# MDR TRICARE Encounter Data Summary Files

1. Background:

The MDR TRICARE Encounter Data files contain detailed TRICARE Claims data. Summary files are helpful for quicker response time, when claim level detail is not needed. The TED Summary Files are intended to allow users to answer common questions quickly, without having to read hundreds of millions of records. This specification describes the processing required in the MDR to prepare MDR TED Summary Files.

1. Source:

The source of the MDR TED Summary files are the MDR HCSR and MDR TED Files for the corresponding claim types (Institutional and Non-Institutional). For FY01+, the MDR TED Summary processor shall use the TED files as inputs. Otherwise, the source of data is the TMA/BEA office (using MDR HCSR files as inputs).

1. Transmission (Format and Frequency):

No transmission is required because the source files are the most recently processed claims data available in the MDR (i.e. in MDR/PUB, or the latest dated MDR/APUB) and/or from TMA/BEA. In either case, data are available in the same computing center as the MDR is operated.

1. Organization and Batching

There are two final MDR TED[[1]](#footnote-1) summary files:

* MDR Institutional TED Summary File: A summary of institutional claims data from the MDR. This file contains both HCSR and TED claims and minimal appended fields described in this document.
* MDR Non-Institutional TED Summary file: A summary of non-institutional claims data from the MDR. This file contains both TED and HCSR claims.

The initial file load is a one-time requirement and should represent all claims with end date of care in FY99 or later. After that, the MDR TED File is updated monthly, or whenever the underlying detail data are changed (or when a reprocessing is required to implement a new requirement or to correct a problem.)

1. Receiving Filters
* MDR TED Institutional Summary File: No filters are required.
* MDR TED Non-Institutional Summary File: DHP and MERHCF records are used, with a filter of MERHCF Flag is not U applied to either of the two inputs (but not both). Records with place of service of 26, or any special processing code of “RI” are removed.

In preparing FY00 and FY99, TMA/BEA shall remove records with a type of submission code of C, D or E. The records with place of service 26 or any special processing code of RI should also be removed.

1. Update process

Each time the MDR Detail data files are updated, the MDR summary processor should be run. The HCSR-years will generally remain unchanged, once provided by BEA[[2]](#footnote-2). The processor should be flexible enough to allow for an update of any or all years / types of data, as needed. To update the summary files, the most recent HCSR and TED records are aggregated according to the business rules in section VIII.

1. Field Transformations and Deletions for MDR Core Database

There is minimal processing required to prepare the MDR TED Summary Files. No merges are required, except in the BEA provided files.

Business rules for each of the appended fields are described in the body of the format table in Section VIII, or in an appendix, referenced in that table.

1. Record Layout and Content

The MDR TED files are stored in two SAS datasets; an institutional summary and a non-institutional summary.

The tables below describe the format, file layout and field derivation rules for these files.

