**02 November 2021**

MHS GENESIS Encounter File

for the

MHS Data Repository (MDR)

(Version 1.03.00)

Current Specification

Revision History

| Version | Date | Originator | Para/Tbl/Fig | Description of Change |
| --- | --- | --- | --- | --- |
| 1.00.00 | 02/21/18 | Douglas Juckett | * Initial Document | * Initial Document |
| 1.01.00 | 10/21/18 | Mitzi Miller | * Section IV * Table 1 * Table 2 * Appendix A * Appendix B | * Added Between Visit to include list * Added TMCI file names * Add merge from Encounter to Encounter History * Update Limits, etc for Encounter to Diagnosis * Changed field names:   + CLINZIP\_R   + CPTUNITS   + MRNPERSON   + PROC * Changed formats:   + DISPCODE\_LEGACY   + ELG\_GRP   + ENR\_GRP   + GENESIS\_FLAG   + PROV\_NPITYPE1-PROV\_NPITYPE6   + PROV\_NPITYPE\_ADM   + PROV\_NPITYPE\_ATT   + PROV\_NPITYPE\_ORD   + PROV\_NPITYPE\_REF   + PROV\_NPITYPE\_VER * Changed source variable:   + CM   + CY   + FM   + FY   + MRNPERSON * Added variables:   + APPTIDNO   + CPTUOS   + DXGRP   + EDIPN (Person File)   + ENC\_SFX   + EXPAGE   + EXTRDATE\_O   + FAC\_FLAG   + FIRST\_NAME   + FIRSTNAME   + FPRVU   + IPINDREC   + LAST\_NAME   + LASTNAME   + LINENO   + MDC   + MTF\_CMND   + MTF\_MSMA   + MTF\_PARENT (Derived)   + NPRVU   + PATNAME   + PROV\_CATD\_PRIM   + PROV\_EDIPN\_PRIM   + PROV\_HIPAA\_PRIM   + PROV\_MEPRSD\_PRIM   + PROV\_MTFD\_PRIM   + PROV\_NPI\_PRIM   + PROV\_NPITYPE\_PRIM   + PROV\_ORGD\_PRIM   + PROV\_PRIM\_SOURCE   + PROV\_ROLE\_PRIM   + PROV\_SVC\_ASSGD\_PRIM   + PROV\_SVCD\_PRIM   + PROV\_UICD\_PRIM   + PROVID\_PRIM   + RSPONSVC   + RRVU   + SKILLH1-SKILLH6   + SKILLH\_ADM   + SKILLH\_ATT   + SKILLH\_ORD   + SKILLH\_PRIM   + SKILLH\_REF   + SKILLH\_VER   + SPONSIDTYPE   + SSN (Person)   + SSVCLVM   + TPRELIG   + TRVU   + TYAFLAG   + VISIT\_DT\_TM * Deleted variables:   + DIAG\_SOURCE   + DOB\_R   + DXJ, J=1-20   + ENCDATE   + LINUM * Rename variable names:   + CAPERSTAT to GEN\_STATUS   + CCE\_COMPLETED\_DATE to CCE\_COMPLETED\_DT\_TM   + CCESTAT to CCESTATUS   + MTF\_PARENT\_REC to MTF\_PARENT\_D (DMISID Index File)   + MTF\_PARENT\_REC to MTF\_PARENT\_G (Location File)   + MTF\_PARENT to MTF\_PARENT\_REC (Location File)   + SPONSVC to SAGGLVM (LVM) * Changed definition/notes:   + AMBSURG   + ENC\_INFR\_FLAG * Moved text from original Appendix B * Renamed Product Line Table to TABLE A1.a * Added TABLE A1.b Diagnosis Group * Added Appendix B |
| 1.01.01 | 05/20/19 | Mitzi Miller | * Table 2 | * Add ENCOUNTER\_LOC\_COMPOSITE, ENCOUNTER\_LOC\_COMPSPEC & ENCOUNTER\_LOC\_COMPCARE * Remove decimals from all DX codes |
| 1.01.02 | 06/20/19 | Mitzi Miller | * Table 1 * Table 2 | * Add filter to exclude encounters with dates after the BDE extract date * Rename CURRENT\_LOC = ENCOUNTER\_LOC\_CODE & CURRENT\_LOCATION = ENCOUNTER\_LOC\_GENERAL * Correct lengths of ENCOUNTER\_LOC\_COMPOSITE to 45 & ENCOUNTER\_LOC\_COMPSPEC and ENCOUNTER\_LOC\_COMPCARE to 10 * Add hybrid DX codes, DX1-DX20 * Add CHARGED\_ENCOUNTER\_FLAG |
| 1.02.00 | 11/24/20 | Mitzi Miller | * Table 2 | * Update definition for DISPCODE\_LEGACY * Remove duplicated AMBSURG entry * Remove DX\_TYPE\_CD*J* * Add Countable Visit variables – traditional MEPRS and specific for GENESIS * Add additional dates to file including: * DISCHARGE\_DT\_TM * INPATIENT\_ADMIT\_DT\_TM * Treat Inpatient & Outpatient Day Surgery the same as Recurring with multiple suffixes if occur over multiple days * Add variables:   + SERVICE\_LINE |
| 1.02.01 | 11/02/21 | Mitzi Miller | * IV Receiving Filters * Table 1 | * Add Filter * Add requirements for running by FY |

**MDR GENESIS** **ENCOUNTER FILE - BASIC**

1. SOURCE

The source system is the Cerner Millennium. All records are based on records sent from the WH\_CLN\_ENCOUNTER file. In order to increase the utility of this file, variables from files in the following Cerner subject areas have been added: Encounters, Appointment, Proc\_Diag, Person, Personnel, Location, and various reference files. For the same reason, variables from the DMHRSi-HR, Master Person Index (MPI), DEERS longitudinal enrollment, DMIS ID Index and Omni-CAD files have been added.

1. TRANSMISSION (Format and Frequency)

Weekly.

1. ORGANIZATION AND BATCHING

Source data: The first step in MDR processing is to batch records received from MHS GENESIS. Raw data batches are stored in mdr/raw/genesis according to routine MDR operating procedures.

Output products: SAS dataset containing all encounter records where the ENC\_DT\_TM is in a fiscal year. The Encounter files are stored at /mdr/pub/genesis/encounter/fyxx.sas7bdat.

1. RECEIVING FILTERS

Records are included/excluded within the Encounters table as follows:

* Health\_System\_ID = 18635 are included
* PATIENT\_TYPE\_REF are included if they are in the following:
  + 19962820 - Outpatient in a Bed
  + 309309 - Outpatient
  + 309311 - Outpatient Day Surgery
  + 22282402 - Clinic
  + 309310 - Emergency
  + 309308 - Inpatient
  + 107193019- Mass Vaccine
  + 111181691- Absent Sick
  + 3012539 - Outpatient Message
  + 309312 - Observation
  + 309313 - Preadmit
  + 309314 - Recurring
  + 4189852 - Prereg
  + 40161279 Prerecurring
  + 225058293 - Between Visit
* ENCOUNTER\_KEY > 0 are included

1. UPDATE PROCESS

All records were provided with the initial batch of data. Thereafter, new and updated records are sent each week. New records are added to the existing dataset. Updated records replace the original record in the existing dataset based on the ENCOUNTER\_NK and ENC\_SFX fields, which are the primary keys for the Encounter Table. If there are multiple records with the same ENCOUNTER\_NK and ENC\_SFX, the updated record with the most recent UPDT\_DT\_TM is kept. Similar processes are applied to the other raw data sets.

Once the raw data has been updated, the processor combines them as described here and assigns many other internally-derived variables as described in Table 2.

1. Field Transformations and Deletions for MDR Core Database

This section of this functional specification describes the data merges that are necessary to append fields in the MDR GENESIS Encounter file. Table 1 describes the reference files that are used in processing. Table 2 lists in detail all the fields added from these merges as well as any additional transformation rules.

Prior to the 1st merge shown in Table 1, encounter records matching the FY being processed are pulled out of the Encounter file (enco\_cencounter).

