**14 November 2011**

Standard Ambulatory Data Record (SADR)

For FY04 - FY11

for the MHS Data Repository (MDR)

(Version 2.00.02)

Current Specification

Revision History

| Version | Date | Para/Tbl/Fig | Originator | Description of Change |
| --- | --- | --- | --- | --- |
| 1.01.00 | 02/24/2009 | * III. * V.1.b. * V. Variable table |  | * Organize into fiscal year files. * Delete V.1.b. * Merge to CAPER Basic and add EM1-EM3 and CPT1-10, units of service, and modifiers from CAPER to SADR on match. If no match, retain CPT and CPT1-CPT4 codes from the SADR, and for non-blank fields, set units of service to 1. Derive enhanced RVU fields. |
| 1.02.00 | 07/10/2009 | * V.7 and V.8 * V.8 * V. Variable table * V. Variable table | S. Rogers | * Revise application of APGs to telephone consults. * Change application of APG weight from by APG to by APG, FY. * Add gender logic to application of MDC. * Correct specification language to reflect application of costs by cost parent, not by MEPRS parent. |
| 1.02.01 | 07/24/2009 | * V.14.viii * V. Variable table | S. Rogers | * Add new derived SADR appointment status variable that identifies a walk-in appointment by the WALKIN flag in the appointment record. * Rename APPTSTAT to APPTSTAT1. * Add APPTSTAT. |
| 1.02.02 | 07/31/2009 | * V.15 | S. Rogers | * Following the merge of CAPER Basic records, CAPER E&M codes, procedural CPT codes, modifiers and units of service are applied to reported SADRs only. |
| 1.02.03 | 08/24/2009 | * V.7.b. | S. Rogers | * Modified first bullet to remove APGs associated with other CPT codes on the record. |
| 1.02.04 | 11/05/2009 | * Appendix 6 | S. Rogers | * Clarify derivation of Visit Class = TEL |
| 1.02.05 | 12/18/2009 | * V.14 | S. Rogers | * Omit records from the appointment data based on the INFRSADR flag from the DMISID table (Y=keep, N=omit). |
| 1.02.06 | 01/21/2010 | * V.14 | S. Rogers | * Administrative change to reflect weekly (vs previous monthly) availability of appointment file. |
| 1.02.07 | 03/22/2010 | * Appendix 3 | K. Hutchinson | * Administrative only – removed “HPA&E” from Countable Visit Algorithm |
| 1.02.08 | 04/01/2010 | * V. Variable Table * IV.. Receiving Filters | K. Hutchinson | * Added new instructions for ACV1 in regards to appointment-inferred records. * Added new instructions for 0 or missing values in CPT unit of service fields. * Updated reference to table identifying test records by invalid MEPR codes. |
| 1.02.09 | 04/05/2010 | * V. Variable Table | S. Rogers | Added new instructions for 0 or missing values in CPT unit of service fields beyond CPT, CPT1-CPT4. |
| 1.02.10 | 06/25/2010 | * V.10. * V. Variable Table * Appendix 5 * Appendix 6 * Appendix 8 | S. Rogers | * Add/modify RVU labels and derivations in accordance with April 2010 FPG decision:   + Relabel fields for Raw RVU E&M and Raw RVU 1-4 to Raw Work RVU E&M and Raw Work RVU 1-4   + Add fields PE RVU E&M and PE RVU 1-4   + Relabel Raw Work RVU (total) to Simple Work RVU   + Relabel PPS Facility RVU to Simple PE RVU   + Relabel Enhanced Simple RVU to Enhanced Work RVU   + Delete PPSWRVU and RVUFLAG   + Add Facility Flag (FAC\_FLAG)   + Apply Unit of Service Limits and Unit of Service Substitute values to records for use in later derivations (not retained).   + Test CPT Units of Service against Unit of Service Limits and use Substitute where required.   + Incorporate modifiers, Facility Flag designation and units of service into application of RVUs where required.   + Modify inferred table completion processes to address new/modified RVUs. * Clarify existing application and calculation of costs. |
| 1.03.00 | 08/24/2010 | * V. Table 1 * V. Table 2 * Appendix 5 | S. Rogers | * Freeze this version of the MDR SADR specification for FY03 and back. * Clarify RVU field derivations when there are differences between FY03 and FY04+ (new RVUs and associated fields are applicable for FY04+ only). * Clarify which RVU fields are affected by which new RVU methodology caveats (as described in Appendix 5). * Undeleted PPSWRVU, PPSFRVU and RVUFLAG (still applicable in FY03) * Corrected PERVU derivation. * Updated PROVID and RANKPAY derivations for inferred (appt-based) records due to changes in Appointment file field lengths.. |
| 2.00.00 | 09/08/2010 | * Throughout * V.9 * III | S. Rogers | * Removed all references to FY03 and prior and fields not applicable to FY04 forward. * Removed discussion of the potential future provider cleanup process that would refer to the FILEMAN T1 Table of Providers. Will not be developed for SADRs. * Removed reference to the Restoration Deduping process. Will not be developed for SADRs. * Clean-up of RVU descriptions. |
| 2.00.01 | 09/14/2011 | * III * VI | S. Rogers | * Noted that SADRs will only be processed through FY11. |
| 2.00.02 | 11/14/2011 | * V * III, VI | S. Rogers | * Correct variable names reported in this document as associated with full and variable costs for E&M APG and Medical APG on actual records. * FY11 SADRs to be processed weekly through December 2011 and then in October 2012. |

**STANDARD AMBULATORY DATA RECORD (SADR) FOR THE MDR[[1]](#footnote-1)**

1. SOURCE

Data capture system: ADS

1. TRANSMISSION (Format and Frequency)

SADR transmission occurs daily from Ambulatory Data System (ADS) computers to the EI/DS Feed Node, where they are batched and submitted weekly for MDR processing.

1. ORGANIZATION AND BATCHING

SADRs are organized into fiscal year files through FY11[[2]](#footnote-2).

SADRs are processed weekly and will be harvested at the same time each week (e.g., every Tuesday morning; Tuesdays may be the best due to numerous holidays falling on Mondays). Raw data batches are created, processed, and appended/updated to the master file.[[3]](#footnote-3) If SADRs are received from a fiscal year not being processed that month, they will be held to batch with all others received prior to that year’s next update batch.

Frequency of updates, based on SADR encounter date:

* Current FY: Every week
* Prior FY: weekly for one quarter (October, November, and December) then semiannually (April, October)
* All years prior to prior FY: Annually (October)

Effective October 2011, updates will follow the schedule below, based on SADR encounter date:

* FY12+: No processing.
* FY11: Weekly for one quarter (October, November, and December) ~~May 2012,~~ and October 2012.
* FY04-FY10: One-time final processing as directed by DHCAPE.

1. RECEIVING FILTERS

All non-encounter SADRs are filtered out (no shows and cancellations, based on appointment status type; left without being seen, based on disposition code).

Only SADRs where the MEPRS code begins with the letters A through G are kept.

All test records are filtered out, where test records are identified as those with MEPRS 3-level codes other than standard codes from the EAS-IV Repository Account Subset Definition (ASD) table or from CHCS.[[4]](#footnote-4)

1. FIELD TRANSFORMATIONS AND DELETIONS FOR MDR CORE DATABASE
2. Valid data records that are not realized encounters may represent cancelled encounters. A data record must pass the following tests to be considered a cancelled encounter, suitable for inclusion in the cancelled encounter data set for the given fiscal year:
   1. The value of the source data field, Appointment Status Type, must be 5, 7, 8, or 9 or the value of the source data field, Disposition Code, must be 5.

The cancelled encounter data are the collection of all cancelled encounters that have been observed for the given fiscal year. Like a SADR encounter, a cancelled encounter is uniquely identified within the cancelled encounter data set by the source data fields:

1. Treatment DMIS ID; and
2. Appointment Identifier Number.

When multiple data records are presented for the same cancelled encounter, the data record with the largest value (i.e., the most recent value) of the source data field, Appointment SADR Extract Date, is selected to preserve uniqueness within the cancelled encounter data set.

The cancelled encounters are linked to the SADR data by the source data fields Treatment DMIS ID and Appointment Identifier Number. If the source data field Appointment SADR Extract Date from a cancelled encounter is greater than its counterpart from the SADR encounter, the SADR encounter is removed from the MDR detail data set.

1. During the extraction of the raw records, the processor de-duplicates the incoming data by selecting the largest value of the Appointment SADR Status (SADRSTAT) and the largest value of Appointment SADR Extract Date (EXTRDATE), in that order of preference, for any given SADR key (Treatment DMIS ID and Appointment Identifier Number). The same test is applied during the merge of the incoming records to the existing master records and combined with logic for reducing updates. That is to say, when a SADR key collision occurs between the incoming data and the existing master data set, the preferred record should be decided by:
2. If the Appointment Status of the master record is larger than that of the incoming record (e.g., U [updated] versus R [ready]), keep the master record and discard the incoming record.
3. If the Appointment Status of the records is identical and the Extract Date of the master record is larger (i.e., more recent) than that of the incoming record, keep the master record and discard the incoming record.
4. If any field differs between the master record and the incoming record, discard the master record and keep the incoming record (i.e., assume that the update is more recent or correct).
5. Otherwise, keep the master record and discard the incoming record (because they are exact duplicates).
6. See the MPI specification for appending PATUNIQ, SPONSSN, DDS, and PARC.
7. Append the Enrollment DMISID (DEERSENR), Alternate Care Value (ACV), Health Care Delivery Program Code (HCDPLVM4), Beneficiary Category (BENCATX), and the PCM ID (PCMIDLVM) from the longitudinal LVM4. (This merge occurs after the MPI merge described above and occurs on the “whole” SADR dataset, not just the newly processed records):
8. Merge to the LVM4 by PATUNIQ.
9. If a match is found, assign DEERSENR, ACV, and HCDPLVM4 (If these values are missing/blank from LVM4, then the fields remain missing/blank).
10. Use a merge to the parent-child DMIS ID tables based on encounter date and treatment DMIS ID to append the MEPRS Parent DMIS ID, Clinic State, and Clinic Zip Code. Although the DMIS ID and CAD feed processing will be accelerated so that tables are available by the 5th working day of the month, this may cause a one or two day delay in throughput for the first weekly SADR batch of the month.
11. Use the current version of the Ambulatory Patient Group (APG) Grouper in order to append:

* The E&M APG code
* The Medical APG code
* Any applicable procedural APG codes

The diagnosis code fields submitted as part of the feed to the grouping software should be formatted to remove the decimal and to substring to the first “space” that is encountered (for example, “V70.5 0 ” would be submitted as “V705”).

For FY05 and forward, prior to application of APGs by the APG Grouper, all 99499 values in the CPT Code – E&M will be temporarily converted to ‘BLANK’ to prevent assignment of a valid E&M APG code or of related APGs in other positions. In the event an E&M APG code is assigned, it will be removed.

1. For non-telephone consults (APPTSTAT ≠6) with E&M CPT codes of 99499, E&M CPT of 99499 will be restored and no E&M APG will be assigned.
2. For telephone consults (APPTSTAT=6) with E&M CPT codes of 99499, the following action will be taken:

* For FY05-FY07, if the provider (PROVSPEC and SPC) is a credentialed provider, the E&M CPT of 99499 will be restored and an E&M APG of 999 will be assigned. Any other APGs assigned in association with other CPT codes on the record will also be removed.
* For FY05-FY07, if the provider (PROVSPEC or SPC) is not a credentialed provider, the E&M CPT of 99499 will be restored and no E&M APG will be assigned. Any other APGs assigned in association with other CPT codes on the record will also be removed.
* For FY08+, the E&M CPT of 99499 will be restored and APGs will be assigned per the following paragraph.

