX		
		6	SUBSEQUENT TX		
		9	UNABLE TO DETERM		
		MRTLSTAT	Numeric	1	Single
				2	Married
3	Divorced				
4	Separated				
5	Life Partner				
998	Unknown				
NEOFMT	Character	10	Lung		
		11	esophagus/stom.		
		12	breast		
		13	pancreas		
		14	prostate		
		15	liver		
		16	colon/rectal		
		17	myeloma		
		18	lymp./leukemia		
		19	brain		
		20	ovary/uterus		
		21	melanoma/skin		
		22	bladder		
23	oral/larynx				

Format Name	Format Type	Starting Value for Format	Format Value Label
NEOFMT (continued)	Character	24	kidney
		25	other/unknown
NEOSITE	Character	10	Lung
		11	Stomach/Esophagus
		12	Breast
		13	Pancreas
		14	Prostate
		15	Liver
		16	Colon/Rectal
		17	Myeloma
		18	Lymphoma/Leukemia
		19	Brain
		20	Ovary/Uterus
		21	Melanoma of skin
		22	Bladder
		23	Oral/Larynx
		24	Kidney
25	Other/Unknown		
NEPH	Character	1	one
		2	two
		3	No
NEPHREA	Character	1	Uncontrolled Hypertension
		2	Infection
		3	Reflux
		4	Routine Preparation for tx
		5	Other
NETFMT	Character	01	(CT) Net. of New England
		02	(NY) Net. of N.Y.
		03	(NJ) Trans-Atlantic R. C.
		04	(PA) ESRD Net. Org. #4
		05	(VA) Mid Atlantic R. C.
		06	(NC) Southeastern Kidney Council
		07	(FL) ESRD Net. of Florida
		08	(MS) Network 8
		09	(IN) Tri-state R. N.
		10	(IL) Renal Net. of Illinois
		11	(MN) Renal Net. of upper midwest
		12	(MO) ESRD net. #12
		13	(OK) ESRD net. #13
		14	(TX) Net. of Texas
		15	(CO) Inter-mountain ESRD net.
		16	(WA) Northwest Renal Net.
		17	(N-CA) Trans-pacific ESRD Net.
18	(S-CA) Southern California Net.		
CA	(CA,HI) Networks 17 and 18		
NJ	Network 3, New Jersey Only		
OTHER	Unknown Network		
NETFMTN	Character	##	Total
		01	(01 CT) Net. of New England
		02	(02 NY) Net. of N.Y.
		03	(03 NJ) Trans-Atlantic R. C.
		04	(04 PA) ESRD Net. Org. #4
		05	(05 VA) Mid Atlantic R. C.
		06	(06 NC) Southeastern Kidney Council
		07	(07 FL) ESRD Net. of Florida

Format Name	Format Type	Starting Value for Format	Format Value Label
NETFMTN (continued)	Character	08	(08 MS) Network 8
		09	(09 IN) Tri-state R. N.
		10	(10 IL) Renal Net. of Illinois
		11	(11 MN) Renal Net. of upper midwest
		12	(12 MO) ESRD net. #12
		13	(13 OK) ESRD net. #13
		14	(14 TX) Net. of Texas
		15	(15 CO) Inter-mountain ESRD net.
		16	(16 WA) Northwest Renal Net.
		17	(17 N-CA) Trans-pacific ESRD Net.
		18	(18 S-CA) Southern California Net.
		CA	(CA,HI) Networks 17 and 18
		OTHER	Unknown Network
NEVRFMT	Character	1	Active
		2	former
		3	Never
NOTWORK	Numeric	1	Disability
		2	Demands of Treatment
		3	Insurance Conflict
		4	Inability to Find Work
		5	Patient Choice - Homemaker
		6	Patient Choice - Student Full Time/Part Time
		7	Patient Choice - Retired
		8	Patient Choice - Other
		996	Not Applicable - Hospitalized
998	Unknown		
NOYES	Character	0	No
		1	Yes
NUTFMT	Character	1	Obese/overweight
		2	Under-nourished/cachetic
		3	Well-nourished
OCCLEV	Character	‘	Missing
		1	Clerical
		2	Professional
		3	Tradeperson
		4	Manual Labor
		5	Housewife
		6	Student
7	Other		
OCCUP	Character	1	Clerical
		2	Professional
		3	Tradeperson
		4	Manual Labor
		5	Student
		6	Other
		7	Not employed outside home
		8	Homemaker
		9	Disabled
ONCE3A	Character	1	Once
		2	More than once
		3	No, never
ORGRECO	Character	1	Ice

Format Name	Format Type	Starting Value for Format	Format Value Label
ORGRECO (continued)	Character	2	Pump
		3	N/A
ORGTP	Character	KI	Kidney
		KP	Kidney Pancreas
		LI	Liver
		PA	Orig Registered for Pancreas
ORG_TYP	Character	HL	Heart/Lung
		HR	Heart
		IN	Intestine
		KI	Kidney
		KP	Kidney/Pancreas
		LI	Liver
		LU	Lung
		PA	Pancreas
		PI	Pancreas Islet
OTHCOMP	Numeric	1	Renal insufficiency requiring dialysis
		2	Ascites
		4	Line or IV complication
		8	Pneumothorax
		16	Pneumonia
		32	Wound Complication
		64	Brachial Nerve Injury
128	Other, specify		
OTHOTHER	Numeric	1	Photopheresis
		2	Plasmapheresis
		4	Total Lymphoid Irradiation (TLI)
PACGFF	Numeric	1	GRAFT/VASCULAR THROMBOSIS
		2	INFECTION
		3	BLEEDING
		4	ANASTOMOTIC LEAK
		5	PRIMARY NON-FUNCTION
		6	ACUTE REJECTION
		7	CHRONIC REJECTION
		8	HYPERACUTE REJECTION
		9	BIOPSY PROVEN ISLETITIS
		10	PANCREATITIS
999	OTHER SPECIFY		
PACGFT	Numeric	1	GRAFT/VASCULAR THROMBOSIS
		2	INFECTION
		3	BLEEDING
		4	ANASTOMOTIC LEAK
		5	PRIMARY NON-FUNCTION
		6	ACUTE REJECTION
		7	CHRONIC REJECTION
		8	HYPERACUTE REJECTION
		9	BIOPSY PROVEN ISLETITIS
		10	PANCREATITIS
		11	OTHER SPECIFY
PADUCTMG	Numeric	1	ENTERIC W/ROUX-EN-Y
		2	ENTERIC W/O ROUX-EN-Y
		3	CYSTOSTOMY
		4	DUCT INJECTION IMMEDIATE
		5	DUCT INJECTION DELAYED
		999	OTHER SPECIFY