**TABLE 1: Data Merges/Limitations for MDR GENESIS Encounter File**

| **Merge** | **Matching** | **Matching Methodology, Limitations and**  **Test Record Removal** |
| --- | --- | --- |
| ENCOUNTER (enco\_cencounter)  Removing test records and adding fields related to the location of the encounter such as treatment DMIS ID, MEPRS code, etc. | ENCOUNTER  Current\_Loc  LOCATION  Location\_SK | Keep records where   * criteria in IV. Receiving Filters are met * identify records for the FY year being processed. Keep all records where:   + encounter\_type is Recurring or PreRecurring   + enc\_dt\_tm in FY for encounter\_type in Clinic, Outpatient Message, Between Visit, Mass Vaccine, Absent Sick, Prereg & Preadmit   + discharge\_dt\_tm\_local in FY for all other encounter types |
| ENCOUNTER (enco\_cencounter) to LOCATION (mdr/pub/ genesis/location)  Removing test records and adding fields related to the location of the encounter such as treatment DMIS ID, MEPRS code, etc. | ENCOUNTER  Current\_Loc  LOCATION  Location\_SK | Keep records where   * test\_location\_ind=0 and * datepart(enc\_dt\_tm) >= gen\_begin\_dt * datepart(enc\_dt\_tm) <= BDE Extract Date |
| ENCOUNTER (enco\_cencounter) to PERSON (mdr/pub/ genesis/person)  Removing test patient IDs and adding fields related to the patient such as EDIPN, gender, date of birth, etc. | Person\_SK | Keep records where   * test\_record\_ind = 0. |
| PERSON (mdr/pub/ genesis/person) to RAW\_USER\_DEF\_HIST (enco\_rudhist)  Adding Patient Category associated with the GENESIS Person file..  ENCOUNTER (enco\_cencounter) to RAW\_USER\_DEF\_HIST (enco\_rudhist)  Adding Patient Category associated with the GENESIS Encounter file. | PERSON  Person\_SK  USER\_DEF Parent\_Entity\_SK  ENCOUNTER  Encounter\_SK USER\_DEF  Parent\_Entity\_SK | PERSON\_SK = Parent\_Entity\_SK when  Parent\_Entity\_Name = PERSON &  User\_Defined\_Type\_Ref = 114540103  Encounter\_SK = Parent\_Entity\_SK when  Parent\_Entity\_Name = ENCOUNTER &  User\_Defined\_Type\_Ref = 109901051 or 109901057 |
| ENCOUNTER (enco\_cencounter) to ENC\_HISTORY (enco\_cehistory)  Adding Original Extract Date for each Encounter | Encounter\_NK | Keep records where   * Extract\_DT\_TM is the earliest value for each Encounter\_NK. |
| ENCOUNTER (enco\_cencounter) to ENC\_PRSNL\_RELTN (enco\_cenpreltn)  Identifying providers associated with the encounter and adding provider ID and role for selected ones. Plus identifying and adding the ID and role of up to 4 coders. | Encounter\_Key | Delete records where formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, contains any of the following words: HIM, Database, View Only, Clerk, Auditor, Inbox, Planner, Other, Student, Practice Management User, or Administrator. Put all records on one line per Encounter\_Key.  Keep only the 1st instance of records where Personnel\_Type = Attending Physician, Admitting Physician and/or Referring Physician and up to the next 5 Encounter\_Prsnl values where records with the Personnel\_Type containing the word Physician are given priority.  Keep up to the 1st 4 unique Encounter\_Prsnl values for each Encounter\_Key where Personnel\_Type contains ‘Coder’ or ‘Coding.’ |
| ENCOUNTER (enco\_cencounter) to PERSONNEL (mdr/pub/ genesis/personnel)  Removing test personnel from the encounter and adding fields such as provider EDIPN, NPI and specialty for al l providers included on the Encounter record. | ENCOUNTER PROVID2-PROVID6 PROVID\_ATT PROVID\_ADM PROVID\_REF  CODERID1-CODERID6  CHARGES PROVID\_VER PROVID\_ORD  APPOINTMENT  PROVID1  PERSONNEL Prsnl\_SK | Keep records where   * Test\_Record\_Ind = 0 and * Prsnl\_Key > 0. |
| ENCOUNTER (enco\_cencounter) to APPOINTMENT (mdr/pub/genesis/ appointment)  Adding appointment-related fields such as Appointment Type, Appointment Status, Appointment Provider, etc. | Encounter\_Key | Remove records where Encounter\_Key is   * <0 (invalid Encounter\_Key) or * =0 (appointments that did not generate an encounter).   Exclude records where there are more than one Appointment record with the same Encounter\_Key. Add back those records that match based on the hierarchy below. If have more than one record per Encounter\_Key as a result of the hierarchy then keep the one with the highest match type value.  Match Hierarchy (Appointment to Encounter):   1. Non-duplicated Encounter Key 2. Duplicated Encounter Key, Person, Date (not time), Location, Provider 3. Duplicated Encounter Key, Person, Date (not time), Location 4. Duplicated Encounter Key, Person, Date (not time) |
| ENCOUNTER (enco\_cencounter) to DIAGNOSIS (prdi\_cdiagnosis)  Adding a select number of diagnosis fields associated with the encounter plus an indicator of whether the diagnoses for that encounter have been through CCE. | Encounter\_NK | Keep records where   * [contributor\_system\_ref = 110586353 (Inbound Coding from CCE) or * (contributor\_system\_ref = '469 (PowerChart) and datepart(enc\_dt\_tm) > gen\_begin\_dt] or * ENCOUNTER\_KEY > 0 or * PRIORITY\_SEQ < 99.   If have records from both CCE and PowerChart, keep only the CCE record.  Remove records where Encounter\_NK is invalid, including 018635, 0~18635 and 0~0. |
| ENCOUNTER (enco\_cencounter) to FIN\_CHARGES  Adding fields related to the GENESIS Fin\_Charges file such as charge type & description and the link to the Charge\_Mod file described below. | Encounter\_NK | The following records are excluded after the merge:   * Charge\_Type\_Ref = '3491' (No Charge) are removed. * Charge\_Type\_Ref = '3488' (Credit) and all matching '3490' (Debit) records (based on Parent\_Fin\_Charges\_SK) are removed. |
| FIN\_CHARGES (enco\_cencounter) to CHARGE\_MOD  Adding the procedure codes associated with the encounter plus other fields associated with the procedure such as modifiers, diagnoses & revenue codes. | Fin\_Charges\_SK | Code\_value\_ref=field1\_sk and code\_set =14002 and desc\_meaning=(see below) and active\_ind =1 and src\_active\_ind =1 and end\_effectived\_dt\_tm > current time. Desc\_Meaning can be CPT4, HCPCS, ICD9 (which is actually ICD10 DX code), MODIFIER or REVENUE. |
| ENCOUNTER (enco\_cencounter) to PROCEDURE (prdi\_cprocedure)  Adding procedure codes associated with the encounter, including ICD10PROC codes, which have gone through CCE. | Encounter\_NK | The following records are excluded after the merge:   * priority\_seq>= 99 (ICD10 Procedures), * blank (‘ ‘ or ‘0’) or Lab/Rad (the 1st digit of the CPT code is ‘7’ or ‘8’) procedure codes and Encounter Types of ‘Inpatient’ or ‘Observation’ or * only Lab/Rad (the 1st digit of the CPT code is ‘7’ or ‘8’) CPT codes for all procedures associated with one encounter\_nk, and * Priority Seq = 0 (Historical) * Proc = '0' (in Fin\_Charges but not matched to a Charge\_Mod CPT4 or HCPCS record or a procedure from the Procedures file) and EITHER Charge\_Desc = 'BILL ITEM NOT FOUND' OR Activity\_Type = ‘Pharmacy.’ |
| ENCOUNTER (enco\_cencounter) to DMHRSi  Adding provider-related fields such as assigned MTF, assigned MEPRS, etc. | PROV\_EDIPN# PROV\_NPI# | See Appendix B. There are separate merges for every provider ID variable, excluding the 4 Coder IDs. |
| ENCOUNTER (enco\_cencounter) to Master Person Index (MPI)  Adding patient-related fields from DEERS such as EDIPN, PARC, SPONSSN, etc. | Patient EDIPN and/or SSN, GENDER\_R, DOB\_R, Last\_Name, First\_Name | See Appendix B. |
| ENCOUNTER (enco\_cencounter) to DEERS (LVM)  Adding patient-related fields from DEERS such as ACV, gender, race, date of birth, etc. | Patient EDIPN Sponsor SSN | See Appendix B. |
| ENCOUNTER (enco\_cencounter) to DMIS ID Index Table  Adding DMIS ID-related fields such as branch of service, T17 region, etc. | FY from ENC\_DT\_TM MTF ENR\_MTF | See Appendix B. |
| ENCOUNTER (enco\_cencounter) to Omni-CAD  Adding patient-related fields such as catchment, PRISM, beneficiary T3 region,, etc. | PATZIP SPONSVC | See Appendix B. |

Upon matching to the MDR GENESIS Person file, MDR GENESIS Personnel file, and MDR GENESIS Location file, records that meet the following criteria that define them as test records are deleted:

* Records where the test\_person\_ind=1 in the MDR GENESIS Person File.
* Records where any of the test\_personnel\_ind fields = 1 in the MDR GENESIS Personnel File.
* `Records where the test\_location\_ind=1 in the MDR GENESIS Location File.
* Records where the begin date is before the go live date for the location for the MTF.

1. File Layout

The MDR GENESIS Encounter file is stored in a SAS data set. Table 2 provides the file layout and processing rules.