For FY08 and forward, telephone consults (APPTSTAT=6) will be handled as follows:

1. For records with E&M CPT codes of 99371-99373 or 99441-99444, the following actions will be taken:

* An E&M APG of 901 will be assigned.
* Any other APGs assigned in association with other CPT codes on the record will be removed.

1. For records that do not meet condition (a) and do have a CPT code of 98966, 98967, or 98968 in any CPT code position, the following actions will be taken:

* An E&M APG of 902 will be assigned.
* Any other APGs assigned in association with other CPT codes on the record will be removed.

1. For records that do not meet either condition (a) or condition (b), the following actions will be taken:

* An E&M APG of 999 will be assigned.
* Any other APGs assigned in association with other CPT codes on the record will be removed.

1. Merge to the APG weight table (by APG and fiscal year) and to the cost masters (by treatment DMIS ID cost parent, APG, and fiscal year, DHP sites only (IF MTFSVC = A, N, F)) to append the full cost less clinician salary, variable cost less clinician salary, components of full/variable cost (other labor, laboratory, radiology, other ancillary, other, and pharmacy), and price fields. Merge to the cost master matching the treatment DMIS ID cost parent and fiscal year to append the full and variable clinician salary per Organizational Work RVU.

### Merge to and update a Provider Table as follows:

* Select the current Provider Table for the current and previous quarterly batches, for all other quarterly batches, select the Provider table that ended the quarter that followed the quarter of the batch.
* Sort new SADRs in order of encounter date, treatment DMIS ID, and Provider ID.
* Using only SADRs with non-blank Provider Specialty, merge with selected Provider Table based on Treatment DMIS ID and Provider ID, keeping last record’s Provider Specialty and encounter date, but only if the encounter date is more recent than the date shown for that provider in the table.
* Save the new Provider Table in the “current” position, and if this is the first update to the Provider table in the quarter, save the previous version identified as “quarter-end” of the appropriate quarter and year.
* For all new SADRs, append Provider 1 Specialty Code, Provider 2 Specialty Code, and Provider 3 Specialty Code by merging the SADRs against the selected (and updated) Provider Table. (These fields are left blank if there are no corresponding providers or if no specialty is recognized for a given provider).

1. Apply the MDR Direct Care (SADR) CPT weight table format for each of the individual CPT codes. The calendar year of the encounter date determines the weight table to use. Apply the following values, keeping those marked “for derivation but not retained” only for the duration of the calculation process (listed in table Fields Derived but not Retained). All records receive RVUs regardless of MEPRS code. See Appendix 5 for additional detail about this and subsequent RVU derivations:

Fields required for RVU derivations:

* Facility Flag
* Unit of Service Limit (used for derivation but not retained)
* Unit of Service Substitute (used for derivation but not retained)

Raw measures (based on MHS-updated RVU values) without modifiers or units of service. These measures are used for derivations but not retained:

* Raw Work E&M RVU (RRVUBE)
* Raw Work RVU corresponding to each procedural CPT code (RRVUB1-RRVUB4)
* Raw Non-facility Practice Expense E&M RVU (NPRVUBE)
* Raw Non-facility Practice Expense RVU corresponding to each procedural CPT code (NPRVUB1-NPRVUB4)
* Raw Facility Practice Expense E&M RVU (FPRVUBE)
* Raw Facility Practice Expense RVU corresponding to each procedural CPT code (FPRVUB1-FPRVUB4)
* Raw Historical Work E&M RVU
* Raw Historical Work RVUs corresponding to each procedural CPT code

Raw measures (based on MHS-updated RVU values) with modifiers for Lab/Rad codes but not units of service:

* Raw Work E&M RVU (RRVUE)
* Raw Work RVU corresponding to each procedural CPT code (RRVU1-RRVU4)
* Raw Non-facility Practice Expense E&M RVU (NPRVUE)
* Raw Non-facility Practice Expense RVU corresponding to each procedural CPT code (NPRVU1-NPRVU4)
* Raw Facility Practice Expense E&M RVU (FPRVUE)
* Raw Facility Practice Expense RVU corresponding to each procedural CPT code (FPRVU1-FPRVU4)

Derived measures:

* Practice Expense E&M RVU, based on Facility Flag, using modifiers for Lab/Rad, but not units of service (PERVUE)
* Practice Expense RVU, based on Facility Flag, using modifiers for Lab/Rad, but not units of service, corresponding to each procedural CPT code (PERVU1-PERVU4)

Aggregate measures:

* Simple Work RVU, sum of the individual Raw Work RVUs without modifiers or units of service (RRVU)
* Simple Practice Expense RVU sum of the individual Facility or Non-facility Practice Expense RVUs, based on Facility Flag, without modifiers or units of service. (PERVU)
* Enhanced Work RVU, sum of the Work RVUs (using modifiers) multiplied by the units of service (RVU\_ES)
* Enhanced PE RVU, sum of the PE RVU, Facility or Non-Facility based on the Facility Flag, using modifiers, multiplied by the units of service (RVU\_EPE)
* Enhanced Total RVU, sum of Enhanced Work and Enhanced PE RVU (RVU\_ET)
* Individual Work RVU, discounting by 50% all but the highest RVU (without modifiers or units of service) and adding (IWRVU)
* Organizational Work RVU, discounting by 50% all but the highest RVU (without modifiers or units of service) and adding, accounts for multiple providers) (OWRVU)

1. Merge to the Third Party Collection (TPC) table by encounter date fiscal year and first three characters of MEPRS code to append Third Party Collection Rate.
2. Append the “multiple key” SADR suffix if necessary (see appendix).
3. Various other fields are appended as noted in the table Fields in the Robust MDR SADR.
4. When the master file from SADRs is complete, compare records from the master appointment file with the SADR file to identify appointment records that are candidates for addition to the SADR as appointment inferred SADRs and to add appointment record fields as indicated. The process of creating appointment inferred records will take place in coordination with the generation of the master appointment file.[[5]](#footnote-5)
5. Omit all MEPRS “A” records from the appointment file before starting the merge to SADR process. Omit all test records from the appointment file before starting the merge to SADR process where test records are identified as those with MEPRS 3-level codes other than standard codes from the EAS-IV Repository Account Subset Definition (ASD) table or from CHCS. Omit records from the appointment data based on the INFRSADR flag from the DMISID table (Y=keep, N=omit).
6. Merge in limited fields from appointment records (only those needed by the processor) using treatment DMISID and APPTIDNO as the key.
7. Only keep Appointment Records where the Appointment Status=2 (Kept), 5 (Walk-in), 6 (Sick Call), or 7 (TCON).
8. If only in SADR, write out the record.
9. If in SADR and appointment, check the count visit flag from the appointment file and correct its value in the SADR, if needed. If SADR is inferred, then update with most current appointment data and derive fields as noted in the table Fields in the Robust MDR SADR.
10. Add the Medicare Eligibility field from the appointment data to the SADR and inferred SADR.
11. If only in appointment but not in SADR, derive fields as noted in the table Fields in the Robust MDR SADR.
12. If the walk-in flag in the appointment file indicates a walk-in, set the derived SADR appointment status to walk-in. If the appointment file does not indicate a walk-in, set the derived SADR appointment status to the appointment status from the SADR or as already developed for an inferred SADR.
13. Merge to the CAPER Basic by Treatment DMISID (DMISID) and Appointment Number (APPTIDNO) to append E&M codes, procedural CPT codes, modifiers and units of service for reported SADR. When a CAPER record is found, drop CPT and CPT1-CPT4 from the SADR and append all the E&M codes, procedural CPT codes, modifiers, and units of service from the CAPER. If a CAPER record is not found, retain the E&M code and procedural CPT codes and set the units of service equal to 1 for all E&M and procedural CPT codes that have values coded. Derive the enhanced RVU fields as described in the table below.
14. During the process, all records are tracked in such a manner that they can be identified as new, modified, cancelled, etc. The process creates a “Delete” file for the M2 which is comprised of all the cancellations to be removed, as well as all records being modified. The process also creates an “Append” file which consists of all records to be added to the M2 table. See the M2 specification for the layouts.

| **Table 1. Fields Derived But Not Retained** | | | | |
| --- | --- | --- | --- | --- |
| **Field** | **Type** | **Source Position** | **SAS Name** | **Derivation** |
| Unit of Service Limit – E&M #1 | N(3) |  | UOSLIM | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT. |
| Unit of Service Substitute – E&M #1 | N(3) |  | UOSSUB | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT. |
| Unit of Service Limit – Proc #1-#4 | N(3) |  | UOSLIM*J* | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT *J* for procedures *J*=1 to 4. |
| Unit of Service Substitute – Proc #1 - Proc #4 | N(3) |  | UOSSUB*J* | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT*J* for procedures *J*=1 to 4. |
| Raw Facility Practice Expense RVU 1-RVU 4, no modifiers | N(8) |  | FPRVUB*J* | Raw MHS updated Facility Practice Expense RVU of Proc *J* CPT Code, derived from merge with CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT*J* concatenated with 2 blanks for the CPT||Modifier key for procedures *J*=1 to 4.7 |
| Raw Facility Practice Expense RVU E&M, no modifiers | N(8) |  | FPRVUBE | Raw MHS updated Facility Practice Expense RVU of E&M CPT Code, derived from merge with CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT concatenated with 2 blanks for the CPT||Modifier key.7 |
| Raw Non-facility Practice Expense RVU 1-RVU 4, no modifiers | N(8) |  | NPRVUB*J* | Raw MHS updated Non-facility Practice Expense RVU of Proc *J* CPT Code, derived from merge with CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT *J* concatenated with 2 blanks for the CPT||Modifier key for procedures *J*=1 to 4.7 |
| Raw Non-facility Practice Expense RVU E&M, no modifiers | N(8) |  | NPRVUBE | Raw MHS updated Non-facility Practice Expense RVU of E&M CPT Code, derived from merge with CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT concatenated with 2 blanks for the CPT||Modifier key.7 |
| Raw Work RVU 1-RVU4, no modifiers | N(8) |  | RRVUB*J* | Raw MHS-updated Work RVU of Proc *J* CPT code, derived from merge with the CPT Weight Table (format wrk*yy*b) based on CY of encounter and CPT *J* concatenated with 2 blanks for the CPT||Mod key for procedures *J*=1 to 4.7 |
| Raw Work RVU E&M, no modifiers | N(8) |  | RRVUBE | Raw MHS-updated Work RVU of E&M CPT code, derived from merge with the CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT concatenated with 2 blanks for the CPT||Mod key.7 |

The table below reflects the fields as they exist in the robust SADR following processing. The fields in the previous table are created to facilitate processing, but should not be included in the public use MDR file when it is posted. The public use MDR file is broken out by fiscal year based on encounter date and each is saved as a SAS dataset in the MDR.

