DHSS Program Management

Interface Control Document  
Describing the CAPER Data  
Exchange from CHCS  
MOD 2

Approved Version  
  
April 24, 2012



**DHSS Program Executive Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041**

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ICD Describing the CAPER Data Exchange from CHCS

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Approval Page

Approved by:

Ms. Karen Hass Date  
Chair, Configuration Control Board (CCB)  
Defense Health Services Systems (DHSS)

**DHSS Program Executive Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041**

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Review Page

Submitted by:

Mr. Scott Dreisigacker Date  
ICD Lead  
DHSS Program Executive Office

Reviewed by:

Mr. Quinn Smith Date  
MDR Data Operations  
DHSS Program Executive Office

Reviewed by:

Mr. Imran Shah Date  
Security Engineering  
DHSS Program Executive Office

Reviewed by:

Mr. Narinder Saund Date  
Chief Technology Officer  
DHSS Program Executive Office

**DHSS Program Executive Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041**

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Preface

This document describes the interface that provides the DHSS Program Executive Office’s MHS Data Repository (MDR) with the Comprehensive Ambulatory/Professional Encounter Record (CAPER) dataset. CAPER is the replacement for the Standard Ambulatory Data Record (SADR) dataset. The raw data is sent from the Composite Health Care System (CHCS).

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

Questions on proposed changes concerning this plan should be addressed to:

DHSS Program Executive Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041

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Abstract

The Defense Health Services Systems (DHSS) Program Executive Office developed the Military Health System (MHS) Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the Comprehensive Ambulatory/Professional Encounter Record data exchange with DHSS operations. CAPER replaces the Standard Ambulatory Data Record (SADR) dataset. Information and meta data regarding the CAPER data feed are detailed in this ICD. The Composite Health Care System (CHCS) produces the CAPER.

**Keywords:** Comprehensive Ambulatory/Professional Encounter Record, Composite Health Care System, Interface Control Document, MHS Data Repository, Standard Ambulatory Data Record, CAPER, CHCS, ICD, MDR, SADR

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# Introduction

## Document Identification

This document describes the interface that provides the Comprehensive Ambulatory/Professional Encounter Record (CAPER) dataset to the MHS Data Repository (MDR). CAPER replaces the Standard Ambulatory Data Record (SADR) dataset.

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

## System Overview

The Ambulatory Data Module (ADM), a module within CHCS, captures direct care outpatient encounter data at the point-of-service in the direct care setting. They are transaction-based systems that document and identify outpatient health care services that are rendered.

The ADM collects, supports, and processes the following types of information at the clinic and MTF levels:

* Patient personal information
* Attending provider, additional providers and place of care
* Patient diagnosis
* Patient treatment
* Health insurance information

The CHCS and the Armed Forces Health Longitudinal Technology Application (AHLTA) produce the CAPER that provides the direct care outpatient encounter records to the MDR.

DHSS requires that CHCS have the capability to transmit CAPERs on a daily basis. These come direct from MTFs and are transmitted at 2130 local using CHCS Sy\_ETU (Electronic Transport Utility).

CAPER data originates as a result of patients using the Military Health System (MHS). The data provided on CAPERs is collected through the ADM, a module within CHCS. Health care providers interact with patients, input information to CHCS or AHLTA. The CAPER is produced from the ADM database, and transmitted to destinations such as MDR.

This particular ICD describes the specific interface between CHCS providing the CAPER to the MDR. The MDR receives data through the Feed Nodes.

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

CAPER flows from AHLTA Hosts at MTFs to AHLTA CDR and CHCS Hosts at MTFs to Feed Nodes to TSM and MDR in order for extracts to be created.

Figure 1‑1 CAPER Interface Flow

## Reference Documents

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

SAIC, *Interface Design Description (IDD) CAPER,* Falls Church, VA, 13 June 2006.

## Operational Agreement

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

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

Should problems occur with the interface, DHSS data production support personnel will immediately contact CHCS operational personnel at the MTFs.

Should there be systemic data problems recognized during MDR processing, DHSS members will coordinate with their counterparts in CHCS.

# Data Specification

## Identification of Data Exchanges

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

* CAPER data extract. The CAPER extract provides direct care outpatient data records accumulated since the previous extract was submitted. This includes new records as well as updates to previously submitted records.

CAPER is the replacement for the Standard Ambulatory Data Record (SADR). There are significant differences between CAPER and SADR. CHCS will continue to enhance CAPER. This ICD will be changed *only* if the interface changes from the interface specified herein.

## Precedence and Criticality of Requirements

Clinical data from the MTFs that is reliable is necessary for the MHS to make knowledge-based decisions. MDR provides this information to MHS decision-makers. A minimum of weekly updates are required for effective performance of the business. An inability to obtain this data for a period of 1 month or greater could have adverse consequences to the business.

## Communications Methods

All CHCS data records will be transferred using SFTP via the Military Health System (MHS) Virtual Private Network (VPN) Mesh to the MDR Feed Node. The SFTP software utilizes FIPS 140-2 compliant encryption.

The collected set of data transmitted from CHCS to the MDR will be placed on the MDR Feed Node on a daily basis.

Upon connection to the OKC Feed Node via SFTP over the MHS VPN Mesh, CHCS will be authenticated using an AIX username and password. The AIX password for the SFTP account will expire every 52 weeks and meets the following security requirements:

* A minimum 15 character password containing 2 uppercase letters, 2 lowercase letters, 2 numbers, and 2 special characters.

## Performance Requirements

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

## Security and Integrity

The MDR and the CHCS sites both maintain active ATO accreditations.

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

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

To ensure the security and integrity of the data exchanged, files are transferred using SFTP which utilizes a secure FIPS 140-2 compliant encryption algorithm.

