**24 August 2010**

Standard Ambulatory Data Record (SADR)

For FY03 and Backwards

for the MHS Data Repository (MDR)

(Version 1.03.00)

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 | 6/25/2010 | * 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 | 8/24/2010 | * V. Table 1 * V. Table 2 * Appendix 5 |  | * 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.. |

**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 beginning with FY04 data. Previous FYs will be changed to FY format if/when they are retrofitted/processed for other reasons; otherwise, they will remain broken out by fiscal quarter.[[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)

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)

Beginning October 1, 2002, the change in MHS business practices to record SADRs routinely for inpatients as well as outpatients is expected to increase the volume of inpatient SADRs from the current 14,000 per year to an estimated 3,000,000 per year. While no change to processing is required, there will be a volume change in the number of SADRs to be throughput and stored.

During the period from May to July (?) 2001, raw SADRs received contain both new NED SADR formats and old pre-NED SADRs. This specification describes all fields for the new format; pre-NED SADRs will not have the NED fields populated.

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 for FY04 and forward SADR data. (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. Append the Enrollment DMISID (ENRDMIS) and Alternate Care Value (ACV) for FY03 and backwards data[[5]](#footnote-5):
11. When the SADR record and the longitudinal enrollment (LENR) record both have the person unique identifier (called PATUNIQ in SADR), merge by PATUNIQ. If the merge is successful, assign ENRDMIS and ACV from the LENR. If the merge is not successful, then make ENRDMIS and ACV blank (it is assumed that since the PATUNIQ on the SADR was not found in the LENR, the person is not enrolled).
12. When either the SADR record or the LENR record do not have PATUNIQ and the SADR record has a value for DDS, merge to LENR by SPONSSN and DDS. If the merge is successful, assign ENRDMIS and ACV from the LENR. If the merge is not successful, then make ENRDMIS and ACV blank (it is assumed that since the SPONSSN/DDS is not found in the LENR, the person is not enrolled).
13. When either the SADR record or the LENR record do not have PATUNIQ and the SADR record does not have a value for DDS, merge to LENR by SPONSSN, DOB, and gender. If the merge is successful, assign ENRDMIS and ACV from the LENR. If the merge is not successful, then make ENRDMIS and ACV blank.

Due to weekly processing, allowances must be made for processing SADRs with the longitudinal Tricare Enrollment File (TEF). The process involves:

* Capture duplicate copy of each SADR of current month at time of batch creation from feed files.
* When the current month longitudinal TEF file is finished, merge above interim copies into next weekly batch coming through.
* For all weeks, when SADRs are being merged into existing MDR database, test any matched key SADRs for being exact duplicates of the entire new SADR, and if so, do not include record in update to MDR or M2.

1. 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.
2. 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. For FY02 and backwards, use a merge to the APG weight table (by APG) and the cost masters (by treatment DMIS ID costing-parent, APG, and fiscal year) to append the full cost, variable cost, and price fields.

For FY03 and forward, use a 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.

1. 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).

A newer method is available and could be substituted for this method as follows:

* Obtain the most current FILEMAN T1 Table of Providers from each facility sent monthly to EI/DS, and merge these files together to make a single table with the Treatment DMIS ID as a variable in each row (from the header of the original files).
* For all SADRs in the batch being processed, append Provider 2 Specialty Code, and Provider 3 Specialty Code by merging the SADR providers against the FILEMAN table by treatment DMIS ID and the first six characters of Provider ID. (These SADR fields are left blank if there are no matching rows of providers or if no specialty is recognized for the one matching row provider. The last matching row with a specialty is selected if more than one Provider table row matches the merge key).
* The Provider 1 Specialty Code is left unchanged if any provider table row matches it on both merge key and specialty, or if no matching row is found. Otherwise, the specialty is altered to that of the last matching row found that contains a specialty.

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). 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 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.
* Enhanced Work RVU, sum of the Work RVUs (using modifiers) multiplied by the units of service
* 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
* Enhanced Total RVU, sum of Enhanced Work and Enhanced PE RVU
* Individual Work RVU, discounting by 50% all but the highest RVU (without modifiers or units of service) and adding
* Organizational Work RVU, discounting by 50% all but the highest RVU (without modifiers or units of service) and adding, accounts for multiple providers)

