

**02 November 2021**

**MHS GENESIS Encounter Basic File BDE 2.4  
for the  
MHS Data Repository (MDR)  
(Version 1.03.00)**

**Current Specification**

## Revision History

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.00.00	02/21/18	Douglas Juckett	<ul style="list-style-type: none"> <li>• Initial Document</li> </ul>	<ul style="list-style-type: none"> <li>• Initial Document</li> </ul>
1.01.00	10/21/18	Mitzi Miller	<ul style="list-style-type: none"> <li>• Section IV</li> <li>• Table 1</li>   <li>• Table 2</li> </ul>	<ul style="list-style-type: none"> <li>• Added Between Visit to include list</li> <li>• Added TMCI file names</li> <li>• Add merge from Encounter to Encounter History</li> <li>• Update Limits, etc for Encounter to Diagnosis</li> <li>• Changed field names: <ul style="list-style-type: none"> <li>○ CLINZIP_R</li> <li>○ CPTUNITS</li> <li>○ MRNPERSON</li> <li>○ PROC</li> </ul> </li> <li>• Changed formats: <ul style="list-style-type: none"> <li>○ DISPCODE_LEGACY</li> <li>○ ELG_GRP</li> <li>○ ENR_GRP</li> <li>○ GENESIS_FLAG</li> <li>○ PROV_NPITYPE1-PROV_NPITYPE6</li> <li>○ PROV_NPITYPE_ADM</li> <li>○ PROV_NPITYPE_ATT</li> <li>○ PROV_NPITYPE_ORD</li> <li>○ PROV_NPITYPE_REF</li> <li>○ PROV_NPITYPE_VER</li> </ul> </li> <li>• Changed source variable: <ul style="list-style-type: none"> <li>○ CM</li> <li>○ CY</li> <li>○ FM</li> <li>○ FY</li> <li>○ MRNPERSON</li> </ul> </li> <li>• Added variables: <ul style="list-style-type: none"> <li>○ APPTIDNO</li> <li>○ CPTUOS</li> <li>○ DXGRP</li> <li>○ EDIPN (Person File)</li> <li>○ ENC_SFX</li> <li>○ EXPAGE</li> <li>○ EXTRDATE_O</li> <li>○ FAC_FLAG</li> <li>○ FIRST_NAME</li> <li>○ FIRSTNAME</li> <li>○ FPRVU</li> <li>○ IPINDREC</li> <li>○ LAST_NAME</li> <li>○ LASTNAME</li> <li>○ LINENO</li> <li>○ MDC</li> <li>○ MTF_CMND</li> <li>○ MTF_MSMA</li> <li>○ MTF_PARENT (Derived)</li> <li>○ NPRVU</li> <li>○ PATNAME</li> <li>○ PROV_CATD_PRIM</li> <li>○ PROV_EDIPN_PRIM</li> <li>○ PROV_HIPAA_PRIM</li> <li>○ PROV_MEPRSD_PRIM</li> <li>○ PROV_MTFD_PRIM</li> <li>○ PROV_NPI_PRIM</li> <li>○ PROV_NPITYPE_PRIM</li> <li>○ PROV_ORGD_PRIM</li> <li>○ PROV_PRIM_SOURCE</li> <li>○ PROV_ROLE_PRIM</li> <li>○ PROV_SVC_ASSGD_PRIM</li> </ul> </li> </ul>

Version	Date	Originator	Para/Tbl/Fig	Description of Change
			<ul style="list-style-type: none"> <li>• Appendix A</li> <li>• Appendix B</li> </ul>	<ul style="list-style-type: none"> <li>○ PROV_SVCD_PRIM</li> <li>○ PROV_UICD_PRIM</li> <li>○ PROVID_PRIM</li> <li>○ RSPONSVC</li> <li>○ RRVU</li> <li>○ SKILLH1-SKILLH6</li> <li>○ SKILLH_ADM</li> <li>○ SKILLH_ATT</li> <li>○ SKILLH_ORD</li> <li>○ SKILLH_PRIM</li> <li>○ SKILLH_REF</li> <li>○ SKILLH_VER</li> <li>○ SPONSIDTYPE</li> <li>○ SSN (Person)</li> <li>○ SSVCLVM</li> <li>○ TPRELIG</li> <li>○ TRVU</li> <li>○ TYAFLAG</li> <li>○ VISIT_DT_TM</li> <li>• Deleted variables: <ul style="list-style-type: none"> <li>○ DIAG_SOURCE</li> <li>○ DOB_R</li> <li>○ DXJ, J=1-20</li> <li>○ ENCDATE</li> <li>○ LINUM</li> </ul> </li> <li>• Rename variable names: <ul style="list-style-type: none"> <li>○ CAPERSTAT to GEN_STATUS</li> <li>○ CCE_COMPLETED_DATE to CCE_COMPLETED_DT_TM</li> <li>○ CCESTAT to CCESTATUS</li> <li>○ MTF_PARENT_REC to MTF_PARENT_D (DMISID Index File)</li> <li>○ MTF_PARENT_REC to MTF_PARENT_G (Location File)</li> <li>○ MTF_PARENT to MTF_PARENT_REC (Location File)</li> <li>○ SPONSVC to SAGGLVM (LVM)</li> </ul> </li> <li>• Changed definition/notes: <ul style="list-style-type: none"> <li>○ AMBSURG</li> <li>○ ENC_INFR_FLAG</li> </ul> </li> <li>• Moved text from original Appendix B</li> <li>• Renamed Product Line Table to TABLE A1.a</li> <li>• Added TABLE A1.b Diagnosis Group</li> <li>• Added Appendix B</li> </ul>
1.01.01	05/20/19	Mitzi Miller	• Table 2	<ul style="list-style-type: none"> <li>• Add ENCOUNTER_LOC_COMPOSITE, ENCOUNTER_LOC_COMPSPEC &amp; ENCOUNTER_LOC_COMP CARE</li> <li>• Remove decimals from all DX codes</li> </ul>
1.01.02	06/20/19	Mitzi Miller	<ul style="list-style-type: none"> <li>• Table 1</li> <li>• Table 2</li> </ul>	<ul style="list-style-type: none"> <li>• Add filter to exclude encounters with dates after the BDE extract date</li> <li>• Rename CURRENT_LOC = ENCOUNTER_LOC_CODE &amp; CURRENT_LOCATION = ENCOUNTER_LOC_GENERAL</li> <li>• Correct lengths of ENCOUNTER_LOC_COMPOSITE to 45 &amp; ENCOUNTER_LOC_COMPSPEC and ENCOUNTER_LOC_COMP CARE to 10</li> <li>• Add hybrid DX codes, DX1-DX20</li> <li>• Add CHARGED_ENCOUNTER_FLAG</li> </ul>
1.02.00	11/24/20	Mitzi Miller	• Table 2	<ul style="list-style-type: none"> <li>• Update definition for DISPCODE_LEGACY</li> <li>• Remove duplicated AMBSURG entry</li> <li>• Remove DX_TYPE_CDJ</li> <li>• Add Countable Visit variables – traditional MEPRS and specific for GENESIS</li> </ul>

Version	Date	Originator	Para/Tbl/Fig	Description of Change
				<ul style="list-style-type: none"> <li>• Add additional dates to file including: <ul style="list-style-type: none"> <li>• DISCHARGE_DT_TM</li> <li>• INPATIENT_ADMIT_DT_TM</li> </ul> </li> <li>• Treat Inpatient &amp; Outpatient Day Surgery the same as Recurring with multiple suffixes if occur over multiple days</li> <li>• Add variables: <ul style="list-style-type: none"> <li>○ SERVICE_LINE</li> </ul> </li> </ul>
1.02.01	11/02/21	Mitzi Miller	<ul style="list-style-type: none"> <li>• IV Receiving Filters</li> <li>• Table 1</li> </ul>	<ul style="list-style-type: none"> <li>• Add Filter</li> <li>• Add requirements for running by FY</li> </ul>

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

### **I. SOURCE**

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

### **II. TRANSMISSION (FORMAT AND FREQUENCY)**

Weekly.

### **III. ORGANIZATION AND BATCHING**

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

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

### **IV. RECEIVING FILTERS**

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

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

### **V. UPDATE PROCESS**

All records were provided with the initial batch of data. Thereafter, new and updated records are sent each week. New records are added to the existing dataset. Updated records replace the

original record in the existing dataset based on the ENCOUNTER\_NK and ENC\_SFX fields, which are the primary keys for the Encounter Table. If there are multiple records with the same ENCOUNTER\_NK and ENC\_SFX, the updated record with the most recent UPDT\_DT\_TM is kept. Similar processes are applied to the other raw data sets.

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

## VI. FIELD TRANSFORMATIONS AND DELETIONS FOR MDR CORE DATABASE

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

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

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

Merge	Matching	Matching Methodology, Limitations and Test Record Removal
<p>ENCOUNTER (enco_encounter)</p> <p>Removing test records and adding fields related to the location of the encounter such as treatment DMIS ID, MEPRS code, etc.</p>	<p><u>ENCOUNTER</u> Current_Loc <u>LOCATION</u> Location_SK</p>	<p>Keep records where</p> <ul style="list-style-type: none"> <li>• criteria in IV. Receiving Filters are met</li> <li>• identify records for the FY year being processed. Keep all records where: <ul style="list-style-type: none"> <li>○ encounter_type is Recurring or PreRecurring</li> <li>○ enc_dt_tm in FY for encounter_type in Clinic, Outpatient Message, Between Visit, Mass Vaccine, Absent Sick, Prereg &amp; Preadmit</li> <li>○ discharge_dt_tm_local in FY for all other encounter types</li> </ul> </li> </ul>
<p>ENCOUNTER (enco_encounter) to LOCATION (mdr/pub/genesis/location)</p> <p>Removing test records and adding fields related to the location of the encounter such as treatment DMIS ID, MEPRS code, etc.</p>	<p><u>ENCOUNTER</u> Current_Loc <u>LOCATION</u> Location_SK</p>	<p>Keep records where</p> <ul style="list-style-type: none"> <li>• test_location_ind=0 and</li> <li>• datepart(enc_dt_tm) &gt;= gen_begin_dt</li> <li>• datepart(enc_dt_tm) &lt;= BDE Extract Date</li> </ul>
<p>ENCOUNTER (enco_encounter) to PERSON (mdr/pub/genesis/person)</p> <p>Removing test patient IDs and adding fields related to the patient such as EDIPN, gender, date of birth, etc.</p>	<p>Person_SK</p>	<p>Keep records where</p> <ul style="list-style-type: none"> <li>• test_record_ind = 0.</li> </ul>

