**20 January 2022**

Comprehensive Ancillary Data Record Extract (CADRE) Laboratory Enhanced

for the

MHS Data Repository (MDR)

(Version 1.02.07)

Current Specification

Revision History

| Version | Date | Originator | Para/Tbl/Fig | Description of Change |
| --- | --- | --- | --- | --- |
| 1.00.00 | 12/04/2014 | S. Keane |  | * Initial Release. |
| 1.00.01 | 01/14/2015 | S. Keane | Sections I, IV, V, VI, VII. | * Update rules for External file matching. * Update key. * Update file layout. * Delete cancellation file. |
| 1.00.02 | 08/12/2015 | S. Keane | Section V and Appendix A. | * Update business rules for certain fields. |
| 1.00.03 | 8/19/2015 | S. Keane | Table 2. | * Update business rules for Relationship to sponsor (rel). |
| 1.00.04 | 03/29/2016 | S. Keane | Table 2. | * Add Variables: MDRkey and M2key. |
| 1.00.05 | 05/17/2016 | S. Keane | Table 2. | * Set Inpatient Record ID (PRN) to char7, stripped, with leading zeros. * Update derivation rules for Beneficiary Residence Region (PATREGN) and HSSC Residence Region (RSREG). |
| 1.01.00 | 10/25/2017 | K. Hutchinson | Table 2. | * Changes for NDAA 2017 and T2017 * Delete fields |
| 1.01.01 | 06/01/2018 | S. Keane | Table 2. | * *Administrative changes only. Removed Appendix A as no longer required.* |
| 1.02.00 | 01/02/2019 | S. Keane | Sections V and VI. | * Changed order of CPTMOD priority. * Added footnotes on ACV and ACV Group. |
| 1.02.01 | 07/30/2019 | S. Keane | Entire Document | * Cleanup. |
| 1.02.02 | 02/13/2020 | S. Keane | Table 2 | * Add Number of Orders (ordcount). |
| 1.02.03 | 06/19/2020 | S. Keane | Table 2 | * Add Certifying Provider Name, Ordering Provider Name, PCM Name, PCM NPI, PCM NPI Type Code, and Service Line Ordering. |
| 1.02.04 | 12/14/2020 | S. Keane | Table 2 | * Specify Last, First Names for Certifying Provider Name and Ordering Provider Name. |
| 1.02.05 | 03/10/2021 | S. Keane | Table 2 | * Add Reason For Test. |
| 1.02.06 | 12/06/2021 | S. Keane | Table 2 | * Add “S” Space Force to list of values for Sponsor Branch of Service (svc) and Sponsor Branch of Service, Aggregate (svcagg). |
| 1.02.07 | 01/20/2022 | S. Keane | Section II | * Update Frequency of processing and updates. |

**CADRE Laboratory Enhanced for the MDR**

This functional specification describes the process required to convert the CADRE Laboratory Basic, as described in the specification “Comprehensive Ancillary Data Record Extract (CADRE) Laboratory Basic for the MHS Data Repository (MDR),” into the CADRE Laboratory Enhanced. In time, the dataset(s) developed from this specification will replace current Ancillary dataset(s) as described in the specification “Ancillary Laboratory and Radiology for the MHS Data Repository (MDR).”

1. Source

The most recent CADRE Laboratory Basic file is the source for the CADRE Laboratory Enhanced file.

1. Organization and batching

* Time slicing: Organize data into fiscal year files. The Fiscal Year is determined by the Date of Service (SERVDATE) field.
* Frequency of processing and updates:
  + Current FY: Weekly after the CADRE Laboratory Basic.
  + Prior FY: Weekly for one quarter (October, November, and December) then semiannually (April, October).
  + All years prior to prior FY: Annually (October) or on an as needed basis when data corrections or updates are required.
* Archiving (APUB): Use routine archiving rules and procedures of the MDR.

1. Receiving Filters

None.

1. Field Transformations and Deletions

Table 1 lists the external reference files (and criteria) used to append many fields to the CADRE Laboratory Enhanced file.

