**17 May 2011**

Health Care Service Record (HCSR-NI)

for the MHS Data Repository (MDR)

(Version 1.00.01)

Current Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| 1.00.00 |  | J. Huber | * Whole document | * Initial versioning. |
| 1.00.01 | 05/17/2011 | J. Hufford | * Section IV | * Clarified data is claim level, not line item. No change to the processor. |

# MDR Non-Institutional Claims File

1. Source:

The MDR Non-Institutional Data File, from FY 2001 on, contains both HCSRs and TED derived HCSRs. Because the mapping of TEDs into HCSR format results in the loss of valuable information (i.e. the amount paid), this format served as a short term solution until the MDR was modified to receive TEDs, without a derivation into HCSR format.

Data Capture: Managed Care Support Contractor claims processing system

MHS Data Capture: TMA Claims Acceptance Systems

1. Transmission (Format and Frequency)

*Update files* are provided monthly. The files are sent on compatible tapes or via FTP. The fiscal year is identified based on the “end-date-of-care month” and “end-date-of-care year” in the record. All years should be sent, but only processed for the past 4 years and the current year with any new or adjusted HCSRs have been received since the previous month. Fiscal years older than this will be processed on a semi-annual cycle.

1. Receiving Filters

Each monthly data feed of HCSRs and TED-derived HCSRs includes all records accepted or provisionally accepted or changed in the previous month.

1. Update Process

MDR records are provided by TMA-Aurora in claim format. However, for FY 2001 to FY 2006, each record in the MDR databases represents a line item, instead of a claim. Essentially, each claim will result in one MDR non-institutional record per line item, with header information derived from the claim, and line item data taken from the line item segments. The format for the MDR master file is provided in section VI.

For FY 1994 through FY 2000, each record represents a claim. The format for FY 1994 through FY 2000 is in Appendix A.

To update the master fiscal year MDR HCSR databases, data feeds are first sorted into fiscal years based on the line item end date of care. The feed data are interleaved with the master database. For each line item, only the record with the greatest HCSR Number (largest sort order) is retained. If more than one record shares a HCSR number, the record with the most recent cycle year and month are retained.

1. Field Transformations and Deletions for MDR Core Database

* *Initial File Load:* All retained fields keep the same values as in the SDCS database, after “deduping” for the original file. That is, each field should contain a “final value” after all updates to that HCSR have been applied, and there should be only one record per HCSR.
* *Update Files:* All updated records should match the characteristics above – that is, they should contain the same values as the SDCS database after all updates have been applied, and there should be only one record per updated HCSR. There should not be records in the update file for HCSRs that are unaltered since the previous update. Because update files are not separated by fiscal year, separation must precede posting to the master MDR file to avoid duplicating a HCSR in more than one year.
* *Relative Value Unit (RVU):* There are two basic RVU families in the HCSR Non Institutional files. The first is a legacy field usually referred to as “simple RVU” (position 555). This field is applied to FY00 and subsequent years. For each populated line item, look-up the work RVU for that line item (based on its procedure code) in the modified MDR HCSR RVU table (to be provided and updated on a calendar year basis) and multiply by the number of services reported. The decimal place is implied and values should contain leading and trailing zeros and will be supplied as such (e.g.; a RVU of 9.5 would be written as 0950). If the line item is unpopulated or the procedure code is not found in the RVU table or the provider specialty code is 99, zero fill the corresponding RVU position (e.g.; 0000). RVUs with value greater than 99.99 are reset to 99.99.

The second family of RVU fields is intended to replace the simple RVU. These data are applied for FY04 forward. The same basic process is utilized to apply the “work RVU” (position 390) and the “practice expense RVU” (position 466), except that (1) instead of merging to the MDR HCSR weight table by procedure code, the merge is done by procedure code and procedure code modifier 1; and (2) a list of provider specialties (Appendix C) is checked prior to assignment of RVUs.

* *Application of Master Person Index to MDR HCSR Files:* The MDR Master Person Index created in VM-4 (AKA PITE) processing, and is used to append missing information about a person’s identity to MDR HCSR Records. The process for appending the person information differs based on whether the record in the MDR HCSR database is TED based, or HCSR based.

For HCSR-based records (TED Flag is blank): The MPI is de-duplicated based on sponsor social security number and DDS. That file is merged to the MDR HCSR/TED file by sponsor social security number and DDS, and the DEERS DoD EDI\_PN from the MPI is appended to the HCSR record in position 76.

For TED-based records (TED Flag is ‘T’): The MPI is de-duplicated based on EDI\_PN and sponsor social security number. That file is merged to the MDR HCSR/TED file by EDI\_PN and sponsor social security number, and the DEERS Legacy DDS from the MPI is appended to the HCSR record in position 186.