**TABLE 2: Fields in the MDR GENESIS Encounter**

| **Field** | **Format** | **SAS Name** | **Source Element** | **Transformation** |
| --- | --- | --- | --- | --- |
| **ENCOUNTER** |  |  |  |  |
| Admission Source | CHAR(41) | ADMIT\_SOURCE | ADMIT\_SOURCE\_REF | Apply format $admit\_source (code set = 2) |
| Admission Type | CHAR(32) | ADMIT\_TYPE | ADMIT\_TYPE\_REF | Apply format $admit\_type (code set = 3) |
| Bill Item Primary Key | CHAR(100) | BILL\_ITEM\_SK | BILL\_ITEM\_SK | No transformation. |
| CCE Encounter Status Flag | N(8) | CCESTAT | CODING\_COMPLETED\_TM\_VLD\_FLAG | No transformation. |
| Discharge Disposition Code | CHAR(60) | DISPCODE | DISCHARGE\_DISPOSITION\_REF | Apply format $discharge\_disposition (code set = 19) |
| Encounter Class | CHAR(33) | ENCOUNTER\_CLASS | ENCOUNTER\_TYPE\_CLASS\_REF | Apply format $encounter\_type\_class. (code set = 69) |
| Encounter Key (Primary) | CHAR(100) | ENCOUNTER\_NK | ENCOUNTER\_NK | No transformation. |
| Encounter Key (Secondary) | CHAR(100) | ENCOUNTER\_SK | ENCOUNTER\_SK | No transformation. |
| Encounter Location (Numeric Code) | CHAR(40) | ENCOUNTER\_LOC\_CODE | CURRENT\_LOC | No transformation. |
| Encounter PI-EDW Key | N(8) | ENCOUNTER\_KEY | ENCOUNTER\_KEY | No transformation. |
| Encounter Status | CHAR(25) | ENCOUNTER\_STATUS | ENCOUNTER\_STATUS\_REF | Apply format $encounter\_status. (code set = 261) |
| Encounter Type | CHAR(26) | ENCOUNTER\_TYPE | PATIENT\_TYPE\_REF | Apply format $patient\_type. (code set = 71) |
| Financial Classification (Payment Source) | CHAR(37) | FINANCIAL\_CLASS | FINANCIAL\_CLASS\_REF | Apply format $financial\_class. (code set = 354) |
| Financial Information Number (FIN) | CHAR(40) | FIN | FORMATTED\_FINANCIAL\_NBR | No transformation. |
| GENESIS Extract Date | Date/Time | EXTRDATE\_UTC | EXTRACT\_DT\_TM | Apply format e8601dt. |
| GENESIS Status | N(8) | GEN\_STATUS | TOTAL\_UPDATES | No transformation. |
| Health System ID | N(8) | HEALTH\_SYSTEM\_ID | HEALTH\_SYSTEM\_ID | No transformation. |
| Medical Service (Encounters) | CHAR(40) | MEDICAL\_SVC | MEDICAL\_SERVICE\_REF | Apply format $medical\_service. (code set = 34) |
| MRN (Encounter) | CHAR(40) | MRNENC | FORMATTED\_MRN | No transformation. |
| Person File Primary Key | CHAR(100) | PERSON\_SK | PERSON\_SK | No transformation. |
| **LOCATION** |  |  |  |  |
| Clinic State of Record | CHAR(50) | CLINSTAT\_R | STATE | No transformation. |
| Clinic Zip Code of Record | CHAR(25) | CLINZIP\_R | POSTAL\_CODE | No transformation. |
| Current Location (Location) | CHAR(40) | UNIT\_NAME | UNIT\_NAME | No transformation. |
| GENESIS Data Begin Date | N(8) | GEN\_BEGIN\_DT | GEN\_BEGIN\_DT | Format date as MMDDYY10. |
| MEPRS Reporting Status of MTF | N(8) | NOMEPRS\_FLAG | NOMEPRS\_FLAG | No transformation. |
| Military Treatment Facility (MTF) | CHAR(4) | MTF | MTF | No transformation. |
| Encounter Location (Composite Description) | CHAR(45) | ENCOUNTER\_LOC\_COMPOSITE | UNIT\_DISPLAY | No transformation. |
| Test Location Flag | N(8) | TEST\_LOCATION\_FLAG | TEST\_LOCATION\_FLAG | No transformation. |
| Treatment MEPRS Code | CHAR(4) | MEPRS\_CD | MEPRS\_CD | No transformation. |
| Treatment Parent MTF (DMIS ID Index File)  (NOT RETAINED) | CHAR(4) | MTF\_PARENT\_G | MTF\_PARENT | No transformation. |
| Treatment Parent MTF (MHS GENESIS) | CHAR(4) | MTF\_PARENT\_REC | MTF\_PARENT\_REC | No transformation. |
| **PERSON** |  |  |  |  |
| MRN (Person)  (NOT RETAINED) | CHAR(40) | MRNPERSON | MRN | No transformation. |
| Patient Date & Time of Birth of Record  (NOT RETAINED) | Date/Time | DOB\_R | DOB\_R | No transformation. |
| Patient First Name of Record  (NOT RETAINED) | CHAR(20) | FIRST\_NAME | FIRST\_NAME | No transformation. |
| Patient Gender of Record  (NOT RETAINED) | CHAR(10) | GENDER\_R | GENDER\_R | No transformation. |
| Patient Last Name of Record  (NOT RETAINED) | CHAR(26) | LAST\_NAME | LAST\_NAME | No transformation. |
| Patient Social Security Number of Record  (NOT RETAINED) | CHAR(9) | SSN | SSN | No transformation. |
| Test Person Flag | N(8) | TEST\_PERSON\_FLAG | TEST\_RECORD\_IND | No transformation. |
| Unique Person Identifier of Record (EDIPN)  (NOT RETAINED) | CHAR(10) | EDIPN | EDIPN | No transformation. |
| **RAW\_USER\_DEF\_HIST** |  |  |  |  |
| BENCAT of Record (MHS GENESIS) | CHAR(40) | BENCAT\_E | BENCAT\_E | Apply format $bencat (code set = 100070) |
| Patient Category (MHS GENESIS ENCOUNTER) | CHAR(40) | PATCAT\_E | PATCAT\_E | Apply format $patcat (code set = 100075) |
| Patient Category (MHS GENESIS PERSON) | CHAR(40) | PATCAT\_P | PATCAT\_P | Apply format $patcat (code set = 100075) |
| **ENC\_HIST** |  |  |  |  |
| MDR Original Encounter Extract Date | CHAR(8) | EXTRDATE\_O | EXTRACT\_DT\_TM | put(datepart(extract\_dt\_tm),yymmddn8.) |
| **ENC\_PRSNL\_RELTN** |  |  |  |  |
| Coding Personnel 1 ID | CHAR(100) | CODER\_ID1 | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, contains 'Coder' or 'Coding' then CODERID1 = ENCOUNTER\_PRSNL |
| Coding Personnel 1 Role | CHAR(40) | CODER\_ROLE1 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where coderid1=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Coding Personnel 2 ID | CHAR(100) | CODER\_ID2 | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, contains 'Coder' or 'Coding' then CODERID2 = ENCOUNTER\_PRSNL |
| Coding Personnel 2 Role | CHAR(40) | CODER\_ROLE2 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where coderid2=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Coding Personnel 3 ID | CHAR(100) | CODER\_ID3 | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, contains 'Coder' or 'Coding' then CODERID3 = ENCOUNTER\_PRSNL |
| Coding Personnel 3 Role | CHAR(40) | CODER\_ROLE3 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where coderid3=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Coding Personnel 4 ID | CHAR(100) | CODER\_ID4 | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, contains 'Coder' or 'Coding' then CODERID4 = ENCOUNTER\_PRSNL |
| Coding Personnel 4 Role | CHAR(40) | CODER\_ROLE4 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where coderid4=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider ID For Admitting Physician (MHS GENESIS) | CHAR(100) | PROVID\_ADM | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, is 'Admitting Physician' then PROVID\_ADM = ENCOUNTER\_PRSNL |
| Provider ID For Attending Physician (MHS GENESIS) | CHAR(100) | PROVID\_ATT | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, is 'Attending Physician' then PROVID\_ATT = ENCOUNTER\_PRSNL |
| Provider ID For Provider 2 (MHS GENESIS) | CHAR(100) | PROVID2 | ENCOUNTER\_PRSNL | Sort by encounter\_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 1st Prov\_# that does not equal the Attending, Admitting or Referring Provider ID. |
| Provider ID For Provider 3 (MHS GENESIS) | CHAR(100) | PROVID3 | ENCOUNTER\_PRSNL | Sort by encounter\_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 2nd Prov\_# that does not equal the Attending, Admitting or Referring Provider ID. |
| Provider ID For Provider 4 (MHS GENESIS) | CHAR(100) | PROVID4 | ENCOUNTER\_PRSNL | Sort by encounter\_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 3rd Prov\_# that does not equal the Attending, Admitting or Referring Provider ID. |
| Provider ID For Provider 5 (MHS GENESIS) | CHAR(100) | PROVID5 | ENCOUNTER\_PRSNL | Sort by encounter\_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 4th Prov\_# that does not equal the Attending, Admitting or Referring Provider ID. |
| Provider ID For Provider 6 (MHS GENESIS) | CHAR(100) | PROVID6 | ENCOUNTER\_PRSNL | Sort by encounter\_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 5th Prov\_# that does not equal the Attending, Admitting or Referring Provider ID. |
| Provider ID For Referring Physician (MHS GENESIS) | CHAR(100) | PROVID\_REF | ENCOUNTER\_PRSNL | If formatted Personnel\_Type\_Ref (format = $personnel\_type.), called Personnel\_Type, is 'Referring Physician' then PROVID\_REF = ENCOUNTER\_PRSNL |
| Provider Role For Additional Provider 1 (MHS GENESIS) | CHAR(40) | PROV\_ROLE2 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid2=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Additional Provider 2 (MHS GENESIS) | CHAR(40) | PROV\_ROLE3 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid3=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Additional Provider 3 (MHS GENESIS) | CHAR(40) | PROV\_ROLE4 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid4=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Additional Provider 4 (MHS GENESIS) | CHAR(40) | PROV\_ROLE5 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid5=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Additional Provider 5 (MHS GENESIS) | CHAR(40) | PROV\_ROLE6 | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid6=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Admitting Physician (MHS GENESIS) | CHAR(40) | PROV\_ROLE\_ADM | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid\_adm=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Appointment Provider (MHS GENESIS) | CHAR(40) | PROV\_ROLE1 | PERSONNEL\_TYPE\_REF | If nonblank then value is 'Appointment Provider' |
| Provider Role For Attending Physician (MHS GENESIS) | CHAR(40) | PROV\_ROLE\_ATT | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid\_att=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Ordering Physician (MHS GENESIS) | CHAR(40) | PROV\_ROLE\_ORD | PERSONNEL\_TYPE\_REF | If nonblank then value is 'Ordering Physician' |
| Provider Role For Referring Physician (MHS GENESIS) | CHAR(40) | PROV\_ROLE\_REF | PERSONNEL\_TYPE\_REF | Personnel\_type\_ref where provid\_ref=encounter\_prnsl. Apply format $personnel\_type. (code set = 333) |
| Provider Role For Verified Physician (MHS GENESIS) | CHAR(40) | PROV\_ROLE\_VER | PERSONNEL\_TYPE\_REF | If nonblank then value is 'Verified Physician' |
| **PERSONNEL** |  |  |  |  |
| Primary HIPAA Taxonomy For Additional Provider 1 | CHAR(10) | PROV\_HIPAA2 | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Additional Provider 2 | CHAR(10) | PROV\_HIPAA3 | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Additional Provider 3 | CHAR(10) | PROV\_HIPAA4 | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Additional Provider 4 | CHAR(10) | PROV\_HIPAA5 | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Additional Provider 5 | CHAR(10) | PROV\_HIPAA6 | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Admitting Physician | CHAR(10) | PROV\_HIPAA\_ADM | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Attending Physician | CHAR(10) | PROV\_HIPAA\_ATT | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Ordering Physician | CHAR(10) | PROV\_HIPAA\_ORD | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Referring Physician | CHAR(10) | PROV\_HIPAA\_REF | HIPAA1 | No transformation. |
| Primary HIPAA Taxonomy For Verified Physician | CHAR(10) | PROV\_HIPAA\_VER | HIPAA1 | No transformation. |
| Provider EDIPN For Additional Provider 1 | CHAR(10) | PROV\_EDIPN2 | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Additional Provider 2 | CHAR(10) | PROV\_EDIPN3 | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Additional Provider 3 | CHAR(10) | PROV\_EDIPN4 | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Additional Provider 4 | CHAR(10) | PROV\_EDIPN5 | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Additional Provider 5 | CHAR(10) | PROV\_EDIPN6 | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Admitting Physician | CHAR(10) | PROV\_EDIPN\_ADM | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Attending Physician | CHAR(10) | PROV\_EDIPN\_ATT | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Ordering Physician | CHAR(10) | PROV\_EDIPN\_ORD | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Referring Physician | CHAR(10) | PROV\_EDIPN\_REF | PRSNL\_EDIPN | No transformation. |
| Provider EDIPN For Verified Physician | CHAR(10) | PROV\_EDIPN\_VER | PRSNL\_EDIPN | No transformation. |
| Provider Name For Additional Provider 1 | CHAR(200) | PROV\_NAME2 | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Additional Provider 2 | CHAR(200) | PROV\_NAME3 | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Additional Provider 3 | CHAR(200) | PROV\_NAME4 | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Additional Provider 4 | CHAR(200) | PROV\_NAME5 | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Additional Provider 5 | CHAR(200) | PROV\_NAME6 | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Admitting Physician | CHAR(200) | PROV\_NAME\_ADM | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Attending Physician | CHAR(200) | PROV\_NAME\_ATT | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Ordering Physician | CHAR(200) | PROV\_NAME\_ORD | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Referring Physician | CHAR(200) | PROV\_NAME\_REF | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NAME For Verified Physician | CHAR(200) | PROV\_NAME\_VER | PERSONNEL\_FULL\_NAME | No transformation. |
| Provider NPI For Additional Provider 1 | CHAR(10) | PROV\_NPI2 | NPI | No transformation. |
| Provider NPI For Additional Provider 2 | CHAR(10) | PROV\_NPI3 | NPI | No transformation. |
| Provider NPI For Additional Provider 3 | CHAR(10) | PROV\_NPI4 | NPI | No transformation. |
| Provider NPI For Additional Provider 4 | CHAR(10) | PROV\_NPI5 | NPI | No transformation. |
| Provider NPI For Additional Provider 5 | CHAR(10) | PROV\_NPI6 | NPI | No transformation. |
| Provider NPI For Admitting Physician | CHAR(10) | PROV\_NPI\_ADM | NPI | No transformation. |
| Provider NPI For Attending Physician | CHAR(10) | PROV\_NPI\_ATT | NPI | No transformation. |
| Provider NPI For Ordering Physician | CHAR(10) | PROV\_NPI\_ORD | NPI | No transformation. |
