DHSS Program Management

Interface Control Document
Describing the Standard Inpatient Data Record (SIDR) Data Exchange to MDR
Mod 2

Approved Version

September 16, 2010



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ICD Describing the Standard Inpatient Data Record (SIDR) Data Exchange to MDR

Approved Version

April 19, 2010

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Preface

This document describes the interface that provides the Standard Inpatient Data Record (SIDR) records from the Composite Health Care System (CHCS). The files are sent to DHSS and loaded into the Military Health System (MHS) Data Repository (MDR).

This document is under Defense Health Services Systems (DHSS) project configuration control. Changes to this document will be made by document change notice (DCN) or by complete revision.

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Abstract

The Defense Health Services Systems (DHSS) Program Office manages the Military Health System (MHS) Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. The MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the Standard Inpatient Data Record (SIDR) data exchange with the Composite Health Care System (CHCS). The Defense Health Information Management Systems (DHIMS) designs, develops, and maintains the CHCS.

**Keywords:** Decision Support, Defense Health Information Management Systems, Defense Health Services Systems, Executive Information, Interface Control Document, MHS Data Repository, Standard Inpatient Data Record, DS, DHIMS, DHSS, EI, ICD, MDR, SIDR

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# Introduction

## Document Identification

This document describes the interface that provides the Standard Inpatient Data Record (SIDR) to the MHS Data Repository (MDR). It supplements the document *Interface Control Document (ICD) Standard Inpatient Data Record (SIDR) Report Data Specification,* SAIC D/SIDDOMS III Doc D3-POAI-1001, dated 29 March 2010.

## Scope

This document describes and identifies the parameters and specifies the file layout of the SIDR that the DHSS Program Office receives from Medical Treatment Facilities (MTFs) via the Composite Health Care System (CHCS). The SIDR is an extract that the CHCS produces. The SIDR is a key dataset for MHS DHSS products. It is the only source of direct care inpatient clinical data.

## System Overview

CHCS is the source system for MHS direct care clinical information. CHCS collects, supports, and processes the following types of information at the MTF level:

* Patient registration
* Patient appointment and scheduling
* Patient administration
* Nursing
* Pharmacy
* Laboratory
* Radiology
* Clinical dietetics
* Quality assurance
* Inpatient/outpatient order entry and results reporting
* Enrollment and eligibility checking

The Armed Forces Health Longitudinal Technology Application (AHLTA) and CHCS are the principal information support tools used by clinicians and providers at the clinic and MTF levels for direct health care services. They are transactional systems that document and identify health care services that are rendered.

The CHCS and AHLTA are managed by the Defense Health Information Management Systems (DHIMS) Program Manager. The current operational version is CHCS I (version 4.603).

The SIDR is the official electronic record for direct health care inpatient services to MHS beneficiaries. The SIDR is generated from CHCS data collected at each MTF. It contains facts about the inpatient stay including patient personal data, providers that furnished health care, procedures, diagnoses, bed days, servicing MTF, servicing clinics, hospital that ordered and performed the work, National Provider Identifiers (NPI), Present On Admission (POA), and other useful data. The data originates as a result of patient MTF usage, and care data entered and generated by CHCS.

This particular ICD supplement describes the specific SIDR interface between CHCS and the MDR. The MDR receives data at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. SIDR files are sent by each MTF on a monthly or semi-monthly schedule.



Figure 1‑1 SIDR Interface Flow

The Feed Nodes send the files to the Tivoli Storage Manager (TSM). The TSM copies and stores the files for back-up purposes. The MDR screens the records for data management purposes. The MDR SIDR files are used by various downstream DHSS systems to process and produce data that has been subjected to business rules. The processed data is used to feed other systems or is provided to users through a user interface, such as MHS Mart (M2).

## Reference Documents

DHIMS, *ICD Standard Inpatient Data Record (SIDR) Report Data Specification,* SAIC D/SIDDOMS III Doc D3-POAI-1001, dated 29 March 2010..

EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.

EIDS Program Office, *Initial Capabilities Document (ICD),* dated March 2006 (pending JROC approval)

## Operational Agreement

This ICD supplement provides the technical specification for an interface between DHIMS and the DHSS Program Office regarding the SIDR. It is the responsibility of the source system Program Office (i.e., DHIMS) to notify DHSS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on DHSS receiving systems. When required, modifications to the ICD supplement will be made by the data receiver (i.e., DHSS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., DHIMS).

Appendix A delineates the SIDR data elements that will be sent to the DHSS Program Office.

Should problems occur with the interface, DHSS data production support personnel will immediately contact CHCS operational personnel at the MTFs. Should there be systemic data problems recognized during MDR processing, DHSS members will coordinate with their counterparts in the DHIMS.

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# Data Specification

## Identification of Data Exchanges

This ICD supplement addresses the following data feed from CHCS sites to DHSS:

* SIDR data extract. The extract provides direct care inpatient data records accumulated since the previous extract was submitted using CHCS. It includes new records as well as updates to previously submitted records.

This ICD modifies the previous ICD by adding Present On Admission (POA) flags.

DHIMS will continue to enhance SIDR. This ICD will be changed *only* if the interface changes from the interface specified herein.

## Precedence and Criticality of Requirements

Clinical data from the MTFs that is reliable is necessary for the MHS to make knowledge-based decisions. MDR provides this information to MHS decision-makers. A minimum of monthly updates are required for effective performance of the business. An inability to obtain this data for a period of 2 months or greater could have adverse consequences to the business.

## Communications Methods

CHCS sites will send data files via Secure File Transfer Protocol (SFTP) to the Data Feed Nodes located at the Defense Enterprise Computing Center (DECC) Oklahoma City (OKC). Navy and Air Force CHCS sites will send files on a monthly basis, while Army CHCS sites will send files twice monthly. This should be received by the 5th of the month following a data production cycle

The SIDR records collected by the CHCS sites will conform to the layout as specified in Appendix A.

The SIDR records contain Protected Health Information (PHI). However no classified information is contained in the files. The data receipt, processing, and loading/posting are accomplished within the DHSS enclave located at DECC OKC. The SIDR files are ultimately posted in the file structures of the MDR for use by: (1) a limited user group that uses the MDR’s SAS Computing Environment (SCE), or (2) other applications such as MHS MART (M2) that use MDR data extracts and tailored COTS frontend software to view the data.

## Performance Requirements

There are no unique performance requirements for this data. The data needs to be provided according to a regularly scheduled time frame.

## Security and Integrity

The data exchanged in this interface contains Protected Health Information (PHI). In addition, because the aggregate data being transmitted from CHCS to DHSS is becoming part of a database that does contain sensitive data, it will be protected in accordance with DoD Instruction 8500.2 Information Assurance (IA) controls for Mission Assurance Category (MAC) III sensitive information system. These standards help ensure compliance with the following Federal laws:

* Privacy Act of 1974
* U.S. Code, Title 10, Section 1102, Medical Quality Assurance Records
* U.S. Code, Title 10, Section 1030, Fraud and Related Activity in Connection with Computers
* Computer Security Act of 1987
* Health Insurance Portability and Accountability Act (HIPAA)

### Data Integrity and Quality

Validation checks such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred from CHCS to MDR as defined in the design documentation. When errors are discovered in the data exchange, the MTF site will be notified immediately by DHSS operations personnel. If there are systemic problems, Interface Working Group (IWG) counterparts will be contacted to work issues.