* *Application of Reservist Attributes*: The MDR Reservist format files are applied to HCSR records with end dates of care in FY01 or later. Two fields are added to the end of each line-item record in the MDR HCSR-N databases: The Reservist Status Code and the Special Operations Code. These fields are populated with the values from the reservist reference file, if the begin date of care on the line item is between the begin and end date of care of the reservist status code contained in the MDR Reservist Format file.
* *Application of LVM4*: The MDR Longitudinal VM4 file is applied to HCSR records with end dates of care in FY04 or later. The LVM4 application must occur after the MPI application. This application adds three fields to the MDR HCSR: The DEERS ACV, DEERS Enrollment Site, DEERS HCDP and DEERS Beneficiary Category. HCSRs are matched to LVM4 records based on the EDI\_PN and sponsor social security number and field values are populated if the date windows for DEERS ACV, DEERS Enr Site, DEERS HCDP and DEERS Beneficiary Category include the begin date of care on the HCSR. If there is no matching LVM4 record, or none of the date windows encompass the begin date of care, the values for DEERS ACV, DEERS Enr Site, DEERS HCDP and DEERS Beneficiary Category are set to blank.
* *Field derivation*: Several fields are derived during MDR processing. These fields are described in the layout tables below.

1. File Layout

The file layout for HCSR data in the MDR varies depending on the year of the data. The table below reflects the file layout for HCSR files for fiscal years 2001 and later. The format for data prior to FY2001 is contained in Appendix A.

