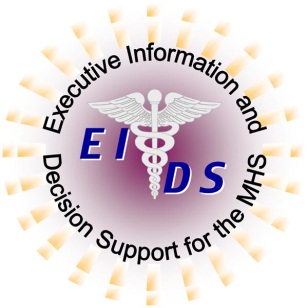
EIDS Program Management

Designated Provider Interface Control Document  
Describing the Data  
Exchange to MDR  
BASELINE

Approved Version  
  
April 28, 2006



**EIDS Program Office  
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Designated Provider ICD Describing the Data Exchange to MDR

Approved Version  
  
April 28, 2006

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Designated Provider ICD Describing the Data Exchange to MDR

Approved Version  
  
April 28, 2006

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Preface

This document describes the interface that provides the Designated Provider (DP) records from Apptis Inc., the contractor supporting TRICARE Management Activity (TMA) TRICARE Operations Directorate (TOD) in the Uniformed Services Family Health Plan (USFHP). The files are sent to EIDS and loaded into the Military Health System (MHS) Data Repository (MDR).

This document is under EIDS project configuration control. Changes to this document will be made by document change notice (DCN) or by complete revision.

Questions on proposed changes concerning this plan should be addressed to:

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Abstract

The Executive Information Decision Support (EIDS) Program Office is developing the Military Health System (MHS) Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. MDR collects, catalogues and organizes data files from several systems. This Interface Control Document (ICD) specifies the Designated Provider (DP) data exchange with EIDS operations. The TRICARE Management Activity (TMA) TRICARE Operations Directorate (TOD) manages the DP program, and oversees the contractors that collect the raw data. Apptis Inc. is the contractor providing DP files to EIDS.

**Keywords:** Decision Support, Designated Provider, Executive Information, Interface Control Document, TRICARE Operations Directorate, DP, DS, EI, ICD, MDR, TOD

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# Introduction

## Document Identification

This document describes the interface that provides the Designated Provider (DP) data records to the Military Health System (MHS) Data Repository (MDR).

## Scope

This document describes and identifies the parameters and specifies the file layout of the DP records that the EIDS Program Office receives from the contractor (Apptis Inc.) that supports the TRICARE Management Activity (TMA) TRICARE Operations Directorate (TOD). The records are the only source of DP clinical, provider, and pharmacy data. The data is used by EIDS to sustain the Designated Provider data sets in the MDR.

## System Overview

Apptis Inc. collects and processes DP beneficiary patient data and provides management information to TMA TOD. TMA TOD has agreed to establish an interface with EIDS and has tasked Apptis to provide records monthly detailed in this ICD to EIDS. The beneficiary patient information consists of the following types of data:

* Beneficiary demographics
* Patient admission and disposition
* Clinical services performed
* Provider specialty and demographics
* Pharmacy transactions

DP is an additional venue for health care that MHS beneficiaries can choose, in lieu of the direct care and purchased care options under TRICARE.

This particular ICD describes the specific interface between DP and the MDR. The MDR receives data at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes.

The Feed Nodes send the files to the Tivoli Storage Manager (TSM). The TSM copies and stores the files for back-up purposes. The files will be stored as flat files in the MDR catalogue for use by Health Programs Analysis and Evaluation (HPA&E) in creating a Designated Provider database, as well as other purposes. If and when the Information Management Directorate (IMD) tasks EIDS to make the data assessable to specified users through a front-end, EIDS would expect to process the raw data and provide it on the MHS Mart (M2).

DP Records flow from Apptis to IBM SP at DECC Feed Nodes to the MDR and TSM.

Figure ‑ DP Interface Flow

## Reference Documents

Apptis, Inc., *Designated Provider (DP) final Specifications,* Falls Church, VA, 21 April 2006.

EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.

## Operational Agreement

This ICD provides the technical specification for an interface between TOD and the EIDS Program Office regarding the DP records. The Action Memo that accompanies the baseline ICD and any modified ICD versions, when approved by EIDS and TOD, establishes the ongoing operational agreement. It is the responsibility of the source system Program Office (i.e., TOD) to notify EIDS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on EIDS receiving systems. When required, modifications to the ICD will be made by the data receiver (i.e., EIDS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., TOD).

Appendix A delineates the DP data elements that will be sent to the EIDS Program Office.

Should problems occur with the interface, EIDS data production support personnel will immediately contact TOD’s contractors at APPTIS. Should there be systemic data problems recognized during processing, EIDS members will coordinate with their counterparts in TOD.

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# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data feed from Apptis to EIDS:

* Designated Provider (DP) data extracts. The extract provides data records accumulated since the previous extract was submitted. It includes new records as well as updates to previously submitted records.

TRICARE Operations Directorate (TOD) will continue to enhance DP business processes. This ICD will be changed *only* if the interface changes from the interface specified herein.

## Precedence and Criticality of Requirements

Clinical, provider, and pharmacy data from the USFHP that is reliable are necessary for the MHS to make knowledge-based decisions. MDR will collect and provide this information to MHS decision-makers. A minimum of monthly updates are required for effective performance of the business. An inability to obtain this data for a period of 2 months or greater could have adverse consequences to the business.

## Communications Methods

APPTIS will deliver the data files monthly via Secure File Transfer Protocol (SFTP) directly to the EIDS Feed Nodes via a Virtual Private Network (VPN).

## Performance Requirements

There are no unique performance requirements for this data. The data needs to be provided according to a regularly scheduled time frame.

## Security and Integrity

The data exchanged in this interface contains protected patient level identifiable information. In addition, because the aggregate data being transmitted via the DP data extracts to EIDS are becoming part of a database that contains sensitive data, it will be protected in accordance with the C2-level protection standards mandated for all "Sensitive Unclassified Systems" by the requirements of DoD Directive 5200.28. These standards help ensure compliance with the following Federal laws:

Privacy Act of 1974

U.S. Code, Title 10, Section 1102, Medical Quality Assurance Records

U.S. Code, Title 10, Section 1030, Fraud and Related Activity in Connection with Computers

Computer Security Act of 1987

Health Insurance Portability and Accountability Act (HIPAA)

### Data Integrity and Quality

Validation checks such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred from APPTIS to MDR as defined in the design documentation. When errors are discovered in the data exchange, TOD will be notified immediately by EIDS operations personnel. If there are systemic problems, Interface Working Group (IWG) counterparts will be contacted to work issues.