| **Table 2. Fields in the Robust MDR SADR** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | | **Type** | | **Source Position** | | **SAS Name** | | **Derivation** | |
| Administrative Disposition Code | | Char(5) | | 160-164 | | ADMDISP | | No transformation | |
| ADS Version | | Char(2) | | 436-437,  If result blank,  426-427.  If still blank,  349-350 | | ADSVER | | No transformation | |
| Patient Age | | N(8) | |  | | PATAGE | | Based on encounter date and birth date. | |
| Appointment Inferred SADR Flag | | Char(1) | |  | | APPTINFR | | Y if from Appointment File  Else N | |
| Alternate Care Value – Derivation #2 | | Char(1) | |  | | ACV | | Merge to LVM4 by PATUNIQ.  If there is a match to the LVM4 by PATUNIQ, and the date of the encounter is within the date window of a LVM4 segment, and the ACV on the segment is not “Z” then set ACV to the value contained in the enrollment segment.  Otherwise, set the ACV to “M” if LVM4 R\_BEN\_CAT\_CD = ACT or GRD, or set to blank if LVM4 R\_BEN\_CAT\_CD is not ACT or GRD. Can only use BENCATX if the check above is prior to populating BENCATX with BENCAT values. See BENCATX derivation | |
| Alternate Care Value – Raw | | Char(1) | | If ADSVER is blank, 311.  Else, 314. | | ACV1 | | No transformation.  For appointment-inferred SADRs, this field is blank/empty.[[6]](#footnote-6) | |
| APC, E&M | | Char(4) | |  | | APCEM | | Look up of CPT in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APCEM = substr(input(CPT,$CPTAPC.),1,4)  Populated for FY05+ only. | |
| APC Proc 1 | | Char(4) | |  | | APC1 | | Look up of CPT1 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC1 = substr(input(CPT1,$CPTAPC.),1,4)  Populated for FY05+ only. | |
| APC Proc 2 | | Char(4) | |  | | APC2 | | Look up of CPT2 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC2 = substr(input(CPT2,$CPTAPC.),1,4)  Populated for FY05+ only. | |
| APC Proc 3 | | Char(4) | |  | | APC3 | | Look up of CPT3 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC3 = substr(input(CPT3,$CPTAPC.),1,4)  Populated for FY05+ only. | |
| APC Proc 4 | | Char(4) | |  | | APC4 | | Look up of CPT4 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC4 = substr(input(CPT4,$CPTAPC.),1,4)  Populated for FY05+ only. | |
| APC, E&M Weight | | N(7,4) | |  | | APCEMWT | | Look up of CPT in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APCEMWT = substr(input(CPT,$CPTAPC.),6,9)  Populated for FY05+ only. | |
| APC Proc 1 Weight | | N(7,4) | |  | | APC1WT | | Look up of CPT1 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC1WT = substr(input(CPT1,$CPTAPC.),6,9)  Populated for FY05+ only. | |
| APC Proc 2 Weight | | N(7,4) | |  | | APC2WT | | Look up of CPT2 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC2WT = substr(input(CPT2,$CPTAPC.),6,9)  Populated for FY05+ only. | |
| APC Proc 3 Weight | | N(7,4) | |  | | APC3WT | | Look up of CPT3 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC3WT = substr(input(CPT3,$CPTAPC.),6,9)  Populated for FY05+ only. | |
| APC Proc 4 Weight | | N(7,4) | |  | | APC4WT | | Look up of CPT4 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC4WT = substr(input(CPT4,$CPTAPC.),6,9)  Populated for FY05+ only. | |
| APC Aggregate Weight | | N(7,4) | |  | | APCAGGWT | | Sum of APCEMWT, APC1WT – APC4WT.  Populated for FY05+ only. | |
| APC E&M Status Code | | Char(1) | |  | | APCEMST | | Look up of CPT in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APCEMST = substr(input(CPT,$CPTAPC.),5,1)  Populated for FY05+ only. | |
| APC 1 Status Code | | Char(1) | |  | | APC1ST | | Look up of CPT1 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC1ST = substr(input(CPT1,$CPTAPC.),5,1)  Populated for FY05+ only. | |
| APC 2 Status Code | | Char(1) | |  | | APC2ST | | Look up of CPT2 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC2ST = substr(input(CPT2,$CPTAPC.),5,1)  Populated for FY05+ only. | |
| APC 3 Status Code | | Char(1) | |  | | APC3ST | | Look up of CPT3 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC3ST = substr(input(CPT3,$CPTAPC.),5,1)  Populated for FY05+ only. | |
| APC 4 Status Code | | Char(1) | |  | | APC4ST | | Look up of CPT4 in the CPT-to-APC mapping in the /mdr/aref or /mdr/ref area  APC4ST = substr(input(CPT4,$CPTAPC.),5,1)  Populated for FY05+ only. | |
| APG – 1st Procedure | | Char(3) | |  | | APG3 | | From APG Grouping of 1st procedural CPT | |
| APG – 2nd Procedure | | Char(3) | |  | | APG4 | | From APG Grouping of 2nd procedural CPT | |
| APG – 3rd Procedure | | Char(3) | |  | | APG5 | | From APG Grouping of 3rd procedural CPT | |
| APG – 4th Procedure | | Char(3) | |  | | APG6 | | From APG Grouping of 4th procedural CPT | |
| APG – E&M | | Char(3) | |  | | APG1 | | From APG grouping of E&M Code.  Note that the order of costs by APG is not the same as the order of the APGs themselves. | |
| APG – Medical | | Char(3) | |  | | APG2 | | From APG Grouping of diagnosis.  Note that the order of costs by APG is not the same as the order of the APGs themselves. | |
| Appointment ID Number (Seq) | | Char(10) | | 76-85 | | APPTIDNO | | No transformation | |
| Appointment Prefix | | Char(1) | | 75 | | APPTPFIX | | No transformation in SADR derived record.  I implies appointment inferred record. | |
| Appointment Status Type, Raw | | Char(1) | | 96 | | APPTSTAT1  (formerly called APPTSTAT) | | No transformation for SADRs.  For Appointment inferred SADRs, the Appointment Status Code in the Appointment File must be mapped to the SADR Appointment Status Type as follows:  If Appt Data Appt Stat=2 then 1 (Kept)  If Appt Data Appt Stat=5 then 3 (Walk-in)  If Appt Data Appt Stat=6 then 4 (Sick Call)  If Appt Data Appt Stat=7 then 6 (T-Con) | |
| Appointment Status Type, with Appointment Data Walk-In | | Char(1) | |  | | APPTSTAT | | For FY04:  APPTSTAT=APPTSTAT1  For FY05+:  If Appt Data WALKIN=’Y’ then APPTSTAT=3;  Else APPTSTAT=APPTSTAT1. | |
| Appointment Type from Appointment Data | | Char(5) | |  | | APPTTYPE | | From the appointment data merge. | |
| APV Flag | | Char(1) | |  | | APV | | APV=Y, when MEPRSCD=B\*\*5 or B\*\*7 for TXSVC=A, F, or N. | |
| Beneficiary Category | | Char(3) | |  | | BENCAT | | Derived from patient category code using universal PATCAT format table | |
| Beneficiary Category from LVM4 and BENCAT | | Char(3) | |  | | BENCATX | | From merge to VM4 as described in section V, set equal to LVM4 Beneficiary Category (R\_BEN\_CAT\_CD).  If no match to LVM4 is found then set equal to BENCAT. | |
| Beneficiary Category (common) | | Char(1) | |  | | COMBEN | | Derived from BENCATX.  1 = Dep Active Duty / Guard  2 = Retired  3 = Dep of Retired / Survivor / Other / Unknown/Blank/IGR/IDG  4 = Active Duty Guard | |
| BPA-CAD | | Char(4) | |  | | BPACATCH | | BPA Catchment Area DMIS ID of patient residence, based on patient zip, sponsor service, and the Omni-CAD matching the encounter date. | |
| Calendar month of visit | | Char(2) | |  | | CM | | Derived from encounter date | |
| Calendar year of visit | | Char(4) | |  | | CY | | Derived from encounter date | |
| Clinic State | | Char(2) | | 60-61 | | CLINSTAT | | No transformation | |
| Clinic Zip Code | | Char(13) | | 62-74 | | CLINZIP | | No transformation | |
| Countable Visit | | N(8) | |  | | COUNTVIS | | If a matching APPT record is found then assign COUNTVIS as:  1 = Count (when wkldtype eq C)  0 = Otherwise (when wkldtype ne C)  Else if a matching APPT record is not found, use the Countable Visit Algorithm (see Appendix 3). | |
| CPT Code – E&M | | Char(5) | | 104-108 | | CPT | | Merge to the CAPER Basic by DMISID and APPTIDNO. If a CAPER is found set CPT = EM1. If a CAPER is not found, leave CPT as is. | |
| CPT Code - E&M #1 Quantity | | N | |  | | CPTUOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM1UNITS but renaming to CPTUOS.  If CPT has a value and CPTUOS is zero or missing, set CPTUOS=1.  If UOSLIM >0 and CPTUOS > UOSLIM, then CPTUOS=UOSSUB. | |
| CPT Code - E&M #1 Modifier 1 | | Char(2) | |  | | CPTMOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM1MOD1 but renaming to CPTMOD1. | |
| CPT Code – Proc #1 | | Char(5) | | 110-114 | | CPT1 | | Merge to the CAPER Basic by DMISID and APPTIDNO. If a CAPER is found keep CPT1. If a CAPER is not found, leave CPT1 as is. | |
| CPT Code – Proc #1 Quantity | | N | |  | | CPT1UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT1UNITS but renaming to CPT1UOS.  If CPT1 has a value and CPT1UOS is zero or missing, set CPT1UOS=1.  If UOSLIM1 >0 and CPT1UOS > UOSLIM1, then CPT1UOS=UOSSUB1. | |
| CPT Code – Proc #1 Modifier #1 | | Char(2) | |  | | CPT1MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT1MOD1. | |
| CPT Code – Proc #2 | | Char(5) | | 116-120 | | CPT2 | | Merge to the CAPER Basic by DMISID and APPTIDNO. If a CAPER is found keep CPT2. If a CAPER is not found, leave CPT2 as is. | |
| CPT Code – Proc #2 Quantity | | N | |  | | CPT2UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT2UNITS but renaming to CPT2UOS.  If CPT2 has a value and CPT2UOS is zero or missing, set CPT2UOS=1.  If UOSLIM2 >0 and CPT2UOS > UOSLIM2, then CPT2UOS=UOSSUB2. | |
| CPT Code – Proc #2 Modifier #1 | | Char(2) | |  | | CPT2MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT2MOD1. | |
| CPT Code – Proc #3 | | Char(5) | | 122-126 | | CPT3 | | Merge to the CAPER Basic by DMISID and APPTIDNO. If a CAPER is found keep CPT3. If a CAPER is not found, leave CPT3 as is. | |
| CPT Code – Proc #3 Quantity | | N | |  | | CPT3UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT3UNITS but renaming to CPT3UOS.  If CPT3 has a value and CPT3UOS is zero or missing, set CPT3UOS=1.  If UOSLIM3 >0 and CPT3UOS > UOSLIM3, then CPT3UOS=UOSSUB3. | |
| CPT Code – Proc #3 Modifier #1 | | Char(2) | |  | | CPT3MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT3MOD1. | |
| CPT Code – Proc #4 | | Char(5) | | 128-132 | | CPT4 | | Merge to the CAPER Basic by DMISID and APPTIDNO. If a CAPER is found keep CPT4. If a CAPER is not found, leave CPT4 as is. | |
| CPT Code – Proc #4 Quantity | | N | |  | | CPT4UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT4UNITS but renaming to CPT4UOS.  If CPT4 has a value and CPT4UOS is zero or missing, set CPT4UOS=1.  If UOSLIM4 >0 and CPT4UOS > UOSLIM4, then CPT4UOS=UOSSUB4. | |
| CPT Code – Proc #4 Modifier #1 | | Char(2) | |  | | CPT4MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT4MOD1. | |
| CPT Version (year) | | Char(1) | | 103 | | CPT4VER | | No transformation | |
| Raw DEERS Dependent Suffix | | Char(2) | | 142-148 | | RDDS | | Field contains the two character DDS when available and is padded with 5 spaces (do not know if that is padded at the front or back). If no DDS exists, the field will be blank. Final field should only be 2 characters. | |
| DEERS Dependent Suffix | | Char(2) | |  | | DDS | | See MPI specification | |