### Data Integrity and Quality

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

**Appendix A: CAPER File Layout**

**A.1 File Format**

The Feed Nodes receive the data elements listed in the appendix table on a scheduled basis (i.e., daily) from each CHCS site. Additional data processing is accomplished to apply business rules, and condition the data. Ultimately, the resultant records find their way to the IBM SP. Extracts are prepared to feed downstream systems such as MHS Mart (M2).

Table A-1 provides the detailed description of the Comprehensive Ambulatory/Professional Encounter Record (CAPER). CAPER replaces the Standard Ambulatory Data Record (SADR) with additional fields describing the encounter. Table A-2 describes the Trailer Record. In a feed from an MTF site that hosts CHCS, a number of CAPERS will end with a Trailer Record. All records, including the Trailer Record, are separated by a new line control character (“\n”).

**A.2 Record Layout**

Table A‑1 describes the record layout of each CAPER record. Table A-2 describes the record layout of the Trailer Record. SADR was an ASCII fixed length record, whereas CAPER is an ASCII variable length file. The delimiter is the carat character (“^”).

**A.3 File Operational Context**

Each CAPER extract transmitted to the Feed Nodes via Secure FTP from a MTF site will have multiple CAPER records. As the file format indicates an end of record (EOR) field will conclude each CAPER. The Trailer Record follows the final CAPER record in the batch.

A unique encounter is defined by the following key fields having unique values:

* Field #1 – Treatment DMIS ID
* Field #6 – Associated Appointment IEN
* Field #7 – Appointment Date
* Field #14 – Patient Identifier (EDI\_PN)

In general, A CAPER is produced on a nightly job at the MTF and sent to DHSS that evening, and no CAPER updates are required subsequently. CAPERS are excluded from the transmitted batch if there are encounter data errors. The CHCS batch job supplies CAPER records to DHSS, SADR records to the Services (in the legacy SADR format), extracts to Third-Party Outpatient Collection System (TPOCS), and extracts to Coding Compliance Editor (CCE).

Different versions of a unique encounter record can be determined by Field #9 (Appointment CAPER Extract Date). MDR will use this field as the key discriminator ⎯ the latest date in this field will be used to overlay any previous entries for that specific encounter. In most cases this methodology will meet the objective, however, the possibility exists that retransmission of an older non-updated CAPER may overlay an updated CAPER data within MDR.