**Appendix A: DP Interface File Layout**

**A.1 File Format**

The Feed Nodes receive the data elements listed in the appendix tables on a monthly scheduled basis. The IBM SP receives, catalogues, and copies the data.

There are 3 types of records and each has a Header record associated with a number of Detailed records. There are six files sent to EIDS monthly from Apptis. The file naming conventions are:

**DP.IFMC.Type.Subtype.MMDDYYYY.txt**

**DP.IFMC** denotes the Designated Provider (DP) and source

**Type** values are: CLIN (MCD); PHAR (Pharmacy); and PROV (Provider)

**Subtype** values are: COUNT (contains only a count of the number of records sent); DATA (Header Record followed by Detail Data Records)

**MMDDYYYY** denotes the month (MM), day (DD), and year (YYYY) the file was created

**txt** is the file extension

Below is a list of the record types. Appendix tables describe the file format, data elements and meta data embedded within each record type.

|  |  |
| --- | --- |
| **Extract Record Type/Name** | **Table** |
| ***Management Clinical Data (MCD)*** |  |
| Header Record | A-1 |
| Detail Data Record | A-2 |
| ***Pharmacy*** |  |
| Header Record | A-3 |
| Detail Data Record | A-4 |
| ***Provider*** |  |
| Header Record | A-5 |
| Detail Data Record | A-6 |

**A.2 Record Layouts**

Appendix tables describe record layouts for the record types identified above. All header records have exactly the same layout. The File Type data element (position 1-3 in Header Record) identifies what type of header it is, and this in turn identifies the type of detailed records that are to follow.

As described above, each record type is provided as a separate file. Records are separated by line feed characters.

The records are fixed length. The last data element in MCD and Pharmacy Detail records is Transaction Type, and allows for a value of “F” which is a continuation condition for overflow records. Under an “F” condition, additional records to the episode are added immediately after the main record. In this case the layout field lengths apply, but it must be recognized that a variable “record” is occurring and that the overflow data must be associated with the main record.

**A.3 File Operational Context**

DP records provide a method of identifying clinical care, beneficiaries, providers, and other factors occurring under the USFHP program.

Table ‑ MCD Header Record Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| File Type | 3 | 1-3 | Character | N/A | MCD | The file type of the submitted data. Coded as follows:  MCD Management Clinical Data |
| Submission Period | 6 | 4-9 | Character | N/A | None | The month and year for which the data is being submitted. Format: MMYYYY. |
| Creation Date | 8 | 10-17 | Date | N/A | None | Creation date of the file. Format: YYYYMMDD. |
| DMIS ID | 4 | 18-21 | Character | N/A | 0190, 0191, 0192, 0193, 0194, 0196, 0197, 0198 | Defense Medical Information System (DMIS) identification code. Coded as follows:  0190 John Hopkins Medical Services Corp  0191 Brighton Marine Health Care  0192 CHRISTUS Health – St John’s  0193 Saint Vincent Catholic Medical Centers of NY  0194 Pacific Medical Clinics  0196 CHRISTUS Health – St. Joseph’s  0197 CHRISTUS Health – St. Mary’s  0198 Martin’s Point Health Care |
| Total Records | 7 | 22-28 | Numeric | N/A | None | The number of total records in the file, right justified. |

