Healthcare Coding Reference Tables
for the
MHS Mart (M2)
(Version 1.11.00)

Future Specification

Revision History

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.01.00	2/9/2009	K. Hutchinson	• I, II, III, V, and VII	• Clarifying DRG update schedule • Added MS-DRG schedule and table layout
1.01.01	9/21/2009	K. Hutchinson	• APG Layout table	• Added type O to the APG Type
1.02.00	6/17/2010	K. Hutchinson	• APC Layout	• Added APC character 5
1.02.01	5/4/2011	K. Hutchinson	• ICD-9-CM Diagnosis Codes Reference Table Layout	• DoD Extender floats immediately after diagnosis code and one blank. No change to M2.
1.03.00	8/19/2011	S. Rogers	• I, II, III, V, VI, and VII	• Added ICD-10-CM Diagnosis Codes and Backmaps, ICD-10-PCS Procedures Codes and Backmaps, and HIPAA Health Care Provider Taxonomy Codes Reference Tables • Modified CPT/HCPCS Codes Reference Table by adding Nurse Credit field. • Updated source file information.
1.03.01	9/26/2011	S. Rogers	• VII	• Change to columns in HIPAA; name revisions
1.03.02	9/29/2011	S. Rogers	• VII	• Change column width in ICD-10 DX backmap tab. • Change format for dates in HIPAA Taxonomy.
1.03.03	10/05/11	S. Rogers	• VII	• Change to date input in HIPAA Taxonomy.

1.03.04	11/15/11	S. Rogers	• III, VII	• Clarified CPT Table processing schedule.
				• Changes to the CPT/HCPCS Codes Reference Table:
				  o Add Ancillary-specific CPT/Modifiers from Ancillary Table.
				  o Add MHS Unique Flag value of R (RVU adjusted for use in MHS).

1.03.05	01/12/12	S. Rogers	• II, VII	• Clarified APC Table applicable timeframes.
				• Added fields to the CPT Table:
				  o Unit of Service Substitute
				  o Bilateral Indicator
				  o Surgical Indicator
				• Clarified MHS Unique Flag definition per FPG

1.03.06	05/09/12	M. Martinez	• Section VII, Tables 5, 6, 9	• Added CCS Category codes to the ICD-9 Diagnosis and Procedure Tables and the CPT/HCPCS Table
1.04.00	09/05/12	K. Hutchinson	• Section VII, Table 10	• Added MEPRS Skill Type to the HIPAA Health Care Provider Taxonomy

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.04.01	10/16/12	M. Martinez	• Section VII, Tables 5, 6, 9, 10	• Update labels for CCS fields to: ○ CCS Dx Single-Level ○ CCS Dx Multi-Level ○ CCS ICD Proc Single-Level ○ CCS ICD Proc Multi-Level ○ CCS HCPCS Single-Level • Update derivations for Unit of Service Limit and Unit of Service Substitute • Update derivation of MEPRS Skill Type
1.04.02	12/04/12	M. Martinez	• Section VII, Table 9 • Section VII, Table 10	CPT/HCPCS Codes: • The order of objects was adjusted to match the feed (all new fields at the end). • Removed an MHS Unique Code value for further review. HIPAA Provider Taxonomy Codes: • Noted that MEPRS Skill Type label will be changed in a future release and the field will remain empty until a later release.
1.05.00	04/04/2013	K. Hutchinson	• Table 10	• Changed label from MEPRS Skill Type to Skill Level
1.06.00	06/12/2013	M. Martinez	• Section VII, Table 9	• Historical Work RVUs are populated through CY11 only. • Added: • CCS Code Description • Multiple Procedure Code
1.07.00	07/14/2014	M. Martinez	• Section VII, Tables 5 and 6 • Section VII, Tables 7 and 8 • Section VII, Table 8	• Remove Multi-Level CCS Category Codes from ICD-9 CM Dx and Proc • Add Single-Level CCS Category Code Descriptions to ICD-9 CM Dx and Proc • Add Single-Level CCS Category Codes and Descriptions to ICD-10 CM Dx and PCS Proc • Correct labels on Backmap objects
1.07.01	08/06/2014	M. Martinez	• Section VII, Table 8	• Change format on CCS ICD Proc Single-Level to Char(4)
1.08.00	01/26/2015	E. Hawkins	• Throughout • Section VII, Table 9 • Section VII, Table 10 • Section VII, Table 11	• Relabel DHCAPE to DHA/Decision Support • Added Evaluative Visit Flag to the CPT Table • Remove Supervision/Countersignature Flag from the HIPAA HealthCare Provider Taxonomy Table • Added Patient Category Table