| **CHAMPUS Health Care Service Record (HCSR) – Non-Institutional** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Type** | | | **Size** | **Position** | **Comments** |
| Error Count | | SN | | 3 | 1-3 | No transformation. |
| Record Type Code | | A | | 1 | 4 | No transformation. |
| *Batch Group* | |  | |  |  | No transformation. |
| Contractor Number | | A | | 2 | 5-6 | No transformation. |
| *Batch Record Data* | |  | |  |  | No transformation. |
| HCSR Contract Number | | A | | 7 | 7-13 | No transformation. |
| Batch Record Type Code | | A | | 1 | 14 | No transformation. |
| *Batch Control Data (input positions valid when batch record type code (position 14) is 0* | | | | | | |
| Batch Create Date | | N | | 7 | 15-21 | Yyyyddd. No transformation. |
| Batch Sequence Number | | A | | 2 | 22-23 | No transformation |
| Batch Resubmit Seq. Number | | A | | 2 | 24-25 | No transformation |
| *Voucher Control Data(input positions valid when batch record type code (position 14) is 5* | | | | | | |
| Voucher Number ID | |  | |  |  | No transformation |
| Voucher Number FI Number | | N | | 2 | 15-16 | No transformation |
| Voucher Branch of Service | | A | | 2 | 15-16 | No transformation |
| Voucher Number FY | | N | | 1 | 17 | No transformation |
| Voucher Number Seq Number | | A | | 3 | 18-20 | No transformation |
| Voucher Resubmit Seq Number | | N | | 2 | 21-22 | No transformation |
| Filler (for voucher records only) | | A | | 3 | 23-25 | Filler |
| HCSR Batch Begin Date | | N | | 8 | 26-33 | YYYMMDD. No transformation |
| HCSR Batch End Date | | N | | 8 | 34-41 | YYYMMDD. No transformation |
| Voucher Notice Date | | N | | 8 | 42-49 | YYYMMDD. No transformation |
| Voucher Create Date | | N | | 8 | 50-57 | YYYMMDD. No transformation |
| Subtype Sort Number | | N | | 2 | 58-59 | No transformation. |
| Record Received Sequence Number | | N | | 7 | 60-66 | No transformation. |
| Record Processed Sequence Number | | N | | 7 | 67-73 | No transformation. |
| MERHCF Flag | | A | | 1 | 74 | See Appendix B. |
| DEERS ACV | | A | | 1 | 75 | Derived from LVM4 merge. Fill with ACV if line item begin date of care is between begin and end dates of LVM4 ACV segment. If not within date window, or matching LVM4 record not found set to blank. If bencat common is 4 and ACV is blank after LVM4 merge, set ACV to M. |
| DoD EDI\_PN | | A | | 10 | 76-85 | For TED based records, no transformation. For HCSR based records, based on sponsor SSN and DDS merge to the MDR Master Person Index. |
| TED Flag | | A | | 1 | 86 | If record comes in TED format, fill with “T”, otherwise leave blank. |
| **HCSR No. Layout if TED Flag is “T”** | | | | | | |
| HCSR Filing Date | | N | | 7 | 87-93 | YYYDDD. No transformation. |
| Filing State/Country Code | | A | | 3 | 94-96 | No transformation |
| HCSR Sequence Number | | A | | 7 | 97-103 | No transformation |
| HCSR Time | | A | | 6 | 104-109 | No transformation |
| HCSR Suffix | | A | | 1 | 110 | No transformation |
| **HCSR No. Layout if TED Flag is blank** | | | | | | |
| HCSR Filing Date | | N | | 7 | 87-93 | YYYDDD. No transformation |
| Filing State/Country Code | | A | | 2 | 94-95 | No transformation |
| HCSR Sequence Number | | A | | 5 | 96-100 | No transformation |
| HCSR Time | | A | | 6 | 101-106 | No transformation |
| HCSR Suffix | | A | | 1 | 107 | No transformation |
| Filler (only filler for HCSR records) | | A | | 3 | 108-110 | No transformation |
| Program Indicator Code | | A | | 1 | 111 | No transformation |
| HCSR Processed to Completion Date | | N | | 8 | 112-119 | YYYMMDD. No transformation |
| HCSR Adjustment Identified Date | | N | | 8 | 120-127 | YYYYMMDD. No transformation. |
| Sponsor SSN | | A | | 9 | 128-136 | No transformation |
| Sponsor Pay Grade | | A | | 2 | 137-138 | No transformation |
| Sponsor Branch of Service | | A | | 1 | 139 | No transformation |
| Sponsor Status | | A | | 1 | 140 | No transformation |
| Patient Relationship | | A | | 1 | 141 | No transformation |
| Patient Name | | A | | 27 | 142-168 | No transformation |
| Patient SSN | | A | | 9 | 169-177 | No transformation |
| Patient DOB | | N | | 8 | 178-185 | YYYYMMDD |
| DEERS Dependent Suffix Code | | A | | 2 | 186-187 | If record is HCSR based, no transformation. If the record is TED based, fill with DDS from MDR MPI, as found in EDI\_PN/Sponsor SSN merge. |
| Patient Sex | | A | | 1 | 188 | No transformation |
| Patient Zip/Country Code | | A | | 9 | 189-197 | No transformation |
| Enrollment Code | | A | | 2 | 198-199 | No transformation |
| NAS ID Number Prefix | | A | | 1 | 200 | No transformation |
| NAS MTF Code | | A | | 3 | 201-203 | No transformation |
| NAS Issue Date | | A | | 4 | 204-207 | Julian date (YDDD). No transformation. |
| NAS Facility Sequence | | A | | 3 | 208-210 | No transformation |
| Reason for Payment Reduction | | A | | 1 | 211 | No transformation |
| Major Diagnostic Category Code | | A | | 2 | 212-213 | No transformation |
| Derived Major Diagnostic Code | | A | | 2 | 214-215 | No transformation |
| NAS Issue Reason Code | | A | | 1 | 216 | No transformation |
| Claim Form Type | | A | | 1 | 217 | No transformation |
| MTF Code Authorized Care | | A | | 4 | 218-221 | No transformation |
| Number Payment Reduction Days | | SN | | 3 | 222-224 | No transformation |
| Total Amount Billed | | SN | | 9,2 | 225-233 | No transformation |
