**15 December 2017**

Healthcare Coding Reference Tables

for the

MHS Mart (M2)

(Version 1.09.01)

Current Specification

**Revision History**

| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| --- | --- | --- | --- | --- |
| 1.01.00 | 2/9/2009 | K. Hutchinson | * I, II, III, V, and VII | * Clarifying DRG update schedule * Added MS-DRG schedule and table layout |
| 1.01.01 | 9/21/2009 | K. Hutchinson | * APG Layout table | * Added type O to the APG Type |
| 1.02.00 | 6/17/2010 | K. Hutchinson | * APC Layout | * Added APC character 5 |
| 1.02.01 | 5/4/2011 | K. Hutchinson | * ICD-9-CM Diagnosis Codes Reference Table Layout | * DoD Extender floats immediately after diagnosis code and one blank. No change to M2. |
| 1.03.00 | 8/19/2011 | S. Rogers | * I, II, III, V, VI, and VII | * Added ICD-10-CM Diagnosis Codes and Backmaps, ICD-10-PCS Procedures Codes and Backmaps, and HIPAA Health Care Provider Taxonomy Codes Reference Tables * Modified CPT/HCPCS Codes Reference Table by adding Nurse Credit field. * Updated source file information. |
| 1.03.01 | 9/26/2011 | S. Rogers | * VII | * Change to columns in HIPAA; name revisions |
| 1.03.02 | 9/29/2011 | S. Rogers | * VII | * Change column width in ICD-10 DX backmap tab. * Change format for dates in HIPAA Taxonomy. |
| 1.03.03 | 10/05/11 | S. Rogers | * VII | * Change to date input in HIPAA Taxonomy. |
| 1.03.04 | 11/15/11 | S. Rogers | * III, VII | * Clarified CPT Table processing schedule. * Changes to the CPT/HCPCS Codes Reference Table:   + Add Ancillary-specific CPT/Modifiers from Ancillary Table.   + Add MHS Unique Flag value of R (RVU adjusted for use in MHS). |
| 1.03.05 | 01/12/12 | S. Rogers | * II, VII | * Clarified APC Table applicable timeframes. * Added fields to the CPT Table:   + Unit of Service Substitute   + Bilateral Indicator   + Surgical Indicator * Clarified MHS Unique Flag definition per FPG |
| 1.03.06 | 05/09/12 | M. Martinez | * Section VII, Tables 5, 6, 9 | * Added CCS Category codes to the ICD-9 Diagnosis and Procedure Tables and the CPT/HCPCS Table |
| 1.04.00 | 09/05/12 | K. Hutchinson | * Section VII, Table 10 | * Added MEPRS Skill Type to the HIPAA Health Care Provider Taxonomy |
| 1.04.01 | 10/16/12 | M. Martinez | * Section VII, Tables 5, 6, 9, 10 | * Update labels for CCS fields to:   + CCS Dx Single-Level   + CCS Dx Multi-Level   + CCS ICD Proc Single-Level   + CCS ICD Proc Multi-Level   + CCS HCPCS Single-Level * Update derivations for Unit of Service Limit and Unit of Service Substitute * Update derivation of MEPRS Skill Type |
| 1.04.02 | 12/04/12 | M. Martinez | * Section VII, Table 9 * Section VII, Table 10 | CPT/HCPCS Codes:   * The order of objects was adjusted to match the feed (all new fields at the end). * Removed an MHS Unique Code value for further review.   HIPAA Provider Taxonomy Codes:   * Noted that MEPRS Skill Type label will be changed in a future release and the field will remain empty until a later release. |
| 1.05.00 | 04/04/2013 | K. Hutchinson | * Table 10 | * Changed label from MEPRS Skill Type to Skill Level |
| 1.06.00 | 06/12/2013 | M. Martinez | * Section VII, Table 9 | * Historical Work RVUs are populated through CY11 only. * Added: * CCS Code Description * Multiple Procedure Code |
| 1.07.00 | 07/14/2014 | M. Martinez | * Section VII, Tables 5 and 6 * Section VII, Tables 7 and 8 * Section VII, Table 8 | * Remove Multi-Level CCS Category Codes from ICD-9 CM Dx and Proc * Add Single-Level CCS Category Code Descriptions to ICD-9 CM Dx and Proc * Add Single-Level CCS Category Codes and Descriptions to ICD-10 CM Dx and PCS Proc * Correct labels on Backmap objects |
| 1.07.01 | 08/06/2014 | M. Martinez | * Section VII, Table 8 | * Change format on CCS ICD Proc Single-Level to Char(4) |
| 1.08.00 | 01/26/2015 | E. Hawkins | * Throughout * Section VII, Table 9 * Section VII, Table 10 * Section VII, Table 11 | * Relabel DHCAPE to DHA/Decision Support * Added Evaluative Visit Flag to the CPT Table * Remove Supervision/Countersignature Flag from the HIPAA HealthCare Provider Taxonomy Table * Added Patient Category Table |
| 1.08.01 | 04/28/2015 | E. Hawkins | * Section VII, Table 11 | * Change object names: * Status of Patient to Patient Status * Admissions and Dispositions List Category to Admit and Disp List Category * Non-Availability Statement (NAS) Authorization to NAS Authorization * Sponsor to Sponsor Flag * Family Member to Family Member Flag * Civilian Emergency to Civilian Emergency Flag * Deceased Sponsor to Deceased Sponsor Flag * OCONUS Group Meal Sales (GMS) to OCONUS Group Meal Sales Flag * Prohibit DEERS Check to Prohibit DEERS Check Flag * Added clarification to derivation of Valid Change Codes |
| 1.09.00 | 06/30/2016 | E. Hawkins | * Table 11 | * Added Patient Category / Subcategory |
| 1.09.01 | 12/15/2017 | K. Hutchinson | * Table 3 | * Hide APG table |