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.[[6]](#footnote-6)
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.  Valid for FY04+. |
| 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.  Valid for FY04+. |
| Unit of Service Limit – Proc #1 | N(3) |  | UOSLIM1 | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT1.  Valid for FY04+. |
| Unit of Service Substitute – Proc #1 | N(3) |  | UOSSUB1 | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT1.  Valid for FY04+. |
| Unit of Service Limit – Proc #2 | N(3) |  | UOSLIM2 | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT2.  Valid for FY04+. |
| Unit of Service Substitute – Proc #2 | N(3) |  | UOSSUB2 | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT2.  Valid for FY04+. |
| Unit of Service Limit – Proc #3 | N(3) |  | UOSLIM3 | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT3.  Valid for FY04+. |
| Unit of Service Substitute – Proc #3 | N(3) |  | UOSSUB3 | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT3.  Valid for FY04+. |
| Unit of Service Limit – Proc #4 | N(3) |  | UOSLIM4 | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT4.  Valid for FY04+. |
| Unit of Service Substitute – Proc #4 | N(3) |  | UOSSUB4 | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT4.  Valid for FY04+. |
| Raw Facility Practice Expense RVU 1, no modifiers | N(8) |  | FPRVUB1 | Raw MHS updated Facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT1 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| Raw Facility Practice Expense RVU 2, no modifiers | N(8) |  | FPRVUB2 | Raw MHS updated Facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT2 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| Raw Facility Practice Expense RVU 3, no modifiers | N(8) |  | FPRVUB3 | Raw MHS updated Facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT3 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| Raw Facility Practice Expense RVU 4, no modifiers | N(8) |  | FPRVUB4 | Raw MHS updated Facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT4 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| 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.  Valid for FY04+. |
| Raw Non-facility Practice Expense RVU 1, no modifiers | N(8) |  | NPRVUB1 | Raw MHS updated Non-facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT1 concatenated with 2 blanks for the CPT||Modifier key  Valid for FY04+. |
| Raw Non-facility Practice Expense RVU 2, no modifiers | N(8) |  | NPRVUB2 | Raw MHS updated Non-facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT2 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| Raw Non-facility Practice Expense RVU 3, no modifiers | N(8) |  | NPRVUB3 | Raw MHS updated Non-facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT3 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| Raw Non-facility Practice Expense RVU 4, no modifiers | N(8) |  | NPRVUB4 | Raw MHS updated Non-facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT4 concatenated with 2 blanks for the CPT||Modifier key.  Valid for FY04+. |
| 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.  Valid for FY04+. |
| Raw Work RVU 1, no modifiers | N(8) |  | RRVUB1 | Raw MHS-updated Work RVU of Proc 1 CPT code, derived from merge with the CPT Weight Table (format wrk*yy*b) based on CY of encounter and CPT1 concatenated with 2 blanks for the CPT||Mod key.  Valid for FY04+. |
| Raw Work RVU 2, no modifiers | N(8) |  | RRVUB2 | Raw MHS-updated Work RVU of Proc 2 CPT code, derived from merge with the CPT Weight Table (format wrk*yy*b) based on CY of encounter and CPT2 concatenated with 2 blanks for the CPT||Mod key.  Valid for FY04+. |
| Raw Work RVU 3, no modifiers | N(8) |  | RRVUB3 | Raw MHS-updated Work RVU of Proc 3 CPT code, derived from merge with the CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT3 concatenated with 2 blanks for the CPT||Mod key.  Valid for FY04+. |
| Raw Work RVU 4, no modifiers | N(8) |  | RRVUB4 | Raw MHS-updated Work RVU of Proc 4 CPT code, derived from merge with the CPT Weight Table (format wrk*yy*b) based on CY of encounter and CPT4 concatenated with 2 blanks for the CPT||Mod key.  Valid for FY04+. |
| 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.  Valid for FY04+. |