| Total Amount Allowed | | SN | | 9,2 | 234-242 | No transformation |
| Amount Paid by OHI | | SN | | 9,2 | 243-251 | No transformation |
| Amount Allowed by OHI | | SN | | 9,2 | 252-260 | No transformation |
| Amount Third Party Liability | | SN | | 9,2 | 261-269 | No transformation |
| Amount of Payment Reduction | | SN | | 9,2 | 270-278 | No transformation |
| Patient Coinsurance Amount | | SN | | 8,2 | 279-286 | No transformation |
| Patient Copayment Amount | | SN | | 8,2 | 287-294 | No transformation |
| Amount Paid by Govt Contractor | | SN | | 9,2 | 295-303 | No transformation |
| DEERS Enrollment Site | | A | | 4 | 304-307 | Derived from LVM4 merge. Fill with Enrollment Site if line item begin date of care is between begin and end dates of LVM4 Enrollment Site segment. If not within date window, or matching LVM4 record not found, set to blank. |
| DEERS Beneficiary Category | | A | | 3 | 308-310 | Derived from LVM4 merge. Fill with beneficiary category if line item begin date of care is between begin and end dates of LVM4 beneficiary category segment. If not within date window, or matching LVM4 record not found, set to blank. |
| Override Code 1 | | A | | 2 | 311-312 | No transformation |
| Override Code 2 | | A | | 2 | 313-314 | No transformation |
| Override Code 3 | | A | | 2 | 315-316 | No transformation |
| Type of Submission Code | | A | | 1 | 317 | No transformation |
| NAS Exception Reason Code | | A | | 2 | 318-319 | No transformation |
| Health Care Plan Code | | A | | 2 | 320-321 | No transformation |
| ICD Edition ID Number | | A | | 1 | 322 | No transformation |
| HCSR Adjust Code | | A | | 1 | 323 | No transformation |
| Special Processing Code 1 | | A | | 2 | 324-325 | No transformation |
| Special Processing Code 2 | | A | | 2 | 326-327 | No transformation |
| Special Processing Code 3 | | A | | 2 | 328-329 | No transformation |
| Special Rate Code | | A | | 2 | 330-331 | No transformation |
| Provider Contract Affiliation Code | | A | | 1 | 332 | No transformation |
| Provider State/Country Code | | A | | 2 | 333-334 | No transformation |
| Provider Tax ID | | A | | 9 | 335-343 | No transformation |
| Multiple Provider Indicator | | A | | 4 | 344-347 | No transformation |
| Provider Care Zip Code | | A | | 9 | 348-356 | No transformation |
| Provider Participation Indicator | | A | | 1 | 357 | No transformation |
| Principle Diagnosis Code | | A | | 6 | 358-363 | No transformation |
| Secondary Diagnosis Code 1 | | A | | 6 | 364-369 | No transformation |
| Secondary Diagnosis Code 2 | | A | | 6 | 370-375 | No transformation |
| Secondary Diagnosis Code 3 | | A | | 6 | 376-381 | No transformation |
| Secondary Diagnosis Code 4 | | A | | 6 | 382-387 | No transformation |
| Region Code Header | | A | | 2 | 388-389 | No transformation |
| Fiscal Year – Line Item | | | N | 4 | 390-393 | If the month of the end date of care (position 529-530) is October, November or December, then set equal to the calendar year of the end date of care (positions 525-532) + 1; otherwise, set to the calendar year of the end date of care. |
| Amount Paid – Line Item | | SN | | 10.2 | 394-403 | If total allowed (position 506) is not 0, then set to line item allowed (position 506) /total allowed (position 234) \* total amount paid (position 295). If total allowed is 0, set to 0. |
| Amount OHI – Line Item | | SN | | 10.2 | 404-413 | If total allowed (position 506) is not 0, then set to line item allowed (position 506) /total allowed (position 234) \* total amount OHI paid (position 243). If total allowed is 0, set to 0 |
| DEERS HCDP Code | | A | | 3 | 414-417 | Derived from LVM4 merge. Fill with HCDP code if the line item begin date of care is between begin and end dates of LVM4 HCDP code segment. If not within date window, or matching LVM4 record not found, set to blank. |
| Patient Pay Total | | SN | | 9.2 | 418-426 | No transformation |
| MTF Code | | A | | 3 | 427-429 | No transformation |
| MTF Branch of Service | | A | | 1 | 430 | No transformation |
| Bill MTF Code | | A | | 3 | 431-433 | No transformation |
| Bill Branch of Service | | A | | 1 | 434 | No transformation |
| Patient Age | | N | | 3 | 435-437 | No transformation |
| Cycle Number Year | | A | | 2 | 438-439 | No transformation |
| Cycle Number Month | | A | | 2 | 440-441 | No transformation |
| Cycle Sequence Number | | N | | 2 | 442-443 | No transformation |
| HCSR Accept Date | | N | | 6 | 444-449 | YYYYMM. No transformation. |
| Claim Count Code | | SN | | 1 | 450 | No transformation |
| Benefit Claim Count Code | | SN | | 1 | 451 | No transformation |
| Administrative Claim Count Code | | SN | | 1 | 452 | No transformation |
| Source Health Care Data | | A | | 2 | 453-454 | No transformation |
| Net Record Type Code | | A | | 1 | 455 | No transformation |
| Key Field Change Code | | A | | 1 | 456 | No transformation |
| Hospital Department Number | | A | | 2 | 457-458 | No transformation |
| Care End Fiscal Year | | N | | 4 | 459-462 | No transformation |
| Health Services Region Code | | A | | 2 | 463-464 | No transformation |
| Beneficiary Category | | A | | 1 | 465 | No transformation |
| Calendar Year – Line Item | | | N | 4 | 466-469 | Positions 1-4 of the end date of care (position 525-528) |
| Amount Applied to Deductible | | | SN | 5,2 | 470-474 | No transformation |
| Provider Major Specialty Code | | | A | 2 | 475-476 | No transformation |