**Appendix A: SIDR File Layout**

**A.1 File Format**

The Feed Nodes receive the data elements listed in the appendix tables on a scheduled basis (i.e., bi-monthly for Army MTFs and monthly for Navy and Air Force MTFs). The IBM SP receives, catalogues, and copies the data. The data is conditioned and sent to the MDR for usage by downstream systems.

There are 13 types of records that make up the SIDR extract. The size of the extract has been extended to include 2 new segments (10 and 11) from the previous SIDR versions. This was done to accommodate the Present On Admission (POA) information. Appendix tables describe the file format, data elements and meta data embedded within each record type.

A batch record set from an MTF includes a Header Record, followed by records (with 11 segments each), and ends with a Trailer Record. Each SIDR provides detailed data on an inpatient clinical encounter. A batch record set is sent to the Feed Nodes from each site on the established schedule.

**A.2 Record Layouts**

Appendix tables describe record layouts for the various SIDR types: Header Record, Segment 1, Segment 2, Segment 3, Segment 4, Segment 5, Segment 6, Segment 7, Segment 8, Segment 9, Segment 10, Segment 11, and Trailer Record. DHSS uses the SIDR data extract as delivered to process and develop the necessary data required to obtain data requirements for various products.

The SIDR Header Record (see Table A‑1) is at the beginning of the batch record set that is transmitted to MDR. The Header Record identifies the reporting facility. Following the Header Record are a series of individual SIDRs composed of nine segments (see Table A‑2, Table A‑3, Table A‑4, Table A‑5, Table A‑6, Table A‑7, Table A-8, Table A-9, Table A-10, Table A-11 and Table A-12). Each individual SIDR will always be composed of these elevan segments, whether or not there is data in them or not. At the end of the batch record set will be the Trailer Record (see Table A‑13Table 13). The Trailer Record provides the sums of C, D, E, and F SIDR records that were transmitted in the batch record set (definitions for C, D, E, and F records are provided in section A.3 and with the respective data elements in Table A‑1311). The record type sums should equal the record types within the batch.

The Header Record has a value of ‘P’ in position 221, while the Trailer Record has a value of ‘T’ in position 221. The segment records use position 221 as filler, except for Segment 1 that uses this field to identify a new record. For a SIDR conforming to this version the value will always be “E”. The segment records are identified in position 6 by a value representing the segment that they represent (i.e., 1 through 9, A and B).

**A.3 File Operational Context**

SIDR feeds from MTF sites represent inpatient care rendered or updates to inpatient care previously transmitted. SIDRs received from the sites at the Feed Nodes are at Data Quality Level Raw. Raw SIDRs have extra carriage returns and line feeds that occur randomly - they are removed to bring the file up to Data Quality Level 0. Additional processing is accomplished to bring each SIDR record up to a standard level of quality.

Each SIDR identifies the record disposition status from Segment 3, position 60 (see Table A‑4). Coding is as follows:

|  |  |
| --- | --- |
| **Code** | **Meaning** |
| C | Inpatient records that have been cancelled. |
| D | Inpatient record of a patient that has been discharged and the record is complete. |
| E | Inpatient record of a patient that has been discharged, but the record is incomplete.  |
| F | Inpatient record of a patient that has been admitted to the facility. |

DHSS processes and backs up all SIDR record types. However, only C, D, and F records are stored in the MDR.

Table A‑1 SIDR Data Elements [Header Record]

| HEADERField Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MEPRS UIC | 6 | 1-6 | A-numeric | NA | Source: MTF Master File or CHCS | The Medical Expense and Performance Reporting System (MEPRS) Unit Identification Code (UIC) for the reporting facility. |
| MTF Code | 5 | 7-11 | A-numeric | NA | Source: MTF Master File or CHCS  | The Defense Medical Information System (DMIS) identification code for the Medical Treatment Facility (MTF) that is the reporting facility. |
| MTF Zip Code | 9 | 12-20 | A-numeric | NA | Source: MTF Master File or CHCS  | Postal zip code of the reporting MTF. |
| Facility Name | 50 | 21-70 | A-numeric | NA | Source: MTF Master File or CHCS  | Name of the reporting MTF. |
| Filler | 149 | 71-219 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Record ID | 2 | 220-221 | A-numeric | NA | ‘BH’ | Fixed value = ‘BH’ |
| EOR (ASCII Line Feed) | 1 | 222 | character | NA | ‘/n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑2 SIDR Data Elements [Record Segment 1]