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.08.01	04/28/2015	E. Hawkins	• Section VII, Table 11	• Change object names: - Status of Patient to Patient Status - Admissions and Dispositions List Category to Admit and Disp List Category - Non-Availability Statement (NAS) Authorization to NAS Authorization - Sponsor to Sponsor Flag - Family Member to Family Member Flag - Civilian Emergency to Civilian Emergency Flag - Deceased Sponsor to Deceased Sponsor Flag - OCONUS Group Meal Sales (GMS) to OCONUS Group Meal Sales Flag - Prohibit DEERS Check to Prohibit DEERS Check Flag • Added clarification to derivation of Valid Change Codes
1.09.00	06/30/2016	E. Hawkins	• Table 11	• Added Patient Category / Subcategory
1.09.01	12/15/2017	K. Hutchinson	• Table 3	• Hide APG table

1.10.00	08/31/2021	D. Juckett	• Table 7
			
			• Table 8
			
			• Multiple Tables
				• Add
				  o CCSR Body System IP
				  o CCSR DX IP
				  o CCSR Category Description IP
				  o CCSR Body System OP
				  o CCSR DX OP
				  o CCSR Category Description OP
				
				  o CCSR Body System
				  o CCSR Proc
				  o CCSR Proc Category Description
				• Add
				  o Delivery locations for MDR/M2

1.11.00	7/31/2024	D. Juckett	• Table 7 • Table 8	• ICD-10-CM : Change Description, Short to CHAR(60) • ICD-10-PCS : Change Description, Short to CHAR(60)

Healthcare Coding Reference Tables for the MHS Mart (M2)[1]

I. SOURCE

- DRG: last update of the DRG reference table was FY08. No further updates expected
- MS-DRG: provided to DHA/Decision Support by October 15th of each year
- APG: maintained by DHA/Decision Support, update as needed
- APC: maintained by DHA/Decision Support, update by January 15th of each year
- ICD-9-CM Diagnosis Codes: obtained from annual MHS Reference Code update process
- ICD-9-CM Procedure Codes: obtained from annual MHS Reference Code update process
- ICD-10-CM Diagnosis Codes and ICD-9 Backmaps: obtained from annual MHS Reference Code update process
- ICD-10-PCS Procedure Codes and ICD-9 Backmaps: obtained from annual MHS Reference Code update process
- CPT Codes: tables obtained from CITPO and/or AMA[2] in conjunction with annual MHS Reference Code update process
- HCPCS: tables obtained from cms.hhs.gov and/or CITPO in conjunction with annual MHS Reference Code update process
- HIPAA Healthcare Provider Taxonomy Codes: obtained from annual MHS Reference Code update process
- Patient Category Codes: obtained from annual list provided by the Uniform Business Office (UBO)

II. INPUT FEED TO DHA/DECISION SUPPORT

- Source file format:
  - DRG: usually received as either an Excel or text file
  - MS-DRG: usually received as either an Excel or text file
  - APG: received as an Excel file
  - APC: received as a PDF or text file
  - ICD-9-CM Diagnosis Codes: received from CHCS update process as text file. MHS-specific codes obtained from DHA/Decision Support
  - ICD-9-CM Procedure Codes: received from CHCS update process as text file
  - ICD-10-CM Diagnosis Codes and ICD-9-CM Backmaps: received from CHCS update process as Excel or delimited text files
  - ICD-10-PCS Procedure Codes and ICD-9-CM Backmaps: received from CHCS update process as a text file
  - CPT Codes: text file. MHS-specific codes obtained from DHA/Decision Support
  - HCPCS: text file
  - HIPAA Healthcare Provider Taxonomy Codes: received as an Excel or text file
  - Patient Category Codes: received as an Excel file