Format Name	Format Type	Starting Value for Format	Format Value Label
PAGRFTPL	Numeric	1 2 3	INTRA-PERITONEAL RETRO-PERITONEAL PARTIAL INTRA/RETRO-PERITONEAL
PAIN6A	Character	1 2 3 4 5 6	None Very mild Mild Moderate Severe Very severe
PAREVASC	Numeric	1 2 3 996	Before Simultaneous After Not Applicable
PARTAB	Character	IN PS	Institutional Claims Physician/Supplier Claims
PATSTAT	Character	1 2 3 4 5 6	Missing Dead Hemodialysis Peritoneal dialysis Transplanted Recovered renal function Lost to follow-up/transferred
PAENVAS	Numeric	1 2 3	SYSTEMIC SYSTEM (ILIAC:CAVA) PORTAL SYSTEM (PORTAL OR TRIBUTARIES) NA/Multi-organ cluster
PAYCAT	Character	HMO MED MM MSP OTH	Group Health Organization Medicare Medicare and Medicaid Medicare as Secondary Payer Other/Unknown
PA_DGN	Numeric	999 5000 5001 5002 5003 5004 5005 5006 5007 5008 5009	OTHER SPECIFY RETRANSPLANT/GRAFT FAILURE DIABETES MELLITUS - TYPE I DIABETES MELLITUS - TYPE II DIABETES SEC TO CHRON PANCREATITIS W/O P DIABETES SEC TO CF W/O PANCREATECTOMY PANCREATIC CANCER BILE DUCT CANCER OTHER CANCERS PANCREATECTOMY PRIOR TO PANCREAS TX DIABETES MELLITUS - TYPE OTHER / UNKNOWN
PD96DET	Character	***** 0000Z 00U 0160Z 0429A 0429Z 0439Z	***UNRECONCILABLE CODE*** NO MEDICAL EVIDENCE FORM MISSING ON MEDICAL EVIDENCE FORM CODE IS IN PMMIS BUT NOT DEFINED IN RENAL PROVIDER INSTRUCTIONS RENAL TUBERCULOSIS AIDS nephropathy AIDS, OR HIV INFECTION WITH SPECIFIED OR MALIGNANT NEOPLASMS AIDS-LIKE SYNDROME, OR HIV INFECTION WITH OTHER SPECI FIED MANIFESTATIONS

Format Name	Format Type	Starting Value for Format	Format Value Label
PD96DET (continued)	Character	0449Z	HIV INFECTION (DISEASE) (ILLNESS), OR OTHER HIV INFECTION ***UNRECONCILABLE CODE***
			NOT CLASSIFIED
		135Z	SARCOIDOSIS
		1890B	Renal tumor (malignant)
		1890Z	CANCER OF KIDNEY, EXCEPT PELVIS
		1891Z	CANCER OF RENAL PELVIS (CALYX, HILUS)
		1899A	Urinary tract tumor (malignant)
		1899Z	***UNRECONCILABLE CODE***
		189Z	CANCER OF KIDNEY AND OTHER UNSPECIFIED URINARY ORGANS
		20280A	Lymphoma of kidneys
		20283Z	LYMPHOMA, INTRA-ABDOMINAL
		20285Z	LYMPHOMA, INGUINAL REGION
		20286Z	LYMPHOMA, INTRAPELVIC
		2028Z	LYMPHOMAS
		2030A	Multiple myeloma
		2030B	Light chain nephropathy
		2030Z	MULTIPLE MYELOMA / LIGHT CHAIN DISEASE
		203Z	MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS
		2230A	Renal tumor (benign)
		2239A	Urinary tract tumor (benign)
		2395A	Renal tumor (unspecified)
		2395B	Urinary tract tumor (unspecified)
		25000A	Type II, adult-onset type or unspecified type diabetes
		25000Z	DIABETES, ADULT / DIABETES TYPE II / NIDDM
		25001A	Type I, juvenile type, ketosis prone diabetes
		25001Z	JUVENILE ONSET DIABETES MELLITUS / DIABETES TYPE I / IDDM
		2500Z	DIABETES
		2501Z	DIABETES (CODE NOT IN HCFA LISTS).
		25040Z	DIABETES WITH RENAL MANIFESTATIONS TYPE II
		25041Z	DIABETES WITH RENAL MANIFESTATIONS TYPE I
		2504Z	DIABETES WITH RENAL MANIFESTATIONS
		2700A	Cystinosis
		2700Z	CYSTINOSIS, MALIGNANT
		2718B	Primary oxalosis
		2718Z	OXALATE NEPHROPATHY / OXALOSIS
		2727A	Fabrys disease
		2727Z	FABRYS DISEASE
		2733Z	MACROGLOBULINEMIA
		27410A	Gouty nephropathy
		27410Z	GOUTY NEPHROPATHY, UNSPECIFIED
		27411Z	URATE NEPHROPATHY / URIC ACID NEPHROLITHIASIS
		2741Z	GOUTY NEPHROPATHY / URATE NEPHROPATHY
		2754A	Nephrocalcinosis
		2773A	Amyloidosis
		2773Z	AMYLOIDOSIS
		28260A	Sickle cell disease/anemia
		28260Z	SICKLE-CELL ANEMIA, UNSPECIFIED
		28261Z	HB-S DISEASE WITHOUT MENTION OF CRISIS
		28262Z	HB-S DISEASE WITH CRISIS
		28263Z	SICKLE-CELL/HB-C DISEASE (HB-S/HB-C DISEASE)
		28269A	Sickle cell trait and other sickle cell (HbS/Hb other)
		28269Z	OTHER SICKLE-CELL (INCLUDES: HB-S/HB-D DISEASE, HB-S/HB-E DISEASE)
		2826Z	SICKLE CELL DISEASE
		28283Z	LYMPHOMA, INTRA-ABDOMINAL REGION
		28286Z	LYMPHOMA, INTRA-PELVIC REGION
		2831A	Hemolytic uremic syndrome
		2831Z	HEMOLYTIC UREMIC SYNDROME
		2870A	Henoch-Schonlein syndrome