Merge	Matching	Matching Methodology, Limitations and Test Record Removal
<p>PERSON (mdr/pub/genesis/person) to RAW_USER_DEF_HIST (enco_rudhist)</p> <p>Adding Patient Category associated with the GENESIS Person file..</p> <p>ENCOUNTER (enco_cencounter) to RAW_USER_DEF_HIST (enco_rudhist)</p> <p>Adding Patient Category associated with the GENESIS Encounter file.</p>	<p><u>PERSON</u> Person_SK <u>USER_DEF</u> Parent_Entity_SK</p> <p><u>ENCOUNTER</u> Encounter_SK <u>USER_DEF</u> Parent_Entity_SK</p>	<p>PERSON_SK = Parent_Entity_SK when Parent_Entity_Name = PERSON &amp; User_Defined_Type_Ref = 114540103</p> <p>Encounter_SK = Parent_Entity_SK when Parent_Entity_Name = ENCOUNTER &amp; User_Defined_Type_Ref = 109901051 or 109901057</p>
<p>ENCOUNTER (enco_cencounter) to ENC_HISTORY (enco_cehistory)</p> <p>Adding Original Extract Date for each Encounter</p>	<p>Encounter_NK</p>	<p>Keep records where</p> <ul style="list-style-type: none"> <li>Extract_DT_TM is the earliest value for each Encounter_NK.</li> </ul>
<p>ENCOUNTER (enco_cencounter) to ENC_PRSNL_RELTN (enco_cenpreltn)</p> <p>Identifying providers associated with the encounter and adding provider ID and role for selected ones. Plus identifying and adding the ID and role of up to 4 coders.</p>	<p>Encounter_Key</p>	<p>Delete records where formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, contains any of the following words: HIM, Database, View Only, Clerk, Auditor, Inbox, Planner, Other, Student, Practice Management User, or Administrator. Put all records on one line per Encounter_Key.</p> <p>Keep only the 1st instance of records where Personnel_Type = Attending Physician, Admitting Physician and/or Referring Physician and up to the next 5 Encounter_Prsnl values where records with the Personnel_Type containing the word Physician are given priority.</p> <p>Keep up to the 1<sup>st</sup> 4 unique Encounter_Prsnl values for each Encounter_Key where Personnel_Type contains 'Coder' or 'Coding.'</p>
<p>ENCOUNTER (enco_cencounter) to PERSONNEL (mdr/pub/genesis/personnel)</p> <p>Removing test personnel from the encounter and adding fields such as provider EDIPN, NPI and specialty for all providers included on the Encounter record.</p>	<p><u>ENCOUNTER</u> PROVID2-PROVID6 PROVID_ATT PROVID_ADM PROVID_REF CODERID1- CODERID6</p> <p><u>CHARGES</u></p>	<p>Keep records where</p> <ul style="list-style-type: none"> <li>Test_Record_Ind = 0 and</li> <li>Prsnl_Key &gt; 0.</li> </ul>

Merge	Matching	Matching Methodology, Limitations and Test Record Removal
	PROVID_VER PROVID_ORD  <u>APPOINTMENT</u> PROVID1  <u>PERSONNEL</u> Prsnl_SK	
ENCOUNTER (enco_cencounter) to APPOINTMENT (mdr/pub/genesis/ appointment)  <small>Adding appointment-related fields such as Appointment Type, Appointment Status, Appointment Provider, etc.</small>	Encounter_Key	Remove records where Encounter_Key is <ul style="list-style-type: none"> <li>• &lt;0 (invalid Encounter_Key) or</li> <li>• =0 (appointments that did not generate an encounter).</li> </ul> Exclude records where there are more than one Appointment record with the same Encounter_Key. Add back those records that match based on the hierarchy below. If have more than one record per Encounter_Key as a result of the hierarchy then keep the one with the highest match type value.  <u>Match Hierarchy (Appointment to Encounter):</u> <ol style="list-style-type: none"> <li>1. Non-duplicated Encounter Key</li> <li>2. Duplicated Encounter Key, Person, Date (not time), Location, Provider</li> <li>3. Duplicated Encounter Key, Person, Date (not time), Location</li> <li>4. Duplicated Encounter Key, Person, Date (not time)</li> </ol>
ENCOUNTER (enco_cencounter) to DIAGNOSIS (prdi_cdiagnosis)  <small>Adding a select number of diagnosis fields associated with the encounter plus an indicator of whether the diagnoses for that encounter have been through CCE.</small>	Encounter_NK	Keep records where <ul style="list-style-type: none"> <li>• [contributor_system_ref = 110586353 (Inbound Coding from CCE) or</li> <li>• (contributor_system_ref = '469 (PowerChart) and datepart(enc_dt_tm) &gt; gen_begin_dt] or</li> <li>• ENCOUNTER_KEY &gt; 0 or</li> <li>• PRIORITY_SEQ &lt; 99.</li> </ul> If have records from both CCE and PowerChart, keep only the CCE record.  Remove records where Encounter_NK is invalid, including 018635, 0~18635 and 0~0.



Merge	Matching	Matching Methodology, Limitations and Test Record Removal
<p>ENCOUNTER (enco_cencounter) to FIN_CHARGES</p> <p>Adding fields related to the GENESIS Fin_Charges file such as charge type &amp; description and the link to the Charge_Mod file described below.</p>	Encounter_NK	<p>The following records are excluded after the merge:</p> <ul style="list-style-type: none"> <li>• Charge_Type_Ref = '3491' (No Charge) are removed.</li> <li>• Charge_Type_Ref = '3488' (Credit) and all matching '3490' (Debit) records (based on Parent_Fin_Charges_SK) are removed.</li> </ul>
<p>FIN_CHARGES (enco_cencounter) to CHARGE_MOD</p> <p>Adding the procedure codes associated with the encounter plus other fields associated with the procedure such as modifiers, diagnoses &amp; revenue codes.</p>	Fin_Charges_SK	<p>Code_value_ref=field1_sk and code_set =14002 and desc_meaning=(see below) and active_ind =1 and src_active_ind =1 and end_effectived_dt_tm &gt; current time. Desc_Meaning can be CPT4, HCPCS, ICD9 (which is actually ICD10 DX code), MODIFIER or REVENUE.</p>
<p>ENCOUNTER (enco_cencounter) to PROCEDURE (prdi_cprocedure)</p> <p>Adding procedure codes associated with the encounter, including ICD10PROC codes, which have gone through CCE.</p>	Encounter_NK	<p>The following records are excluded after the merge:</p> <ul style="list-style-type: none"> <li>• priority_seq &gt;= 99 (ICD10 Procedures),</li> <li>• blank (' ' or '0') or Lab/Rad (the 1<sup>st</sup> digit of the CPT code is '7' or '8') procedure codes and Encounter Types of 'Inpatient' or 'Observation' or</li> <li>• only Lab/Rad (the 1<sup>st</sup> digit of the CPT code is '7' or '8') CPT codes for all procedures associated with one encounter_nk, and</li> <li>• Priority Seq = 0 (Historical)</li> <li>• Proc = '0' (in Fin_Charges but not matched to a Charge_Mod CPT4 or HCPCS record or a procedure from the Procedures file) and EITHER Charge_Desc = 'BILL ITEM NOT FOUND' OR Activity_Type = 'Pharmacy.'</li> </ul>
<p>ENCOUNTER (enco_cencounter) to DMHRSi</p> <p>Adding provider-related fields such as assigned MTF, assigned MEPRS, etc.</p>	PROV_EDIPN# PROV_NPI#	See Appendix B. There are separate merges for every provider ID variable, excluding the 4 Coder IDs.
<p>ENCOUNTER (enco_cencounter) to Master Person Index (MPI)</p> <p>Adding patient-related fields from DEERS such as EDIPN, PARC, SPONSSN, etc.</p>	Patient EDIPN and/or SSN, GENDER_R, DOB_R, Last_Name, First_Name	See Appendix B.
<p>ENCOUNTER (enco_cencounter) to DEERS (LVM)</p> <p>Adding patient-related fields from DEERS such as ACV, gender, race, date of birth, etc.</p>	Patient EDIPN Sponsor SSN	See Appendix B.

Merge	Matching	Matching Methodology, Limitations and Test Record Removal
<b>ENCOUNTER (enco_cencounter) to DMIS ID Index Table</b> <small>Adding DMIS ID-related fields such as branch of service, T17 region, etc.</small>	FY from ENC_DT_TM MTF ENR_MTF	See Appendix B.
<b>ENCOUNTER (enco_cencounter) to Omni-CAD</b> <small>Adding patient-related fields such as catchment, PRISM, beneficiary T3 region,, etc.</small>	PATZIP SPONSVC	See Appendix B.

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

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

## VII. FILE LAYOUT

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

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

Field	Format	SAS Name	Source Element	Transformation
<b>ENCOUNTER</b>				
Admission Source	CHAR(41)	ADMIT_SOURCE	ADMIT_SOURCE_REF	Apply format \$admit_source (code set = 2)
Admission Type	CHAR(32)	ADMIT_TYPE	ADMIT_TYPE_REF	Apply format \$admit_type (code set = 3)
Bill Item Primary Key	CHAR(100)	BILL_ITEM_SK	BILL_ITEM_SK	No transformation.
CCE Encounter Status Flag	N(8)	CCESTAT	CODING_COMPLETED_TM_VLD_FLAG	No transformation.
Discharge Disposition Code	CHAR(60)	DISPCODE	DISCHARGE_DISPOSITION_REF	Apply format \$discharge_disposition (code set = 19)
Encounter Class	CHAR(33)	ENCOUNTER_CLASS	ENCOUNTER_TYPE_CLASS_REF	Apply format \$encounter_type_class. (code set = 69)
Encounter Key (Primary)	CHAR(100)	ENCOUNTER_NK	ENCOUNTER_NK	No transformation.
Encounter Key (Secondary)	CHAR(100)	ENCOUNTER_SK	ENCOUNTER_SK	No transformation.
Encounter Location (Numeric Code)	CHAR(40)	ENCOUNTER_LOC_CODE	CURRENT_LOC	No transformation.
Encounter PI-EDW Key	N(8)	ENCOUNTER_KEY	ENCOUNTER_KEY	No transformation.
Encounter Status	CHAR(25)	ENCOUNTER_STAT_US	ENCOUNTER_STATUS_REF	Apply format \$encounter_status. (code set = 261)