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[1] Reference files prepared for M2 ICD-9-CM Diagnosis Codes, ICD-9–CM Procedure Codes, ICD-10-CM Diagnosis Codes, ICD-10-PCS Procedure Codes, HIPAA Healthcare Provider Taxonomy and Patient Category Code tables will be submitted as prepared here for use as reference files on MDR.

[2] CPT descriptions are subject to licensing restrictions. Sites with CHCS are considered licensed. Sites without CHCS (e.g., contractors) will require the EI/DS PO to pay additional fees.

- Scope:
  - ➢ DRG: tables by fiscal year (FY); ended with FY08
  - ➢ MS-DRG: table by FY; beginning with FY09
  - ➢ APG: one table for all FYs
  - ➢ APC: tables by calendar year (CY); CY06+
  - ➢ ICD-9-CM Diagnosis Codes: tables by FY
  - ➢ ICD-9-CM Procedure Codes: tables by FY
  - ➢ ICD-10-CM Diagnosis Codes: tables by FY; FY12+
  - ➢ ICD-10-PCS Procedure Codes: tables by FY; FY12+
  - ➢ CPT/HCPCS Codes: tables by CY
  - ➢ HIPAA Healthcare Provider Taxonomy Codes: table represents FY03+
  - ➢ Patient Category Codes: one table for all FYs

III. ORGANIZATION AND BATCHING

- Time slicing:
  - ➢ Must include a fiscal year field (yyyy) in the feed to M2 for the DRG, MS-DRG, ICD-9-CM Diagnosis Codes, ICD-9-CM Procedure Codes, ICD-10-CM Diagnosis Codes, and ICD-10-PCS Procedure Codes tables.
  - ➢ For the DRG and MS-DRG tables, include DRG "000" as "Assigned for Non-acute Care in Purchased Care Data Only" for every FY.
  - ➢ Must include a calendar year field (yyyy) in the feed to M2 for the APC and CPT Codes tables.
  - ➢ The APG table does not require time slicing – one table for all FYs.
  - ➢ The HIPAA Healthcare Provider Taxonomy Codes and Patient Category Codes tables do not require time slicing.

- Frequency of processing:
  - ➢ DRG: N/A
  - ➢ MS-DRG: provided once a year (by October 15th)
  - ➢ APG: provided once (this is a frozen system, no changes to APGs expected)
  - ➢ APC: provided one a year (by January 15th)
  - ➢ ICD-9-CM Diagnosis Codes: obtained once a year from the website (should expect them to be available no later than October 1st).
  - ➢ ICD-9-CM Procedure Codes: obtained once a year from the website (should expect them to be available no later than October 1st).
  - ➢ ICD-10-CM Diagnosis Codes: obtained once a year (should be available no later than October 1st).
  - ➢ ICD-10-PCS Procedure Codes: obtained once a year (should be available no later than October 1st).
  - ➢ CPT/HCPCS Codes: initial annual version should be available from Ingenix around January 1st; policy changes should be available by April 20[th][3].
  - ➢ HIPAA Healthcare Provider Taxonomy Codes: Annual FY review, contents fully replaced when changed.
  - ➢ Patient Category Codes: Annual FY review, contents fully replaced when changed.

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[3] Ingenix changes beyond the one issued at the beginning of the calendar year are only implemented as part of policy direction.

IV. FILTERS

- No filters for creating the M2 feed.