Format Name	Format Type	Starting Value for Format	Format Value Label
PD96DET (continued)	Character		***UNRECONCILABLE CODE***
		2870Z	HENOCH-SCHONLEIN SYNDROME
		2873Z	AMYLOIDOSIS (CODE NOT IN CURRENT HCFA LISTS--ASSUMED TO BE MISCODE OF 2773)
		4010Z	MALIGNANT HYPERTENSION
		4011Z	BENIGN HYPERTENSION
		4019Z	ESSENTIAL HYPERTENSION, UNSPECIFIED
		401Z	ESSENTIAL HYPERTENSION
		4030Z	NEPHROSCLEROSIS, MALIGNANT / HYPERTENSIVE RENAL DISEASE, MALIGNANT
		4031Z	NEPHROSCLEROSIS, BENIGN / HYPERTENSIVE RENAL DISEASE, BENIGN
		4039D	Renal disease due to hypertension (no primary renal disease)
		4039Z	NEPHROSCLEROSIS / HYPERTENSIVE RENAL DISEASE / OTHERS
		403Z	HYPERTENSIVE RENAL DISEASE
		4040Z	HYPERTENSIVE HEART AND RENAL DISEASE, MALIGNANT
		4041Z	HYPERTENSIVE HEART AND RENAL DISEASE, BENIGN
		4049Z	CARDIORENAL SYNDROME / HYPERTENSIVE HEART AND RENAL DISEASE, UNSPECIFIED
		404Z	HYPERTENSIVE HEART AND RENAL DISEASE
		4401A	Renal artery stenosis
		4401Z	STENOSIS, RENAL ARTERY
		4431Z	BUERGERS (BERGERS) DISEASE
		4460C	Polyarteritis
		4460Z	POLYARTERITIS, RENAL
		44629Z	*** CODE IN ERROR: ASSUMED TO BE 4462.
		4462A	Vasculitis and its derivatives
		4462Z	ANTI-GLOMERULOBASEMENT MEMBRANE GLOMER. / GOODPASTURES DISEASE/ VASCULITIS
		4464B	Wegeners granulomatosis
		4464Z	GRANULOMATOSIS / WEGENERS GRANULOMATOSIS / WEGENERS SYNDROME
		4466Z	THROMBOTIC THROMBOCYTOPENIC PURPURA
		5724A	Hepatorenal syndrome
		5724Z	HEPATORENAL SYNDROME
		5800C	Post infectious GN, SBE
		5800Z	GLOMERULONEPHRITIS, ACUTE
		5804B	Rapidly progressive GN
		5804Z	GLOM, ACUTE W/ LESION OF RAPIDLY PROGRESSIVE GLOMERULO NEPHRITIS
		58089A	Acute interstitial nephritis
		58089Z	ACUTE INTERSTITIAL NEPHRITIS
		5809Z	ACUTE GLOMERULONEPHRITIS W/UNSPECIFIED PATHOLOGICAL LESION IN KID
		5811Z	FOCAL GLOMERULONEPHRITIS / FOCAL GLOMERULOSCLEROSIS WITH NEPHROTIC SYNDROME
		5818Z	FOCAL GLOMERULOSCLEROSIS WITH NEPHROTIC SYNDROME
		5819Z	NEPHROTIC SYNDROME / NEPHROSIS
		5820A	Other proliferative GN
		5820Z	***UNRECONCILABLE CODE***
		5821A	Focal glomerulosclerosis, focal sclerosing GN
		5821Z	FOCAL GLOMERULOSCLEROSIS
		58289Z	CHRONIC INTERSTITIAL NEPHRITIS / HEREDITARY INTERSTITIAL NEPHRITIS
		5829A	Glomerulonephritis (GN)
		5829Z	CHRONIC GLOMERULONEPHRITIS, INCLUDING WITH UNSPECIFIED PATH LESION IN KIDNEY
		5830B	Radiation nephritis
		5830Z	PROLIFERATIVE GLOMERULONEPHRITIS / RADIATION NEPHRITIS / SHUNT NEPHRITIS

Format Name	Format Type	Starting Value for Format	Format Value Label
PD96DET (continued)	Character		***UNRECONCILABLE CODE***
		5831A	Membranous nephropathy
		5831Z	MEMBRANOUS GLOMERULONEPHRITIS
		5832A	Membranoproliferative GN type 1, diffuse MPGN
		5832C	Dense deposit disease, MPGN type 2
		5832Z	MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS /MESANGIOCAPILLARY GLOMERULONEPHRITIS
		5834C	Goodpastures Syndrome
		5834Z	ANTI-G BN GLOMERULONEPHRITIS
		5836A	Tubular necrosis (no recovery)
		5836Z	***UNRECONCILABLE CODE***
		5837Z	NEPHRITIS OR NEPHROPATHY WITH RENAL MEDULLARY LESION
		58381B	IgA nephropathy, Bergers disease
		58381C	IgM nephropathy
		58381Z	NEPHRITIS AND NEPHROPATHY, NOT SPECIFIED AS ACUTE OR CHRONIC
		58389B	Chronic interstitial nephritis
		58389Z	ANALGESIC NEPHROPATHY / OTHER INTERST NEPHRITIS / INTERSTITIAL RENAL DISEASE
		5839B	Secondary GN, other
		5839C	Nephropathy due to heroin abuse and related drugs
		5839D	Drash syndrome, mesangial sclerosis
		5839Z	GLOMERULON. / NEPHRITIS / NEPHROPATHY / BRIGHTS DISEASE / RENAL INSUFFICIENCY
		5845Z	NEPHROTOXINS (VARIOUS) / TOXIC NEPHROPATHY (SPECIFY) / RENAL TUBULAR DISEASE
		585Z	CHRONIC RENAL FAILURE / CHRONIC UREMIA / HEROIN ABUSE NEPHROPATHY
		586Z	RENAL FAILURE, UNSPECIFIED / UREMIA, NOT OTHERWISE SPECIFIED
		587Z	GLOMERULOSCLEROSIS
		5890Z	UNILATERAL SMALL KIDNEY
		5891Z	BILATERAL SMALL KIDNEY
		5899Z	SMALL KIDNEY, UNSPECIFIED
		589Z	SMALL KIDNEY OF UNKNOWN CAUSE
		59000Z	CHRONIC PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS
		59001Z	PYELONEPHRITIS, CHRONIC WITH LESION OF RENAL MEDULLARY NECROSIS
		5900A	Chronic pyelonephritis, reflux nephropathy
		5900Z	CHRONIC PYELONEPHRITIS
		59080Z	PYELONEPHRITIS, UNSPECIFIED / NECROSIS, RENAL (GANGRENE) / TUBULAR NECROSIS
		5909A	Nephropathy caused by other agents
		5909Z	INFECTIONS OF KIDNEY
		591Z	HYDRONEPHROSIS
		5920C	Nephrolithiasis
		5920Z	CALCULI (RENAL) / NEPHROLITHIASIS / STAGHORN CALCULUS
		5929B	Urolithiasis
		5929Z	URINARY CALCULUS, UNSPECIFIED
		59381B	Renal artery occlusion
		59381E	Cholesterol emboli, renal emboli
		59381Z	THROMBOSIS RENAL ARTERY / KIDNEY ARTERY EMBOLISM / OCCLUSION RENAL ARTERY
		59389A	Other renal disorders
		59389Z	OBSTRUCTIVE KIDNEY / OBSTRUCTIVE NEPHROPATHY
		5939Z	RENAL INSUFFICIENCY
		5990Z	URINARY TRACT INFECTION, SITE NOT SPECIFIED
		5996A	Acquired obstructive uropathy
		5996Z	URINARY OBSTRUCTION, UNSPECIFIED / OBSTRUCTIVE UROPATHY
		599Z	OBSTRUCTIVE UROPATHY, ACQUIRED / URINARY OBSTRUCTION (SPECIFY)
		600Z	HYPERPLASIA OF PROSTATE