Field	Format	SAS Name	Source Element	Transformation
Encounter Type	CHAR(26)	ENCOUNTER_TYPE	PATIENT_TYPE_REF	Apply format \$patient_type. (code set = 71)
Financial Classification (Payment Source)	CHAR(37)	FINANCIAL_CLASS	FINANCIAL_CLASS_REF	Apply format \$financial_class. (code set = 354)
Financial Information Number (FIN)	CHAR(40)	FIN	FORMATTED_FINANCIAL_NBR	No transformation.
GENESIS Extract Date	Date/Time	EXTRDATE.UTC	EXTRACT_DT_TM	Apply format e8601dt.
GENESIS Status	N(8)	GEN_STATUS	TOTAL_UPDATES	No transformation.
Health System ID	N(8)	HEALTH_SYSTEM_ID	HEALTH_SYSTEM_ID	No transformation.
Medical Service (Encounters)	CHAR(40)	MEDICAL_SVC	MEDICAL_SERVICE_REF	Apply format \$medical_service. (code set = 34)
MRN (Encounter)	CHAR(40)	MRNENC	FORMATTED_MRN	No transformation.
Person File Primary Key	CHAR(100)	PERSON_SK	PERSON_SK	No transformation.
<b>LOCATION</b>				
Clinic State of Record	CHAR(50)	CLINSTAT_R	STATE	No transformation.
Clinic Zip Code of Record	CHAR(25)	CLINZIP_R	POSTAL_CODE	No transformation.
Current Location (Location)	CHAR(40)	UNIT_NAME	UNIT_NAME	No transformation.
GENESIS Data Begin Date	N(8)	GEN_BEGIN_DT	GEN_BEGIN_DT	Format date as MMDDYY10.
MEPRS Reporting Status of MTF	N(8)	NOMEPRS_FLAG	NOMEPRS_FLAG	No transformation.
Military Treatment Facility (MTF)	CHAR(4)	MTF	MTF	No transformation.
Encounter Location (Composite Description)	CHAR(45)	ENCOUNTER_LOC_COMPOSITE	UNIT_DISPLAY	No transformation.
Test Location Flag	N(8)	TEST_LOCATION_FLAG	TEST_LOCATION_FLAG	No transformation.
Treatment MEPRS Code	CHAR(4)	MEPRS_CD	MEPRS_CD	No transformation.
Treatment Parent MTF (DMIS ID Index File) (NOT RETAINED)	CHAR(4)	MTF_PARENT_G	MTF_PARENT	No transformation.
Treatment Parent MTF (MHS GENESIS)	CHAR(4)	MTF_PARENT_REC	MTF_PARENT_REC	No transformation.
<b>PERSON</b>				
MRN (Person) (NOT RETAINED)	CHAR(40)	MRNPERSON	MRN	No transformation.
Patient Date & Time of Birth of Record (NOT RETAINED)	Date/Time	DOB_R	DOB_R	No transformation.
Patient First Name of Record (NOT RETAINED)	CHAR(20)	FIRST_NAME	FIRST_NAME	No transformation.
Patient Gender of Record (NOT RETAINED)	CHAR(10)	GENDER_R	GENDER_R	No transformation.
Patient Last Name of Record (NOT RETAINED)	CHAR(26)	LAST_NAME	LAST_NAME	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Patient Social Security Number of Record (NOT RETAINED)	CHAR(9)	SSN	SSN	No transformation.
Test Person Flag	N(8)	TEST_PERSON_FLAG	TEST_RECORD_IND	No transformation.
Unique Person Identifier of Record (EDIPN) (NOT RETAINED)	CHAR(10)	EDIPN	EDIPN	No transformation.
<b>RAW_USER_DEF_HIST</b>				
BENCAT of Record (MHS GENESIS)	CHAR(40)	BENCAT_E	BENCAT_E	Apply format \$bencat (code set = 100070)
Patient Category (MHS GENESIS ENCOUNTER)	CHAR(40)	PATCAT_E	PATCAT_E	Apply format \$patcat (code set = 100075)
Patient Category (MHS GENESIS PERSON)	CHAR(40)	PATCAT_P	PATCAT_P	Apply format \$patcat (code set = 100075)
<b>ENC_HIST</b>				
MDR Original Encounter Extract Date	CHAR(8)	EXTRDATE_O	EXTRACT_DT_TM	put(datepart(extract_dt_tm),yymmddn8.)
<b>ENC_PRSNL_RELTN</b>				
Coding Personnel 1 ID	CHAR(100)	CODER_ID1	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, contains 'Coder' or 'Coding' then CODERID1 = ENCOUNTER_PRSNL
Coding Personnel 1 Role	CHAR(40)	CODER_ROLE1	PERSONNEL_TYPE_REF	Personnel_type_ref where coderid1=encounter_prsnl. Apply format \$personnel_type. (code set = 333)
Coding Personnel 2 ID	CHAR(100)	CODER_ID2	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, contains 'Coder' or 'Coding' then CODERID2 = ENCOUNTER_PRSNL
Coding Personnel 2 Role	CHAR(40)	CODER_ROLE2	PERSONNEL_TYPE_REF	Personnel_type_ref where coderid2=encounter_prsnl. Apply format \$personnel_type. (code set = 333)
Coding Personnel 3 ID	CHAR(100)	CODER_ID3	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, contains 'Coder' or 'Coding' then CODERID3 = ENCOUNTER_PRSNL
Coding Personnel 3 Role	CHAR(40)	CODER_ROLE3	PERSONNEL_TYPE_REF	Personnel_type_ref where coderid3=encounter_prsnl. Apply format \$personnel_type. (code set = 333)
Coding Personnel 4 ID	CHAR(100)	CODER_ID4	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, contains 'Coder' or 'Coding' then CODERID4 = ENCOUNTER_PRSNL
Coding Personnel 4 Role	CHAR(40)	CODER_ROLE4	PERSONNEL_TYPE_REF	Personnel_type_ref where coderid4=encounter_prsnl. Apply format \$personnel_type. (code set = 333)
Provider ID For Admitting Physician (MHS GENESIS)	CHAR(100)	PROVID_ADM	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, is 'Admitting Physician' then PROVID_ADM = ENCOUNTER_PRSNL
Provider ID For Attending Physician (MHS GENESIS)	CHAR(100)	PROVID_ATT	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type,

Field	Format	SAS Name	Source Element	Transformation
				is 'Attending Physician' then PROVID_ATT = ENCOUNTER_PRSNL
Provider ID For Provider 2 (MHS GENESIS)	CHAR(100)	PROVID2	ENCOUNTER_PRSNL	Sort by encounter_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 1st Prov_# that does not equal the Attending, Admitting or Referring Provider ID.
Provider ID For Provider 3 (MHS GENESIS)	CHAR(100)	PROVID3	ENCOUNTER_PRSNL	Sort by encounter_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 2nd Prov_# that does not equal the Attending, Admitting or Referring Provider ID.
Provider ID For Provider 4 (MHS GENESIS)	CHAR(100)	PROVID4	ENCOUNTER_PRSNL	Sort by encounter_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 3rd Prov_# that does not equal the Attending, Admitting or Referring Provider ID.
Provider ID For Provider 5 (MHS GENESIS)	CHAR(100)	PROVID5	ENCOUNTER_PRSNL	Sort by encounter_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 4th Prov_# that does not equal the Attending, Admitting or Referring Provider ID.
Provider ID For Provider 6 (MHS GENESIS)	CHAR(100)	PROVID6	ENCOUNTER_PRSNL	Sort by encounter_key, physician (descending) and then transpose to get all providers on one line with physicians 1st. Select the 5th Prov_# that does not equal the Attending, Admitting or Referring Provider ID.
Provider ID For Referring Physician (MHS GENESIS)	CHAR(100)	PROVID_REF	ENCOUNTER_PRSNL	If formatted Personnel_Type_Ref (format = \$personnel_type.), called Personnel_Type, is 'Referring Physician' then PROVID_REF = ENCOUNTER_PRSNL
Provider Role For Additional Provider 1 (MHS GENESIS)	CHAR(40)	PROV_ROLE2	PERSONNEL_TYPE_REF	Personnel_type_ref where provid2=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Additional Provider 2 (MHS GENESIS)	CHAR(40)	PROV_ROLE3	PERSONNEL_TYPE_REF	Personnel_type_ref where provid3=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Additional Provider 3 (MHS GENESIS)	CHAR(40)	PROV_ROLE4	PERSONNEL_TYPE_REF	Personnel_type_ref where provid4=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Additional Provider 4 (MHS GENESIS)	CHAR(40)	PROV_ROLE5	PERSONNEL_TYPE_REF	Personnel_type_ref where provid5=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Additional Provider 5 (MHS GENESIS)	CHAR(40)	PROV_ROLE6	PERSONNEL_TYPE_REF	Personnel_type_ref where provid6=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Admitting Physician (MHS GENESIS)	CHAR(40)	PROV_ROLE_ADM	PERSONNEL_TYPE_REF	Personnel_type_ref where provid_adm=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Appointment Provider (MHS GENESIS)	CHAR(40)	PROV_ROLE1	PERSONNEL_TYPE_REF	If nonblank then value is 'Appointment Provider'