V. DATA MANIPULATION

- Merges:
    - <u>DRG</u>: description will be made available in M2 inpatient tables based on the FY and DRG code. Last table is FY08.
    - <u>MS-DRG</u>: description will be made available in M2 inpatient tables based on the FY and MS-DRG code.
    - <u>APG</u>: description will be made available in M2 outpatient tables (applicable to the Direct Care Professional Encounters only) based on the APG code.
    - <u>APC</u>: description will be made available in M2 outpatient tables (applicable to the Direct Care Professional Encounters only) based on the CY and APC code.
    - <u>ICD-9-CM Diagnosis Codes</u>[4]: description will be made available in M2 inpatient and outpatient tables based on the FY and diagnosis code.
    - <u>ICD-9-CM Procedure Codes</u>[5]: description will be made available in M2 inpatient tables based on the FY and procedure code.
    - <u>ICD-10-CM Diagnosis Codes</u>: no M2-driven merges but format must support user linking to encounter data.
    - <u>ICD-10-PCS Procedure Codes</u>: no M2-driven merges but format must support user linking to encounter data.
    - <u>CPT/HCPCS Codes</u>: description will be made available in M2 outpatient tables based on the CY and CPT/HCPCS code.
    - <u>HIPAA Healthcare Provider Taxonomy Codes</u>: currently no merge to encounter data.
    - <u>Patient Category Codes</u>: currently no merge to encounter data.

- Data joins (manipulations) performed in Business Objects.

VI. UPDATING THE MASTER TABLES

- Each table is year-driven (except APG, HIPAA Healthcare Provider Taxonomy Codes, and Patient Category Codes) and changes are rarely, if ever, made to the tables during the year. However should an update or a correction be made to an existing table, the feed, in its entirety, will be updated and submitted to the M2.
- Drop expiring years as encounter data year is dropped.

VII. RECORD LAYOUT AND CONTENT

Regardless of the length specified, all fields are variable length and delimited by "|" with no trailing blanks. A null field will simply have an end of field delimiter "|" immediately following the previous field's end of field delimiter.

As standalone reference tables, the object name listed in the tables below should be used.

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[4] The ICD-9-CM Diagnosis Codes in the Direct Care Inpatient Admissions and Outpatient Visits tables will need to be truncated to a length of 5 characters prior to the join as the fields in the those tables contain additional MHS-specific coding (e.g., 25001 D01, merge should only be to 25001).

[5] The ICD-9-CM Procedure Codes in the Direct Care Inpatient Admissions table will need to be truncated to a length of 4 characters prior to the join as the fields in the that table contains additional MHS-specific coding (e.g., 4009 D01, merge should only be to 4009).

When used in joining to the various data tables, the object name listed in those individual specification documents should be used.

Table 1. Diagnosis Related Group (DRG) Reference Table Layout - <mark>OBSOLETE</mark>

M2 Object	Format	Derivation
FY	Char(4)	No M2 derivation
DRG	Char(3)	No M2 derivation
DRG Description	Char(64)	No M2 derivation
MDC	Char(2)	No M2 derivation
MDC Description	Char(64)	No M2 derivation
Medical/Surgical Indicator	Char(1)	No M2 derivation
DRG Weight	Dec(8,4)	No M2 derivation
Average Length of Stay	Dec(5,1)	No M2 derivation
Geometric Length of Stay	Dec(5,1)	No M2 derivation
Short Stay Outlier Threshold	Char(2)	No M2 derivation
Long Stay Outlier Threshold	Char(3)	No M2 derivation
Per Diem Weight	Dec(8,4)	DRG Weight divided by GMLOS. No M2 derivation

Table 2. Medicare[6] Severity Diagnosis Related Group (MS-DRG) Reference Table Layout for Use in Direct Care Data

M2 Object	Format	Derivation
FY	Char(4)	No M2 derivation
MS-DRG	Char(3)	No M2 derivation
MS-DRG Description	Char(76)	No M2 derivation
MDC	Char(2)	No M2 derivation
MDC Description	Char(64)	No M2 derivation
Medical/Surgical Indicator	Char(1)	No M2 derivation
MS-DRG Weight	Dec(8,4)	No M2 derivation
Average Length of Stay	Dec(5,1)	No M2 derivation
Geometric Length of Stay	Dec(5,1)	No M2 derivation
Short Stay Outlier Threshold	Char(2)	No M2 derivation
Long Stay Outlier Threshold	Char(3)	No M2 derivation
Per Diem Weight	Dec(8,4)	MS-DRG Weight divided by GMLOS. No M2 derivation

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[6] These are not the Medicare MS-DRG weights; only indicating the "M" in MS-DRG stands for Medicare but the MS-DRG information provided are the TRICARE data.