Format Name	Format Type	Starting Value for Format	Format Value Label
PD96DET (continued)	Character	6393Z	***UNRECONCILABLE CODE*** CHRONIC UREMIA / UREMIA / *** PMMIS DOC. ERROR--SHOULD NOT GET THIS CODE ***
		64620A	Post partum renal failure
		64620Z	RENAL FAILURE (IN PREGNANCY, CHILDBIRTH, PUERPERIUM)
		6462Z	RENAL FAILURE (IN PREGNANCY, CHILDBIRTH, PUERPERIUM)
		6954Z	LUPUS ERYTHEMATOSUS
		7100E	Lupus erythematosus, (SLE nephritis)
		7100Z	SYSTEMIC LUPUS ERYTHEMATOSUS / LUPUS NEPHRITIS
		7101B	Scleroderma
		7101Z	SCLERODERMA
		7140Z	RHEUMATOID ARTHRITIS
		72889Z	RAMBDOMYOLYSIS
		7530B	Renal hypoplasia, dysplasia, oligonephronia
		7530Z	HYPOPLASIA KIDNEY DISEASE / SOLITARY KIDNEY
		75313A	Polycystic kidneys, adult type (dominant)
		75313Z	***UNRECONCILABLE CODE***
		75314A	Polycystic, infantile (recessive)
		75316A	Medullary cystic disease, including nephronophthisis
		7531Z	CYSTIC KIDNEY DISEASE / MEDULLARY CYSTIC, MULTICYSTIC, POLYCYSTIC KIDNEY DISEASE
		7532A	Congenital obstructive uropathy
		7532Z	OBSTRUCTIVE DEFECTS OF RENAL PELVIS AND URETER
		7533A	Congenital nephrotic syndrome
		7533Z	CALCULI RENAL, CONGENITAL / OBSTRUCTIVE UROPATHY, CONGENITAL
		7539Z	DYSPLASIA (ANOMALY) OF KIDNEY
		753Z	CONGENITAL ANOMALIES OF URINARY SYSTEM / RENAL AGENESIS AND DYS GENESIS
		7567A	Prune belly syndrome
		7567Z	***UNRECONCILABLE CODE***
		7595A	Tuberous sclerosis
		7595Z	TUBEROUS SCLEROSIS
		7598A	Hereditary nephritis, Alports syndrome
		7598B	Hereditary/familial nephropathy
		7598Z	ALPORTS SYNDROME
		7999A	Etiology uncertain
		7999Z	CAUSE UNKNOWN
		8660A	Traumatic or surgical loss of kidney(s)
		8660Z	***UNRECONCILABLE CODE***
		88888Z	DIAGNOSIS NOT ON CODING LIST
		8999Z	CAUSE UNKNOWN [CODE IN ERROR--ASSUMED TO BE 7999]
		9654Z	AROMATIC ANALGESICS, PHENACETIN (ACETOPHENETIDIN)
		9659A	Analgesic abuse
		9659Z	ANALGESIC ABUSE (SPECIFY)
		9778Z	RHABDOMYOLYSIS (X-RAY DYE REACTION)
		9828Z	ETHYLENE GLYCOL INGESTION
		9849A	Lead nephropathy
		99680A	Complication post bone marrow or other transplant
		99681Z	REJECTION, TRANSPLANT, KIDNEY
		9968Z	REJECTION, TRANSPLANT
		99999Z	CAUSE UNKNOWN
		9999Z	CAUSE UNKNOWN
		U	CAUSE UNKNOWN
		UUUUU	CAUSE UNKNOWN
		OTHER	***UNRECONCILABLE CODE***
PDISD2W	Character	1	Diabetes
		2	Hypertension
		3	Primary glomerulonephritis
		4	Other

Format Name	Format Type	Starting Value for Format	Format Value Label
PDISD3W	Character	1	Diabetes
		2	Hypertension
		3	Primary glomerulonephritis
		4	Polycystic kidney disease
		5	Other
PDTYPE	Character	1	CAPD only
		2	Cycler(full when off cycler)
		3	Cycler(empty when off cycler)
		4	Combined
PEPULCER	Numeric	1	No
		2	Yes, active within the last year
		3	Yes, not active within the last year
		4	Yes, activity unknown
		998	Unknown
PERILOC	Character	‘	Missing
		1	Home
		2	Home Training
		3	In-center
PERITYP	Character	Missing	
		1	CAPD
		2	CCPD
		3	IPD
PHYSCAP	Numeric	1	No Limitations
		2	Limited Mobility
		3	Wheelchair bound or more limited
		996	Not Applicable (< 1 year old or hospitalized)
		998	Unknown
PLACESV	Character	11	Office
		12	Home
		21	Inpatient Hospital
		22	Outpatient Hospital
		23	Emergence Room - Hospital
		24	Ambulatory Surgical Center
		25	Birthing Center
		26	Military Treatment Facility
		31	Skilled Nursing Facility
		32	Nursing Facility
		33	Custodial Care Center
		34	Hospice
		41	Ambulance - Land
		42	Ambulance - Air or Water
		51	Inpatient Psychiatric Facility
		52	Psych Facil Partial Hospitalization
		53	Community Mental Health Center
		54	Intermed Care Facility/Mentally Retarded
		11	Office
		55	Residential Substance Abuse Facility
		56	Psychiatric Residential Center
61	Comprehensive Inpatient Rehab Facility		
62	Comprehensive Outpatient Rehab Facility		
65	End Stage Renal Disease Treatment		
71	State/Local Public Health Clinic		
81	Independent Laboratory		
99	Other Unlisted Facility		