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** | |
| Adjusted RVUs | | N(8) | |  | | ARVU | | For FY02 and back:  Full Work CPT RVUs, with discounting, regardless of provider specialties, derived by discounting by 50% all but the highest Raw RVUs and summing.  FY03 and forward: Delete. | |
| 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 | | FY03+:  Y if from Appointment File  Else N | |
| Alternate Care Value – Derivation #2 | | Char(1) | |  | | ACV | | FY03 and back: From merge to LENR as described in section V.1.  FY04+: 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.[[7]](#footnote-7) | |
| Alternate Care Value – Derivation #1 | | Char(1) | |  | | ACV2 | | See Appendix 4 for derivation rules.  Dropped from FY03 and forward. | |
| 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 | |
| APG – Medical | | Char(3) | |  | | APG2 | | From APG Grouping of diagnosis | |
| Appointment ID Number (Seq) | | Char(10) | | 76-85 | | APPTIDNO | | No transformation | |
| Appointment Prefix | | Char(1) | | 75 | | APPTPFIX | | No transformation in SADR derived record.  FY03+: 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 and backwards:  APPTSTAT=APPTSTAT1  For FY05 and forward:  If Appt Data WALKIN=’Y’ then APPTSTAT=3;  Else APPTSTAT=APPTSTAT1. | |
| Appointment Type from Appointment Data | | Char(5) | |  | | APPTTYPE | | From the appointment data merge.  Populated FY03+. | |
| APV Flag | | Char(1) | |  | | APV | | For FY01 and backwards:  APV = Y when TXSVC=N and MEPRSCD=B\*\*5; or TXSVC=F and MEPRSCD=B\*\*5, B\*\*7, B\*\*9; or TXSVC=A and MEPRSCD=B\*\*5, B\*\*7.  Otherwise, APV = N.  For FY02 and forward:  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 | | FY04+: 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 | | FY04+: Derived from BENCATX.  FY03 and back: Derived from BENCAT.  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 | | FY02 and backward:  1 = passed Countable Visit Algorithm (see Appendix 3)  0 = otherwise.  FY03 and forward:  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 | | For FY03+:  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.  For FY04+ only: If UOSLIM >0 and CPTUOS > UOSLIM, then CPTUOS=UOSSUB.  Populated FY03+. | |
| 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.  Populated FY03+. | |
| CPT Code – Proc #1 | | Char(5) | | 110-114 | | CPT1 | | For FY03+:  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.  For FY04+ only: If UOSLIM1 >0 and CPT1UOS > UOSLIM1, then CPT1UOS=UOSSUB1.  Populated FY03+. | |
| CPT Code – Proc #1 Modifier #1 | | Char(2) | |  | | CPT1MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT1MOD1.  Populated FY03+. | |
| CPT Code – Proc #2 | | Char(5) | | 116-120 | | CPT2 | | For FY03+:  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.  For FY04+ only: If UOSLIM2 >0 and CPT2UOS > UOSLIM2, then CPT2UOS=UOSSUB2.  Populated FY03+. | |
| CPT Code – Proc #2 Modifier #1 | | Char(2) | |  | | CPT2MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT2MOD1.  Populated FY03+. | |
| CPT Code – Proc #3 | | Char(5) | | 122-126 | | CPT3 | | For FY03+:  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.  For FY04+ only: If UOSLIM3 >0 and CPT3UOS > UOSLIM3, then CPT3UOS=UOSSUB3.  Populated FY03+. | |
| CPT Code – Proc #3 Modifier #1 | | Char(2) | |  | | CPT3MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT3MOD1.  Populated FY03+. | |
| CPT Code – Proc #4 | | Char(5) | | 128-132 | | CPT4 | | For FY03+:  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.  For FY04+ only: If UOSLIM4 >0 and CPT4UOS > UOSLIM4, then CPT4UOS=UOSSUB4.  Populated FY03+. | |
| CPT Code – Proc #4 Modifier #1 | | Char(2) | |  | | CPT4MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT4MOD1.  Populated FY03+. | |
| 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) | |  | | FCOST1 | | 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, if APPTINFR=Y, see Appendix 6. | |
| E&M APG Variable Cost | | N(8) | |  | | COST1 | | 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, if APPTINFR=Y, see Appendix 6. | |
| Price | | N(8) | |  | | PRICE | | Derived from APGs, APG weight table and cost masters:  FY98: A flat price is used for the Treatment DMIS ID / MEPRS work center without regard to APGs.  FY99-FY00: Based on the sum of the price of the highest weight[[8]](#footnote-8) APG, and half of the price of any other procedural APGs for the matching parent treatment facility, work center, and fiscal year charge master, and using the Prime mark-up price only when the ACV = A, D, or E. (Else the non-Prime (space-available) price is used.)  FY01–FY02: Only one universal charge master is applicable rather than an MTF-specific charge master.  FY03+: 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)  For FY03 and forward, 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 | | FY03 and before: From merge to LENR as described in section V.1.  FY04+: 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 | | For FY03+: Based $/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).  For FY03+, if APPTINFR=Y, see Appendix 6. | |
| Full Cost Other Labor | | N(8) | |  | | FCOTHLBR | | For FY03+: 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).  For FY03+, if APPTINFR=Y, see Appendix 6. | |
| Full Cost Laboratory | | N(8) | |  | | FCLAB | | For FY03+: 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).  For FY03+, if APPTINFR=Y, see Appendix 6 | |
| Full Cost Radiology | | N(8) | |  | | FCRAD | | For FY03+: 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).  For FY03+, if APPTINFR=Y, see Appendix 6 | |
| Full Cost Other Ancillary | | N(8) | |  | | FCOTHANC | | For FY03+: 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).  For FY03+, if APPTINFR=Y, see Appendix 6 | |