MDR Institutional Summary File

| **MDR TED Summary Field** | **SAS Name** | **Format** | **Source Name BEA** | **BEA derivation rule** | **Source Name TED** | **TED Business Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| Alternate Care Value | ACV | $1 | Enrollment Status, MTF Authorized Care, Beneficiary Category | If beneficiary category is 4 and either (1st digit of enroll stat is in (U, W, Z) or (1st digit of enroll stat=’S’ and MTF auth care <>0000 or blank then ACV=A; else if enr stat=BB then ACV=D, else if enr stat in (U WF Z) then ACV=E; else ACV=O | ACV | No transformation.  |
| ACV Group | acvgroup | $1 | N/A | N/A | acvgroup | No transformation |
| Admission Category | admcat | $1 | admsrc | TBD | admsrc | If admission source = 4, then Adm Cat = T (transfer from hospital); If admission source = A or B  AND contractor code is null, then Adm Cat = N (Newborn delivery) If  admission source = 1 or 2 AND contractor code is not null, then Adm Cat is N (Newborn delivery) Else Adm Cat is blank (normal admission or unknown). |
| Age Group Common | agecom | $1 | Patient Age, *agegrp* | Set to *agegrp* if patient age <65; else, assign as follows:H:65-69 I:70-74 J:75-79 K:80-84 L:85+ | patage | Set to *agegrp* if patient age <65; else, assign as follows:H:65-69 I:70-74 J:75-79 K:80-84 L:85+ |
| Age Group | agegrp | $1 | Patient Age | A: 0-4, B: 5-14, C: 15-17; D: 18-24, E: 25-34; F: 35-44; G=45-64; H=65+ | agegrp | No transformation |
| Ben Cat Common | comben | $1 | Beneficiary Category | No transformation | comben | No transformation |
| Beneficiary Region | resreg | $2 | Region | No transformation | resreg | No transformation |
| Calendar Month | cm | 2 | End Date of Care (EDOC) | Substring (EDOC, 5,2) \* 1. | cm | No transformation |
| Calendar Year | cy | 4 | End Date of Care (EDOC) | Substring(EDOC,1,4)\*1 | cy | No transformation |
| Diagnosis Group | dxgrp | $2 | Primary diagnosis | See appendix | dx1 | See appendix |
| Disposition Category | dispcat | $1 | Discharge Status | If discharge status is 2 then set to ‘T’, else if 20 then set to ‘D’, else leave blank. | dispcat | To Be Added to MDR in subsequent update. |
| Enrollment Site | denrsite | $4 | DEERS Enrollment Site | Merge to LENR and retrieve DEERS enrollment site that matches the year/month of care. Blank fill if no match found for the person. Match based on sponsor social & DDS. | denrsite | No transformation |
| Enrollment Status | enrstat | $2 | Enrollment Status | No transformation | enrstat | No transformation |
| Hybrid Enrollment Site | hybenr | $4 | MTF Authorized Care | No transformation | hybenr | No transformation |
| MERHCF Flag | tflflag | $1 | N/A | Set to “N” | tflflag | No transformation |
| Acute Care Hospital Indicator | acute | $1 | Institution Type | Use mapping from MDR TED Detail Functional requirement | acute | No transformation |
| Major Diagnostic Category | mdc | $2 | mdc | No transformation | mdc | No transformation |
| FM | fm | 2 | *cm* | If *cm* is in 10, 11 or 12 then fm is *cm*-9; else fm is *cm* +3. |  | No transformation |
| FY | fy | 4 | *cy* | If *cm* in 10, 11, 12 then fy is *cy* +1; else fy is *cy* |  | No transformation |
| Gender | patsex | $1 | Patient Sex | No transformation | patsex | No transformation |
| Sponsor Service | sponsvc | $1 | Service Branch | No transformation | sponsvc | No transformation |
| Sponsor Service Common | svccmn | $1 | Service Branch | Map from service branch per appendix. | N/A | Map from sponsor service per appendix |
| Institution Category | instcat | $1 | Institution Type | If Institution Type = 33, 48, 53, or 58, then Inst. Cat. = C (Chronic or Non-acute Care Hospital);If Institution Type = 78 or 79, then Inst. Cat. = D (Hospice);If Institution Type = 70, then Inst. Cat. = H (Home Health Agency); If Institution Type = 11, 46, 51, 56, 74, or 92, Inst. Cat. = O (Other Institution Type);If Institution Type = 72, 73, or 76, then Inst. Cat. = N (Nursing Home or Residential Treatment Center, possibly Skilled);If Institution Type = 12, 22, 52, 62, or 82, then Inst. Cat = P (Psychiatric or Mental Health Institution);Else Inst. Cat. = A (Acute Care Hospital) | instcat | To be added to MDR in future update. |
| Underwritten Region | undflag | $1 | N/A | No transformation | undflag | No transformation |
| Market ID | market | $3 | N/A | N/A. Set to blank | TBD | To be added to MDR in a future update. |
| BPA Catchment Area ID | bpacatch | $4 | Zip Code, Service Branch and EDOC | Derive using logic described in MDR Omni-CAD specification. |  | No transformation. Only populated through FY 05. Recommendation to drop. |
| Catchment Area ID | catch | $4 | Zip Code, Service Branch and EDOC | Derive using logic described in MDR Omni-CAD specification. | catch | No transformation |
| Beneficiary HSSC Region | restnex | $1 | N/A | Set to blank | restnex | No transformation |
| MTF Service Area | svcarea | $4 | N/A | N/A | tbd | To be added to MDR in future update. |
| PRISM Area ID | prism | $4 | Zip code, Service Branch and EDOC | Derive using logic described in MDR Omni-CAD specification. | prism |  |
| Fields Derived from Aggregating Records by the Data Elements Above |
| Admissions | adm | N | Admissions | No transformation | adm | No transformation |
| Dispositions | disp | N | Admissions, Discharge Status | Add the number of admissions where discharge status is not 30. | adm, dispstat | Add the number of admissions where discharge status is not 30. |
| Bed Days | authdays | N | Days | No transformation | authdays | No transformation |
| RWP | rwp | N | RWP | No transformation | rwp | No transformation |
| Amount Allowed | allow | N | Amt Allowed | No transformation | allow | No transformation |
| Amount Paid | paid | N | Amount Paid | No transformation | paid | No transformation |
| Amount Billed | bill | N | N/A | N/A | bill | No transformation |
| Amount OHI | Ohi | N | Amt Paid OHI | No transformation | ohi | No transformation |
| Amt Patient Cost Share | patcost | N | Patient Cost Share | No transformation | patcost | No transformation |
| Number of Births | births | N | Births | No transformation | Births | No transformation |
| Preventable Admissions | prvad | N | N/A | No transformation | prvadm | Set to 1 if prvadm is not null or blank and adm is 1, else set to 0. |
| Fields Derived from Applying IBNR factors |
| Admissions, Total | tadm | N | adm | No transformation | adm | Apply IBNR logic per Appendix |
| Dispositions, Total | tdisp | N | disp | No transformation | disp | Apply IBNR logic per Appendix |
| Bed Days, Total | tauthdays | N | authdays | No transformation | authdays | Apply IBNR logic per Appendix |
| RWPs, Total | trwp | N | rwp | No transformation | rwp | Apply IBNR logic per Appendix |
| Amount Allowed, Total | tallow | N | allow | No transformation | allow | Apply IBNR logic per Appendix |
| Amount Paid, Total | tpaid | N | paid | No transformation | paid | Apply IBNR logic per Appendix |
| Amount Billed, Total | tbill | N | bill | No transformation | bill | Apply IBNR logic per Appendix |
| Amt Patient Cost Share, Total | tpatcost | N | patcost | No transformation | patcost | Apply IBNR logic per Appendix |
| Amount Other Health Insurance, Total | tohi | N | ohi | No transformation | ohi | Apply IBNR logic per Appendix |
| Births, Total | tbirth | N | births | No transformation | births | Apply IBNR logic per Appendix |
| Preventable Admissions, Total | tprvad | N | prvad | No transformation | prvad | Apply IBNR logic per Appendix |