Table A‑1 CAPER Detail Data Record

| Field Name  (logical name) | Field # | Field Length | Position | Data Type | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Treatment DMIS ID | 1 | 4 | Delimited | Numeric | Source of valid values: MTF Master File/CHCS. | The Defense Medical Information System (DMIS) identification number that identifies the clinic where the patient was treated. |
| Source System Indicator | 2 | 1 | Delimited | A-numeric | 2, A, C, G, P | Designates whether the appointment was created in. Coded as follows:  2 AHLTA  A ADS  C CHCS  G PGUI  P CIW |
| CCE Encounter Status Flag | 3 | 1 | Delimited | Numeric | 1, 2, 3, 4, 5 | Valid CCE encounter record status. Coded as follows:  1 Pending – transmitted original encounter to CCE  2 Received updated encounter from CCE  3 Released – original billable encounter released from CCE with no changes  4 Complete – updated encounter from CCE received and processed  5 Uncertified – original billable encounter released from CCE with no changes |
| Assigned Appointment Duration | 4 | 5 | Delimited | Numeric | None | Duration of appointment for the encounter identified in increments of minutes, maximum 99999. |
| Actual Appointment Duration | 5 | 5 | Delimited | Numeric | None | Placeholder |
| Associated Appointment IEN | 6 | 10 | Delimited | Numeric | None | Internal Entry Number (IEN) of the appointment. |
| Appointment Date | 7 | 8 | Delimited | Numeric | None | The date of the appointment. Format: YYYYMMDD. |
| CAPER Status | 8 | 1 | Delimited | A-numeric | O, U | CAPER record status. Coded as follows:  O Original (initial after encounter)  U Updated (encounter modified) |
| Appointment CAPER Extract Date | 9 | 8 | Delimited | Numeric | None | The date the CAPER was extracted (YYYYMMDD). |
| Appointment Type | 10 | 6 | Delimited | A-numeric | ACUT, APV, EROOM, ACUT$, EST, EST$, GRP, GRP$, N-MTF, OPAC, OPAC$, PCM, PCM$, RNDS\*, SPEC, SPEC$, T-CON, WELL, WELL$ | The appointment type. Coded as follows:  ACUT Acute appointment  APV Ambulatory Procedure Visit  EROOM Emergency Room  EST Established/follow up  EST$ Established/follow up  GRP Group appointment  GRP$ Group appointment  N-MTF Non-MTF appointment  OPAC Open Access Appointment  OPAC$ Open Access Appointment  PCM Initial Primary Care appointment  PCM$ Initial Primary Care appointment  RNDS\* Inpatient ward appointment  SPEC Initial Specialty Care appointment  SPEC$ Initial Specialty Care appointment  T-CON\* Telephone consult  WELL Wellness/Health Promotion Appointment  WELL$ Wellness/Health Promotion Appointment |
| Appointment Status | 11 | 1 | Delimited | Numeric | 2, 3, 4, 5, 6, 7, 8 | Appointment type status. Coded as follows:  2 Kept  3 Cancel  4 No show  5 Walk-in  6 Sick call  7 Telephone consult  8 Leave Without Being Seen (LWOBS) |
| Appointment Cancellation Status Type | 12 | 1 | Delimited | Numeric | 5, 8, 9 | Type of appointment cancellation. Coded as follows:  5 Cancelled by provider  8 Cancelled by facility  9 Cancelled by patient |
| Count Visit Indicator | 13 | 1 | Delimited | Numeric | 0, 1 | Indicator that identifies the workload type for the encounter visit. Coded as follows:  0 Non-count  1 Count |
| Patient Identifier (EDI\_PN) | 14 | 10 | Delimited | A-numeric | None | Unique patient identifier supplied by the Defense Manpower Data Center (DMDC). The Electronic Data Interchange Person Number (EDI\_PN). |
| Sponsor Social Security Number | 15 | 9 | Delimited | Numeric | None | Social Security Number (SSN) of the sponsor. |
| Family Member Prefix (FMP) | 16 | 2 | Delimited | Numeric | 01-19,20,30-39,40,45, 50,55,60-69,90-95,97,98, or 99. | The code that represents the prefix that the medical community uses to identify medical records. Coded as follows:  01-19 Dependent children of sponsor  20 Sponsor  30-39 Spouse of sponsor  40-44 Mother of sponsor  45-49 Father of sponsor  50-54 Mother-in-law of sponsor  55-59 Father-in-law of sponsor  60-69 Other dependents  90-95 Beneficiary authorized by statute  98 Civilian Humanitarian  99 All others not elsewhere classified |
| Patient Social Security Number | 17 | 9 | Delimited | Numeric | None | SSN for the patient. |
| Patient Date of Birth | 18 | 8 | Delimited | Numeric | None | Date when the person was born (YYYYMMDD). |
| Sex | 19 | 1 | Delimited | A-numeric | F, M | A code used to denote a patient's gender. Coded as follows:  F female  M male |
| Patient Category | 20 | 5 | Delimited | A-numeric | A11-A15, A21- A29, A31-A33, A36, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C36, C41, C43, C45,C47-C49, F11-F15, F21-F29, F31-F33, F36, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M36, M41,M43,M45, M47-M49,N11-N14, N21,N22, N24-N29, N31-N33, N36, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45, P47-P49, R72-R75 | Identifies the beneficiary status of the person being treated. |
| Marital Status | 21 | 1 | Delimited | A-numeric | A, D, I, L, M, S, W, Z | Indicates the legal status of a person as it relates to marriage. Coded as follows:  A Annulled  D Divorced  I Interlocutory  L Legally separated  M Married  S Single, never married  W Widowed  Z Unknown |
| Patient Race Code | 22 | 1 | Delimited | A-numeric | C, M, N, R, X, Z | Attribute describing a person's racial category. Coded as follows:  C Caucasoid (White)  M Mongoloid (Yellow)  N Negroid (Black)  R Western Hemisphere Indians (Red)  X Other  Z Unknown |
| Ethnic Background | 23 | 1 | Delimited | A-numeric | 1, 2, 3, 4, 9, Z | The language or cultural group that patient claims. Coded as follows:  1 Hispanic  2 SE Asian  3 Filipino  4 Other Asian Pacific Islander  9 Other  Z Unknown |
| Patient Zip Code | 24 | 9 | Delimited | Numeric | None | The postal zip code for the city where a person is located. For OCONUS locations, the value could be an APO, FPO or country zip code. |
| Military Grade/Rank | 25 | 4 | Delimited | A-numeric | As defined in CHCS | A code that represents the patient's military rank. Codes and meanings come from CHCS (231 codes).  First character notes service:  A Army  C Coast Guard  F Air Force  K Unknown  N Navy  M Marine Corps  Second, third, fourth characters note military rank (E1-E10, O1-O11), UNK = unknown, CIV = civilian, or other designations. |
| Medicare Eligibility Field | 26 | 2 | Delimited | A-numeric | A, B, AB, spaces | The beneficiary’s Medicare coverage. Coded as follows:  A Patient is eligible for Medicare Part A  B Patient is eligible for Medicare Part B  AB Patient is eligible for Medicare Parts A and B  Spaces Patient is not eligible for Medicare |
| Patient OHI Indicator | 27 | 1 | Delimited | Numeric | 0, 1 | An indicator that identifies if the patient has Other Health Insurance (OHI) identified. Coded as follows:  0 No OHI  1 Yes has OHI |
| Medical Insurance Billable Indicator | 28 | 1 | Delimited | Numeric | 0, 1, 2 | An indicator that identifies the billable insurance type. Coded as follows:  0 Not billable  1 Insurance billable  2 Medical Services Account (MSA) billable |