Table 3. Ambulatory Patient Group (APG) Codes Reference Table Layout

HIDE APG REFERENCE TABLE IN M2 - OBSOLETE

M2 Object	Format	Derivation
APG	Char(3)	No M2 derivation
Description	Char(65)	No M2 derivation
APG Type	Char(1)	No M2 derivation A=Ancillary Test and Procedure APG S=Significant Procedure and Therapy APGs M=Medical APG E = Error O=Other (MHS Specific Meaning) Blank = Ungroupable
APG Weight	Dec(8,4)	No M2 derivation

Table 4. Ambulatory Payment Classification (APC) Codes Reference Table Layout

M2 Object	Format	Derivation
CY	Char(4)	No M2 derivation
APC	Char(4)	No M2 derivation Populated through CY11 only.
APC (5)	Char(5)	No M2 derivation
Description	Char(65)	No M2 derivation
Payment Status Indicator	Char(2)	No M2 derivation
APC Weight	Dec(8,4)	No M2 derivation
National Average Payment Rate	Dec(9,2)	No M2 derivation. Show as currency.

/mdr/aref/caper/apc/cyYY/cq02/dyymmdd.txt
/mdr/aref/caper/apc/cyYY/cq03/dyymmdd.txt
/mdr/aref/caper/apc/cyYY/cq04/dyymmdd.txt

Table 5. ICD-9-CM Diagnosis Codes Reference Table Layout

M2 Object	Format	Derivation
FY	Char(4)	No M2 derivation
Diagnosis with DoD Extender	Char(7)	No M2 derivation. ICD-9-CM diagnosis code, with decimal removed. If diagnosis code has DoD extender(s), there will be a row for the code without extender. There will be additional rows for every code/DoD extender combination, with the extender following the code and separated by one blank space.
Description, Long	Char(250)	No M2 derivation
Description, Short	Char(30)	No M2 derivation
MHS Unique Flag	Char(1)	No M2 derivation D=Code has non-standard use/meaning in Direct Care, standard in Purchased Care (PC) P= Code has non-standard use/meaning in Purchased Care, standard in DC B=Code has non-standard use/meaning in both Direct and Purchased Care N= Normal use (No non-standard use)
CCS Dx Single-Level[7]	Char(4)	No M2 derivation
CCS Dx Desc[7]	Char(114)	No M2 derivation

MDR Location:
    /mdr/ref/icd09dxref.fyYY.txt
    /mdr/aref/icd09dxref/fyYY/dyymmdd.txt
    /mdr/ars/icd09dxref/fyYY/dyymmdd.txt.z

Table 6. ICD-9-CM Procedure Codes Reference Table Layout

M2 Object	Format	Derivation
FY	Char(4)	No M2 derivation
Procedure	Char(4)	No M2 derivation
Description, Long	Char(250)	No M2 derivation
Description, Short	Char(30)	No M2 derivation

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[7] CCS=Clinical Classifications Software. Source: Agency for Healthcare Research and Quality, Rockville, MD

M2 Object	Format	Derivation
MHS Unique Flag	Char(1)	D=Code has non-standard use/meaning in Direct Care , standard in Purchased Care P= Code has non-standard use/meaning in Purchased Care, standard in Direct Care B=Code has non-standard use/meaning in both Direct and Purchased Care N= Normal use (No non-standard use)
CCS ICD Proc Single-Level[7]	Char(3)	No M2 derivation
CCS ICD Proc Desc[7]	Char(96)	No M2 derivation