| Disposition Code | | Char(1) | | 159 | | DISPCODE | | No transformation | |
| Duplicate Record Key | | Char(1) | |  | |  | | (Currently blank) (Flag that shows the same DMIS ID, Prefix, and sequence number also occur on another SADR for a different encounter) | |
| E&M APG Full Cost | | N(8) | |  | | FCOST2 | | Sum of the component (FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX) pieces derived from E&M APG and most current cost masters for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). Does not include clinician salary.  If APPTINFR=Y, see Appendix 6.  Note that the order of costs by APG is not the same as the order of the APGs themselves. | |
| E&M APG Variable Cost | | N(8) | |  | | COST2 | | Sum of the component (VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX) pieces derived from E&M APG and most current cost masters for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). Does not include clinician salary.  If APPTINFR=Y, see Appendix 6.  Note that the order of costs by APG is not the same as the order of the APGs themselves. | |
| Price | | N(8) | |  | | PRICE | | Derived from APGs, APG weight table and cost masters:  One universal charge master is applied to represent the APG based components and is summed (price of the highest weight APG and half of the price of any other procedural APGs). For the clinician salary component, one universal price per RVU is multiplied times the record’s Organizational Work RVUs. Price is sum of the APG weight based components and clinician salary component.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F then PRICE=0)  If APPTINFR=Y, see Appendix 6. | |
| Encounter Date | | Char(8) | |  | | ENCDATE | | If the encounter date is in 1970, correct it to current year (leaving it YYYYMMDD). If the encounter date is not in yyyymmdd format, correct it. If the encounter date is later than current date, replace with extraction date | |
| Encounter Date (raw) | | Char(8) | | 174-181 | | ENCDATE1 | | No transformation | |
| Enrollment DMIS ID | | Char(4) | |  | | ENRDMIS | | Based on LVM4 merge. | |
| Enrollment DMIS ID (raw) | | Char(4) | | If ADSVER is blank, 333-336. Else, 342-345. | | ENRDMIS1 | | No transformation | |
| Ethnic Group | | Char(1) | | 170 | | ETHNICGR | | No transformation | |
| Extraction date (ADS) | | Char(8) | | 87-94 | | EXTRDATE | | No transformation | |
| Family Member Prefix | | Char(2) | | 171-172 | | FMP | | No transformation | |
| Fiscal month of visit | | Char(2) | |  | | FM | | Derived from encounter date | |
| Fiscal year of visit | | Char(4) | |  | | FY | | Derived from encounter date | |
| Full Cost Clinician Salary | | N(8) | |  | | FCCLNSAL | | Based on $/Organizational Work RVU by Cost Parent DMISID.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6. | |
| Full Cost Other Labor | | N(8) | |  | | FCOTHLBR | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6. | |
| Full Cost Laboratory | | N(8) | |  | | FCLAB | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6 | |
| Full Cost Radiology | | N(8) | |  | | FCRAD | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6 | |
| Full Cost Other Ancillary | | N(8) | |  | | FCOTHANC | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6 | |
| Full Cost Other | | N(8) | |  | | FCOTHER | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6 | |
| Full Cost Pharmacy | | N(8) | |  | | FCRX | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6. | |
| Full Cost | | N(8) | |  | | FCOST | | Sum of FCCLNSAL, FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX.  If APPTINFR=Y, see Appendix 6. | |
| Gender | | Char(1) | | 173 | | PATSEX | | No transformation | |
| HCDP Code | | Char(4) | | 308-311 | | HCDPCODE | | No transformation. | |
| HCDP Code from LVM4 | | Char(4) | |  | | HCDPLVM4 | | Based on LVM4 merge. | |
| Historical RVUs | | N(8) | |  | | RVUHIST | | Sum of Historical RVUs for CPT E&M and all procedures CPT1-CPT4.  If APPTINFR=Y, see Appendix 6. | |
| Appointment Provider Primary HIPAA Taxonomy Code | | Char(10) | | 426-435 | | HIPAAPRV | | No transformation. | |
| ICD-9-CM Version (year) | | Char(1) | | 185 | | ICD9VER | | No transformation | |
| ICD-9-CM, Diagnosis 1 | | Char(9) | | 186-194 | | ICD1 | | No transformation | |
| ICD-9-CM, Diagnosis 2 | | Char(9) | | 195-203 | | ICD2 | | No transformation | |
| ICD-9-CM, Diagnosis 3 | | Char(9) | | 204-212 | | ICD3 | | No transformation | |
| ICD-9-CM, Diagnosis 4 | | Char(9) | | 213-221 | | ICD4 | | No transformation | |
| Individual Work RVUs | | N(8) | |  | | IWRVU | | Total MHS updated Work CPT RVUs, without modifiers (RRVUBE, RRVUB1-RRVUB4.), with discounting (100% for highest, 50% for remaining). Caveats #1 and 3 apply (see Appendix 5).  If APPTINFR=Y, see Appendix 6. | |
| Injury Related Cause | | Char(3) | | 222-224 | | INJCAUSE | | No transformation. | |
| Inpatient flag | | Char(1) | | If ADSVER is blank, 327.  Else, 336. | | INPAPPT | | No transformation | |
| Marital Status | | Char(1) | | 225 | | MARITAL | | No transformation | |
| MCP Group Name | | Char(30) | | If ADSVER ≠ blank, 358-387.  Else, blank. | | MCPNAME | | No transformation | |
| MCP Group ID | | Char(19) | | If ADSVER ≠ blank, 388-406.  Else, blank. | | MCPID | | No transformation | |
| Medical APG Full Cost | | N(8) | |  | | FCOST1 | | Sum of the component (FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX) pieces derived from Medical APG and most current cost masters for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, see Appendix 6.  Note that the order of costs by APG is not the same as the order of the APGs themselves. | |
| Medical APG Variable Cost | | N(8) | |  | | COST1 | | Sum of the component (VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX) pieces derived from Medical APG and most current cost masters for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). Does not include clinician salary.  If APPTINFR=Y, see Appendix 6.  Note that the order of costs by APG is not the same as the order of the APGs themselves. | |
| Major Diagnostic Category | | Char(2) | |  | | MDC | | For FY05+ only:  Derived from the first 5 characters of ICD-9-CM, Diagnosis 1 (ICD1) and the MDC assignment for that FY.  IF MDC = ‘98’ THEN DO;  IF PATSEX=’F’ THEN MDC = ‘13’;  ELSE IF PATSEX = ‘M’ THEN MDC=’12’;  END; | |
| Medicare Eligibility Status from DEERS through CHCS feed | | Char(2) | | 312-313 | | MEDELIG | | No transformation. | |
| Medicare Eligibility Flag | | Char(1) | |  | | MEDFLAG | | For FY04:  “N” if MELIGAPT field is N or S.  If MELIGAPT is blank then assign  “N” if patient age is < 65  “Y” if patient age is >= 65  Otherwise, assign value “Y”  For FY05+:  “Y” if MELIGAPT is A, AB, or B.  If MELIGAPT is blank then assign  “N” if patient age is < 65  “Y” if patient age is >= 65  Otherwise, assign value “N” | |
| MEPRS Code | | Char(4) | | 227-230 | | MEPRSCD | | No transformation | |
| Medicare Eligibility Derived from MEDELIG | | Char(1) | |  | | MEDELIG2 | | For FY04:  If an APPT record is found then  A if MELIGAPT = A  B if MELIGAPT = B  C if MELIGAPT = AB, D, L, Q, R,  E, O, P  C if MELIGAPT = blank and age >= 65  Else N.  If an APPT record is not found then  A if MEDELIG = A  B if MEDELIG = B, B1, B2, B3  C if MEDELIG = AB, D, L, Q, R, E, O, P  C if MEDELIG = blank and age >= 65  Else N.  For FY05+:  If an APPT record is found then  A if MELIGAPT = A  B if MELIGAPT = B  C if MELIGAPT = AB  C if MELIGAPT = blank and age >= 65  Else N.  If an APPT record is not found then  A if MEDELIG = A, E, O, P  B if MEDELIG = B, B1, B2, B3  C if MEDELIG = AB, D, L, Q, R  C if MEDELIG = blank and age >= 65  Else N. | |
| Medicare Eligibility as reported in the Appointment Data | | Char(2) | |  | | MELIGAPT | | From the appointment data.  No transformation. | |
| Organizational Work RVUs | | N(8) | |  | | OWRVU | | Derived by multiplying discounted (100% for highest, 50% for remaining) MHS updated Work RVUs, without modifiers (RRVUBE, RRVUB1-RRVUB4) by the number of providers based on provider specialty (cleaned) codes.  Caveats #1,2, and 3 apply (see Appendix 5).  If APPTINFR=Y, see Appendix 6. | |
| Other Insurance flag | | Char(1) | | 226 | | INSURIND | | No transformation | |
| Person Association Reason Code | | Char(2) | |  | | PARC | | See MPI specification.  Initially populated FY03+ with other FYs populated as possible. | |
| Parent DMIS ID (ADS) | | Char(4) | | If ADSVER is blank, 329-332.  Else, 338-341. | | PARDMIS | | No transformation (ADS Parent of Treatment DMIS ID) | |
| Parent DMIS ID (enrollment) (originally EBC) | | Char(4) | |  | | PARENR | | Service-designated parent of Enrollment DMIS ID (from Master Hierarchical Table) matching fiscal year | |
| Parent DMIS ID (COST) | | Char(4) | |  | | PARCOST | | Costing Parent of Treatment DMIS ID (from Master Hierarchical Table) matching FY. | |
| Parent DMIS ID (MEPRS) | | Char(4) | |  | | PARMEPRS | | MEPRS Parent of Treatment DMIS ID (from Master Hierarchical Table) matching. | |
| Parent DMIS ID (Treatment) | | Char(4) | |  | | PARTRTMT | | Service-designated parent of Treatment DMIS ID (from Master Hierarchical Table) matching FY. | |
| Patient Catchment Area | | Char(4) | |  | | CATCH | | Catchment DMIS ID of patient residence, based on patient zip, sponsor service, and the CAD matching the encounter date. (If patient zip is not usable, the treatment MTF zip code is used in its place.) | |
| Patient Category Raw | | Char(4) | | 234-237 | | PATCAT1 | | No transformation. | |
| Patient Category | | Char(3) | |  | | PATCAT | | TRS adjustment:[[7]](#footnote-7) | |
| Patient Date of Birth | | Char(8) | | 134-141 | | PATDOB | | Format yyyymmdd. | |
| Patient Health Service Region | | Char(2) | |  | | PATREGN | | Health Service Region, based on Patient Zip and “World” Region in the Omni-CAD File | |
| Patient Hospital Status | | Char(1) | | 239 | | HOSPSTAT | | No transformation | |
| Raw Unique Patient Identifier | | Char(10) | | 149-158 | | RPATUNIQ | | No transformation.  DMDC-assigned unique person identifier. | |
| Unique Patient Identifier | | Char(10) | |  | | PATUNIQ | | See MPI specification. | |
| Patient zip code | | Char(9) | | 1-9 | | PATZIP | | No transformation | |
| PCM ID (NED) | | Char(18) | | If ADSVER ≠ blank, 407-424.  Else, blank | | PCMIDNED | | No transformation | |
| PCM ID Type (NED) | | Char(1) | | If ADSVER ≠ blank, 425.  Else, blank | | PCMTYPE | | No transformation | |
| PCM Identifier (pre-NED) | | Char(10) | | If ADSVER is blank, 339-348.  Else, 348-357. | | PCMID | | No transformation | |
| PCM Location | | Char(2) | | If ADSVER is blank, 337-338.  Else, 346-347. | | PCMLOC | | No transformation | |
| PCM Name | | Char(30) | | 241-270 | | PCMNAME | | No transformation | |
| PCM ID from the LVM4/LVM6 Data | | Char(18) | |  | | PCMIDLVM | | Based on LVM4/LVM6 merge. | |
| PPS Earnings Factor | | N(5,3) | |  | | PPS\_EF | | Set equal to 1.000. | |