Table ‑ MCD Detail Record Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| DMIS ID | 4 | 1-4 | Character | N/A | 0190, 0191, 0192, 0193, 0194, 0196, 0197, 0198 | Defense Medical Information System (DMIS) identification code. Coded as follows:  0190 John Hopkins Medical Services Corp  0191 Brighton Marine Health Care  0192 CHRISTUS Health – St John’s  0193 Saint Vincent Catholic Medical Centers of NY  0194 Pacific Medical Clinics  0196 CHRISTUS Health – St. Joseph’s  0197 CHRISTUS Health – St. Mary’s  0198 Martin’s Point Health Care |
| DEERS Family Identifier | 9 | 5-13 | Character | N/A | None | Identifier that uniquely identifies a family for the purposes of DoD benefits. |
| DEERS Beneficiary Identifier | 2 | 14-15 | Character | N/A | None | The identifier that uniquely identifies a family member for the purposes of DoD benefits. Coded as follows:  00 Sponsor  01-99 Dependents |
| Patient’s Identifier | 10 | 16-25 | Character | N/A | None | Identifier associated with a specific patient. |
| Patient’s Last Name | 27 | 26-52 | Character | N/A | N/A | The last name of the patient. |
| Patient’s First Name | 20 | 53-72 | Character | N/A | N/A | The first name of the patient. |
| Patient’s Middle Name | 20 | 73-92 | Character | N/A | N/A | The middle name of the patient. |
| Patient’s Cadency Name | 4 | 93-96 | Character | N/A | N/A | The cadency name (e.g., Sr, Jr, III) of the patient. |
| Patient’s Date of Birth | 8 | 97-104 | Date | N/A | None | Date of birth of patient. Format: YYYYMMDD. |
| Patient Zip Code | 5 | 105-109 | Character | N/A | 00601-99950, 12345 | Zip code of patient’s residence. Coded as follows:  00601-99950 United States  12345 Outside US |
| Patient Gender | 1 | 110 | Character | N/A | F, M, Z | Gender of patient. Coded as follows:  F Female  M Male  Z Unknown |
| Sponsor SSN | 9 | 111-119 | Character | N/A | 000000001-999899999 | Social Security Number (SSN) of beneficiary’s sponsor. |
| Legacy DEERS Dependent Suffix (DDS) | 2 | 120-121 | Character | N/A | 00-20, 30-69, 99 | Suffix assigned and maintained by DEERS. Coded as follows:  00 Conditional enrolled  01-19 Dependent child  20 Sponsor  30-39 Spouse of sponsor  40-44 Mother of sponsor  45-49 Father of sponsor  50-54 Mother-in-law of sponsor  55-59 Father-in-law of sponsor  60-69 Other eligible dependents  99 Other or unknown relationship |
| Member Category Code | 1 | 122 | Character | N/A | 1, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, Y, Z | The code that represents how DEERS views the sponsor based on his or her entitlements. Coded as follows:  1 Transitional Compensation Beneficiaries  A Active Duty  B Presidential Appointee  C DoD Civil Service  D Disabled American Veteran  E DoD Contractor  F Former Member  G National Guard (mobilized for 31 days or more)  H Medal of Honor  I Other Government Agency Employee  J Academy Student  K Non-appropriated Fund DoD employee  L Lighthouse service  M Non-government agency personnel  N National Guard  O Other Government contract employee  P TAMP  Q Reserve Retiree  R Retired  S Reserve (mobilized for 31 days or more)  T Foreign Military  U Foreign National Employee  V Reserve (not on active duty or on active duty for 30 days or less)  W Former spouse  Y Service affiliates (ROTC, Merchant Marines  Z Unknown |
| Service Branch Classification Code | 1 | 123 | Character | N/A | A, C, D, F, H, M, N, O, X, 1, 2, 3, 4 | Beneficiary’s sponsor service. Coded as follows:  A Army  C Coast Guard  D Office of Secretary of Defense  F Air Force  H Public Health Service  M Marine Corps  N Navy  O NOAA  X Not applicable  1 Foreign Army  2 Foreign Navy  3 Foreign Marine Corps  4 Foreign Air Force |
| Unique Patient Reference Number | 12 | 124-135 | Character | N/A | None | Unique claim or episode of care number. |
| Encounter Setting | 1 | 136 | Character | N/A | H, I, O | Setting of patient encounter/episode. Coded as follows:  H Hospital services  I Inpatient professional services  O Outpatient professional services |
| Patient Principal Primary Diagnosis | 7 | 137-143 | Character | N/A | None | ICD-9-CM code, in the inpatient setting, identifying the condition established, after study, to be chiefly responsible for the patient to have obtained medical care; or in the outpatient setting, the reason for the encounter. Do not code the decimal point. |
| Patient Diagnosis 2 | 7 | 144-150 | Character | N/A | None | ICD-9-CM identifying a second diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 3 | 7 | 151-157 | Character | N/A | None | ICD-9-CM identifying a third diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 4 | 7 | 158-164 | Character | N/A | None | ICD-9-CM identifying a fourth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 5 | 7 | 165-171 | Character | N/A | None | ICD-9-CM identifying a fifth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 6 | 7 | 172-178 | Character | N/A | None | ICD-9-CM identifying a sixth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 7 | 7 | 179-185 | Character | N/A | None | ICD-9-CM identifying a seventh diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 8 | 7 | 186-192 | Character | N/A | None | ICD-9-CM identifying a eighth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 9 | 7 | 193-199 | Character | N/A | None | ICD-9-CM identifying a ninth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 10 | 7 | 200-206 | Character | N/A | None | ICD-9-CM identifying a tenth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 11 | 7 | 207-213 | Character | N/A | None | ICD-9-CM identifying a eleventh diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Patient Diagnosis 12 | 7 | 214-220 | Character | N/A | None | ICD-9-CM identifying a twelfth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter. Do not code the decimal point. |