| SEGMENT 1Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1–5 | A-numeric | NA | Source: MTF Master File or CHCS | The DMIS identification code for the MTF that is the reporting facility. |
| Segment Number | 1 | 6 | Numeric | NA | ‘1’ | Segment of record with a fixed value = ‘1’ |
| Patient Register Number | 7 | 7–13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Region/Reporting MTF | 6 | 14–19 | A-numeric | NA | Source: MTF Master File or CHCS | Region number and the MTF’s DMIS ID. |
| MTF Location | 2 | 20–21 | Numeric | NA | Source: MTF Master File or CHCS | State or country code for the MTF’s location. |
| Patient Register Number | 7 | 22–28 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Family Member Prefix (FMP) | 2 | 29–30 | Numeric | NA | 01-19,20,30-39,40,45, 50,55,60-69,90-95,97,98, or 99. | The code that represents the prefix that the medical community uses to identify medical records. Coded as follows:01-19 Dependent children of sponsor20 Sponsor30-39 Spouse of sponsor40-44 Mother of sponsor45-49 Father of sponsor50-54 Mother-in-law of sponsor55-59 Father-in-law of sponsor60-69 Other dependents90-95 Beneficiary authorized by statute98 Civilian Humanitarian99 All others not elsewhere classified |
| Sponsor Social Security Number | 9 | 31–39 | Numeric | NA | None | The Social Security Number (SSN) of the sponsor. |
| Date of Birth | 8 | 40–47 | Numeric | NA | None | The date when a human being was born. (YYYYMMDD) |
| Age at Admission | 3 | 48–50 | A-numeric | NA | 00D thru 31D; 01M thru 11M; 01Y thru 99Y; 99Z | The beneficiary’s age when admitted to the MTF (nnX, X=Y, M, D). Y is for years, M is for months, and D is for days. |
| Age at Disposition | 3 | 51–53 | A-numeric | NA | 00D thru 31D; 01M thru 11M; 01Y thru 99Y; 99Z | The beneficiary’s age when released from the MTF’s care (nnX, X=Y, M, D). Y is for years, M is for months, and D is for days. |
| Sex | 1 | 54 | A-numeric | NA | M, F, X | Gender of the beneficiary. Codes as follows:F FemaleM MaleX Unknown |
| Race | 1 | 55 | A-numeric | NA | C, M, N, R, X, Z | The code that represents the race of the patient. Coded as follows:C WhiteM Asian or Pacific IslanderN BlackR American Indian or Alaskan nativeX OtherZ Unknown |
| Ethnic Background | 1 | 56 | A-numeric | NA | 1-9, D, E, G, H, J, K, L, Q, S, V, W, X, Y, Z | The code that represents the ethnic group or national origin of the person.1 Hispanic decent other than Latin American with Hispanic descent, Puerto Rican, Mexican, or Cuban2 U.S./Canadian Indian tribes3 Other Asian descent, not delineated separately as Indian, Chinese, Japanese, Korean, Vietnamese, or Filipino4 Puerto Rican5 Filipino6 Mexican7 Eskimo8 Aleut9 CubanD IndianE MelanesianG ChineseH GuamanianJ JapaneseK KoreanL PolynesianQ Other Pacific Island descent, not delineated separately as code E, H, L, or WS Latin American with Hispanic descentV VietnameseW MicronesianX OtherY NoneZ Unknown |
| Patient's Residence Zip | 9 | 57–65 | Numeric | NA | Source: CHCS | The postal zip code for the sponsor’s residential address. |
| Patient Category | 3 | 66–68 | A-numeric | NA | A11-A15, A21- A29, A31-A33, A36, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C36, C41, C43, C45, C47-C49, F11-F15, F21-F29, F31-F33, F36, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M36, M41, M43, M45, M47-M49, N11-N14, N21, N22, N24-N29, N31-N33, N36, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45 | A code that describes the beneficiary’s relationship to uniformed duty status. |
| Pay Grade | 2 | 69–70 | A-numeric | NA | 0O;CD,E1 thru E9,EX,W1 thru W5,WX,01 thru 09,0X,10,11,19,G1 thruG9, GA thru GI, GX,UN,XX,ZZ | Code that represents the sponsor’s rank. See RECRANK for an alternative.00 Not in militaryCD Cadet/MidshipmanE1 thru E9 EnlistedEX Unknown enlistedW1 thru W5 Warrant OfficerO1 thru O9 OfficerOX Unknown Officer10-11 Officer19 AcademyG1 thru G9 Civil servantGA Civil servantGB Civil servantGC Civil servantGD Civil servantGE Civil servantGF Civil servantGG Civil servantGH Civil servantGI Civil servantGX Unknown civil servantUN OtherXX UnknownZZ Unknown military |
| Length of Service | 3 | 71–73 | A-numeric | NA | 00D thru 31D; 01M thru 11M; 01Y thru 99Y; 99Z | The length of time that the sponsor has been associated with the uniformed services (nnX, X=Y,M,D). Y is for years, M is for months, and D is for days. |
| Flying Status | 1 | 74 | A-numeric | NA | N, Y | Indication of an active duty patient’s flying status. Coded as follows:N Not in flying statusY Is in flying status |
| DEERS Dependent Suffix (DDS) | 2 | 75-76 | A-numeric | NA | 01-20, 30-69, 98, 99 | Code that represents the dependent of a sponsor. Left justified, padded with spaces. Coded as follows:01-19 dependent child20 sponsor30-39 spouse of sponsor40-44 mother of sponsor45-49 father of sponsor50-54 mother-in-law of sponsor55-59 father-in-law of sponsor60-69 children where number greater than 1998 service secretary designee99 not classified elsewhere |
| Filler | 7 | 77-83 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Location of Unit | 2 | 84–85 | A-numeric | NA | None | State or country code for the sponsor’s unit location. |
| Source of Admission | 1 | 86 | A-numeric | NA | 0-8,C,D,H, L,P,S,T,X | The source for the admission. Coded as follows:0 Direct to military hospital from ER1 Direct to military hospital from other than ER2 Direct to quarters (Active Duty only in Air Force MTF)3 Active Duty (AD) direct to non-US armed services hospital – never transferred to military4 Initial admission in non-US armed services hospital, transferred to military (AD only)5 Initial admission in non-US armed services hospital, moved to military hospital (non- active duty only)6 Transfer from Army hospital7 Transfer from Navy hospital8 Transfer from Air Force hospitalC Carded for record only (CRO)D No consecutive episode prior to current recordH HMO referralL Live birth in this hospitalP Physician referralS Clinical referralT Consecutive episode prior to current record – appears to be a transfer inX Other |
| Date of Initial Admission | 6 | 87–92 | A-numeric | NA | None | The date that the initial admission occurred for the person’s condition. Format YYMMDD. |
| Date This Admission | 6 | 93–98 | A-numeric | NA | None | The date that this particular admission occurred. Format YYMMDD. |
| Date of Disposition | 6 | 99–104 | A-numeric | NA | None | The date when the patient was released from the MTF’s care. Format YYMMDD. |
| Disposition Type | 2 | 105–106 | Numeric | NA | 01, 02, 07, 20, 22, 95, XX | Classification of how the patient was dispositioned/discharged from the MTF. Coded as follows:01 Routine02 Transfer07 Against medical advice20 Death22 Outpatient care95 RemainingXX Unknown |
| Autopsy Performed | 1 | 107 | A-numeric | NA | 0, 1 | Indication that an autopsy was performed. Coded as follows:0 No autopsy performed1 Autopsy performed |
| MTF Initial Admission | 6 | 108–113 | A-numeric | NA | Source: MTF Master File or CHCS  | DMIS ID code for the MTF facility that admitted the patient initially. |
| MTF Transferred/ Moved From | 6 | 114–119 | A-numeric | NA | Source: MTF Master File or CHCS  | DMIS ID code for the MTF that transferred the patient to the treating facility. |
| MTF Transferred/ Moved To | 6 | 120–125 | A-numeric | NA | Source: MTF Master File or CHCS  | DMIS ID code for the MTF that the patient was transferred to. |
| Trauma | 1 | 126 | A-numeric | NA | 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 | Code that identifies the type of injury listed any place in the record for the current episode of care. Coded as follows:0 Battle wound/injury direct result of action by or against an organized enemy (declared war only)1 Battle wound/injury other battle casualties2 Intentionally inflicted nonbattle injury results of intervention of legal authority3 Intentionally inflicted nonbattle injury assault or intentionally inflicted by another person4 Intentionally inflicted nonbattle injury intentionally self-inflicted5 Accidental injury active duty only occurring while off duty (leave, pass AWOL, and other)6 Accidental injury active duty only schemes 7 Accidental injury active duty only all other scheduled training8 Accidental injury active duty only occurring while on duty, except as in code 6 or 7 above9 Accidental injury all patients unknown whether on or off duty, non-military injuries |
| Cause of Injury | 3 | 127–129 | A-numeric | NA | 000-999 | An identification of the event, circumstance, or condition that resulted in the hurt, damage, or loss sustained. Codes are defined in CHCS data dictionary.  |
| Geographic Location of Occurrence, If Battle Casualty | 2 | 130–131 | A-numeric | NA | Source: CHCS | The state or country code for the location of the battle injury. |
| Diagnosis #1 | 8 | 132–139 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. Principal diagnosis. The digit in the sixth position is a DoD extender used on certain diagnoses. The seventh position may have one of the following codes:C Used with diagnostic code V27 to identify a delivery in a civilian hospitalO Condition treated at the reporting MTFU UnconfirmedZ Used for CRO and total absent sick cases |
| Diagnosis #2 | 8 | 140–147 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. Secondary diagnosis. |
| Diagnosis #3 | 8 | 148–155 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 3rd diagnosis. |
| Diagnosis #4 | 8 | 156–163 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 4th diagnosis. |
| Diagnosis #5 | 8 | 164–171 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 5th diagnosis. |
| Diagnosis #6 | 8 | 172–179 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 6th diagnosis. |
| Diagnosis #7 | 8 | 180–187 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 7th diagnosis. |
| Diagnosis #8 | 8 | 188–195 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 8th diagnosis. |
| Number of Diagnostic Fields Containing Codes | 2 | 196–197 | numeric | NA | 0, 1, 2, 3, 4, 5, 6, 7, 8 | Number of diagnoses categorized in preceding fields. |
| Underlying Cause of Death/ Separation | 1 | 198 | numeric | NA | 0 through 9 | The number of the diagnosis cited in the SIDR that was the primary cause of death or separation. |
| MTF of Treatment | 9 | 199–207 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Patient’s Social Security Number | 9 | 208–216 | numeric | NA | None | SSN of the patient. |
| Health Care Delivery Program (HCDP) Code | 3 | 217-219 | numeric | NA | 000-024, 101-151, 201-231, 301-302, 400 | The code that represents the plan coverage a family member or sponsor has within a health care delivery program type. Codes are obtained from the New DEERS “Health Care Delivery Program Plan Coverage Code” data element. Examples: “019” is Limited Direct Care with Line of Duty Injuries; “401” is TRICARE Extended Care Health Option (ECHO) program. |
| Filler | 1 | 220 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Format Indicator | 1 | 221 | numeric | NA | ‘B’ | New record indicator. Hard coded to ‘B’. |
| EOR (ASCII Line Feed) | 1 | 222 | character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑3 SIDR Data Elements [Record Segment 2]