Format Name	Format Type	Starting Value for Format	Format Value Label
PMBLD	Character	1	O
		2	A
		3	B
		4	AB
PMETHN	Character	1	Hispanic Origin
		2	Not of Hispanic Origin
		3	Unknown
		U	Unknown
POSEMT	Character		Missing
		1	Positive
		2	Negative
PRAMEAS	Numeric	1	IgG
		2	IgM
		3	Both IgG and IgM
PRATARGT	Numeric	1	Cells
		2	Purified HLA antigens, pooled
		3	Purified HLA antigens from individual phenotypes
		4	Purified single HLA antigens
PRATECH	Numeric	1	Cytotoxicity testing - extended incubation
		2	Cytotoxicity testing - wash
		3	Cytotoxicity testing - wash and extended incubation
		4	Cytotoxicity testing - AHG
		5	Flow cytometry with cell targets
		6	Flow cytometry with bead targets
		7	ELISA
		8	Micro array
999	Other, specify		
PRIOR	Character	1	0-5 hrs prior to harvest
		2	5 or more hrs prior to harvest
PRIPAY	Numeric	1	Private insurance
		2	Public insurance - Medicaid
		3	Public insurance - Medicare FFS (Fee for Service)
		4	Public insurance - Medicare & Choice
		5	Public insurance - CHIP (Children's Health Insurance Program)
		6	Public insurance - Department of VA
		7	Public insurance - Other government
		8	Self
		9	Donation
		10	Free Care
		11	Pending
		12	Foreign Government Specify
		13	Public insurance - Medicare Unspecified
		14	US/State Govt Agency
		15	Unknown
PROBLEM	Character	1	No problem
		2	A little problem
		3	Somewhat of a problem
		4	Very much a problem
		5	Severe problem
PROVSP	Character	00	Carrier Wide
		01	General Practice

Format Name	Format Type	Starting Value for Format	Format Value Label
PROVSP	Character	02	General Surgery
		03	Allergy/Immunology
		04	Otolaryngology
		05	Anesthesiology
		06	Cardiology
		07	Dermatology
		08	Family Practice
		09	Gynecology (DOs to 10/91)
		10	Gastroenterology
		11	Internal Medicine
		12	Osteopathic Manipulative Therapy
		13	Neurology
		14	Neurosurgery
		15	Obstetrics (DOs to 10/91)
		16	OB-Gynecology
		17	Ophth-Oto-Rhino-Laryn (DOs to 10/91)
		18	Ophthalmology
		19	Oral Surgery (Dentists Only)
		20	Orthopedic Surgery
		21	Path Anat/Clin Path (DOs to 10/91)
		22	Pathology
		23	Periph Vasc Disease (DOs to 10/91)
		24	Plastic and Reconstructive Surg
		25	Phys Med and Rehab
		26	Psychiatry
		27	Psych/Neurology (DOs to 10/91)
		28	Colorectal Surgery
		29	Pulmonary Disease
		30	Diagnostic Radiology
		31	Roentgenology (DOs to 10/91)
		32	Radiation Therapy (DOs to 10/91)
		33	Thoracic Surgery
		34	Urology
		35	Chiropractic
		36	Nuclear Medicine
		37	Pediatric Medicine
		38	Geriatric Medicine
		39	Nephrology
		40	Hand Surgery
		41	Optometrist
		42	Certified Nurse Midwife
		43	CRNA, Anesthesia Asst.
		44	Infectious Disease
		45	Mammography Screening Center
		46	Endocrinology
		48	Podiatry
		49	Ambulatory Surg. Center
		50	Nurse Practitioner
		51	Med Supply Co. w/ Orthotist
		52	Med Supply Co. w/ Prosthetist
		53	Med Supply Co. w/ Prosth-Orthot
		54	Other Med SUPply Co.
		55	Individual Cert Orthotist
		56	Individual Cert Prosthetist
		57	Individual Cert Prosth-Orthot
		58	Inds not above (10/93 Med suppl w/ Pharm)
		59	Ambulance Service Supplier
		60	Publ Health or Welfare Agencies
		61	Volun Health or Charitable Agencies
		62	Psychologist

Format Name	Format Type	Starting Value for Format	Format Value Label
PROVSP (continued)	Character	63	Portable X-Ray Supplier
		64	Audiologist
		65	Physical Therapist
		66	Rheumatology
		67	Occupational Therapist
		68	Clinical Psychologist
		69	Clinical Laboratory
		70	Multispecialty Clinic/Group Practice
		71	Diagnostic X-Ray (no use after 5/92)
		72	Diagnostic Lab (no use after 5/92)
		73	Physiotherapist (no use after 5/92)
		74	Occupat Therapist (no use after 5/92)
		75	Other Med Care (no use after 5/92)
		76	Peripheral Vascular Disease
		77	Vascular Surgery
		78	Cardiac Surgery
		79	Addiction Medicine
		80	Clinical Social Worker
		81	Critical Care (Intensivists)
		82	Hematology
		83	Hematology/Oncology
		84	Preventative Medicine
		85	Maxillofacial Surgery
		86	Neuropsychiatry
		87	All other Suppliers (Drug/Department Stores)
		88	Unknown Provider/Supplier Specialty
		89	Cert Clinical nurse Specialist
		90	Medical Oncology
		91	Surgical Oncology
		92	Radiation Oncology
		93	Emergency Medicine
		94	Interventional Radiology
		95	Indep Physiological Lab
		96	Optician (on 10/93/Unknown Phys Spec before)
		97	Physician Assistant
		99	Unknown Supplier/Provider
		A0	Hospital (Eff 10/93)
		A1	SNF (Eff 10/93)
		A2	Intermed Care Nursing Facility (Eff 10/93)
		A3	Other Nursing Facility (Eff 10/93)
A4	HHA (Eff 10/93)		
A5	Pharmacy (Eff 10/93)		
A6	Med Supply Co. w/ Respir Therapist (Eff 10/93)		
A7	Department Store (Eff 10/93)		
A8	Grocery Store (Eff 10/93)		
PRPAYR	Character	0	
		1	Pos WORKERS COMP
		2	Pos. BLACK LUNG
		3	Pos. DVA
		A	WORKING W EGHP
		B	ESRD EGHP--MSP
		C	CONDITIONAL PAYM
		D	AUTOMOBILE INS
		E	WORKERS COMP
		F	PHS / OTHER FED
		G	WORKING DISABLED
		H	BLACK LUNG
I	DVA		
J	LIABILITY INS		