| Full Cost Other | | N(8) | |  | | FCOTHER | | For FY03+: 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..  FY02 and backwards set to 0  Set to 0 (zero) for non “B” records and for non-DHP sites (IF MTFSVC ≠ A, N, F).  For FY03+, if APPTINFR=Y, see Appendix 6 | |
| Full Cost Pharmacy | | N(8) | |  | | FCRX | | For FY03+: 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).  For FY03+, if APPTINFR=Y, see Appendix 6. | |
| Full Cost | | N(8) | |  | | FCOST | | For FY02 and backwards, see write up in section 5.  For FY03+: Sum of FCCLNSAL, FCOTHLBR, FCLAB, FCRAD, FCOTHANC, FCOTHER, and FCRX.  For FY03+, 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. (FY03+).  FY03 value is currently a placeholder. | |
| Historical RVUs | | N(8) | |  | | RVUHIST | | Sum of Historical RVUs for CPT E&M and all procedures CPT1-CPT4. See Appendix 5.  Valid for FY03+.  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, with discounting (100% for highest, 50% for remaining). Caveats #1 and 3 apply (see Appendix 5).  For FY03, use: RRVUE, RRVU1-RRVU4  For FY04+, use: RRVUBE, RRVUB1-RRVUB4.  Valid for FY03+.  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) | |  | | FCOST2 | | 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, if APPTINFR=Y, see Appendix 6. | |
| Medical APG Variable Cost | | N(8) | |  | | COST2 | | 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). For FY03 and forward, does not include clinician salary.  For FY03 and forward, if APPTINFR=Y, see Appendix 6. | |
| 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 FY02 and backwards:  “N” if MEDELIG field is N or S.  If MEDELIG is blank then assign  “N” if patient age is < 65  “Y” if patient age is >= 65  Otherwise, assign value “Y”  For FY03-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 FY03 and backwards:  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 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 | | Only populated for FY03+.  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 by the number of providers based on provider specialty (cleaned) codes.  Caveats #1,2, and 3 apply (see Appendix 5).  For FY03, use: RRVUE, RRVU1-RRVU4  For FY04+, use: RRVUBE, RRVUB1-RRVUB4.  Valid for FY03+.  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.  FY03+ only.  For FY02 and backwards this field is called PATCAT and there is no other patient category field. | |
| Patient Category | | Char(3) | |  | | PATCAT | | FY03+: TRS adjustment:[[9]](#footnote-9)  FY02 and before:  No transformation. (Char(4)) | |
| 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 | | Populated for FY04+ only.  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 | | For FY03 and forward, joined to the DMIS Table by FY and Tmt DMISID (DMISID). | |
| PPS Enr Parent Site | | Char(4) | |  | | PPS\_EPS | | For FY03 and forward, 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.  Valid for FY04+.  If APPTINFR=Y, see Appendix 6. | |
| PPS Facility RVU | | N(8) | |  | | PPSFRVU | | Raw MHS updated Non-facility Practice Expense RVUs, summed for all CPT codes. Caveats #1 and 3 apply (see Appendix 5).  Valid for FY03 only.  If APPTINFR=Y, see Appendix 6. | |
| PPS Work RVU | | N(8) | |  | | PPSWRVU | | Derived by multiplying MHS updated Work RVUs by the number of providers based on provider specialty (cleaned) codes. Caveats #1, 2 and 3 apply (see Appendix 5).  Valid for FY03 only.  If APPTINFR=Y, see Appendix 6. | |
| PRIME flag | | Char(1) | |  | | PRIME | | Derived from merge to enrollment file.  FY02 and backward: if ACV is ‘A’, ‘D’, or ‘E’.  FY03 and forward: Not available. (See SPAFLAG.) | |
| 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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).  For FY03 and forward, does not include clinician salary.  For FY03 and forward, 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 RVUs | | N(8) | |  | | PRVU | | Adjusted RVUs for primary Provider, derived by multiplying Adjusted RVUs by Provider Specialty (cleaned) weight.  Valid through FY02.  FY03+: Delete. | |
| 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 | |
| Provider Weighted RVUs | | N(8) | |  | | PWRVU | | Provider RVUs, Secondary Prov 1 RVUs, and Secondary Prov 2 RVUs, summed. Valid through FY02.  FY03+: Delete. | |
| 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.  Populated for FY04+ | |
| Raw Facility Practice Expense RVU 1 | | N(8) | |  | | FPRVU1 | | For FY03: Raw MHS updated Facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table(format fac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table[[10]](#footnote-10) (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.  Populated for FY03+. | |
| Raw Facility Practice Expense RVU 2 | | N(8) | |  | | FPRVU2 | | For FY03: Raw MHS updated Facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table(format fac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table (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).  Populated for FY03+. | |
| Raw Facility Practice Expense RVU 3 | | N(8) | |  | | FPRVU3 | | For FY03: Raw MHS updated Facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table(format fac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table (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).  Populated for FY03+. | |
| Raw Facility Practice Expense RVU 4 | | N(8) | |  | | FPRVU4 | | For FY03: Raw MHS updated Facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table(format fac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table (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).  Populated for FY03+. | |