| SEGMENT 2Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | The DMIS identification code for the MTF. |
| Segment Number | 1 | 6 | numeric | NA | 2 | Segment of record with a fixed value = ‘2’ |
| Patient Register Number | 7 | 7-13 | numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Procedure #1 | 8 | 14-21 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. The first 3 positions are Suffix codes. The first position of the suffix is the location code, the last 2 positions are the number of times the procedure was performed. Location codes are defined as:C Operation procedure performed in a civilian hospitalD Operation/procedure performed at the reporting MTFJ Operation/procedure performed in another federal facility during current hospitalizationR Reporting MTF; CRO patientT Operation/procedure performed at another MTF, not a hospital (i.e., TMC, aid station, etc.)X Same day surgery (pre FY97) |
| Procedure #2 | 8 | 22-29 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #3 | 8 | 30-37 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #4 | 8 | 38-45 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #5 | 8 | 46-53 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #6 | 8 | 54-61 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #7 | 8 | 62-69 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #8 | 8 | 70-77 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Number of Procedure Fields Containing Codes | 2 | 78-79 | Numeric | NA | 0-99 | The number of procedures that are coded in the record; the number may exceed 20, even though SIDR allows entry of up to 20 procedures. |
| Total Sick Days at All Facilities | 5 | 80-84 | Numeric | NA | None | The total number of days from date of initial/this admission for the episode of care for all facilities combined. |
| Total Bed Days This MTF | 4 | 85-88 | A-numeric | NA | None | The total number of bed days spent in this facility for this admission. |
| Bed Days Other Federal Facilities | 4 | 89-92 | Numeric | NA | None | The total number of bed days spent in other federal facilities for this admission. |
| Bed Days Civilian Hospitals | 4 | 93-96 | Numeric | NA | None | The total number of bed days spent in civilian facilities for this admission. |
| Bassinet Days (Neonatal) | 4 | 97-100 | Numeric | NA | None | The total number of bed days that a bassinet in the newborn nursery was occupied in the facility. Excludes days spent by infants in a bassinet on a pediatric nursing unit, pediatric or neonatal intensive care unit, or other nursing unit. |
| Quarters Days | 4 | 101-104 | Numeric | NA | None | The total number of days spent for the current reporting facility in quarters, home clinic observation bed, or infirmary. |
| Medical Holding Days | 4 | 105-108 | Numeric | NA | None | The total number of days that the active duty inpatient was well enough to leave an operating bed but not well enough to be sent back to a regular unit. |
| Cooperative Care Days | 4 | 109-112 | Numeric | NA | None | The total number of days that the patient spent in a cooperative care status, receiving medical services or supplies provided at a civilian source but remain on the rolls of the MTF. |
| Convalescent Leave Days (Hospital) | 4 | 113-116 | Numeric | NA | None | The total number of days that the patient spent at the facility on authorized leave status that are considered sick days prior to discharge. |
| Supplemental Care Days | 4 | 117-120 | Numeric | NA | None | The total number of days that the patient spent receiving specialized treatment procedures, consultations, tests, supplies, and equipment in a nonmilitary facility, while still an inpatient in the MTF. |
| Other (AWOL, PCS, Emergency Leave) | 4 | 121-124 | Numeric | NA | None | The total number of days spent by the patient in the facility as Absent With Out Leave (AWOL), Permanent Change of Station (PCS), or emergency leave while still an inpatient at the MTF. |
| Total Sick Days at This MTF | 5 | 125-129 | Numeric | NA | None | The total number of sick days from the date of initial/this admission for the episode of care while under the care of this MTF. |
| Bed Days This MTF (ICU) | 4 | 130-133 | Numeric | NA | None | The total number of bed days spent in this facility for this admission in the Intensive Care Unit (ICU). |
| Clinic Service Admitting | 4 | 134-137 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | The clinical code for the clinic service that admitted the patient. MEPRS-4 codes are used. MEPRS-3 codes are standard throughout the MHS. The added character to a MEPRS-3 code to make it a MEPRS-4 code is determined by the facility and coded in the MTF’s CHCS. |
| Bed Days Admitting Service | 4 | 138-141 | Numeric | NA | None | The total number of bed days spent in this facility under the care of the admitting clinic service. |
| Clinic Service 2nd | 4 | 142-145 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | The clinical code for a clinic that provided additional services to the patient from the admitting clinic service. MEPRS-4 codes are used. |
| Bed Days 2nd Clinical Service | 4 | 146-149 | Numeric | NA | None | The total number of bed days for an admission by a patient attributed to the 2nd clinic service. |
| Clinic Service 3rd | 4 | 150-153 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | The clinical code for a clinic that provided additional services to the patient from the admitting clinic service. MEPRS-4 codes are used. |
| Bed Days 3rd Clinical Service | 4 | 154-157 | Numeric | NA | None | The total number of bed days for an admission by a patient attributed to the 3rd clinic service. |
| Clinic Service Disposition | 4 | 158-161 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | The clinical code for the clinic service that discharged the patient. MEPRS-4 codes are used. MEPRS-3 codes are standard throughout the MHS. The added character to a MEPRS-3 code to make it a MEPRS-4 code is determined by the facility and coded in the MTF’s CHCS. |
| Bed Days Disposition Clinic Service | 4 | 162-165 | Numeric | NA | None | The total number of bed days spent in this facility attributed to the discharging clinic service. |
| Convalescent Leave Days Recommended | 3 | 166-168 | A-numeric | NA | None | The recommended number of convalescent leave days for the patient. |
| Nursing Care Hours | 24 | 169-192 | Numeric | NA | None | The number of nursing care hours attributed to the patient’s episode of care. |
| Attending Provider SSN | 9 | 193-201 | Numeric | NA | Source: CHCS reference table | The SSN of the attending provider. |
| Attending Health Care Provider Specialty Code | 3 | 202-204 | A-numeric | NA | Source: CHCS reference table | The Health Care Professional (HCP) specialty code for the attending provider. |
| First Intensive Care Unit Ward Code | 4 | 205-208 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | First ICU ward code. MEPRS-4 codes are used. MEPRS-3 codes are standard throughout the MHS. The added character to a MEPRS-3 code to make it a MEPRS-4 code is determined by the facility and coded in the MTF’s CHCS. |
| First Referring MEPRS Code | 4 | 209-212 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | The clinic service that referred the patient to the primary ICU ward. MEPRS-4 codes are used. MEPRS-3 codes are standard throughout the MHS. The added character to a MEPRS-3 code to make it a MEPRS-4 code is determined by the facility and coded in the MTF’s CHCS. |
| Second Intensive Care Unit Ward Code | 4 | 213-216 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | Second ICU ward code. MEPRS-4 codes are used. MEPRS-3 codes are standard throughout the MHS. The added character to a MEPRS-3 code to make it a MEPRS-4 code is determined by the facility and coded in the MTF’s CHCS |
| Second Referring MEPRS Code | 4 | 217-220 | A-numeric | NA | MEPRS-4 Codes. Source: specific MTF’s CHCS | The clinic service that referred the patient to the secondary ICU ward. MEPRS-4 codes are used. MEPRS-3 codes are standard throughout the MHS. The added character to a MEPRS-3 code to make it a MEPRS-4 code is determined by the facility and coded in the MTF’s CHCS |
| Filler | 1 | 221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII Line Feed) | 1 | 222 | character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑4 SIDR Data Elements [Record Segment 3]

