

MEPS HC-231
2021 Medical Conditions
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A. Data Use Agreement

Individual identifiers have been removed from the micro-data contained in these files. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis; and
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director Office of Management AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity; and
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey. Furthermore, linkage of the Medical Expenditure Panel Survey and the National Health Interview Survey may not occur outside the AHRQ Data Center, NCHS Research Data Center (RDC) or the U.S. Census RDC network.

By using these data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates Title 18 part 1 Chapter 47 Section 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

1.0 Household Component

The Medical Expenditure Panel Survey (MEPS) provides nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS Household Component (HC) also provides estimates of respondents' health status, demographic and socio-economic characteristics, employment, access to care, and satisfaction with health care. Estimates can be produced for individuals, families, and selected population subgroups. The panel design of the survey includes five rounds of interviews covering two full calendar years. Additional rounds were added in 2020 and 2021, covering third and fourth years respectively, to compensate for the smaller number of completed interviews in later panels. These extra rounds provide data for examining person-level changes in selected variables such as expenditures, health insurance coverage, and health status. Using computer assisted personal interviewing (CAPI) technology, information about each household member is collected, and the survey builds on this information from interview to interview. All data for a sampled household are reported by a single household respondent.

The MEPS HC was initiated in 1996. Each year a new panel of sample households is selected. Because the data collected are comparable to those from earlier medical expenditure surveys conducted in 1977 and 1987, it is possible to analyze long-term trends. Each annual MEPS HC sample size is about 15,000 households. Data can be analyzed at either the person or event level. Data must be weighted to produce national estimates.

The set of households selected for each panel of the MEPS HC is a subsample of households participating in the previous year's National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics. The NHIS sampling frame provides a nationally representative sample of the U.S. civilian noninstitutionalized population. In 2006, the NHIS implemented a new sample design, which included Asian persons in addition to households with Black and Hispanic persons in the oversampling of minority populations. NHIS introduced a new sample design in 2016 that discontinued oversampling of these minority groups.

2.0 Medical Provider Component

Upon completion of the household CAPI interview and obtaining permission from the household survey respondents, a sample of medical providers are contacted by telephone to obtain information that household respondents cannot accurately provide. This part of the MEPS is called the Medical Provider Component (MPC) and information is collected on dates of visits, diagnosis and procedure codes, charges and payments. The Pharmacy Component (PC), a subcomponent of the MPC, does not collect charges or diagnosis and procedure codes but does collect drug detail information, including National Drug Code (NDC) and medicine name, as well as amounts of payment. The MPC is not designed to yield national estimates. It is primarily used as an imputation source to supplement/replace household reported expenditure information.

3.0 Survey Management and Data Collection

MEPS HC and MPC data are collected under the authority of the Public Health Service Act. Data are collected under contract with Westat, Inc. (MEPS HC) and Research Triangle Institute (MEPS MPC). Data sets and summary statistics are edited and published in accordance with the confidentiality provisions of the Public Health Service Act and the Privacy Act. The National Center for Health Statistics (NCHS) provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of micro data files and tables via the [MEPS website](https://www.meps.gov) and datatools.ahrq.gov.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857 (301-427-1406).

C. Technical and Programming Information

1.0 General Information

This documentation describes the data contained in MEPS Public Use Release HC-231, which is one in a series of public use data files to be released from the 2021 Medical Expenditure Panel Survey Household Component (MEPS HC). Released as an ASCII file (with related SAS, SPSS, R, and Stata programming statements and data user information), and a SAS data set, SAS transport file, Stata data set, and Excel file, this public use file provides information on household-reported medical conditions collected on a nationally representative sample of the civilian noninstitutionalized population of the United States for calendar year 2021 MEPS HC. The file contains 32 variables and has a logical record length of 113 with an additional 2-byte carriage return/line feed at the end of each record.

This documentation offers a brief overview of the types and levels of data provided and the content and structure of the files. It contains the following sections:

- Data File Information
- Survey Sample Information
- Merging/Linking MEPS Data Files
- Variable-Source Crosswalk
- Appendix: ICD10CDX and CCSR Condition Code Frequencies

A codebook of all the variables included in the 2021 Medical Conditions File is provided in an accompanying file.

For more information on the MEPS sample design, see Chowdhury et al. (2019). A copy of the survey instrument used to collect the information on this file is available on the [MEPS website](#).

2.0 Data File Information

This file contains 94,641 records. Each record represents one *current* medical condition reported for a household survey member who resides in an eligible responding household and who has a positive person or family weight. A condition is defined as *current* if it is linked to an event during 2021. Conditions in the Priority Condition Enumeration (PE) section are asked in the context of “has person ever been told by a doctor or other health care professional that they have (condition)?” except joint pain and chronic bronchitis, which ask only about the last 12 months. Persons with a response of Yes (1) to a priority condition question for whom the condition is not *current* as defined above will not have a record for that condition in this file.

This file consists of MEPS survey data obtained in Rounds 7, 8, and 9 of Panel 23; Rounds 5, 6, and 7 of Panel 24; Rounds 3, 4, and 5 of Panel 25; and Rounds 1, 2, and 3 of Panel 26, the rounds for the MEPS panels covering calendar year 2021. 2021 is the first data year to include four panels of data; Panel 23 was extended to include Rounds 7, 8, and 9 and Panel 24 was extended to include Rounds 6 and 7. In addition, the Panel 24 Round 5 reference period was extended into 2021 instead of ending on 12/31/2020.

For most variables on the file, the codebook provides both weighted and unweighted frequencies. The exceptions to this are weight variables and variance estimation variables. Only unweighted frequencies of these variables are included in the accompanying codebook file. See the Weights Variables list in Section D, Variable-Source Crosswalk.

Person-level data (e.g., demographic or health insurance characteristics) from the 2021 MEPS Full Year Consolidated file (HC-233) can be merged to the records in this file using DUPERSID (see Section 4.0 for details). Since each record represents a single condition reported by a household respondent, some household members may have multiple medical conditions and thus will be represented by multiple records on this file. Other household members may have had no reported medical conditions and thus will have no records on this file. Still other household members may have had a reported medical condition that did not meet the criteria above and thus will have no records on this file. Data from this file also can be merged to 2021 MEPS Event Files (HC-229D through HC-229H) by using the link files provided in HC-229I. (See HC-229I documentation for details.)

2.1 Codebook Structure

The codebook and data file list variables in the following order:

- Unique person identifiers
- Unique condition identifiers
- Medical condition variables
- Utilization variables
- Weight and variance estimation variables

Note that the person identifier is unique within this data year.

2.2 Reserved Codes

The following reserved code values are used:

Value	Definition
-1 INAPPLICABLE	Question was not asked due to skip pattern
-7 REFUSED	Question was asked and respondent refused to answer question
-8 DK	Question was asked and respondent did not know answer or the information could not be ascertained
-15 CANNOT BE COMPUTED	Value cannot be derived from data

The value -15 (CANNOT BE COMPUTED) is assigned to MEPS constructed variables in cases where there is not enough information from the MEPS instrument to calculate the constructed variables. “Not enough information” is often the result of skip patterns in the data or from missing information resulting from MEPS responses of -7 (REFUSED) or -8 (DK). Note that reserved code -8 includes cases where the information from the question was “not ascertained” or where the respondent chose “don’t know”.

2.3 Codebook Format

This codebook describes an ASCII data set (although the data are also being provided in an Excel file, a Stata data set, a SAS data set, and a SAS transport file), and provides the programming identifiers below for each variable:

Variable Programming Identifiers

Identifier	Description
Name	Variable name
Description	Variable descriptor
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4 Variable Naming

In general, variable names reflect the content of the variable, with an 8-character limitation. Edited variables end in an “X” and are so noted in the variable label. (CONDIDX, which is an encrypted identifier variable, also ends in an “X”.)

As variable collection, universe, or categories are altered, the variable name will be appended with “_Myy” to indicate in which year the alterations took place. Details about these alterations can be found throughout this document.

Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in Section D, Variable-Source Crosswalk. Sources for each variable are indicated in one of three ways: (1) variables derived from CAPI or assigned in sampling are so indicated; (2) variables collected at one or more specific questions have those numbers and questionnaire sections indicated in the “SOURCE” column; and (3) variables constructed from multiple questions using complex algorithms are labeled “Constructed” in the “SOURCE” column.

2.5 File Contents

2.5.1 Identifier Variables (DUID-CONDRN)

The definitions of Dwelling Units (DUs) in the MEPS HC are generally consistent with the definitions employed for the National Health Interview Survey (NHIS). The Dwelling Unit ID (DUID) is a seven-digit ID number consisting of a 2-digit panel number followed by a five-digit random number assigned after the case was sampled for MEPS. A three-digit person number (PID) uniquely identifies each person within the DU. The variable DUPERSID is the combination of the variables DUID and PID. IDs begin with a 2-digit panel number.

CONDN is the condition number and uniquely identifies each condition reported for an individual. The range on this file for CONDN is 1-901. A CONDN beginning with “9” reflects a condition that was added during the editing process.

The variable CONDIDX uniquely identifies each condition (i.e., each record on the file) and is the combination of DUPERSID and CONDN. CONDIDX has a length of 13 with DUPERSID (10) and CONDN (3) combined.

PANEL is a constructed variable used to specify the panel number for the interview in which the condition was reported. PANEL will indicate Panel 23, Panel 24, Panel 25, or Panel 26. The panel number is included as the first two digits of the DUID and DUPERSID.

CONDRN indicates the round in which the condition was first *reported*. For a small number of cases, conditions that actually began in an earlier round were not reported by respondents until subsequent rounds of data collection. During file construction, editing was performed for these cases in order to reconcile the round in which a condition began and the round in which the condition was first reported.

2.5.2 Medical Condition Variables (AGEDIAG-ICD10CDX)

This file contains variables describing medical conditions reported by respondents in several sections of the MEPS questionnaire, and all questionnaire sections collecting information about health provider visits and/or prescription medications (see Variable-Source Crosswalk in Section D for details).

Priority Conditions and Injuries

Certain conditions were *a priori* designated as “priority conditions” due to their prevalence, expense, or relevance to policy. Some of these are long-term, life-threatening conditions, such as cancer, diabetes, emphysema, high cholesterol, hypertension, ischemic heart disease, and stroke. Others are chronic, manageable conditions, including arthritis and asthma. The only mental health condition on the priority conditions list is attention deficit hyperactivity disorder/attention deficit disorder.

When a condition was first mentioned, respondents were asked whether it was due to an accident or injury (INJURY=1). Only non-priority conditions (i.e., conditions reported in a section other than PE) are eligible to be injuries. The interviewer is prevented from selecting priority conditions as injuries.

Complete List of Conditions Asked in Priority Conditions Enumeration Section:

Angina/Angina Pectoris

Arthritis

Asthma

Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)

Cancer/Malignancy

Chronic Bronchitis

Coronary Heart Disease

Diabetes/Sugar Diabetes

Emphysema

Heart Attack/Myocardial Infarction (MI)

High Cholesterol

Hypertension/High Blood Pressure

Joint Pain

Other Heart Disease (not coronary heart disease, angina, or heart attack)

Stroke/Transient Ischemic Attack (TIA)/Mini-stroke

Age Priority Condition Began

The age of diagnosis (AGEDIAG) was collected for all priority conditions, except joint pain. For confidentiality reasons, AGEDIAG is set to Inapplicable (-1) for cancer conditions.

To ensure confidentiality, age of diagnosis was top-coded to 85. This corresponds with the age top-coding in person-level PUFs.

Follow-up Questions for Injuries

When a respondent reported that a condition resulted from an accident or injury (INJURY=1), respondents were asked during the round in which the injury was first reported whether the accident/injury occurred at work (ACCDNWRK). This question was not asked about persons aged 15 and younger; the condition had ACCDNWRK coded to inapplicable (-1) for those persons.

Sources for Conditions on the MEPS Conditions File

The records on this file correspond with medical condition records collected by CAPI and stored on a person's MEPS conditions roster. Conditions can be added to the MEPS conditions roster in several ways. A condition can be reported in the Priority Condition Enumeration (PE) section in which persons are asked if they have been diagnosed with specific conditions. The condition can be identified as the reason reported by the household respondent for a particular medical event (hospital stay, outpatient visit, emergency room visit, home health episode, prescribed medication purchase, or office-based medical provider visit). Some condition information is collected in the Medical Provider Component of MEPS. However, since it is not available for everyone in the sample, it is not used to supplement, replace, or verify household-reported condition data. Conditions reported in the PE section that are not current are not included on this file.

Treatment of Data from Rounds Not Occurring in 2021

Prior to the 2008 file, priority conditions reported during Rounds 1 and 2 of the second year panel were included on the file even if the conditions were not related to an event or reported as a serious condition occurring in the second year of the panel. Beginning in 2008, priority conditions are included on the file only if they are also current conditions. From 2008-2017, a current condition was defined as a condition linked to an event or a condition the person was currently experiencing (i.e., a condition selected in the Condition Enumeration (CE) section). However, starting in Panel 21 Round 5 and Panel 22 Round 3, a current condition is defined only as a condition linked to a current year event. Conditions from Panel 23 Rounds 6 and 7 as well as Panel 24 Rounds 3-5 and Panel 25 Rounds 1-3 that are not included in the 2021 file may be available in the 2020 Medical Conditions File if the person had a positive person or family weight in 2020.