| Patient Status | 29 | 1 | Delimited | Numeric | 0, 1 | An indicator of that the patient had at the time of the encounter. Codes as follows:  0 Outpatient  1 Inpatient |
| Inpatient Appointment Indicator | 30 | 1 | Delimited | Numeric | 0, 1 | An indicator based upon the identification of the appointment as being related to the inpatient episode of acre. Coded as follows:  0 Outpatient  1 Inpatient related |
| Inpatient Treatment MTF and Patient Register Number | 31 | 11 | Delimited | Numeric | None | DMIS ID of the inpatient treatment MTF and Register Number associated with a RNDS appointment (i.e., inpatient ward appointment). |
| Provider ID of Referring Provider | 32 | 9 | Delimited | A-numeric | None | The Provider ID of the HCDP referring the patient for specialty care or consult. |
| Referring Provider NPI Number | 33 | 10 | Delimited | Numeric | None | The National Provider Identifier (NPI) unique to all providers across all CHCS systems. |
| Referring Provider NPI Type | 34 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Referring Provider EDI\_PN | 35 | 10 | Delimited | A-numeric | None | Providers EDI\_PN value as assigned by DEERS. |
| Referring Provider DMIS ID | 36 | 4 | Delimited | Numeric | None | DMIS ID of the clinic location from which the provider referred the patient. |
| Referral Number | 37 | 11 | Delimited | Numeric | None | The Referral Number automatically assigned by the system when a referral is created through the Managed Care Module. |
| Disposition Code | 38 | 1 | Delimited | A-numeric | 1-8, A, B, C, D, E, F, G, H, M, O, R, S, U | The disposition code as marked on the outpatient and rounds encounters. Coded as follows:  1 Released without limitations  2 Released with work/duty limitations  3 Sick at home/quarters  4 Immediate referral  5 Left without being seen  6 Left against medical advice  7 Admitted  8 Expired  A Transferred to another hospital  B Transferred to a SNF  C Transferred to another clinical service  D Continued stay  E Left against medical advice  F Discharged home  G Expired  H Advice assessment  M Medication refill forwarded  O Other not elsewhere classified  R Referred for appointment  S Released to self care  U Referred to Emergency Room |
| Administrative Disposition Code | 39 | 5 | Delimited | Numeric | 1-5 | The administrative disposition code as marked on the encounter. Coded as follows:  1 Consultation requested  2 Referred to another provider  3 Convalescent leave  4 Medical board  5 Medical hold |
| Health Care Delivery Program (HCDP) Code | 40 | 3 | Delimited | A-numeric | None | A 3-digit HCDP code followed by a space or four spaces if not applicable or unknown. |
| Enrollment DMIS ID | 41 | 4 | Delimited | Numeric | None | DMIS ID to which the patient is enrolled. |
| PCM Group ID | 42 | 10 | Delimited | A-numeric | None | The Tax Identifier of the PCM Group to which the patient is enrolled. |
| PCM Provider ID | 43 | 10 | Delimited | A-numeric | None | Unique Identifier for the PCM provider assigned to the patient. |
| PCM NPI Number | 44 | 10 | Delimited | Numeric | None | NPI for the PCM assigned to the patient. |
| PCM NPI Type | 45 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| PCM EDI\_PN | 46 | 10 | Delimited | A-numeric | None | PCM’s EDI\_PN value assigned by DEERS. |
| PCM Location Code | 47 | 2 | Delimited | Numeric | 00, 01 | CHAMPUS location code of PCM. Coded as follows:  00 Direct Care PCM  01 Contractor PCM |
| MCP Group ID | 48 | 19 | Delimited | A-numeric | None | The Group Identifier to which the patient is enrolled. |
| NED Primary Care Manager ID | 49 | 18 | Delimited | A-numeric | None | The National Enrollment Database (NED) PCM Identifier for the patient’s PCM. |
| NED PCM ID Type Code | 50 | 1 | Delimited | Numeric | C, D, E, H, L, P, S, T | Type code to identify what type of NED Primary Care Manager ID is contained in the NED PCM ID. Coded as follows:  C MCSC Internal Provider Identifier  D Drug Enforcement Agency (DEA) Number  E DEERS EDI\_PN  H HIPAA Provider Identifier  L Legacy Value  P Pseudo PCM  S Social Security Number  T Tax Identifier |
| Treatment MEPRS Code | 51 | 4 | Delimited | A-numeric | None | MEPRS code for the clinic performing the patient care. |
| Clinic State | 52 | 2 | Delimited | A-numeric | None | Two character state code identifying the state where the clinic resides. |
| Clinic Zip Code | 53 | 9 | Delimited | Numeric | None | Zip Code associated with the location of the clinic. |
| Treatment Parent DMIS ID | 54 | 4 | Delimited | Numeric | Non | DMIS ID for the parent facility of the clinic where the patient received treatment. |
| Ambulatory Surgery | 55 | 1 | Delimited | A-numeric | 0, 1 | Flag to identify ambulatory surgery appointment. Coded as follows:  0 Normal appointment  1 Ambulatory surgery appointment |
| Appointment Provider ID | 56 | 9 | Delimited | A-numeric | None | Unique provider identifier for the provider rendering care. |
| Appointment Provider NPI Number | 57 | 10 | Delimited | Numeric | None | NPI number for the appointment provider. |
| Appointment Provider NPI Type | 58 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Appointment Provider EDI\_PN | 59 | 10 | Delimited | A-numeric | None | Provider’s EDI\_PN as assigned by DEERS. |
| Appointment Provider Class | 60 | 30 | Delimited | A-numeric | CHCS codes. | Classification code for the appointment provider. |
| Appointment Provider Type Code | 61 | 1 | Delimited | A-numeric | B, C, F, H, P, T | Appointment provider’s type. Coded as follows:  B Fee basis  C Certification & Accreditation (C&A)  F Full time  H House staff  P Partnership  T Part time |
| Appointment Provider Specialty Code | 62 | 3 | Delimited | Numeric | CHCS codes. | A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values). |
| Appointment Provider HIPAA Taxonomy Code | 63 | 10 | Delimited | A-numeric | None | HIPAA Provider Taxonomy Code entered on the encounter for the appointment provider. |
| Appointment Provider Role | 64 | 1 | Delimited | Numeric | 1-9 | The role of the appointment provider. Coded as follows:  1 Attending provider  2 Assisting provider  3 Supervising provider  4 Nurse  5 Para-professional  6 Operating provider #1  7 Surgeon  8 Anesthesia  9 General Medical Education (GME) |
| Appointment Provider Military Status | 65 | 3 | Delimited | A-numeric | AD, CI, NG, PV, RC, RS | The provider military status at the time of the extract date. Coded as follows:  AD Active Duty  CI Civilian  NG National Guard  PV Private sector contracts  RC Recalled to Active Duty  RS Reserves |
| Additional Provider 1 ID | 66 | 10 | Delimited | A-numeric | None | Unique provider identifier. |
| Additional Provider 1 NPI Number | 67 | 10 | Delimited | Numeric | None | NPI for additional provider. |
| Additional Provider 1 NPI Type | 68 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Additional Provider 1 EDI\_PN | 69 | 10 | Delimited | A-numeric | None | Additional Provider’s EDI\_PN as assigned by DEERS. |
| Additional Provider 1 Specialty Code | 70 | 3 | Delimited | Numeric | CHCS codes. | A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values). |