| Provider NPI For Referring Physician | CHAR(10) | PROV\_NPI\_REF | NPI | No transformation. |
| Provider NPI For Verified Physician | CHAR(10) | PROV\_NPI\_VER | NPI | No transformation. |
| Test Personnel Flag - Additional Provider 1 | CHAR(1) | TEST\_RECORD\_P2 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Additional Provider 2 | CHAR(1) | TEST\_RECORD\_P3 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Additional Provider 3 | CHAR(1) | TEST\_RECORD\_P4 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Additional Provider 4 | CHAR(1) | TEST\_RECORD\_P5 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Additional Provider 5 | CHAR(1) | TEST\_RECORD\_P6 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Admitting Physician | CHAR(1) | TEST\_RECORD\_ADM | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Appointment Provider | CHAR(1) | TEST\_RECORD\_P1 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Attending Physician | CHAR(1) | TEST\_RECORD\_ATT | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Coder 1 | CHAR(1) | TEST\_RECORD\_C1 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Coder 2 | CHAR(1) | TEST\_RECORD\_C2 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Coder 3 | CHAR(1) | TEST\_RECORD\_C3 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Coder 4 | CHAR(1) | TEST\_RECORD\_C4 | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Ordering Physician | CHAR(1) | TEST\_RECORD\_ORD | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Referring Physician | CHAR(1) | TEST\_RECORD\_REF | TEST\_RECORD\_IND | No transformation. |
| Test Personnel Flag - Verified Physician | CHAR(1) | TEST\_RECORD\_VER | TEST\_RECORD\_IND | No transformation. |
| **APPOINTMENT** |  |  |  |  |
| Appointment Date & Time | N(8) | APPT\_DT\_TM | APPT\_DT\_TM | No transformation. |
| Appointment File Primary Key | CHAR(100) | SCH\_APPOINTMENT\_SK | SCH\_APPOINTMENT\_SK | No transformation. |
| Appointment Status Type | CHAR(20) | APPT\_STAT | APPT\_STAT | No transformation. |
| Appointment Type | CHAR(16) | APPT\_TYPE | APPT\_TYPE | No transformation. |
| Assigned Appointment Duration | CHAR(3) | ASSGNDUR | DURATION\_R | No transformation. |
| Legacy Appointment Status Type | CHAR(2) | APPT\_STAT\_LEGACY | APPT\_STAT\_LEGACY | No transformation. |
| Legacy Appointment Type | CHAR(6) | APPT\_TYPE\_LEGACY | APPT\_TYPE\_LEGACY | No transformation. |
| Primary HIPAA Taxonomy For Appointment Provider | CHAR(10) | PROV\_HIPAA1 | HIPAA1 | No transformation. |
| Provider EDIPN For Appointment Provider | CHAR(10) | PROV\_EDIPN1 | PROV\_EDIPN1 | No transformation. |
| Provider ID For Appointment Provider (MHS GENESIS) | CHAR(100) | PROVID1 | PROVID1 | No transformation. |
| Provider NPI For Appointment Provider | CHAR(10) | PROV\_NPI1 | PROV\_NPI1 | No transformation. |
| **DIAGNOSIS** |  |  |  |  |
| Admission DX Code 1 - 3 (DIAGNOSIS) | CHAR(36) | ADMIT\_DXJ , J=1-3 | DIAG\_NOMEN | Apply format $nomen. To Diag\_Nomen & remove decimal points. Transpose records by Encounter\_NK with formatted Diag\_Type\_Ref (format = $diag\_type., code set = ‘17’) = 'Admitting Diagnosis' |
| CCE Diagnosis Code 1 - 20 (DIAGNOSIS) | CHAR(36) | DX\_CCEJ, J=1-20 | DIAG\_NOMEN | Apply format $nomen. to Diag\_Nomen & remove decimal points. Transpose records by Encounter\_NK with formatted Diag\_Type\_Ref (format = $diag\_type., code set = ‘17’) = 'Final' and contributor\_system\_dx = ’Inbound from CCE’ |
| Clinical Diagnosis Priority (Diagnosis)  (NOT RETAINED) | N(8) | CLINICAL\_DIAG\_PRIORITY | CLINICAL\_DIAG\_PRIORITY | No transformation. |
| Contributor System (Diagnosis) | CHAR(16) | CONTRIBUTOR\_SYSTEM\_DX | CONTRIBUTOR\_SYSTEM\_REF | Apply format $contributor\_system. (code set = 89) |
| PowerChart Diagnosis Code 1 - 20 (DIAGNOSIS) | CHAR(36) | DX\_PCJ, J=1-20 | DIAG\_NOMEN | Apply format $nomen. to Diag\_Nomen & remove decimal points. Transpose records by Encounter\_NK with formatted Diag\_Type\_Ref (format = $diag\_type., code set = ‘17’) not equal to 'Admitting Diagnosis' and contributor\_system\_dx = ’PowerChart’ |
| Priority Sequence (Diagnosis)  (NOT RETAINED) | N(8) | PRIORITY\_SEQ | PRIORITY\_SEQ | No transformation. |
| **FIN\_CHARGES** |  |  |  |  |
| Activity Type (CHARGES) | CHAR(48) | ACTIVITY\_TYPE | ACTIVITY\_TYPE\_REF | Apply format $ord\_activity\_type\_ref (code set = 106) |
| Charge Description (CHARGES) | CHAR(255) | CHARGE\_DESC | CHARGE\_DESC | No transformation. |
| Charge Process Flag (CHARGES) | N(8) | CHARGE\_PROCESS\_FLAG | CHARGE\_PROCESS\_FLG | No transformation. |
| Charge Type (CHARGES) | CHAR(51) | CHARGE\_TYPE | CHARGE\_TYPE\_REF | No transformation. |
| CPT (CHARGES) | CHAR(36) | CPT\_NOMEN | CPT\_NOMEN | No transformation. |
| Fin Charges File Primary Key | CHAR(100) | FIN\_CHARGES\_SK | FIN\_CHARGES\_SK | No transformation. |
| HCPCS (CHARGES) | CHAR(36) | HCPCS\_NOMEN | HCPCS\_NOMEN | No transformation. |
| Medical Service (Charges) | CHAR(40) | MEDICAL\_SVC\_FC | MEDICAL\_SERVICE\_REF | Apply format $medical\_service. (code set = 34) |
| Orders File Primary Key | CHAR(100) | ORDER\_SK | ORDER\_SK | No transformation. |
| Procedure Code Units of Service, Raw | N(8) | CPTUNITS | TOTAL\_QTY | No transformation. |
| Provider ID For Ordering Physician (MHS GENESIS) | CHAR(100) | PROVID\_ORD | ORDER\_PRSNL | No transformation. |
| Provider ID For Verified Physician (MHS GENESIS) | CHAR(100) | PROVID\_VER | VERIFIED\_PHYSICIAN\_PRSNL | No transformation. |
| **CHARGE\_MOD** |  |  |  |  |
| Diagnosis Code 1 - 20 | CHAR(36) | DX\_CHGSJ , J=1-20 | CPTDXJ, J=1 to 20 | Create an Encounter level (the same for every record in one Encounter\_NK) list of up to 20 unique diagnoses from the CPTDX1-20 for each Encounter\_NK. The order of DXCHGJ is CPTDX1 for Proc 1...CPTDX1 for Proc N, CPTDX2 for Proc 2…CPTDX2 for Proc N…CPTDX20 for Proc 1...CPTDX20 for Proc N. If a CPTDXJ is the same as a DXCHGSJ, then that CPTDX is not used and the DXCHGSJ is assigned to the next unique CPTDXJ. Remove decimal points. |
| Procedure Code | CHAR(200) | PROC | FIELD6 | Proc is Code\_value\_ref=field1\_sk and code\_set =14002 and desc\_meaning=CPT4 or HCPCS and active\_ind =1 and src\_active\_ind =1 and end\_effective\_dt\_tm > current time. |
| Procedure Code Linked Diagnosis Code 1 – 20  (NOT RETAINED) | CHAR(200) | CPTDXJ , J=1-20 | FIELD6 | The diagnosis code linked to a procedure code must have the following: 1) Sorted by Field2\_sk (Priority Sequence) ascending & 2) Code\_value\_ref=field1\_sk and code\_set =14002 and desc\_meaning=ICD9 and active\_ind =1 and src\_active\_ind =1 and end\_effective\_dt\_tm > current time. |
| Procedure Code Linked Modifier 1 - 4 | CHAR(2) | CPTMODJ, J=1-4 | FIELD6 | Code\_value\_ref=field1\_sk and code\_set =14002 and desc\_meaning=MODIFIER and active\_ind =1 and src\_active\_ind =1 and end\_effective\_dt\_tm > current time |
| Procedure Code Linked Revenue Code 1 – 4 | CHAR(4) | REVCODEJ, J=1-4 | FIELD6 | Code\_value\_ref=field1\_sk and code\_set =14002 and desc\_meaning=REVENUE and active\_ind =1 and src\_active\_ind =1 and end\_effective\_dt\_tm > current time |
| **PROCEDURE** |  |  |  |  |
| Priority Sequence (Procedure) | N(8) | PRIORITY\_SEQ\_PROC | PRIORITY\_SEQ | No transformation. |
| Procedure Code (Procedures) | CHAR(40) | PROC\_P | PROC\_NOMEN | Apply format $nomen. |
| Procedure Code Minutes of Anesthesia | N(8) | CPTMIN | ANES\_MINUTES | No transformation. |
| Procedure File Primary Key | CHAR(100) | PROCEDURE\_SK | PROCEDURE\_SK | No transformation. |
| **DMHRSi-HR** |  |  |  |  |
| Primary Care Manager (PCM) Location CD | CHAR(4) | PCMLOC | PROVMTFNM | No transformation. |
| Provider Assigned MEPRS Code For Additional Prov 1 (DMHRSi) | CHAR(4) | PROV\_MEPRSD2 | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Additional Prov 2 (DMHRSi) | CHAR(4) | PROV\_MEPRSD3 | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Additional Prov 3 (DMHRSi) | CHAR(4) | PROV\_MEPRSD4 | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Additional Prov 4 (DMHRSi) | CHAR(4) | PROV\_MEPRSD5 | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Additional Prov 5 (DMHRSi) | CHAR(4) | PROV\_MEPRSD6 | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Admitting Physician (DMHRSi) | CHAR(4) | PROV\_MEPRSD\_ADM | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Appointment Provider (DMHRSi) | CHAR(4) | PROV\_MEPRSD1 | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Attending Physician (DMHRSi) | CHAR(4) | PROV\_MEPRSD\_ATT | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Ordering Physician (DMHRSi) | CHAR(4) | PROV\_MEPRSD\_ORD | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Referring Physician (DMHRSi) | CHAR(4) | PROV\_MEPRSD\_REF | PROVMEPRNM | No transformation. |
| Provider Assigned MEPRS Code For Verified Physician (DMHRSi) | CHAR(4) | PROV\_MEPRSD\_VER | PROVMEPRNM | No transformation. |
| Provider Assigned MTF For Additional Provider 1 (DMHRSi) | CHAR(4) | PROV\_MTFD2 | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Additional Provider 2 (DMHRSi) | CHAR(4) | PROV\_MTFD3 | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Additional Provider 3 (DMHRSi) | CHAR(4) | PROV\_MTFD4 | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Additional Provider 4 (DMHRSi) | CHAR(4) | PROV\_MTFD5 | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Additional Provider 5 (DMHRSi) | CHAR(4) | PROV\_MTFD6 | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Admitting Physician (DMHRSi) | CHAR(4) | PROV\_MTFD\_ADM | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Appointment Provider (DMHRSi) | CHAR(4) | PROV\_MTFD1 | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Attending Physician (DMHRSi) | CHAR(4) | PROV\_MTFD\_ATT | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Ordering Physician (DMHRSi) | CHAR(4) | PROV\_MTFD\_ORD | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Referring Physician (DMHRSi) | CHAR(4) | PROV\_MTFD\_REF | PROVMTFNM | No transformation. |
| Provider Assigned MTF For Verified Physician (DMHRSi) | CHAR(4) | PROV\_MTFD\_VER | PROVMTFNM | No transformation. |
| Provider Assigned Organization For Additional Provider 1 (DMHRSi) | CHAR(8) | PROV\_ORGD2 | PROVORGNM | No transformation. |
| Provider Assigned Organization For Additional Provider 2 (DMHRSi) | CHAR(8) | PROV\_ORGD3 | PROVORGNM | No transformation. |
| Provider Assigned Organization For Additional Provider 3 (DMHRSi) | CHAR(8) | PROV\_ORGD4 | PROVORGNM | No transformation. |
| Provider Assigned Organization For Additional Provider 4 (DMHRSi) | CHAR(8) | PROV\_ORGD5 | PROVORGNM | No transformation. |
| Provider Assigned Organization For Additional Provider 5 (DMHRSi) | CHAR(8) | PROV\_ORGD6 | PROVORGNM | No transformation. |
| Provider Assigned Organization For Admitting Physician (DMHRSi) | CHAR(8) | PROV\_ORGD\_ADM | PROVORGNM | No transformation. |
| Provider Assigned Organization For Appointment Provider (DMHRSi) | CHAR(8) | PROV\_ORGD1 | PROVORGNM | No transformation. |
| Provider Assigned Organization For Attending Physician (DMHRSi) | CHAR(8) | PROV\_ORGD\_ATT | PROVORGNM | No transformation. |
| Provider Assigned Organization For Ordering Physician (DMHRSi) | CHAR(8) | PROV\_ORGD\_ORD | PROVORGNM | No transformation. |
| Provider Assigned Organization For Referring Physician (DMHRSi) | CHAR(8) | PROV\_ORGD\_REF | PROVORGNM | No transformation. |
| Provider Assigned Organization For Verified Physician (DMHRSi) | CHAR(8) | PROV\_ORGD\_VER | PROVORGNM | No transformation. |
| Provider Assigned Service For Additional Provider 1 (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD2 | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Additional Provider 2 (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD3 | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Additional Provider 3 (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD4 | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Additional Provider 4 (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD5 | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Additional Provider 5 (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD6 | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Admitting Physician (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD\_ADM | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Appointment Provider (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD1 | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Attending Physician (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD\_ATT | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Ordering Physician (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD\_ORD | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Referring Physician (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD\_REF | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Service For Verified Physician (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD\_VER | PROVSVCASSGNNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Additional Provider 1 (DMHRSi) | CHAR(8) | PROV\_UICD2 | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Additional Provider 2 (DMHRSi) | CHAR(8) | PROV\_UICD3 | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Additional Provider 3 (DMHRSi) | CHAR(8) | PROV\_UICD4 | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Additional Provider 4 (DMHRSi) | CHAR(8) | PROV\_UICD5 | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Additional Provider 5 (DMHRSi) | CHAR(8) | PROV\_UICD6 | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Admitting Physician (DMHRSi) | CHAR(8) | PROV\_UICD\_ADM | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Appointment Provider (DMHRSi) | CHAR(8) | PROV\_UICD1 | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Attending Physician (DMHRSi) | CHAR(8) | PROV\_UICD\_ATT | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Ordering Physician (DMHRSi) | CHAR(8) | PROV\_UICD\_ORD | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Referring Physician (DMHRSi) | CHAR(8) | PROV\_UICD\_REF | PROVUICNM | No transformation. |