Note: Priority conditions are generally chronic conditions. Even though a person may not have reported an event in 2021 due to the condition, analysts should consider that the person may still be experiencing the condition. If a Panel 25 person reported a priority condition in Round 1 or 2 and did not have an event for the condition in Round 3, 4, or 5, the condition will not be included on the 2021 Medical Conditions File. Similarly: if a Panel 24 person reported a priority condition in Round 1, 2, 3, or 4 and did not have an event for the condition in Round 5, 6, or 7, or if a Panel 23 person reported a priority condition in Round 1, 2, 3, 4, 5, or 6 and did not have an event for the condition in Round 7, 8, or 9, the condition will not be included on the 2021 Medical Conditions File.

Rounds in Which Conditions Were Reported/Selected (CRND1 - CRND9)

A set of constructed variables indicates the round in which the condition was first reported (CONDRN), and the subsequent round(s) in which the condition was selected (CRND1 - CRND9). The condition may be reported or selected when the person reports an event that occurred due to the condition. For example, consider a condition for which CRND1 = 0, CRND2 = 1, and CRND3 = 1. For non-priority conditions (conditions not asked in the PE section), this sequence of indicators on a condition record implies that the condition was not present during Round 1 (CRND1 = 0), was first mentioned during Round 2 (CRND2 = 1, CONDRN = 2), and was selected again during Round 3 (CRND3 = 1). For priority conditions, this sequence of indicators implies that the condition was reported in the PE section in Round 1 (CONDRN = 1, CRND1 = 0) but was not connected with an event until Rounds 2 and 3 (CRND2 = 1, CRND3 = 1). Because priority conditions are asked in the context of “has person ever been told by a doctor or other health care professional that they have (condition)?” except joint pain and chronic bronchitis, which ask only about the last 12 months, a priority condition might not be selected in the round in which it was first reported. A condition is current if it is linked to an event that occurred in 2021.

Diagnosis Codes

Medical conditions reported by the Household Component respondent were recorded by the interviewer using a condition pick-list with ICD-10-CM codes already assigned to conditions in the list. Reported conditions not in the pick-list were recorded as verbatim text and then were coded to ICD-10-CM codes (ICD10CDX) by professional coders.

Coders followed specific guidelines in coding missing values to the ICD-10-CM diagnosis condition variable when a verbatim text string could not be matched to an ICD-10-CM code through the pick-list. ICD10CDX was coded -15 (Cannot be Computed) where the verbatim text fell into one of three categories: (1) the text indicated that the condition was unknown (e.g., DK); (2) the text indicated the condition could not be diagnosed by a doctor (e.g., doctor doesn’t know); or (3) the specified condition was not codable. If the text indicated a procedure and the condition associated with the procedure could be discerned from the text, the condition itself is coded. For example, “cataract surgery” is coded as the condition “other cataract” (ICD10CDX is set to code “H26”). If the condition could not be discerned (e.g. “outpatient surgery”), ICD10CDX is set to -15.

In order to preserve confidentiality, all of the conditions provided on this file have been collapsed to 3-digit diagnosis code categories rather than the fully-specified ICD-10-CM code. For example, the ICD10CDX value of J02 “Acute pharyngitis” includes the fully-specified subclassifications J020 and J029; the value F31 “Bipolar disorder” includes the fully-specified subclassifications F3110 through F319. Table 1 in Appendix 1 provides unweighted and weighted frequencies for all ICD-10-CM condition code values reported on the file. Less than 1 percent of the ICD-10-CM codes on this file were edited further by collapsing two or more 3-digit codes into one 3-digit code. This includes clinically rare conditions that were recoded to broader codes by clinicians. A condition is determined to be clinically rare if it appears on the [National Institutes of Health’s list of rare diseases](#).

For confidentiality purposes, approximately 7% of ICD-10-CM codes were recoded to -15 (Cannot be Computed) for conditions where the frequency was fewer than 40 for the total unweighted population in the file or less than 400,000 for the weighted population. Additional factors used to determine recoding include age and sex.

In a small number of cases, diagnosis and condition codes were recoded to -15 (Cannot be Computed) if they denoted a pregnancy for a person younger than 18 or older than 44. Less than one-tenth of 1 percent of records were recoded in this manner on the 2021 Medical Conditions file. The person’s age was determined by linking the 2021 Medical Conditions file to the 2020 and 2021 Population Characteristics File. If the person’s age is under 18 or over 44 in the round in which the condition was reported, the appropriate condition code was recoded to -15 (Cannot be Computed).

Users should note that because of the design of the survey, most deliveries (i.e., births) are coded as pregnancies. For more accurate estimates for deliveries, analysts should use RSNINHOS “Reason Entered Hospital” found on the Hospital Inpatient Stays Public Use File (HC-229D).

Each year, a few conditions on the final file may fall below the confidentiality threshold. This is due to the multistage file development process. The confidentiality recoding is performed on the preliminary version of the Conditions file each year. This preliminary version is used in the development of other event PUFs and, in turn, these event PUFs are used in the development of the final Conditions file. During this process, some records from the preliminary file are dropped because only records that are relevant to the current data year are reflected in the final Conditions PUF.

Conditions file data can be merged with the 2021 MEPS Event Files using the 2021 MEPS Condition-Event Linking file (HC-229I). Because the conditions have been collapsed to 3-digit diagnosis code categories rather than the fully-specified ICD-10-CM code, it is possible for there to be duplicate ICD-10-CM condition codes linked to a single medical event when different fully-specified conditions are coded to the same 3-digit code.

Conditions were reported in several sections of the HC questionnaire (see Variable-Source Crosswalk in Section D). Labels for all values of ICD10CDX, as shown in Table 1 of Appendix 1, are provided in the SAS programming statements included in this release (see the H231SU.TXT file).

Clinical Classification Software Refined

Clinical Classification Software Refined (CCSR) are used alongside ICD-10-CM diagnosis codes to group medical conditions into clinically meaningful categories. Although ICD-10-CM diagnosis codes can map to multiple CCSR codes, for the purposes of this PUF, one ICD-10-CM diagnosis code may map to up to three CCSR categories (CCSR1X, CCSR2X, CCSR3X) using the v2022.2 release of the CCSR for ICD-10-CM diagnoses. The CCSR categories on this PUF are listed in alphabetical order and do not indicate a primary and secondary diagnosis. For more information on CCSR, visit the [user guide for CCSR](#).

For confidentiality purposes, less than 2% of the CCSR categories were collapsed into a broader code for the appropriate body system where the frequency was less than 40 for the total unweighted population in the file or less than 400,000 for the weighted population. For example, BLD001 (Nutritional Anemia), may be recoded to BLD000 (Disease of Blood and Disorders Involving Immune Mechanism), thus revealing only the body system. Less than 1% of CCSR codes were recoded to -15 (Cannot be Computed) based on frequencies of ICD10CDX and CCSR pairs.

Table 2 in Appendix 1 provides unweighted and weighted frequencies for CCSR combinations reported on the file.

2.5.3 Utilization Variables (OBCOND - RXCOND)

The variables OBCOND, OPCOND, HHCOND, IPCOND and ERCOND indicate that at least one 2021 event can be linked to each condition record on the current file, i.e., office-based, outpatient, home health, inpatient hospital stays and emergency room visits. Note that the HHCOND variable includes all home health types, including informal care, and OBCOND and OPCOND include telehealth visits. The variable RXCOND is an indicator of any prescribed medicine purchase associated with the condition.

These event indicators were derived from Expenditure Event Public Use Files (HC-229G, HC-229F, HC-229H, HC-229D, and HC-229E). Events associated with conditions include all utilization that occurred between January 1, 2021 and December 31, 2021.

3.0 Survey Sample Information

3.1 Discussion of Pandemic Effects on Quality of 2021 MEPS Data

3.1.1 Summary

The challenges associated with MEPS data collection in 2020 after the onset of the COVID-19 pandemic continued into 2021. The major modifications to the standard MEPS study design remained in effect, permitting data to be collected safely but with accompanying concerns related to the quality of the data obtained. These data quality issues are discussed below. The suggestion

made in the documentation for the 2020 MEPS Full Year Consolidated PUF data (as well as for most federal major in-person surveys conducted in 2021 and 2020) still holds. Researchers are counseled to take care in the interpretation of estimates based on data collected from these two calendar years. This includes the comparison of such estimates to those of other years and corresponding trend analyses.

3.1.2 Overview

Section 3.1 of the documentation for the [2020 Full Year Consolidated Data File](#) provides a general discussion of the impact of the COVID-19 pandemic on several other major in-person federal surveys as well as on MEPS. In addition, it offers a detailed look at how MEPS was modified to permit safe data collection and the development of useful estimates at a time when the way the U.S. health care system functioned underwent many transformations in order to meet population needs.

In this corresponding 2021 document, focus is placed mostly on MEPS data quality in 2021. However, it also includes how data quality issues related to the two federal surveys most closely connected to it, the National Health Interview Survey (NHIS) carried out by the National Center for Health Statistics (NCHS) and the Current Population Survey (CPS) carried out by the Census Bureau, have an impact on the data quality issues of MEPS.

Specifically, the following discussion describes: 1) data quality issues experienced by the NHIS and CPS that affect MEPS; 2) modifications to the MEPS sample design in 2021 due to the continuing pandemic; and 3) potential data quality issues in the FY 2021 MEPS data related to the COVID-19 pandemic.

3.1.3 Data Quality Issues for MEPS in 2021 Directly Associated with Data Quality Concerns for the NHIS and CPS

Households fielded for Round 1 of MEPS in each year have been selected as a subsample from among the NHIS responding households from the prior year. The MEPS first year panel in 2021 was Panel 26. The households fielded for MEPS in Round 1 of Panel 26 were thus selected from NHIS responding households in 2020. It is important to note here that the NHIS households eligible for use in MEPS are restricted to the first three quarters of the NHIS as the fourth quarter households cannot be made available in time for MEPS data collection early in the next calendar year.

The onset of the pandemic in 2020 at a national level took place in mid-March of that year, when the NHIS data collection for the first quarter of 2020 was virtually completed and that of the second quarter was about to begin. The NHIS had to make a rapid transition from in-person to telephone interviewing to attempt to gather NHIS data for the second quarter of 2020. While NCHS was able to make the transition, assessments made by NCHS at the time indicated a much lower response rate than is typically experienced during Quarter 2 and the quality of Quarter 2 data was of particular concern. NCHS thus modified the 2020 NHIS sample design for Quarters 3 and 4. A randomly selected subsample of the sampled housing units originally selected for fielding in Quarters 3 and 4 of 2020 was removed from the sample to be fielded. This reduced

sample for Quarters 3 and 4 was then enhanced by randomly selecting responding households from the 2019 NHIS for interviewing in 2020 as well. In consideration of the data quality issues and sample design modifications associated with the 2020 NHIS, the MEPS sample design for FY 2021 was modified, as discussed shortly below.

The quality of CPS data is always of particular importance to MEPS as March CPS-ASEC estimates serve as the basis of control totals for the raking component of the MEPS weighting process. These control totals incorporate the following demographic variables: age, sex, race/ethnicity, region, MSA status, educational attainment, and poverty status. The CPS estimates of educational attainment and poverty status used in the development of the FY 2021 MEPS PUFs were of particular concern. Evaluations of these estimates undertaken by the Census Bureau have shown that they suffered from bias due to survey nonresponse with CPS income estimates being on the high side and the estimate of those under the poverty threshold being on the low side. The impact of these CPS estimates on the quality of MEPS estimates has been carefully considered. The approach used for the 2021 MEPS Full Year Consolidated PUF sample weights is discussed in Section 3.3.

References (Bramlett et al., 2021; Dahlhamer et al., 2021; Lau et al, 2021; Rothbaum & Bee, 2021, 2022; Zuvekas & Kashihara, 2021) discussing the fielding of these surveys during the pandemic and possible bias concerns, can be found in the References section of this document.

3.1.4 Modifications to the MEPS HC 2021 Sample Design

The MEPS sample is usually selected from Quarters 1 to 3 of NHIS Panels 1 and 3. However, 2020 NHIS Quarter 2 data quality and sample size issues needed to be considered in planning for selecting and fielding a MEPS sample for 2021. It became clear that it would be prudent to modify the 2021 MEPS sample design for MEPS Panel 26 by replacing 2020 NHIS Quarter 2 with another quarter from 2020 NHIS Panels 2 and 4. Action had to be taken immediately because the MEPS sample selection from NHIS responding households begins in the late summer/early fall of each year.

AHRQ contacted NCHS, reviewing the various issues and asking if responding households in NHIS Panels 2 and 4 from Quarter 1 of 2020 could be made available for MEPS sample selection. Virtually all of these households were interviewed in-person prior to the major onset of the pandemic, so the Quarter 1 response rates for all four NHIS panels were consistent with prior years and the data quality issues associated with the pandemic could be avoided. NCHS was fully supportive of this approach and made NHIS Panels 2 and 4 for Quarter 1 available for use by MEPS. Thus, for MEPS Panel 26, the NHIS responding households subsampled for MEPS were selected among all NHIS responding households in all four NHIS panels in Quarter 1 as well as those responding in Quarter 3 of NHIS Panels 1 and 3.