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

1. Source

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

1. Input Feed to DHA/Decision Support

* Source file format:
* DRG: usually received as either an Excel or text file
* MS-DRG: usually received as either an Excel or text file
* APG: received as an Excel file
* APC: received as a PDF or text file
* ICD-9-CM Diagnosis Codes: received from CHCS update process as text file. MHS-specific codes obtained from DHA/Decision Support
* ICD-9-CM Procedure Codes: received from CHCS update process as text file
* ICD-10-CM Diagnosis Codes and ICD-9-CM Backmaps: received from CHCS update process as Excel or delimited text files
* ICD-10-PCS Procedure Codes and ICD-9-CM Backmaps: received from CHCS update process as a text file
* CPT Codes: text file. MHS-specific codes obtained from DHA/Decision Support
* HCPCS: text file
* HIPAA Healthcare Provider Taxonomy Codes: received as an Excel or text file
* Patient Category Codes: received as an Excel file
* Scope:
* DRG: tables by fiscal year (FY); ended with FY08
* MS-DRG: table by FY; beginning with FY09
* APG: one table for all FYs
* APC: tables by calendar year (CY); CY06+
* ICD-9-CM Diagnosis Codes: tables by FY
* ICD-9-CM Procedure Codes: tables by FY
* ICD-10-CM Diagnosis Codes: tables by FY; FY12+
* ICD-10-PCS Procedure Codes: tables by FY; FY12+
* CPT/HCPCS Codes: tables by CY
* HIPAA Healthcare Provider Taxonomy Codes: table represents FY03+
* Patient Category Codes: one table for all FYs

1. Organization and batching

* Time slicing:
* Must include a fiscal year field (yyyy) in the feed to M2 for the DRG, MS-DRG, ICD-9-CM Diagnosis Codes, ICD-9-CM Procedure Codes, ICD-10-CM Diagnosis Codes, and ICD-10-PCS Procedure Codes tables.
* For the DRG and MS-DRG tables, include DRG “000” as “Assigned for Non-acute Care in Purchased Care Data Only” for every FY.
* Must include a calendar year field (yyyy) in the feed to M2 for the APC and CPT Codes tables.
* The APG table does not require time slicing – one table for all FYs.
* The HIPAA Healthcare Provider Taxonomy Codes and Patient Category Codes tables do not require time slicing.
* Frequency of processing:
* DRG: N/A
* MS-DRG: provided once a year (by October 15th)
* APG: provided once (this is a frozen system, no changes to APGs expected)
* APC: provided one a year (by January 15th)
* ICD-9-CM Diagnosis Codes: obtained once a year from the website (should expect them to be available no later than October 1st).
* ICD-9-CM Procedure Codes: obtained once a year from the website (should expect them to be available no later than October 1st).
* ICD-10-CM Diagnosis Codes: obtained once a year (should be available no later than October 1st).
* ICD-10-PCS Procedure Codes: obtained once a year (should be available no later than October 1st).
* CPT/HCPCS Codes: initial annual version should be available from Ingenix around January 1st; policy changes should be available by April 20th[[3]](#footnote-3).
* HIPAA Healthcare Provider Taxonomy Codes: Annual FY review, contents fully replaced when changed.
* Patient Category Codes: Annual FY review, contents fully replaced when changed.