| Raw Facility Practice Expense RVU E&M | | N(8) | |  | | FPRVUE | | For FY03: 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.  For FY04+: 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||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.  Populated for FY03+. | |
| Raw Non-facility Practice Expense RVU 1 | | N(8) | |  | | NPRVU1 | | For FY03: Raw MHS updated Non-facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table(format nfac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Non-facility Practice Expense RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table (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.  Populated for FY03+. | |
| Raw Non-facility Practice Expense RVU 2 | | N(8) | |  | | NPRVU2 | | For FY03: Raw MHS updated Non-facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table(format nfac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Non-facility Practice Expense RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table (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).  Populated for FY03+. | |
| Raw Non-facility Practice Expense RVU 3 | | N(8) | |  | | NPRVU3 | | For FY03: Raw MHS updated Non-facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table(format nfac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Non-facility Practice Expense RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table (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).  Populated for FY03+. | |
| Raw Non-facility Practice Expense RVU 4 | | N(8) | |  | | NPRVU4 | | For FY03: Raw MHS updated Non-facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table(format nfac*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Non-facility Practice Expense RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table (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).  Populated for FY03+. | |
| Raw Non-facility Practice Expense RVU E&M | | N(8) | |  | | NPRVUE | | For FY03: 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.  For FY04+: 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||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.  Populated for FY03+. | |
| Simple Work RVU | | N(8) | |  | | RRVU | | For FY03: Raw MHS updated Work RVUs (RRVU1-RRVU4, RRVUE) summed for all CPT codes.  For FY04+: Raw MHS updated Work RVUs ,no modifiers (RRVUBE and RRVUB1-RRVUB4) summed for all CPT codes.  If APPTINFR=Y, see Appendix 6.  Populated for FY03+. | |
| Raw Work RVU 1 | | N(8) | |  | | RRVU1 | | For FY03: Raw MHS updated Work RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Work RVU of Proc 1 CPT Code, derived from merge with CPT Weight Table(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.  Populated for FY03+. | |
| Raw Work RVU 2 | | N(8) | |  | | RRVU2 | | For FY03: Raw MHS updated Work RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Work RVU of Proc 2 CPT Code, derived from merge with CPT Weight Table(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).  Populated for FY03+. | |
| Raw Work RVU 3 | | N(8) | |  | | RRVU3 | | For FY03: Raw MHS updated Work RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Work RVU of Proc 3 CPT Code, derived from merge with CPT Weight Table(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).  Populated for FY03+. | |
| Raw Work RVU 4 | | N(8) | |  | | RRVU4 | | For FY03: Raw MHS updated Work RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Work RVU of Proc 4 CPT Code, derived from merge with CPT Weight Table(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).  Populated for FY03+. | |
| Raw Work RVU E&M | | N(8) | |  | | RRVUE | | For FY03: Raw MHS updated Work RVU of E&M CPT Code, derived from merge with CPT Weight Table(format wrk*yy*b) based on CY of encounter and CPT.  For FY04+: Raw MHS updated Work RVU of E&M CPT Code, derived from merge with CPT Weight Table(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.  Populated for FY03+. | |
| 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.  Populated for FY04+. | |
| Practice Expense RVU 2 | | N(8) | |  | | PERVU2 | | If FAC\_FLAG=”F” then PERVU2 = FPRVU2  Else if FAC\_FLAG=”N” then PERVU2 = NPRVU2.  Populated for FY04+. | |
| Practice Expense RVU 3 | | N(8) | |  | | PERVU3 | | If FAC\_FLAG=”F” then PERVU3 = FPRVU3  Else if FAC\_FLAG=”N” then PERVU3 = NPRVU3.  Populated for FY04+. | |
| Practice Expense RVU 4 | | N(8) | |  | | PERVU4 | | If FAC\_FLAG=”F” then PERVU4 = FPRVU4  Else if FAC\_FLAG=”N” then PERVU4 = NPRVU4.  Populated for FY04+. | |
| 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.  Populated for FY04+. | |
| 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. | |
| RVU Flag | | N(8) | |  | | RVUFLAG | | For FY02 and backwards: Significant visit flag, derived from Provider Weighted RVUs (set “yes” whenever net RVUs exceed the significance threshold set by PHOTO)  For FY03: any encounter (SADR) where the PPS Work RVU is greater than or equal to 0.17 RVUs  Deleted for FY04+. | |
| 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 Prov 1 RVUs | | N(8) | |  | | SECRVU | | Adjusted RVUs for first secondary provider, derived by multiplying Adjusted RVUs by secondary provider 1 specialty (cleaned) weight. Not valid after FY02.  FY03+: Delete. | |
| Secondary Prov 2 RVUS | | N(8) | |  | | SEC2RVU | | Adjusted RVUs for second secondary provider, derived by multiplying Adjusted RVUs by secondary provider 2 specialty (cleaned) weight. Not valid after FY02.  FY03+: Delete. | |
| 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 | | FY03+:  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 | | FY03+: From merge to LVM4.  FY03 value is currently a placeholder. | |