MDR TED Non- Institutional Summary File

MDR TED Non-Institutional Summary File

| **MDR TED Summary Field** | **SAS Name** | **Format** | **Source Name BEA** | **BEA derivation rule** | **Source Name TED** | **Business Rule** |
| --- | --- | --- | --- | --- | --- | --- |
| Alternate Care Value | ACV | $1 | Enrollment Status, MTF Authorized Care, Beneficiary Category | If beneficiary category is 4 and either (1st digit of enroll stat is in (U, W, Z) or (1st digit of enroll stat=’S’ and MTF auth care <>0000 or blank then ACV=A; else if enr stat=BB then ACV=D, else if enr stat in (U WF Z) then ACV=E; else ACV=O | ACV | No transformation |
| ACV Group | acvgroup | $1 | N/A | N/A | acvgroup | ADD TO MDR |
| Age Group Common | agecom | $1 | Patient Age, *agegrp* | Set to *agegrp* if patient age <65; else, assign as follows:H:65-69 I:70-74 J:75-79 K:80-84 L:85+ | patage | Set to *agegrp* if patient age <65; else, assign as follows:H:65-69 I:70-74 J:75-79 K:80-84 L:85+ |
| Age Group | agegrp | $1 | Patient Age | A: 0-4, B: 5-14, C: 15-17; D: 18-24, E: 25-34; F: 35-44; G=45-64; H=65+ | agegrp | No transformation |
| Ben Cat Common | comben | $1 | Beneficiary Category | No transformation | comben | No transformation |
| Beneficiary Region | resreg | $2 | Region | No transformation | resreg | No transformation |
| Calendar Month | cm | 2 | End Date of Care (EDOC) | Substring (EDOC, 5,2) \* 1. | cm | No transformation |
| Calendar Year | cy | 4 | End Date of Care (EDOC) | Substring(EDOC,1,4)\*1 | cy | No transformation |
| Diagnosis Group | dxgrp | $2 | Primary diagnosis | See appendix | dx1 | See appendix |
| Enrollment Site | denrsite | $4 | DEERS Enrollment Site | Merge to LENR and retrieve DEERS enrollment site that matches the year/month of care. Blank fill if no match found for the person. Match based on sponsor social & DDS. | denrsite | No transformation |
| Enrollment Status | enrstat | $2 | Enrollment Status | No transformation | enrstat | No transformation |
| Hybrid Enrollment Site | hybenr | $4 | MTF Authorized Care | No transformation | hybenr | No transformation |
| MERHCF Flag | tflflag | $1 | N/A | Set to “N” | tflflag | No transformation |
| Provider Specialty Code | provspec | $2 | Provider Specialty | No transformation | provspec | No transformation |
| PPS Product Line | ppsprod | $8 | Provider Specialty, Place of Service | See appendix | ppsprod |  |
| Place of Service | place | $2 | Place of Service | No transformation | place | No transformation |
| Underwritten Region | undflag | $1 | N/A | No transformation | undflag | No transformation |
| FM | fm | 2 | *cm* | If *cm* is in 10, 11 or 12 then fm is *cm*-9; else fm is *cm* +3. |  | No transformation |
| FY | fy | 4 | *cy* | If *cm* in 10, 11, 12 then fy is *cy* +1; else fy is *cy* |  | No transformation |
| Gender | patsex | $1 | Patient Gender | No transformation | patsex | No transformation |
| Inpatient Indicator | inpat\_ind | $1 | Service Type Code | If svc type code in I, M then set to I, else blank | typsvc1 | If svc type code in I, M then set to I, else blank |
| Sponsor Service | sponsvc | $1 | Service Branch | No transformation | sponsvc | No transformation |
| Sponsor Service Common | svccmn | $1 | Service Branch | Map from service branch per appendix. | N/A | Map from sponsor service per appendix |
| Major Diagnostic Category | mdc | $2 | N/A | Set to ‘00’ | mdc | No transformation |
| Market ID | market | $3 | N/A | N/A. Set to blank | ADD to MDR | No transformation |
| BPA Catchment Area ID | bpacatch | $4 | Zip Code, Service Branch and EDOC | Derive using logic described in MDR Omni-CAD specification. | ADD to MDR | No transformation. Only populated through FY 05 |
| Catchment Area ID | catch | $4 | Zip Code, Service Branch and EDOC | Derive using logic described in MDR Omni-CAD specification. | catch | No transformation |