| Provider Assigned Unit Identification Code (UIC) for Verified Physician (DMHRSi) | CHAR(8) | PROV\_UICD\_VER | PROVUICNM | No transformation. |
| Provider Category For Additional Provider 1 (DMHRSi) | CHAR(22) | PROV\_CATD2 | PROVCATNM | No transformation. |
| Provider Category For Additional Provider 2 (DMHRSi) | CHAR(22) | PROV\_CATD3 | PROVCATNM | No transformation. |
| Provider Category For Additional Provider 3 (DMHRSi) | CHAR(22) | PROV\_CATD4 | PROVCATNM | No transformation. |
| Provider Category For Additional Provider 4 (DMHRSi) | CHAR(22) | PROV\_CATD5 | PROVCATNM | No transformation. |
| Provider Category For Additional Provider 5 (DMHRSi) | CHAR(22) | PROV\_CATD6 | PROVCATNM | No transformation. |
| Provider Category For Admitting Physician (DMHRSi) | CHAR(22) | PROV\_CATD\_ADM | PROVCATNM | No transformation. |
| Provider Category For Appointment Provider (DMHRSi) | CHAR(22) | PROV\_CATD1 | PROVCATNM | No transformation. |
| Provider Category For Attending Physician (DMHRSi) | CHAR(22) | PROV\_CATD\_ATT | PROVCATNM | No transformation. |
| Provider Category For Ordering Physician (DMHRSi) | CHAR(22) | PROV\_CATD\_ORD | PROVCATNM | No transformation. |
| Provider Category For Referring Physician (DMHRSi) | CHAR(22) | PROV\_CATD\_REF | PROVCATNM | No transformation. |
| Provider Category For Verified Physician (DMHRSi) | CHAR(22) | PROV\_CATD\_VER | PROVCATNM | No transformation. |
| Provider Service For Additional Provider 1 (DMHRSi) | CHAR(1) | PROV\_SVCD2 | PROVSVCNM | No transformation. |
| Provider Service For Additional Provider 2 (DMHRSi) | CHAR(1) | PROV\_SVCD3 | PROVSVCNM | No transformation. |
| Provider Service For Additional Provider 3 (DMHRSi) | CHAR(1) | PROV\_SVCD4 | PROVSVCNM | No transformation. |
| Provider Service For Additional Provider 4 (DMHRSi) | CHAR(1) | PROV\_SVCD5 | PROVSVCNM | No transformation. |
| Provider Service For Additional Provider 5 (DMHRSi) | CHAR(1) | PROV\_SVCD6 | PROVSVCNM | No transformation. |
| Provider Service For Admitting Physician (DMHRSi) | CHAR(1) | PROV\_SVCD\_ADM | PROVSVCNM | No transformation. |
| Provider Service For Appointment Provider (DMHRSi) | CHAR(1) | PROV\_SVCD1 | PROVSVCNM | No transformation. |
| Provider Service For Attending Physician (DMHRSi) | CHAR(1) | PROV\_SVCD\_ATT | PROVSVCNM | No transformation. |
| Provider Service For Ordering Physician (DMHRSi) | CHAR(1) | PROV\_SVCD\_ORD | PROVSVCNM | No transformation. |
| Provider Service For Referring Physician (DMHRSi) | CHAR(1) | PROV\_SVCD\_REF | PROVSVCNM | No transformation. |
| Provider Service For Verified Physician (DMHRSi) | CHAR(1) | PROV\_SVCD\_VER | PROVSVCNM | No transformation. |
| **MASTER PERSON INDEX (MPI)** |  |  |  |  |
| DEERS Patient Identifier (EDIPN) | CHAR(10) | EDIPN | EDIPN | No transformation. |
| DEERS Patient Social Security Number | CHAR(9) | PATSSN | SSN | No transformation. |
| Person Association Reason Code (PARC) | CHAR(2) | PARC | PARC | No transformation. |
| Sponsor Social Security Number | CHAR(9) | SPONSSN | SPSSN | No transformation. |
| **DEERS Longitudinal (LVM)** |  |  |  |  |
| Alternate Care Value (ACV) | CHAR(1) | ACV | ACV | Blank for all records after Jan 1, 2018. If ACV is blank, then ACV = 'Z' |
| Alternate Care Value (ACV) Group | CHAR(2) | ACVGROUP | ACVGRP | Blank for all records after Jan 1, 2019. If ACVGROUP is blank, then ACVGROUP = 'O' |
| Assigned HCDP Code | CHAR(3) | HCDP\_ASSGN | ASGHCDP | No transformation. |
| DEERS Beneficiary Category | CHAR(3) | BENCAT | BENCAT | If BENCAT is blank or 'Z' then BENCAT = 'UNK' |
| DEERS Common Beneficiary Category | CHAR(1) | COMBEN | CBEN | No transformation. |
| DEERS Eligibility Group | CHAR(1) | ELG\_GRP | ELGGRP | Blank for all records before Jan 1, 2018 If ELG\_GRP is blank, then ELG\_GRP = 'Z' |
| DEERS Enrollment Group | CHAR(1) | ENR\_GRP | ENRGRP | Blank for all records before Jan 1, 2018 If ENR\_GRP is blank, then ENR\_GRP = 'Z' |
| DEERS Marital Status | CHAR(1) | MARITAL | MS | No transformation. |
| DEERS Patient Date of Birth | CHAR(8) | PATDOB | DOB | If blank, then use DOB\_R.Format as yymmddn8. |
| DEERS Patient Gender | CHAR(1) | GENDER | GENDER | No transformation. |
| DEERS Patient Race Code | CHAR(1) | RACE | RACE | If RACE is blank, then RACE = 'Z' |
| DEERS Patient Zip Code | CHAR(5) | PATZIP | ZIP | No transformation. |
| DEERS Sponsor Service | CHAR(1) | SSVCLVM | SVC | No transformation. |
| DEERS Sponsor Service, Aggregate | CHAR(1) | SAGGLVM | AGGSVC | No transformation. |
| Enrollment MTF | CHAR(4) | ENR\_MTF | ENR | If ENR\_MTF is blank, then ENR\_MTF = 'NONE' |
| Ethnic Background Code | CHAR(1) | ETHNIC | ETHNIC | If ETHNIC is blank, then ETHNIC = 'Z' |
| HCDP Code | CHAR(3) | HCDPLVM | HCDP | No transformation. |
| Medicare Flag | CHAR(1) | MEDICARE\_FLAG | MF | If MEDICARE\_FLAG is blank, then MEDICARE\_FLAG = 'N' |
| Patient Privilege Code | CHAR(1) | PRIVILEGE | PRIV | If PRIVILEGE is blank, then PRIVILEGE = '9' |
| Primary Care Manager (PCM) Provider ID | CHAR(18) | PCMIDLVM | PCM\_ID | No transformation. |
| Primary Care Manager (PCM) Type | CHAR(1) | PCM\_TYPE | PCMTYP | If PCM\_TYPE is blank, then PCM\_TYPE = 'Z' |
| TPR Eligibility Flag | CHAR(1) | TPRELIG | TPR | No transformation. |
| TRICARE Young Adult Flag | CHAR(1) | TYAFLAG | TYA | No transformation. |
| **DMIS ID INDEX FILE** |  |  |  |  |
| Enrollment MTF Branch of Service | CHAR(1) | ENR\_SVC | UBU\_SVC | No transformation. |
| Enrollment MTF T17 Region | CHAR(2) | ENR\_T17\_REG | T17\_REG | No transformation. |
| Enrollment MTF T3 Region | CHAR(2) | ENR\_T3\_REG | T3\_REG | No transformation. |
| Enrollment Parent MTF | CHAR(4) | ENR\_PARENT | UBU\_PAR | No transformation. |
| Treatment MTF Branch of Service | CHAR(1) | MTF\_SVC | UBU\_SVC | No transformation. |
| Treatment MTF Command | CHAR(8) | MTF\_CMND | MAJCMND | No transformation. |
| Treatment MTF MSMA | CHAR(3) | MTF\_MSMA | MSM\_ID | No transformation. |
| Treatment MTF T17 Region | CHAR(2) | MTF\_T17\_REG | T17\_REG | No transformation. |
| Treatment MTF T3 Region | CHAR(2) | MTF\_T3\_REG | T3\_REG | No transformation. |
| Treatment Parent MTF (DMISID Index File) (NOT RETAINED) | CHAR(4) | MTF\_PARENT\_D | UBU\_PAR | No transformation. |
| **OMNI-CAD** |  |  |  |  |
| Beneficiary Catchment Area | CHAR(4) | CATCH | WORLD | No transformation. |
| Beneficiary MTF Service Area | CHAR(4) | MTFSVCAREA | BPA | No transformation. |
| Beneficiary PRISM Area | CHAR(4) | PRISM | PRISM | No transformation. |
| Beneficiary T17 Region | CHAR(2) | BEN\_T17\_REG | T17REG | No transformation. |
| Beneficiary T3 Region | CHAR(2) | BEN\_T3\_REG | REGION | No transformation. |
| **DERIVED** |  |  |  |  |
| Administrative Disposition | CHAR(1) | ADMDISP |  | Blank for all records. |
| Admission Date & Time  (NOT RETAINED) | N(8) | ADMIT\_DT\_TM | ADMIT\_DT\_TM ADMIT\_TM\_ZN | Run macro %local\_offset using DT\_TM & TM\_ZN variables for each date to get \_LOCAL variables. Apply format e8601dt. Rename back to original variable name. |
| Age Group | CHAR(1) | AGEGRP | PATAGE | %age\_group\_dmis(patage,AGEGRP) |
| Age Group Common | CHAR(1) | EXPAGE | PATAGE | Derived from PATAGE:  A = 0-4  B = 5-14  C = 15-17  D = 18-24  E = 25-34  F = 35-44  G = 45-64  H = 65-69  I = 70-74  J = 75-79  K = 80-84  L = 85+  X = All others |
| Ambulatory Surgery Flag | N(8) | AMBSURG | PATIENT\_TYPE\_REF  MTF\_SVC | =1, where ENCOUNTER\_TYPE = "Outpatient Day Surgery" & MTF\_SVC = A, F, N or P =0, otherwise |
| Appointment Prefix (Source System Flag) | CHAR(1) | APPTPFIX |  | Set to M for all GENESIS records, blank otherwise. |
| Beneficiary First Name | CHAR(20) | FIRSTNAME | MPI Merge  FIRSTNAME  PERSON File  FIRST\_NAME | Use First Name from MPI Merge, if available. Otherwise, use First Name from Cerner data in the PERSON file. |
| Beneficiary Last Name | CHAR(26) | LASTNAME | MPI Merge  LASTNAME  PERSON File  LAST\_NAME | Use Last Name from MPI Merge, if available. Otherwise, use Last Name from Cerner data in the PERSON file. |
| Beneficiary Patient Name | CHAR(74) | PATNAME | LASTNAME  FIRSTNAME | Concatenate(LASTNAME,’,’, FIRSTNAME) |
| Calendar Month | CHAR(2) | CM | VISIT\_DT | put(year(datepart(visit\_dt\_tm)),4.) |
| Calendar Year | CHAR(4) | CY | VISIT\_DT | put(month(datepart(visit\_dt\_tm)),z2.) |
| CCE Completed Date & Time | N(8) | CCE\_COMPLETED\_DT\_TM | CODING\_COMPLETED\_DT\_TM CODING\_COMPLETED\_TM\_ZN | Run macro %local\_offset using DT\_TM & TM\_ZN variables for each date to get \_LOCAL variables. Apply format e8601dt. |
| Charged Encounter Flag | N(8) | CHARGED\_ENCOUNTER\_FLAG | FIN\_CHARGES\_SK | =1, where FIN\_CHARGE\_SK is not blank =0, otherwise |
| Diagnosis Code 1 - 20 | CHAR(36) | DXJ | DX\_CCEJ, J=1 to 20  DX\_PCJ, J=1 to 20 | DXJ = DX\_CCEJ, if DX\_CCEJ is not blank.  Else DXJ = DX\_PCJ if DX\_PCJ is not blank.  Otherwise, DXJ is blank. |
| Diagnosis Group | CHAR(2) | DXGRP | DX1 | Use first three characters of Diagnosis 1 (DX1).  See Table 1.b for derivation rules. |
| Disposition Code, Legacy | CHAR(1) | DISPCODE\_LEGACY | DISCHARGE\_DISPOSITION\_REF | 01, If dispcode in ('Home' 'Advice Assessment' 'Released Without Limitations' 'Returned to Duty' 'Sick at Home/Quarters' 'RR - Results Received' 'Released With Work Duty Limitations')  02, if dispcode in ('Discharged to Civilian Facility' 'Transfer to Another Hospital' 'Discharged to Joint MTF' 'Transfer to Army MTF' 'Transfer to Short Term Facility' 'Transfer to Navy MTF')  03, if dispcode in ('Transfer to SNF')  07, if dispcode in ('Against Medical Advise' 'Elopement' 'Left Without Being Seen')  20, if dispcode in ('Patient has expired')  30, if dispcode in ('Admitted as inpatient' 'Continued Stay' 'Transfer to Another Clinical Service')  43, if dispcode in ('Discharged to Other Federal Facility')  63, if dispcode in ('Discharged to ICF')  70, if dispcode in ('Transfer to Other')  72, if dispcode in ('Place in Observation' 'Referred to ER')  Blank, otherwise |
| Encounter Date  (NOT RETAINED) | DATE | ENCDATE | ENC\_DT\_TM | put(datepart(enc\_dt\_tm),yymmddn8.)  Formatted as YYMMDDN8. |
| Encounter Date & Time | N(8) | ENC\_DT\_TM | ADMIT\_DT\_TM ADMIT\_TM\_ZN PRE\_ADMIT\_DT\_TM PRE\_ADMIT\_TM\_ZN ARRIVE\_DT\_TM ARRIVE\_TM\_ZN | Run macro %local\_offset using DT\_TM & TM\_ZN variables for each date to get \_LOCAL variables. Apply format e8601dt. Use Admit\_DT\_TM\_LOCAL unless blank.  If blank, use Pre\_Admit\_DT\_TM\_LOCAL.  If both are blank, use Arrive\_DT\_TM\_LOCAL. |
| Encounter Inferred Flag (MHS GENESIS) | N(8) | ENC\_INFR\_FLAG | PROC FIN\_CHARGES\_SK | Set to 1 when PROC is missing (' ' or '0') and FIN\_CHARGES\_SK is missing (' ') and ENCOUNTER\_TYPE does not equal 'Outpatient Message' for all lines in an encounter (based on a unique encounter\_nk). Set to 0, otherwise. |
| Encounter Location – Clinic Specialty | CHAR(10) | ENCOUNTER\_LOC\_COMPSPEC | UNIT\_DISPLAY | No transformation. |
| Encounter Location – Location of Care | CHAR(10) | ENCOUNTER\_LOC\_COMPCARE | UNIT\_DISPLAY | No transformation. |
| Encounter Location (General Description) | CHAR(50) | ENCOUNTER\_LOC\_GENERAL | ENCOUNTER\_LOC\_CODE | Encounter\_Location = unit\_name.  If Encounter\_Location = '0' then Encounter\_Location = put(encounter\_loc\_code, $locs.). (code set = 220) |
| Encounter Suffix | CHAR(3) | ENC\_SFX | ENCOUNTER\_NK  VISIT\_DT | = 1 to XX, increasing by one for each separate VISIT\_DT for ENCOUNTER\_TYPE = Recurring visits only. |
| Evaluation & Management Flag | CHAR(1) | EM\_FLAG | PROC | If ‘992' <= Substr(Proc,1,3) <= '994' then EM\_FLAG = 1,  Else if PROC is not missing, then  EM\_FLAG = 0,  Set to missing, otherwise. |
| Facility Flag | CHAR(1) | FAC\_FLAG | MEPRS\_CD  MTF  PROC  ENCOUNTER\_TYPE | Apply various formats from /mdr/ref/caper.facflag.IP.fy&fy2. to specific variables as follows (see Table B1.A for details):  VALUE CRITERIA  R records from VA & External ERS sites  F MEPR1 = A or  Encounter\_Type = ‘Inpatient’ or  MEPR3 = BIA or  MEPRS\_CD = B\*\*5 or B\*\*7 or  MTF=0124 & MEPRS\_CD = B\*\*6 or  Encounter\_Type = ‘Outpatient Day Surgery’ or  At least 1 PROC is in the FCPT&fy.B informat  N All other |
| Fiscal Month | CHAR(2) | FM | VISIT\_DT | If CM in ('10' '11 '12') then FM = put(CM - 9,z2.). Else FM = put(CM + 3, z2.). |
| Fiscal Year | CHAR(4) | FY | VISIT\_DT | If CM in ('10' '11 '12') then FY = put(CY+1,4.). Else FY = CY. |
| GENESIS Flag | N(8) | GENESIS\_FLAG |  | Set to 1 if record is from MHS GENESIS, Else set to 0. |
| Inpatient Indicator of Record | CHAR(1) | HOSPSTAT | ENCOUNTER\_TYPE | 1, when Encounter\_Type = ’Inpatient’  0, otherwise. |
| Line Number (Encounter) | N(3) | LINUM |  | 1 line per record per Encounter\_NK & Encounter Suffix |
| Line Number (Visit) | N(3) | LINENO |  | 1 line per record per Encounter\_NK & |
| Major Diagnostic Category (MDC) | CHAR(2) | MDC | DX1 | Use the 1st 7 characters of DX1 and apply to format $mdc*fy*.z in sadr.mdc.txt in mdr/ref |
| Medical Record Number (Patient) | CHAR(40) | MRN | FORMATTED\_MRN (FROM ENCOUNTER) MRNPERSON (FROM PERSON) | Use value from Encounter File unless blank. If blank use the value from the variable MRN in the Person file. |
| Patient Age | N(8) | PATAGE | PATDOB DOB\_R ENC\_DT\_TM | If PATDOB is not missing then: %age(patdob, datepart(enc\_dt\_tm),years=PATAGE) Else if DOB\_R is not missing then: %age(datepart(dob\_r),datepart(enc\_dt\_tm),years=PATAGE) |
| Patient Gender | CHAR(1) | PATSEX | GENDER GENDER\_R | PATSEX = GENDER. If PATSEX = ' ' and GENDER\_R is 'F' or 'M' then PATSEX = GENDER\_R. |