As an adjunct to this modification, it was decided to take advantage of the additional PSUs (sampled localities) available from NHIS Panels 2 and 4 and appearing in the MEPS sample for the first time. State level estimation is of interest to MEPS, and the added PSUs would serve to increase the precision of variance estimation for state level estimates. State estimates that would be expected to benefit the most from these added PSUs were the “middle-sized” states where

sample sizes were marginal but usually not enough PSUs for variance estimation. The largest states already had large sample sizes while precision for the smallest states would remain low. As a result, from Quarter 1 of 2020 NHIS Panels 2 and 4, the MEPS sample focused on oversampling the “middle-sized” states rather than Asians, Blacks, and Hispanics.

Finally, it was decided to collect 2021 data for nine rounds of Panel 23 and seven rounds of Panel 24, so that these two panels will contribute to MEPS estimates for four calendar years for Panel 23 and three calendar years for Panel 24. In so doing, the number of respondents to MEPS will be kept at a relatively high level despite the decline in response rates due to the pandemic. The MEPS FY 2021 PUF records thus consist of data obtained from the following MEPS Panels and corresponding rounds: Panel 23, Rounds 7-9; Panel 24, Rounds 5-7; Panel 25, Rounds 3-5; and Panel 26, Rounds 1-3.

3.1.5 Data Quality Issues for MEPS for FY 2021

Three sources of potential bias were identified for MEPS for FY 2020: long recall period for Round 6 of Panel 23; switching from in-person to telephone interviewing which likely had a larger impact on Panel 25; and the impact of CPS bias on the MEPS weights. A number of statistically significant differences were found between panels for FY 2020. Those findings are discussed in the documentation for the 2020 Full Year Consolidated PUF.

With this in mind, there were a number of uncertainties for FY 2021 warranting examination. Would Panel 23 data quality increase substantially once the issue of an extensive recall period was eliminated? Would the switching from in-person to telephone interview in Round 1 continue to impact Panel 25 estimates? Since Panel 26 was the first year MEPS panel in 2021, would Panel 26 estimates tend to be different than those of the other three panels?

Analyses undertaken to examine the quality of MEPS FY 2021 data appearing on the Consolidated PUF have been focused on the comparison of health care utilization and health insurance status distribution (some private insurance, some public insurance, no health insurance) for the MEPS target population between the panels fielded. These comparisons were undertaken for the full sample and the three age groups of 0-17, 18-64, and 65+.

Comparisons of health care utilization data for Panel 24 and Panel 23 found no statistically significant differences in any of the analysis variables, suggesting that Panel 23 data quality increased substantially once the issue of an extensive recall period was eliminated. Comparisons of Panel 26 and Panel 24 health care utilization data did not detect any notable differences among event types of a salient nature.

Similar to FY 2020, comparisons of Panel 25 health care utilization data with those from other panels found that the difference in estimates reached statistical significance for several event types, with those from Panel 25 generally being higher. However, the gap between the Panel 25 estimates and other panels has shown a sizeable decrease, suggesting that the Panel 25 data quality has improved.

Another set of analyses compared estimates based on the four panels pooled together using the FY 2021 Consolidated PUF weight compared to the estimates based on the individual panel data

and weights. Analyses indicated that event estimates combining data from all four panels show little difference from event estimates of the individual panels.

The analyses undertaken for health insurance status distribution suggest no major differences between the four panels for the various event type estimates. Even though slight differences were observed with Panel 25 (e.g., the distribution associated with the age range 18-64 showed a higher percentage of all public insurance compared to the other three panels while those at least 65 years of age showed a lower percentage of some private insurance compared to the other three panels), no statistically significant differences were detected.

3.1.6 Discussion and Guidance

The various actions taken in the development of the person-level weights for the MEPS FY 2021 Consolidated PUF were designed to limit the potential for bias in the data due to changes in data collection and response bias. However, evaluations of MEPS data quality in 2021, consistent with those of other Federal surveys fielded in 2021, suggest that users of the MEPS FY 2021 Consolidated PUF should exercise caution when interpreting estimates and assessing analyses based on these data as well as in comparing 2021 estimates to those of prior years.

3.2 Sample Weight (PERWT21F)

There is a single full-year person-level weight (PERWT21F) assigned to each record for each key, in-scope person who responded to MEPS for the full period of time that they were in-scope during 2021. A key person was either a member of a responding NHIS household at the time of the interview or joined a family associated with such a household after being out-of-scope at the time of the NHIS (the latter circumstance includes newborns as well as those returning from military service, an institution, or residence in a foreign country). A person is in-scope whenever they are a member of the civilian, noninstitutionalized portion of the U.S. population.

3.3 Details on Person Weight Construction

The person-level weight PERWT21F was developed in several stages. Preliminary person-level weights for Panel 23, Panel 24, Panel 25, and Panel 26 were first created separately. The weighting process for each panel included an adjustment for nonresponse over time and calibration to independent population figures. The calibration was initially accomplished separately for each panel by raking the corresponding sample weights for those in-scope at the end of the calendar year to Current Population Survey (CPS) population estimates based on six variables. The six variables used in the establishment of the person-level control figures were: educational attainment of the reference person (no degree, high school/GED no college or some college, bachelor's degree or higher); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic; Black, non-Hispanic; Asian, non-Hispanic; and other); sex; and age. A composite weight was then formed by multiplying each weight from Panel 23 by the factor .22, each weight from Panel 24 by the factor .22, each weight from Panel 25 by the factor .25, and each weight from Panel 26 by the factor .31. The choice of factors

reflected the relative effective sample sizes of the four panels, helping to limit the variance of estimates obtained from pooling the four samples. Weights for the 2021 Full Year Population Characteristics PUF were then developed by raking the composite weight to the same set of CPS-based control totals.

The standard approach for establishing the 2021 Full Year Consolidated PUF weight is as follows. When the poverty status information derived from income variables becomes available, a final raking is undertaken. The full sample weight appearing on the Population Characteristics PUF for a given year is re-raked, establishing control figures reflecting poverty status rather than educational attainment. Thus, control totals are established using poverty status (five categories: below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty) as well as the other five variables previously used in the weight calibration.

3.3.1 MEPS Panel 23 Weight Development Process

The person-level weight for MEPS Panel 23 was developed using the 2020 full-year weight for an individual as a “base” weight for 2020 survey participants present in 2021. For key, in-scope members who joined an RU some time in 2021 after being out-of-scope in 2020, the initially assigned person-level weight was the corresponding 2020 family weight. The weighting process included an adjustment for person-level nonresponse over Rounds 8 and 9 as well as raking to population control figures for December 2021 for key, responding persons in-scope on December 31, 2021. These control totals were derived by scaling back the population distribution obtained from the March 2022 CPS to reflect the December 31, 2021 estimated population total (estimated based on Census projections for January 1, 2022). Variables used for person-level raking included: education of the reference person (three categories: no degree; high school/GED only or some college; Bachelor’s or higher degree); Census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic; Black, non-Hispanic; Asian, non-Hispanic; and other); sex; and age. (It may be noted that for confidentiality reasons, the MSA status variables are no longer released for public use.) The final weight for key, responding persons who were not in-scope on December 31, 2021 but were in-scope earlier in the year was the nonresponse-adjusted person weight without raking.

The 2020 full-year weight used as the base weight for Panel 23 was derived from the 2018 MEPS Round 1 weight and reflected adjustment for nonresponse over the remaining data collection rounds in 2018, 2019, and 2020 as well as raking to the December 2018, December 2019, and December 2020 population control figures.

3.3.2 MEPS Panel 24 Weight Development Process

The person-level weight for MEPS Panel 24 was developed using the 2020 full-year weight for an individual as a “base” weight for survey participants present in 2021. For key, in-scope members who joined an RU some time in 2021 after being out-of-scope in 2020, the initially assigned person-level weight was the corresponding 2020 family weight. The weighting process included an adjustment for person-level nonresponse over Rounds 6 and 7 as well as raking to the same population control totals for December 2021 used for the MEPS Panel 23 weights for

key, responding persons in-scope on December 31, 2021. The same six variables employed for Panel 23 raking (education level, census region, MSA status, race/ethnicity, sex, and age) were also used for Panel 24 raking. Similar to Panel 23, the Panel 24 final weight for key, responding persons not in-scope on December 31, 2021 but in-scope earlier in the year was the nonresponse-adjusted person weight without raking.

Note that the 2020 full-year weight that was used as the base weight for Panel 24 was derived using the 2019 MEPS Round 1 weight and reflected adjustment for nonresponse over the remaining data collection rounds in 2019 and 2020 as well as raking to the December 2019 and December 2020 population control figures.

3.3.3 MEPS Panel 25 Weight Development Process

The person-level weight for MEPS Panel 25 was developed using the 2020 full-year weight for an individual as a “base” weight for survey participants present in 2021.

For key, in-scope members who joined an RU sometime in 2021 after being out-of-scope in 2020, the initially assigned person-level weight was the corresponding 2020 family weight. The weighting process also included an adjustment for person-level nonresponse over Rounds 4 and 5 as well as raking to the same population control figures for December 2021 used for the MEPS Panels 23 and 24 weights for key, responding persons in-scope on December 31, 2021. The same six variables employed for Panels 23 and 24 raking (education level, census region, MSA status, race/ethnicity, sex, and age) were also used for Panel 25 raking. Similar to Panels 23 and 24, the Panel 25 final weight for key, responding persons not in-scope on December 31, 2021 but in-scope earlier in the year was the nonresponse-adjusted person weight without raking.

Note that the 2020 full-year weight that was used as the base weight for Panel 25 was derived using the 2020 MEPS Round 1 weight and reflected adjustment for nonresponse over the remaining data collection rounds in 2020 as well as raking to the December 2020 population control figures.

3.3.4 MEPS Panel 26 Weight Development Process

The person-level weight for MEPS Panel 26 was developed using the 2021 MEPS Round 1 person-level weight as a “base” weight. The MEPS Round 1 weights incorporated the following components: the original household probability of selection for the NHIS adjusted to reflect the NHIS subsample reserved for MEPS and an adjustment for NHIS nonresponse, the probability of selection for MEPS from NHIS, an adjustment for nonresponse at the dwelling unit level for Round 1, and poststratification to control figures at the person level obtained from the March CPS of 2021. For key, in-scope members who joined an RU after Round 1, the Round 1 DU weight served as a “base” weight.

The weighting process also included an adjustment for nonresponse over the remaining data collection rounds in 2021 as well as raking to the same population control figures for December 2021 used for the MEPS Panel 23, Panel 24, and Panel 25 weights for key, responding persons in-scope on December 31, 2021. The same six variables employed for Panel 23, Panel 24, and

Panel 25 raking (education level of the reference person, census region, MSA status, race/ethnicity, sex, and age) were also used for Panel 26 raking. Similar to Panel 23, Panel 24, and Panel 25, the Panel 26 final weight for key, responding persons who were not in-scope on December 31, 2021 but were in-scope earlier in the year was the nonresponse-adjusted person weight without raking.

3.3.5 The Final Weight for 2021

The final raking of those in-scope at the end of the year has been described above. In addition, the composite weights of two groups of persons who were out-of-scope on December 31, 2021 were adjusted for expected undercoverage. Specifically, the weights of those who were in-scope some time during the year, out-of-scope on December 31, and entered a nursing home during the year and still residing in a nursing home at the end of the year were poststratified to an estimate of the number of persons who were residents of Medicare- and Medicaid-certified nursing homes for part of the year (approximately 3-9 months) during 2014. This estimate was developed from data on the Minimum Data Set (MDS) of the Center for Medicare and Medicaid Services (CMS). The weights of persons who died while in-scope were poststratified to corresponding estimates derived using data obtained from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Underlying Cause of Death, 2018-2021 on [CDC WONDER Online Database](#), released in 2023, the latest available data at the time. Separate decedent control totals were developed for the “65 and older” and “under 65” civilian noninstitutionalized populations.

Overall, the weighted population estimate for the civilian noninstitutionalized population for December 31, 2021 is 327,209,772 (PERWT21F >0 and INSC1231=1). The sum of person-level weights across all persons assigned a positive person-level weight is 331,249,393.

3.4 Coverage

The target population for MEPS in this file is the 2021 U.S. civilian, noninstitutionalized population. However, the MEPS sampled households are a subsample of the NHIS households interviewed in 2017 (Panel 23), 2018 (Panel 24), 2019 (Panel 25), and 2020 (Panel 26). New households created after the NHIS interviews for the respective panels and consisting exclusively of persons who entered the target population after 2017 (Panel 23), after 2018 (Panel 24), after 2019 (Panel 25), or after 2020 (Panel 26) are not covered by MEPS. Neither are previously out-of-scope persons who join an existing household but are unrelated to the current household residents. Persons not covered by a given MEPS panel thus include some members of the following groups: immigrants; persons leaving the military; U.S. citizens returning from residence in another country; and persons leaving institutions. Those not covered represent a small proportion of the MEPS target population.