| SEGMENT 3Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | The DMIS identification code for the MTF. |
| Segment Number | 1 | 6 | Numeric | NA | ‘3’ | Segment of record with a fixed value = ‘3’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Final Diagnosis Related Group (DRG) Code | 3 | 14-16 | Numeric | NA | Source: CHCS | DRG coded for the episode of care. |
| Major Diagnostic Category (MDC) Code | 2 | 17-18 | Numeric | NA | Source: CHCS | MDC assigned to the episode of care. |
| Grouper ID Version | 5 | 19-23 | A-numeric | NA | None | The Grouper version used to assign the DRG. |
| Case Computed Weight | 8 | 24-31 | Decimal | NA | None | The DRG case weight calculated for this episode. Format is “nnn.dddd”. |
| Diagnosis #2 CC or Indicator | 1 | 32 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #2 was a complication/comorbidity.0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Diagnosis #3 CC or Indicator | 1 | 33 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #3 was a complication/comorbidity. 0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Diagnosis #4 CC or Indicator | 1 | 34 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #4 was a complication/comorbidity. 0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Diagnosis #5 CC or Indicator | 1 | 35 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #5 was a complication/comorbidity. 0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Diagnosis #6 CC or Indicator | 1 | 36 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #6 was a complication/comorbidity. 0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Diagnosis #7 CC or Indicator | 1 | 37 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #7 was a complication/comorbidity. 0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Diagnosis #8 CC or Indicator | 1 | 38 | A-numeric | NA | 0, 1 | Indicates whether or not diagnosis #8 was a complication/comorbidity. 0 Was not a complication/comorbidity1 Was a complication/comorbidity |
| Medical or Surgical Case | 1 | 39 | A-numeric | NA | M, S, Z | Indication of a medical or surgical case. Coded as follows:M Medical caseS Surgical caseZ Unknown (no assignment made) |
| Encoder/Grouper Return Code | 2 | 40-41 | A-numeric | NA | A, F | The Encoder Grouper return code upon completion of grouping. Coded as follows:A Acceptable to groupF Fail to group |
| DRG Cost | 6 | 42-47 | Numeric | NA | None | The DRG cost to the facility attributed to this episode of care. |
| Filler | 4 | 48-51 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Blood/Blood Components Usage | 1 | 52 | A-numeric | NA | 0, 1 | Indicator of whether or not the patient received blood or blood components. Coded as follows:0 Patient did not receive blood1 Patient did receive blood |
| Marital Status | 1 | 53 | A-numeric | NA | A,D,I,J,L,M,S,W,Z | Code that represents the marital status of the patient.A AnnulledD DivorcedI Interlocutory decreeL Legally SeparatedM MarriedN Never marriedS Single/Not marriedW Widow or widowerZ Unknown |
| Edit Override | 1 | 54 | A-numeric | NA | F | Indicator that an edit override occurred. The person entering the data can override the normal CHCS edits.blank An edit override condition did not occurF An edit override condition did occur |
| Filler | 5 | 55-59 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Record Disposition Status | 1 | 60 | A-numeric | NA | C,D,E,F | The code that categorizes the record’s completeness. Coded as follows:C Inpatient records have been cancelledD Inpatient record of a patient that has been discharged and the record is completeE Inpatient record of a patient that has been admitted to the facilityF Inpatient record of a patient that has been discharged, but the record is incomplete |
| Version Number | 1 | 61 | A-numeric | NA | None | The code that reflects the version of the record being submitted. |
| Year and Month of Transmittal Period | 4 | 62-65 | Numeric | NA | None | The year and month that the record is transmitted (YYMM). |
| Filler | 1 | 66 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Mother's/Newborn's Register Number | 7 | 67-73 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the mother or newborn, when one exists for an inpatient stay. |
| Filler | 3 | 74-76 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Duty Station Zip Code APO/FPO Number | 9 | 77-85 | Numeric | NA | Source: MTF Master File or CHCS  | Sponsor’s duty station postal zip code or Army/Air Post Office (APO) or Fleet Post Office (FPO). |
| Procedure Number | 2 | 86-87 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 88-96 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 97-105 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 106-114 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 115-123 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 124-125 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 126-134 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 135-143 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 144-152 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 153-161 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 162-163 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 164-172 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 173-181 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 182-190 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 191-199 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Medicare Eligibility – Part A | 1 | 200 | A-numeric | NA | A, null | A code describing the beneficiary’s Medicare Part A eligibility. Coded as follows:A Eligible for Medicare Part Anull No beneficiary eligibility for Medicare Part A  |
| Medicare Eligibility – Part B | 1 | 201 | A-numeric | NA | B, null | A code describing the beneficiary’s Medicare Part B eligibility. Coded as follows:B Eligible for Medicare Part Bnull No beneficiary eligibility for Medicare Part B  |
| Attending Provider Primary Taxonomy | 10 | 202-211 | A-numeric | NA | None | The attending provider’s primary HIPAA Provider Taxonomy code. |
| Military Occupation Code | 10 | 212-221 | A-numeric | NA | Source: CHCS reference table | The military assigned code for the primary military occupation status, Navy enlisted rating designator (DESIG) or Air Force specialty code (AFSC). |
| EOR (ASCII Line Feed) | 1 | 222 | character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑5 SIDR Data Elements [Record Segment 4]