| Additional Provider 1 HIPAA Taxonomy Code | 71 | 10 | Delimited | A-numeric | None | HIPAA Provider Taxonomy Code entered on the encounter for the additional provider. |
| Additional Provider 1 Role | 72 | 1 | Delimited | Numeric | 1-9 | The role of the appointment provider. Coded as follows:  1 Attending provider  2 Assisting provider  3 Supervising provider  4 Nurse  5 Para-professional  6 Operating provider #1  7 Surgeon  8 Anesthesia  9 GME |
| Additional Provider 1 Military Status | 73 | 3 | Delimited | A-numeric | AD, CI, NG, PV, RC, RS | The provider military status at the time of the extract date. Coded as follows:  AD Active Duty  CI Civilian  NG National Guard  PV Private sector contracts  RC Recalled to Active Duty  RS Reserves |
| Additional Provider 2 ID | 74 | 10 | Delimited | A-numeric | None | Unique provider identifier. |
| Additional Provider 2 NPI Number | 75 | 10 | Delimited | Numeric | None | NPI for additional provider. |
| Additional Provider 2 NPI Type | 76 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Additional Provider 2 EDI\_PN | 77 | 10 | Delimited | A-numeric | None | Additional Provider’s EDI\_PN as assigned by DEERS. |
| Additional Provider 2 Specialty Code | 78 | 3 | Delimited | Numeric | CHCS codes. | A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values). |
| Additional Provider 2 HIPAA Taxonomy Code | 79 | 10 | Delimited | A-numeric | None | HIPAA Provider Taxonomy Code entered on the encounter for the additional provider. |
| Additional Provider 2 Role | 80 | 1 | Delimited | Numeric | 1-9 | The role of the appointment provider. Coded as follows:  1 Attending provider  2 Assisting provider  3 Supervising provider  4 Nurse  5 Para-professional  6 Operating provider #1  7 Surgeon  8 Anesthesia  9 GME |
| Additional Provider 2 Military Status | 81 | 3 | Delimited | A-numeric | AD, CI, NG, PV, RC, RS | The provider military status at the time of the extract date. Coded as follows:  AD Active Duty  CI Civilian  NG National Guard  PV Private sector contracts  RC Recalled to Active Duty  RS Reserves |
| Additional Provider 3 ID | 82 | 9 | Delimited | A-numeric | None | Unique provider identifier. |
| Additional Provider 3 NPI Number | 83 | 10 | Delimited | Numeric | None | NPI for additional provider. |
| Additional Provider 3 NPI Type | 84 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Additional Provider 3 EDI\_PN | 85 | 10 | Delimited | A-numeric | None | Additional Provider’s EDI\_PN as assigned by DEERS. |
| Additional Provider 3 Specialty Code | 86 | 3 | Delimited | Numeric | CHCS codes. | A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values). |
| Additional Provider 3 HIPAA Taxonomy Code | 87 | 10 | Delimited | A-numeric | None | HIPAA Provider Taxonomy Code entered on the encounter for the additional provider. |
| Additional Provider 3 Role | 88 | 1 | Delimited | Numeric | 1-9 | The role of the appointment provider. Coded as follows:  1 Attending provider  2 Assisting provider  3 Supervising provider  4 Nurse  5 Para-professional  6 Operating provider #1  7 Surgeon  8 Anesthesia  9 GME |
| Additional Provider 3 Military Status | 89 | 3 | Delimited | A-numeric | AD, CI, NG, PV, RC, RS | The provider military status at the time of the extract date. Coded as follows:  AD Active Duty  CI Civilian  NG National Guard  PV Private sector contracts  RC Recalled to Active Duty  RS Reserves |
| Additional Provider 4 ID | 90 | 9 | Delimited | A-numeric | None | Unique provider identifier. |
| Additional Provider 4 NPI Number | 91 | 10 | Delimited | Numeric | None | NPI for additional provider. |
| Additional Provider 4 NPI Type | 92 | 1 | Delimited | Numeric | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Additional Provider 4 EDI\_PN | 93 | 10 | Delimited | A-numeric | None | Additional Provider’s EDI\_PN as assigned by DEERS. |
| Additional Provider 4 Specialty Code | 94 | 3 | Delimited | Numeric | CHCS codes. | A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values). |
| Additional Provider 4 HIPAA Taxonomy Code | 95 | 10 | Delimited | A-numeric | None | HIPAA Provider Taxonomy Code entered on the encounter for the additional provider. |
| Additional Provider 4 Role | 96 | 1 | Delimited | Numeric | 1-9 | The role of the appointment provider. Coded as follows:  1 Attending provider  2 Assisting provider  3 Supervising provider  4 Nurse  5 Para-professional  6 Operating provider #1  7 Surgeon  8 Anesthesia  9 GME |
| Additional Provider 4 Military Status | 97 | 3 | Delimited | A-numeric | AD, CI, NG, PV, RC, RS | The provider military status at the time of the extract date. Coded as follows:  AD Active Duty  CI Civilian  NG National Guard  PV Private sector contracts  RC Recalled to Active Duty  RS Reserves |
| Injury Related | 98 | 1 | Delimited | Numeric | 0, 1 | Injury related indicator for the encounter. Coded as follows:  0 No injury  1 Yes - injury |
| Date of Injury | 99 | 8 | Delimited | Numeric | None | The approximate date the injury occurred. Format: YYYYMMDD. |
| Injury Related/ Cause Code 1 | 100 | 2 | Delimited | A-numeric | AA, AP, EM, OA | The first injury cause code entered by the user during encounter completion. Coded as follows:  AA Auto accident  AP Another party responsible  EM Employment  OA Other accident |
| Injury Cause Code 2 | 101 | 2 | Delimited | A-numeric | AA, AP, EM, OA | The second injury cause code entered by the user during encounter completion. Coded as follows:  AA Auto accident  AP Another party responsible  EM Employment  OA Other accident |
| Injury Cause Code 3 | 102 | 2 | Delimited | A-numeric | AA, AP, EM, OA | The third injury cause code entered by the user during encounter completion. Coded as follows:  AA Auto accident  AP Another party responsible  EM Employment  OA Other accident |
| Injury Geographic Location | 103 | 5 | Delimited | A-numeric | None | Geographic location of accident available when Injury Cause Code is “AA”. |
| Injury Place of Accident | 104 | 54 | Delimited | A-numeric | None | The location/place description of where the injury occurred. |
| Injury Place of Employment | 105 | 54 | Delimited | A-numeric | None | Place of employment at the time of the injury if the injury occurred due to a function or action of the employment. |
| ICD-9 Code,1st Listed Diagnosis | 106 | 7 | Delimited | A-numeric | None | International Classification of Diseases, 9th edition (ICD-9) entered diagnosis code. |