| Deductible Flag | | | A | 1 | 477 | No transformation |
| CHAMPUS Location Number | | | A | 3 | 478-480 | No transformation |
| Care End Date Year | | | A | 4 | 481-484 | No transformation |
| Care End Date Month | | | A | 2 | 485-486 | No transformation |
| Procedure Text ID | | | A | 1 | 487 | No transformation |
| Care Information Occurrence Count | | | N | 2 | 488-489 | No transformation |
| Procedure Code | | | A | 5 | 490-494 | Fill with information associated with the line item of the record. |
| Number of Services | | | SN | 2 | 495-496 | Fill with information associated with the line item of the record. |
| Total Charges by Procedure Code | | | SN | 9,2 | 497-505 | Fill with information associated with the line item of the record. |
| Amount Allowed by Procedure Code | | | SN | 9,2 | 506-514 | Fill with information associated with the line item of the record. |
| Pricing Code | | | A | 2 | 515-516 | Fill with information associated with the line item of the record. |
| Care Begin Date | | | N | 8 | 517-524 | Fill with information associated with the line item of the record. |
| Care End Date | | | N | 8 | 525-532 | Fill with information associated with the line item of the record. |
| Place of Service | | | A | 2 | 533-534 | Fill with information associated with the line item of the record |
| Type of Service 1 | | | A | 1 | 535 | Fill with information associated with the line item of the record |
| Type of Service 2 | | | A | 1 | 536 | Fill with information associated with the line item of the record |
| Denial Reason Code | | | A | 2 | 537-538 | Fill with information associated with the line item of the record |
| Pricing Profile Year | | | A | 2 | 539-540 | Fill with information associated with the line item of the record |
| CPT-4 Modifier 1 | | | A | 2 | 541-542 | Fill with information associated with the line item of the record |
| CPT-4 Modifier 2 | | | A | 2 | 543-544 | Fill with information associated with the line item of the record |
| Occurrence Count | | | N | 2 | 545-546 | Fill with information associated with the line item of the record |
| Previous Denial Reason Code | | | A | 2 | 547-548 | Fill with information associated with the line item of the record |
| Number of Visits | | | SN | 3 | 549-551 | Fill with information associated with the line item of the record |
| Primary Procedure Flag | | | A | 1 | 552 | Fill with information associated with the line item of the record |
| Category of Care | | | A | 2 | 553-554 | Fill with information associated with the line item of the record |
| Simple Relative Value Unit (RVU) | | | A | 4 | 555-558 | Fill with information associated with the line item of the record. Decimals are implied. Zero fill as necessary (for example, 3.5 would look like 0350). |
| Reservist Status Code | | | A | 1 | 559 | See Section V: Application of Reservist Attributes. |
| Special Operations Code | | | A | 2 | 560-561 | See Section V: Application of Reservist Attributes. |
| Work RVU | | A | | 5 | 562-566 | Merge to MDR HCSR RVU table by procedure code and modifier 1. If the provider specialty code is in the list in Appendix C, then set equal to the minimum of 99, or the number of services \* work rvu from RVU weight table. Decimals are implied. Zero fill as necessary (for example, 3.5 would look like 00350). For FY04, the CY04 RVU reference file will be used for the entire year. |
| Fiscal Month – Line Item | | | N | 2 | 567-568 | If the month of the end date of care (position 529-530) is October, November or December, then set equal to the calendar month of the end date of care – 9; otherwise, set to the calendar month of the end date of care+3. |
| Number of Scripts – Line Item | | | N | 3 | 569-571 | If the procedure code is ‘98800’ then set equal to the number of services. Otherwise set to 0. |
| Patient Cost Share – Line Item | | | SN | 8.2 | 572-579 | If total allowed (position 506) is not 0, then set to[ line item allowed (position 506) /total allowed (position 234) \* total patient copayment (position 287)] + [line item allowed (position 506) /total allowed (position 234) \* total patient coinsurance amount (position 279)]. If total allowed is 0, set to 0. |
| Deductible – Line Item | | | SN | 8.2 | 580-587 | If total allowed (position 506) is not 0, then set to line item allowed (position 506) /total allowed (position 234) \* total deductible (position 470). If total allowed is 0, set to 0 |
| Practice Expense RVU | | A | | 5 | 588-592 | Merge to MDR HCSR RVU table by procedure code and procedure code modifier 1. If the provider specialty code is in the list in Appendix C then: if the place of service is office (11) or home (12) then set pe rvu equal to the minimum of 99, or the number of services \* facility practice rvu from RVU weight table; otherwise (place of service is not 11 or 12) then set per vu equal to the minimum of 99, or the number of services \* non-facility practice rvu from RVU weight table. Decimals are implied. Zero fill as necessary (for example, 3.5 would look like 00350). For FY04, the CY04 RVU reference file will be used for the entire year. |
| Total RVU | | | A | 5 | 593-597 | Sum of work RVU and practice expense RVU. Decimals are implied. Zero fill as necessary (for example, 3.5 would look like 00350). |
| Calendar Month – Line Item | | | N | 2 | 598-599 | Positions 5-6 of the end date of care (position 529-530) |