Format Name	Format Type	Starting Value for Format	Format Value Label
PRPAYR (continued)	Character	M	OR: EGHP
		N	OR: NON-EGHP
		X	OR: NO MSP COST
		Y	
		Z	
PRV_PREG	Numeric	0	NO PREVIOUS PREGNANCY
		1	1 PREVIOUS PREGNANCY
		2	2 PREVIOUS PREGNANCIES
		3	3 PREVIOUS PREGNANCIES
		4	4 PREVIOUS PREGNANCIES
		5	5 PREVIOUS PREGNANCIES
		6	MORE THAN 5 PREVIOUS PREGNANCIES
		996	NOT APPLICABLE: < 10 years old
		998	UNKNOWN
PSTAT	Character	A	Alive
		D	Dead
		L	Lost
		R	Retransplanted
PXSTII	Character	A	Living
		D	Dead
		L	Lost to Follow-up
		R	Retransplated
P_S_PAY	Numeric	1	Medicare
		2	Medicaid
		3	US/State Govt Agency
		4	Private Insurance
		5	HMO/PPO
		6	Self
		7	Donation
		8	Free Care
		9	Dept Veterans Affairs
		10	Pending
		11	Foreign Govt, Specify
QOLHDPD	Character	1	Hemodialysis
		2	Peritoneal dialysis
		3	Peritoneal and hemodialysis are same
		4	Dont know
Format Name	Format Type	Starting Value for Format	Format Value Label
QUAL10A	Character	00	Poor Quality
		10	High Quality
RACEDMS	Character	1	White
		2	Black
		3	Asian
		4	NAmer
		5	other
RACEFMT	Character	#	All
		1	Native Amer.
		2	Asian
		3	Black
		4	White

Format Name	Format Type	Starting Value for Format	Format Value Label
RACEFMT (continued)	Character	5	Unknown
		9	Other
		T	All
READMIT	Numeric	1	Wound Infection
		2	Fever
		4	Bowel Obstruction
		8	Pleural Effusion
		16	Vascular Complications
		32	Other, specify
REASFMT	Character	1	BORN < 1/1/71
		2	DIED < 2/1/90
		3	TREATED <30 DAYS
RECONIC	Character	1	Stayed on ice
		2	Put on pump
RECONPM	Character	1	Stayed on pump
		2	Put on ice
REHAB	Character	1	Complete disability: hosp. or bedridden
		2	Unable to work or attend school
		3	Works/school part-time (<50%)
		4	Works/school part-time (>50%)
		5	Works/school FT, below pre-illness level
		6	Works/school FT at pre-illness level
		7	Able to work/school, chooses not to
		8	Able to work but cannot find work
		OTHER	Unknown
REMCD	Character	10	Listed in Error
		11	Listed for AddL Unacceptable Antigens Only
		12	Condition Improved, Tx Not Needed
		13	Condition Deteriorated, Too sick for Tx
		14	Transplanted at Another Center
		15	Living Donor Tx, Removed by Tx Center
		16	Removed in Error
		17	Changed to KP (by system)
		18	Cadaveric Emergency Tx
		19	Cadaveric Multi-Organ Tx
		20	Program inactive for 2+ years
		21	Patient died during TX procedure
		4	Cadaveric Tx, Removed by Tx Center
		5	Medically Unsuitable (code removed 4/95)
		6	Refused Transplant
		7	Transferred to Another Center
		8	Died
		9	Other
		REMCD	Numeric
5	Medically Unsuitable (code removed 4/95)		
6	Refused Transplant		
7	Transferred to Another Center		
8	Died		
9	Other		
10	Listed in Error		
11	Listed for AddL Unacceptable Antigens Only		
12	Condition Improved, Tx Not Needed		
13	Condition Deteriorated, Too sick for Tx		

Format Name	Format Type	Starting Value for Format	Format Value Label		
REMCD (continued)	Numeric	14	Transplanted at Another Center		
		15	Living Donor Tx, Removed by Tx Center		
		16	Removed in Error		
		17	Changed to KP (by system)		
		18	Cadaveric Emergency Tx		
		19	Cadaveric Multi-Organ Tx		
		20	Program inactive for 2+ years		
		21	Patient died during TX procedure		
REU_TEC	Character	1	Manual		
		2	Automated		
		3	Both Man and Auto		
REVTYPE	Character	01	Med. de clotting		
		02	B.Angio.w/throm		
		03	B.A. wout throm		
		04	Surg de clotting		
		05	SRev of ExistAcc		
		06	New AV Fistula		
		07	New PTFE graft		
		08	New Other P.A.		
		09	Other		
RFIFMT	Character	0	Pre-1981 record		
		1	Post-1981 record		
RXCATDT	Character	1	Center hemo		
		2	Center self hemo		
		3	Home hemo		
		4	Hemo Training		
		5	CAPD		
		6	CAPD Training		
		7	CCPD		
		8	CCPD Training		
		9	Other peri		
		A	Uncertain		
		D	Death		
		T	Transplant		
		X	Lost to followup		
RXCATGP	Character	1	Center hemo		
		2	Center self hemo		
		3	Home hemo		
		5	CAPD		
		7	CCPD		
		9	Other peri		
		A	Uncertain		
		D	Death		
		T	Transplant		
		X	Lost to followup		
		RXCATIC	Character	1	Center hemo
				2	Center self hemo
				3	Home hemo
4	Hemo Training				
5	CAPD				
6	CAPD Training				
7	CCPD				
8	CCPD Training				
9	Other peri				