| Tax ID of Provider Entity | 9 | 221-229 | Character | N/A | None | Provider’s Tax ID number for the individual/group responsible for the service provided. |
| Unique Provider ID Number | 18 | 230-247 | Character | N/A | None | Facility created unique provider ID number or each pharmacy’s National Association of Pharmaceutical Doctors (NAPD) number. |
| Blank | 8 | 248-255 | Character | N/A | None | Record filler. |
| Major Specialty/ Institution Type | 2 | 256-257 | Character | N/A | 01-08, 10-12, 14, 16, 18-20, 22, 24-26, 28-30, 33-40, 42-45, 47, 48, 50, 51, 57, 59-63, 65, 69, 70, 80-86, 90-99, BC, BL, DT, EM, HA, HH, HI, HM, ID, NT, OC, PH, RN, TS, \*1-\*9, \*A-\*D, \*F-\*T | Provider major specialty code. |
| Provider ZIP Code | 9 | 258-266 | Character | N/A | None | ZIP code of the provider/pharmacy providing service. |
| Ordering Physician | 18 | 267-284 | Character | N/A | None | Provider who ordered ancillary services, or who referred patient for specialty or inpatient care. Unique Provider ID number is used. |
| Cost Data | 11 | 285-295 | Number | N/A | None | The facility’s total charges generated by or billed to the beneficiary for services rendered for one full episode of care (each “I” and “F” code are separate episodes of care). A separate amount shall be entered for the “I” and “F” code records. Right justified, zero filled. Decimal position assumed between 2nd and 3rd positions from the right. |
| Co-payment Amount Collected | 6 | 296-301 | Number | N/A | None | Money collected from the beneficiary or family unit for an episode of care. Right justified, zero filled. Decimal position assumed between 2nd and 3rd positions from the right. |
| Emergency Flag | 1 | 302 | Character | N/A | N, Y | Flag indicating emergency ambulatory care. Coded as follows:  N No  Y Yes |
| Date of Related Admission | 8 | 303-310 | Date | N/A | None | Date of admission for inpatient hospital care related to professional services. Format: YYYYMMDD. |
| Date of Related Disposition | 8 | 311-318 | Date | N/A | None | Date of disposition for inpatient hospital care related to professional services. Format: YYYYMMDD. |
| Number of Services | 1 | 319 | Character | N/A | 1-6 | Number of professional services provided. |
| Service 1 Start Date | 8 | 320-327 | Date | N/A | None | Start date the provider provided service for this encounter. Format YYYYMMDD. |
| Service 1 End Date | 8 | 328-335 | Date | N/A | None | Last date the provider provided service for this encounter. Format: YYYYMMDD. |
| Service 1 Place of Service | 2 | 336-337 | Character | N/A | 00. 03-08, 11, 12, 15, 20-26, 31-34, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 90, 99 | Type of setting in which provider performed the service/procedure. |
| Service 1 Procedure Code | 13 | 338-350 | Character | N/A | None | CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed. |
| Service 1 Related Diagnosis Code | 7 | 351-357 | Character | N/A | None | ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided. Do not code the decimal point. |
| Service 1 Quantity | 3 | 358-360 | Character | N/A | None | Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume. |
| Service 2 Start Date | 8 | 361-368 | Date | N/A | None | Start date the provider provided service for this encounter. Format YYYYMMDD. |
| Service 2 End Date | 8 | 369-376 | Date | N/A | None | Last date the provider provided service for this encounter. Format: YYYYMMDD. |
| Service 2 Place of Service | 2 | 377-378 | Character | N/A | 00. 03-08, 11, 12, 15, 20-26, 31-34, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 90, 99 | Type of setting in which provider performed the service/procedure. |
| Service 2 Procedure Code | 13 | 379-391 | Character | N/A | None | CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed. |
| Service 2 Related Diagnosis Code | 7 | 392-398 | Character | N/A | None | ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided. Do not code the decimal point. |
| Service 2 Quantity | 3 | 399-401 | Character | N/A | None | Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume. |
| Service 3 Start Date | 8 | 402-409 | Date | N/A | None | Start date the provider provided service for this encounter. Format YYYYMMDD. |
| Service 3 End Date | 8 | 410-417 | Date | N/A | None | Last date the provider provided service for this encounter. Format: YYYYMMDD. |
| Service 3 Place of Service | 2 | 418-419 | Character | N/A | 00. 03-08, 11, 12, 15, 20-26, 31-34, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 90, 99 | Type of setting in which provider performed the service/procedure. |
| Service 3 Procedure Code | 13 | 420-432 | Character | N/A | None | CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed. |
| Service 3 Related Diagnosis Code | 7 | 433-439 | Character | N/A | None | ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided. Do not code the decimal point. |
| Service 3 Quantity | 3 | 440-442 | Character | N/A | None | Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume. |
| Service 4 Start Date | 8 | 443-450 | Date | N/A | None | Start date the provider provided service for this encounter. Format YYYYMMDD. |
| Service 4 End Date | 8 | 451-458 | Date | N/A | None | Last date the provider provided service for this encounter. Format: YYYYMMDD. |
| Service 4 Place of Service | 2 | 459-460 | Character | N/A | 00. 03-08, 11, 12, 15, 20-26, 31-34, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 90, 99 | Type of setting in which provider performed the service/procedure. |
| Service 4 Procedure Code | 13 | 461-473 | Character | N/A | None | CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed. |
| Service 4 Related Diagnosis Code | 7 | 474-480 | Character | N/A | None | ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided. Do not code the decimal point. |