| 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 | | FY03+: From merge to LVM4.  FY03 value is currently a placeholder. | |
| 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.  For FY03 and forward, 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.  Populated FY04+. | |
| Variable Cost Clinician Salary | | N(8) | |  | | VCCLNSAL | | For FY03+: Based $/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).  For FY03 and forward, if APPTINFR=Y, see Appendix 6. | |
| Variable Cost Other Labor | | N(8) | |  | | VCOTHLBR | | For FY03+: 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..  For FY03 and forward, 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 | | For FY03+: 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..  For FY03 and forward, 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 | | For FY03+: 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..  For FY03 and forward, 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 | | For FY03+: 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..  For FY03 and forward, 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 | | For FY03+: 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..  For FY03 and forward, 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 | | For FY03+: 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..  For FY03 and forward, 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 | | For FY02 and backwards, see write up in section 5.  For FY03+: Sum of VCCLNSAL, VCOTHLBR, VCLAB, VCRAD, VCOTHANC, VCOTHER, and VCRX.  For FY03 and forward, if APPTINFR=Y, see Appendix 6. | |
| Patient Status as reported in the Appointment Data | | Char(1) | |  | | PATSTAT | | Only populated for FY03+.  From appointment data.  No transformation.  Sent to M2. | |
| TPR Eligible Flag | | Char(1) | |  | | TPRELIG | | Only populated for FY04+.  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~~  Populated FY03+. | |
| Enhanced Practice Expense RVU | | N(7,2) | |  | | RVU\_EPE | | For FY03:  The Non-facility Practice Expense per code multiplied by the units of service; computed as:  (NPRVUE\*CPTUOS) + (NPRVU1\*CPT1UOS) + (NPRVU2\*CPT2UOS) + (NPRVU3\*CPT3UOS) + (NPRVU4\*CPT4UOS)  For FY04+: 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)~~  Populated FY03+. | |
| Enhanced Total RVU | | N(7,2) | |  | | RVU\_ET | | Sum of RVU\_ES and RVU\_EPE for both APPTINFR Y and N.  Populated FY03+. | |
| 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.  For FY04+ only: If EM2 UOSLIM >0 and EM2UOS > EM2 UOSLIM, then EM2UOS=EM2 UOSSUB.  Populated FY03+. | |
| CPT Code - E&M #2 Modifier 1 | | Char(2) | |  | | EM2MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM2MOD1.  Populated FY03+. | |
| 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.  For FY04+ only: If EM3 UOSLIM >0 and EM3UOS > EM3 UOSLIM, then EM3UOS=EM3 UOSSUB.  Populated FY03+. | |
| CPT Code - E&M #3 Modifier 1 | | Char(2) | |  | | EM3MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field EM3MOD1.  Populated FY03+. | |
| CPT Code – Proc #5 | | Char(5) | | 110-114 | | CPT5 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT5.  Populated FY03+. | |
| 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.  For FY04+ only: If CPT5 UOSLIM >0 and CPT5UOS > CPT5 UOSLIM, then CPT5UOS=CPT5 UOSSUB.  Populated FY03+. | |
| CPT Code – Proc #5 Modifier #1 | | Char(2) | |  | | CPT5MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT5MOD1.  Populated FY03+. | |
| CPT Code – Proc #6 | | Char(5) | | 110-114 | | CPT6 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT6.  Populated FY03+. | |
| 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.  For FY04+ only: If CPT6 UOSLIM >0 and CPT6UOS > CPT6 UOSLIM, then CPT6UOS=CPT6 UOSSUB.  Populated FY03+. | |
| CPT Code – Proc #6 Modifier #1 | | Char(2) | |  | | CPT6MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT6MOD1.  Populated FY03+. | |
| CPT Code – Proc #7 | | Char(5) | | 110-114 | | CPT7 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT7.  Populated FY03+. | |
| 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.  For FY04+ only: If CPT7 UOSLIM >0 and CPT7UOS > CPT7 UOSLIM, then CPT7UOS=CPT7 UOSSUB.  Populated FY03+. | |
| CPT Code – Proc #7 Modifier #1 | | Char(2) | |  | | CPT7MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT7MOD1.  Populated FY03+. | |
| CPT Code – Proc #8 | | Char(5) | | 110-114 | | CPT8 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT8.  Populated FY03+. | |
| 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.  For FY04+ only: If CPT8 UOSLIM >0 and CPT8UOS > CPT8 UOSLIM, then CPT8UOS=CPT8 UOSSUB.  Populated FY03+. | |
| CPT Code – Proc #8 Modifier #1 | | Char(2) | |  | | CPT8MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT8MOD1.  Populated FY03+. | |
| CPT Code – Proc #9 | | Char(5) | | 110-114 | | CPT9 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT9.  Populated FY03+. | |
| 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.  For FY04+ only: If CPT9 UOSLIM >0 and CPT9UOS > CPT9 UOSLIM, then CPT9UOS=CPT9 UOSSUB.  Populated FY03+. | |
| CPT Code – Proc #9 Modifier #1 | | Char(2) | |  | | CPT9MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT9MOD1.  Populated FY03+. | |
| CPT Code – Proc #10 | | Char(5) | | 110-114 | | CPT10 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT10.  Populated FY03+. | |
| 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.  For FY04+ only: If CPT10 UOSLIM >0 and CPT10UOS > CPT10 UOSLIM, then CPT10UOS=CPT10 UOSSUB.  Populated FY03+. | |
| CPT Code – Proc #10 Modifier #1 | | Char(2) | |  | | CPT10MOD1 | | Merge to the CAPER Basic by DMISID and APPTIDNO adding the field CPT10MOD1.  Populated FY03+. | |