| SEGMENT 4Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | The DMIS identification code for the MTF. |
| Segment Number | 1 | 6 | Numeric | NA | ‘4’ | Segment of record with a fixed value = ‘4’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Procedure Number | 2 | 14-15 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 16-24 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 25-33 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 34-42 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 43-51 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 52-53 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 54-62 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 63-71 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 72-80 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 81-89 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 90-91 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 92-100 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 101-109 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 110-118 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 119-127 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 128-129 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 130-138 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 139-147 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 148-156 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 157-165 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 166-167 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 168-176 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 177-185 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 186-194 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 195-203 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| PCM ID | 10 | 204-213 | A-numeric | NA | Source: CHCS | Primary Care Manager (PCM) for the patient. |
| PCM Contractor Location Code | 2 | 214-215 | Numeric | NA | 00, 01 | The identification of a PCM as either direct care or contracted.00 Direct care PCM01 Contracted PCM |
| Enrolling Division DMIS ID | 4 | 216-219 | A-numeric | NA | Source: MTF Master File or CHCS  | Identification number of the facility that enrolled the patient in TRICARE prime. |
| Filler | 2 | 220-221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII Line Feed) | 1 | 222 | character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑6 SIDR Data Elements [Record Segment 5]

| SEGMENT 5Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| Segment Number | 1 | 6 | Numeric | NA | ‘5’ | Segment of record with a fixed value = ‘5’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Procedure Number | 2 | 14-15 | Numeric | NA | 1 -20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 16-24 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 25-33 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 34-42 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 43-51 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 52-53 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 54-62 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 63-71 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 72-80 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 81-89 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| Procedure Number | 2 | 90-91 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 | 9 | 92-100 | A-numeric | NA | Source: CHCS | Primary provider rendering services for the procedure number identified above. |
| Provider #2 | 9 | 101-109 | A-numeric | NA | Source: CHCS | Second provider rendering services for the procedure number identified above. |
| Provider #3 | 9 | 110-118 | A-numeric | NA | Source: CHCS | Third provider rendering services for the procedure number identified above. |
| Provider #4 | 9 | 119-127 | A-numeric | NA | Source: CHCS | Fourth provider rendering services for the procedure number identified above. |
| NED PCM ID | 18 | 128-145 | A-numeric | NA | None | The identifier of the Primary Care Manager (PCM) that the person is enrolled to. |
| NED PCM ID Type Code | 1 | 146 | A-numeric | NA | Source: CHCS | The classification type of the enrollment PCM.  |
| MCP Group ID | 19 | 147-165 | A-numeric | NA | Source: CHCS | The Managed Care Provider (MCP) group identification. |
| MCP Group Name | 30 | 166-195 | A-numeric | NA | Source: CHCS | The MCP group name. |
| Patient Identifier | 10 | 196-205 | A-numeric | NA | None | The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (EDI). |
| Diagnosis #9 | 8 | 206-213 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 9th diagnosis. |
| Diagnosis #10 | 8 | 214-221 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 10th diagnosis. |
| EOR (ASCII Line Feed) | 1 | 222 | character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑7 SIDR Data Elements [Record Segment 6]

| SEGMENT 6Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| Segment Number | 1 | 6 | Numeric | NA | ‘6’ | Segment of record with a fixed value = ‘6’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Diagnosis #11 | 8 | 14-21 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 11th diagnosis. |
| Diagnosis #12 | 8 | 22-29 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 12th diagnosis. |
| Diagnosis #13 | 8 | 30-37 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 13th diagnosis. |
| Diagnosis #14 | 8 | 38-45 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 14th diagnosis. |
| Diagnosis #15 | 8 | 46-53 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 15th diagnosis. |
| Diagnosis #16 | 8 | 54-61 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 16th diagnosis. |
| Diagnosis #17 | 8 | 62-69 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 17th diagnosis. |
| Diagnosis #18 | 8 | 70-77 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 18th diagnosis. |
| Diagnosis #19 | 8 | 78-85 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 19th diagnosis. |
| Diagnosis #20 | 8 | 86-93 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | Diagnostic information on the patient’s condition. It is coded using ICD-9-CM. 20th diagnosis. |
| Procedure #9 | 8 | 94-101 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #10 | 8 | 102-109 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #11 | 8 | 110-117 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #12 | 8 | 118-125 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #13 | 8 | 126-133 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #14 | 8 | 134-141 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #15 | 8 | 142-149 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #16 | 8 | 150-157 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #17 | 8 | 158-165 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #18 | 8 | 166-173 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #19 | 8 | 174-181 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| Procedure #20 | 8 | 182-189 | A-numeric | NA | ICD-9-CM codes with extenders. Source: CHCS | Treatment and surgical procedure performed on a patient during a period of hospitalization using ICD-9-CM codes. |
| OB Quarters Case | 1 | 190 | A-numeric | NA | 0, 1 | Denotes that a patient has been placed on quarters for obstetrics (OB) reasons.0 The patient is not on quarters for OB1 The patient is on quarters for OB |
| Patient Name | 14 | 191-204 | A-numeric | NA | None | The legal name of the patient. |
| Reason for Cancel | 2 | 205-206 | Numeric | NA | 01, 02, 03, 04 | The reason for which the patient record was cancelled.01 Resources unavailable to care for patient02 Unable to process record – patient admitted with no Register Number03 Unable to process record – patient not admitted04 Patient admitted in error  |
| CHCS Version Number | 7 | 207-213 | A-numeric | NA | Source: CHCS | The particular software version of CHCS used equals ‘0004.60’ |
| Medical Hold Days | 4 | 214-217 | Numeric | NA | None | The total number of days spent by an active duty inpatient at a facility that accounts for the inpatient being well enough to leave an operating bed but not well enough to be sent back to a regular unit. |
| Filler | 4 | 218-221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII Line Feed) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑8 SIDR Data Elements [Record Segment 7]