| Service 4 Quantity | 3 | 481-483 | Character | N/A | None | Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume. |
| Service 5 Start Date | 8 | 484-491 | Date | N/A | None | Start date the provider provided service for this encounter. Format YYYYMMDD. |
| Service 5 End Date | 8 | 492-499 | Date | N/A | None | Last date the provider provided service for this encounter. Format: YYYYMMDD. |
| Service 5 Place of Service | 2 | 500-501 | Character | N/A | 00. 03-08, 11, 12, 15, 20-26, 31-34, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 90, 99 | Type of setting in which provider performed the service/procedure. |
| Service 5 Procedure Code | 13 | 502-514 | Character | N/A | None | CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed. |
| Service 5 Related Diagnosis Code | 5 | 515-521 | Character | N/A | None | ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided. Do not code the decimal point. |
| Service 5 Quantity | 3 | 522-524 | Character | N/A | None | Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume. |
| Service 6 Start Date | 8 | 525-532 | Date | N/A | None | Start date the provider provided service for this encounter. Format YYYYMMDD. |
| Service 6 End Date | 8 | 533-540 | Date | N/A | None | Last date the provider provided service for this encounter. Format: YYYYMMDD. |
| Service 6 Place of Service | 2 | 541-542 | Character | N/A | 00. 03-08, 11, 12, 15, 20-26, 31-34, 41, 42, 50-56, 60-62, 65, 71, 72, 81, 90, 99 | Type of setting in which provider performed the service/procedure. |
| Service 6 Procedure Code | 13 | 543-555 | Character | N/A | None | CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed. |
| Service 6 Related Diagnosis Code | 7 | 556-562 | Character | N/A | None | ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided. Do not code the decimal point. |
| Service 6 Quantity | 3 | 563-565 | Character | N/A | None | Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume. |
| Hospital Service Admission Date | 8 | 566-573 | Date | N/A | None | Date of hospital admission. Format: YYYYMMDD. |
| Hospital Service Admission Type | 1 | 574 | Character | N/A | 1, 2, 3, 4, 5, 6, 9 | Admission type for hospital services stay. Coded as follows:  1 Emergency  2 Urgent  3 Elective  4 Newborn  5 Trauma center  6 Inpatient mental health  9 Info not available |
| Hospital Service Admission Source | 1 | 575 | Character | N/A | 1-9 | Indicates source of admission for this hospital stay. Coded as follows:  1 Physician Referral  2 Clinic Referral  3 HMO Referral  4 Transfer from Hospital  5 Transfer from a Skilled Nursing Facility (SNF)  6 Transfer from Another Health Care Facility  7 Emergency  8 Court / Law Enforcement  9 Information Not Available |
| Hospital Service Disposition Status | 2 | 576-577 | Character | N/A | 01-99 | Status of patient upon discharge from the hospital. Coded as follows:  01 Discharge to home or self care  02 Discharge/transferred to another hospital  03 Discharge/transferred to SNF  04 Discharged/transferred to an ICF  05 Discharged/transferred to another institution  06 Discharge/transferred to home under care  07 Left against medical advice  08-09 Reserved for national assignment  10-19 Discharged to be defined at state level  20 Deceased  21-29 Deceased to be defined at state level  30 Still a patient  31-39 Still a patient to be defined at state level  40 Expired at home  41 Expired in a medical facility  42 Expired – place unknown  43-99 Reserved for national assignment |
| Hospital Service Disposition Date | 8 | 578-585 | Date | N/A | None | Date of discharge from hospital. Format: YYYYMMDD. |
| Diagnosis Related Group (DRG) | 3 | 586-588 | Character | N/A | None | Patient classification scheme, which provides a means of relating the types of patients a hospital treats to the costs incurred by the hospital. |
| Hospital Service Patient Principal Procedure | 7 | 589-595 | Character | N/A | Reference: ICD-9-CM | ICD-9-CM code identifying the principal procedure performed during hospital stay. Do not include decimal point. Left justify, blank fill. Use ‘ZZZZ’ when no procedures have been performed. |
| Hospital Service Patient Procedure 2 | 7 | 596-602 | Character | N/A | Reference: ICD-9-CM | ICD-9-CM code identifying the second procedure performed during hospital stay. Do not include decimal point. Left justify and blank fill. |
| Hospital Service Patient Procedure 3 | 7 | 603-609 | Character | N/A | Reference: ICD-9-CM | ICD-9-CM code identifying the third procedure performed during hospital stay. Do not include decimal point. Left justify and blank fill. |
| Hospital Service Patient Procedure 4 | 7 | 610-616 | Character | N/A | Reference: ICD-9-CM | ICD-9-CM code identifying the fourth procedure performed during hospital stay. Do not include decimal point. Left justify and blank fill. |
| Hospital Service Patient Procedure 5 | 7 | 617-623 | Character | N/A | Reference: ICD-9-CM | ICD-9-CM code identifying the fifth procedure performed during hospital stay. Do not include decimal point. Left justify and blank fill. |
| Hospital Service Patient Procedure 6 | 7 | 624-630 | Character | N/A | Reference: ICD-9-CM | ICD-9-CM code identifying the sixth procedure performed during hospital stay. Do not include decimal point. Left justify and blank fill. |
| Transaction Type | 1 | 631 | Character | N/A | C, D, I, F | Code to indicate the transaction type of the record on Clinical and Pharmacy submission. Coded as follows:  C Corrective submission  D Delete submission  I Initial submission  F Further episodes submission [used for overflow records when a single episode does not fit within a single record (i.e., more than 6 outpatient or professional services on a single claim or invoice)]. |