1. Filters

* No filters for creating the M2 feed.

1. Data Manipulation

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

1. Updating the Master Tables

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

1. Record layout and content

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

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

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

**Table 1. Diagnosis Related Group (DRG) Reference Table Layout**

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

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

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

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

HIDE APG REFERENCE TABLE IN M2 - OBSOLETE

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

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

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

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

| **M2 Object** | **Format** | **Derivation** |
| --- | --- | --- |
| FY | Char(4) | No M2 derivation |
| Diagnosis with DoD Extender | Char(7) | No M2 derivation. ICD-9-CM diagnosis code, with decimal removed. If diagnosis code has DoD extender(s), there will be a row for the code without extender. There will be additional rows for every code/DoD extender combination, with the extender following the code and separated by one blank space. |
| Description, Long | Char(250) | No M2 derivation |
| Description, Short | Char(30) | No M2 derivation |
| MHS Unique Flag | Char(1) | No M2 derivation  D=Code has non-standard use/meaning in Direct Care, standard in Purchased Care (PC)  P= Code has non-standard use/meaning in Purchased Care, standard in DC  B=Code has non-standard use/meaning in both Direct and Purchased Care  N= Normal use (No non-standard use) |
| CCS Dx Single-Level[[7]](#footnote-7) | Char(4) | No M2 derivation |
| CCS Dx Desc7 | Char(114) | No M2 derivation |

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

| **M2 Object** | **Format** | **Derivation** |
| --- | --- | --- |
| FY | Char(4) | No M2 derivation |
| Procedure | Char(4) | No M2 derivation |
| Description, Long | Char(250) | No M2 derivation |
| Description, Short | Char(30) | No M2 derivation |
| MHS Unique Flag | Char(1) | D=Code has non-standard use/meaning in Direct Care , standard in Purchased Care  P= Code has non-standard use/meaning in Purchased Care, standard in Direct Care  B=Code has non-standard use/meaning in both Direct and Purchased Care  N= Normal use (No non-standard use) |
| CCS ICD Proc Single-Level7 | Char(3) | No M2 derivation |
| CCS ICD Proc Desc7 | Char(96) | No M2 derivation |

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

| **M2 Object** | **Format** | **Derivation** |
| --- | --- | --- |
| FY | Char(4) | No M2 derivation |
| ICD-10 Diagnosis | Char(7) | No M2 derivation. ICD-10-CM diagnosis code, with decimal removed. |
| Description, Long | Char(250) | No M2 derivation |
| Description, Short | Char(30) | No M2 derivation |
| ICD-9-CM Diagnosis Backmap 1 | Char(7) | No M2 derivation. No decimals. |
| ICD-9-CM Diagnosis Backmap 2 | Char(7) | No M2 derivation. No decimals. |
| ICD-9-CM Diagnosis Backmap 3 | Char(7) | No M2 derivation. No decimals. |
| ICD-9-CM Diagnosis Backmap 4 | Char(7) | No M2 derivation. No decimals. |
| MHS Unique Flag | Char(1) | No M2 derivation  D=Code has non-standard use/meaning in Direct Care , standard in Purchased Care  P= Code has non-standard use/meaning in Purchased Care, standard in Direct Care  B=Code has non-standard use/meaning in both Direct and Purchased Care  N= Normal use (No non-standard use) |
| CCS Dx Single-Level7 | Char(4) | No M2 derivation |
| CCS Dx Desc7 | Char(115) | No M2 derivation |