| SEGMENT 7Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| Segment Number | 1 | 6 | Numeric | NA | ‘7’ | Segment of record with a fixed value = ‘7’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Procedure Number | 2 | 14-15 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 16-25 | Numeric | NA | None | Provider’s National Provider Identifier (NPI) identifier. |
| NPI Qualifier | 1 | 26 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 27-36 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 37 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 38-47 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 48 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 49-58 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 59 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 60-61 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 62-71 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 72 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 73-82 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 83 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 84-93 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 94 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 95-104 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 105 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 106-107 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 108-117 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 118 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 119-128 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 129 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 130-139 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 140 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 141-150 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 151 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 152-153 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 154-163 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 164 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 165-174 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 175 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 176-185 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 186 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 187-196 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 197 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Filler | 24 | 198-221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII Line Feed) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑9 SIDR Data Elements [Record Segment 8]

| SEGMENT 8Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| Segment Number | 1 | 6 | Numeric | NA | ‘8’ | Segment of record with a fixed value = ‘8’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Procedure Number | 2 | 14-15 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 16-25 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 26 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 27-36 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 37 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 38-47 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 48 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 49-58 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 59 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 60-61 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 62-71 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 72 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 73-82 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 83 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 84-93 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 94 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 95-104 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 105 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 106-107 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 108-117 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 118 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 119-128 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 129 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 130-139 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 140 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 141-150 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 151 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 152-153 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 154-163 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 164 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 165-174 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 175 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 176-185 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 186 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 187-196 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 197 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Filler | 24 | 198-221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII Line Feed) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑10 SIDR Data Elements [Record Segment 9]

| SEGMENT 9Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID Code | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| Segment Number | 1 | 6 | Numeric | NA | ‘9’ | Segment of record with a fixed value = ‘9’ |
| Patient Register Number | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| Procedure Number | 2 | 14-15 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 16-25 | Numeric | NA | None | Provider’s National Provider Identifier (NPI) identifier. |
| NPI Qualifier | 1 | 26 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 27-36 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 37 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 38-47 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 48 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 49-58 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 59 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 60-61 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 62-71 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 72 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 73-82 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 83 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 84-93 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 94 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 95-104 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 105 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Procedure Number | 2 | 106-107 | Numeric | NA | 1-20 | The procedure number associated with the procedure code identified in Segment #2 or #6. |
| Provider #1 NPI ID | 10 | 108-117 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 118 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #2 NPI ID | 10 | 119-128 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 129 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #3 NPI ID | 10 | 130-139 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 140 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Provider #4 NPI ID | 10 | 141-150 | Numeric | NA | None | Provider’s NPI identifier. |
| NPI Qualifier | 1 | 151 | Numeric | NA | 1, 2 | The NPI entity type. Coded as follows:1 Individual providers2 Organizational providers |
| Attending Provider NPI ID | 10 | 152-161 | Numeric | NA | None | The attending provider’s NPI identifier. |
| Attending Provider NPI ID Type Code | 1 | 162 | Numeric | NA |  | The type of NPI ID code for the attending provider. |
| Attending Provider EDI\_PN | 10 | 163-172 | Numeric | NA | None | The attending provider’s identifier that is used to represent a person number (PN) within a Department of Defense Electronic Data Interchange (EDI). |
| Admitting Provider NPI ID | 10 | 173-182 | Numeric | NA | None | The admitting provider’s NPI identifier. |
| Admitting Provider NPI ID Type Code | 1 | 183 | Numeric | NA |  | The type of NPI ID code for the admitting provider. |
| Admitting Provider SSN | 9 | 184-192 | Numeric | NA | None | The SSN of the admitting provider. |
| Admitting Provider EDI\_PN | 10 | 193-202 | Numeric | NA | None | The admitting provider’s identifier that is used to represent a person number (PN) within a Department of Defense Electronic Data Interchange (EDI). |
| Admitting Provider Primary Taxonomy | 10 | 203-212 | A-numeric | NA | None | The admitting provider’s primary HIPAA taxonomy code. |
| Date of Injury | 8 | 213-220 | A-numeric | NA | None | The date of the injury. Format: YYYYMMDD |
| Patient Subcategory Code | 1 | 221 | A-numeric | NA | None | The patient’s subcategory code. |
| EOR (ASCII Line Feed) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑11 SIDR Data Elements [Record Segment 10]

| SEGMENT 10Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID CODE | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| SEGMENT NUMBER | 1 | 6 | A-numeric | NA | ‘A’ | Segment of record with a fixed value = ‘A’ |
| PATIENT REGISTER NUMBER | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| POA INDICATOR DIAGNOSIS 1 | 1 | 14 | A-numeric | NA | None | Present On Admission (POA) flag for diagnosis #1. |
| POA INDICATOR DIAGNOSIS 2 | 1 | 15 | A-numeric | NA | None | POA flag for diagnosis #2. |
| POA INDICATOR DIAGNOSIS 3 | 1 | 16 | A-numeric | NA | None | POA flag for diagnosis #3. |
| POA INDICATOR DIAGNOSIS 4 | 1 | 17 | A-numeric | NA | None | POA flag for diagnosis #4. |
| POA INDICATOR DIAGNOSIS 5 | 1 | 18 | A-numeric | NA | None | POA flag for diagnosis #5. |
| POA INDICATOR DIAGNOSIS 6 | 1 | 19 | A-numeric | NA | None | POA flag for diagnosis #6. |
| POA INDICATOR DIAGNOSIS 7 | 1 | 20 | A-numeric | NA | None | POA flag for diagnosis #7. |
| POA INDICATOR DIAGNOSIS 8 | 1 | 21 | A-numeric | NA | None | POA flag for diagnosis #8. |
| POA INDICATOR DIAGNOSIS 9 | 1 | 22 | A-numeric | NA | None | POA flag for diagnosis #9. |
| POA INDICATOR DIAGNOSIS 10 | 1 | 23 | A-numeric | NA | None | POA flag for diagnosis #10. |
| POA INDICATOR DIAGNOSIS 11 | 1 | 24 | A-numeric | NA | None | POA flag for diagnosis #11. |
| POA INDICATOR DIAGNOSIS 12 | 1 | 25 | A-numeric | NA | None | POA flag for diagnosis #12. |
| POA INDICATOR DIAGNOSIS 13 | 1 | 26 | A-numeric | NA | None | POA flag for diagnosis #13. |
| POA INDICATOR DIAGNOSIS 14 | 1 | 27 | A-numeric | NA | None | POA flag for diagnosis #14. |
| POA INDICATOR DIAGNOSIS 15 | 1 | 28 | A-numeric | NA | None | POA flag for diagnosis #15. |
| POA INDICATOR DIAGNOSIS 16 | 1 | 29 | A-numeric | NA | None | POA flag for diagnosis #16. |
| POA INDICATOR DIAGNOSIS 17 | 1 | 30 | A-numeric | NA | None | POA flag for diagnosis #17. |
| POA INDICATOR DIAGNOSIS 18 | 1 | 31 | A-numeric | NA | None | POA flag for diagnosis #18. |
| POA INDICATOR DIAGNOSIS 19 | 1 | 32 | A-numeric | NA | None | POA flag for diagnosis #19. |
| POA INDICATOR DIAGNOSIS 20 | 1 | 33 | A-numeric | NA | None | POA flag for diagnosis #20. |
| TIME OF ADMISSION | 4 | 34-37 | Numeric | NA | None | The time of admission. Format: HHMM |
| TIME OF DISCHARGE | 4 | 38-41 | Numeric | NA | None | The time of discharge. Format: HHMM |
| ADMITTING DIAGNOSIS | 8 | 42-49 | A-numeric | NA | ICD-9 codes with extenders. Source: CHCS | The ICD-9-CM diagnosis code that was used to admit the patient. The digit in the sixth position is a DoD extender used on certain diagnoses. The seventh position may have one of the following codes:C Used with diagnostic code V27 to identify a delivery in a civilian hospitalO Condition treated at the reporting MTFU UnconfirmedZ Used for CRO and total absent sick cases |
| START DATE PROCEDURE 1 | 8 | 50-57 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 1 | 8 | 58-65 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 2 | 8 | 66-73 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 2 | 8 | 74-81 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 3 | 8 | 82-89 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 3 | 8 | 90-97 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 4 | 8 | 98-105 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 4 | 8 | 106-113 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 5 | 8 | 114-121 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 5 | 8 | 122-129 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 6 | 8 | 130-137 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 6 | 8 | 138-145 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 7 | 8 | 146-153 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 7 | 8 | 154-161 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 8 | 8 | 162-169 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 8 | 8 | 170-177 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 9 | 8 | 178-185 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 9 | 8 | 186-193 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 10 | 8 | 194-201 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 10 | 8 | 202-209 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| FILLER | 12 | 210-221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII LINE FEED) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑12 SIDR Data Elements [Record Segment 11]