| PPS Tmt Parent Site | | Char(4) | |  | | PPS\_TPS | | Joined to the DMIS Table by FY and Tmt DMISID (DMISID). | |
| PPS Enr Parent Site | | Char(4) | |  | | PPS\_EPS | | Joined to the DMIS Table by FY and Enrollment Site (ENRDMIS). | |
| Simple Practice Expense RVU | | N(8) | |  | | PERVU | | If FAC\_FLAG=’F’ then Raw MHS updated Facility Practice Expense RVUs, no modifiers (FPRVUBE and FPRVUB1-FPRVUB4) summed for all CPT Codes. Else if FAC\_FLAG=’N’ then Raw MHS updated Non-facility Practice Expense RVUs, no modifiers (NPRVUBE and NPRVUB1-NPRVUB4) summed for all CPT codes.  If APPTINFR=Y, see Appendix 6. | |
| PRISM area | | Char(4) | |  | | PRISM | | PRISM DMIS ID of patient residence, based on patient zip, sponsor service, and the Omni-CAD matching the encounter date. (If patient zip is not usable, the treatment MTF zip code is used in its place.) | |
| Procedure 1 APG Full Cost | | N(8) | |  | | FCOST3 | | Sum of the component (FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX) pieces derived from 1st Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, see Appendix 6. | |
| Procedure 1 APG Variable Cost | | N(8) | |  | | COST3 | | Sum of the component (VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX) pieces derived from 1st Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, see Appendix 6. | |
| Procedure 2 APG Full Cost | | N(8) | |  | | FCOST4 | | Sum of the component (FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX) pieces derived from 2nd Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, set to 0 (zero). | |
| Procedure 2 APG Variable Cost | | N(8) | |  | | COST4 | | Sum of the component (VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX) pieces derived from 2nd Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, set to 0 (zero). | |
| Procedure 3 APG Full Cost | | N(8) | |  | | FCOST5 | | Sum of the component (FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX) pieces derived from 3rd Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, set to 0 (zero). | |
| Procedure 3 APG Variable Cost | | N(8) | |  | | COST5 | | Sum of the component (VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX) pieces derived from 3rd Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, set to 0 (zero). | |
| Procedure 4 APG Full Cost | | N(8) | |  | | FCOST6 | | Sum of the component (FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX) pieces derived from 4th Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, set to 0 (zero). | |
| Procedure 4 APG Variable Cost | | N(8) | |  | | COST6 | | Sum of the component (VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX) pieces derived from 4th Procedural APG and most current cost master for that FY (not discounted).  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  Does not include clinician salary.  If APPTINFR=Y, set to 0 (zero). | |
| Provider Class | | Char(5) | | If ADSVER is blank, 277-281  Else, 280-284. | | PROVCLAS | | No transformation | |
| Provider ID | | Char(9) | | If ADSVER is blank, 271-276.  Else, 271-279. | | PROVID | | If APPTINFR=N then no transformation  Else if APPTINFR=Y then =SUBSTR(PROVID,1,9) as Reported in the Appointment Data | |
| Provider Specialty | | Char(3) | | If ADSVER is blank, 302-304.  Else, 305-307. | | PROVSPEC | | No transformation | |
| Provider Specialty (cleaned) | | Char(3) | |  | | SPC | | Most recently recorded specialty of this provider, from merge to provider table | |
| Provider Type | | Char(1) | | If ADSVER is blank, 282.  Else, 285. | | PROVTYPE | | No transformation | |
| Race | | Char(1) | | If ADSVER is blank, 283.  Else, 286. | | PATRACE | | No transformation | |
| Facility/Non-Facility Flag | | Char(1) | |  | | FAC\_FLAG | | FAC\_FLAG='F' for any of the following:   * All A MEPRS * B\*\*5, B\*\*7 * BIA * 0124 (Portsmouth NH) and B\*\*6 * Resource sharing DMISID (Branch of Service/Authority Code in ('B' 'G' 'R' 'V' '1' '2' '3'))   Else FAC\_FLAG='N'  See Appendix 8. | |
| Raw Facility Practice Expense RVU 1 | | N(8) | |  | | FPRVU1 | | Raw MHS updated Facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table[[8]](#footnote-8) (format fac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT1 begins with 7 or 8 and CPT1MOD1 in(‘26’ ‘TC’) then key= CPT1||CPT1MOD1.  Else key = CPT1||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, see Appendix 6. | |
| Raw Facility Practice Expense RVU 2 | | N(8) | |  | | FPRVU2 | | Raw MHS updated Facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table7 (format fac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT2 begins with 7 or 8 and CPT2MOD1 in(‘26’ ‘TC’) then key= CPT2||CPT2MOD1.  Else key = CPT2||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Facility Practice Expense RVU 3 | | N(8) | |  | | FPRVU3 | | Raw MHS updated Facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table7 (format fac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT3 begins with 7 or 8 and CPT3MOD1 in(‘26’ ‘TC’) then key= CPT3||CPT3MOD1.  Else key = CPT3||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Facility Practice Expense RVU 4 | | N(8) | |  | | FPRVU4 | | Raw MHS updated Facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table7(format fac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT4 begins with 7 or 8 and CPT4MOD1 in(‘26’ ‘TC’) then key= CPT4||CPT4MOD1.  Else key = CPT4||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Facility Practice Expense RVU E&M | | N(8) | |  | | FPRVUE | | Raw MHS updated Facility Practice Expense RVU of E&M CPT Code, derived from merge with CPT Weight Table7 (format fac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT begins with 7 or 8 and CPTMOD1 in(‘26’ ‘TC’) then key= CPT||CPTMOD1.  Else key = CPT||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, see Appendix 6. | |
| Raw Non-facility Practice Expense RVU 1 | | N(8) | |  | | NPRVU1 | | Raw MHS updated Non-facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table7 (format nfac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT1 begins with 7 or 8 and CPT1MOD1 in(‘26’ ‘TC’) then key= CPT1||CPT1MOD1.  Else key = CPT1||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, see Appendix 6. | |
| Raw Non-facility Practice Expense RVU 2 | | N(8) | |  | | NPRVU2 | | Raw MHS updated Non-facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table7 (format nfac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT2 begins with 7 or 8 and CPT2MOD1 in(‘26’ ‘TC’) then key= CPT2||CPT2MOD1.  Else key = CPT2||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Non-facility Practice Expense RVU 3 | | N(8) | |  | | NPRVU3 | | Raw MHS updated Non-facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table7(format nfac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT3 begins with 7 or 8 and CPT3MOD1 in(‘26’ ‘TC’) then key= CPT3||CPT3MOD1.  Else key = CPT3||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Non-facility Practice Expense RVU 4 | | N(8) | |  | | NPRVU4 | | Raw MHS updated Non-facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table7 (format nfac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT4 begins with 7 or 8 and CPT4MOD1 in(‘26’ ‘TC’) then key= CPT4||CPT4MOD1.  Else key = CPT4||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Non-facility Practice Expense RVU E&M | | N(8) | |  | | NPRVUE | | Raw MHS updated Non-facility Practice Expense RVU of E&M CPT Code, derived from merge with CPT Weight Table7(format nfac*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT begins with 7 or 8 and CPTMOD1 in(‘26’ ‘TC’) then key= CPT||CPTMOD1.  Else key = CPT||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, see Appendix 6. | |
| Simple Work RVU | | N(8) | |  | | RRVU | | Raw MHS updated Work RVUs ,no modifiers (RRVUBE and RRVUB1-RRVUB4) summed for all CPT codes.  If APPTINFR=Y, see Appendix 6. | |
| Raw Work RVU 1 | | N(8) | |  | | RRVU1 | | Raw MHS updated Work RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table7(format wrk*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT1 begins with 7 or 8 and CPT1MOD1 in(‘26’ ‘TC’) then key= CPT1||CPT1MOD1.  Else key = CPT1||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, see Appendix 6. | |
| Raw Work RVU 2 | | N(8) | |  | | RRVU2 | | Raw MHS updated Work RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table7(format wrk*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT2 begins with 7 or 8 and CPT2MOD1 in(‘26’ ‘TC’) then key= CPT2||CPT2MOD1.  Else key = CPT2||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Work RVU 3 | | N(8) | |  | | RRVU3 | | Raw MHS updated Work RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table7(format wrk*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT3 begins with 7 or 8 and CPT3MOD1 in(‘26’ ‘TC’) then key= CPT3||CPT3MOD1.  Else key = CPT3||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Work RVU 4 | | N(8) | |  | | RRVU4 | | Raw MHS updated Work RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table7(format wrk*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT4 begins with 7 or 8 and CPT4MOD1 in(‘26’ ‘TC’) then key= CPT4||CPT4MOD1.  Else key = CPT4||’ ‘ (CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, then 0 (zero). | |
| Raw Work RVU E&M | | N(8) | |  | | RRVUE | | Raw MHS updated Work RVU of E&M CPT Code, derived from merge with CPT Weight Table7(format wrk*yy*b) based on CY of encounter and CPT||Mod key derived as follows:  If CPT begins with 7 or 8 and CPTMOD1 in(‘26’ ‘TC’) then key= CPT||CPTMOD1.  Else key = CPT||’ ‘(CPT appended with 2 blanks, e.g., '99211 ').  If APPTINFR=Y, see Appendix 6. | |
| Practice Expense RVU 1 | | N(8) | |  | | PERVU1 | | After the merge from Appendix 6:  If FAC\_FLAG=”F” then PERVU1 = FPRVU1  Else if FAC\_FLAG=”N” then PERVU1 = NPRVU1. | |
| Practice Expense RVU 2 | | N(8) | |  | | PERVU2 | | If FAC\_FLAG=”F” then PERVU2 = FPRVU2  Else if FAC\_FLAG=”N” then PERVU2 = NPRVU2. | |
| Practice Expense RVU 3 | | N(8) | |  | | PERVU3 | | If FAC\_FLAG=”F” then PERVU3 = FPRVU3  Else if FAC\_FLAG=”N” then PERVU3 = NPRVU3. | |
| Practice Expense RVU 4 | | N(8) | |  | | PERVU4 | | If FAC\_FLAG=”F” then PERVU4 = FPRVU4  Else if FAC\_FLAG=”N” then PERVU4 = NPRVU4. | |
| Practice Expense RVU E&M | | N(8) | |  | | PERVUE | | After the merge from Appendix 6:  If FAC\_FLAG=”F” then PERVUE = FPRVUE  Else if FAC\_FLAG=”N” then PERVUE = NPRVUE. | |
| Raw Same Day Surg | | Char(1) | | If ADSVER is blank, 328.  Else, 337. | | AMBSURG | | No transformation. | |
| Referral Number | | Char(11) | |  | | REFNUM | | Merge to referral data based on Treatment DMSID and Record ID in the SADR (DMISID and APPTIDNO) to Appointment Clinic DMISID and Associated Record ID (APPTDMISID and APPTIEN) in the referral data. | |