Field	Format	SAS Name	Source Element	Transformation
Provider Role For Attending Physician (MHS GENESIS)	CHAR(40)	PROV_ROLE_ATT	PERSONNEL_TYPE_REF	Personnel_type_ref where provid_att=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Ordering Physician (MHS GENESIS)	CHAR(40)	PROV_ROLE_ORD	PERSONNEL_TYPE_REF	If nonblank then value is 'Ordering Physician'
Provider Role For Referring Physician (MHS GENESIS)	CHAR(40)	PROV_ROLE_REF	PERSONNEL_TYPE_REF	Personnel_type_ref where provid_ref=encounter_prnsl. Apply format \$personnel_type. (code set = 333)
Provider Role For Verified Physician (MHS GENESIS)	CHAR(40)	PROV_ROLE_VER	PERSONNEL_TYPE_REF	If nonblank then value is 'Verified Physician'
<b>PERSONNEL</b>				
Primary HIPAA Taxonomy For Additional Provider 1	CHAR(10)	PROV_HIPAA2	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Additional Provider 2	CHAR(10)	PROV_HIPAA3	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Additional Provider 3	CHAR(10)	PROV_HIPAA4	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Additional Provider 4	CHAR(10)	PROV_HIPAA5	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Additional Provider 5	CHAR(10)	PROV_HIPAA6	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Admitting Physician	CHAR(10)	PROV_HIPAA_ADM	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Attending Physician	CHAR(10)	PROV_HIPAA_ATT	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Ordering Physician	CHAR(10)	PROV_HIPAA_ORD	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Referring Physician	CHAR(10)	PROV_HIPAA_REF	HIPAA1	No transformation.
Primary HIPAA Taxonomy For Verified Physician	CHAR(10)	PROV_HIPAA_VER	HIPAA1	No transformation.
Provider EDIPN For Additional Provider 1	CHAR(10)	PROV_EDIPN2	PRSNL_EDIPN	No transformation.
Provider EDIPN For Additional Provider 2	CHAR(10)	PROV_EDIPN3	PRSNL_EDIPN	No transformation.
Provider EDIPN For Additional Provider 3	CHAR(10)	PROV_EDIPN4	PRSNL_EDIPN	No transformation.
Provider EDIPN For Additional Provider 4	CHAR(10)	PROV_EDIPN5	PRSNL_EDIPN	No transformation.
Provider EDIPN For Additional Provider 5	CHAR(10)	PROV_EDIPN6	PRSNL_EDIPN	No transformation.
Provider EDIPN For Admitting Physician	CHAR(10)	PROV_EDIPN_ADM	PRSNL_EDIPN	No transformation.
Provider EDIPN For Attending Physician	CHAR(10)	PROV_EDIPN_ATT	PRSNL_EDIPN	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Provider EDIPN For Ordering Physician	CHAR(10)	PROV_EDIPN_ORD	PRSNL_EDIPN	No transformation.
Provider EDIPN For Referring Physician	CHAR(10)	PROV_EDIPN_REF	PRSNL_EDIPN	No transformation.
Provider EDIPN For Verified Physician	CHAR(10)	PROV_EDIPN_VER	PRSNL_EDIPN	No transformation.
Provider Name For Additional Provider 1	CHAR(200)	PROV_NAME2	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Additional Provider 2	CHAR(200)	PROV_NAME3	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Additional Provider 3	CHAR(200)	PROV_NAME4	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Additional Provider 4	CHAR(200)	PROV_NAME5	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Additional Provider 5	CHAR(200)	PROV_NAME6	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Admitting Physician	CHAR(200)	PROV_NAME_ADM	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Attending Physician	CHAR(200)	PROV_NAME_ATT	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Ordering Physician	CHAR(200)	PROV_NAME_ORD	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Referring Physician	CHAR(200)	PROV_NAME_REF	PERSONNEL_FULL_NAME	No transformation.
Provider NAME For Verified Physician	CHAR(200)	PROV_NAME_VER	PERSONNEL_FULL_NAME	No transformation.
Provider NPI For Additional Provider 1	CHAR(10)	PROV_NPI2	NPI	No transformation.
Provider NPI For Additional Provider 2	CHAR(10)	PROV_NPI3	NPI	No transformation.
Provider NPI For Additional Provider 3	CHAR(10)	PROV_NPI4	NPI	No transformation.
Provider NPI For Additional Provider 4	CHAR(10)	PROV_NPI5	NPI	No transformation.
Provider NPI For Additional Provider 5	CHAR(10)	PROV_NPI6	NPI	No transformation.
Provider NPI For Admitting Physician	CHAR(10)	PROV_NPI_ADM	NPI	No transformation.
Provider NPI For Attending Physician	CHAR(10)	PROV_NPI_ATT	NPI	No transformation.
Provider NPI For Ordering Physician	CHAR(10)	PROV_NPI_ORD	NPI	No transformation.
Provider NPI For Referring Physician	CHAR(10)	PROV_NPI_REF	NPI	No transformation.
Provider NPI For Verified Physician	CHAR(10)	PROV_NPI_VER	NPI	No transformation.
Test Personnel Flag - Additional Provider 1	CHAR(1)	TEST_RECORD_P2	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Additional Provider 2	CHAR(1)	TEST_RECORD_P3	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Additional Provider 3	CHAR(1)	TEST_RECORD_P4	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Additional Provider 4	CHAR(1)	TEST_RECORD_P5	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Additional Provider 5	CHAR(1)	TEST_RECORD_P6	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Admitting Physician	CHAR(1)	TEST_RECORD_AD M	TEST_RECORD_IND	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Test Personnel Flag - Appointment Provider	CHAR(1)	TEST_RECORD_P1	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Attending Physician	CHAR(1)	TEST_RECORD_ATT	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Coder 1	CHAR(1)	TEST_RECORD_C1	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Coder 2	CHAR(1)	TEST_RECORD_C2	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Coder 3	CHAR(1)	TEST_RECORD_C3	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Coder 4	CHAR(1)	TEST_RECORD_C4	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Ordering Physician	CHAR(1)	TEST_RECORD_ORD	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Referring Physician	CHAR(1)	TEST_RECORD_REF	TEST_RECORD_IND	No transformation.
Test Personnel Flag - Verified Physician	CHAR(1)	TEST_RECORD_VER	TEST_RECORD_IND	No transformation.
<b>APPOINTMENT</b>				
Appointment Date & Time	N(8)	APPT_DT_TM	APPT_DT_TM	No transformation.
Appointment File Primary Key	CHAR(100)	SCH_APPOINTMENT_SK	SCH_APPOINTMENT_SK	No transformation.
Appointment Status Type	CHAR(20)	APPT_STAT	APPT_STAT	No transformation.
Appointment Type	CHAR(16)	APPT_TYPE	APPT_TYPE	No transformation.
Assigned Appointment Duration	CHAR(3)	ASSGNDUR	DURATION_R	No transformation.
Legacy Appointment Status Type	CHAR(2)	APPT_STAT_LEGACY	APPT_STAT_LEGACY	No transformation.
Legacy Appointment Type	CHAR(6)	APPT_TYPE_LEGACY	APPT_TYPE_LEGACY	No transformation.
Primary HIPAA Taxonomy For Appointment Provider	CHAR(10)	PROV_HIPAA1	HIPAA1	No transformation.
Provider EDIPN For Appointment Provider	CHAR(10)	PROV_EDIPN1	PROV_EDIPN1	No transformation.
Provider ID For Appointment Provider (MHS GENESIS)	CHAR(100)	PROVID1	PROVID1	No transformation.
Provider NPI For Appointment Provider	CHAR(10)	PROV_NPI1	PROV_NPI1	No transformation.
<b>DIAGNOSIS</b>				
Admission DX Code 1 - 3 (DIAGNOSIS)	CHAR(36)	ADMIT_DXJ, J=1-3	DIAG_NOMEN	Apply format \$nomen. To Diag_Nomen & remove decimal points. Transpose records by Encounter_NK with formatted Diag_Type_Ref (format = \$diag_type., code set = '17') = 'Admitting Diagnosis'
CCE Diagnosis Code 1 - 20 (DIAGNOSIS)	CHAR(36)	DX_CCEJ, J=1-20	DIAG_NOMEN	Apply format \$nomen. to Diag_Nomen & remove decimal points. Transpose records by Encounter_NK with formatted Diag_Type_Ref (format = \$diag_type., code set = '17') = 'Final' and contributor_system_dx = 'Inbound from CCE'



Field	Format	SAS Name	Source Element	Transformation
Clinical Diagnosis Priority (Diagnosis) (NOT RETAINED)	N(8)	CLINICAL_DIAG_PRIORITY	CLINICAL_DIAG_PRIORITY	No transformation.
Contributor System (Diagnosis)	CHAR(16)	CONTRIBUTOR_SYSTEM_DX	CONTRIBUTOR_SYSTEM_REF	Apply format \$contributor_system. (code set = 89)
PowerChart Diagnosis Code 1 - 20 (DIAGNOSIS)	CHAR(36)	DX_PCJ, J=1-20	DIAG_NOMEN	Apply format \$nomen. to Diag_Nomen & remove decimal points. Transpose records by Encounter_NK with formatted Diag_Type_Ref (format = \$diag_type., code set = '17') not equal to 'Admitting Diagnosis' and contributor_system_dx = 'PowerChart'
Priority Sequence (Diagnosis) (NOT RETAINED)	N(8)	PRIORITY_SEQ	PRIORITY_SEQ	No transformation.
<b>FIN_CHARGES</b>				
Activity Type (CHARGES)	CHAR(48)	ACTIVITY_TYPE	ACTIVITY_TYPE_REF	Apply format \$ord_activity_type_ref (code set = 106)
Charge Description (CHARGES)	CHAR(255)	CHARGE_DESC	CHARGE_DESC	No transformation.
Charge Process Flag (CHARGES)	N(8)	CHARGE_PROCESS_FLAG	CHARGE_PROCESS_FLG	No transformation.
Charge Type (CHARGES)	CHAR(51)	CHARGE_TYPE	CHARGE_TYPE_REF	No transformation.
CPT (CHARGES)	CHAR(36)	CPT_NOMEN	CPT_NOMEN	No transformation.
Fin Charges File Primary Key	CHAR(100)	FIN_CHARGES_SK	FIN_CHARGES_SK	No transformation.
HCPCS (CHARGES)	CHAR(36)	HCPCS_NOMEN	HCPCS_NOMEN	No transformation.
Medical Service (Charges)	CHAR(40)	MEDICAL_SVC_FC	MEDICAL_SERVICE_REF	Apply format \$medical_service. (code set = 34)
Orders File Primary Key	CHAR(100)	ORDER_SK	ORDER_SK	No transformation.
Procedure Code Units of Service, Raw	N(8)	CPTUNITS	TOTAL_QTY	No transformation.
Provider ID For Ordering Physician (MHS GENESIS)	CHAR(100)	PROVID_ORD	ORDER_PRSNL	No transformation.
Provider ID For Verified Physician (MHS GENESIS)	CHAR(100)	PROVID_VER	VERIFIED_PHYSICIAN_PRSNL	No transformation.
<b>CHARGE_MOD</b>				
Diagnosis Code 1 - 20	CHAR(36)	DX_CHGSJ, J=1-20	CPTDXJ, J=1 to 20	Create an Encounter level (the same for every record in one Encounter_NK) list of up to 20 unique diagnoses from the CPTDX1-20 for each Encounter_NK. The order of DXCHGJ is CPTDX1 for Proc 1...CPTDX1 for Proc N, CPTDX2 for Proc 2...CPTDX2 for Proc N...CPTDX20 for Proc 1...CPTDX20 for Proc N. If a CPTDXJ is the same as a DXCHGSJ, then that CPTDXJ is not used and the DXCHGSJ is assigned to the next unique CPTDXJ. Remove decimal points.
Procedure Code	CHAR(200)	PROC	FIELD6	Proc is Code_value_ref=field1_sk and code_set =14002 and desc_meaning=CPT4