MDR Location:
    /mdr/ref/icd09procref.fyYY.txt
    /mdr/aref/icd09procref/fyYY/dyymmdd.txt
    /mdr/ars/icd09procref/fyYY/dyymmdd.txt.z

Table 7. ICD-10-CM Diagnosis Codes and Backmaps Reference Table Layout

M2 Object	Format	Derivation
FY	Char(4)	No M2 derivation
ICD-10 Diagnosis	Char(7)	No M2 derivation. ICD-10-CM diagnosis code, with decimal removed.
Description, Long	Char(250)	No M2 derivation
Description, Short	Char(60)	No M2 derivation
ICD-9-CM Diagnosis Backmap 1	Char(7)	No M2 derivation. No decimals.
ICD-9-CM Diagnosis Backmap 2	Char(7)	No M2 derivation. No decimals.
ICD-9-CM Diagnosis Backmap 3	Char(7)	No M2 derivation. No decimals.
ICD-9-CM Diagnosis Backmap 4	Char(7)	No M2 derivation. No decimals.
MHS Unique Flag	Char(1)	No M2 derivation D=Code has non-standard use/meaning in Direct Care , standard in Purchased Care P= Code has non-standard use/meaning in Purchased Care, standard in Direct Care B=Code has non-standard use/meaning in both Direct and Purchased Care N= Normal use (No non-standard use)
CCS Proc Single-Level[7]	Char(4)	No M2 derivation Populated FY20 and back
CCS Proc Desc[7]	Char(115)	No M2 derivation Populated FY20 and back
CCSR Body System IP	Char(3)	No M2 derivation Populated FY21+
CCSR PROC IP	Char(6)	No M2 derivation Populated FY21+
CCSR Category Description IP	Char(115)	No M2 derivation Populated FY21+
CCSR Body System OP	Char(3)	No M2 derivation Populated FY21+
CCSR PROC OP	Char(6)	No M2 derivation Populated FY21+
CCSR Category Description OP	Char(115)	No M2 derivation Populated FY21+

MDR Location:
    /mdr/ref/icd10dxref.fyYY.txt
    /mdr/aref/icd10dxref/fyYY/dyymmdd.txt
    /mdr/ars/icd10dxref/fyYY/dyymmdd.txt.z

Table 8. ICD-10-PCS Procedure Codes and Backmaps Reference Table Layout

M2 Object	Format	Derivation
FY	Char(4)	No M2 derivation
ICD-10 Procedure	Char(7)	No M2 derivation. ICD-10-CM procedure code, with decimal removed.
Description, Long	Char(250)	No M2 derivation
Description, Short	Char(60)	No M2 derivation
ICD-9-CM Procedure Backmap 1	Char(4)	No M2 derivation. No decimals.
ICD-9-CM Procedure Backmap 2	Char(4)	No M2 derivation. No decimals.
ICD-9-CM Procedure Backmap 3	Char(4)	No M2 derivation. No decimals.
ICD-9-CM Procedure Backmap 4	Char(4)	No M2 derivation. No decimals.
ICD-9-CM Procedure Backmap 5	Char(4)	No M2 derivation. No decimals.
ICD-9-CM Procedure Backmap 6	Char(4)	No M2 derivation. No decimals.
CCS ICD Proc Single-Level[7]	Char(4)	No M2 derivation Populated FY20 and back
CCS ICD Proc Desc[7]	Char(131)	No M2 derivation Populated FY20 and back
CCSR Body System IP	Char(3)	No M2 derivation Populated FY21+
CCSR Proc	Char(6)	No M2 derivation Populated FY21+
CCSR Proc Category Description	Char(115)	No M2 derivation Populated FY21+

MDR Location:
/mdr/ref/icd10procref.fyYY.txt
/mdr/aref/icd10procref/fyYY/dyymmdd.txt
/mdr/ars/icd10procref/fyYY/dyymmdd.txt.z

Table 9. CPT/HCPCS Codes Reference Table Layout[8]

Output Variable Name	Format	Derivation
CY	Char(4)	No M2 derivation
CPT/HCPCS	Char(5)	No M2 derivation
Modifier	Char(2)	No M2 derivation
Description, Long	Char(250)	No M2 derivation
Description, Short	Char(30)	No M2 derivation

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[8] Use the MDR Master CPT table and Direct Care Ancillary RVU table for CPT/Modifier combinations and weights. While RVUs vary for CAPER and SADR, use CAPER.