3.5 Using MEPS Data for Trend Analysis

First, of course, we note that there are uncertainties associated with 2020 and 2021 data quality as discussed earlier in the data quality section (Section 3.1). Evaluations of important MEPS estimates suggest that they are of reasonable quality. Nevertheless, analysts are advised to exercise caution in interpreting these estimates, particularly in terms of trend analyses since access to health care was substantially affected by the COVID-19 pandemic as were related factors such as health insurance and employment status for many people.

MEPS began in 1996, and the utility of the survey for analyzing health care trends expands with each additional year of data; however, when examining trends over time using MEPS, the length of time being analyzed should be considered. In particular, large shifts in survey estimates over short periods of time (e.g. from one year to the next) that are statistically significant should be interpreted with caution unless they are attributable to known factors such as changes in public policy, economic conditions, or MEPS survey methodology.

With respect to methodological considerations, in 2013 MEPS introduced an effort focused on field procedure changes such as interviewer training to obtain more complete information about health care utilization from MEPS respondents with full implementation in 2014. This effort likely resulted in improved data quality and a reduction in underreporting starting in the second half of 2013 and throughout 2014 full year files and have had some impact on analyses involving trends in utilization across years. The changes in the NHIS sample design in 2016 and 2018 could also potentially affect trend analyses. The new NHIS sample design is based on more up-to-date information related to the distribution of housing units across the U.S. As a result, it can be expected to better cover the full U.S. civilian, noninstitutionalized population, the target population for MEPS, as well as many of its subpopulations. Better coverage of the target population helps to reduce the potential for bias in both NHIS and MEPS estimates.

A significant change to the Conditions file occurred in 2016 when ICD-10-CM condition codes replaced ICD-9-CM codes. As a result of this transition, CCS codes were replaced with CCSR codes. Up to three CCSR codes can be assigned to a single condition on this file; previously, a single CCS code was assigned to each condition (see Section 2.5.2 for details). Also in 2018, the inclusion criteria for conditions changed; therefore, fewer conditions are on the 2018 and later files compared to previous years. See section 2.0 for a discussion of conditions included on the file.

Another change with the potential to affect trend analyses involved major modifications to the MEPS instrument design and data collection process, particularly in the events sections of the instrument. These were introduced in the Spring of 2018 and thus affected data beginning with Round 1 of Panel 23, Round 3 of Panel 22, and Round 5 of Panel 21. Since the Full Year 2017 PUFs were established from data collected in Rounds 1-3 of Panel 22 and Rounds 3-5 of Panel 21, they reflected two different instrument designs. In order to mitigate the effect of such differences within the same full year file, the Panel 22 Round 3 data and the Panel 21 Round 5 data were transformed to make them as consistent as possible with data collected under the previous design. The changes in the instrument were designed to make the data collection effort more efficient and easy to administer. In addition, expectations were that data on some items, such as those related to health care events, would be more complete with the potential of

identifying more events. Increases in service use reported since the implementation of these changes are consistent with these expectations. ***Data users should be aware of possible impacts on the data and especially trend analyses for these data years due to the design transition.***

Process changes, such as data editing and imputation, may also affect trend analyses. For example, users should refer to Section 2.5.11 in the 2021 Full Year Consolidated file (HC-233) and, for more detail, the documentation for the prescription drug file (HC-229A) when analyzing prescription drug spending over time.

As always, it is recommended that data users review relevant sections of the documentation for descriptions of these types of changes that might affect the interpretation of changes over time before undertaking trend analyses.

Analysts may also wish to consider using statistical techniques to smooth or stabilize analyses of trends using MEPS data such as comparing pooled time periods (e.g. 1996-1997 versus 2011-2012), working with moving averages or using modeling techniques with several consecutive years of MEPS data to test the fit of specified patterns over time.

Finally, statistical significance tests should be conducted to assess the likelihood that observed trends are not attributable to sampling variation. In addition, researchers should be aware of the impact of multiple comparisons on Type I error. Without making appropriate allowance for multiple comparisons, undertaking numerous statistical significance tests of trends increases the likelihood of concluding that a change has taken place when one has not.

4.0 National Health Interview Survey (NHIS)

Data from this file can be used alone or in conjunction with other files for different analytic purposes. Each MEPS panel can also be linked back to the previous years' National Health Interview Survey public use data files. For information on MEPS/NHIS link files please see the [AHRQ website](#).

5.0 Longitudinal Analysis

Panel-specific longitudinal files are available for downloading in the data section of the MEPS website. For all four panels (Panel 23, Panel 24, Panel 25, and Panel 26), the longitudinal file comprises MEPS survey data obtained in all rounds of the panel and can be used to analyze changes over the entire length of the panel. For Panel 24, a file representing a three-year period will also be established and updated to cover four years with the release of 2022 data. For Panel 23, a file representing a four-year period will be established. Variables in the file pertaining to survey administration, demographics, employment, health status, disability days, quality of care, patient satisfaction, health insurance, and medical care use and expenditures were obtained from the MEPS full-year Consolidated files from the years covered by each panel. For more details or to download the data files, please see Longitudinal Data Files at the [AHRQ website](#).

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D. Variable-Source Crosswalk

MEPS HC-231: 2021 MEDICAL CONDITIONS

UNIQUE IDENTIFIER VARIABLES

VARIABLE	LABEL	SOURCE ¹
DUID	Panel # + Encrypted DU Identifier	Assigned In Sampling
PID	Person Number	Assigned In Sampling
DUPERSID	Person ID (DUID + PID)	Assigned In Sampling
CONDN	Condition Number	CAPI Derived
CONDIDX	Condition ID	CAPI Derived
PANEL	Panel Number	Constructed
CONDRN	Condition Round Number	CAPI Derived

MEDICAL CONDITION VARIABLES

VARIABLE	LABEL	SOURCE ¹
AGEDIAG	Age When Diagnosed	PE section
CRND1	Has Condition Information In Round 1	Constructed
CRND2	Has Condition Information In Round 2	Constructed
CRND3	Has Condition Information In Round 3	Constructed
CRND4	Has Condition Information In Round 4	Constructed
CRND5	Has Condition Information In Round 5	Constructed
CRND6	Has Condition Information In Round 6	Constructed
CRND7	Has Condition Information In Round 7	Constructed
CRND8	Has Condition Information In Round 8	Constructed
CRND9	Has Condition Information In Round 9	Constructed
INJURY	Was Condition Due To Accident/Injury	AH80

¹ See the Household Component section under Survey Questionnaires on the MEPS home page for information on the MEPS HC questionnaire sections shown in the Source column (e.g., PE).

VARIABLE	LABEL	SOURCE¹
ACCDNWRK	Did Accident Occur At Work	AH90
ICD10CDX	ICD-10-CM Code For Condition Edited	HS40, ER30, OP60, MV70, HH80, PM120, PE Section (Edited)
CCSR1X	Clinical Classification Refined Code 1 Edited	HS40, ER30, OP60, MV70, HH80, PM120, PE section (Edited)
CCSR2X	Clinical Classification Refined Code 2 Edited	HS40, ER30, OP60, MV70, HH80, PM120, PE section (Edited)
CCSR3X	Clinical Classification Refined Code 3 Edited	HS40, ER30, OP60, MV70, HH80, PM120, PE section (Edited)

UTILIZATION VARIABLES

VARIABLE	LABEL	SOURCE¹
HHCOND	# Any Home Health Events Assoc. w/ Condition?	Constructed
IPCOND	# Any Inpatient Events Assoc. w/ Condition?	Constructed
OPCOND	# Any Outpatient Events Assoc. w/ Condition?	Constructed
OBCOND	# Any Office-Based Events Assoc w/ Condition?	Constructed
ERCOND	# Any ER Events Assoc. w/ Condition?	Constructed
RXCOND	# Any Prescribed Medicines Assoc. w/ Cond.?	Constructed

WEIGHTS AND VARIANCE ESTIMATION VARIABLES

VARIABLE	LABEL	SOURCE¹
PERWT21F	Expenditure File Person Weight, 2021	Constructed
VARSTR	Variance Estimation Stratum, 2021	Constructed
VARPSU	Variance Estimation PSU, 2021	Constructed

Appendix 1

ICD10CDX and CCSR Condition Code Frequencies

Table 1

UNWEIGHTED AND WEIGHTED COUNT OF RECORDS FOR EACH VALUE OF ICD10CDX

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
-15	CANNOT BE COMPUTED	7537	82120479.15
A08	VIRAL AND OTHER SPECIFIED INTESTINAL INFECTIONS	89	1095817.67
A09	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	42	504042.34
A49	BACTERIAL INFECTION OF UNSPECIFIED SITE	106	1350364.55
B00	HERPESVIRAL [HERPES SIMPLEX] INFECTIONS	134	1395652.46
B02	ZOSTER [HERPES ZOSTER]	146	1368707.73
B07	VIRAL WARTS	99	1339106.17
B34	VIRAL INFECTION OF UNSPECIFIED SITE	86	1227954.76
B35	DERMATOPHYTOSIS	193	2023551.28
B37	CANDIDIASIS	117	1391194.83
B99	OTHER AND UNSPECIFIED INFECTIOUS DISEASES	47	469334.17
C18	MALIGNANT NEOPLASM OF COLON	80	728579.32
C34	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG	95	913489.91
C43	MALIGNANT MELANOMA OF SKIN	159	1670148.65
C44	OTHER AND UNSPECIFIED MALIGNANT NEOPLASM OF SKIN	497	4965827.64
C50	MALIGNANT NEOPLASM OF BREAST	256	2226561.45
C61	MALIGNANT NEOPLASM OF PROSTATE	210	2134646.69
C73	MALIGNANT NEOPLASM OF THYROID GLAND	65	719299.61
C85	OTH AND UNSPECIFIED TYPES OF NON-HODGKIN LYMPHOMA	42	460143.76
C95	LEUKEMIA OF UNSPECIFIED CELL TYPE	67	597101.42
D04	CARCINOMA IN SITU OF SKIN	117	1249690.30
D22	MELANOCYTIC NEVI	92	1095152.07
D48	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSP SITES	60	822449.74
D49	NEOPLASMS OF UNSPECIFIED BEHAVIOR	180	1985023.62
D50	IRON DEFICIENCY ANEMIA	104	1022061.64
D64	OTHER ANEMIAS	178	1689988.74
E03	OTHER HYPOTHYROIDISM	1099	12068765.72
E04	OTHER NONTOXIC GOITER	127	1252425.60
E05	THYROTOXICOSIS [HYPERTHYROIDISM]	174	1891924.55
E06	THYROIDITIS	87	1091467.93
E07	OTHER DISORDERS OF THYROID	629	5852893.31
E11	TYPE 2 DIABETES MELLITUS	3025	27819255.92
E28	OVARIAN DYSFUNCTION	47	762111.80
E29	TESTICULAR DYSFUNCTION	52	568071.38
E34	OTHER ENDOCRINE DISORDERS	110	1272144.99
E53	DEFICIENCY OF OTHER B GROUP VITAMINS	103	1095753.47
E55	VITAMIN D DEFICIENCY	458	4819430.24
E58	DIETARY CALCIUM DEFICIENCY	56	513223.23

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
E61	DEFICIENCY OF OTHER NUTRIENT ELEMENTS	181	1680059.10
E66	OVERWEIGHT AND OBESITY	167	1758565.50
E78	DISORDERS OF LIPOPROTEIN METABOLISM AND OTHER LIPIDEMIAS	5010	48579855.91
E86	VOLUME DEPLETION	83	748657.59
E87	OTHER DISORDERS OF FLUID, ELECTROLYTE AND ACID-BASE BALANCE	387	3217922.47
F03	UNSPECIFIED DEMENTIA	109	970174.81
F10	ALCOHOL RELATED DISORDERS	49	595371.61
F19	OTHER PSYCHOACTIVE SUBSTANCE RELATED DISORDERS	44	465718.57
F20	SCHIZOPHRENIA	82	680727.38
F31	BIPOLAR DISORDER	310	2848383.61
F32	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE	2175	23268343.85
F34	PERSISTENT MOOD [AFFECTIVE] DISORDERS	61	649514.63
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	69	665355.70
F41	OTHER ANXIETY DISORDERS	2547	28918769.46
F42	OBSESSIVE-COMPULSIVE DISORDER	57	751547.48
F43	REACTION TO SEVERE STRESS, AND ADJUSTMENT DISORDERS	542	5834748.31
F80	SPECIFIC DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE	63	802184.54
F84	PERVASIVE DEVELOPMENTAL DISORDERS	112	1344415.99
F90	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	744	9744563.95
F91	CONDUCT DISORDERS	43	496735.14
F99	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	259	2741775.75
G20	PARKINSON'S DISEASE	70	779692.26
G25	OTHER EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	178	1627590.90
G30	ALZHEIMER'S DISEASE	59	520373.54
G35	MULTIPLE SCLEROSIS	71	829176.76
G40	EPILEPSY AND RECURRENT SEIZURES	140	1715215.85
G43	MIGRAINE	556	6368181.38
G45	TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES	350	3037137.78
G47	SLEEP DISORDERS	1550	15214610.93
G56	MONONEUROPATHIES OF UPPER LIMB	136	1530217.39
G57	MONONEUROPATHIES OF LOWER LIMB	126	1197632.07
G58	OTHER MONONEUROPATHIES	70	678459.10
G62	OTHER AND UNSPECIFIED POLYNEUROPATHIES	344	3123390.75
G89	PAIN, NOT ELSEWHERE CLASSIFIED	392	3691649.98
H04	DISORDERS OF LACRIMAL SYSTEM	309	2913606.62
H10	CONJUNCTIVITIS	61	851151.08
H26	OTHER CATARACT	764	6634104.39
H33	RETINAL DETACHMENTS AND BREAKS	84	829812.06
H35	OTHER RETINAL DISORDERS	325	2983271.78
H40	GLAUCOMA	555	5013149.20
H43	DISORDERS OF VITREOUS BODY	53	496586.38
H44	DISORDERS OF GLOBE	100	1032961.66
H52	DISORDERS OF REFRACTION AND ACCOMMODATION	418	5219342.11
H53	VISUAL DISTURBANCES	129	1288298.60
H54	BLINDNESS AND LOW VISION	167	1746782.41
H57	OTHER DISORDERS OF EYE AND ADNEXA	250	2481520.58