Table ‑ Pharmacy Header Record Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| File Type | 3 | 1-3 | Character | N/A | NDC | The file type of the submitted data. Coded as follows:  NDC MCD Pharmacy Data |
| Submission Period | 6 | 4-9 | Character | N/A | None | The month and year for which the data is being submitted. Format: MMYYYY. |
| Creation Date | 8 | 10-17 | Date | N/A | None | Creation date of the file. Format: YYYYMMDD. |
| DMIS ID | 4 | 18-21 | Character | N/A | 0190, 0191, 0192, 0193, 0194, 0196, 0197, 0198 | Defense Medical Information System (DMIS) identification code. Coded as follows:  0190 John Hopkins Medical Services Corp  0191 Brighton Marine Health Care  0192 CHRISTUS Health – St John’s  0193 Saint Vincent Catholic Medical Centers of NY  0194 Pacific Medical Clinics  0196 CHRISTUS Health – St. Joseph’s  0197 CHRISTUS Health – St. Mary’s  0198 Martin’s Point Health Care |
| Total Records | 7 | 22-28 | Numeric | N/A | None | The number of total records in the file, right justified. |

Table ‑ Pharmacy Detail Record Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| DMIS ID | 4 | 1-4 | Character | N/A | 0190, 0191, 0192, 0193, 0194, 0196, 0197, 0198 | Defense Medical Information System (DMIS) identification code. Coded as follows:  0190 John Hopkins Medical Services Corp  0191 Brighton Marine Health Care  0192 CHRISTUS Health – St John’s  0193 Saint Vincent Catholic Medical Centers of NY  0194 Pacific Medical Clinics  0196 CHRISTUS Health – St. Joseph’s  0197 CHRISTUS Health – St. Mary’s  0198 Martin’s Point Health Care |
| DEERS Family Identifier | 9 | 5-13 | Character | N/A | None | Identifier that uniquely identifies a family for the purposes of DoD benefits. | N/A | None |
| DEERS Beneficiary Identifier | 2 | 14-15 | Character | N/A | None | The identifier that uniquely identifies a family member for the purposes of DoD benefits. Coded as follows:  00 Sponsor  01-99 Dependents |
| Patient’s Identifier | 10 | 16-25 | Character | N/A | None | Identifier associated with a specific patient. |
| Sponsor SSN | 9 | 26-34 | Character | N/A | 000000001-999899999 | Social Security Number (SSN) of beneficiary’s sponsor. |
| Legacy DEERS Dependent Suffix (DDS) | 2 | 35-36 | Character | N/A | 00-20, 30-69, 99 | Suffix assigned and maintained by DEERS. Coded as follows:  00 Conditional enrolled  01-19 Dependent child  20 Sponsor  30-39 Spouse of sponsor  40-44 Mother of sponsor  45-49 Father of sponsor  50-54 Mother-in-law of sponsor  55-59 Father-in-law of sponsor  60-69 Other eligible dependents  99 Other or unknown relationship |
| Patient’s Last Name | 26 | 37-62 | Character | N/A | N/A | The last name of the patient. |
| Patient’s First Name | 20 | 63-82 | Character | N/A | N/A | The first name of the patient. |
| Patient’s Middle Name | 20 | 83-102 | Character | N/A | N/A | The middle name of the patient. |
| Patient’s Cadency Name | 4 | 103-106 | Character | N/A | N/A | The cadency name (e.g., Sr, Jr, III) of the patient. |
| Patient’s Date of Birth | 8 | 107-114 | Date | N/A | None | Date of birth of patient. Format: YYYYMMDD. |
| Patient Gender | 1 | 115 | Character | N/A | F, M, Z | Gender of patient. Coded as follows:  F Female  M Male  Z Unknown |
| Quantity Dispensed | 6 | 116-121 | Character | N/A | .00001 - 999999 | Drug quantity the patient physically received, not the amount prescribed by the physician. Right justified, zero filled. Unit of measure is indicated in the NDC number (e.g., tablets, grams, ounces). Valid values: .00001 - 999999 |
| Date Dispensed | 8 | 122-129 | Date | N/A | None | Date the prescription was dispensed. Format: YYYYMMDD. |
| National Drug Code (NDC) Number | 11 | 130-140 | Character | N/A | Valid NDC numbers, 55555555551, 88888888881 | Specific National Drug Code (NDC) number assigned for the drug, or the default for the durable medical equipment and compound drugs. Dash marks are assumed between the 5th and 6th positions, and between the 9th and 10th positions. All durable medical equipment is coded as 55555555551. All compounds are coded as 88888888881. |
| Cost Data | 11 | 141-151 | Numeric | N/A | None | The facility’s total charges generated by or billed to the beneficiary for services rendered for one full episode of care (each “I” and “F” code are separate episodes of care). A separate amount shall be entered for the “I” and “F” code records. Right justified, zero filled. Decimal position assumed between 2nd and 3rd positions from the right. |
| Basis for Cost Determination | 3 | 152-154 | Character | N/A | 00-05, 06x, 07-09, 20, 30, 88, 90 | A code indicating the method drug costs were calculated. Coded as follows:  00 Not applicable/not available  01 Average Wholesale Price (AWP)  02 Local wholesale  03 Direct  04 Estimated Acquisition Cost (EAC)  05 Acquisition  06x Brand medically necessary  07 Usual and customary  08 Unit dose used on tape and diskette only  09 Other  20 State unit cost  30 Baseline price  88 Submitted ingredient cost  90 Undiscounted ingredient cost |
| Unique Patient Reference ID Number | 12 | 155-166 | Character | N/A | None | Unique claim or episode of care number. Every Transaction Type “I” record will have a separate “Unique Patient Reference Number.” On Deletions (D) or Corrections (C) the record will have the originally submitted “Unique Patient Reference Number.” |
| Co-payment Amount Collected | 6 | 167-172 | Number | N/A | None | Money collected for issuance of one prescription (each “I” and “F” code are separate episodes of care). A separate amount shall be entered for the “I” and “F” code records. Right justified, zero filled. Decimal position assumed between 2nd and 3rd positions from the right. |
| Pharmacy NAPD Number | 9 | 173-190 | Character | N/A | None | National Association of Pharmaceutical Doctors (NAPD) number assigned to the pharmacy. |
| Number of Days Provided | 3 | 191-193 | Numeric | N/A | 001-999 | Number of days the filled prescription will cover. |
| Provider Prescribing Medication | 18 | 194-211 | Character | N/A | None | Unique provider identifier number of the physician prescribing the medication. |
| Dispensed As Written Indicator | 1 | 212 | Character | N/A | 0-9 | Code indicating if the drug was dispensed as written on the prescription. Coded as follows:  0 Not product selection indicated  1 Substitution NOT allowed. Brand drug mandated by prescriber.  2 Substitution allowed. Patient requested brand drug.  3 Substitution allowed. Pharmacist selected brand drug.  4 Substitution allowed. Generic not in stock.  5 Substitution allowed. Brand drug dispensed as generic.  6 Override  7 Substitution NOT allowed. Brand drug mandated by law.  8 Substitution allowed. Generic not available in marketplace.  9 Other |
| Transaction Type | 1 | 213 | Character | N/A | C, D, I, F | Code to indicate the transaction type of the record on Clinical and Pharmacy submission. Coded as follows:  C Corrective submission  D Delete submission  I Initial submission  F Further episodes submission [used for overflow records when a single episode does not fit within a single record (i.e., more than 6 outpatient or professional services on a single claim or invoice)]. |