Format Name	Format Type	Starting Value for Format	Format Value Label
RXCATIC (continued)	Character	A	Uncertain
		T	Transplant
RXGROUP	Character	1	Death
		2	Transplant
		3	Unknown
		4	Center hemo
		5	Home hemo
		6	Center self hemo
		7	CAPD
		8	CCPD
		9	Other peri
		A	Unknown dialysis
		B	Unstable dialysis
		X	Lost to followup
		RXSTOP	Character
B	Yes, following transplant failure		
C	Yes, following chronic failure to thrive		
D	Yes, following acute medical complication		
E	Yes, other		
N	No		
U	Unknown		
Y	Yes, Dialysis stop reason unknown		
SCHOFMT	Character	1	MOSTLY FULL TIME
		2	MOSTLY PART TIME
		3	MOSTLY HOMEBOUND
		4	NONE/NO DIPLOMA
		5	NONE/HAS DIPLOMA
		9	NO INFO AVAIL.
SCREEN	Character	C	Cannot Disclose
		I	Indeterminate
		N	Negative
		ND	Not Done
		P	Positive
		U	Unknown
SECNDPAY	Numeric	1	Private insurance
		2	Public insurance - Medicaid
		3	Public insurance - Medicare FFS (Fee for Service)
		4	Public insurance - Medicare & Choice
		5	Public insurance - CHIP (Children's Health Insurance Program)
		6	Public insurance - Other government
		7	Self
		8	Donation
		9	Free Care
		10	None
		11	Public insurance - Medicare Unspecified
		12	US/State Govt Agency
SELECT	Character	1	I took the lead in selecting my treatmnt
		2	The medical team took the lead in select
		3	The medical team and I contributed equal
SEXFMT	Character	#	All
		1	Male
		2	Female
		T	All
		OTHER	Unknown

Format Name	Format Type	Starting Value for Format	Format Value Label
SIDE	Character	1	Right
		2	Left
SMOKE	Character	1	Active (still smoking)
		2	Former, stopped <1 yr ago
		3	Former, stopped >1 yr ago
		4	Smoker, current status unknown
		5	Non-smoker
SMOKFMT	Character	‘	Missing
		1	Active Smoker
		2	Former Smoker
		3	Smoker, curr status unknown.
STATE	Character	4	Non-Smoker
		AK	ALASKA
		AL	ALABAMA
		AR	ARKANSAS
		AZ	ARIZONA
		CA	CALIFORNIA
		CO	COLORADO
		CT	CONNECTICUT
		DC	DIST. OF COLUMBIA
		DE	DELAWARE
		FL	FLORIDA
		GA	GEORGIA
		GU	GUAM
		HI	HAWAII
		IA	IOWA
		ID	IDAHO
		IL	ILLINOIS
		IN	INDIANA
		KS	KANSAS
		KY	KENTUCKY
		LA	LOUISIANA
		MA	MASSACHUSETTS
		MD	MARYLAND
		ME	MAINE
		MI	MICHIGAN
		MN	MINNESOTA
		MO	MISSOURI
		MS	MISSISSIPPI
		MT	MONTANA
		NA	FOREIGN COUNTRY
		NC	NORTH CAROLINA
		ND	NORTH DAKOTA
		NE	NEBRASKA
		NH	NEW HAMPSHIRE
		NJ	NEW JERSEY
		NM	NEW MEXICO
		NV	NEVADA
		NY	NEW YORK
		OH	OHIO
		OK	OKLAHOMA
		OR	OREGON
		PA	PENNSYLVANIA
		PR	PUERTO RICO
		RI	RHODE ISLAND
		SC	SOUTH CAROLINA
		SD	SOUTH DAKOTA

Format Name	Format Type	Starting Value for Format	Format Value Label		
STATE (continued)	Character	TN	TENNESSEE		
		TX	TEXAS		
		UT	UTAH		
		VA	VIRGINIA		
		VI	VIRGIN ISLANDS		
		VT	VERMONT		
		WA	WASHINGTON		
		WI	WISCONSIN		
		WV	WEST VIRGINIA		
		WY	WYOMING		
		ZZ	UNKNOWN		
		STATFIP	Character	01	Alabama
				02	Alaska
03	American Samoa				
04	Arizona				
05	Arkansas				
06	California				
08	Colorado				
09	Connecticut				
10	Delaware				
11	District of Columbia				
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				
46	South Dakota				
47	Tennessee				
48	Texas				
49	Utah				
50	Vermont				
51	Virginia				

Format Name	Format Type	Starting Value for Format	Format Value Label
STATFIP (continued)	Character	53	Washington
		54	West Virginia
		55	Wisconsin
		56	Wyoming
		60	American Samoa
		61	Panama Canal Zone
		62	Canton/Enderbury Is.
		64	Micronesia
		66	Guam
		67	Johnston Atoll
		68	Marshall Islands
		69	North Mariana Islands
		70	Palua
		71	Midway Island
		72	Puerto Rico
		74	Minor Islands
		75	Pacific Trust Territories
		76	US Carribean Is.
		77	US misc Pacific Is.
		78	Virgin Islands
		79	Wake Island
		81	Baker Island
		84	Howland Island
		86	Jarvis Island
		89	Kingman Reef
		95	Palmyra Atoll
		98	Foreign (SSA code)
FR	Foreign (SSA code)		
OC	Oceania (SSA code)		
UP	US Poss.(SSA code)		
OTHER	Unknown State		
STERFMT	Character	1	YES, DAILY
		2	YES, ALTERN. DAY
		3	NO
		9	NO INFO AVAIL.
SURGINCI	Numeric	1	Midline
		2	Iliac Fossa PA right/KI left
		3	Iliac Fossa PA left/KI right
		4	Right
		5	Left
		999	Other
SUSPCT	Character	1	yes
		2	no
		3	suspected
TANFMT	Character	1	STAGE 1
		2	STAGE 2
		3	STAGE 3
		4	STAGE 4
		5	STAGE 5
TECFMT	Character		Missing
		01	Standard spike
		02	Standard luer lock
		03	Standard spike assist
		04	Sterile connecting device
		05	O-set (no antiseptic)

Format Name	Format Type	Starting Value for Format	Format Value Label
TECFMT (continued)	Character	06	O-set (with antiseptic)
		07	Y-set (no antiseptic, disposable)
		08	Y-set (with antiseptic)
		09	Y-set (UV)
		10	Standard ultraviolet device (UV)
		88	Other
TECFMT	Numeric	1	Standard
		2	Y-set
		3	UV
		4	Other
		5	O-set
TERMCOD	Character	1	Invol. Withdrawal
		2	Fail meet Hlth/Sfty Stan
		3	Fail meet Min Util. Rate
		4	Fail meet Need Reqrments
		5	Closed
		6	Other
TGCELSRC	Numeric	1	Peripheral Blood
		2	Lymph Nodes
		4	Spleen
		8	Thymocytes
		16	Cell lines/clonal cells
		32	Solid Matrix
		64	Multiple
TIMBF1A	Character	1	More than 1 year prior to starting dialy
		2	Between 4 months and 1 year before start
		3	Between 2 months and 3 months
		4	Between 1 and 4 weeks before starting di
		5	Less than a week before dial/not at all
		6	Not sure
TIMBF2A	Character	1	Yes, between 1 and 2 years prior to dial
		2	Between 4 months and 1 year before start
		3	Between 1 month and 3 months
		4	Less than 1 month
		5	Not sure
TIMBF3A	Character	1	More than 1 year prior to starting dial
		2	Between 4 months and 1 year before start
		3	Between 1 month and 3 months
		4	Less than 1 month
		5	Did not ...(N/A)
		6	Not sure
TIMBF4A	Character	1	More than 6 months
		2	3-6 months
		3	1-2 months
		4	Less than 1 month
		5	I did not ... (N/A)
		6	Not sure
TIME5A	Character	1	All of the time
		2	Most of the time
		3	Some of the time
		4	A little of the time
		5	None of the time