| Beneficiary HSSC Region | restnex | $1 | N/A | Set to blank | restnex | No transformation |
| MTF Service Area | svcarea | $4 | N/A | N/A | ADD TO MDR | No transformation |
| PRISM Area ID | prism | $4 | Zip code, Service Branch and EDOC | Derive using logic described in MDR Omni-CAD specification. | prism | No transformation |
| Fields Derived from Aggregating Records by the Data Elements Above |
| Scripts | rx | N | Units of service, PIC | If PIC=D then set to units of service, else 0. | Svcs, pic | If PIC=D then set to units of service, else 0. |
| Visits | visits | N | Number of Visits | No transformation | visits | No transformation |
| Units of Service | svcs | N | Units of Service | No transformation | svcs | No transformation |
| Simple RVU | simprvu | N | N/A | No transformation | simprvu | No transformation |
| Historical RVU | histrvu | N | N/A | No transformation | Histrvu ADD to MDR | No transformation |
| Work RVU  | workrvu | N | N/A | No transformation | workrvu | No transformation |
| Practice Expense RVU | pervu | N | N/A | No transformation | pervu | No transformation |
| Total RVU | totrvu | N | N/A | No transformation | totrvu | No transformation |
| Encounters | enc | N | N/A | No transformation | enc | No transformation |
| Amount Allowed | allow | N | Amt Allowed | No transformation | allow | No transformation |
| Amount Paid | paid | N | Amt Allowed (Line & Claim), Amount Paid (Claim) | Set equal to amount allowed (line) / amount allowed (claim) \* amount paid (claim) | paid | No transformation |
| Amount Billed | bill | N | Amount Billed | No transformation | Bill | No transformation |
| Amount Other Health Insurance | ohi | N | OHI Paid, Line Item No. | For line item 1, set to OHI paid, else 0  | ohi | No transformation |
| Amt Patient Cost Share | patcost | N | Patient Cost Share, Amt Allowed (line and claim) | Sum of patient coinsurance and patient copayment\*( line item allowed / claim allowed | patcost | No transformation |
| Amt Deductible | deduc | N | Amt Allowed (Line & Claim), Amount Deductible (Claim) | Set equal to amount allowed (line) / amount allowed (claim) \* amount deductible (claim) | deduc | No transformation |
| Overall Patient Paid | patpay | N |  | Patient Cost Share + Patient Deductible |  | Patient Cost Share + Patient Deductible |
| Fields Derived from Applying IBNR Logic (appendix) |
| Scripts, Total | trx | N | rx | No transformstion | rx | Apply IBNR Logic |
| Visits, Total | tvisits | N | visits | No transformation | visits | Apply IBNR Logic |
| Units of Service, Total | tsvcs | N | svcs | No transformation | svcs | Apply IBNR Logic |
| Simple RVU, Total | tsimprvu | N | simprvu | No transformation | simprvu | Apply IBNR Logic |
| Historical RVU, Total | thistrvu | N | histrvu | No transformation | histrvu | Apply IBNR Logic |
| Work RVU, Total | tworkrvu | N | workrvu | No transformation | workrvu | Apply IBNR Logic |
| Practice Expense RVU, Total | tpervu | N | pervu | No transformation | pervu | Apply IBNR Logic |
| Total RVU, Total | ttotrvu | N | totrvu | No transformation | totrvu | Apply IBNR Logic |
| Encounters, Total | tenc | N | enc | No transformation | enc | Apply IBNR Logic |
| Amount Allowed, Total | tallow | N | allow | No transformation | allow | Apply IBNR Logic |
| Amount Paid, Total | tpaid | N | paid | No transformation | paid | Apply IBNR Logic |
| Amount Billed, Total | tbill | N | bill | No transformation | bill | Apply IBNR Logic |
| Amount Other Health Insurance, Total | tohi | N | ohi | No transformation | ohi | Apply IBNR Logic |
| Amount Cost Share, Total | tpatcost | N | patcost | No transformation | patcost | Apply IBNR Logic |
| Amt Deductible | tdeduc | N | deduc | No transformation | deduc | Apply IBNR Logic |
| Overall Patient Paid, Total | patpay | N |  |  |  | Apply IBNR Logic |