| Referring Provider | | Char(14) | |  | | REF\_PROV | | Merge to referral data based on Treatment DMISID and Record ID in the SADR (DMISID and APPTIDNO) to Appointment Clinic DMISID and Associated Record ID (APPTDMISID and APPTIEN) in the referral data.  This field is purposely longer in length than needed for Direct Care providers because Purchased Care providers will have longer IDs. | |
| Reservist Special Operation Code | | Char(2) | |  | | SOC | | Merge to the Reservist Table File by Sponsor SSN. Reservist Special Operation is appended to the encounter record if the encounter date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record. | |
| Reservist Status Code | | Char(1) | |  | | STATUS | | Merge to the Reservist Table File by Sponsor SSN. Reservist Status Code is appended to the encounter record if the encounter date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record. | |
| SADR Record Status | | Char(1) | | 86 | | SADRSTAT | | No transformation | |
| Same day surgery | | Char(1) | |  | | SDS | | Derived based on OR setting (APV flag = “Yes”) and APG codes of OR intensity (see table).  Append the “multiple key” SADR suffix if necessary (see appendix). | |
| Secondary Prov #1 Specialty | | Char(3) | |  | | SECSPC | | Most recently recorded specialty of this provider, from merge to provider table | |
| Secondary Prov #2 Specialty | | Char(3) | |  | | SEC2SPC | | Most recently recorded specialty of this provider, from merge to provider table | |
| Secondary Provider #1 ID | | Char(9) | | If ADSVER is blank, 312-317.  Else, 315-323. | | SECPROV | | No transformation | |
| Secondary Provider #1 Role | | Char(1) | | If ADSVER is blank, 318.  Else, 324. | | SECROLE | | No transformation | |
| Secondary Provider #2 ID | | Char(9) | | If ADSVER is blank, 319-324.  Else, 325-333. | | SEC2PROV | | No transformation | |
| Secondary Provider #2 Role | | Char(1) | | If ADSVER is blank, 325.  Else, 334. | | SEC2ROLE | | No transformation | |
| Sponsor Rank/paygrade | | Char(3) | | 231-233 | | RANKPAY | | If APPTINFR=N then no transformation  Else if APPTINFR=Y then =SUBSTR(RANKPAY,1,3) as Reported in the Appointment Data | |
| Space Available Flag | | Char(1) | |  | | SPAFLAG | | N if ACV is ‘A’, ‘B’, ‘D’, ‘E’, ‘F’, ‘H’, ‘J’, ‘M’, ‘P’, or ‘Q’.  Else Y. | |
| Sponsor Service | | Char(1) | |  | | SPONSVC | | Derived from PATCAT, values 1-6 | |
| Sponsor Service from DEERS | | Char(1) | |  | | SSVCLVM4 | | From merge to LVM4. | |
| Recoded Sponsor Service | | Char(1) | |  | | RSPONSVC | | 1st character of PATCAT.  Standardized in conjunction with the SIDR and PITE. | |
| Raw Sponsor SSN | | Char(9) | | If ADSVER is blank, 293-301.  Else, 296-304. | | RSPONSSN | | No transformation | |
| Sponsor SSN | | Char(9) | |  | | SPONSSN | | See the MPI specification. | |
| Sponsor Service Aggregate from LVM4 | | Char(1) | |  | | SAGGLVM4 | | From merge to LVM4. | |
| SSN of patient | | Char(9) | | If ADSVER is blank, 284-292.  Else, 287-295. | | PATSSN | | No transformation | |
| Third Party Collection Rate | | N(8) | |  | | TPC | | From merge to TPOC Rate table corresponding to encounter date fiscal year and the first three characters of MEPRS code, and zero-filled if there is no match. | |
| Total APG Weight | | N(8) | |  | | APGWGT | | Sum of APG weights, discounting other than primary.  Set to 0 (zero) for non “B” records.  If APPTINFR=Y, see Appendix 6. | |
| Treatment DMIS ID | | Char(4) | | 165-168 | | DMISID | | No transformation | |
| Treatment Region | | Char(2) | |  | | TXREG | | Derived from Treatment DMIS ID and merge to Master Hierarchical Table: modified UBU Region where MTF is located. | |
| Treatment Service | | Char(1) | |  | | TXSVC | | Derived from Treatment DMIS ID and merge to Master Hierarchical Table. | |
| Underwritten Region | | Char(1) | |  | | UNDFLAG | | See Appendix 7. | |
| Variable Cost Clinician Salary | | N(8) | |  | | VCCLNSAL | | Based on $/Organizational Work RVU by Cost Parent DMISID.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  If APPTINFR=Y, see Appendix 6. | |
| Variable Cost Other Labor | | N(8) | |  | | VCOTHLBR | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped..  If APPTINFR=Y, see Appendix 6.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). | |
| Variable Cost Laboratory | | N(8) | |  | | VCLAB | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped..  If APPTINFR=Y, see Appendix 6.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). | |
| Variable Cost Radiology | | N(8) | |  | | VCRAD | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped..  If APPTINFR=Y, see Appendix 6.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). | |
| Variable Cost Other Ancillary | | N(8) | |  | | VCOTHANC | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped..  If APPTINFR=Y, see Appendix 6.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). | |
| Variable Cost Other | | N(8) | |  | | VCOTHER | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped..  If APPTINFR=Y, see Appendix 6.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). | |
| Variable Cost Pharmacy | | N(8) | |  | | VCRX | | Based on $ by Cost Parent DMISID and APG; it is the sum of the cost of the highest weight APG, and half of the cost of any other APGs after the lower weighted of E&M or Medical APG is dropped..  If APPTINFR=Y, see Appendix 6.  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F). | |
| Variable Cost | | N(8) | |  | | COST | | Sum of VCCLNSAL, VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX.  If APPTINFR=Y, see Appendix 6. | |
| Patient Status as reported in the Appointment Data | | Char(1) | |  | | PATSTAT | | From appointment data.  No transformation.  Sent to M2. | |
| TPR Eligible Flag | | Char(1) | |  | | TPRELIG | | Merge to VM6 and add the field D\_TPR\_ELG\_CD. | |
| Enhanced Work ~~Simple~~ RVU | | N(7,2) | |  | | RVU\_ES | | If APPTINFR=N: After unit of service adjustments: The Work RVU (with modifiers) per code multiplied by the units of service; computed as:  (RRVUE\*CPTUOS) + (RRVU1\*CPT1UOS) + (RRVU2\*CPT2UOS) + (RRVU3\*CPT3UOS) + (RRVU4\*CPT4UOS)  If APPTINFR=Y, see Appendix 6.  ~~RVU\_ES=RRVU (after the merge from Appendix 6~~ | |
| Enhanced Practice Expense RVU | | N(7,2) | |  | | RVU\_EPE | | After unit of service adjustments: Sum of Practice Expense RVU, with modifiers, chosen based on designation as facility or non-facility care, multiplied by the units of service, computed as:  (PERVUE\*CPTUOS) +  (PERVU1\*CPT1UOS) +  (PERVU2\*CPT2UOS) +  (PERVU3\*CPT3UOS) +  (PERVU4\*CPT4UOS)  For APPTINFR=Y, see Appendix 6.  ~~RVU\_EPE=NPRVUE + NPRVU1 (after the merge from Appendix 6)~~ | |
| Enhanced Total RVU | | N(7,2) | |  | | RVU\_ET | | Sum of RVU\_ES and RVU\_EPE for both APPTINFR Y and N. | |
| CPT Code – E&M #2 | | Char(5) | | 104-108 | | EM2 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM2. | |
| CPT Code - E&M #2 Quantity | | N | |  | | EM2UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM2UNITS but renaming to EM2UOS.  If EM2 has a value and EM2UOS is zero or missing, set EM2UOS =1.  If EM2 UOSLIM >0 and EM2UOS > EM2 UOSLIM, then EM2UOS=EM2 UOSSUB. | |
| CPT Code - E&M #2 Modifier 1 | | Char(2) | |  | | EM2MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM2MOD1. | |
| CPT Code – E&M #3 | | Char(5) | | 104-108 | | EM3 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM3. | |
| CPT Code - E&M #3 Quantity | | N | |  | | EM3UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM3UNITS but renaming to EM3UOS.  If EM3 has a value and EM3UOS is zero or missing, set EM3UOS =1.  If EM3 UOSLIM >0 and EM3UOS > EM3 UOSLIM, then EM3UOS=EM3 UOSSUB. | |
| CPT Code - E&M #3 Modifier 1 | | Char(2) | |  | | EM3MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM3MOD1. | |
| CPT Code – Proc #5 | | Char(5) | | 110-114 | | CPT5 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT5. | |
| CPT Code – Proc #5 Quantity | | N | |  | | CPT5UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT5UNITS but renaming to CPT5UOS.  If CPT5 has a value and CPT5UOS is zero or missing, set CPT5UOS =1.  If CPT5 UOSLIM >0 and CPT5UOS > CPT5 UOSLIM, then CPT5UOS=CPT5 UOSSUB. | |
| CPT Code – Proc #5 Modifier #1 | | Char(2) | |  | | CPT5MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT5MOD1. | |
| CPT Code – Proc #6 | | Char(5) | | 110-114 | | CPT6 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT6. | |
| CPT Code – Proc #6 Quantity | | N | |  | | CPT6UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT6UNITS but renaming to CPT6UOS.  If CPT6 has a value and CPT6UOS is zero or missing, set CPT6UOS =1.  If CPT6 UOSLIM >0 and CPT6UOS > CPT6 UOSLIM, then CPT6UOS=CPT6 UOSSUB. | |
| CPT Code – Proc #6 Modifier #1 | | Char(2) | |  | | CPT6MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT6MOD1. | |
| CPT Code – Proc #7 | | Char(5) | | 110-114 | | CPT7 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT7. | |
| CPT Code – Proc #7 Quantity | | N | |  | | CPT7UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT7UNITS but renaming to CPT7UOS.  If CPT7 has a value and CPT7UOS is zero or missing, set CPT7UOS =1.  If CPT7 UOSLIM >0 and CPT7UOS > CPT7 UOSLIM, then CPT7UOS=CPT7 UOSSUB. | |
| CPT Code – Proc #7 Modifier #1 | | Char(2) | |  | | CPT7MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT7MOD1. | |
| CPT Code – Proc #8 | | Char(5) | | 110-114 | | CPT8 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT8. | |
| CPT Code – Proc #8 Quantity | | N | |  | | CPT8UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT8UNITS but renaming to CPT8UOS.  If CPT8 has a value and CPT8UOS is zero or missing, set CPT8UOS =1.  If CPT8 UOSLIM >0 and CPT8UOS > CPT8 UOSLIM, then CPT8UOS=CPT8 UOSSUB. | |
| CPT Code – Proc #8 Modifier #1 | | Char(2) | |  | | CPT8MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT8MOD1. | |
| CPT Code – Proc #9 | | Char(5) | | 110-114 | | CPT9 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT9. | |
| CPT Code – Proc #9 Quantity | | N | |  | | CPT9UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT9UNITS but renaming to CPT9UOS.  If CPT9 has a value and CPT9UOS is zero or missing, set CPT9UOS =1.  If CPT9 UOSLIM >0 and CPT9UOS > CPT9 UOSLIM, then CPT9UOS=CPT9 UOSSUB. | |
| CPT Code – Proc #9 Modifier #1 | | Char(2) | |  | | CPT9MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT9MOD1. | |
| CPT Code – Proc #10 | | Char(5) | | 110-114 | | CPT10 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT10. | |
| CPT Code – Proc #10 Quantity | | N | |  | | CPT10UOS | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT10UNITS but renaming to CPT10UOS.  If CPT10 has a value and CPT10UOS is zero or missing, set CPT10UOS =1.  If CPT10 UOSLIM >0 and CPT10UOS > CPT10 UOSLIM, then CPT10UOS=CPT10 UOSSUB. | |
| CPT Code – Proc #10 Modifier #1 | | Char(2) | |  | | CPT10MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT10MOD1. | |