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
H61	OTHER DISORDERS OF EXTERNAL EAR	135	1483003.04
H66	SUPPURATIVE AND UNSPECIFIED OTITIS MEDIA	379	4942547.98
H91	OTHER AND UNSPECIFIED HEARING LOSS	324	3363277.00
H92	OTALGIA AND EFFUSION OF EAR	66	878513.67
H93	OTHER DISORDERS OF EAR, NOT ELSEWHERE CLASSIFIED	97	1101606.85
I10	ESSENTIAL (PRIMARY) HYPERTENSION	6593	62946340.94
I20	ANGINA PECTORIS	163	1678109.84
I21	ACUTE MYOCARDIAL INFARCTION	511	4769298.65
I25	CHRONIC ISCHEMIC HEART DISEASE	858	7871245.97
I26	PULMONARY EMBOLISM	68	700268.15
I34	NONRHEUMATIC MITRAL VALVE DISORDERS	53	597308.80
I38	ENDOCARDITIS, VALVE UNSPECIFIED	121	1243622.07
I48	ATRIAL FIBRILLATION AND FLUTTER	456	4492409.88
I49	OTHER CARDIAC ARRHYTHMIAS	353	3334327.96
I50	HEART FAILURE	208	1745406.48
I51	COMPLICATIONS AND ILL-DEFINED DESCRIPTIONS OF HEART DISEASE	274	2442546.72
I63	CEREBRAL INFARCTION	61	446907.01
I73	OTHER PERIPHERAL VASCULAR DISEASES	55	547698.26
I74	ARTERIAL EMBOLISM AND THROMBOSIS	356	3261653.40
I83	VARICOSE VEINS OF LOWER EXTREMITIES	50	669244.18
I87	OTHER DISORDERS OF VEINS	41	429358.25
I95	HYPOTENSION	77	822389.89
I99	OTHER AND UNSPECIFIED DISORDERS OF CIRCULATORY SYSTEM	92	717184.50
J00	ACUTE NASOPHARYNGITIS [COMMON COLD]	265	3262368.55
J02	ACUTE PHARYNGITIS	307	4100371.38
J06	ACUTE UPPER RESP INFECTIONS OF MULTIPLE AND UNSP SITES	101	1249254.55
J11	INFLUENZA DUE TO UNIDENTIFIED INFLUENZA VIRUS	158	1691895.02
J18	PNEUMONIA, UNSPECIFIED ORGANISM	279	2843204.02
J20	ACUTE BRONCHITIS	46	509665.71
J30	VASOMOTOR AND ALLERGIC RHINITIS	989	10874173.45
J32	CHRONIC SINUSITIS	518	6808221.11
J34	OTHER AND UNSPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	174	1738081.13
J39	OTHER DISEASES OF UPPER RESPIRATORY TRACT	80	887660.30
J40	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	173	1869410.08
J42	UNSPECIFIED CHRONIC BRONCHITIS	147	1094523.70
J43	EMPHYSEMA	162	1230571.30
J44	OTHER CHRONIC OBSTRUCTIVE PULMONARY DISEASE	389	3151056.50
J45	ASTHMA	1824	18827277.46
J98	OTHER RESPIRATORY DISORDERS	207	2449636.59
K04	DISEASES OF PULP AND PERIAPICAL TISSUES	158	1682305.02
K08	OTHER DISORDERS OF TEETH AND SUPPORTING STRUCTURES	287	3258788.65
K13	OTHER DISEASES OF LIP AND ORAL MUCOSA	56	561381.61
K21	GASTRO-ESOPHAGEAL REFLUX DISEASE	1791	17582843.36
K22	OTHER DISEASES OF ESOPHAGUS	75	800711.66
K25	GASTRIC ULCER	70	581823.17
K29	GASTRITIS AND DUODENITIS	137	982639.64

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
K30	FUNCTIONAL DYSPEPSIA	229	2257958.25
K31	OTHER DISEASES OF STOMACH AND DUODENUM	157	1383889.17
K44	DIAPHRAGMATIC HERNIA	72	699733.01
K46	UNSPECIFIED ABDOMINAL HERNIA	158	1585789.27
K50	CROHN'S DISEASE [REGIONAL ENTERITIS]	57	718287.99
K52	OTHER AND UNSP NONINFECTIVE GASTROENTERITIS AND COLITIS	59	475886.99
K57	DIVERTICULAR DISEASE OF INTESTINE	100	895385.63
K58	IRRITABLE BOWEL SYNDROME	118	1135443.95
K59	OTHER FUNCTIONAL INTESTINAL DISORDERS	324	3160806.68
K63	OTHER DISEASES OF INTESTINE	209	2105001.53
K64	HEMORRHOIDS AND PERIANAL VENOUS THROMBOSIS	85	835691.73
K76	OTHER DISEASES OF LIVER	121	1149295.87
K80	CHOLELITHIASIS	56	517791.25
K82	OTHER DISEASES OF GALLBLADDER	92	925490.19
K92	OTHER DISEASES OF DIGESTIVE SYSTEM	156	1511371.70
L02	CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE	64	683797.73
L03	CELLULITIS AND ACUTE LYMPHANGITIS	92	1009307.47
L08	OTHER LOCAL INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE	203	2222606.37
L23	ALLERGIC CONTACT DERMATITIS	124	1441216.74
L29	PRURITUS	70	745722.11
L30	OTHER AND UNSPECIFIED DERMATITIS	278	3712889.32
L40	PSORIASIS	135	1526470.16
L60	NAIL DISORDERS	236	2348119.45
L65	OTHER NONSCARRING HAIR LOSS	61	661654.94
L70	ACNE	276	4154816.83
L71	ROSACEA	95	1089456.46
L72	FOLLICULAR CYSTS OF SKIN AND SUBCUTANEOUS TISSUE	118	1385996.86
L81	OTHER DISORDERS OF PIGMENTATION	46	626358.70
L84	CORNS AND CALLOSITIES	61	558858.18
L91	HYPERTROPHIC DISORDERS OF SKIN	55	676094.51
L98	OTH DISORDERS OF SKIN, SUBCU, NOT ELSEWHERE CLASSIFIED	452	5044722.48
M06	OTHER RHEUMATOID ARTHRITIS	486	4049192.94
M10	GOUT	386	3902358.47
M17	OSTEOARTHRITIS OF KNEE	156	1459867.21
M19	OTHER AND UNSPECIFIED OSTEOARTHRITIS	1811	16151291.76
M21	OTHER ACQUIRED DEFORMITIES OF LIMBS	85	921989.38
M25	OTHER JOINT DISORDER, NOT ELSEWHERE CLASSIFIED	1886	19060300.18
M32	SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)	80	764443.28
M35	OTHER SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE	66	689645.80
M41	SCOLIOSIS	121	1401465.77
M43	OTHER DEFORMING DORSOPATHIES	51	523137.53
M48	OTHER SPONDYLOPATHIES	126	1202520.23
M50	CERVICAL DISC DISORDERS	60	592988.79
M51	THORACIC, THORACOLUM, AND LUMBOSACRAL INTVRT DISC DISORDERS	409	4210966.50
M53	OTHER AND UNSPECIFIED DORSOPATHIES, NOT ELSEWHERE CLASSIFIED	245	2450238.66
M54	DORSALGIA	1836	19101011.35

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
M62	OTHER DISORDERS OF MUSCLE	313	3198975.40
M65	SYNOVITIS AND TENOSYNOVITIS	81	794088.64
M71	OTHER BURSOPATHIES	55	620072.11
M72	FIBROBLASTIC DISORDERS	104	1153597.37
M75	SHOULDER LESIONS	203	2070882.64
M77	OTHER ENTHESOPATHIES	155	1663236.17
M79	OTH AND UNSP SOFT TISSUE DISORDERS, NOT ELSEWHERE CLASSIFIED	1141	11051403.52
M81	OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	274	2483407.86
M85	OTHER DISORDERS OF BONE DENSITY AND STRUCTURE	248	2353303.51
M89	OTHER DISORDERS OF BONE	70	509599.67
N15	OTHER RENAL TUBULO-INTERSTITIAL DISEASES	49	507852.21
N18	CHRONIC KIDNEY DISEASE (CKD)	66	639699.72
N19	UNSPECIFIED KIDNEY FAILURE	93	742830.54
N20	CALCULUS OF KIDNEY AND URETER	224	2459467.27
N28	OTH DISORDERS OF KIDNEY AND URETER, NOT ELSEWHERE CLASSIFIED	341	2912870.50
N30	CYSTITIS	106	927423.02
N32	OTHER DISORDERS OF BLADDER	203	2071200.69
N39	OTHER DISORDERS OF URINARY SYSTEM	779	8019554.24
N40	BENIGN PROSTATIC HYPERPLASIA	394	3953015.47
N42	OTHER AND UNSPECIFIED DISORDERS OF PROSTATE	183	1797378.62
N52	MALE ERECTILE DYSFUNCTION	110	1387973.15
N60	BENIGN MAMMARY DYSPLASIA	45	474015.18
N63	UNSPECIFIED LUMP IN BREAST	76	778362.45
N64	OTHER DISORDERS OF BREAST	50	594068.57
N76	OTHER INFLAMMATION OF VAGINA AND VULVA	42	492605.55
N81	FEMALE GENITAL PROLAPSE	46	430268.08
N83	NONINFLAMMATORY DISORD OF OVARY, FALLOP AND BROAD LIGAMENT	64	815388.28
N89	OTHER NONINFLAMMATORY DISORDERS OF VAGINA	57	609149.17
N92	EXCESSIVE, FREQUENT AND IRREGULAR MENSTRUATION	117	1590896.34
N94	PAIN AND OTH COND ASSOC W FEM GNTL ORG AND MENSTRUAL CYCLE	57	846175.75
N95	MENOPAUSAL AND OTHER PERIMENOPAUSAL DISORDERS	183	2062187.86
R00	ABNORMALITIES OF HEART BEAT	246	2587015.92
R01	CARDIAC MURMURS AND OTHER CARDIAC SOUNDS	127	1296350.93
R03	ABNORMAL BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS	60	592844.86
R05	COUGH	258	2901065.40
R06	ABNORMALITIES OF BREATHING	305	2980856.39
R07	PAIN IN THROAT AND CHEST	212	2154975.68
R09	OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYS	155	1678606.11
R10	ABDOMINAL AND PELVIC PAIN	331	3450124.21
R11	NAUSEA AND VOMITING	314	3349551.08
R12	HEARTBURN	216	2158854.77
R19	OTH SYMPTOMS AND SIGNS INVOLVING THE DGSTV SYS AND ABDOMEN	119	1164697.46
R20	DISTURBANCES OF SKIN SENSATION	68	549336.70
R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	340	3547349.53
R22	LOCALIZED SWELLING, MASS AND LUMP OF SKIN, SUBCU	104	1351030.86
R25	ABNORMAL INVOLUNTARY MOVEMENTS	143	1161474.31