Output Variable Name	Format	Derivation
Setting Flag	Char(2)	No M2 derivation DC = Use for Direct Care Data PC = Use for Purchased Care Data AN = Use for Direct Care Ancillary
Work RVU	Dec(9,2)	No M2 derivation
Practice RVU, Away From Office	Dec(9,2)	No M2 derivation
Practice RVU, Office	Dec(9,2)	No M2 derivation
Malpractice RVU	Dec(9,2)	No M2 derivation (Zero for DC and AN)
Total RVU, Office	Dec(9,2)	Sum of Work RVU and Practice RVU, Office. No M2 derivation
Total RVU, Away From Office	Dec(9,2)	Sum of Work RVU and Practice RVU, Away From Office No M2 derivation
Historical Work RVU	Dec(9,2)	No M2 derivation Populated through CY11 only.
MHS Unique Flag	Char(1)	No M2 derivation Y = CPT code only used by the MHS (either Direct Care, Purchased Care or Ancillary)[9] N = CPT code not unique to the MHS S = Special use by the MHS[10]
Payment Status Indicator	Char(2)	No M2 derivation
ASC Class[11]	Char(2)	No M2 derivation
Units of Service Limit	Num(3)	No M2 derivation Measure with no aggregation.
Nurse Credit	Char(1)	No M2 derivation Indicates Skilltype 3/4 provider eligibility for work and PE RVUs Y = Yes Q = Yes, with Modifier QW C = Yes, in Case Management MEPRS codes ELAN, ELA2, FAZ2 N = No
Units of Service Substitute	Num(3)	No M2 derivation. Measure with no aggregation.
Bilateral Indicator	Char(1)	No M2 derivation 0,3,9 = Bilateral not applicable (9 is default) 1 = Bilateral impact applies 2 = Inherently bilateral

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[9] Source: TRICARE Manual (vary by year). Code would not be found in the AMA manual.
[10] Description and use of code by MHS different from AMA manual.
[11] ASC = Ambulatory Surgical Center.

Output Variable Name	Format	Derivation
Surgical Indicator	Char(1)	No M2 derivation 0 = not a surgical code 1 = surgical code
CCS HCPCS Single-Level[7]	Char(3)	No M2 derivation.
CCS Code Description	Char(96)	No M2 derivation.
Multiple Procedure Code	Char(1)	No M2 derivation.
Evaluative Visit Flag	Char(1)	No M2 derivation.

MDR Location:
  /mdr/ref/rvu.cyYY/rvumast.sas7bdat
  /mdr/ref/rvu.cyYY.txt
  /mdr/ref/caper.rvu.cyYY/rvu7fmt.sas7bdat
  /mdr/ref/caper.rvu.cyYY/cpt7fmt.sas7bdat
  /mdr/ref/tedni.rvu.cyYY.txt
  /mdr/ref/cptref.cyYY.txt
  /mdr/aref/rvu/cyYY/dyymmdd/rvumast.sas7bdat
  /mdr/aref/rvu/cyYY/dyymmdd.txt
  /mdr/aref/caper/rvu/cyYY/dyymmdd/rvu7fmt.sas7bdat
  /mdr/aref/caper/rvu/cyYY/dyymmdd/cpt7fmt.sas7bdat
  /mdr/aref/tedni/rvu/cyYY/dyymmdd.txt
  /mdr/aref/cptref/cyYY/dyymmdd.txt