| ICD-9 Code DoD Extender, 1st Listed Diagnosis | 107 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 1st Listed Diagnosis | 108 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 2nd Listed Diagnosis | 109 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 2nd Listed Diagnosis | 110 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 2nd Listed Diagnosis | 111 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 3rd Listed Diagnosis | 112 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 3rd Listed Diagnosis | 113 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 3rd Listed Diagnosis | 114 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 4th Listed Diagnosis | 115 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 4th Listed Diagnosis | 116 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 4th Listed Diagnosis | 117 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 5th Listed Diagnosis | 118 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 5th Listed Diagnosis | 119 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 5th Listed Diagnosis | 120 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 6th Listed Diagnosis | 121 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 6th Listed Diagnosis | 122 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 6th Listed Diagnosis | 123 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 7th Listed Diagnosis | 124 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 7th Listed Diagnosis | 125 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 7th Listed Diagnosis | 126 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 8th Listed Diagnosis | 127 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 8th Listed Diagnosis | 128 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 8th Listed Diagnosis | 129 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 9th Listed Diagnosis | 130 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 9th Listed Diagnosis | 131 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 9th Listed Diagnosis | 132 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| ICD-9 Code, 10th Listed Diagnosis | 133 | 7 | Delimited | A-numeric | None | ICD-9 entered diagnosis code. |
| ICD-9 Code DoD Extender, 10th Listed Diagnosis | 134 | 1 | Delimited | Numeric | None | ICD-9 extender code. |
| ICD-9 Code Priority, 10th Listed Diagnosis | 135 | 1 | Delimited | A-numeric | 1, 2, 3, 4, U | The level of priority of the diagnosis for the visit. Coded as follows: 1, 2, 3, 4, or U (unconfirmed). |
| E&M Code 1 | 136 | 5 | Delimited | Numeric | 99201-99499 | Evaluation & Management (E&M) Code for the encounter, based on order of entry. E&M Codes are CPT Codes in the range of 99201-99499. |
| E&M Code 1, Modifier 1 | 137 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 1, Modifier 2 | 138 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 1, Modifier 3 | 139 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 1, Units of Care | 140 | 1 | Delimited | Numeric | 1, 2, 3, 4 | Multiplier used for prolonged services for the specific E&M Code. Whole number between 1 and 4. |
| E&M Code 1, Diagnosis Pointer | 141 | 4 | Delimited | Numeric | 1-4321 | Associates the E&M Code with at least one diagnosis. Whole number between 1 and 4321 (each position points to the priority of a diagnosis). |
| E&M Code 1, Provider Pointers | 142 | 5 | Delimited | Numeric | 1-54321 | Associates the E&M Code with at least one provider. Whole number between 1 and 54321 (each position points to one provider). |
| E&M Code 2 | 143 | 5 | Delimited | Numeric | 99201-99499 | E&M Code for the encounter, based on order of entry. |
| E&M Code 2, Modifier 1 | 144 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 2, Modifier 2 | 145 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 2, Modifier 3 | 146 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 2, Units of Care | 147 | 1 | Delimited | Numeric | 1, 2, 3, 4 | Multiplier used for prolonged services for the specific E&M Code. Whole number between 1 and 4. |
| E&M Code 2, Diagnosis Pointer | 148 | 4 | Delimited | Numeric | 1-4321 | Associates the E&M Code with at least one diagnosis. Whole number between 1 and 4321 (each position points to the priority of a diagnosis). |
| E&M Code 2, Provider Pointers | 149 | 5 | Delimited | Numeric | 1-54321 | Associates the E&M Code with at least one provider. Whole number between 1 and 54321 (each position points to one provider). |
| E&M Code 3 | 150 | 5 | Delimited | Numeric | 99201-99499 | E&M Code for the encounter, based on order of entry. |
| E&M Code 3, Modifier 1 | 151 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 3, Modifier 2 | 152 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 3, Modifier 3 | 153 | 2 | Delimited | A-numeric | None | E&M Code Modifier associated with the specific E&M Code. |
| E&M Code 3, Units of Care | 154 | 1 | Delimited | Numeric | 1, 2, 3, 4 | Multiplier used for prolonged services for the specific E&M Code. Whole number between 1 and 4. |
| E&M Code 3, Diagnosis Pointer | 155 | 4 | Delimited | Numeric | 1-4321 | Associates the E&M Code with at least one diagnosis. Whole number between 1 and 4321 (each position points to the priority of a diagnosis). |
| E&M Code 3, Provider Pointers | 156 | 5 | Delimited | Numeric | 1-54321 | Associates the E&M Code with at least one provider. Whole number between 1 and 54321 (each position points to one provider). |
| Procedure 1 CPT/HCPCS Code | 157 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 1 | 158 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 1 | 159 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 1 | 160 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 1 | 161 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 1 | 162 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 1 | 163 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 1 | 164 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 2 CPT/HCPCS Code | 165 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 2 | 166 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 2 | 167 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 2 | 168 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 2 | 169 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 2 | 170 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 2 | 171 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 2 | 172 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 3 CPT/HCPCS Code | 173 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 3 | 174 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 3 | 175 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 3 | 176 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 3 | 177 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 3 | 178 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 3 | 179 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 3 | 180 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 4 CPT/HCPCS Code | 181 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 4 | 182 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 4 | 183 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 4 | 184 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 4 | 185 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 4 | 186 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 4 | 187 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 4 | 188 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 5 CPT/HCPCS Code | 189 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 5 | 190 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 5 | 191 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 5 | 192 