Format Name	Format Type	Starting Value for Format	Format Value Label
TIME6A	Character	1	All of the Time
		2	Most of the Time
		3	A Good Bit of the Time
		4	Some of the Time
		5	A Little of the Time
		6	None of the Time
TIMEZONE	Numeric	1	Eastern
		2	Central
		3	Mountain
		4	Pacific
		5	Alaska
		6	Hawaii
TRANS	Character	1	Drive myself
		2	Walk
		3	By car driven by someone else
		4	The dialysis unit/hospital sends trans.
		5	By taxi
		6	By bus or subway/train
		7	By ambulance
TRANSFUS	Numeric	0	None
		1	5-Jan
		2	10-Jun
		3	Greater than 10
		998	Unknown
TREATBK	Numeric	1	Yes, Immunosuppression reduction
		2	Yes, Cidofavir
		4	Yes, IVIG
		8	Yes, Type Unknown
		16	Yes, Other, Specify
TRIND	Character	A	Not Applicable
		D	Not Done
		M	Missing
		U	Unknown
TRUE5A	Character	1	Definitely True
		2	Mostly True
		3	Dont Know
		4	Mostly False
		5	Definitely False
TRUE5B	Character	1	Definitely True
		2	Mostly True
		3	Neither True or False
		4	Mostly False
		5	Definitely False
TSTAT	Character	1	1st tx
		2	2nd tx
		3	3rd tx
		4	4th or more
TUMOR_KI	Numeric	1	Oncocytoma
		2	Renal Cell Carcinoma
		3	Carcinoid
		4	Adenoma

Format Name	Format Type	Starting Value for Format	Format Value Label
TUMOR_KI (continued)	Numeric	5 999	Transitional Cell Carcinoma Other Primary Kidney Tumor, Specify.
TXSRC	Character	H M S U	Record is HCFA Transplant Record from Medical Evidence 2728 ESRD Networks Record is UNOS Transplant
TYPDIAB	Character	1 2	IDDM, Juvenile, Type I NIDDM, Adult, Type II
TYPREUS	Character	‘ 1 2 3	Missing Manual Automated Both
T_F	Character Numeric	0 1 0 1	FALSE TRUE FALSE TRUE
URINEPR	Character	1 2 3 4	Positive Negative Not Done Unknown
URINEPRO	Numeric	1 2 3 4	Positive Negative Not Done Unknown
URRFMT	Character	G1 G2 G3 G4 G5	URR < 60% URR 60 - <65% URR 65 - <70% URR 70 - <75% URR 75+ %
VASCCOMP	Numeric	1 2 4 8 16 32 64	Renal Vein Renal Artery Aorta Vena Cava Pulmonary Embolus Deep Vein Thrombosis Other, specify
VASCFMT	Character	1 2 3 4 5 6	fistula goretex graft bovine graft temporary line permanent subclavian cathetar other
VASTYPE	Character	1 2 3 4 5 6 7 8	AV Fistula PTFE graft Bovine graft Perm Catheter Temp IJ cath T.Subc. cath T.Femoral Cath Other

Format Name	Format Type	Starting Value for Format	Format Value Label
VISITS	Character	1	5 or more visits
		2	2-4 visits
		3	1 visit
		4	No visits
		5	Not sure
WADJFMT	Character	1	YES
		2	NO
		3	NOT INDICATED
		4	NO WEIGHT GIVEN
		9	UNABLE TO DETERM
WANTWRK	Character	1	Full time
		2	Part time
		3	Not at all
		4	Not sure
WATRSRC	Character	Missing	
		1	Public Water System
		2	Well
WAT_SRC	Character	1	Public Water System
		2	Well Water System
WHHLP2A	Character	1	Spouse or partner
		2	Any other relative (unpaid)
		3	A friend or volunteer (unpaid)
		4	A paid person
		5	A medical professional
WHOHELP	Character	1	Family member
		2	Unit personnel
		3	Other
WKGRPHLA	Numeric	95	Positive
		96	Negative
		98	Confirmed Blank
		99	Not Tested
		998	Unknown
WORK8A	Character	1	Working full-time
		2	Working part-time
		3	Unemployed, laid off, or looking for wrk
		4	Retired
		5	Disabled
		6	In school
		7	Keeping house
		8	None of the above
WORKINC	Numeric	1	Working Full Time
		2	Working Part Time due to Demands of Treatment
		3	Working Part Time due to Disability
		4	Working Part Time due to Insurance Conflict
		5	Working Part Time due to Inability to Find Full Time Work
		6	Working Part Time due to Patient Choice
		7	Working Part Time Reason Unknown
998	Working, Part Time vs. Full Time Unknown		
X_MATCH	Numeric	0	Indeterminate
		1	Negative

Format Name	Format Type	Starting Value for Format	Format Value Label
X_MATCH (continued)	Numeric	2	Positive
		3	Weak Positive
YESNO	Character	1	Yes
		2	No
YESNON	Character	1	Yes
		2	No
		3	Not sure
YN12FMT	Character		Missing
		1	Yes
		2	No
YNCFMT	Character	C	can not disclose
		N	no
		Y	yes
YNFMT	Character		Missing
		1	Yes
		2	No
YNP	Character	N	No
		P	Partial
		Y	Yes
YNSFMT	Character		Missing
		1	Yes
		2	No
		3	Suspected
YNUDET	Character	1	Yes
		2	No
		3	Unable to determine
YNUFMT	Character		Missing
		1	Yes
		2	No
		3	Unknown
		9	Unknown
		N	No
		U	Unknown
		Y	Yes
OTHER	Unknown		
YNUNK	Character	N	No
		U	Unknown
		Y	Yes
YNYNFM	Character		Missing
		N	No
		Y	Yes

Format Name	Format Type	Starting Value for Format	Format Value Label
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