Table ‑ Provider Header Record Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| File Type | 3 | 1-3 | Character | N/A | PRV | The file type of the submitted data. Coded as follows:  PRV Provider Data |
| Submission Period | 6 | 4-9 | Character | N/A | None | The month and year for which the data is being submitted. Format: MMYYYY. |
| Creation Date | 8 | 10-17 | Date | N/A | None | Creation date of the file. Format: YYYYMMDD. |
| DMIS ID | 4 | 18-21 | Character | N/A | 0190, 0191, 0192, 0193, 0194, 0196, 0197, 0198 | Defense Medical Information System (DMIS) identification code. Coded as follows:  0190 John Hopkins Medical Services Corp  0191 Brighton Marine Health Care  0192 CHRISTUS Health – St John’s  0193 Saint Vincent Catholic Medical Centers of NY  0194 Pacific Medical Clinics  0196 CHRISTUS Health – St. Joseph’s  0197 CHRISTUS Health – St. Mary’s  0198 Martin’s Point Health Care |
| Total Records | 7 | 22-28 | Numeric | N/A | None | The number of total records in the file, right justified. |

Table ‑ Provider Detail Record Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| DMIS ID | 4 | 1-4 | Character | N/A | 0190, 0191, 0192, 0193, 0194, 0196, 0197, 0198 | Defense Medical Information System (DMIS) identification code. Coded as follows:  0190 John Hopkins Medical Services Corp  0191 Brighton Marine Health Care  0192 CHRISTUS Health – St John’s  0193 Saint Vincent Catholic Medical Centers of NY  0194 Pacific Medical Clinics  0196 CHRISTUS Health – St. Joseph’s  0197 CHRISTUS Health – St. Mary’s  0198 Martin’s Point Health Care |
| Unique Provider ID Number or The Pharmacy NAPD Number | 18 | 5-22 | Character | N/A | None | Facility created unique provider ID number, or the Pharmacy National Association of Pharmaceutical Doctors (NAPD) Number. NAPD Number is right justified and zero filled. |
| Provider Type Code | 1 | 23 | Character | N/A | C, D, N, U | Code to indicate whether the provider i a network or non-network provider. Coded as follows:  C Civilian network  D Direct Care network  N None  U Informed Services Family Health Plan (USFHP) |
| Provider License Identifier | 24 | 24-47 | Character | N/A | None | Provider’s license number. Left justified, blank filled. If not available, use ‘99999’. |
| Provider Full Name | 40 | 48-87 | Character | N/A | None | Full name of provider/pharmacy. Last name, followed by first name and middle initial, each separated by a blank. Left justified, blank filled. |
| Provider Group Name | 40 | 88-127 | Character | N/A | None | Group name of the provider. |
| Tax ID of Provider Entity | 9 | 128-136 | Character | N/A | None | Provider’s Tax ID number for the individual/group responsible for the service provided. Use clinic’s Tax ID when care is provided in a clinic setting, physician’s Tax ID if care is provided in a non-clinic setting, or pharmacy’s Tax ID for pharmacies. |
| Provider Affiliation Code | 1 | 137 | Character | N/A | C, O, S | Affiliation of provider/pharmacy to DP entity. Coded as follows:  C Contracted  O Other  S Staff |
| Institution/Non-Institution | 1 | 138 | Character | N/A | I, N | Code indicating whether provider/pharmacy is institution or non-institution. Coded as follows:  I Institution  N Non-institution |
| Provider Telephone Number | 14 | 139-152 | Character | N/A | None | Telephone number of the provider. |
| Provider Street Address | 40 | 153-192 | Character | N/A | None | Street address where provider/pharmacy is located. Left justified, blank filled. |
| Provider City | 20 | 193-212 | Character | N/A | None | City where provider/pharmacy is located. Left justified, blank filled. |
| Provider State | 2 | 213-214 | Character | N/A | Standard 2-digit post office alpha code | State where provider/pharmacy is located. ‘OC’ is coded for out of country. |
| Provider Zip Code | 9 | 215-223 | Character | N/A | 006010000-999509999, 123456789 | Zip code of the provider/pharmacy giving care is located. Coded as follows:  006010000-999509999 United States  123456789 Outside US |
| 1st Major Specialty/ Institution Type | 2 | 224-225 | Character | N/A | 01-08, 10-14, 16, 18-20, 22, 24-26, 28-30, 33, 34-40, 42-45, 47-51, 57, 59-63, 65, 69, 70, 80-86, 90-99, BC, BL, DT, EM, HA, HH, HI, HM, ID, NT, OC, PH, RN, TS, \*1-\*9, \*A-\*D, \*F-\*T | If non-institutional, provider’s major specialty. If institutional, type of institution providing care. |
| 2nd Major Specialty | 2 | 226-227 | Character | N/A | 01-08, 10-14, 16, 18-20, 22, 24-26, 28-30, 33, 34-40, 42-45, 47-51, 57, 59-63, 65, 69, 70, 80-86, 90-99, BC, BL, DT, EM, HA, HH, HI, HM, ID, NT, OC, PH, RN, TS, \*1-\*9, \*A-\*D, \*F-\*T | If non-institutional, provider’s major specialty. |
| 3rd Major Specialty | 2 | 228-229 | Character | N/A | 01-08, 10-14, 16, 18-20, 22, 24-26, 28-30, 33, 34-40, 42-45, 47-51, 57, 59-63, 65, 69, 70, 80-86, 90-99, BC, BL, DT, EM, HA, HH, HI, HM, ID, NT, OC, PH, RN, TS, \*1-\*9, \*A-\*D, \*F-\*T | If non-institutional, provider’s major specialty. |
| 4th Major Specialty | 2 | 230-231 | Character | N/A | 01-08, 10-14, 16, 18-20, 22, 24-26, 28-30, 33, 34-40, 42-45, 47-51, 57, 59-63, 65, 69, 70, 80-86, 90-99, BC, BL, DT, EM, HA, HH, HI, HM, ID, NT, OC, PH, RN, TS, \*1-\*9, \*A-\*D, \*F-\*T | If non-institutional, provider’s major specialty. |
| 5th Major Specialty | 2 | 232-233 | Character | N/A | 01-08, 10-14, 16, 18-20, 22, 24-26, 28-30, 33, 34-40, 42-45, 47-51, 57, 59-63, 65, 69, 70, 80-86, 90-99, BC, BL, DT, EM, HA, HH, HI, HM, ID, NT, OC, PH, RN, TS, \*1-\*9, \*A-\*D, \*F-\*T | If non-institutional, provider’s major specialty. |
| Provider Location Begin Date | 8 | 234-241 | Date | N/A | None | Date the provider began providing services for the DP. Format: YYYYMMDD. |
| Provider Location End Date | 8 | 242-249 | Date | N/A | None | Date the provider terminated providing services for the DP. Format: YYYYMMDD. Default date is the end of the DP contract. |
| Provider Gender Code | 1 | 250 | Character | N/A | F, M, Z | Gender of provider. Coded as follows:  F Female  M Male  Z Unknown |
| Remote Enrollee Assignment Indicator Code | 1 | 251 | Character | N/A | N, Y | Code that represents whether a PCM can be assigned to a beneficiary enrolled in a TRICARE remote coverage plan.  N No  Y Yes |
| Provider Assignment Remarks Text | 80 | 252-331 | Character | N/A | None | Descriptive reason for provider assignment given by the beneficiary or enrollment clerk. |
| Provider Accreditation Indication | 1 | 332 | Character | N/A | N, Y | Indicates of the provider is accredited. Coded as follows:  N No  Y Yes |
| Guard/Reserve Status | 1 | 333 | Character | N/A | G, N, R | If non-institution: code that represents Provider’s Guard/Reserve status. Coded as follows:  G Guard  N Not applicable  R Reserve |

Table ‑ Institution Codes

| Codes | Codes |
| --- | --- |
| 10 General Medical and Surgical  11 Hospital Unit of an Institution  12 Hospital Unit within an Institution for the Mentally Retarded  22 Psychiatric Hospital or Unit  33 Tuberculosis and Other Respiratory Disease  44 Obstetrics  45 Eye, Ear, Nose, and Throat  46 Rehabilitation  47 Orthopedic  48 Chronic Disease  49 Miscellaneous  50 Children’s General  51 Children’s Hospital Unit of an Institution  52 Children’s Psychiatric Hospital or Unit  53 Children’s Tuberculosis and Other Respiratory Diseases  55 Children’s Eye, Ear, Nose, and Throat  56 Children’s Rehabilitation | 57 Children’s Orthopedic  58 Children’s Chronic  59 Children, Other Specialty  62 Institution of Mental Retardation  70 Home Health Care Agency  71 Specialized Treatment Facility  72 Residential Treatment Facility  73 Extended Care Facility  74 Christian Science Facility  75 Hospital-based Ambulatory Surgery Center  76 Skilled Nursing Facility  78 Non-Hospital-Based Hospice  79 Hospital-based Hospice  82 Alcoholism and other Chemical Dependency  90 Cancer  91 Sole Community  92 Freestanding Ambulatory Surgery Center |