1. Refresh Frequency

## Monthly

1. Data Marts

See M2 Non-Institutional File Specifications.

1. Special Outputs

Periodically, a study should test whether the completion factors are still accurate that are used to estimate missing HCSRs based on lag since the end-date-of-care.

**Appendix A: File Layout for Records in all HCSR(NI) files for the MDR for Fiscal Years 2000 and Previous[[1]](#footnote-1)**

| **CHAMPUS Health Care Service Record (HCSR) – Non-Institutional** | | | | |
| --- | --- | --- | --- | --- |
| **Field Name** | **Type** | **Size** | **Position** | Comments |
| Error Count | SN | 3 | 1-3 | No transformation. |
| Record Type Code | A | 1 | 4 | No transformation. |
| *Batch Group* |  |  |  | No transformation |
| Contractor Number | A | 2 | 5-6 | No transformation |
| *Batch Record Data* |  |  |  | No transformation |
| HCSR Contract Number | A | 7 | 7-13 | No transformation |
| Batch Record Type Code | A | 1 | 14 | No transformation |
| *Batch Control Data* |  |  |  | No transformation |
| Batch Create Date | N | 7 | 15-21 | No transformation. |
| Batch Sequence Number | A | 2 | 22-23 | No transformation |
| Batch Resubmit Seq. Number | A | 2 | 24-25 | No transformation |
| *Voucher Control Data* |  |  |  | No transformation |
| Voucher Number ID |  |  |  | No transformation |
| Voucher Number FI Number | N | 2 | 15-16 | No transformation |
| Voucher Branch of Service | A | 2 | 15-16 | No transformation |
| Voucher Number FY | N | 1 | 17 | No transformation |
| Voucher Number Seq Number | A | 3 | 18-20 | No transformation |
| Voucher Resubmit Seq Number | N | 2 | 21-22 | No transformation |
| Filler | A | 3 | 23-25 | No transformation |
|  |  |  |  |  |
| HCSR Batch Begin Date | N | 8 | 26-33 | No transformation |
| HCSR Batch End Date | N | 8 | 34-41 | No transformation |
| Voucher Notice Date | N | 8 | 42-49 | No transformation |
| Voucher Create Date | N | 8 | 50-57 | No transformation |
| Subtype Sort Number | N | 2 | 58-59 | No transformation |
| Record Received Sequence Number | N | 7 | 60-66 | No transformation |
| Record Processed Sequence Number | N | 7 | 67-73 | No transformation |
| Filler | A | 16 | 74-89 | No transformation |
| HCSR Number |  |  |  | No transformation |
| HCSR Internal Control Number (ICN) |  |  |  |  |
| HCSR Filing Date | N | 7 | 90-96 | No transformation . |
| Filing State/Country Code | A | 2 | 97-98 | No transformation |
| HCSR Sequence Number | A | 5 | 99-103 | No transformation |
| HCSR Time | A | 6 | 104-109 | No transformation |
| HCSR Suffix | A | 1 | 110 | No transformation |
| Program Indicator Code | A | 1 | 111 | No transformation |
| HCSR Processed to Completion Date | N | 8 | 112-119 | No transformation |
| HCSR Adjustment Identified Date | N | 8 | 120-127 | No transformation |
| Sponsor SSN | A | 9 | 128-136 | No transformation |
| Sponsor Pay Grade | A | 2 | 137-138 | No transformation |
| Sponsor Branch of Service | A | 1 | 139 | No transformation |
| Patient Category |  |  |  | No transformation |
| Sponsor Status | A | 1 | 140 | No transformation |
| Patient Relationship | A | 1 | 141 | No transformation |
| Patient Name | A | 27 | 142-168 | No transformation |
| Patient SSN | A | 9 | 169-177 | No transformation |
| Patient DOB | N | 8 | 178-185 | No transformation |
| DEERS Dependent Suffix Code | A | 2 | 186-187 | No transformation |
| Patient Sex | A | 1 | 188 | No transformation |
| Patient Zip/Country Code | A | 9 | 189-197 | No transformation |
| Enrollment Code | A | 2 | 198-199 | No transformation |
| *NAS ID Number* |  |  |  | No transformation |
| NAS ID Number Prefix | A | 1 | 200 | No transformation |
| NAS MTF Code | A | 3 | 201-203 | No transformation |
| NAS Issue Date | A | 4 | 204-207 | No transformation. |
| NAS Facility Sequence | A | 3 | 208-210 | No transformation |
| Reason for Payment Reduction | A | 1 | 211 | No transformation |
| Major Diagnostic Category Code | A | 2 | 212-213 | No transformation |
| Derived Major Diagnostic Code | A | 2 | 214-215 | No transformation |
| NAS Issue Reason Code | A | 1 | 216 | No transformation |
| Claim Form Type | A | 1 | 217 | No transformation |
| MTF Code Authorized Care | A | 4 | 218-221 | No transformation |
| Number Payment Reduction Days | SN | 3 | 222-224 | No transformation |
| Total Amount Billed | SN | 9,2 | 225-233 | No transformation |
| Total Amount Allowed | SN | 9,2 | 234-242 | No transformation |
| Amount Paid by OHI | SN | 9,2 | 243-251 | No transformation |
| Amount Allowed by OHI | SN | 9,2 | 252-260 | No transformation |
| Amount Third Party Liability | SN | 9,2 | 261-269 | No transformation |
| Amount of Payment Reduction | SN | 9,2 | 270-278 | No transformation |
| Patient Coinsurance Amount | SN | 8,2 | 279-286 | No transformation |
| Patient Copayment Amount | SN | 8,2 | 287-294 | No transformation |
| Amount Paid by Govt Contractor | SN | 9,2 | 295-303 | No transformation |
| Filler | A | 7 | 304-310 | No transformation |
| Override Code 1 | A | 2 | 311-312 | No transformation |
| Override Code 2 | A | 2 | 313-314 | No transformation |
| Override Code 3 | A | 2 | 315-316 | No transformation |
| Type of Submission Code | A | 1 | 317 | No transformation |
| NAS Exception Reason Code | A | 2 | 318-319 | No transformation |
| Health Care Plan Code | A | 2 | 320-321 | No transformation |
| ICD Edition ID Number | A | 1 | 322 | No transformation |
| HCSR Adjust Code | A | 1 | 323 | No transformation |
| Special Processing Code 1 | A | 2 | 324-325 | No transformation |
| Special Processing Code 2 | A | 2 | 326-327 | No transformation |
| Special Processing Code 3 | A | 2 | 328-329 | No transformation |