| SEGMENT 11Field Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| MTF ID CODE | 5 | 1-5 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| SEGMENT NUMBER | 1 | 6 | A-numeric | NA | ‘B’ | Segment of record with a fixed value = ‘B’ |
| PATIENT REGISTER NUMBER | 7 | 7-13 | Numeric | NA | Assigned by MTF’s CHCS | Register identification number for the patient’s inpatient stay. |
| START DATE PROCEDURE 11 | 8 | 14-21 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 11 | 8 | 22-29 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 12 | 8 | 30-37 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 12 | 8 | 38-45 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 13 | 8 | 46-53 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 13 | 8 | 54-61 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 14 | 8 | 62-69 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 14 | 8 | 70-77 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 15 | 8 | 78-85 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 15 | 8 | 86-93 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 16 | 8 | 94-101 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 16 | 8 | 102-109 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 17 | 8 | 110-117 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 17 | 8 | 118-125 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 18 | 8 | 126-133 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 18 | 8 | 134-141 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 19 | 8 | 142-149 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 19 | 8 | 150-157 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| START DATE PROCEDURE 20 | 8 | 158-165 | Numeric | NA | None | The start date of the numbered procedure. Format: YYYYMMDD |
| STOP DATE PROCEDURE 20 | 8 | 166-173 | Numeric | NA | None | The stop date of the numbered procedure. Format: YYYYMMDD |
| FILLER | 48 | 174-221 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| EOR (ASCII LINE FEED) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

Table A‑13 SIDR Data Elements [Trailer Record]

| TRAILERField Name(logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| D Records | 5 | 1-5 | Numeric | NA | None | The total number of D type records. The patient has been discharged and the record is complete. |
| E Records | 5 | 6-10 | Numeric | NA | None | The total number of E type records. The patient has been admitted to the facility. |
| F Records | 5 | 11-15 | Numeric | NA | None | The total number of F type records. The patient has been discharged but the record is incomplete. |
| C Records | 5 | 16-20 | Numeric | NA | None | The total number of C type records. These records have been cancelled. |
| Total Records | 6 | 21-26 | Numeric | NA | None | The total number of records in the SIDR feed. |
| MTF Code | 5 | 27-31 | A-numeric | NA | Source: MTF Master File or CHCS  | MTF code for the reporting facility. |
| Filler | 189 | 32-220 | A-numeric | NA | None | Field that serves as a filler between record fields. |
| Record ID | 1 | 221 | A-numeric | NA | ‘T’ | Fixed value = ‘T’ |
| EOR (ASCII Line Feed) | 1 | 222 | Character | NA | ‘\n’ | End of record is signified by a ASCII Line Feed (i.e., ‘\n’ equating to an octal value of 012) |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **AD** | Active Duty |
| **AFSC** | Air Force specialty code |
| **AHLTA** | Armed Forces Health Longitudinal Technology Application |
| **APO** | Army/Air Post Office |
| **ASCII** | American Standard Code for Information Interchange |
| **AWOL** | Absent Without Leave |
| **CCB** | Configuration Control Board |
| **CEIS** | Corporate Executive Information System |
| **CHCS** | Composite Health Care System |
| **COTS** | Commercial Off The Shelf |
| **CRO** | Carded for Record Only |
| **DCN** | Document Change Notice |
| **DDS** | DEERS Dependent Suffix |
| **DECC** | Defense Enterprise Computing Center |
| **DEERS** | Defense Enrollment Eligibility Reporting System |
| **D/SIDDOMS** | Defense/Systems Integration, Design, Development, Operations and Maintenance |
| **DHIMS** | Defense Health Information Management Systems |
| **DHSS** | Defense Health Services Systems |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **DRG** | Diagnosis Related Group |
| **ECHO** | TRICARE Extended Care Health Option program |
| **EDI** | Electronic Data Interchange |
| **EIDS** | Executive Information/Decision Support |
| **EOR** | End Of Record |
| **ER** | Emergency Room |
| **FMP** | Family Member Prefix |
| **FPO** | Fleet Post Office |
| **FY** | Fiscal Year |
| **HCDP** | Health Care Delivery Plan |
| **HCP** | Health Care Provider |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HMO** | Health Maintenance Organization |
| **IA** | Information Assurance |
| **ICD** | Initial Capabilities Document |
| **ICD** | Interface Control Document |
| **ICD-9** | International Classification of Diseases 9th Edition |
| **ICU** | Intensive Care Unit |
| **IWG** | Interface Working Group |
| **JROC** | Joint Requirements Oversight Council |
| **M2** | MHS Mart |
| **MAC** | Mission Assurance Category |
| **MCP** | Managed Care Provider |
| **MDC** | Major Diagnostic Category |
| **MDR** | MHS Data Repository |
| **MEPRS** | Medical Expense and Performance Reporting System |
| **MHS** | Military Health System |
| **MTF** | Medical Treatment Facility |
| **NED** | National Enrollment Database |
| **NPI** | National Provider Identifier |
| **OB** | Obstetrics |
| **ODS** | Operational Data Store |
| **OKC** | Oklahoma City |
| **ORD** | Operational Requirements Document |
| **PCS** | Permanent Change of Station |
| **PCM** | Primary Care Manager |
| **PID** | Person Identifier |
| **POA** | Present On Admission  |
| **SAS** | Statistical Analysis Software |
| **SCE** | SAS Computing Environment  |
| **SFTP** | Secure File Transfer Protocol |
| **SIDR** | Standard Inpatient Data Record |
| **SSN** | Social Security Number |
| **TSM** | Tivoli Storage Manager |
| **UIC** | Unit Identification Code |