Field	Format	SAS Name	Source Element	Transformation
				or HCPCS and active_ind =1 and src_active_ind =1 and end_effective_dt_tm > current time.
Procedure Code Linked Diagnosis Code 1 – 20 (NOT RETAINED)	CHAR(200)	CPTDXJ , J=1-20	FIELD6	The diagnosis code linked to a procedure code must have the following: 1) Sorted by Field2_sk (Priority Sequence) ascending & 2) Code_value_ref=field1_sk and code_set =14002 and desc_meaning=ICD9 and active_ind =1 and src_active_ind =1 and end_effective_dt_tm > current time.
Procedure Code Linked Modifier 1 - 4	CHAR(2)	CPTMODJ, J=1-4	FIELD6	Code_value_ref=field1_sk and code_set =14002 and desc_meaning=MODIFIER and active_ind =1 and src_active_ind =1 and end_effective_dt_tm > current time
Procedure Code Linked Revenue Code 1 – 4	CHAR(4)	REVCODEJ, J=1-4	FIELD6	Code_value_ref=field1_sk and code_set =14002 and desc_meaning=REVENUE and active_ind =1 and src_active_ind =1 and end_effective_dt_tm > current time
<b>PROCEDURE</b>				
Priority Sequence (Procedure)	N(8)	PRIORITY_SEQ_PRO C	PRIORITY_SEQ	No transformation.
Procedure Code (Procedures)	CHAR(40)	PROC_P	PROC_NOMEN	Apply format \$nomen.
Procedure Code Minutes of Anesthesia	N(8)	CPTMIN	ANES_MINUTES	No transformation.
Procedure File Primary Key	CHAR(100)	PROCEDURE_SK	PROCEDURE_SK	No transformation.
<b>DMHRSI-HR</b>				
Primary Care Manager (PCM) Location CD	CHAR(4)	PCMLOC	PROVMTFNM	No transformation.
Provider Assigned MEPRS Code For Additional Prov 1 (DMHRSi)	CHAR(4)	PROV_MEPRSD2	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Additional Prov 2 (DMHRSi)	CHAR(4)	PROV_MEPRSD3	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Additional Prov 3 (DMHRSi)	CHAR(4)	PROV_MEPRSD4	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Additional Prov 4 (DMHRSi)	CHAR(4)	PROV_MEPRSD5	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Additional Prov 5 (DMHRSi)	CHAR(4)	PROV_MEPRSD6	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Admitting Physician (DMHRSi)	CHAR(4)	PROV_MEPRSD_AD M	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For	CHAR(4)	PROV_MEPRSD1	PROVMEPRNM	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Appointment Provider (DMHRSi)				
Provider Assigned MEPRS Code For Attending Physician (DMHRSi)	CHAR(4)	PROV_MEPRSD_ATT	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Ordering Physician (DMHRSi)	CHAR(4)	PROV_MEPRSD_ORD	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Referring Physician (DMHRSi)	CHAR(4)	PROV_MEPRSD_REF	PROVMEPRNM	No transformation.
Provider Assigned MEPRS Code For Verified Physician (DMHRSi)	CHAR(4)	PROV_MEPRSD_VER	PROVMEPRNM	No transformation.
Provider Assigned MTF For Additional Provider 1 (DMHRSi)	CHAR(4)	PROV_MTFD2	PROVMTFNM	No transformation.
Provider Assigned MTF For Additional Provider 2 (DMHRSi)	CHAR(4)	PROV_MTFD3	PROVMTFNM	No transformation.
Provider Assigned MTF For Additional Provider 3 (DMHRSi)	CHAR(4)	PROV_MTFD4	PROVMTFNM	No transformation.
Provider Assigned MTF For Additional Provider 4 (DMHRSi)	CHAR(4)	PROV_MTFD5	PROVMTFNM	No transformation.
Provider Assigned MTF For Additional Provider 5 (DMHRSi)	CHAR(4)	PROV_MTFD6	PROVMTFNM	No transformation.
Provider Assigned MTF For Admitting Physician (DMHRSi)	CHAR(4)	PROV_MTFD_ADM	PROVMTFNM	No transformation.
Provider Assigned MTF For Appointment Provider (DMHRSi)	CHAR(4)	PROV_MTFD1	PROVMTFNM	No transformation.
Provider Assigned MTF For Attending Physician (DMHRSi)	CHAR(4)	PROV_MTFD_ATT	PROVMTFNM	No transformation.
Provider Assigned MTF For Ordering Physician (DMHRSi)	CHAR(4)	PROV_MTFD_ORD	PROVMTFNM	No transformation.
Provider Assigned MTF For Referring Physician (DMHRSi)	CHAR(4)	PROV_MTFD_REF	PROVMTFNM	No transformation.
Provider Assigned MTF For Verified Physician (DMHRSi)	CHAR(4)	PROV_MTFD_VER	PROVMTFNM	No transformation.
Provider Assigned Organization For Additional Provider 1 (DMHRSi)	CHAR(8)	PROV_ORGD2	PROVORGNM	No transformation.
Provider Assigned Organization For	CHAR(8)	PROV_ORGD3	PROVORGNM	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Additional Provider 2 (DMHRSi)				
Provider Assigned Organization For Additional Provider 3 (DMHRSi)	CHAR(8)	PROV_ORGD4	PROVORGNM	No transformation.
Provider Assigned Organization For Additional Provider 4 (DMHRSi)	CHAR(8)	PROV_ORGD5	PROVORGNM	No transformation.
Provider Assigned Organization For Additional Provider 5 (DMHRSi)	CHAR(8)	PROV_ORGD6	PROVORGNM	No transformation.
Provider Assigned Organization For Admitting Physician (DMHRSi)	CHAR(8)	PROV_ORGD_ADM	PROVORGNM	No transformation.
Provider Assigned Organization For Appointment Provider (DMHRSi)	CHAR(8)	PROV_ORGD1	PROVORGNM	No transformation.
Provider Assigned Organization For Attending Physician (DMHRSi)	CHAR(8)	PROV_ORGD_ATT	PROVORGNM	No transformation.
Provider Assigned Organization For Ordering Physician (DMHRSi)	CHAR(8)	PROV_ORGD_ORD	PROVORGNM	No transformation.
Provider Assigned Organization For Referring Physician (DMHRSi)	CHAR(8)	PROV_ORGD_REF	PROVORGNM	No transformation.
Provider Assigned Organization For Verified Physician (DMHRSi)	CHAR(8)	PROV_ORGD_VER	PROVORGNM	No transformation.
Provider Assigned Service For Additional Provider 1 (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD2	PROVSVASSGNM	No transformation.
Provider Assigned Service For Additional Provider 2 (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD3	PROVSVASSGNM	No transformation.
Provider Assigned Service For Additional Provider 3 (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD4	PROVSVASSGNM	No transformation.
Provider Assigned Service For Additional Provider 4 (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD5	PROVSVASSGNM	No transformation.
Provider Assigned Service For Additional Provider 5 (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD6	PROVSVASSGNM	No transformation.
Provider Assigned Service For Admitting Physician (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD_ADM	PROVSVASSGNM	No transformation.
Provider Assigned Service For	CHAR(1)	PROV_SVC_ASSGD1	PROVSVASSGNM	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Appointment Provider (DMHRSi)				
Provider Assigned Service For Attending Physician (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD_ATT	PROVSV CASSGNM	No transformation.
Provider Assigned Service For Ordering Physician (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD_ORD	PROVSV CASSGNM	No transformation.
Provider Assigned Service For Referring Physician (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD_REF	PROVSV CASSGNM	No transformation.
Provider Assigned Service For Verified Physician (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD_VER	PROVSV CASSGNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Additional Provider 1 (DMHRSi)	CHAR(8)	PROV_UICD2	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Additional Provider 2 (DMHRSi)	CHAR(8)	PROV_UICD3	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Additional Provider 3 (DMHRSi)	CHAR(8)	PROV_UICD4	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Additional Provider 4 (DMHRSi)	CHAR(8)	PROV_UICD5	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Additional Provider 5 (DMHRSi)	CHAR(8)	PROV_UICD6	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Admitting Physician (DMHRSi)	CHAR(8)	PROV_UICD_ADM	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Appointment Provider (DMHRSi)	CHAR(8)	PROV_UICD1	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Attending Physician (DMHRSi)	CHAR(8)	PROV_UICD_ATT	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Ordering Physician (DMHRSi)	CHAR(8)	PROV_UICD_ORD	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Referring Physician (DMHRSi)	CHAR(8)	PROV_UICD_REF	PROVUICNM	No transformation.
Provider Assigned Unit Identification Code (UIC) for Verified Physician (DMHRSi)	CHAR(8)	PROV_UICD_VER	PROVUICNM	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Provider Category For Additional Provider 1 (DMHRSi)	CHAR(22)	PROV_CATD2	PROVCATNM	No transformation.
Provider Category For Additional Provider 2 (DMHRSi)	CHAR(22)	PROV_CATD3	PROVCATNM	No transformation.
Provider Category For Additional Provider 3 (DMHRSi)	CHAR(22)	PROV_CATD4	PROVCATNM	No transformation.
Provider Category For Additional Provider 4 (DMHRSi)	CHAR(22)	PROV_CATD5	PROVCATNM	No transformation.
Provider Category For Additional Provider 5 (DMHRSi)	CHAR(22)	PROV_CATD6	PROVCATNM	No transformation.
Provider Category For Admitting Physician (DMHRSi)	CHAR(22)	PROV_CATD_ADM	PROVCATNM	No transformation.
Provider Category For Appointment Provider (DMHRSi)	CHAR(22)	PROV_CATD1	PROVCATNM	No transformation.
Provider Category For Attending Physician (DMHRSi)	CHAR(22)	PROV_CATD_ATT	PROVCATNM	No transformation.
Provider Category For Ordering Physician (DMHRSi)	CHAR(22)	PROV_CATD_ORD	PROVCATNM	No transformation.
Provider Category For Referring Physician (DMHRSi)	CHAR(22)	PROV_CATD_REF	PROVCATNM	No transformation.
Provider Category For Verified Physician (DMHRSi)	CHAR(22)	PROV_CATD_VER	PROVCATNM	No transformation.
Provider Service For Additional Provider 1 (DMHRSi)	CHAR(1)	PROV_SVCD2	PROVSVCNM	No transformation.
Provider Service For Additional Provider 2 (DMHRSi)	CHAR(1)	PROV_SVCD3	PROVSVCNM	No transformation.
Provider Service For Additional Provider 3 (DMHRSi)	CHAR(1)	PROV_SVCD4	PROVSVCNM	No transformation.
Provider Service For Additional Provider 4 (DMHRSi)	CHAR(1)	PROV_SVCD5	PROVSVCNM	No transformation.
Provider Service For Additional Provider 5 (DMHRSi)	CHAR(1)	PROV_SVCD6	PROVSVCNM	No transformation.
Provider Service For Admitting Physician (DMHRSi)	CHAR(1)	PROV_SVCD_ADM	PROVSVCNM	No transformation.
Provider Service For Appointment Provider (DMHRSi)	CHAR(1)	PROV_SVCD1	PROVSVCNM	No transformation.
Provider Service For Attending Physician (DMHRSi)	CHAR(1)	PROV_SVCD_ATT	PROVSVCNM	No transformation.

