EIDS Program Management

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

Approved Version

April 28, 2006



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Designated Provider ICD Describing the Data Exchange to MDR

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Approval Page

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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).



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 Corp0191 Brighton Marine Health Care0192 CHRISTUS Health – St John’s0193 Saint Vincent Catholic Medical Centers of NY0194 Pacific Medical Clinics0196 CHRISTUS Health – St. Joseph’s0197 CHRISTUS Health – St. Mary’s0198 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 Corp0191 Brighton Marine Health Care0192 CHRISTUS Health – St John’s0193 Saint Vincent Catholic Medical Centers of NY0194 Pacific Medical Clinics0196 CHRISTUS Health – St. Joseph’s0197 CHRISTUS Health – St. Mary’s0198 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 Sponsor01-99 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 States12345 Outside US |
| Patient Gender | 1 | 110 | Character | N/A | F, M, Z | Gender of patient. Coded as follows:F FemaleM MaleZ 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 enrolled01-19 Dependent child20 Sponsor30-39 Spouse of sponsor40-44 Mother of sponsor45-49 Father of sponsor50-54 Mother-in-law of sponsor55-59 Father-in-law of sponsor60-69 Other eligible dependents99 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 BeneficiariesA Active DutyB Presidential AppointeeC DoD Civil ServiceD Disabled American VeteranE DoD ContractorF Former MemberG National Guard (mobilized for 31 days or more)H Medal of HonorI Other Government Agency EmployeeJ Academy StudentK Non-appropriated Fund DoD employeeL Lighthouse serviceM Non-government agency personnelN National GuardO Other Government contract employeeP TAMPQ Reserve RetireeR RetiredS Reserve (mobilized for 31 days or more)T Foreign MilitaryU Foreign National EmployeeV Reserve (not on active duty or on active duty for 30 days or less)W Former spouseY Service affiliates (ROTC, Merchant MarinesZ 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 ArmyC Coast GuardD Office of Secretary of DefenseF Air ForceH Public Health ServiceM Marine CorpsN NavyO NOAAX Not applicable1 Foreign Army2 Foreign Navy3 Foreign Marine Corps4 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 servicesI Inpatient professional servicesO 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 NoY 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 Emergency2 Urgent3 Elective4 Newborn5 Trauma center6 Inpatient mental health9 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 Referral2 Clinic Referral3 HMO Referral4 Transfer from Hospital5 Transfer from a Skilled Nursing Facility (SNF)6 Transfer from Another Health Care Facility7 Emergency8 Court / Law Enforcement9 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 care02 Discharge/transferred to another hospital03 Discharge/transferred to SNF04 Discharged/transferred to an ICF05 Discharged/transferred to another institution06 Discharge/transferred to home under care07 Left against medical advice08-09 Reserved for national assignment10-19 Discharged to be defined at state level20 Deceased21-29 Deceased to be defined at state level30 Still a patient31-39 Still a patient to be defined at state level40 Expired at home41 Expired in a medical facility42 Expired – place unknown43-99 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 submissionD Delete submissionI Initial submissionF 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 Corp0191 Brighton Marine Health Care0192 CHRISTUS Health – St John’s0193 Saint Vincent Catholic Medical Centers of NY0194 Pacific Medical Clinics0196 CHRISTUS Health – St. Joseph’s0197 CHRISTUS Health – St. Mary’s0198 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 Corp0191 Brighton Marine Health Care0192 CHRISTUS Health – St John’s0193 Saint Vincent Catholic Medical Centers of NY0194 Pacific Medical Clinics0196 CHRISTUS Health – St. Joseph’s0197 CHRISTUS Health – St. Mary’s0198 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 Sponsor01-99 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 enrolled01-19 Dependent child20 Sponsor30-39 Spouse of sponsor40-44 Mother of sponsor45-49 Father of sponsor50-54 Mother-in-law of sponsor55-59 Father-in-law of sponsor60-69 Other eligible dependents99 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 FemaleM MaleZ 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 available01 Average Wholesale Price (AWP)02 Local wholesale03 Direct04 Estimated Acquisition Cost (EAC)05 Acquisition06x Brand medically necessary07 Usual and customary08 Unit dose used on tape and diskette only09 Other20 State unit cost30 Baseline price88 Submitted ingredient cost90 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 indicated1 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 Override7 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 submissionD Delete submissionI Initial submissionF 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 Corp0191 Brighton Marine Health Care0192 CHRISTUS Health – St John’s0193 Saint Vincent Catholic Medical Centers of NY0194 Pacific Medical Clinics0196 CHRISTUS Health – St. Joseph’s0197 CHRISTUS Health – St. Mary’s0198 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 Corp0191 Brighton Marine Health Care0192 CHRISTUS Health – St John’s0193 Saint Vincent Catholic Medical Centers of NY0194 Pacific Medical Clinics0196 CHRISTUS Health – St. Joseph’s0197 CHRISTUS Health – St. Mary’s0198 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 networkD Direct Care networkN NoneU 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 ContractedO OtherS 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 InstitutionN 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 States123456789 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 FemaleM MaleZ 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 NoY 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 NoY 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 GuardN Not applicableR Reserve |