| Patient OHI Flag | CHAR(1) | OHI | FINANCIAL\_CLASS\_REF | Apply format $financial\_class. (code set = 354) OHI = 1 when financial\_class is one of the following:  Preferred Provider Organization (PPO)  Blue Cross/Blue Shield  Commercial/OHI   HMO OHI = 0 otherwise. This includes the following values of financial\_class:  Tricare  Medicare  Other Federal Program  Self Pay |
| Primary HIPAA Taxonomy For Primary Provider | CHAR(10) | PROV\_HIPAA\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_HIPAA\_ADM  PROV\_HIPAA\_ATT  PROV\_HIPAA1  PROV\_HIPAA2 | If PROVID\_ATT is not blank, then use PROV\_HIPAA\_ATT  Else if PROVID1 is not blank, then use PROV\_HIPAA1  Else if PROVID\_ADM is not blank, then use PROV\_HIPAA\_ADM  Else if PROVID2 is not blank, then use PROV\_HIPAA2.  Else blank. |
| Primary Provider Source | CHAR(4) | PROV\_PRIM\_SOURCE | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2 | If PROVID\_ATT is not blank, then use ‘ATT’  Else if PROVID1 is not blank, then use ‘APPT’  Else if PROVID\_ADM is not blank, then use ‘ADM’  Else if PROVID2 is not blank, then use ‘ADD1’  Else blank. |
| Procedure Code (CHARGES/PROCEDURE) | CHAR(200) | PROC | PROC  CPT\_NOMEN  HCPCS\_NOMEN  PROC\_P | PROC = PROC (CHARGES)  If blank or ‘0’ & CPT\_NOMEN is not blank or ’0’, then PROC = CPT\_NOMEN after apply format $nomen. If still blank or ’0’ & HCPCS\_NOMEN is not blank or ’0’, then PROC = HCPCS\_NOMEN after apply format $nomen. If still blank or ’0’, then PROC = PROC\_P from Procedures file. |
| Procedure Code Date & Time (Procedures) | N(8) | PROC\_DT\_TM | PROC\_DT\_TM PROC\_TM\_ZN | Run macro %local\_offset using DT\_TM & TM\_ZN variables for each date to get \_LOCAL variables. Apply format e8601dt. |
| Procedure Code Source | N(8) | PROC\_SOURCE | PROC (CHARGE\_MOD) PROC (PROCEDURES) | PROC\_SOURCE is   0, if PROC is missing  1, if PROC is in Charge\_Mod file only  2, if PROC is in Procedure file only  3, if PROC is in both Charge\_Mod & Procedure files |
| Procedure Code Units of Service | NUM(6) | CPTUOS | CPTUNITS  PROC  UOSLIM  UOSSUB | CPTUOS = CPTUNITS  If PROC has a value (other than XXXXX) and CPTUOS = 0 or missing, set CPTUOS = 1  If UOSLIM >0 and CPTUOS > UOSLIM, set CPTUOS = UOSSUB  See Table B1 for sources of UOSLIM & UOSSUB variables. |
| Product Line | CHAR(7) | PRODLINE | MTF\_SVC MEPR3 | See Appendix A. |
| Provider Assigned Service For Primary Provider (DMHRSi) | CHAR(1) | PROV\_SVC\_ASSGD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_SVC\_ASSGD\_ADM  PROV\_SVC\_ASSGD\_ATT  PROV\_SVC\_ASSGD1  PROV\_SVC\_ASSGD2 | If PROVID\_ATT is not blank, then use PROV\_SVC\_ASSGD\_ATT  Else if PROVID1 is not blank, then use PROV\_SVC\_ASSGD1  Else if PROVID\_ADM is not blank, then use PROV\_SVC\_ASSGD\_ADM  Else if PROVID2 is not blank, then use PROV\_SVC\_ASSGD2.  Else blank. |
| Provider Assigned MEPRS For Primary Provider (DMHRSi) | CHAR(4) | PROV\_MEPRSD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_MEPRSD\_ADM  PROV\_MEPRSD\_ATT  PROV\_MEPRSD1  PROV\_MEPRSD2 | If PROVID\_ATT is not blank, then use PROV\_MEPRSD\_ATT  Else if PROVID1 is not blank, then use PROV\_MEPRSD1  Else if PROVID\_ADM is not blank, then use PROV\_MEPRSD\_ADM  Else if PROVID2 is not blank, then use PROV\_MEPRSD2.  Else blank. |
| Provider Assigned MTF For Primary Provider (DMHRSi) | CHAR(4) | PROV\_MTFD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_MTFD\_ADM  PROV\_MTFD\_ATT  PROV\_MTFD1  PROV\_MTFD2 | If PROVID\_ATT is not blank, then use PROV\_MTFD\_ATT  Else if PROVID1 is not blank, then use PROV\_MTFD1  Else if PROVID\_ADM is not blank, then use PROV\_MTFD\_ADM  Else if PROVID2 is not blank, then use PROV\_MTFD2.  Else blank. |
| Provider Assigned Organization For Primary Provider (DMHRSi) | CHAR(8) | PROV\_ORGD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_ORGD\_ADM  PROV\_ORGD\_ATT  PROV\_ORGD1  PROV\_ORGD2 | If PROVID\_ATT is not blank, then use PROV\_ORGD\_ATT  Else if PROVID1 is not blank, then use PROV\_ORGD1  Else if PROVID\_ADM is not blank, then use PROV\_ORGD\_ADM  Else if PROVID2 is not blank, then use PROV\_ORGD2.  Else blank. |
| Provider Assigned UIC For Primary Provider (DMHRSi) | CHAR(8) | PROV\_UICD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_UICD\_ADM  PROV\_UICD\_ATT  PROV\_UICD1  PROV\_UICD2 | If PROVID\_ATT is not blank, then use PROV\_UICD\_ATT  Else if PROVID1 is not blank, then use PROV\_UICD1  Else if PROVID\_ADM is not blank, then use PROV\_UICD\_ADM  Else if PROVID2 is not blank, then use PROV\_UICD2.  Else blank. |
| Provider Category For Primary Provider (DMHRSi) | CHAR(22) | PROV\_CATD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_CATD\_ADM  PROV\_CATD\_ATT  PROV\_CATD1  PROV\_CATD2 | If PROVID\_ATT is not blank, then use PROV\_CATD\_ATT  Else if PROVID1 is not blank, then use PROV\_CATD1  Else if PROVID\_ADM is not blank, then use PROV\_CATD\_ADM  Else if PROVID2 is not blank, then use PROV\_CATD2.  Else blank. |
| Provider EDIPN For Primary Provider | CHAR(10) | PROV\_EDIPN\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_EDIPN\_ADM  PROV\_EDIPN\_ATT  PROV\_EDIPN1  PROV\_EDIPN2 | If PROVID\_ATT is not blank, then use PROV\_EDIPN\_ATT  Else if PROVID1 is not blank, then use PROV\_EDIPN1  Else if PROVID\_ADM is not blank, then use PROV\_EDIPN\_ADM  Else if PROVID2 is not blank, then use PROV\_EDIPN2.  Else blank. |
| Provider ID For Primary Provider | CHAR(100) | PROVID\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2 | If PROVID\_ATT is not blank, then use PROVID\_ATT  Else if PROVID1 is not blank, then use PROVID1  Else if PROVID\_ADM is not blank, then use PROVID\_ADM  Else if PROVID2 is not blank, then use PROVID2.  Else blank. |
| Provider NPI For Primary Provider | CHAR(10) | PROV\_NPI\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_NPI\_ADM  PROV\_NPI\_ATT  PROV\_NPI1  PROV\_NPI2 | If PROVID\_ATT is not blank, then use PROV\_NPI\_ATT  Else if PROVID1 is not blank, then use PROV\_NPI1  Else if PROVID\_ADM is not blank, then use PROV\_NPI\_ADM  Else if PROVID2 is not blank, then use PROV\_NPI2.  Else blank. |
| Provider NPI Type For Additional Provider 1 | CHAR(1) | PROV\_NPITYPE2 |  | If PROVNPI2 is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Additional Provider 2 | CHAR(1) | PROV\_NPITYPE3 |  | If PROVNPI3 is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Additional Provider 3 | CHAR(1) | PROV\_NPITYPE4 |  | If PROVNPI4 is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Additional Provider 4 | CHAR(1) | PROV\_NPITYPE5 |  | If PROVNPI5 is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Additional Provider 5 | CHAR(1) | PROV\_NPITYPE6 |  | If PROVNPI6 is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Admitting Physician | CHAR(1) | PROV\_NPITYPE\_ADM |  | If PROVNPI\_ADM is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Appointment Provider | CHAR(1) | PROV\_NPITYPE1 |  | If PROVNPI\_ATT is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Attending Physician | CHAR(1) | PROV\_NPITYPE\_ATT |  | If PROVNPI\_ATT is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Ordering Physician | CHAR(1) | PROV\_NPITYPE\_ORD |  | If PROVNPI\_ORD is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Primary Provider | CHAR(1) | PROV\_NPITYPE\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_NPITYPE\_ADM  PROV\_NPITYPE\_ATT  PROV\_NPITYPE1  PROV\_NPITYPE2 | If PROVID\_ATT is not blank, then use PROV\_NPITYPE\_ATT  Else if PROVID1 is not blank, then use PROV\_NPITYPE1  Else if PROVID\_ADM is not blank, then use PROV\_NPITYPE\_ADM  Else if PROVID2 is not blank, then use PROV\_NPITYPE2.  Else blank. |
| Provider NPI Type For Referring Physician | CHAR(1) | PROV\_NPITYPE\_REF |  | If PROVNPI\_REF is not blank then = 1 (Individual Provider) |
| Provider NPI Type For Verified Physician | CHAR(1) | PROV\_NPITYPE\_VER |  | If PROVNPI\_VER is not blank then = 1 (Individual Provider) |
| Provider Role For Primary Provider | CHAR(40) | PROV\_ROLE\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_ROLE\_ADM  PROV\_ROLE\_ATT  PROV\_ROLE1  PROV\_ROLE2 | If PROVID\_ATT is not blank, then use PROV\_ROLE\_ATT  Else if PROVID1 is not blank, then use PROV\_ROLE1  Else if PROVID\_ADM is not blank, then use PROV\_ROLE\_ADM  Else if PROVID2 is not blank, then use PROV\_ROLE2.  Else blank. |
| Provider Service For Primary Provider (DMHRSi) | CHAR(1) | PROV\_SVCD\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  PROV\_SVCD\_ADM  PROV\_SVCD\_ATT  PROV\_SVCD1  PROV\_SVCD2 | If PROVID\_ATT is not blank, then use PROV\_SVCD\_ATT  Else if PROVID1 is not blank, then use PROV\_SVCD1  Else if PROVID\_ADM is not blank, then use PROV\_SVCD\_ADM  Else if PROVID2 is not blank, then use PROV\_SVCD2.  Else blank. |
| Recoded Sponsor Service | CHAR(1) | RSPONSVC | PATCAT\_E  PATCAT\_P | Derived from 1st character of PATCAT. Use PATCAT\_E if available. Otherwise, use PATCAT\_P.  If A, C, F, M, N then retain value.  Else if B then assign O.  Else if P then assign H.  Else if R then assign 4.  Else if PATCAT is K71 or K78 then assign 4.  Else assign X. |
| Record ID | CHAR(10) | APPTIDNO | ENCOUNTER\_SK | 1st 10 digits of ENCOUNTER\_SK |
| RVU, Raw Facility Practice | N(8) | FPRVU | PROC  CPTMOD1-CPTMOD4 | Raw MHS-updated Facility Practice Expense RVU for CPT procedures.  Derived from match with the CPT Weight Table (format fac*yy*b) based on CY of encounter and CPT||Modifier key derived as described in Table B1.a.  Table B1.c MOD1, MOD2, MOD3, MOD4, MOD5 and MOD6 apply. |
| RVU, Raw Non-Facility Practice | N(8) | NPRVU | PROC  CPTMOD1-CPTMOD4 | Raw MHS-updated Non-Facility Practice Expense RVU for CPT procedures.  Derived from match with the CPT Weight Table (format nfac*yy*b) based on CY of encounter and CPT||Modifier key derived as described in Table B1.a.  Table B1.c MOD1, MOD2, MOD3, MOD4, MOD5 and MOD6 apply. |
| RVU, Raw Work | N(8) | RRVU | PROC  CPTMOD1-CPTMOD4 | Raw MHS-updated Work RVU for CPT procedures.  Derived from match with the CPT Weight Table (format wrk*yy*b) based on CY of encounter and CPT||Modifier key derived as described in Table B1.a.  Table B1.c MOD1, MOD2, MOD3, MOD4, MOD5 and MOD6 apply. |
| RVU, Raw Total | N(8) | TRVU | RRVU  NPRVU  FPRVU  FAC\_FLAG | If FAC\_FLAG = ‘Y’ then TRVU is the sum of FPRVU & RRVU.  Else TRVU is the sum of NPRVU & RRVU. |
| Service Date & Time (CHARGES) | N(8) | SERVICE\_DT\_TM | SERVICE\_DT\_TM SERVICE\_TM\_ZN | Run macro %local\_offset using DT\_TM & TM\_ZN variables for each date to get \_LOCAL variables. Apply format e8601dt. |
| Service Line | CHAR(5) | SERVICE\_LINE | MEPR3 | Apply $SLFMT. format from /mdr/ref/slfmt to MEPR3 |
| Skill Type based on Primary HIPAA Taxonomy For Additional Provider 1 | CHAR(2) | SKILLH2 | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA2 |
| Skill Type based on Primary HIPAA Taxonomy For Additional Provider 2 | CHAR(2) | SKILLH3 | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA3 |
| Skill Type based on Primary HIPAA Taxonomy For Additional Provider 3 | CHAR(2) | SKILLH4 | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA4 |
| Skill Type based on Primary HIPAA Taxonomy For Additional Provider 4 | CHAR(2) | SKILLH5 | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA5 |
| Skill Type based on Primary HIPAA Taxonomy For Additional Provider 5 | CHAR(2) | SKILLH6 | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA6 |
| Skill Type based on Primary HIPAA Taxonomy For Admitting Physician | CHAR(2) | SKILLH\_ADM | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA\_ADM |
| Skill Type based on Primary HIPAA Taxonomy For Appointment Provider | CHAR(2) | SKILLH1 | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA1 |
| Skill Type based on Primary HIPAA Taxonomy For Attending Physician | CHAR(2) | SKILLH\_ATT | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA\_ATT |
| Skill Type based on Primary HIPAA Taxonomy For Ordering Physician | CHAR(2) | SKILLH\_ORD | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA\_ORD |
| Skill Type based on Primary HIPAA Taxonomy For Primary Provider | CHAR(2) | SKILLH\_PRIM | PROVID\_ADM  PROVID\_ATT  PROVID1  PROVID2  SKILLH\_ADM  SKILLH\_ATT  SKILLH1  SKILLH2 | If PROVID\_ATT is not blank, then use SKILLH\_ATT  Else if PROVID1 is not blank, then use SKILLH1  Else if PROVID\_ADM is not blank, then use SKILLH\_ADM  Else if PROVID2 is not blank, then use SKILLH2.  Else blank. |
| Skill Type based on Primary HIPAA Taxonomy For Referring Physician | CHAR(2) | SKILLH\_REF | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA\_REF |
| Skill Type based on Primary HIPAA Taxonomy For Verified Physician | CHAR(2) | SKILLH\_VER | HIPAA1 | Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV\_HIPAA\_VER |
| Sponsor Person ID Type Code | CHAR(1) | SPONSIDTYPE | SPONSSN | S, when SPONSSN is not blank.  Otherwise, blank. |
| Treatment MEPRS 1 Code | CHAR(1) | MEPR1 | MEPRS\_CD | The 1st digit of the MEPRS\_CD (substr(MEPRS\_CD,1,1)) |
| Treatment MEPRS 2 Code | CHAR(2) | MEPR2 | MEPRS\_CD | The 1st 2 digits of the MEPRS\_CD (substr(MEPRS\_CD,1,2)) |
| Treatment MEPRS 3 Code | CHAR(3) | MEPR3 | MEPRS\_CD | The 1st 3 digits of the MEPRS\_CD (substr(MEPRS\_CD,1,3)) |
| Treatment Parent MTF | CHAR(4) | skiENT | LOCATION  MTF\_PARENT\_G  DMISID INDEX  MTF\_PARENT\_D | Use MTF\_PARENT\_D if not blank.  Otherwise, use MTF\_PARENT\_G. |
| Visit Date  (NOT RETAINED) | CHAR(8) | VISIT\_DT | VISIT\_DT\_TM | Use put(datepart(ENC\_DT\_TM),yymmddn8.) |
| Visit Date & Time | N(8) | VISIT\_DT\_TM | ENCOUNTER\_TYPE  ENC\_DT\_TM  SERVICE\_DT\_TM  PROC\_DT\_TM | If ENCOUNTER\_TYPE = ‘Recurring’ then = SERVICE\_DT\_TM, if available, then = PROC\_DT\_TM, if available, and finally = ENC\_DT\_TM.  = ENC\_DT\_TM, otherwise.  Formatted as e8601dt. |