Field	Format	SAS Name	Source Element	Transformation
Provider Service For Ordering Physician (DMHRSi)	CHAR(1)	PROV_SVCD_ORD	PROVSVCNM	No transformation.
Provider Service For Referring Physician (DMHRSi)	CHAR(1)	PROV_SVCD_REF	PROVSVCNM	No transformation.
Provider Service For Verified Physician (DMHRSi)	CHAR(1)	PROV_SVCD_VER	PROVSVCNM	No transformation.
<b>MASTER PERSON INDEX (MPI)</b>				
DEERS Patient Identifier (EDIPN)	CHAR(10)	EDIPN	EDIPN	No transformation.
DEERS Patient Social Security Number	CHAR(9)	PATSSN	SSN	No transformation.
Person Association Reason Code (PARC)	CHAR(2)	PARC	PARC	No transformation.
Sponsor Social Security Number	CHAR(9)	SPONSSN	SPSSN	No transformation.
<b>DEERS Longitudinal (LVM)</b>				
Alternate Care Value (ACV)	CHAR(1)	ACV	ACV	Blank for all records after Jan 1, 2018. If ACV is blank, then ACV = 'Z'
Alternate Care Value (ACV) Group	CHAR(2)	ACVGROUP	ACVGRP	Blank for all records after Jan 1, 2019. If ACVGROUP is blank, then ACVGROUP = 'O'
Assigned HCDP Code	CHAR(3)	HCDP_ASSGN	ASGHCDP	No transformation.
DEERS Beneficiary Category	CHAR(3)	BENCAT	BENCAT	If BENCAT is blank or 'Z' then BENCAT = 'UNK'
DEERS Common Beneficiary Category	CHAR(1)	COMBEN	CBEN	No transformation.
DEERS Eligibility Group	CHAR(1)	ELG_GRP	ELGGRP	Blank for all records before Jan 1, 2018. If ELG_GRP is blank, then ELG_GRP = 'Z'
DEERS Enrollment Group	CHAR(1)	ENR_GRP	ENRGRP	Blank for all records before Jan 1, 2018. If ENR_GRP is blank, then ENR_GRP = 'Z'
DEERS Marital Status	CHAR(1)	MARITAL	MS	No transformation.
DEERS Patient Date of Birth	CHAR(8)	PATDOB	DOB	If blank, then use DOB_R.Format as yymmddn8.
DEERS Patient Gender	CHAR(1)	GENDER	GENDER	No transformation.
DEERS Patient Race Code	CHAR(1)	RACE	RACE	If RACE is blank, then RACE = 'Z'
DEERS Patient Zip Code	CHAR(5)	PATZIP	ZIP	No transformation.
DEERS Sponsor Service	CHAR(1)	SSVCLVM	SVC	No transformation.
DEERS Sponsor Service, Aggregate	CHAR(1)	SAGGLVM	AGGSVC	No transformation.
Enrollment MTF	CHAR(4)	ENR_MTF	ENR	If ENR_MTF is blank, then ENR_MTF = 'NONE'
Ethnic Background Code	CHAR(1)	ETHNIC	ETHNIC	If ETHNIC is blank, then ETHNIC = 'Z'
HCDP Code	CHAR(3)	HCDPLVM	HCDP	No transformation.
Medicare Flag	CHAR(1)	MEDICARE_FLAG	MF	If MEDICARE_FLAG is blank, then MEDICARE_FLAG = 'N'
Patient Privilege Code	CHAR(1)	PRIVILEGE	PRIV	If PRIVILEGE is blank, then PRIVILEGE = '9'

Field	Format	SAS Name	Source Element	Transformation
Primary Care Manager (PCM) Provider ID	CHAR(18)	PCMIDLVM	PCM_ID	No transformation.
Primary Care Manager (PCM) Type	CHAR(1)	PCM_TYPE	PCMTYP	If PCM_TYPE is blank, then PCM_TYPE = 'Z'
TPR Eligibility Flag	CHAR(1)	TPRELIG	TPR	No transformation.
TRICARE Young Adult Flag	CHAR(1)	TYAFLAG	TYA	No transformation.
<b>DMIS ID INDEX FILE</b>				
Enrollment MTF Branch of Service	CHAR(1)	ENR_SVC	UBU_SVC	No transformation.
Enrollment MTF T17 Region	CHAR(2)	ENR_T17_REG	T17_REG	No transformation.
Enrollment MTF T3 Region	CHAR(2)	ENR_T3_REG	T3_REG	No transformation.
Enrollment Parent MTF	CHAR(4)	ENR_PARENT	UBU_PAR	No transformation.
Treatment MTF Branch of Service	CHAR(1)	MTF_SVC	UBU_SVC	No transformation.
Treatment MTF Command	CHAR(8)	MTF_CMND	MAJCMND	No transformation.
Treatment MTF MSMA	CHAR(3)	MTF_MSMA	MSM_ID	No transformation.
Treatment MTF T17 Region	CHAR(2)	MTF_T17_REG	T17_REG	No transformation.
Treatment MTF T3 Region	CHAR(2)	MTF_T3_REG	T3_REG	No transformation.
Treatment Parent MTF (DMISID Index File) (NOT RETAINED)	CHAR(4)	MTF_PARENT_D	UBU_PAR	No transformation.
<b>OMNI-CAD</b>				
Beneficiary Catchment Area	CHAR(4)	CATCH	WORLD	No transformation.
Beneficiary MTF Service Area	CHAR(4)	MTFSVCAREA	BPA	No transformation.
Beneficiary PRISM Area	CHAR(4)	PRISM	PRISM	No transformation.
Beneficiary T17 Region	CHAR(2)	BEN_T17_REG	T17REG	No transformation.
Beneficiary T3 Region	CHAR(2)	BEN_T3_REG	REGION	No transformation.
<b>DERIVED</b>				
Administrative Disposition	CHAR(1)	ADMDISP		Blank for all records.
Admission Date & Time (NOT RETAINED)	N(8)	ADMIT_DT_TM	ADMIT_DT_TM ADMIT_TM_ZN	Run macro %local_offset using DT_TM & TM_ZN variables for each date to get _LOCAL variables. Apply format e8601dt. Rename back to original variable name.
Age Group	CHAR(1)	AGEGRP	PATAGE	%age_group_dmis(patage,AGEGRP)
Age Group Common	CHAR(1)	EXPAGE	PATAGE	Derived from PATAGE: A = 0-4 B = 5-14 C = 15-17 D = 18-24 E = 25-34 F = 35-44



Field	Format	SAS Name	Source Element	Transformation
				G = 45-64 H = 65-69 I = 70-74 J = 75-79 K = 80-84 L = 85+ X = All others
Ambulatory Surgery Flag	N(8)	AMBSURG	PATIENT_TYPE_REF MTF_SVC	=1, where ENCOUNTER_TYPE = "Outpatient Day Surgery" & MTF_SVC = A, F, N or P =0, otherwise
Appointment Prefix (Source System Flag)	CHAR(1)	APPTPFIX		Set to M for all GENESIS records, blank otherwise.
Beneficiary First Name	CHAR(20)	FIRSTNAME	<u>MPI Merge</u> FIRSTNAME  <u>PERSON File</u> FIRST_NAME	Use First Name from MPI Merge, if available. Otherwise, use First Name from Cerner data in the PERSON file.
Beneficiary Last Name	CHAR(26)	LASTNAME	<u>MPI Merge</u> LASTNAME  <u>PERSON File</u> LAST_NAME	Use Last Name from MPI Merge, if available. Otherwise, use Last Name from Cerner data in the PERSON file.
Beneficiary Patient Name	CHAR(74)	PATNAME	LASTNAME FIRSTNAME	Concatenate(LASTNAME,',', FIRSTNAME)
Calendar Month	CHAR(2)	CM	VISIT_DT	put(year(datepart(visit_dt_tm)),4.)
Calendar Year	CHAR(4)	CY	VISIT_DT	put(month(datepart(visit_dt_tm)),z2.)
CCE Completed Date & Time	N(8)	CCE_COMPLETED_DT_TM	CODING_COMPLETED_DT_TM CODING_COMPLETED_TM_ZN	Run macro %local_offset using DT_TM & TM_ZN variables for each date to get _LOCAL variables. Apply format e8601dt.
Charged Encounter Flag	N(8)	CHARGED_ENCOUNTER_FLAG	FIN_CHARGES_SK	=1, where FIN_CHARGE_SK is not blank =0, otherwise
Diagnosis Code 1 - 20	CHAR(36)	DXJ	DX_CCEJ, J=1 to 20 DX_PCJ, J=1 to 20	DXJ = DX_CCEJ, if DX_CCEJ is not blank. Else DXJ = DX_PCJ if DX_PCJ is not blank. Otherwise, DXJ is blank.
Diagnosis Group	CHAR(2)	DXGRP	DX1	Use first three characters of Diagnosis 1 (DX1). See Table 1.b for derivation rules.
Disposition Code, Legacy	CHAR(1)	DISPCODE_LEGACY	DISCHARGE_DISPOSITION_REF	01, if dispcode in ('Home' 'Advice Assessment' 'Released Without Limitations' 'Returned to Duty' 'Sick at Home/Quarters' 'RR - Results Received' 'Released With Work Duty Limitations') 02, if dispcode in ('Discharged to Civilian Facility' 'Transfer to Another Hospital' 'Discharged to Joint MTF' 'Transfer to Army MTF' 'Transfer to Short Term Facility' 'Transfer to Navy MTF') 03, if dispcode in ('Transfer to SNF') 07, if dispcode in ('Against Medical Advise' 'Elopement' 'Left Without Being Seen') 20, if dispcode in ('Patient has expired') 30, if dispcode in ('Admitted as inpatient' 'Continued Stay' 'Transfer to Another Clinical Service') 43, if dispcode in ('Discharged to Other Federal Facility') 63, if dispcode in ('Discharged to ICF') 70, if dispcode in ('Transfer to Other')

Field	Format	SAS Name	Source Element	Transformation
				72, if dispcode in ('Place in Observation' 'Referred to ER') Blank, otherwise
Encounter Date (NOT RETAINED)	DATE	ENCDATE	ENC_DT_TM	put(datepart(enc_dt_tm),yymmddn8.) Formatted as YYMMDDN8.
Encounter Date & Time	N(8)	ENC_DT_TM	ADMIT_DT_TM ADMIT_TM_ZN PRE_ADMIT_DT_TM PRE_ADMIT_TM_ZN ARRIVE_DT_TM ARRIVE_TM_ZN	Run macro %local_offset using DT_TM & TM_ZN variables for each date to get _LOCAL variables. Apply format e8601dt. Use Admit_DT_TM_LOCAL unless blank. If blank, use Pre_Admit_DT_TM_LOCAL. If both are blank, use Arrive_DT_TM_LOCAL.
Encounter Inferred Flag (MHS GENESIS)	N(8)	ENC_INFR_FLAG	PROC FIN_CHARGES_SK	Set to 1 when PROC is missing (' ' or '0') and FIN_CHARGES_SK is missing (' ') and ENCOUNTER_TYPE does not equal 'Outpatient Message' for all lines in an encounter (based on a unique encounter_nk). Set to 0, otherwise.
Encounter Location – Clinic Specialty	CHAR(10)	ENCOUNTER_LOC_ COMPSPEC	UNIT_DISPLAY	No transformation.
Encounter Location – Location of Care	CHAR(10)	ENCOUNTER_LOC_ COMP CARE	UNIT_DISPLAY	No transformation.
Encounter Location (General Description)	CHAR(50)	ENCOUNTER_LOC_ GENERAL	ENCOUNTER_LOC_CODE	Encounter_Location = unit_name. If Encounter_Location = '0' then Encounter_Location = put(encounter_loc_code, \$locs.). (code set = 220)
Encounter Suffix	CHAR(3)	ENC_SFX	ENCOUNTER_NK VISIT_DT	= 1 to XX, increasing by one for each separate VISIT_DT for ENCOUNTER_TYPE = Recurring visits only.
Evaluation & Management Flag	CHAR(1)	EM_FLAG	PROC	If '992' <= Substr(Proc,1,3) <= '994' then EM_FLAG = 1, Else if PROC is not missing, then EM_FLAG = 0, Set to missing, otherwise.
Facility Flag	CHAR(1)	FAC_FLAG	MEPRS_CD MTF PROC ENCOUNTER_TYPE	Apply various formats from /mdr/ref/caper.facflag.IP.fy&fy2. to specific variables as follows (see Table B1.A for details): <u>VALUE</u> <u>CRITERIA</u> R            records from VA & External ERS sites F            MEPR1 = A or Encounter_Type = 'Inpatient' or MEPR3 = BIA or MEPRS_CD = B**5 or B**7 or MTF=0124 & MEPRS_CD = B**6 or Encounter_Type = 'Outpatient Day Surgery' or At least 1 PROC is in the FCPT&fy.B informat N            All other
Fiscal Month	CHAR(2)	FM	VISIT_DT	If CM in ('10' '11' '12') then FM = put(CM - 9,z2.). Else FM = put(CM + 3, z2.).
Fiscal Year	CHAR(4)	FY	VISIT_DT	If CM in ('10' '11' '12') then FY = put(CY+1,4.). Else FY = CY.