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

| **M2 Object** | **Format** | **Derivation** |
| --- | --- | --- |
| FY | Char(4) | No M2 derivation |
| ICD-10 Procedure | Char(7) | No M2 derivation. ICD-10-CM procedure code, with decimal removed. |
| Description, Long | Char(250) | No M2 derivation |
| Description, Short | Char(30) | No M2 derivation |
| ICD-9-CM Procedure Backmap 1 | Char(4) | No M2 derivation. No decimals. |
| ICD-9-CM Procedure Backmap 2 | Char(4) | No M2 derivation. No decimals. |
| ICD-9-CM Procedure Backmap 3 | Char(4) | No M2 derivation. No decimals. |
| ICD-9-CM Procedure Backmap 4 | Char(4) | No M2 derivation. No decimals. |
| ICD-9-CM Procedure Backmap 5 | Char(4) | No M2 derivation. No decimals. |
| ICD-9-CM Procedure Backmap 6 | Char(4) | No M2 derivation. No decimals. |
| CCS ICD Proc Single-Level7 | Char(4) | No M2 derivation |
| CCS ICD Proc Desc7 | Char(131) | No M2 derivation |

### Table 9. CPT/HCPCS Codes Reference Table Layout[[8]](#footnote-8)

| **Output Variable Name** | **Format** | **Derivation** |
| --- | --- | --- |
| CY | Char(4) | No M2 derivation |
| CPT/HCPCS | Char(5) | No M2 derivation |
| Modifier | Char(2) | No M2 derivation |
| Description, Long | Char(250) | No M2 derivation |
| Description, Short | Char(30) | No M2 derivation |
| Setting Flag | Char(2) | No M2 derivation  DC = Use for Direct Care Data  PC = Use for Purchased Care Data  AN = Use for Direct Care Ancillary |
| Work RVU | Dec(9,2) | No M2 derivation |
| Practice RVU, Away From Office | Dec(9,2) | No M2 derivation |
| Practice RVU, Office | Dec(9,2) | No M2 derivation |
| Malpractice RVU | Dec(9,2) | No M2 derivation  (Zero for DC and AN) |
| Total RVU, Office | Dec(9,2) | Sum of Work RVU and Practice RVU, Office.  No M2 derivation |
| Total RVU, Away From Office | Dec(9,2) | Sum of Work RVU and Practice RVU, Away From Office  No M2 derivation |
| Historical Work RVU | Dec(9,2) | No M2 derivation  Populated through CY11 only. |
| MHS Unique Flag | Char(1) | No M2 derivation  Y = CPT code only used by the MHS (either Direct Care, Purchased Care or Ancillary)[[9]](#footnote-9)  N = CPT code not unique to the MHS  S = Special use by the MHS[[10]](#footnote-10) |
| Payment Status Indicator | Char(2) | No M2 derivation |
| ASC Class[[11]](#footnote-11) | Char(2) | No M2 derivation |
| Units of Service Limit | Num(3) | No M2 derivation  Measure with no aggregation. |
| Nurse Credit | Char(1) | No M2 derivation  Indicates Skilltype 3/4 provider eligibility for work and PE RVUs  Y = Yes  Q = Yes, with Modifier QW  C = Yes, in Case Management MEPRS codes ELAN, ELA2, FAZ2  N = No |
| Units of Service Substitute | Num(3) | No M2 derivation.  Measure with no aggregation. |
| Bilateral Indicator | Char(1) | No M2 derivation  0,3,9 = Bilateral not applicable (9 is default)  1 = Bilateral impact applies  2 = Inherently bilateral |
| Surgical Indicator | Char(1) | No M2 derivation  0 = not a surgical code  1 = surgical code |
| CCS HCPCS Single-Level7 | Char(3) | No M2 derivation. |
| CCS Code Description | Char(96) | No M2 derivation. |
| Multiple Procedure Code | Char(1) | No M2 derivation. |
| Evaluative Visit Flag | Char(1) | No M2 derivation. |