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
R26	ABNORMALITIES OF GAIT AND MOBILITY	89	830061.49
R32	UNSPECIFIED URINARY INCONTINENCE	199	1826859.82
R35	POLYURIA	70	721162.52
R39	OTH AND UNSP SYMPTOMS AND SIGNS INVOLVING THE GU SYS	71	730519.35
R41	OTH SYMPTOMS AND SIGNS W COGNITIVE FUNCTIONS AND AWARENESS	166	1628994.13
R42	DIZZINESS AND GIDDINESS	327	3038004.99
R45	SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE	44	422460.58
R47	SPEECH DISTURBANCES, NOT ELSEWHERE CLASSIFIED	65	676117.29
R50	FEVER OF OTHER AND UNKNOWN ORIGIN	126	1634257.43
R51	HEADACHE	202	2038393.95
R52	PAIN, UNSPECIFIED	232	1768336.39
R53	MALAISE AND FATIGUE	147	1451001.92
R54	AGE-RELATED PHYSICAL DEBILITY	120	1110548.85
R55	SYNCOPE AND COLLAPSE	53	508076.92
R56	CONVULSIONS, NOT ELSEWHERE CLASSIFIED	150	1361090.47
R60	EDEMA, NOT ELSEWHERE CLASSIFIED	563	4816508.44
R63	SYMPTOMS AND SIGNS CONCERNING FOOD AND FLUID INTAKE	95	824417.24
R73	ELEVATED BLOOD GLUCOSE LEVEL	303	3104224.26
R87	ABNORMAL FINDINGS IN SPECIMENS FROM FEMALE GENITAL ORGANS	55	575094.39
R91	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LUNG	63	697927.55
R97	ABNORMAL TUMOR MARKERS	45	443694.63
S01	OPEN WOUND OF HEAD	45	498244.60
S06	INTRACRANIAL INJURY	73	813238.36
S09	OTHER AND UNSPECIFIED INJURIES OF HEAD	72	796023.26
S22	FRACTURE OF RIB(S), STERNUM AND THORACIC SPINE	41	438390.09
S32	FRACTURE OF LUMBAR SPINE AND PELVIS	62	498869.36
S39	OTH & UNSP INJURIES OF ABD, LOW BACK, PELV & EXTRN GENITALS	233	2751684.96
S42	FRACTURE OF SHOULDER AND UPPER ARM	99	1082279.38
S46	INJURY OF MUSCLE, FASCIA AND TENDON AT SHLDR/UP ARM	88	929845.11
S49	OTHER AND UNSPECIFIED INJURIES OF SHOULDER AND UPPER ARM	136	1317154.54
S61	OPEN WOUND OF WRIST, HAND AND FINGERS	83	1023166.06
S62	FRACTURE AT WRIST AND HAND LEVEL	129	1477685.63
S63	DISLOCATION AND SPRAIN OF JOINTS AND LIGAMENTS AT WRS/HND LV	42	448508.48
S69	OTHER AND UNSPECIFIED INJURIES OF WRIST, HAND AND FINGER(S)	102	1381664.31
S72	FRACTURE OF FEMUR	42	490558.41
S82	FRACTURE OF LOWER LEG, INCLUDING ANKLE	128	1694149.71
S83	DISLOCATION AND SPRAIN OF JOINTS AND LIGAMENTS OF KNEE	119	1210701.71
S89	OTHER AND UNSPECIFIED INJURIES OF LOWER LEG	142	1484705.99
S92	FRACTURE OF FOOT AND TOE, EXCEPT ANKLE	101	1039620.60
S93	DISLOC & SPRAIN OF JOINTS & LIGAMENTS AT ANKL, FT & TOE LEV	116	1306585.95
S99	OTHER AND UNSPECIFIED INJURIES OF ANKLE AND FOOT	100	1341590.74
T14	INJURY OF UNSPECIFIED BODY REGION	377	4225668.96
T63	TOXIC EFFECT OF CONTACT WITH VENOMOUS ANIMALS AND PLANTS	102	1122084.62
T78	ADVERSE EFFECTS, NOT ELSEWHERE CLASSIFIED	656	6276512.11
T88	OTH COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NEC	69	661363.68
U07	EMERGENCY USE OF U07	1695	21056866.35

ICD10CDX VALUE	ICD10CDX LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
Z00	ENCNTR FOR GENERAL EXAM W/O COMPLAINT, SUSP OR REPRTD DX	309	3764860.70
Z01	ENCNTR FOR OTH SP EXAM W/O COMPLAINT, SUSPECTED OR REPRTD DX	256	2538813.38
Z04	ENCOUNTER FOR EXAMINATION AND OBSERVATION FOR OTHER REASONS	93	915741.28
Z12	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASMS	322	3324155.37
Z13	ENCOUNTER FOR SCREENING FOR OTHER DISEASES AND DISORDERS	400	3231442.18
Z20	CONTACT W AND (SUSPECTED) EXPOSURE TO COMMUNICABLE DISEASES	2117	28244441.99
Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	75	619663.70
Z23	ENCOUNTER FOR IMMUNIZATION	2448	29080545.70
Z29	ENCOUNTER FOR OTHER PROPHYLACTIC MEASURES	132	1409829.49
Z30	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT	450	6574003.91
Z34	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY	312	3962987.98
Z38	LIVEBORN INFANTS ACCORDING TO PLACE OF BIRTH AND TYPE OF DEL	53	870585.24
Z45	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF IMPLANTED DEVICE	48	440046.06
Z51	ENCOUNTER FOR OTHER AFTERCARE AND MEDICAL CARE	66	590198.28
Z63	OTH PROB REL TO PRIM SUPPORT GROUP, INC FAMILY CIRCUMSTANCES	63	724066.89
Z71	PERSONS ENCNTR HEALTH SERV FOR OTH CNSL AND MED ADVICE, NEC	253	2930457.17
Z76	PERSONS ENCOUNTERING HEALTH SERVICES IN OTHER CIRCUMSTANCES	244	2307686.06
Z79	LONG TERM (CURRENT) DRUG THERAPY	409	3966341.57
Z90	ACQUIRED ABSENCE OF ORGANS, NOT ELSEWHERE CLASSIFIED	50	559867.94
Z91	PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	82	1048130.70
Z95	PRESENCE OF CARDIAC AND VASCULAR IMPLANTS AND GRAFTS	103	992734.93
Z96	PRESENCE OF OTHER FUNCTIONAL IMPLANTS	243	2350559.92
Z97	PRESENCE OF OTHER DEVICES	86	813666.87
		94641	984161434.18

Table 2

UNWEIGHTED AND WEIGHTED COUNT OF RECORDS FOR EACH VALUE OF CCSR COMBINATION

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
-15	CANNOT BE COMPUTED	-1	INAPPLICABLE	-1	INAPPLICABLE	472	4498471.22
BLD000	DISEASES OF BLOOD AND DISORDERS INVOLVING IMMUNE MECHANIS	-1	INAPPLICABLE	-1	INAPPLICABLE	147	1455608.31
BLD000	DISEASES OF BLOOD AND DISORDERS INVOLVING IMMUNE MECHANIS	CIR000	DISEASES OF THE CIRCULATORY SYSTEM	-1	INAPPLICABLE	1	10889.00
BLD000	DISEASES OF BLOOD AND DISORDERS INVOLVING IMMUNE MECHANIS	INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	-1	INAPPLICABLE	1	26110.31
BLD000	DISEASES OF BLOOD AND DISORDERS INVOLVING IMMUNE MECHANIS	NEO000	NEOPLASMS	-1	INAPPLICABLE	4	59926.20
BLD001	NUTRITIONAL ANEMIA	-1	INAPPLICABLE	-1	INAPPLICABLE	104	1022061.64
BLD003	APLASTIC ANEMIA	-1	INAPPLICABLE	-1	INAPPLICABLE	178	1689988.74
BLD008	IMMUNITY DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	42	452854.04
CIR000	DISEASES OF THE CIRCULATORY SYSTEM	-1	INAPPLICABLE	-1	INAPPLICABLE	363	3506496.18
CIR000	DISEASES OF THE CIRCULATORY SYSTEM	FAC000	FACTORS INFLUENCING HEALTH STATUS & CONTACT W/ HEALTH SER	-1	INAPPLICABLE	21	202401.06
CIR000	DISEASES OF THE CIRCULATORY SYSTEM	GEN000	DISEASES OF THE GENITOURINARY SYSTEM	-1	INAPPLICABLE	1	4760.58
CIR000	DISEASES OF THE CIRCULATORY SYSTEM	MUS000	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TIS	-1	INAPPLICABLE	5	56077.45
CIR003	NONRHEUMATIC AND UNSPECIFIED VALVE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	53	597308.80
CIR004	ENDOCARDITIS AND ENDOCARDIAL DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	121	1243622.07
CIR007	ESSENTIAL HYPERTENSION	-1	INAPPLICABLE	-1	INAPPLICABLE	6593	62946340.94
CIR009	ACUTE MYOCARDIAL INFARCTION	-1	INAPPLICABLE	-1	INAPPLICABLE	511	4769298.65
CIR011	CORONARY ATHEROSCLEROSIS AND OTHER HEART DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	1021	9549355.81
CIR011	CORONARY ATHEROSCLEROSIS AND OTHER HEART DISEASE	FAC009	IMPLANT, DEVICE OR GRAFT RELATED ENCOUNTER	-1	INAPPLICABLE	59	587356.65
CIR012	NONSPECIFIC CHEST PAIN	-1	INAPPLICABLE	-1	INAPPLICABLE	212	2154975.68
CIR013	ACUTE PULMONARY EMBOLISM	-1	INAPPLICABLE	-1	INAPPLICABLE	68	700268.15
CIR015	OTHER AND ILL-DEFINED HEART DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	274	2442546.72
CIR016	CONDUCTION DISORDERS	FAC009	IMPLANT, DEVICE OR GRAFT RELATED ENCOUNTER	-1	INAPPLICABLE	92	845424.34
CIR017	CARDIAC DYSRHYTHMIAS	-1	INAPPLICABLE	-1	INAPPLICABLE	809	7826737.84

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
CIR019	HEART FAILURE	-1	INAPPLICABLE	-1	INAPPLICABLE	208	1745406.48
CIR020	CEREBRAL INFARCTION	-1	INAPPLICABLE	-1	INAPPLICABLE	61	446907.01
CIR026	PERIPHERAL AND VISCERAL VASCULAR DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	55	547698.26
CIR029	AORTIC; PERIPHERAL; AND VISCERAL ARTERY ANEURYSMS	-1	INAPPLICABLE	-1	INAPPLICABLE	62	454611.01
CIR030	AORTIC AND PERIPHERAL ARTERIAL EMBOLISM OR THROMBOSIS	-1	INAPPLICABLE	-1	INAPPLICABLE	356	3261653.40
CIR031	HYPOTENSION	-1	INAPPLICABLE	-1	INAPPLICABLE	77	822389.89
CIR032	OTHER SPECIFIED AND UNSPECIFIED CIRCULATORY DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	92	717184.50
CIR035	VARICOSE VEINS OF LOWER EXTREMITY	-1	INAPPLICABLE	-1	INAPPLICABLE	50	669244.18
CIR039	OTHER SPECIFIED DISEASES OF VEINS AND LYMPHATICS	-1	INAPPLICABLE	-1	INAPPLICABLE	41	429358.25
DIG000	DISEASES OF THE DIGESTIVE SYSTEM	-1	INAPPLICABLE	-1	INAPPLICABLE	325	3479865.42
DIG000	DISEASES OF THE DIGESTIVE SYSTEM	INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	-1	INAPPLICABLE	70	868001.86
DIG000	DISEASES OF THE DIGESTIVE SYSTEM	INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	-1	INAPPLICABLE	1	20233.25
DIG000	DISEASES OF THE DIGESTIVE SYSTEM	MUS000	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TIS	-1	INAPPLICABLE	3	41820.88
DIG000	DISEASES OF THE DIGESTIVE SYSTEM	NEO000	NEOPLASMS	-1	INAPPLICABLE	7	66506.46
DIG000	DISEASES OF THE DIGESTIVE SYSTEM	SYM000	SYMPTOMS, SIGNS AND ABNORMAL CLINICAL & LAB FINDINGS, NEC	-1	INAPPLICABLE	14	147497.74
DIG001	INTESTINAL INFECTION	INF008	VIRAL INFECTION	-1	INAPPLICABLE	89	1095817.67
DIG001	INTESTINAL INFECTION	INF009	PARASITIC, OTHER SPECIFIED AND UNSPECIFIED INFECTIONS	-1	INAPPLICABLE	42	504042.34
DIG002	DISORDERS OF TEETH AND GINGIVA	-1	INAPPLICABLE	-1	INAPPLICABLE	588	6699419.38
DIG003	DISEASES OF MOUTH; EXCLUDING DENTAL	-1	INAPPLICABLE	-1	INAPPLICABLE	56	561381.61
DIG004	ESOPHAGEAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	1866	18383555.02
DIG005	GASTRODUODENAL ULCER	-1	INAPPLICABLE	-1	INAPPLICABLE	70	581823.17
DIG007	GASTRITIS AND DUODENITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	137	982639.64
DIG008	OTH SPECIFIED & UNSPECIFIED DISORDERS OF STOMACH & DUODEN	-1	INAPPLICABLE	-1	INAPPLICABLE	386	3641847.43
DIG010	ABDOMINAL HERNIA	-1	INAPPLICABLE	-1	INAPPLICABLE	230	2285522.28
DIG011	REGIONAL ENTERITIS AND ULCERATIVE COLITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	57	718287.99
DIG013	DIVERTICULOSIS AND DIVERTICULITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	100	895385.63