Table ‑ Institution Codes

| Codes | Codes |
| --- | --- |
| 10 General Medical and Surgical11 Hospital Unit of an Institution12 Hospital Unit within an Institution for the Mentally Retarded22 Psychiatric Hospital or Unit33 Tuberculosis and Other Respiratory Disease44 Obstetrics45 Eye, Ear, Nose, and Throat46 Rehabilitation47 Orthopedic48 Chronic Disease49 Miscellaneous50 Children’s General51 Children’s Hospital Unit of an Institution52 Children’s Psychiatric Hospital or Unit53 Children’s Tuberculosis and Other Respiratory Diseases55 Children’s Eye, Ear, Nose, and Throat56 Children’s Rehabilitation | 57 Children’s Orthopedic58 Children’s Chronic59 Children, Other Specialty62 Institution of Mental Retardation70 Home Health Care Agency71 Specialized Treatment Facility72 Residential Treatment Facility73 Extended Care Facility74 Christian Science Facility75 Hospital-based Ambulatory Surgery Center 76 Skilled Nursing Facility78 Non-Hospital-Based Hospice79 Hospital-based Hospice82 Alcoholism and other Chemical Dependency90 Cancer91 Sole Community92 Freestanding Ambulatory Surgery Center |

Table ‑ Provider Major Specialty Codes

| Codes | Codes | Codes |
| --- | --- | --- |
| 01 General Practice02 General Surgery03 Allergy04 Otology, Laryngology, Rhinology05 Anesthesiology06 Cardiovascular Disease07 Dermatology08 Family Practice10 Gastroenterology11 Internal Medicine12 Neurology14 Neurological Surgery16 Obstetrics/Gynecology18 Ophthalmology19 Oral Surgery (Dentists only)20 Orthopedic Surgery22 Pathology24 Plastic Surgery25 Physical Medicine and Rehab26 Psychiatry28 Proctology29 Pulmonary Diseases30 Radiology33 Thoracic Surgery34 Urology35 Chiropractor, licensed36 Nuclear Medicine37 Pediatrics | 38 Geriatrics39 Nephrology40 Neonatology42 Nurses (RN)43 Nurses (LPN)44 Occupational Therapy (OTR)45 Speech Pathologist/Speech Therapist47 Endocrinology48 Podiatry - Surgical Chiropody50 Proctology and Rectal Surgery51 Medical Supply Co.57 Certified Prosthetist - Orthotist59 Ambulance Service Supplier60 Public Health or Welfare Agencies61 Voluntary Health or Charitable Agencies62 Psychologist (Billing Independently)63 Audiologists (Billing Independently)65 Physical Therapist (Independent Practice)69 Independent Laboratory (Independent Bill)70 Clinic or Other Group Practice80 Anesthetist81 Dietitian82 Education Specialist83 Nurse, Private Duty84 Physician's Assistant85 Social worker86 Christian Science | 90 Nurse Practitioner91 Clinical Psychiatric Nurse Specialist92 Midwife93 Mental Health Counselor94 Marriage and Family Counselor95 Pastoral Counselors96 Marriage and FamilyTherapist (valid only for Conn, Mass, NJ, and NY)97 M.S.W., A.S.W.98 Optometrist99 Facility Charges - use for Facility charges for outpatient services, (e.g., ambulatory surgery, hospital services)BC Birthing Centers/RoomsBL Blood CenterDT DentalEM Emergency MedicineHA Home Health Care AgencyHH Home Health Aide/HomemakerHI Home InfusionHM HematologyID Infectious DiseaseNT NutritionOC OncologyPH PharmacistRN RheumatologyTS 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 |