

COVID-19 Hospital Encounters by Urban-rural Location of the Hospital by Week From Selected Hospitals

COVID-19 Hospital Data

The National Hospital Care Survey (NHCS), conducted by the National Center for Health Statistics (NCHS), collects data on patient care in hospital-based settings to describe patterns of health care delivery and utilization in the United States. Settings currently include inpatient facilities and emergency departments (ED). The survey collects electronic data, Uniform Bill (UB-04) administrative claims or electronic health records, for all encounters in a calendar year from a nationally representative sample of 608 hospitals. Information collected includes diagnoses, procedures, demographics, discharge status, and patient identifiers (e.g., name and date of birth). Eligible hospitals are in the 50 states and the District of Columbia and include noninstitutional and nonfederal hospitals with six or more staffed inpatient beds. Hospitals are currently being received into the survey.

NHCS results provided on COVID-19 hospital use are from UB-04 administrative claims data from March 18, 2020 through September 28, 2021 from 41 hospitals that submitted inpatient data and 42 hospitals that submitted ED data. The data used in these figures are considered preliminary, and the results may change with subsequent releases. There will be updates every two months to the data file for the remaining months in 2021. The data are not nationally representative. Even though the data are not nationally representative, they can provide insight on the impact of COVID-19 on various types of hospitals throughout the country.

Results on this page show the percentage of confirmed COVID-19 encounters over time among all ED or inpatient encounters, by urban-rural location of the hospital. Data are presented for each setting (inpatient and ED), by week.

- A confirmed COVID-19 hospital encounter is defined as an any listed *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) diagnosis code of B97.29 and/or U07.1. Prior to April 1, 2020, CDC guidance stated to code a confirmed COVID-19 hospital encounter as B97.29. On April 1, 2020, the guidance changed to code confirmed COVID-19 hospital encounters as U07.1.
- The hospital urban-rural classification is based on the [NCHS urban-rural classification scheme for counties](#). There are three categories of urban-rural shown in the figure:
 - **Large central and fringe metropolitan areas:** Metropolitan statistical area (MSA) with a population of 1 million or more people.
 - **Medium and small metropolitan areas:** MSA with a population less than 1 million people.
 - **Rural areas:** Micropolitan (urban clusters with a population of at least 10,000 but less than 50,000) and noncore (everything else considered non-micropolitan) areas.

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[COVID-19 hospital encounters by week](#)

[COVID-19 in hospitals by urban-rural location of the hospital by week](#)





[COVID-19 screenings at hospitals by week](#)

[Intubation or ventilator use in the hospital among confirmed COVID-19 inpatient discharges by week](#)

[In-hospital mortality among hospital confirmed COVID-19 encounters by week](#)

[Co-occurrence of other respiratory illnesses for hospital confirmed COVID-19 encounters by week](#)

Related Links

- [ICD-10-CM Official Coding and Reporting Guidelines April 1, 2020 through September 30, 2020](#) 
- [New ICD-10-CM code for COVID-19, December 3, 2020](#) 
- [ICD-10-CM Official Coding Guidelines – Supplement Coding Encounters related to COVID-19 Coronavirus Outbreak Effective: February 20, 2020](#) 
- [ICD-10-CM Official Guidelines for Coding and Reporting FY 2021](#) 

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