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
DIG014	HEMORRHOIDS	-1	INAPPLICABLE	-1	INAPPLICABLE	85	835691.73
DIG017	BILIARY TRACT DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	148	1443281.44
DIG019	OTHER SPECIFIED AND UNSPECIFIED LIVER DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	157	1544210.90
DIG021	GASTROINTESTINAL HEMORRHAGE	-1	INAPPLICABLE	-1	INAPPLICABLE	57	547900.58
DIG022	NONINFECTIOUS GASTROENTERITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	59	475886.99
DIG025	OTHER SPECIFIED AND UNSPECIFIED GASTROINTESTINAL DISORDER	-1	INAPPLICABLE	-1	INAPPLICABLE	682	6546875.76
EAR000	DISEASES OF THE EAR AND MASTOID PROCESS	-1	INAPPLICABLE	-1	INAPPLICABLE	84	1095091.29
EAR000	DISEASES OF THE EAR AND MASTOID PROCESS	INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	-1	INAPPLICABLE	1	17350.95
EAR001	OTITIS MEDIA	-1	INAPPLICABLE	-1	INAPPLICABLE	379	4942547.98
EAR004	HEARING LOSS	-1	INAPPLICABLE	-1	INAPPLICABLE	324	3363277.00
EAR006	OTHER SPECIFIED AND UNSPECIFIED DISORDERS OF THE EAR	-1	INAPPLICABLE	-1	INAPPLICABLE	298	3463123.57
END000	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	-1	INAPPLICABLE	-1	INAPPLICABLE	97	1056425.01
END000	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	EYE000	DISEASES OF THE EYE AND ADNEXA	-1	INAPPLICABLE	29	266808.70
END000	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	GEN000	DISEASES OF THE GENITOURINARY SYSTEM	-1	INAPPLICABLE	9	78279.47
END000	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	NVS000	DISEASES OF THE NERVOUS SYSTEM	-1	INAPPLICABLE	2	11227.87
END000	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	SKN000	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	-1	INAPPLICABLE	9	79194.44
END001	THYROID DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	2116	22157477.12
END002	DIABETES MELLITUS WITHOUT COMPLICATION	END005	DIABETES MELLITUS, TYPE 2	-1	INAPPLICABLE	2957	27139537.15
END003	DIABETES MELLITUS WITH COMPLICATION	END005	DIABETES MELLITUS, TYPE 2	NVS020	OTHER SPECIFIED NERVOUS SYSTEM DISORDERS	68	679718.77
END007	NUTRITIONAL DEFICIENCIES	-1	INAPPLICABLE	-1	INAPPLICABLE	840	8465250.27
END009	OBESITY	-1	INAPPLICABLE	-1	INAPPLICABLE	112	1225780.32
END010	DISORDERS OF LIPID METABOLISM	-1	INAPPLICABLE	-1	INAPPLICABLE	5010	48579855.91
END011	FLUID AND ELECTROLYTE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	470	3966580.06
END015	OTHER SPECIFIED AND UNSPECIFIED ENDOCRINE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	272	3263964.65
END016	OTH SPECIFIED & UNSPEC NUTRITIONAL AND METABOLIC DISORDER	-1	INAPPLICABLE	-1	INAPPLICABLE	145	1436804.12
EXT000	EXTERNAL CAUSES OF MORBIDITY	INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	-1	INAPPLICABLE	1	5057.41
EYE000	DISEASES OF THE EYE AND ADNEXA	-1	INAPPLICABLE	-1	INAPPLICABLE	144	1739522.62

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
EYE000	DISEASES OF THE EYE AND ADNEXA	INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	-1	INAPPLICABLE	2	13729.16
EYE001	CORNEA AND EXTERNAL DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	141	1773739.18
EYE002	CATARACT AND OTHER LENS DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	764	6634104.39
EYE003	GLAUCOMA	-1	INAPPLICABLE	-1	INAPPLICABLE	555	5013149.20
EYE004	UVEITIS AND OCULAR INFLAMMATION	-1	INAPPLICABLE	-1	INAPPLICABLE	100	1032961.66
EYE005	RETINAL AND VITREOUS CONDITIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	462	4309670.22
EYE008	OCULOFACIAL PLASTICS AND ORBITAL CONDITIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	347	3322219.03
EYE009	REFRACTIVE ERROR	-1	INAPPLICABLE	-1	INAPPLICABLE	418	5219342.11
EYE010	BLINDNESS AND VISION DEFECTS	-1	INAPPLICABLE	-1	INAPPLICABLE	296	3035081.01
EYE012	OTHER SPECIFIED EYE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	250	2481520.58
FAC000	FACTORS INFLUENCING HEALTH STATUS & CONTACT W/ HEALTH SER	-1	INAPPLICABLE	-1	INAPPLICABLE	373	4363428.12
FAC003	ENCTR FOR OBS, EXAM COND R/O, EXCL INFECT DIS, NPL, MENT	-1	INAPPLICABLE	-1	INAPPLICABLE	493	4147183.46
FAC005	ENCOUNTER FOR PROPHYLACTIC MEASURES (EXCLUDES IMMUNIZATIO	-1	INAPPLICABLE	-1	INAPPLICABLE	132	1409829.49
FAC008	NEOPLASM-RELATED ENCOUNTERS	-1	INAPPLICABLE	-1	INAPPLICABLE	322	3324155.37
FAC009	IMPLANT, DEVICE OR GRAFT RELATED ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	438	4283586.08
FAC010	OTHER AFTERCARE ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	144	1399178.52
FAC012	OTHER SPECIFIED ENCOUNTERS AND COUNSELING	-1	INAPPLICABLE	-1	INAPPLICABLE	497	5238143.23
FAC013	CONTRACEPTIVE AND PROCREATIVE MANAGEMENT	-1	INAPPLICABLE	-1	INAPPLICABLE	450	6574003.91
FAC014	MEDICAL EXAMINATION/EVALUATION	-1	INAPPLICABLE	-1	INAPPLICABLE	565	6303674.08
FAC016	EXPOSURE, ENCTR, SCREENING OR CONTACT W/ INFECTIOUS DISEA	-1	INAPPLICABLE	-1	INAPPLICABLE	4565	57324987.69
FAC019	SOCIOECONOMIC/PSYCHOSOCIAL FACTORS	-1	INAPPLICABLE	-1	INAPPLICABLE	63	724066.89
FAC022	ACQUIRED ABSENCE OF LIMB OR ORGAN	-1	INAPPLICABLE	-1	INAPPLICABLE	50	559867.94
FAC025	OTHER SPECIFIED STATUS	-1	INAPPLICABLE	-1	INAPPLICABLE	389	3879329.35
GEN000	DISEASES OF THE GENITOURINARY SYSTEM	-1	INAPPLICABLE	-1	INAPPLICABLE	205	2409373.22
GEN000	DISEASES OF THE GENITOURINARY SYSTEM	INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	-1	INAPPLICABLE	5	106297.86
GEN000	DISEASES OF THE GENITOURINARY SYSTEM	INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	-1	INAPPLICABLE	1	9526.52
GEN001	NEPHRITIS; NEPHROSIS; RENAL SCLEROSIS	-1	INAPPLICABLE	-1	INAPPLICABLE	49	507852.21
GEN002	ACUTE AND UNSPECIFIED RENAL FAILURE	-1	INAPPLICABLE	-1	INAPPLICABLE	93	742830.54
GEN003	CHRONIC KIDNEY DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	66	639699.72
GEN004	URINARY TRACT INFECTIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	807	8273877.67

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
GEN005	CALCULUS OF URINARY TRACT	-1	INAPPLICABLE	-1	INAPPLICABLE	224	2459467.27
GEN006	OTH SPECIFIED AND UNSPECIFIED DISEASES OF KIDNEY AND URET	-1	INAPPLICABLE	-1	INAPPLICABLE	341	2912870.50
GEN007	OTH SPECIFIED & UNSPECIFIED DISEASES OF BLADDER AND URETH	-1	INAPPLICABLE	-1	INAPPLICABLE	203	2071200.69
GEN008	URINARY INCONTINENCE	-1	INAPPLICABLE	-1	INAPPLICABLE	199	1826859.82
GEN012	HYPERPLASIA OF PROSTATE	-1	INAPPLICABLE	-1	INAPPLICABLE	394	3953015.47
GEN013	INFLAMMATORY CONDITIONS OF MALE GENITAL ORGANS	-1	INAPPLICABLE	-1	INAPPLICABLE	45	467662.13
GEN014	ERECTILE DYSFUNCTION	-1	INAPPLICABLE	-1	INAPPLICABLE	110	1387973.15
GEN016	OTHER SPECIFIED MALE GENITAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	220	2331115.62
GEN017	NONMALIGNANT BREAST CONDITIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	171	1846446.20
GEN018	INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	-1	INAPPLICABLE	-1	INAPPLICABLE	42	492605.55
GEN018	INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	GEN025	OTHER SPECIFIED FEMALE GENITAL DISORDERS	INF004	FUNGAL INFECTIONS	67	831639.64
GEN019	ENDOMETRIOSIS	-1	INAPPLICABLE	-1	INAPPLICABLE	39	500030.33
GEN020	PROLAPSE OF FEMALE GENITAL ORGANS	-1	INAPPLICABLE	-1	INAPPLICABLE	46	430268.08
GEN021	MENSTRUAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	174	2437072.10
GEN022	BENIGN OVARIAN CYST	-1	INAPPLICABLE	-1	INAPPLICABLE	64	815388.28
GEN023	MENOPAUSAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	285	3197330.78
GEN025	OTHER SPECIFIED FEMALE GENITAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	150	1896726.58
INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	-1	INAPPLICABLE	-1	INAPPLICABLE	159	1652190.55
INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	MUS000	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TIS	-1	INAPPLICABLE	10	79565.06
INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	NVS000	DISEASES OF THE NERVOUS SYSTEM	-1	INAPPLICABLE	4	37063.61
INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	PNL000	CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	-1	INAPPLICABLE	4	70603.18
INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	RSP000	DISEASES OF THE RESPIRATORY SYSTEM	-1	INAPPLICABLE	5	30185.16
INF000	CERTAIN INFECTIOUS AND PARASITIC DISEASES	SKN000	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	-1	INAPPLICABLE	7	70110.29
INF003	BACTERIAL INFECTIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	106	1350364.55
INF003	BACTERIAL INFECTIONS	RSP006	OTHER SPECIFIED UPPER RESPIRATORY INFECTIONS	-1	INAPPLICABLE	164	2390277.82
INF004	FUNGAL INFECTIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	321	3367996.49
INF006	HIV INFECTION	-1	INAPPLICABLE	-1	INAPPLICABLE	75	619663.70
INF008	VIRAL INFECTION	-1	INAPPLICABLE	-1	INAPPLICABLE	378	4383148.08

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
INF008	VIRAL INFECTION	SKN007	OTHER SPECIFIED AND UNSPECIFIED SKIN DISORDERS	-1	INAPPLICABLE	87	948273.04
INF009	PARASITIC, OTHER SPECIFIED AND UNSPECIFIED INFECTIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	99	1038852.18
INF012	CORONAVIRUS DISEASE - 2019 (COVID-19)	-1	INAPPLICABLE	-1	INAPPLICABLE	1695	21056866.35
INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	-1	INAPPLICABLE	-1	INAPPLICABLE	288	3132518.36
INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	MBD000	MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS	-1	INAPPLICABLE	2	14544.33
INJ000	INJURY, POISONING & CERTAIN OTH CONSEQUENCES OF EXTNL CAU	NVS000	DISEASES OF THE NERVOUS SYSTEM	-1	INAPPLICABLE	3	34819.80
INJ027	OTHER UNSPECIFIED INJURY	-1	INAPPLICABLE	-1	INAPPLICABLE	91	1038462.78
INJ031	ALLERGIC REACTIONS	RSP007	OTHER SPECIFIED AND UNSPECIFIED UPPER RESPIRATORY DISEASE	-1	INAPPLICABLE	989	10874173.45
INJ031	ALLERGIC REACTIONS	SKN002	OTHER SPECIFIED INFLAMMATORY CONDITION OF SKIN	-1	INAPPLICABLE	51	608729.21
INJ031	ALLERGIC REACTIONS	SKN005	CONTACT DERMATITIS	-1	INAPPLICABLE	124	1441216.74
INJ031	ALLERGIC REACTIONS	SKN007	OTHER SPECIFIED AND UNSPECIFIED SKIN DISORDERS	-1	INAPPLICABLE	278	3712889.32
INJ039	FRACTURE OF THE SPINE AND BACK, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	62	498869.36
INJ040	FRACTURE OF TORSO, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	41	438390.09
INJ041	FRACTURE OF THE UPPER LIMB, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	228	2559965.01
INJ042	FRACTURE OF LOWER LIMB (EXCEPT HIP), SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	229	2733770.30
INJ043	FRACTURE OF THE NECK OF THE FEMUR (HIP), SUBSEQUENT ENCTR	-1	INAPPLICABLE	-1	INAPPLICABLE	42	490558.41
INJ044	DISLOCATIONS, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	44	418046.97
INJ045	TRAUMATIC BRAIN INJURY (TBI); CONCUSSION, SUBSEQUENT ENCT	-1	INAPPLICABLE	-1	INAPPLICABLE	73	813238.36
INJ048	OPEN WOUNDS OF HEAD AND NECK, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	45	498244.60
INJ049	OPEN WOUNDS TO LIMBS, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	123	1376222.91
INJ054	SUPERFICIAL INJURY; CONTUSION, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	73	897572.46
INJ060	TOXIC EFFECTS, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	102	1122084.62
INJ061	SPRAINS AND STRAINS, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	685	7847571.91