| Special Rate Code | A | 2 | 330-331 | No transformation |
| Provider Contract Affiliation Code | A | 1 | 332 | No transformation |
| Provider State/Country Code | A | 2 | 333-334 | No transformation |
| Provider Tax ID | A | 9 | 335-343 | No transformation |
| Multiple Provider Indicator | A | 4 | 344-347 | No transformation |
| Provider Care Zip Code | A | 9 | 348-356 | No transformation |
| Provider Participation Indicator | A | 1 | 357 | No transformation |
| Principle Diagnosis Code | A | 6 | 358-363 | No transformation |
| Secondary Diagnosis Code 1 | A | 6 | 364-369 | No transformation |
| Secondary Diagnosis Code 2 | A | 6 | 370-375 | No transformation |
| Secondary Diagnosis Code 3 | A | 6 | 376-381 | No transformation |
| Secondary Diagnosis Code 4 | A | 6 | 382-387 | No transformation |
| Region Code Header | A | 2 | 388-389 | No transformation |
| Filler | A | 4 | 390-417 | No transformation |
| Patient Pay Total | SN | 9,2 | 418-426 | No transformation |
| MTF Code | A | 3 | 427-429 | No transformation |
| MTF Branch of Service | A | 1 | 430 | No transformation |
| Bill MTF Code | A | 3 | 431-433 | No transformation |
| Bill Branch of Service | A | 1 | 434 | No transformation |
| Patient Age | N | 3 | 435-437 | No transformation |
| Cycle Number Year | A | 2 | 438-439 | No transformation |
| Cycle Number Month | A | 2 | 440-441 | No transformation |
| Cycle Sequence Number | N | 2 | 442-443 | No transformation |
| HCSR Accept Date | N | 6 | 444-449 | No transformation. |
| Claim Count Code | SN | 1 | 450 | No transformation |
| Benefit Claim Count Code | SN | 1 | 451 | No transformation |
| Administrative Claim Count Code | SN | 1 | 452 | No transformation |
| Source Health Care Data | A | 2 | 453-454 | No transformation |
| Net Record Type Code | A | 1 | 455 | No transformation |
| Key Field Change Code | A | 1 | 456 | No transformation |
| Hospital Department Number | A | 2 | 457-458 | No transformation |
| Care End Fiscal Year | N | 4 | 459-462 | No transformation |
| Health Services Region Code | A | 2 | 463-464 | No transformation |
| Beneficiary Category | A | 1 | 465 | No transformation |
| Relative Value Unit (RVU) for Line Item 1 | A | 4 | 466-469 | Relative Value Unit corresponding to the Procedure Code on the first line item based on look-up to RVU table \* number of services. If greater than 99.99, then set to 99.99. Decimal is implied between the second and third digits. Zero fill if missing and zero pad on left and right. Only populated for FY99. |
| Amount Applied to Deductible | SN | 5,2 | 470-474 | No transformation |
| Provider Major Specialty Code | A | 2 | 475-476 | No transformation |
| Deductible Flag | A | 1 | 477 | No transformation |
| CHAMPUS Location Number | A | 3 | 478-480 | No transformation |
| Care End Date Year | A | 4 | 481-484 | No transformation |
| Care End Date Month | A | 2 | 485-486 | No transformation |
| Procedure Text ID | A | 1 | 487 | No transformation |
| Relative Value Unit (RVU) for Line Items 2-25 | A | 96 | 488-583 | Relative Value Unit corresponding to the Procedure Code on the second through twenty-fifth line item based on look-up to RVU table \* the number of services. Set to 99.99 if greater than 99.99. Every field is exactly four characters long. Decimal is implied between the second and third digits. Zero fill if missing and zero pad on left and right. The RVU for line item 3 will immediately follow (no delimiter) the RVU for line item 2. RVU 4 will follow RVU 3, and so on. Only populated for FY99. |
| Care Information Occurrence Count | N | 2 | 584-585 | No transformation. |
| Line Item Segments. Data in positions 586-650 are repeated. The number of segments is equal to the care information occurrence count in position 584. | | | | |
| Procedure Code1-occ count | A | 5 | 586-590 | Up to 25 separate fields. No transformation |
| Number of Services1-occ count | SN | 2 | 591-592 | Up to 25 separate fields. No transformation |
| Total Charges by Procedure Code1-occ count | SN | 9,2 | 593-601 | Up to 25 separate fields. No transformation |
| Amount Allowed by Procedure Code1-occ count | SN | 9,2 | 602-610 | Up to 25 separate fields. No transformation |
| Pricing Code1-occ count | A | 2 | 611-612 | Up to 25 separate fields. No transformation |
| Care Begin Date1-occ count | N | 8 | 613-620 | Up to 25 separate fields. No transformation |
| Care End Date1-occ count | N | 8 | 621-628 | Up to 25 separate fields. No transformation |
| Place of Service1-occ count | A | 2 | 629-630 | Up to 25 separate fields. No transformation |
| Type of Service 11-occ count | A | 1 | 631 | Up to 25 separate fields. No transformation |
| Type of Service 21-occ count | A | 1 | 632 | Up to 25 separate fields. No transformation |
| Denial Reason Code1-occ count | A | 2 | 633-634 | Up to 25 separate fields. No transformation |
| Pricing Profile Year1-occ count | A | 2 | 635-636 | Up to 25 separate fields. No transformation |
| CPT-4 Modifier 11-occ count | A | 2 | 637-638 | Up to 25 separate fields. No transformation |
| CPT-4 Modifier 21-occ count | A | 2 | 639-640 | Up to 25 separate fields. No transformation |
| Occurrence Num1-occ count | N | 2 | 641-642 | Up to 25 separate fields. No transformation |
| Previous Denial Reason Code1-occ count | A | 2 | 643-644 | Up to 25 separate fields. No transformation |
| Number of Visits1-occ count | SN | 3 | 645-647 | Up to 25 separate fields. No transformation |
| Primary Procedure Flag1-occ count | A | 1 | 648 | Up to 25 separate fields. No transformation |
| Category of Care1-occ count | A | 2 | 649-650 | Up to 25 separate fields. No transformation |