1. REFRESH FREQUENCY

The current fiscal year, and prior fiscal year when it is less than a quarter old, is refreshed weekly. After a prior year is more than a quarter old, it is refreshed semi-annually (April and October). Annual refreshes occur after that (October).

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[[11]](#footnote-11)**

This process is applied to finished SADRs as part of appending/updating the master file, but only as triggered.

TRIGGER: A SADR is encountered (the trigger SADR) that matches an existing SADR in the file (DMIS ID and sequence number) but which has both a different Sponsor SSN and a different provider identifier. This is viewed as indicating a restoration of the ADS database has occurred.

PROCESS: All SADRs from this treatment DMIS ID are suspect, from the encounter date of the already posted SADR through the transaction date of the trigger SADR. All SADRs from this treatment DMIS ID for this period (both from the existing file and from the new posting file) are sorted by encounter date, MEPRS treatment service, sponsor SSN, and Family Member Prefix (FMP). All pairs (or more) that are identical in these fields are compared. If they have the same transaction date, they would represent two visits on the same day, sent at the same time, and both are retained. If they have different transaction dates, they represent a re-sending of the same visit (a duplicate), and all but one are deleted, retaining the one with the most recent transaction date. Once this process is complete, the full file of this DMIS ID’s SADRs are checked for duplicate ADS SADR keys (DMIS ID and sequence number) and for the second occurrence of the same number a letter “A” is appended to the sequence number (and “B” for the third, etc.).

**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.**[[12]](#footnote-12)**
* The clinic is a specialty clinic where the primary providers are not normally of that status, and the E&M code is 99211.**[[13]](#footnote-13)**
* A significant service occurred and was reported in the E&M CPT Code.**[[14]](#footnote-14)**
* The clinic is a significant ambulatory procedure visit (APV) clinic**[[15]](#footnote-15)**
* 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.**[[16]](#footnote-16)**

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**

| **Table A3.1: Relative Value Unit (RVU) Fields** | | | | |
| --- | --- | --- | --- | --- |
| **RVU Description** | **Use Modifiers?** | **Use Unit of service?** | **Use FAC\_ FLAG?** | **Comment** |
| **Raw Fields** | | | | |
| Raw Work RVU for all CPT | 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 | 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 | 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 | NO | NO | N/A | Not Retained in MDR or M2. |
| Raw Facility PE RVU for all CPT, no modifiers | NO | NO | N/A | Not Retained in MDR or M2. |
| Raw Non-Facility PE RVU for all CPT, no modifiers | NO | NO | N/A | Not Retained in MDR or M2. |
| **Derived/Aggregate Fields** | | | | |
| PE RVU for all CPT | 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 | NO | NO | N/A | Goes to M2. |
| Simple PE RVU | NO | NO | YES | Goes to M2. |
| Enhanced Work RVU | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | YES (using UOS limits) | N/A | Goes to M2. |
| Enhanced PE RVU | YES (for lab 8xxxx/rad 7xxxx only, mod 26 and TC only | YES (using UOS limits) | YES | Goes to M2. |
| Enhanced Total RVU | 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 | NO | NO | N/A | 100%; 50% discounting.  Goes to M2. |
| Organizational Work RVU | NO | NO | N/A | Multiplied by # of qualifying providers.  Goes to M2. |