1. REFRESH FREQUENCY

FY11 encounters will be refreshed weekly through December 2011 and then in October 2012. Annual refreshes for other years will occur as directed by DHCAPE.

1. DATA MARTS

MHS Mart (M2): see the document *SADR – Current (M2).doc* for specifications.

1. Included/Omitted Records: FY98 forward
2. Included/Omitted Fields: see M2 specifications
3. Transformed Fields: see M2 specifications
4. Refresh Frequency: Weekly

PHOTO (currently same as M2 feed)

1. Included/Omitted Records: FY98 forward
2. Included/Omitted Fields: see specifications
3. Transformed Fields: see specifications
4. Refresh Frequency: Monthly

**APPENDIX 1: RESTORATION DEDUPING PROCESS**

This process is no longer pertinent and has been removed from the specification.

**APPENDIX 2: APGs Assigned Same Day Surgery When Occurring in APV Setting**

| SDS - APG Mapping | |
| --- | --- |
| **APG** | **Description** |
| 003 | Complex incision and drainage |
| 007 | Complex excision, biopsy and debridement |
| 008 | Simple excision and biopsy |
| 009 | Complex skin repairs and antegument grafts |
| 011 | Simple incision and excision of breast |
| 012 | Breast reconstruction and mastectomy |
| 021 | Complex musculoskeletal procedures excluding hand and foot |
| 023 | Complex hand and foot musculoskeletal procedures |
| 025 | Arthroscopy |
| 030 | Open or percutaneous treatment of fractures |
| 031 | Bone or joint manipulation under anesthesia |
| 033 | Arthroplasty |
| 034 | Hand and foot tenotomy |
| 035 | Arthrocentesis and ligament or tendon injection |
| 053 | Complex endoscopy of the upper airway |
| 054 | Simple endoscopy of the upper airway |
| 055 | Endoscopy of the lower airway |
| 076 | Diagnostic cardiac catheterization |
| 077 | Angioplasty and transcatheter procedures |
| 078 | Pacemaker insertion and replacement |
| 079 | Removal and revision of pacemaker and vascular device |
| 080 | Minor vascular repair and fistula construction |
| 082 | Vascular ligation |
| 113 | Anoscopy with biopsy and diagnostic proctosimoidoscopy |
| 114 | Proctosigmoidoscopy with excision or biopsy |
| 115 | Diagnostic upper gi endoscopy or intubation |
| 116 | Therapeutic upper gi endoscopy or intubation |
| 117 | Lower gastrointestinal endoscopy |
| 118 | Ercp and miscellaneous gi endoscopy procedures |
| 119 | Hernia and hydrocele procedures |
| 120 | Complex anal and rectal procedures |
| 123 | Complex laparoscopic procedures |
| 124 | Simple laparoscopic procedures |
| 153 | Complex penile procedures |
| 176 | Complex female reproductive procedures |
| 178 | Dilation and curettage |
| 179 | Hysteroscopy |
| 196 | Revision and removal of neurological device |
| 197 | Neurostimulator and ventricular shunt implant |
| 198 | Nerve repair and destruction |
| 213 | Laser eye procedures |
| 214 | Cataract procedures |
| 215 | Complex anterior segment eye procedures |
| 216 | Moderate anterior segment eye procedures |
| 218 | Complex posterior segment eye procedures |
| 221 | Complex repair and plastic procedures of eye |
| 234 | Complex facial and ent procedures |
| 235 | Simple facial and ent procedures |
| 236 | Tonsil and adenoid procedures |

**APPENDIX 3: Countable Visit Algorithm**

The Countable Visit Algorithm is an attempt to identify which SADRs are likely to be of appointment types classified as “countable” in the CHCS user-controlled table. This is helpful for estimation of the number of appointments for which there are no SADRs based on the reported number of countable visits from systems fed by CHCS (MEPRS and WWR, for example).

The algorithm counts SADRs that satisfy the following criteria:

1. The work center is designated as an ambulatory care work center (MEPRS code begins with “B”) **AND**
2. SADRs are not for no-shows or cancellations (Appointment type = 2, 5, 7, 8, or 9) or for patients who left without being seen (Disposition type = 5) **AND**
3. At least one of the following is true:

* The provider specialty indicates a provider status authorizing independent skilled caregiving.**[[9]](#footnote-9)**
* The clinic is a specialty clinic where the primary providers are not normally of that status, and the E&M code is 99211.**[[10]](#footnote-10)**
* A significant service occurred and was reported in the E&M CPT Code.**[[11]](#footnote-11)**
* The clinic is a significant ambulatory procedure visit (APV) clinic**[[12]](#footnote-12)**
* The clinic is an allergy clinic, E&M code is 99211, and at least one of the four procedural CPT codes falls in the significant procedure ranges for allergy work.**[[13]](#footnote-13)**

1. If the first three characters of the MEPRS code are "FBN", the countable visit flag is "Y" regardless of any other characteristics in the SADR.

**APPENDIX 4: Alternate Care Value (ACV2) Derivation**

|  |  |
| --- | --- |
| **HCDPCODE** | **ACV2** |
| 106, 128 | A |
| 155 | B |
| 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023 | C |
| 120 | D |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | E |
| 156, 157 | F |
| 140, 142, 144, 146, 147, 149 | G |
| 103, 152 | H |
| 123, 124, 125, 126 | I |
| 104, 153, 154 | J |
| 105 | K |
| 141, 143, 145, 148, 150, 151 | L |
| 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024 | N |
| 101 | P |
| 121, 122 | S |
| 109, 114, 115, 118, 119, 133, 138, 139 | U |
| 127 | W |
| Any Other | Z |

**APPENDIX 5: Relative Value Unit (RVU) Derivation Summary**

| **RVU Description** | **SAS Name** | **Use Modifiers?** | **Use Unit of Service?** | **Use FAC\_ FLAG?** | **Comment** |
| --- | --- | --- | --- | --- | --- |
| **Raw Fields** | | | | | |
| Raw Work RVU for all CPT | RRVUE, RRVU1-RRVU4 | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only) | NO | N/A | The following go to M2:  E&M Work RVU  Proc 1 Work RVU  Proc 2 Work RVU  Proc 3 Work RVU  Proc 4 Work RVU |
| Raw Facility PE RVU for all CPT | FPRVUE, FPRVU1-FPRVU4 | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | NO | N/A | MDR only |
| Raw Non-Facility PE RVU for all CPT | NPRVUE, NPRVU1-NPRVU4 | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | NO | N/A | MDR only |
| Raw Work RVU for all CPT, no modifiers | RRVUBE, RRVUB1-RRVUB4 | NO | NO | N/A | Not Retained in MDR or M2. |
| Raw Facility PE RVU for all CPT, no modifiers | FPRVUBE, FPRVUB1-FPRVUB4 | NO | NO | N/A | Not Retained in MDR or M2. |
| Raw Non-Facility PE RVU for all CPT, no modifiers | NPRVUBE, NPRVUB1-NPRVUB4 | NO | NO | N/A | Not Retained in MDR or M2. |
| **Derived/Aggregate Fields** | | | | | |
| PE RVU for all CPT | PERVUE, PERVU1-PERVU4 | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | NO | YES | The following go to M2:  E&M PE RVU  Proc 1 PE RVU  Proc 2 PE RVU  Proc 3 PE RVU  Proc 4 PE RVU |
| Simple Work RVU | RRVU | NO | NO | N/A | Goes to M2. |
| Simple PE RVU | PERVU | NO | NO | YES | Goes to M2. |
| Enhanced Work RVU | RVU\_ES | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | YES (using UOS limits) | N/A | Goes to M2. |
| Enhanced PE RVU | RVU\_EPE | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | YES (using UOS limits) | YES | Goes to M2. |
| Enhanced Total RVU | RVU\_ET | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | YES (using UOS limits) | YES | Calculated as Enh Work + Enh PE.  Goes to M2. |
| Individual Work RVU | IWRVU | NO | NO | N/A | 100%; 50% discounting.  Goes to M2. |
| Organizational Work RVU | OWRVU | NO | NO | N/A | Multiplied by # of qualifying providers.  Goes to M2. |
| Historical RVU | RVUHIST | NO | NO | N/A | Historical, not current, RVUs for calendar year.  Goes to M2 |

***Caveats for provider-affected RVUs:***

Individual Work RVUs (IWRVU): MHS updated Work RVUs, discounting, no multiple MDs.

Organizational Work RVUs (OWRVU): MHS updated Work RVUs, discounting, multiplied by number of MDs.

1. The E&M code on a record does not receive weight in the presence of a weighted procedure code unless:

a. The E&M code is valued at least 20% of the time in the presence of specific CPT codes based on claims data. These CPT codes are identified in a format file.

b. All of the other codes on the record are HCPCs or procedure codes that begin with "9".

2. Residents and interns are not considered MDs in the multiple provider calculation. The provider specialty codes that are considered MDs are provided in a format file.

3. Generic provider specialty codes (provspec >= 910 or blank) do not receive weight.

**APPENDIX 6: Completion Table for Appointment-Inferred SADRs**

The Completion Table for Appointment-Inferred SADRs is an MDR reference table used to populate a host of fields in the appointment inferred SADR[[14]](#footnote-14), listed below following the first five fields, which act as the key to the record.

In building and applying this table, a “wild card” value is stored for each FY and MTF DMIS ID with MEPRS code of “XXX”, to be used whenever the MEPRS code of the appointment fails to find a matching row of the DMIS ID table for the same FY and DMIS ID.

There are three basic methods by which the values in the DMIS ID tables are derived, plus two extrapolation methods. The derivation column identifies the method below to be used for each variable. The three basic methods are:

* 1. Take all SADRs for each fiscal year, and sort them into groups using either the three key classifiers below (DMISID, MEPRS(3), VISCLASS) or four key classifiers (DMISID, MEPRS(3), VISCLASS, FAC\_FLAG). Average the raw measures of the SADR variables of the same name in those groups to get the DMIS ID value for that variable.
  2. Use the same method as above, but first collapse together all four procedure values for the variable of the same name family. These will be the averages for the “Procedure 1” measures in the table below.
  3. Use the same method as above, but first collapse together the values for all providers for the variable of the same name family.

The extrapolation method to create the “wild card” values referenced in paragraph 2 is to ignore the stratifier of MEPRS(3) to get averages that depend on visit class but not work center.

The extrapolation method to create values for a new fiscal year before sufficient concurrent SADRs are available is to take the monetary measures of the previous fiscal year and inflate them at the service-specific rate of inflation. Physical measures (workload) are not inflated and use the same estimators as the previous fiscal year until better data are available.

| **Field** | **Type** | **SAS Name** | **Derivation** |
| --- | --- | --- | --- |
| Fiscal year of visit | Char(4) | FY | fy |
| Treatment DMIS ID | Char(4) | DMISID | dmisid |
| MEPRS Code | Char(4) | MEPRS3 | Left(MEPRSCD,3) |
| Visit Class | Char(3) | VISCLASS | TEL where APPTSTAT=6  APV where substr(meprscd,4,1) in('5','7') and txsvc in('A','F','N')  OTH for all other encounters. |
| Facility Flag | Char(1) | FAC\_FLAG | FAC\_FLAG  Note: Used in key only as noted below. |
| E&M APG Full Cost | N(8) | FCOST1 | Method a |
| E&M APG Variable Cost | N(8) | COST1 | Method a |
| Price | N(8) | PRICE | Method a |
| Full Cost Clinician Salary | N(8) | FCCLNSAL | Method a |
| Full Cost Other Labor | N(8) | FCOTHLBR | Method a |
| Full Cost Laboratory | N(8) | FCLAB | Method a |
| Full Cost Radiology | N(8) | FCRAD | Method a |
| Full Cost Other Ancillary | N(8) | FCOTHANC | Method a |
| Full Cost Other | N(8) | FCOTHER | Method a |
| Full Cost Pharmacy | N(8) | FCRX | Method a |
| Full Cost | N(8) | FCOST | Method a |
| Individual Work RVUs | N(8) | IWRVU | Method a |
| Historical RVUs | N(8) | RVUHIST | Method a |
| Medical APG Full Cost | N(8) | FCOST2 | Method a |
| Medical APG Variable Cost | N(8) | COST2 | Method a |
| Organizational Work RVUs | N(8) | OWRVU | Method a |
| Simple Practice Expense RVU | N(8) | PERVU | Method a  Using FAC\_FLAG in key |
| Procedure 1 APG Full Cost | N(8) | FCOST3 | Method b |
| Procedure 1 APG Variable Cost | N(8) | COST3 | Method b |
| Raw Facility Practice Expense RVU 1 | N(8) | FPRVU1 | Method b |
| Raw Facility Practice Expense RVU E&M | N(8) | FPRVUE | Method a |
| Raw Non-facility Practice Expense RVU 1 | N(8) | NPRVU1 | Method b |
| Raw Non-facility Practice Expense RVU E&M | N(8) | NPRVUE | Method a |
| Simple Work RVU | N(8) | RRVU | Method a |
| Raw Work RVU 1 | N(8) | RRVU1 | Method b |
| Raw Work RVU E&M | N(8) | RRVUE | Method a |
| Enhanced Work RVU | N(8) | RVU\_ES | Method a |
| Enhanced Practice Expense RVU | N(8) | RVU\_EPE | Method a  Using FAC\_FLAG in key |
| Total APG Weight | N(8) | APGWGT | Method a |
| Variable Cost Clinician Salary | N(8) | VCCLNSAL | Method a |
| Variable Cost Other Labor | N(8) | VCOTHLBR | Method a |
| Variable Cost Laboratory | N(8) | VCLAB | Method a |
| Variable Cost Radiology | N(8) | VCRAD | Method a |
| Variable Cost Other Ancillary | N(8) | VCOTHANC | Method a |
| Variable Cost Other | N(8) | VCOTHER | Method a |
| Variable Cost Pharmacy | N(8) | VCRX | Method a |
| Variable Cost | N(8) | COST | Method a |