**Appendix B: MERHCF Flag**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TFL Flag** | **Enrollment Status** | **Order of Assignment** | **Bencat** | **Any Special Processing Code** | **Date of Birth** | **Program Indicator Code** | **ACV** |
| N | Any | 1 | Any | | | | R |
| T | Any | 2 | Not 1 or 4 | FF, FG, FS | Any | |  |
| T | Any | 3 | Not 1 or 4 | Any | Age 65 or older on April 1, 2001 | D | Any |
| T | PS | 4 | Not 1 or 4 | Any | Any | D | Any |
| U | Any | 5 | Not 1 or 4 | R,T | Any | | |
| A | Any | 6 | 1 or 4 | Any | Any | | Not R |
| N | Any | 7 | Any | Any | Any | Any | Any |

**Appendix C: Provider Specialty Codes Receiving Work and**

**Practice Expense RVU Credit**

Work Relative Value Units are assigned to each record by matching the MDR Purchased Care RVU Format Table to each non-institutional record based on CPT code and CPT modifier 1 and calculating work RVUs for only specific provider specialty codes. The codes that receive work RVU credit are contained in the table below.

| **Code** | **Description** |
| --- | --- |
| 01 | General Practice |
| 02 | General Surgery |
| 03 | Allergy |
| 04 | Otology, Laryngology, Rhinology |
| 05 | Anesthesiology |
| 06 | Cardiovascular Disease |
| 07 | Dermatology |
| 08 | Family Practice |
| 10 | Gastroenterology |
| 11 | Internal Medicine |
| 13 | Neurology |
| 14 | Neurosurgery |
| 16 | Obstetrics/Gynecology |
| 18 | Ophthalmology |
| 19 | Oral Surgery (Dentists only) |
| 20 | Orthopedic Surgery |
| 22 | Pathology |
| 24 | Plastic Surgery |
| 25 | Physical Medicine and Rehabilitation |
| 26 | Psychiatry |
| 28 | Proctology |
| 29 | Pulmonary Diseases |
| 30 | Radiology |
| 33 | Thoracic Surgery |
| 34 | Urology |
| 35 | Chiropractor, licensed |
| 36 | Nuclear Medicine |
| 37 | Pediatrics |
| 38 | Geriatrics |
| 39 | Nephrology |
| 40 | Neonatology |
| 42 | Nurses (RN) |
| 43 | Nurses (LPN) |
| 44 | Occupational Therapy (OTR) |
| 45 | Speech Pathologist/Speech Therapist |
| 47 | Endocrinology |
| 48 | Podiatry - Surgical Chiropody |
| 50 | Proctology and Rectal Surgery |
| 57 | Certified Prosthetist - Orthotist |
| 62 | Clinical Psychologist (Billing Independently) |
| 64 | Audiologists (Billing Independently) |
| 65 | Physical Therapist (Independent Practice) |
| 69 | Independent Laboratory (Billing Independently) |
| 70 | Clinic or other group practice |
| 80 | Anesthetist |
| 81 | Dietitian (Deleted 10/25/98) |
| 82 | Education Specialist |
| 83 | Nurse, Private Duty |
| 84 | Physician’s Assistant |
| 85 | Certified Clinical Social Worker |
| 86 | Christian Science |
| 90 | Nurse Practitioner |
| 91 | Clinical Psychiatric Nurse Specialist |
| 92 | Certified Nurse Midwife |
| 93 | Mental Health Counselor |
| 94 | Certified Marriage and Family Therapist |
| 95 | Pastoral Counselor |
| 96 | Marriage and Family Therapist (Only valid for Connecticut, Massachusetts, New Jersey and New York) (Deleted 10/25/94) |
| 97 | M.S.W., A.C.S.W. (Deleted 10/25/94) |
| 98 | Optometrist |
| HH | Home Health Aide/Homemaker |

1. The position of the HCSR Number is different for fiscal years 2000 and previous, compared with fiscal years 2001 and later. [↑](#footnote-ref-1)