***~~Original RVUs/Methodology Retained~~***~~:~~

~~Adjusted RVUs (ARVU): Summed discounted (100% of highest weight, 50% of rest) full Work RVUs. (FY02 and back: Retained; FY03+: Deleted.)~~

~~Simple RVUs (RRVU): Summed MHS updated Work RVUs.~~

***Updated RVUs/Methodology***:

PPS Work RVUs (PPSWRVU): MHS updated Work RVUs, no discounting, multiplied by number of MDs, summed.

PPS Facility RVUs (PPSFRVU): MHS updated Non-facility Practice Expense RVUs, no discounting, no multiple MDs.

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.

Historical Work RVUs (RVUHIST): Sum of Historical RVUs for CPT E&M and Historical RVUs for CPT Procedures 1 through 4.

Caveats for new methodology:

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.

4. All SADRs have RVUs applied regardless of MEPRS code.

**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[[17]](#footnote-17), 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. |
| Adjusted RVUs | N(8) | ARVU | Method a  (FY02 and back: Retained,  FY03+ Deleted) |
| 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  (FY03 and forward) |
| 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 |
| ~~PPS Facility RVU~~ | ~~N(8)~~ | ~~PPSFRVU~~ | ~~Method a~~ |
| Simple Practice Expense RVU | N(8) | PERVU | Method a  Using FAC\_FLAG in key |
| ~~PPS Work RVU~~ | ~~N(8)~~ | ~~PPSWRVU~~ | ~~Method a~~ |
| Procedure 1 APG Full Cost | N(8) | FCOST3 | Method b |
| Procedure 1 APG Variable Cost | N(8) | COST3 | Method b |
| Provider RVUs | N(8) | PRVU | Method a  (this is only the primary Provider)  FY03+: Delete. |
| Provider Weighted RVUs | N(8) | PWRVU | Method c  FY03+: Delete. |
| 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. This is the final SADR specification that addresses FY03 and back files. [↑](#footnote-ref-1)
2. In the legacy system, SADRs were sorted into files based on the Health Service Region where treatment was delivered and fiscal year. The legacy flat files (which contain no derived or appended fields) are maintained for services rendered through the end of FY 00. The current quarterly files begin with FY 98. [↑](#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. It is possible that both the new and the old encounters are valid, and there are no duplicates, or that the old encounters were resent with a different sequencing and there are many duplicates. Consequently a special “Restoration De-duping Process” is required as needed (see appendix). This de-duping process is not currently being applied. [↑](#footnote-ref-3)
4. Identified in /mdr/ref/sadr.minvld.fmt and /mdr/aref/sadr/minvld/dyy,mmdd.fmt [↑](#footnote-ref-4)
5. The algorithm is written on a “record” basis because SADRs will start containing the person unique identifiers in late summer 2003, but older SADRs will not have the information. It is anticipated that the LENR will have the person unique identifier in early/mid autumn 2003. [↑](#footnote-ref-5)
6. The master appointment file has been generated on a monthly basis but will convert to a weekly schedule in 2010. [↑](#footnote-ref-6)
7. 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-7)
8. Standard DoD APG weight tables include columns for “full”, “limited” and “base” weights. The “full” weights are the appropriate ones to use for this derivation. [↑](#footnote-ref-8)
9. 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-9)
10. For CPT 66999, this RVU has a value of 0 for the period 1 Jan 07 - 30 Jun 07. [↑](#footnote-ref-10)
11. As of 23 August 2000, this deduping process is planned but not yet implemented. [↑](#footnote-ref-11)
12. 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-12)
13. 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-13)
14. 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-14)
15. In all services for FY01 and backwards, these are clinics whose 4th position MEPRS code is a “5”; it also includes “7” for Army and Air Force in FY00 and FY01, and “9” for Air Force in FY00 and FY01. It is possible that some services use some other values besides “5” in FY99, but the MEPRS office had not responded by the date this was written.In all services for FY02 and forward, these are clinics whose 4th position MEPRS code is a “5” or “7”. [↑](#footnote-ref-15)
16. Significant allergy CPT codes are any in the ranges 95115, 95117, 95120, 95125, 95130-95134, 95144-95149, 95165, 95170, 95180, 95199 [↑](#footnote-ref-16)
17. Most of these completion factors developed for SADRs, plus completion factors for APC fields, are also used for Interim CAPERs. [↑](#footnote-ref-17)