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 5 | 193 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 5 | 194 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 5 | 195 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 5 | 196 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 6 CPT/HCPCS Code | 197 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 6 | 198 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 6 | 199 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 6 | 200 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 6 | 201 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 6 | 202 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 6 | 203 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 6 | 204 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 7 CPT/HCPCS Code | 205 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 7 | 206 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 7 | 207 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 7 | 208 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 7 | 209 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 7 | 210 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 7 | 211 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 7 | 212 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 8 CPT/HCPCS Code | 213 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 8 | 214 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 8 | 215 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 8 | 216 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 8 | 217 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 8 | 218 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 8 | 219 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 8 | 220 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 9 CPT/HCPCS Code | 221 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 9 | 222 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 9 | 223 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 9 | 224 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 9 | 225 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 9 | 226 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 9 | 227 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 9 | 228 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Procedure 10 CPT/HCPCS Code | 229 | 5 | Delimited | A-numeric | None | CPT/HCPCS code for the encounter based on the order of entry. |
| First Modifier, Procedure 10 | 230 | 2 | Delimited | A-numeric | None | First entered Modifier to the associated CPT/HCPCS code. |
| Second Modifier, Procedure 10 | 231 | 2 | Delimited | A-numeric | None | Second entered Modifier to the associated CPT/HCPCS code. |
| Third Modifier, Procedure 10 | 232 | 2 | Delimited | A-numeric | None | Third entered Modifier to the associated CPT/HCPCS code. |
| Units of Care, Procedure 10 | 233 | 3 | Delimited | Numeric | 1-999 | A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999. |
| Minutes if Anesthesia Applied to Procedure 10 | 234 | 4 | Delimited | Numeric | None | Minutes of anesthesia applied during the associated procedure. Placeholder. |
| Diagnosis Pointer, Procedure 10 | 235 | 4 | Delimited | Numeric | 1-9876 | Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis). |
| Provider Linkage, Procedure 10 | 236 | 5 | Delimited | Numeric | 0-432 | Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider). |
| Reason for Appointment | 237 | 78 | Delimited | A-numeric | None | A free text field to describe the reason the patient has for seeking care. Note: the field length is normally 75 characters maximum, but can be up to 78 characters for a CON order (Referral Booking). CHCS automatically inserts the order comments text into the appointment reason for visit field. |
| ICD-9 Code, Encounter Chief Complaint | 238 | 5 | Delimited | A-numeric | None | The ICD-9 code identifying the patient’s main reason for seeking medical care. |
| Assigned MTF for the Appointment Provider | 239 | 4 | Delimited | A-numeric | None | The DMIS ID of the MTF that the appointment provider is assigned to, Placeholder. |
| Assigned Work Center for the Appointment Provider | 240 | 4 | Delimited | A-numeric | None | The assigned MEPRS work center that the appointment provider is assigned to. Placeholder. |
| Assigned MTF for Additional Provider 1 | 241 | 4 | Delimited | A-numeric | None | The DMIS ID of the MTF that the respective additional provider is assigned to, Placeholder. |
| Assigned Work Center for Additional Provider 1 | 242 | 4 | Delimited | A-numeric | None | The assigned MEPRS work center that the respective additional provider is assigned to. Placeholder. |
| Assigned MTF for Additional Provider 2 | 243 | 4 | Delimited | A-numeric | None | The DMIS ID of the MTF that the respective additional provider is assigned to, Placeholder. |
| Assigned Work Center for Additional Provider 2 | 244 | 4 | Delimited | A-numeric | None | The assigned MEPRS work center that the respective additional provider is assigned to. Placeholder. |
| Assigned MTF for Additional Provider 3 | 245 | 4 | Delimited | A-numeric | None | The DMIS ID of the MTF that the respective additional provider is assigned to, Placeholder. |
| Assigned Work Center for Additional Provider 3 | 246 | 4 | Delimited | A-numeric | None | The assigned MEPRS work center that the respective additional provider is assigned to. Placeholder. |
| Assigned MTF for Additional Provider 4 | 247 | 4 | Delimited | A-numeric | None | The DMIS ID of the MTF that the respective additional provider is assigned to, Placeholder. |
| Assigned Work Center for Additional Provider 4 | 248 | 4 | Delimited | A-numeric | None | The assigned MEPRS work center that the respective additional provider is assigned to. Placeholder. |
| Scope of Care Reported | 249 | 1 | Delimited | A-numeric | None | Placeholder. |
| Telemedicine/ Remote Consult Code | 250 | 1 | Delimited | A-numeric | None | Identifier for telemedicine and remote consult encounters. Placeholder. |
| STANAG Code | 251 | 3 | Delimited | A-numeric | None | DoD specific injury codes using NATO Standardization Agreement (STANAG) codes. Placeholder |
| Deployment Related Illness/ Condition Code | 252 | 1 | Delimited | A-numeric | None | Identifier for deployment related illness and condition code. Placeholder. |
| Country of Deployment | 253 | 2 | Delimited | A-numeric | None | Identifies the country of deployment. Placeholder. |
| Deployed Relationship | 254 | 1 | Delimited | A-numeric | None | Identifies the deployment relationship. Placeholder. |
| Special Operations Code | 255 | 2 | Delimited | A-numeric | None | Identifies the Special Operations Code (SOC). Placeholder. |
| CHCS Host System DMIS ID | 256 | 4 | Delimited | A-numeric | None | DMIS ID of the CHCS Host Platform sending the data; A unique identifier for each CHCS Host System |
| End of Record Flag | 257 | 5 | Delimited | A-numeric | ZZZZZ | End of record flag. Value: ZZZZZ |
| N/A | 258 | “/n” | Delimited | N/A | None | New Line Control Character |