1. REFRESH FREQUENCY

Weekly

1. DATA MARTS
2. SPECIAL OUTPUTS

None at this time.

**APPENDIX A: Administrative Text Processing Steps and Field Additions**

The following processes will be applied to the Encounter file.

* MPI Merge: See the MPI specification for appending EDIPN, SPONSSN, and PARC.
* LVM Merge: Append the Enrollment DMISID (MTF\_ENR), Alternate Care Value (ACV), Alternate Care Value Group (ACVGROUP), Health Care Delivery Program Code (HCDP), Assigned HCDP (HCDP\_ASSGN), Beneficiary Category (BENCAT), Common Beneficiary Category (COMBEN), PCM ID (PCMIDLVM), PCM Type (PCM\_TYPE), Medicare Flag (MEDICARE\_FLAG), Sponsor Service Aggregate (SAGGLVM), Sponsor Service (SSVCLVM), Patient Privilege Code (PRIVILEGE), Gender (GENDER), Date of Birth (PATDOB\_CHAR), Race Code (RACE), Ethnic Group (ETHNIC), Marital Status (MARITAL), Eligibility Group (ELG\_GRP), Enrollment Group (ENR\_GRP), TPR Eligibility Flag (TPRELIG) and TRICARE Young Adult Flag (TYAFLAG) from the longitudinal LVM for Encounter data. (This merge occurs after the MPI merge described above and occurs on the “whole” Encounter dataset, not just the newly processed records):

1. Merge to the LVM by EDIPN for the FM of the encounter date.
2. If a match is found, assign all variables as described in Table 2. (If these values are missing/blank from LVM, then the fields remain missing/blank).