**Appendix 7: Underwritten Region Derivation**

**Logic**

* Non-ambulatory work is not counted (based on MEPRs code, treated as not underwritten)
* Remove USTF (based on ACV code)
* Exclude Direct Care Only (based on beneficiary category)
* Remove Active Duty (based on common beneficiary code)
* Exclude Reserve Select (based on ACV code)
* Remove Medicare Eligibles (based on age as a proxy)
* For Regional jurisdiction, Prime beneficiaries are assigned to each contractor based on enrollment region and enrollment DMIS ids (for the 69XXs and 79XXs ids). Non Prime beneficiaries are assigned based on residence region.
  + The new 69XX (managed care contractor) and 79XX (remote) series of enrollment DMIS ids are being assigned to enrollment region “00”. Thus, those enrollment DMIS ids must be included with the enrollment regions.

**SAS Code**

|  |  |
| --- | --- |
| **SAS Variable** | **Data Element (see SADR Detail Layout Above)** |
| MEPRSCD | MEPRS code |
| COMBEN | Common Beneficiary Category |
| BENCATX | Beneficiary Category |
| PATAGE | Patient Age |
| ACV | Alternate Care Value |
| ENRREG | *Enrollment Region – from merge to the DMISID Index based on ENRDMIS, set to MOD\_REG from corresponding entry in the DMIS ID index table* |
| ENRDMIS | Enrollment DMISID |
| PATREGN | Patient Region |
| *UNDRFLAG* | *Need to Create, Temporary Underwritten Flag* |
| **UNDFLAG** | ***Need to Create – underwritten region*** |

Undrflag=1; /\* underwritten flag\*/

/\* Flag non underwritten beneficiaries as “0”. \*/

/\* Exclude non-ambulatory workload from underwritten counts \*/

if substr(meprscd,1,1) NE 'B' then undrflag=0;

if acv=’U’ then undrflag=0; /\* Exclude USTFs \*/

if bencatx=’DCO’ then undrflag=0; /\* Exclude Direct Care Only \*/

if comben=4 then undrflag=0; /\* Exclude Active Duty \*/

if patage ge 65 then undrflag=0; /\* Exclude Medicare Eligibles \*/

if acv='R' then undrflag=0; /\* Exclude Reserve Select \*/

/\* Define Prime based on ACV \*/

if acv in ('A' 'D' 'E' 'B' 'F' 'H' 'J') then prime='Y';

else prime='N';

**/\* Define Underwritten Region \*/**

if undrflag=1 then do; /\* underwritten \*/

if prime='Y' then do;

if enrreg in ('01' '02' '05' '17') or enrdmis in ('6917' '7917') then undflag='N';

else if enrreg in ('03' '04' '06' '18') or enrdmis in ('6918' '7918') then undflag='S';

else if enrreg in ('07' '08' '09' '10' '11' '12' '19') or enrdmis in ('6919' '7919') then

undflag='W';

else undflag=' ';

end; /\* if prime \*/

else if prime='N' then do;

if patregn in ('01' '02' '05' '17') then undflag='N';

else if patregn in ('03' '04' '06' '18') then undflag='S';

else if patregn in ('07' '08' '09' '10' '11' '12' '19') then undflag='W';

else undflag=' ';

end; /\* if not prime \*/

end;

else do;

undflag=' '; /\* Not underwritten to any region \*/

end;

/\* Remove AK underwritten from West \*/

if undflag='W' and enrdmis in ('6919' '7919') and patregn='AK' then undflag=' ';

if undflag ~in ('N' 'S' 'W') then undflag=' ';

**Appendix 8: Facility Flag Derivation**

|  |
| --- |
| **Facility/Non-Facility Flag Format** |
| \*\*FAC\_FLAG='F' for any of the following:  \* all A MEPRS  \* B\*\*5/7  \* BIA  \* 0124 and B\*\*6  \* resource sharing DMISID  \*\* The formats in this table are used to identify the Facility claims - currently by DMISID and/or MEPRS Code;  \*\*\*\*Facility care identified by any A MEPRS or B\*\*5/7);  \*\*\*FAC\_FLAG='F' if input(meprs1,fm1\_&fy.a.)=2 or (input(meprs1,fm1\_&fy.a.)=1 and input(substr(meprscd,4,1),fm4\_&fy.a.)=1);  PROC FORMAT;  invalue FM1\_10a  'A'=2  'B'=1  OTHER=0;  PROC FORMAT;  invalue FM4\_10a  '5'=1  '7'=1  '6'=2  OTHER=0;  \*\*\*\*Facility care identified by BIA\*;  \*\*\*FAC\_FLAG ='F' if input(meprs3,FM3\_&fya.)=1;  PROC FORMAT;  invalue FM3\_10a  'BIA'=1  OTHER=0  ;  run;  \*\*\*\*Facility care identified by - Portsmouth NH (0124) and B\*\*6;  \*\*\*FAC\_FLAG='F' if input(dmisid,fdmis&fy.b.)=1 and input(meprs1,fm1\_&fy.a.)=1 and input(substr(meprscd,4,1),fy4\_&fy.a.)=2;  PROC FORMAT;  invalue FDMIS10b  '0124'=1  OTHER=0;  run;  \*\*\*\*Facility care identified by -- DMISID (resource sharing facilities);  \*\*\*FAC\_FLAG='F' if input(dmisid,FDMIS&fy.a.)=1 ;  \*\*\*Source DMIS ID Resource Page - http://www.dmisid.com/cgi-dmis/download;  \*\*\*All DMIS IDs with Branch of Service/Authority Code in ('B' 'G' 'R' 'V' '1' '2' '3')  \*\*\* are considered "Facility";  \*\*\*See P:\11970.149\CAPER\Facility Flag\Facility DMISIDs.xls;  \*\*FY10 (from 201003 version);  PROC FORMAT;  invalue FDMIS10a  '0660'=1  '0661'=1  '2001'=1  '2002'=1  '2003'=1  '5401'=1  '5402'=1  '5404'=1  '5405'=1  '5406'=1  '5407'=1  '5408'=1  '5410'=1  '5411'=1  '5412'=1  '5413'=1  '5414'=1  '5434'=1  '5435'=1  '5436'=1  '5437'=1  '5438'=1  '5439'=1  '5440'=1  '5441'=1  '5442'=1  '5443'=1  '5444'=1  '5445'=1  '5447'=1  '5448'=1  '5449'=1  '5450'=1  '5451'=1  '5452'=1  '5453'=1  '5458'=1  '5459'=1  '5460'=1  '5461'=1  '5462'=1  '5463'=1  '5464'=1  '5465'=1  '5466'=1  '5467'=1  '5468'=1  '5469'=1  '5470'=1  '5471'=1  '5472'=1  '5473'=1  '5474'=1  '5475'=1  '5476'=1  '5477'=1  '5478'=1  '5479'=1  '5480'=1  '5481'=1  '5482'=1  '5483'=1  '5484'=1  '5485'=1  '5486'=1  '5487'=1  '5488'=1  '5489'=1  '5490'=1  '5491'=1  '5492'=1  '5493'=1  '5494'=1  '5495'=1  '5496'=1  '5497'=1  '5498'=1  '5499'=1  '5601'=1  '6513'=1  '7234'=1  OTHER=0;  RUN; |

1. Effective with Version 2.00.00, this SADR specification addresses only FY04 and forward files. A separate specification, Standard Ambulatory Data Record (SADR) for FY03 and Backwards for the MHS Data Repository (MDR) (Version 1.03.00) describes creation of SADRs for FY03 and back. [↑](#footnote-ref-1)
2. MDR SADRs will only process encounters through FY11. After FY11, encounters will only be processed through the Comprehensive Ambulatory/Professional Encounter Record (CAPER). [↑](#footnote-ref-2)
3. A new SADR is appended to the file; a correction to an old SADR is updated by replacing the previous completed SADR with the SADR that is freshly received and processed. The ADS SADR key (DMIS ID and sequence number) is not adequate to identify update SADRs because the key will be duplicated after any restoration of the ADS database, and will not match the same encounter as the previous use of the same key [↑](#footnote-ref-3)
4. Identified in /mdr/ref/sadr.minvld.fmt and /mdr/aref/sadr/minvld/dyy,mmdd.fmt [↑](#footnote-ref-4)
5. The master appointment file has been generated on a monthly basis but will convert to a weekly schedule in 2010. [↑](#footnote-ref-5)
6. As the older FY years are processed, this field will become blank/empty. If a value remains, it came from the monthly appointment processing which has been replaced with weekly appointment processing that does not contain ACV. The field ACV is the preferred variable for enrollment information on all records. [↑](#footnote-ref-6)
7. SAS Code to modify PATCAT

   LENGTH PATCAT $3.;   
   PATCAT=PATCAT1;   
   IF HCDPLVM4 IN ('401' '402' '405' '406' '407' '408' '409' '410' '411' '412') OR HCDPCODE IN ('401' '402' '405' '406' '407' '408' '409' '410' '411' '412') THEN DO;   
   IF FMP='20' THEN PATCAT=SUBSTR(PATCAT1,1,1)||'36';  
   ELSE PATCAT=SUBSTR(PATCAT1,1,1)||'37';   
   END; [↑](#footnote-ref-7)
8. For CPT 66999, this RVU has a value of 0 for the period 1 Jan 07 - 30 Jun 07. [↑](#footnote-ref-8)
9. These are provider specialties in the following ranges: 000-075, 080-108, 110-200, 204-208, 215, 300-400, 401-407, 500-518, 602-605, 607-700, 702-710, 713, 800-816, 901. [↑](#footnote-ref-9)
10. These are the clinics: Cast (BEB), Orthopedic Appliance (BEE), Social Work (BFE), Substance Abuse Rehab (BFF), Optometry (BHC), Physical Therapy (BLA), and Occupational Therapy (BLB). [↑](#footnote-ref-10)
11. Significant CPT codes are any in the ranges 99201-99205, 99212-99215, 99217-99223, 99231-99236, 99238-99239, 99241-99245, 99251-99255, 99261-99263, 99271-99275, 99281-99285, 99288, 99291-99292, 99295-99298, 99301-99303, 99311-99313, 99315-99316, 99321-99323, 99331-99333, 99341-99357, 99371-99373, 99381-99387, 99391-99397, 99401-99404, 99411, '99412, 99420, 99429, 99431-99440, 99450, 99455, 99456, 99499. [↑](#footnote-ref-11)
12. These are clinics whose 4th position MEPRS code is a “5” or “7”. [↑](#footnote-ref-12)
13. Significant allergy CPT codes are any in the ranges 95115, 95117, 95120, 95125, 95130-95134, 95144-95149, 95165, 95170, 95180, 95199 [↑](#footnote-ref-13)
14. Most of these completion factors developed for SADRs, plus completion factors for APC fields, are also used for Interim CAPERs. [↑](#footnote-ref-14)