1. Quality Review Requirements
* The totals for all measures in the summary file should match those in the corresponding detail files, after applying the appropriate filters.
* The first and last 20 rows of the file should be reviewed to ensure proper formatting
* Prior to making the file visible to users, care should be taken to ensure years are properly added and removed.
* The estimated to completion numbers should be aggregated and compared with data in the M2 Institutional table. There should be no differences.
1. File Storage Requirements

The MDR Summary Files shall be archived according to normal operating procedures.

The directory names are:

 /mdr/pub/tedi/summary.sas7bdat

 /mdr/apub/tedi/summary/dyymmdd/tedisum.sas7bdat

1. Data Marts

The TED Institutional and Non-Institutional Data Files are used to prepare extracts for M2. These extracts are described in the M2 specifications. (Currently under construction).

1. Special Outputs

N/A

#### Appendix : Estimating M2 Institutional measures to Completion

Because it takes many years for all claims for a given period of service to be received, adjudicated and posted, most management questions require “completion” of the existing claims to form an estimate of the total claims that occurred for a period. (Those claims already processed can be called “raw”, while those expected to be received are usually termed “incurred but not reported” (IBNR), which summed together make “total”.)

This means that every quantitative element (e.g. admissions, authorized days, bed days, number of births, RWP, amounts allowed, paid, OHI, co-payment, co-insurance/deductible, overall patient paid) in a claim exists as measure (raw) but can also be used to estimate a total. Consequently, each of these variables, though fed only once, appears twice, once as “raw” and once as “total”.

The method used by the M2 to do this is to use a lookup to an IBNR factor table. An IBNR factor is a numeric value between 0 and 1, used to compute total measures by dividing the corresponding raw measure by the factor. There will be a set of 11 IBNR factors for the M2 Institutional table, each corresponding to a different care measurement (e.g.; admissions, bed days) or cost type (e.g.; paid, allowed, cost share). Table A-1 describes the layout of the Institutional IBNR Factor Table.

**Table A-1: TED-I IBNR Factor Table Layout**

| Name | M2 Name | Format |
| --- | --- | --- |
| IBNR Category | IBNR Category | Integer (1) |
| IBNR Lag | IBNR Lag | Integer (2) |
| IBNR Cost Factor | IBNR Cost Factor | Decimal (7,6) |
| IBNR Work Factor | IBNR Work Factor | Decimal (7,6) |

This method will join the institutional table to the IBNR factor table on the IBNR category and lag value columns.

Institutional IBNR Factors are described in Table A-2.