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
INJ064	OTHER UNSPECIFIED INJURIES, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	1073	11980897.27
INJ067	ALLERGIC REACTIONS, SUBSEQUENT ENCOUNTER	-1	INAPPLICABLE	-1	INAPPLICABLE	656	6276512.11
INJ072	COMPLC OF OTHER SURGICAL/MEDICAL CARE, INJURY, SUBSEQ ENC	-1	INAPPLICABLE	-1	INAPPLICABLE	69	661363.68
MAL000	CONGENITAL MALFORMATIONS, DEFORMATIONS & CHROMOSOMAL ABNO	-1	INAPPLICABLE	-1	INAPPLICABLE	95	1500574.92
MBD000	MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	224	2470150.27
MBD000	MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS	PRG000	PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	-1	INAPPLICABLE	2	33681.27
MBD001	SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	82	680727.38
MBD002	DEPRESSIVE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	2175	23268343.85
MBD003	BIPOLAR AND RELATED DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	310	2848383.61
MBD004	OTHER SPECIFIED AND UNSPECIFIED MOOD DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	130	1314870.33
MBD005	ANXIETY AND FEAR-RELATED DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	2547	28918769.46
MBD006	OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	57	751547.48
MBD007	TRAUMA- AND STRESSOR-RELATED DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	542	5834748.31
MBD008	DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	43	496735.14
MBD013	MISCELLANEOUS MENTAL AND BEHAVIORAL DISORDERS/CONDITIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	295	3201716.90
MBD014	NEURODEVELOPMENTAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	967	12441252.27
MBD017	ALCOHOL-RELATED DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	49	595371.61
MBD025	OTHER SPECIFIED SUBSTANCE- RELATED DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	44	465718.57
MUS000	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TIS	-1	INAPPLICABLE	-1	INAPPLICABLE	227	2590080.43
MUS000	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TIS	SKN000	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	-1	INAPPLICABLE	32	439353.47
MUS003	RHEUMATOID ARTHRITIS AND RELATED DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	486	4049192.94
MUS006	OSTEOARTHRITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	2000	17893589.27
MUS007	OTHER SPECIFIED JOINT DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	392	3685740.94
MUS009	TENDON AND SYNOVIAL DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	389	3906225.12
MUS010	MUSCULOSKELETAL PAIN, NOT LOW BACK PAIN	-1	INAPPLICABLE	-1	INAPPLICABLE	2973	30465376.76
MUS011	SPONDYLOPATHIES/SPONDYLOARTHRO PATHY (INCLUDING INFECTIVE)	-1	INAPPLICABLE	-1	INAPPLICABLE	946	9516582.29

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
MUS011	SPONDYLOPATHIES/SPONDYLOARTHROPATHY (INCLUDING INFECTIVE)	MUS038	LOW BACK PAIN	-1	INAPPLICABLE	644	6680905.01
MUS013	OSTEOPOROSIS	-1	INAPPLICABLE	-1	INAPPLICABLE	274	2483407.86
MUS021	ACQUIRED FOOT DEFORMITIES	-1	INAPPLICABLE	-1	INAPPLICABLE	85	921989.38
MUS022	SCOLIOSIS AND OTHER POSTURAL DORSOPATHIC DEFORMITIES	-1	INAPPLICABLE	-1	INAPPLICABLE	121	1401465.77
MUS024	SYSTEMIC LUPUS ERYTHEMATOSUS AND CONNECTIVE TISSUE DISORD	-1	INAPPLICABLE	-1	INAPPLICABLE	146	1454089.08
MUS025	OTHER SPECIFIED CONNECTIVE TISSUE DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	897	9082515.42
MUS026	MUSCLE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	222	2137930.97
MUS028	OTHER SPECIFIED BONE DISEASE AND MUSCULOSKELETAL DEFORMIT	-1	INAPPLICABLE	-1	INAPPLICABLE	318	2862903.18
MUS033	GOUT	-1	INAPPLICABLE	-1	INAPPLICABLE	386	3902358.47
MUS038	LOW BACK PAIN	-1	INAPPLICABLE	-1	INAPPLICABLE	401	4329366.71
NEO000	NEOPLASMS	-1	INAPPLICABLE	-1	INAPPLICABLE	345	3459323.76
NEO000	NEOPLASMS	NVS000	DISEASES OF THE NERVOUS SYSTEM	-1	INAPPLICABLE	4	28515.03
NEO015	GASTROINTESTINAL CANCERS - COLORECTAL	-1	INAPPLICABLE	-1	INAPPLICABLE	80	728579.32
NEO022	RESPIRATORY CANCERS	-1	INAPPLICABLE	-1	INAPPLICABLE	95	913489.91
NEO025	SKIN CANCERS - MELANOMA	-1	INAPPLICABLE	-1	INAPPLICABLE	159	1670148.65
NEO026	SKIN CANCERS - BASAL CELL CARCINOMA	-1	INAPPLICABLE	-1	INAPPLICABLE	88	963909.38
NEO027	SKIN CANCERS - SQUAMOUS CELL CARCINOMA	-1	INAPPLICABLE	-1	INAPPLICABLE	77	826348.00
NEO028	SKIN CANCERS - ALL OTHER TYPES	-1	INAPPLICABLE	-1	INAPPLICABLE	449	4425260.56
NEO030	BREAST CANCER - ALL OTHER TYPES	-1	INAPPLICABLE	-1	INAPPLICABLE	256	2226561.45
NEO039	MALE REPRODUCTIVE SYSTEM CANCERS - PROSTATE	-1	INAPPLICABLE	-1	INAPPLICABLE	210	2134646.69
NEO043	URINARY SYSTEM CANCERS - BLADDER	-1	INAPPLICABLE	-1	INAPPLICABLE	39	378755.95
NEO050	ENDOCRINE SYSTEM CANCERS - THYROID	-1	INAPPLICABLE	-1	INAPPLICABLE	65	719299.61
NEO058	NON-HODGKIN LYMPHOMA	-1	INAPPLICABLE	-1	INAPPLICABLE	42	460143.76
NEO064	LEUKEMIA - ALL OTHER TYPES	-1	INAPPLICABLE	-1	INAPPLICABLE	67	597101.42
NEO072	NEOPLASMS OF UNSPECIFIED NATURE OR UNCERTAIN BEHAVIOR	-1	INAPPLICABLE	-1	INAPPLICABLE	240	2807473.36
NEO073	BENIGN NEOPLASMS	-1	INAPPLICABLE	-1	INAPPLICABLE	364	4062962.85
NVS000	DISEASES OF THE NERVOUS SYSTEM	-1	INAPPLICABLE	-1	INAPPLICABLE	136	1446670.52
NVS000	DISEASES OF THE NERVOUS SYSTEM	SYM000	SYMPTOMS, SIGNS AND ABNORMAL CLINICAL & LAB FINDINGS, NEC	-1	INAPPLICABLE	1	8937.27
NVS004	PARKINSON`S DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	70	779692.26
NVS005	MULTIPLE SCLEROSIS	-1	INAPPLICABLE	-1	INAPPLICABLE	71	829176.76
NVS006	OTH SPECIFIED HEREDITARY & DEGENERATIVE NERVOUS SYSTEM CO	-1	INAPPLICABLE	-1	INAPPLICABLE	49	549905.84

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
NVS006	OTH SPECIFIED HEREDITARY & DEGENERATIVE NERVOUS SYSTEM CO	NVS016	SLEEP WAKE DISORDERS	-1	INAPPLICABLE	178	1627590.90
NVS009	EPILEPSY; CONVULSIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	290	3076306.31
NVS010	HEADACHE; INCLUDING MIGRAINE	-1	INAPPLICABLE	-1	INAPPLICABLE	582	6648344.80
NVS010	HEADACHE; INCLUDING MIGRAINE	SYM010	NERVOUS SYSTEM SIGNS AND SYMPTOMS	-1	INAPPLICABLE	202	2038393.95
NVS011	NEUROCOGNITIVE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	168	1490548.35
NVS012	TRANSIENT CEREBRAL ISCHEMIA	-1	INAPPLICABLE	-1	INAPPLICABLE	350	3037137.78
NVS015	POLYNEUROPATHIES	-1	INAPPLICABLE	-1	INAPPLICABLE	344	3123390.75
NVS016	SLEEP WAKE DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	1550	15214610.93
NVS017	NERVE AND NERVE ROOT DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	377	3878405.64
NVS019	NERVOUS SYSTEM PAIN AND PAIN SYNDROMES	-1	INAPPLICABLE	-1	INAPPLICABLE	392	3691649.98
NVS020	OTHER SPECIFIED NERVOUS SYSTEM DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	45	423568.86
PNL000	CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	-1	INAPPLICABLE	-1	INAPPLICABLE	9	145289.29
PNL001	LIVEBORN	-1	INAPPLICABLE	-1	INAPPLICABLE	53	870585.24
PRG000	PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	-1	INAPPLICABLE	-1	INAPPLICABLE	118	1380661.13
PRG000	PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	SYM000	SYMPTOMS, SIGNS AND ABNORMAL CLINICAL & LAB FINDINGS, NEC	-1	INAPPLICABLE	1	10441.44
PRG029	UNCOMPLICATED PREGNANCY, DELIVERY OR PUERPERIUM	-1	INAPPLICABLE	-1	INAPPLICABLE	330	4121354.13
RSP000	DISEASES OF THE RESPIRATORY SYSTEM	-1	INAPPLICABLE	-1	INAPPLICABLE	105	1187127.86
RSP001	SINUSITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	518	6808221.11
RSP002	PNEUMONIA (EXCEPT THAT CAUSED BY TUBERCULOSIS)	-1	INAPPLICABLE	-1	INAPPLICABLE	279	2843204.02
RSP003	INFLUENZA	-1	INAPPLICABLE	-1	INAPPLICABLE	158	1691895.02
RSP004	ACUTE AND CHRONIC TONSILLITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	44	567819.78
RSP005	ACUTE BRONCHITIS	-1	INAPPLICABLE	-1	INAPPLICABLE	219	2379075.79
RSP006	OTHER SPECIFIED UPPER RESPIRATORY INFECTIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	509	6221716.66
RSP007	OTHER SPECIFIED AND UNSPECIFIED UPPER RESPIRATORY DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	299	3143866.29
RSP008	CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND BRONCHIECTASIS	-1	INAPPLICABLE	-1	INAPPLICABLE	698	5476151.50
RSP009	ASTHMA	-1	INAPPLICABLE	-1	INAPPLICABLE	1824	18827277.46
RSP016	OTHER SPECIFIED AND UNSPECIFIED LOWER RESPIRATORY DISEASE	-1	INAPPLICABLE	-1	INAPPLICABLE	207	2449636.59
SKN000	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	-1	INAPPLICABLE	-1	INAPPLICABLE	136	1627975.45
SKN001	SKIN AND SUBCUTANEOUS TISSUE INFECTIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	359	3915711.57

CCSR1X VALUE	CCSR1X LABEL	CCSR2X VALUE	CCSR2X LABEL	CCSR3X VALUE	CCSR3X LABEL	UNWEIGHTED	WEIGHTED BY perwt21f
SKN002	OTHER SPECIFIED INFLAMMATORY CONDITION OF SKIN	-1	INAPPLICABLE	-1	INAPPLICABLE	616	7888153.68
SKN007	OTHER SPECIFIED AND UNSPECIFIED SKIN DISORDERS	-1	INAPPLICABLE	-1	INAPPLICABLE	1161	12795344.70
SYM000	SYMPTOMS, SIGNS AND ABNORMAL CLINICAL & LAB FINDINGS, NEC	-1	INAPPLICABLE	-1	INAPPLICABLE	136	1405483.11
SYM001	SYNCOPE	-1	INAPPLICABLE	-1	INAPPLICABLE	53	508076.92
SYM002	FEVER	-1	INAPPLICABLE	-1	INAPPLICABLE	126	1634257.43
SYM004	NAUSEA AND VOMITING	-1	INAPPLICABLE	-1	INAPPLICABLE	314	3349551.08
SYM006	ABDOMINAL PAIN & OTHER DIGESTIVE/ABDOMEN SIGNS AND SYMPTO	-1	INAPPLICABLE	-1	INAPPLICABLE	704	7141767.28
SYM007	MALAISE AND FATIGUE	-1	INAPPLICABLE	-1	INAPPLICABLE	147	1451001.92
SYM008	SYMPTOMS OF MENTAL AND SUBSTANCE USE CONDITIONS	-1	INAPPLICABLE	-1	INAPPLICABLE	44	422460.58
SYM010	NERVOUS SYSTEM SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	431	4155891.42
SYM011	GENITOURINARY SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	253	2539337.91
SYM012	CIRCULATORY SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	474	4961124.91
SYM013	RESPIRATORY SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	702	7329967.49
SYM014	SKIN/SUBCUTANEOUS SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	512	5447717.08
SYM015	GENERAL SENSATION/PERCEPTION SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	327	3038004.99
SYM016	OTHER GENERAL SIGNS AND SYMPTOMS	-1	INAPPLICABLE	-1	INAPPLICABLE	1247	10821548.68
SYM017	ABNORMAL FINDINGS WITHOUT DIAGNOSIS	-1	INAPPLICABLE	-1	INAPPLICABLE	591	6087613.72
						94641	984161434.18