### Table 10. HIPAA Health Care Provider Taxonomy Reference Table Layout

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

### Table 11. Patient Category Table Layout

| **M2 Object** | **Format** | **Derivation** |
| --- | --- | --- |
| Patient Category | Char(3) | No M2 derivation. |
| Patient Subcategory Code | Char(1) | No M2 derivation. |
| PATCAT Effective Start Date | Char(8) | No M2 derivation.  If effective date is unknown, field will be populated with 20140729.  YYYYMMDD |
| PATCAT Effective End Date | Char(8) | No M2 derivation.  If PATCAT is active, field will be blank.  YYYYMMDD |
| Description, Long | Char(35) | No M2 derivation. |
| Description, Short | Char(21) | No M2 derivation. |
| Description, Third Level Only | Char(40) | No M2 derivation. |
| Mode of Billing | Char(8) | No M2 derivation.  If patient is billed, indicates Department of Defense form generated for Agency billing (DD7/DD7A) or for Pay Adjustment Authorization (DD139). |
| Patient Status | Char(22) | No M2 derivation. |
| Admit and Disp List Category | Char(13) | No M2 derivation.  Patient Category as it appears on the Admissions and Dispositions list generated each day. |
| Patient Category Summary | Char(18) | No M2 derivation. |
| NAS Authorization | Char(22) | No M2 derivation.  If a Non-Availability Statement (NAS) is required to seek purchased care, indicates the NAS Patient Category. |
| Inpatient Individual Rate | Char(4) | No M2 derivation.  Type of rate billed for inpatient stay when billed to an individual. |
| Inpatient Agency Rate | Char(4) | No M2 derivation.  Type of rate billed for inpatient stay when billed to an agency. |
| Outpatient Individual Rate | Char(4) | No M2 derivation.  Type of rate billed for outpatient visit when billed to an individual. |
| Outpatient Agency Rate | Char(4) | No M2 derivation.  Type of rate billed for outpatient visit when billed to an agency. |
| Sponsor Flag | Char(3) | No M2 derivation.  Indicates if Patient Category can be a sponsor. |
| Family Member Flag | Char(3) | No M2 derivation.  Indicates if Patient Category is a family member. |
| Civilian Emergency Flag | Char(3) | No M2 derivation.  Indicates if Patient Category can be used in civilian emergency. |
| Deceased Sponsor Flag | Char(3) | No M2 derivation.  Indicates if Patient Category has a deceased sponsor. |
| OCONUS Group Meal Sales Flag | Char(3) | No M2 derivation.  Indicates if Patient Category allows for OCONUS Group Meal Sales (GMS). |
| Prohibit DEERS Check Flag | Char(3) | No M2 derivation.  Indicates if a DEERS check can be skipped. |
| Valid Change Codes | Char(64) | No M2 derivation.  Valid codes which the Patient Category can change to during an inpatient stay. Valid codes are in a list separated by tilde (~). |
| **M2 Derived Fields** | | |
| Patient Category / Subcategory | Char(4) | Concatenation of Patient Category and Patient Subcategory Code |

1. Special outputs

* Not applicable.

1. Reference files prepared for M2 ICD-9-CM Diagnosis Codes, ICD-9–CM Procedure Codes, ICD-10-CM Diagnosis Codes, ICD-10-PCS Procedure Codes, HIPAA Healthcare Provider Taxonomy and Patient Category Code tables will be submitted as prepared here for use as reference files on MDR. [↑](#footnote-ref-1)
2. CPT descriptions are subject to licensing restrictions. Sites with CHCS are considered licensed. Sites without CHCS (e.g., contractors) will require the EI/DS PO to pay additional fees. [↑](#footnote-ref-2)
3. Ingenix changes beyond the one issued at the beginning of the calendar year are only implemented as part of policy direction. [↑](#footnote-ref-3)
4. The ICD-9-CM Diagnosis Codes in the Direct Care Inpatient Admissions and Outpatient Visits tables will need to be truncated to a length of 5 characters prior to the join as the fields in the those tables contain additional MHS-specific coding (e.g., 25001 D01, merge should only be to 25001). [↑](#footnote-ref-4)
5. The ICD-9-CM Procedure Codes in the Direct Care Inpatient Admissions table will need to be truncated to a length of 4 characters prior to the join as the fields in the that table contains additional MHS-specific coding (e.g., 4009 D01, merge should only be to 4009). [↑](#footnote-ref-5)
6. These are not the Medicare MS-DRG weights; only indicating the “M” in MS-DRG stands for Medicare but the MS-DRG information provided are the TRICARE data. [↑](#footnote-ref-6)
7. CCS=Clinical Classifications Software. Source: Agency for Healthcare Research and Quality, Rockville, MD [↑](#footnote-ref-7)
8. Use the MDR Master CPT table and Direct Care Ancillary RVU table for CPT/Modifier combinations and weights. While RVUs vary for CAPER and SADR, use CAPER. [↑](#footnote-ref-8)
9. Source: TRICARE Manual (vary by year). Code would not be found in the AMA manual. [↑](#footnote-ref-9)
10. Description and use of code by MHS different from AMA manual. [↑](#footnote-ref-10)
11. ASC = Ambulatory Surgical Center. [↑](#footnote-ref-11)