**Table A-2: Institutional IBNR Categories**

| Category Number | Category | Enrollment Status |
| --- | --- | --- |
| 1 | TFL Institutional | FE or FS |
| 2 | Non-TFL Institutional | Not FE or FS |

The IBNR factor table will contain 60 months of IBNR factors, where lag value is the age of a claim in number of months from end date of care to the current reported as of date plus one month (e.g.; TEDs reported from the source system on Aug 1st with end date of care in July 2002 the lag value is 1, with end date of care in June lag value is 2, etc…). Completion factors will only be applied when this lag value is greater than 1.

### **Appendix: Assignment of Diagnoses to Diagnosis Groups**

|  |  |  |
| --- | --- | --- |
| **First 3 digits** | **Category Number** | **Disease Category Name** |
| 001-139 | 1 | Infections & Parasites |
| 140-239 | 2 | Neoplasms |
| 240-279 | 3 | Endocrine & Metabolism |
| 280-289 | 4 | Blood |
| 290-319 | 5 | Mental |
| 320-389 | 6 | Nerves and Senses |
| 390-459 | 7 | Circulatory System |
| 460-519 | 8 | Respiratory Sytem |
| 520-579 | 9 | Digestive System |
| 580-629 | 10 | Genitourinary |
| 630-677 | 11 | Pregnancy and Childbirth |
| 678-709 | 12 | Skin |
| 710-739 | 13 | Musculoskeletal |
| 740-759 | 14 | Congenital Anomalies |
| 760-779 | 15 | Perinatal  |
| 780-799 | 16 | Ill-Defined |
| 800-999 | 17 | Injury & Poisoning |
| V\*\* | 18 | Supplementary Classifications |

### **Appendix: Sponsor Service (Common) Mapping**

(Any record in a source file with the value shown below for that source is mapped to the Common Sponsor Service variable shown on the same line.)

|  **Meaning** | **Common** | **SADR** | **SIDR** | **PopSum** | **EBC& Long Enr** | **HCSR** | **NMOP** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Army | **A** | A | 1 | A | A | A | A |
| NOAA | Z | B | 6 | Z | X |  | X |
| Coast Guard | C | C | 5 | C | P | P | P |
| Air Force | F | F | 4 | F | F | F | F |
| Joint | Z | J | 6 | Z | D |  | X |
| Govt Employee | Z | K | 6 | Z | X |  | X |
| Marine Corps | M | M | 3 | M | M | M | M |
| Navy | N | N | 2 | N | N | N | N |
| Navy Afloat | N | N | 2 | V | N | N | N |
| CHAMPVA | Z | O | 6 | Z | X | C | X |
| Public Health | Z | P | 6 | Z | E | E | E |
| NATO | Z | R | 6 | Z | 1 |  | X |
| NOAA | Z |  |  |  | I | I | I |
| Non-catchment | **Z** | S | 6 | Z | X |  | X |
| USTF | Z | T | 6 | Z | X |  | X |
| VA | Z | V | 6 | Z | X |  | X |
| Lighthouse etc | Z | W | 6 | Z | X |  | X |
| Civilian, unknown | Z | X | 6 | Z | Z |  | Z |
| Foreign Military | Z |  |  |  | 1 |  | X |

#### Appendix: PPS Product Line Definition

PPS product lines are appended to the M2 non-institutional records. The mapping to use for the PPS product line field is contained in the table below.

| PPS Product Line | Place of Service | Provider Specialty Code |
| --- | --- | --- |
| ER | 23 | Any |
| MH | Not 23 | 62, 85, 26, 94, 93, 91, 95 |
| Facility | Not 23 | 99 |
| PC | Not 23 | 01 , 11 , 37 , 08 , 90 , 84 , 70 |
| IM Sub | Not 23 | 10, 06, 13, 34, 29, 03, 47, 39, 40, 38, ON |
| Optom | Not 23 | 98, 18 |
| Ortho | Not 23 | 20, 65, 48, 25 |
| Rad | Not 23 | 30 |
| ENT | Not 23 | 04 |
| OB | Not 23 | 16, 92 |
| Surg | Not 23 | 02 |
| Derm | Not 23 | 07 |
| Surg Sub | Not 23 | 24, 14, 33, 28, 50 |
| Anesth | Not 23 | 05, 80 |
| None | Not 23 | 69, 49, 42, 43, 51, 59, 88, 82, 97, 60, 81, 35, 83, BC |
| Home | Not 23 | HA, HH |
| Path | Not 23 | 22 |
| Other | All else | All else |

1. Note that both HCSR and TED records are contained in these summary files. The files are called “TED” Summaries for convenience. [↑](#footnote-ref-1)
2. There may be a very limited number of HCSR updates, but these are expected to cease soon. [↑](#footnote-ref-2)