* DMIS Merge: Merge to the MDR DMIS ID Index based on encounter date and treatment MTF to append the T17 Region (MTF\_T17\_REG), T3 Region (MTF\_T3\_REG), Treatment Service (MTF\_SVC), Multi-Service Market Area (MTF\_MSMA), and Treatment Major Command (MTF\_CMND).

Merge to the MDR DMIS ID Index based on encounter date and enrollment DMIS ID (MTF\_ENR) to append the Enrollment T17 Region (ENR\_T17\_REG), T3 Region (ENR\_T3\_REG), Enrollment Parent Site (ENR\_PARENT) and Treatment Service (ENR\_SVC).

* CAD Merge: Merge to the MDR CAD based on Patient Zip, Sponsor Service (after mapping to A, F, N and O), and the CAD matching the encounter date. (If Patient Zip is not usable, the Treatment MTF Zip Code is used in its place.) The fields Patient Catchment Area (CATCH), Patient T17 Region (BEN\_T17\_REG), T3 Region (BEN\_T3\_REG), MTF Service Area (MTFSVCAREA) and PRISM Area MTF (PRISM) are added in this process.
* MDR DMHRSi Basic HR Merge: Add provider information from the MDR DMHRSi Basic HR file by merging the Provider’s DMHRSi extract records for the given encounter date and provider identifier. Note that only DMHRSi extract records that have both a defined start (ASSIG\_START) and end (ASSIG\_END) date should be considered.

Since more than one applicable Provider DMHRSi extract record may coincide with the Encounter encounter date, the following identifiers should be tried, in order, until a definitive match is found, using the sequence of steps below.

* + - Provider EDIPN (PROVEDIPN*K*)
    - Provider NPI (PROVNPI*K*)

1. Determine the set of DMHRSi extract records for the provider identifier in which the start and end dates bound the encounter date.
2. If that set is empty, then no definitive match is possible.
3. Determine the subset of DMHRSi extract records with the latest processing date (PROCDATE).
4. If the records in that set do not all share identical start and end dates, then no definitive match is possible.
5. If the records in that subset do not yield identical results (ASSIG\_DMISID, ORG\_UIC, ORG\_ID, 1-character mapped value of SERVICE, 1-character mapped value of ASSIG\_SERVICE, PERSON\_TYPE, and PG\_ASSIG\_FCC), then no definitive match is possible.
6. If the records in that subset all yield empty or missing results, then no definitive match is possible.
7. Otherwise, a definitive match has been found, use the results to assign all variables, as described in Table 2.

If no definitive match is found using all possible provider identifiers for a given provider, then PROVMTFD*K*, PROVMEPRD*K,* PROVORGD*K*, PROVUICD*K*,and PROVCATD*K* will be set to ‘NONE’; PROVSVCD*K* and PROVSVCASSGD*K* will be set to ‘Z’.

**Table A1.a: Product Line Derivation, mdr/ref/caper/prodline*fy*.txt**

| **Product Line** | **Full Name Description** | **Service** | **MEPRS** |
| --- | --- | --- | --- |
| PC | Primary Care | A, N, P | BGA, BHA, BDA, BAA, BJA, BHB, BHI, BDC, BDB, BKA, BHZ, BGZ, BHH, BAZ, BDZ |
| PC | Primary Care | All except A, N, P | BGA, BHA, BDA, BAA, BJA, BHB, BHI, BDC, BDB, BKA, BHZ, BGZ, BHH |
| ORTHO | Orthopedics | All | BLA, BEA, BEF, BEZ, BEB, BEE, BEC, BED, BLB |
| MH | Mental Health | All | BFD, BFE, BFF, BFA, BFB, BFC |
| OBGYN | Obstetrics/Gynecology | All | BCC, BCB, BCD, BCA |
| OPTOM | Optometry | All | BHC, BBD |
| IMSUB | Internal Medicine Subspecialty | All | BAG, BAC, BAL, BAK, BAB, BAN, BAQ, BAS, BAM, BAF, BAJ, BAO, BAH, BAE, BAU, BAT, BAV |
| ER | Emergency Room | All | BIA |
| SURG | General Surgery | All | BBA |
| SURGSUB | Surgical Subspecialty | All | BBI, BBG, BBC, BBK, BBJ, BBH, BBB, BBZ, BBE |
| ENT | Otolaryngology | All | BBF |
| DERM | Dermatology | All | BAP |
| OTHER | Other | All | All other MEPRS Codes |

**Table A1.b: Diagnosis Group Derivation**

| **ICD-10**  **First 3 digits**  **(FY16 and forward)** | **Category Number** | **Disease Category Name** |
| --- | --- | --- |
| A00-B99 | 1 | Infections & Parasites |
| C00-D49 | 2 | Neoplasms |
| E00-E89 | 3 | Endocrine & Metabolism |
| D50-D89 | 4 | Blood |
| F01-F99 | 5 | Mental |
| G00-H95 | 6 | Nerves and Senses |
| I00-I99 | 7 | Circulatory System |
| J00-J99 | 8 | Respiratory System |
| K00-K95 | 9 | Digestive System |
| N00-N99 | 10 | Genitourinary |
| O00-O9A | 11 | Pregnancy and Childbirth |
| L00-L99 | 12 | Skin |
| M00-M99 | 13 | Musculoskeletal |
| Q00-Q99 | 14 | Congenital Anomalies |
| P00-P96 | 15 | Perinatal |
| R00-R99 | 16 | Ill-Defined |
| S00-T88 | 17 | Injury & Poisoning |
| Z00-Z99 | 18 | Supplementary Classifications |
| V00-Y99 | 19 | Unknown (external causes) |
| Anything starting with “DOD” | 20 | DOD unique codes |
| All Others |  | blank |

**APPENDIX B: Analytic Processing and Field Additions to the GENESIS Encounter File**

1. Create Raw RVUs

The processor applies raw workload based on the following steps. Table B1 has a list of variables created but not retained in the process.

**Table B1: Fields Used in RVU Calculations but not Retained**

| **Field** | **Format** | **SAS Name** | **Source Element** | **Transformation** |
| --- | --- | --- | --- | --- |
| Modmatch | CHAR(1) | MODMATCH | PROC, CPTMOD1-CPTMOD4 | Derived from match with the CPT Table (format $matchcyb) based on CY of encounter and base CPT appended with 2 blanks, where cy is the 2-digit calendar year. |
| Units of Service Limit | N(8) | UOSLIM | PROC | Derived from match with the CPT Table (format uos*yy*b) based on CY of encounter and CPT. |
| Units of Service Substitution Value | N(8) | UOSSUB | PROC | Derived from match with the CPT Table (format sub*yy*b) based on CY of encounter and CPT. |

* 1. Identify the correct Modifier.

As CPT/HCPCS codes can have multiple modifiers, Table B1.a shows the process for assigning the correct modifier to the procedure code in cases where there are multiple modifiers.

**Table B1.a Derive CPT Mod Key for the CPT Table Match**

| **Rules** |
| --- |
| Create a 7-character CPT||modifier key for the CPT Table match using the modifier matching code (MODMATCH) when the CPT Table has all available modifiers.  If MODMATCH=’A’ use base level code (CPT appended with 2 blanks, e.g., '99211 ') for the key  Else if MODMATCH=’B’  --and either both 26 and TC or neither 26 nor TC are in any of the modifier positions, use the base level (CPT appended with 2 blanks, e.g., '75710 ').  --If 26 is in any of the modifier positions (and no TC), use CPT appended with 26,  e.g., '7571026'.  --If TC is in any of the modifier positions (and no 26), use CPT appended with TC,  e.g., '75710TC'.  Else if MODMATCH=C  --and NU, UE or RR is present in one of the modifier positions, use that modifier (e.g., 'E0114NU' or 'E0371RR') for the key.  --If more than one of these modifiers (NU, UE, RR) is present, append a modifier for the key in that order of priority (if UE and RR are both present, use UE).  --If none of these modifiers are present, append ‘NU’ for the key, e.g., 'E0114NU'.  Else if MODMATCH ='D'  --and NU or UE is present in one of the modifier positions, use that modifier (e.g., 'E0114NU' or 'E0371UE') for the key.  --If both of these modifiers (NU, UE) are present, append a modifier for the key in that order of priority (if NU and UE are both present, use NU).  --If none of these modifiers are present, append ‘NU’ for the key, e.g., 'E0114NU'.  Else if MODMATCH=’E’ then use CPT appended with ‘RR’ (e.g., ‘E0114RR’)  Else if MODMATCH=’F’  --and 53 is present in one of the modifier positions, append the CPT with ‘53’ (e.g., ‘4537853’  --if 53 is not present, append with 2 blanks (e.g., ‘45378 ‘) |

* 1. Raw RVU Application. Identify the correct Modifier.

Raw RVUs (Work, Facility, Non-Facility and Total) and other CPT-related fields used to derive RVUs are applied based on CPTs and modifiers as they exist in the Encounter file. The calendar year of the encounter date determines the RVU weight table to use. All records receive RVUs regardless of MEPRS code. Table 2 describes the correct formats to use for RRVU, NPRVU & FPRVU.

* 1. Apply modifications to CPTs and raw RVU values.

Several modifications may be applied to the raw RVU values based on DHA policy. The definition for each raw RVU variable in Table 2 lists which modifications were applied to that variable.

**Table B1.c: Modifications to CPTs and RVUs**

| **Rules** |
| --- |
| These modifications to RVU Values are applied as directed in Table 2:  MOD1. For CPT 66999, apply 0 RVUs for the period 1 Jan 07 - 30 Jun 07. (NOTE: This MOD does not apply to MDR GENESIS Encounter data but it is included to keep the numbering consistent with MDR CAPER (Enhanced) processing.)  MOD2. If Modifier 55 is present, apply the RVUs for CPT Code 99024.  MOD3. Inactive or generic provider specialty codes (HIPAA-based Skill Type=N, G, or X) and, HIPAA-based Skill Type 5 providers do not receive weight. If all substr(SKILLHK,1,1) (K=1 to 5, \_ADM, \_APP, \_ATT, \_ORD, \_REF & \_VER) not in (‘1’ ‘2’ ‘3’ ‘4’), then set values for all aggregate RVUs and all RVUJ for non-missing, non-XXXXX CPT to 0.  MOD4. If TELCON (ENCOUNTER\_TYPE = Outpatient Message), apply 0 RVUs for all non-TELCON CPT codes; everything except :  TELCON E&M Codes (EM\_FLAG = 1)  99441-99444 for CY2008 and forward  99371-99373 for CY2007 and back  99499 any year  TELCON Procedure Codes (EM\_FLAG = 0):  98966-98969 for CY2008 and forward  MOD5. For CPT G9001-G9011, apply RVU table only if MEPRSCD in (‘ELAN’ ‘ELA2’ ‘FAZ2’ ‘FCG2’), otherwise set RVU=0.  MOD6. For CY12+ only: Practice expense RVUs will be computed as described below for bilateral Lasik and PRK (CPT 66999, S0800 and S0810) when not a surgical follow-up (modifier 55 is not present with the Lasik or PRK procedure) Bilateral is indicated by one of the following associated with the CPT:  Modifier 50 is present in one of the modifier positions  Modifiers RT and LT are both present  Unit of Service=2  The work RVU is credited at 150% for bilateral Lasik and PRK.  For the Practice Expense RVU, a royalty fee, valued at 6 RVUs per eye, is a fixed portion of the procedure for which the bilateral impact (150%) does not apply. The royalty fee is deducted from the raw (unilateral) PE RVU, the bilateral impact is applied and then double the royalty fee is added back:  (Raw Practice Expense RVU – royalty fee ) \* bilateral impact factor + (2 \* royalty fee).    For example, in CY12, the calculation for both facility and non-facility practice expense RVU would be:  PE RVU=(12.86-6) \* 1.5 + (2\*6)=22.29  And the calculation for the work RVU would be:                                Work RVU=(4.86 \* 1.5) = 7.29 |