Field	Format	SAS Name	Source Element	Transformation
GENESIS Flag	N(8)	GENESIS_FLAG		Set to 1 if record is from MHS GENESIS, Else set to 0.
Inpatient Indicator of Record	CHAR(1)	HOSPSTAT	ENCOUNTER_TYPE	1, when Encounter_Type = 'Inpatient' 0, otherwise.
Line Number (Encounter)	N(3)	LINUM		1 line per record per Encounter_NK & Encounter Suffix
Line Number (Visit)	N(3)	LINENO		1 line per record per Encounter_NK &
Major Diagnostic Category (MDC)	CHAR(2)	MDC	DX1	Use the 1 <sup>st</sup> 7 characters of DX1 and apply to format \$mdcfy.z in sadr.mdc.txt in mdr/ref
Medical Record Number (Patient)	CHAR(40)	MRN	FORMATTED_MRN (FROM ENCOUNTER) MRNPERSON (FROM PERSON)	Use value from Encounter File unless blank. If blank use the value from the variable MRN in the Person file.
Patient Age	N(8)	PATAGE	PATDOB DOB_R ENC_DT_TM	If PATDOB is not missing then: %age(patdob, datepart(enc_dt_tm),years=PATAGE) Else if DOB_R is not missing then: %age(datepart(dob_r),datepart(enc_dt_tm),years=PATAGE)
Patient Gender	CHAR(1)	PATSEX	GENDER GENDER_R	PATSEX = GENDER. If PATSEX = ' ' and GENDER_R is 'F' or 'M' then PATSEX = GENDER_R.
Patient OHI Flag	CHAR(1)	OHI	FINANCIAL_CLASS_REF	Apply format \$financial_class. (code set = 354) OHI = 1 when financial_class is one of the following: Preferred Provider Organization (PPO) Blue Cross/Blue Shield Commercial/OHI HMO OHI = 0 otherwise. This includes the following values of financial_class: Tricare Medicare Other Federal Program Self Pay
Primary HIPAA Taxonomy For Primary Provider	CHAR(10)	PROV_HIPAA_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_HIPAA_ADM PROV_HIPAA_ATT PROV_HIPAA1 PROV_HIPAA2	If PROVID_ATT is not blank, then use PROV_HIPAA_ATT Else if PROVID1 is not blank, then use PROV_HIPAA1 Else if PROVID_ADM is not blank, then use PROV_HIPAA_ADM Else if PROVID2 is not blank, then use PROV_HIPAA2. Else blank.
Primary Provider Source	CHAR(4)	PROV_PRIM_SOURCE	PROVID_ADM PROVID_ATT PROVID1 PROVID2	If PROVID_ATT is not blank, then use 'ATT' Else if PROVID1 is not blank, then use 'APPT' Else if PROVID_ADM is not blank, then use 'ADM' Else if PROVID2 is not blank, then use 'ADD1' Else blank.
Procedure Code (CHARGES/PROCEDURE)	CHAR(200)	PROC	PROC CPT_NOMEN HCPCS_NOMEN PROC_P	PROC = PROC (CHARGES) If blank or '0' & CPT_NOMEN is not blank or '0', then PROC = CPT_NOMEN after apply format \$nomen. If still blank or '0' & HCPCS_NOMEN is not

Field	Format	SAS Name	Source Element	Transformation
				blank or '0', then PROC = HCPCS_NOMEN after apply format \$nomen. If still blank or '0', then PROC = PROC_P from Procedures file.
Procedure Code Date & Time (Procedures)	N(8)	PROC_DT_TM	PROC_DT_TM PROC_TM_ZN	Run macro %local_offset using DT_TM & TM_ZN variables for each date to get _LOCAL variables. Apply format e8601dt.
Procedure Code Source	N(8)	PROC_SOURCE	PROC (CHARGE_MOD) PROC (PROCEDURES)	PROC_SOURCE is 0, if PROC is missing 1, if PROC is in Charge_Mod file only 2, if PROC is in Procedure file only 3, if PROC is in both Charge_Mod & Procedure files
Procedure Code Units of Service	NUM(6)	CPTUOS	CPTUNITS PROC UOSLIM UOSSUB	CPTUOS = CPTUNITS If PROC has a value (other than XXXXX) and CPTUOS = 0 or missing, set CPTUOS = 1 If UOSLIM >0 and CPTUOS > UOSLIM, set CPTUOS = UOSSUB See Table B1 for sources of UOSLIM & UOSSUB variables.
Product Line	CHAR(7)	PRODLINE	MTF_SVC MEPR3	See Appendix A.
Provider Assigned Service For Primary Provider (DMHRSi)	CHAR(1)	PROV_SVC_ASSGD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_SVC_ASSGD_ADM PROV_SVC_ASSGD_ATT PROV_SVC_ASSGD1 PROV_SVC_ASSGD2	If PROVID_ATT is not blank, then use PROV_SVC_ASSGD_ATT Else if PROVID1 is not blank, then use PROV_SVC_ASSGD1 Else if PROVID_ADM is not blank, then use PROV_SVC_ASSGD_ADM Else if PROVID2 is not blank, then use PROV_SVC_ASSGD2. Else blank.
Provider Assigned MEPRS For Primary Provider (DMHRSi)	CHAR(4)	PROV_MEPRSD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_MEPRSD_ADM PROV_MEPRSD_ATT PROV_MEPRSD1 PROV_MEPRSD2	If PROVID_ATT is not blank, then use PROV_MEPRSD_ATT Else if PROVID1 is not blank, then use PROV_MEPRSD1 Else if PROVID_ADM is not blank, then use PROV_MEPRSD_ADM Else if PROVID2 is not blank, then use PROV_MEPRSD2. Else blank.
Provider Assigned MTF For Primary Provider (DMHRSi)	CHAR(4)	PROV_MTFD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_MTFD_ADM PROV_MTFD_ATT PROV_MTFD1 PROV_MTFD2	If PROVID_ATT is not blank, then use PROV_MTFD_ATT Else if PROVID1 is not blank, then use PROV_MTFD1 Else if PROVID_ADM is not blank, then use PROV_MTFD_ADM Else if PROVID2 is not blank, then use PROV_MTFD2. Else blank.
Provider Assigned Organization For Primary Provider (DMHRSi)	CHAR(8)	PROV_ORGD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_ORGD_ADM PROV_ORGD_ATT PROV_ORGD1 PROV_ORGD2	If PROVID_ATT is not blank, then use PROV_ORGD_ATT Else if PROVID1 is not blank, then use PROV_ORGD1 Else if PROVID_ADM is not blank, then use PROV_ORGD_ADM Else if PROVID2 is not blank, then use PROV_ORGD2. Else blank.

Field	Format	SAS Name	Source Element	Transformation
Provider Assigned UIC For Primary Provider (DMHRSi)	CHAR(8)	PROV_UICD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_UICD_ADM PROV_UICD_ATT PROV_UICD1 PROV_UICD2	If PROVID_ATT is not blank, then use PROV_UICD_ATT Else if PROVID1 is not blank, then use PROV_UICD1 Else if PROVID_ADM is not blank, then use PROV_UICD_ADM Else if PROVID2 is not blank, then use PROV_UICD2. Else blank.
Provider Category For Primary Provider (DMHRSi)	CHAR(22)	PROV_CATD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_CATD_ADM PROV_CATD_ATT PROV_CATD1 PROV_CATD2	If PROVID_ATT is not blank, then use PROV_CATD_ATT Else if PROVID1 is not blank, then use PROV_CATD1 Else if PROVID_ADM is not blank, then use PROV_CATD_ADM Else if PROVID2 is not blank, then use PROV_CATD2. Else blank.
Provider EDIPN For Primary Provider	CHAR(10)	PROV_EDIPN_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_EDIPN_ADM PROV_EDIPN_ATT PROV_EDIPN1 PROV_EDIPN2	If PROVID_ATT is not blank, then use PROV_EDIPN_ATT Else if PROVID1 is not blank, then use PROV_EDIPN1 Else if PROVID_ADM is not blank, then use PROV_EDIPN_ADM Else if PROVID2 is not blank, then use PROV_EDIPN2. Else blank.
Provider ID For Primary Provider	CHAR(100)	PROVID_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2	If PROVID_ATT is not blank, then use PROVID_ATT Else if PROVID1 is not blank, then use PROVID1 Else if PROVID_ADM is not blank, then use PROVID_ADM Else if PROVID2 is not blank, then use PROVID2. Else blank.
Provider NPI For Primary Provider	CHAR(10)	PROV_NPI_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_NPI_ADM PROV_NPI_ATT PROV_NPI1 PROV_NPI2	If PROVID_ATT is not blank, then use PROV_NPI_ATT Else if PROVID1 is not blank, then use PROV_NPI1 Else if PROVID_ADM is not blank, then use PROV_NPI_ADM Else if PROVID2 is not blank, then use PROV_NPI2. Else blank.
Provider NPI Type For Additional Provider 1	CHAR(1)	PROV_NPITYPE2		If PROVNPI2 is not blank then = 1 (Individual Provider)
Provider NPI Type For Additional Provider 2	CHAR(1)	PROV_NPITYPE3		If PROVNPI3 is not blank then = 1 (Individual Provider)
Provider NPI Type For Additional Provider 3	CHAR(1)	PROV_NPITYPE4		If PROVNPI4 is not blank then = 1 (Individual Provider)
Provider NPI Type For Additional Provider 4	CHAR(1)	PROV_NPITYPE5		If PROVNPI5 is not blank then = 1 (Individual Provider)
Provider NPI Type For Additional Provider 5	CHAR(1)	PROV_NPITYPE6		If PROVNPI6 is not blank then = 1 (Individual Provider)
Provider NPI Type For Admitting Physician	CHAR(1)	PROV_NPITYPE_AD M		If PROVNPI_ADM is not blank then = 1 (Individual Provider)
Provider NPI Type For Appointment Provider	CHAR(1)	PROV_NPITYPE1		If PROVNPI_ATT is not blank then = 1 (Individual Provider)