Table 10. HIPAA Health Care Provider Taxonomy Reference Table Layout

M2 Object	Format	Derivation
Health Care Provider Code	Char(10)	No M2 derivation.
Description, Short	Char(50)	No M2 derivation.
Provider Type (HIPAA)	Char(80)	No M2 derivation.
Provider Classification (HIPAA)	Char(95)	No M2 derivation.
Provider Specialization (HIPAA)	Char(75)	No M2 derivation.
Provider Definition (HIPAA)	Char(2000)	No M2 derivation.
CMAC Provider Class	Char(1)	No M2 derivation. 1=MD/DO 2=Psychologists & PhD 3=Other MH 4=Other
Individual/Facility Flag	Char(1)	No M2 derivation. I=Individual or Groups (of Individuals) F=Facility (Non-Individual)
Activation Date	Char(8)	YYYYMMDD
Inactivation Date	Char(8)	YYYYMMDD
Skill Level (formerly MEPRS Skill Type)	Char(1)	No M2 derivation. 1=Clinician 2=Direct Care Professional 3=Registered Nurse 4=Direct Care Para-Professional 5=Admin / Clerical N=Inactive X=Other

MDR Location
/mdr/ars/hipaaprov/dyymmdd.txt.z

Table 11. Patient Category Table Layout

M2 Object	Format	Derivation
Patient Category	Char(3)	No M2 derivation.
Patient Subcategory Code	Char(1)	No M2 derivation.
PATCAT Effective Start Date	Char(8)	No M2 derivation. If effective date is unknown, field will be populated with 20140729. YYYYMMDD
PATCAT Effective End Date	Char(8)	No M2 derivation. If PATCAT is active, field will be blank. YYYYMMDD

M2 Object	Format	Derivation
Description, Long	Char(35)	No M2 derivation.
Description, Short	Char(21)	No M2 derivation.
Description, Third Level Only	Char(40)	No M2 derivation.
Mode of Billing	Char(8)	No M2 derivation. If patient is billed, indicates Department of Defense form generated for Agency billing (DD7/DD7A) or for Pay Adjustment Authorization (DD139).
Patient Status	Char(22)	No M2 derivation.
Admit and Disp List Category	Char(13)	No M2 derivation. Patient Category as it appears on the Admissions and Dispositions list generated each day.
Patient Category Summary	Char(18)	No M2 derivation.
NAS Authorization	Char(22)	No M2 derivation. If a Non-Availability Statement (NAS) is required to seek purchased care, indicates the NAS Patient Category.
Inpatient Individual Rate	Char(4)	No M2 derivation. Type of rate billed for inpatient stay when billed to an individual.
Inpatient Agency Rate	Char(4)	No M2 derivation. Type of rate billed for inpatient stay when billed to an agency.
Outpatient Individual Rate	Char(4)	No M2 derivation. Type of rate billed for outpatient visit when billed to an individual.
Outpatient Agency Rate	Char(4)	No M2 derivation. Type of rate billed for outpatient visit when billed to an agency.
Sponsor Flag	Char(3)	No M2 derivation. Indicates if Patient Category can be a sponsor.
Family Member Flag	Char(3)	No M2 derivation. Indicates if Patient Category is a family member.
Civilian Emergency Flag	Char(3)	No M2 derivation. Indicates if Patient Category can be used in civilian emergency.
Deceased Sponsor Flag	Char(3)	No M2 derivation. Indicates if Patient Category has a deceased sponsor.

M2 Object	Format	Derivation
OCONUS Group Meal Sales Flag	Char(3)	No M2 derivation. Indicates if Patient Category allows for OCONUS Group Meal Sales (GMS).
Prohibit DEERS Check Flag	Char(3)	No M2 derivation. Indicates if a DEERS check can be skipped.
Valid Change Codes	Char(64)	No M2 derivation. Valid codes which the Patient Category can change to during an inpatient stay. Valid codes are in a list separated by tilde (~).
M2 Derived Fields		
Patient Category / Subcategory	Char(4)	Concatenation of Patient Category and Patient Subcategory Code

MDR Location:
        /mdr/aref/patcat/dYYMMDD.fmt
        /mdr/ref/patcat.fmt

VIII. SPECIAL OUTPUTS

- Not applicable.