Table ‑ Provider Major Specialty Codes

| Codes | Codes | Codes |
| --- | --- | --- |
| 01 General Practice  02 General Surgery  03 Allergy  04 Otology, Laryngology, Rhinology  05 Anesthesiology  06 Cardiovascular Disease  07 Dermatology  08 Family Practice  10 Gastroenterology  11 Internal Medicine  12 Neurology  14 Neurological Surgery  16 Obstetrics/Gynecology  18 Ophthalmology  19 Oral Surgery (Dentists only)  20 Orthopedic Surgery  22 Pathology  24 Plastic Surgery  25 Physical Medicine and Rehab  26 Psychiatry  28 Proctology  29 Pulmonary Diseases  30 Radiology  33 Thoracic Surgery  34 Urology  35 Chiropractor, licensed  36 Nuclear Medicine  37 Pediatrics | 38 Geriatrics  39 Nephrology  40 Neonatology  42 Nurses (RN)  43 Nurses (LPN)  44 Occupational Therapy (OTR)  45 Speech Pathologist/Speech Therapist  47 Endocrinology  48 Podiatry - Surgical Chiropody  50 Proctology and Rectal Surgery  51 Medical Supply Co.  57 Certified Prosthetist - Orthotist  59 Ambulance Service Supplier  60 Public Health or Welfare Agencies  61 Voluntary Health or Charitable Agencies  62 Psychologist (Billing Independently)  63 Audiologists (Billing Independently)  65 Physical Therapist (Independent Practice)  69 Independent Laboratory (Independent Bill)  70 Clinic or Other Group Practice  80 Anesthetist  81 Dietitian  82 Education Specialist  83 Nurse, Private Duty  84 Physician's Assistant  85 Social worker  86 Christian Science | 90 Nurse Practitioner  91 Clinical Psychiatric Nurse Specialist  92 Midwife  93 Mental Health Counselor  94 Marriage and Family Counselor  95 Pastoral Counselors  96 Marriage and FamilyTherapist (valid only for Conn, Mass, NJ, and NY)  97 M.S.W., A.S.W.  98 Optometrist  99 Facility Charges - use for Facility charges for outpatient services, (e.g., ambulatory surgery, hospital services)  BC Birthing Centers/Rooms  BL Blood Center  DT Dental  EM Emergency Medicine  HA Home Health Care Agency  HH Home Health Aide/Homemaker  HI Home Infusion  HM Hematology  ID Infectious Disease  NT Nutrition  OC Oncology  PH Pharmacist  RN Rheumatology  TS Transportation Services (Privately-Owned Vehicle) |

| Codes |
| --- |
| \*1 Pediatric Ophthalmology  \*2 Pediatric Medical Genetics  \*3 Medical Genetics  \*4 Home Health Infusion RN  \*5 Cardiothoracic Surgery  \*6 Electroencephalography  \*7 Electromyography  \*8 Immunology  \*9 Surgery Critical Care  \*A Reproductive Endocrinology  \*B Sports Medicine  \*C Clinical Cardiac Electrophysiologist  \*D Critical Care Medicine  \*F Interventional Cardiologist  \*G Occupational Health  \*H Clinical Neurophysiologist  \*I Osteopathic Manipulative Medicine  \*J Gynecologic Oncologist  \*K Hand Surgeon  \*L Pediatric Cardiologist  \*M Pediatric Endocrinologist  \*N Pediatric Gastroenterologist  \*O Pediatric Hematologist - Oncologist  \*P Pediatric Nephrologist  \*Q Pediatric Pulmonologist  \*R Pediatric Developmental Specialist  \*S Electro Diagnostic Medicine  \*T Vascular Surgeon |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **AWP** | Average Wholesale Price |
| **CCB** | Configuration Control Board |
| **CEIS** | Corporate Executive Information System |
| **CPT-4** | Current Procedure Terminology 4th Edition |
| **DCN** | Document Change Notice |
| **DDS** | DEERS Dependent Suffix |
| **DECC** | Defense Enterprise Computing Center |
| **DEERS** | Defense Enrollment and Eligibility Reporting System |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **DP** | Designated Provider |
| **DRG** | Diagnosis Related Group |
| **EAC** | Estimated Acquisition Cost |
| **EIDS** | Executive Information Decision Support |
| **HCFA** | Health Care Financing Administration |
| **HCPCS** | HCFA Common Procedural Coding System |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HMO** | Health Maintenance Organization |
| **HPA&E** | Health Program Analysis and Evaluation |
| **ICD** | Interface Control Document |
| **ICD-9** | International Classification of Diseases 9th Edition |
| **ICF** | Intermediate Care Facility |
| **IMD** | Information Management Directorate |
| **IWG** | Interface Working Group |
| **M2** | MHS Mart |
| **MCD** | Management Clinical Data |
| **MDR** | MHS Data Repository |
| **MHS** | Military Health System |
| **NAPD** | National Association of Pharmaceutical Doctors |
| **NDC** | National Drug Code |
| **NOAA** | National Oceanographic and Atmospheric Administration |
| **ORD** | Operational Requirements Document |
| **PCM** | Primary Care Manager |
| **RN** | Registered Nurse |
| **ROTC** | Reserve Officers Training Corps |
| **SFTP** | Secure File Transfer Protocol |
| **SNF** | Skilled Nursing Facility |
| **SSN** | Social Security Number |
| **TAMP** | Transitional Assistance Management Program |
| **TMA** | TRICARE Management Activity |
| **TOD** | TRICARE Operations Directorate |
| **TSM** | Tivoli Storage Manager |
| **USFHP** | Uniformed Services Family Health Plan |
| **USTF** | Uniformed Services Treatment Facility |
| **VPN** | Virtual Private Network |