Field	Format	SAS Name	Source Element	Transformation
Provider NPI Type For Attending Physician	CHAR(1)	PROV_NPITYPE_ATT		If PROVNPI_ATT is not blank then = 1 (Individual Provider)
Provider NPI Type For Ordering Physician	CHAR(1)	PROV_NPITYPE_ORD		If PROVNPI_ORD is not blank then = 1 (Individual Provider)
Provider NPI Type For Primary Provider	CHAR(1)	PROV_NPITYPE_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_NPITYPE_ADM PROV_NPITYPE_ATT PROV_NPITYPE1 PROV_NPITYPE2	If PROVID_ATT is not blank, then use PROV_NPITYPE_ATT Else if PROVID1 is not blank, then use PROV_NPITYPE1 Else if PROVID_ADM is not blank, then use PROV_NPITYPE_ADM Else if PROVID2 is not blank, then use PROV_NPITYPE2. Else blank.
Provider NPI Type For Referring Physician	CHAR(1)	PROV_NPITYPE_REF		If PROVNPI_REF is not blank then = 1 (Individual Provider)
Provider NPI Type For Verified Physician	CHAR(1)	PROV_NPITYPE_VER		If PROVNPI_VER is not blank then = 1 (Individual Provider)
Provider Role For Primary Provider	CHAR(40)	PROV_ROLE_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_ROLE_ADM PROV_ROLE_ATT PROV_ROLE1 PROV_ROLE2	If PROVID_ATT is not blank, then use PROV_ROLE_ATT Else if PROVID1 is not blank, then use PROV_ROLE1 Else if PROVID_ADM is not blank, then use PROV_ROLE_ADM Else if PROVID2 is not blank, then use PROV_ROLE2. Else blank.
Provider Service For Primary Provider (DMHRSi)	CHAR(1)	PROV_SVCD_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 PROV_SVCD_ADM PROV_SVCD_ATT PROV_SVCD1 PROV_SVCD2	If PROVID_ATT is not blank, then use PROV_SVCD_ATT Else if PROVID1 is not blank, then use PROV_SVCD1 Else if PROVID_ADM is not blank, then use PROV_SVCD_ADM Else if PROVID2 is not blank, then use PROV_SVCD2. Else blank.
Recorded Sponsor Service	CHAR(1)	RSPONSVC	PATCAT_E PATCAT_P	Derived from 1 <sup>st</sup> character of PATCAT. Use PATCAT_E if available. Otherwise, use PATCAT_P. If A, C, F, M, N then retain value. Else if B then assign O. Else if P then assign H. Else if R then assign 4. Else if PATCAT is K71 or K78 then assign 4. Else assign X.
Record ID	CHAR(10)	APPTIDNO	ENCOUNTER_SK	1 <sup>st</sup> 10 digits of ENCOUNTER_SK
RVU, Raw Facility Practice	N(8)	FPRVU	PROC CPTMOD1-CPTMOD4	Raw MHS-updated Facility Practice Expense RVU for CPT procedures.  Derived from match with the CPT Weight Table (format facyyb) based on CY of encounter and CPT   Modifier key derived as described in Table B1.a. Table B1.c MOD1, MOD2, MOD3, MOD4, MOD5 and MOD6 apply.
RVU, Raw Non-Facility Practice	N(8)	NPRVU	PROC CPTMOD1-CPTMOD4	Raw MHS-updated Non-Facility Practice Expense RVU for CPT procedures.

Field	Format	SAS Name	Source Element	Transformation
				Derived from match with the CPT Weight Table (format nfacyyb) based on CY of encounter and CPT   Modifier key derived as described in Table B1.a. Table B1.c MOD1, MOD2, MOD3, MOD4, MOD5 and MOD6 apply.
RVU, Raw Work	N(8)	RRVU	PROC CPTMOD1-CPTMOD4	Raw MHS-updated Work RVU for CPT procedures.  Derived from match with the CPT Weight Table (format wrkyyb) based on CY of encounter and CPT   Modifier key derived as described in Table B1.a. Table B1.c MOD1, MOD2, MOD3, MOD4, MOD5 and MOD6 apply.
RVU, Raw Total	N(8)	TRVU	RRVU NPRVU FPRVU FAC_FLAG	If FAC_FLAG = 'Y' then TRVU is the sum of FPRVU & RRVU. Else TRVU is the sum of NPRVU & RRVU.
Service Date & Time (CHARGES)	N(8)	SERVICE_DT_TM	SERVICE_DT_TM SERVICE_TM_ZN	Run macro %local_offset using DT_TM & TM_ZN variables for each date to get _LOCAL variables. Apply format e8601dt.
Service Line	CHAR(5)	SERVICE_LINE	MEPR3	Apply \$SLFMT. format from /mdr/ref/slfmt to MEPR3
Skill Type based on Primary HIPAA Taxonomy For Additional Provider 1	CHAR(2)	SKILLH2	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA2
Skill Type based on Primary HIPAA Taxonomy For Additional Provider 2	CHAR(2)	SKILLH3	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA3
Skill Type based on Primary HIPAA Taxonomy For Additional Provider 3	CHAR(2)	SKILLH4	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA4
Skill Type based on Primary HIPAA Taxonomy For Additional Provider 4	CHAR(2)	SKILLH5	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA5
Skill Type based on Primary HIPAA Taxonomy For Additional Provider 5	CHAR(2)	SKILLH6	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA6
Skill Type based on Primary HIPAA Taxonomy For Admitting Physician	CHAR(2)	SKILLH_ADM	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA_ADM
Skill Type based on Primary HIPAA Taxonomy For Appointment Provider	CHAR(2)	SKILLH1	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA1
Skill Type based on Primary HIPAA Taxonomy For Attending Physician	CHAR(2)	SKILLH_ATT	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy..txt to PROV_HIPAA_ATT

Field	Format	SAS Name	Source Element	Transformation
Skill Type based on Primary HIPAA Taxonomy For Ordering Physician	CHAR(2)	SKILLH_ORD	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy.txt to PROV_HIPAA_ORD
Skill Type based on Primary HIPAA Taxonomy For Primary Provider	CHAR(2)	SKILLH_PRIM	PROVID_ADM PROVID_ATT PROVID1 PROVID2 SKILLH_ADM SKILLH_ATT SKILLH1 SKILLH2	If PROVID_ATT is not blank, then use SKILLH_ATT Else if PROVID1 is not blank, then use SKILLH1 Else if PROVID_ADM is not blank, then use SKILLH_ADM Else if PROVID2 is not blank, then use SKILLH2. Else blank.
Skill Type based on Primary HIPAA Taxonomy For Referring Physician	CHAR(2)	SKILLH_REF	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy.txt to PROV_HIPAA_REF
Skill Type based on Primary HIPAA Taxonomy For Verified Physician	CHAR(2)	SKILLH_VER	HIPAA1	Apply SKILLTYPE&fy.H format from /mdr/ref/caper.hskilltype.fy&fy.txt to PROV_HIPAA_VER
Sponsor Person ID Type Code	CHAR(1)	SPONSIDTYPE	SPONSSN	S, when SPONSSN is not blank. Otherwise, blank.
Treatment MEPRS 1 Code	CHAR(1)	MEPR1	MEPRS_CD	The 1 <sup>st</sup> digit of the MEPRS_CD (substr(MEPRS_CD,1,1))
Treatment MEPRS 2 Code	CHAR(2)	MEPR2	MEPRS_CD	The 1 <sup>st</sup> 2 digits of the MEPRS_CD (substr(MEPRS_CD,1,2))
Treatment MEPRS 3 Code	CHAR(3)	MEPR3	MEPRS_CD	The 1 <sup>st</sup> 3 digits of the MEPRS_CD (substr(MEPRS_CD,1,3))
Treatment Parent MTF	CHAR(4)	skiENT	LOCATION MTF_PARENT_G  DMISID INDEX MTF_PARENT_D	Use MTF_PARENT_D if not blank. Otherwise, use MTF_PARENT_G.
Visit Date (NOT RETAINED)	CHAR(8)	VISIT_DT	VISIT_DT_TM	Use put(datepart(ENC_DT_TM),yymmddn8.)
Visit Date & Time	N(8)	VISIT_DT_TM	ENCOUNTER_TYPE ENC_DT_TM SERVICE_DT_TM PROC_DT_TM	If ENCOUNTER_TYPE = 'Recurring' then = SERVICE_DT_TM, if available, then = PROC_DT_TM, if available, and finally = ENC_DT_TM. = ENC_DT_TM, otherwise. Formatted as e8601dt.

## VIII. REFRESH FREQUENCY

Weekly

## IX. DATA MARTS

## X. SPECIAL OUTPUTS

None at this time.



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

The following processes will be applied to the Encounter file.

- MPI Merge: See the MPI specification for appending EDIPN, SPONSSN, and PARC.
- LVM Merge: Append the Enrollment DMISID (MTF\_ENR), Alternate Care Value (ACV), Alternate Care Value Group (ACVGROUP), Health Care Delivery Program Code (HCDP), Assigned HCDP (HCDP\_ASSGN), Beneficiary Category (BENCAT), Common Beneficiary Category (COMBEN), PCM ID (PCMIDLVM), PCM Type (PCM\_TYPE), Medicare Flag (MEDICARE\_FLAG), Sponsor Service Aggregate (SAGGLVM), Sponsor Service (SSVCLVM), Patient Privilege Code (PRIVILEGE), Gender (GENDER), Date of Birth (PATDOB\_CHAR), Race Code (RACE), Ethnic Group (ETHNIC), Marital Status (MARITAL), Eligibility Group (ELG\_GRP), Enrollment Group (ENR\_GRP), TPR Eligibility Flag (TPRELIG) and TRICARE Young Adult Flag (TYAFLAG) from the longitudinal LVM for Encounter data. (This merge occurs after the MPI merge described above and occurs on the “whole” Encounter dataset, not just the newly processed records):
  - a. Merge to the LVM by EDIPN for the FM of the encounter date.
  - b. If a match is found, assign all variables as described in Table 2. (If these values are missing/blank from LVM, then the fields remain missing/blank).
- DMIS Merge: Merge to the MDR DMIS ID Index based on encounter date and treatment MTF to append the T17 Region (MTF\_T17\_REG), T3 Region (MTF\_T3\_REG), Treatment Service (MTF\_SVC), Multi-Service Market Area (MTF\_MSMA), and Treatment Major Command (MTF\_CMND).

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

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

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

- Provider EDIPN (PROVEDIPNK)
  - Provider NPI (PROVNPIK)
- a. Determine the set of DMHRSi extract records for the provider identifier in which the start and end dates bound the encounter date.
  - b. If that set is empty, then no definitive match is possible.

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

If no definitive match is found using all possible provider identifiers for a given provider, then PROVMTFDK, PROVMEPRDK, PROVORGDK, PROUVICDK, and PROVCATDK will be set to 'NONE'; PROVSVC DK and PROVSVCASSGDK will be set to 'Z'.

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

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

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

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

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

### 1. Create Raw RVUs

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

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

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

#### a. Identify the correct Modifier.

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

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

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

b. Raw RVU Application. Identify the correct Modifier.

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

c. Apply modifications to CPTs and raw RVU values.

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

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

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

<b>Rules</b>
Work RVU=(4.86 * 1.5) = 7.29