*Notes:*

1. *This is a delimited file with the delimiter being the carat character (“^”).*

Table A‑2 CAPER Trailer Data Elements

| Field Name  (logical name) | Field # | Field Length | Position | Data Type | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Record Count | 1 | 10 | Delimited | Numeric | None | Number of records in the CAPER file |
| SADR Schedule | 2 | 2 | Delimited | Numeric | None | How often the automatic SADR program is run in days. |
| SADR Version | 3 | 18 | Delimited | A-numeric | None | SADR software version. |
| Historical Extract Status | 4 | 16 | Delimited | A-numeric | None | Value that indicates data extraction has completed for the entire historical period. Value provided is  FINAL HISTORICAL. |
| End of Record Flag | 5 | 1 | Delimited | A-numeric | Z | End of record flag. Value: Z |
| N/A | 6 | “/n” | Delimited | N/A | None | New Line Control Character |

*Notes:*

1. *This is a delimited file with the delimiter being the carat character (“^”).*

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **ADM** | Ambulatory Data Module |
| **ADS** | Ambulatory Data System |
| **AHLTA** | Armed Forces Health Longitudinal Technology Application |
| **APO** | Army/Air Force Post Office |
| **ASCII** | American Standard Code for Information Interchange |
| **C&A** | Certification & Accreditation |
| **CAPER** | Comprehensive Ambulatory/Professional Encounter Record |
| **CCB** | Configuration Control Board |
| **CCE** | Coding Compliance Editor |
| **CDR** | Clinical Data Repository |
| **CEIS** | Corporate Executive Information System |
| **CHAMPUS** | Civilian Health and Medical Program for the Uniformed Services |
| **CHCS** | Composite Health Care System |
| **CIW** | Clinical Information Workstation |
| **CONUS** | Continental United States |
| **CPT** | Current Procedural Terminology |
| **DCN** | Document Change Notice |
| **DEA** | Drug Enforcement Agency |
| **DECC** | Defense Enterprise Computing Center |
| **DEERS** | Defense Enrollment and Eligibility Reporting System |
| **DHSS** | Defense Health Services Systems |
| **DMDC** | Defense Manpower Data Center |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **EDI\_PN** | Electronic Data Interchange Person Number |
| **EIDS** | Executive Information/Decision Support |
| **EOR** | End Of Record |
| **E&M** | Evaluation and Management |
| **FMP** | Family Member Prefix |
| **FPO** | Fleet Post Office |
| **FTP** | File Transfer Protocol |
| **GME** | General Medical Education |
| **HCDP** | Health Care Delivery Program |
| **HCPCS** | Healthcare Common Procedure Coding System |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **ICD** | Interface Control Document |
| **ICD-9** | International Classification of Diseases, 9th Edition |
| **IDD** | Interface Design Description |
| **IEN** | Internal Entry Number |
| **IWG** | Interface Working Group |
| **LWOBS** | Leave Without Being Seen |
| **M2** | MHS Mart (formerly called ARS-Bridge) |
| **MCP** | Managed Care Provider |
| **MCSC** | Managed Care Support Contractor |
| **MDR** | MHS Data Repository |
| **MEPRS** | Medical Expense and Performance Reporting System |
| **MHS** | Military Health System |
| **MSA** | Medical Services Account |
| **MTF** | Medical Treatment Facility |
| **NATO** | North Atlantic Treaty Organization |
| **NED** | National Enrollment Database |
| **NPI** | National Provider Identifier |
| **OCONUS** | Outside Continental United States |
| **OHI** | Other Health Insurance |
| **ORD** | Operational Requirements Document |
| **PCM** | Primary Care Manager |
| **PGUI** | Provider Graphical User Interface |
| **RNDS** | Rounds appointment |
| **SADR** | Standard Ambulatory data Record |
| **SFTP** | Secure FTP |
| **SNF** | Skilled Nursing Facility |
| **SOC** | Special Operations Code |
| **SSN** | Social Security Number |
| **STANAG** | Standardization Agreement |
| **Sy\_ETU** | CHCS System Electronic Transport Utility |
| **TPOCS** | Third-Party Outpatient Collection System |
| **TSM** | Tivoli Storage Manager |