Table 1: External Reference Files

| **Merge** | **Date Matching** | **Additional Matching** |
| --- | --- | --- |
| Master Person Index | n/a | See MPI Specification. |
| Longitudinal VM4 | Date of Service (SERVDATE) | Patient EDIPN (EDIPN). |
| DEERS | Date of Service (SERVDATE) | Patient EDIPN (EDIPN) or SSN |
| DMISID Index | FY of Date of Service (SERVDATE) | Treatment DMIS ID (TMTDMIS) |
| Omni-CAD | FY/FM of Date of Service (SERVDATE) | Beneficiary Zip Code (PATZIP) and Sponsor Branch of Service (SVC) |
| Reservist GWOT | Date of Service (SERVDATE) | Sponsor SSN (SPONSSN) |
| Enrollment MEPRS | Date of Service (SERVDATE) | Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification |
| CPT Weight Table | CY of Date of Service (SERVDATE) | CPT Code (CPT) and CPT Code Modifier (CPTMOD) |
| Cost | FY of Date of Service (SERVDATE) | MEPRS Parent (MEPRDMIS) |

1. Updating the Master Tables

To create the CADRE Laboratory Enhanced Table, join the Accession Table and the Test Table from the MDR CADRE Laboratory Basic Tables/Datasets using the combination of CHCS Host DMIS ID (CHCSDMIS) and Accession Number (ACCESSNO) as the key. All fields (except mod, recno) from the accession table will be populated on every record (of that accession) of CADRE enhanced. MOD will be populated ONLY on the corresponding recno of the CADRE enhanced.

To apply an update: append new ancillary records to the CADRE Laboratory Enhanced Table. The unique identifier or Record Key is defined as the combination of CHCS Host DMIS ID, Accession Number, Order ID, CPT Code, and Record Type Modifier. That is, **CHCSDMIS || ACCESSNO || ORDERID || CPT || CPTMOD.**

Delete duplicates before updating CADRE Laboratory Enhanced Table. Duplicate records, defined as those with the same unique identifier or Record Key: CHCSDMIS || ACCESSNO || ORDERID || CPT || CPTMOD. In the event of duplicate records, retain the record with the newest Extract File Date (FILEDATE) [extracted from the File Name].

**The CADRE Laboratory Enhanced table should contain only one (1) record per combination of CHCSDMIS, ACCESSNO, ORDERID, CPT.**

When there is a record with CHCSDMIS, ACCESSNO, ORDERID, CPT, and CPTMOD = “00”, remove any other records with same CHCSDMIS, ACCESSNO, ORDERID, CPT. That is, remove records with same CHCSDMIS, ACCESSNO, ORDERID, CPT, and other CPT Code Modifier (CPTMOD). Remove records with CPT Code Modifier (CPTMOD) in (‘26’,’90’) when there is another record with the same CHCSDMIS, ACCESSNO, ORDERID, CPT, and CPTMOD = “32”. Remove records with CPT Code Modifier (CPTMOD) = ‘90’ when there is another record with the same CHCSDMIS, ACCESSNO, ORDERID, CPT, and CPTMOD = “26”.

1. File Layout and Content

MDR CADRE Laboratory Enhanced Table has one core file as described in Table 2. Variables are listed in the following order: Record Key variables and then alphabetically (approximately) by source.

Table 2: MDR CADRE Laboratory Enhanced Table

| **MDR Field Name** | **SAS Name** | **SAS Format** | **Business Rule** |
| --- | --- | --- | --- |
| ***CADRE Laboratory Basic*** |  |  |  |
| CHCS Host Platform DMIS ID | chcsdmis | $4 | No Derivation. |
| Accession Number | accessno | $17 | No Derivation. A laboratory specimen has a unique accession number. There may be many records per accession number as many laboratory tests may be done on the same specimen. |
| Order ID | orderid | $12 | No Derivation. |
| CPT Code | cpt | $5 | No Derivation. |
| CPT Code Modifier | cptmod | $2 | If CPTMOD in (‘00’, ‘26’, ‘32’, ‘90’) then CPTMOD= CPTMOD. Else if CPTMOD = ‘ ‘ then CPTMOD = ‘00’; Else if CPTMOD = ‘PC’ then CPTMOD = ‘26’; Else if CPTMOD = ‘TC’ then CPTMOD = ‘32’. |
| Record Type Modifier | mod | $2 | No Derivation. |
| Appointment Match Indicator | apptmatch | $3 | No Derivation. |
| Appointment Record ID | apptno | $20 | No Derivation. Aka Appointment IEN. |
| Calendar Month | cm | $2 | No Derivation. |
| Calendar Year | cy | $4 | No Derivation. |
| Certifying Provider EDIPN | cpedipn | $10 | No Derivation. |
| Certifying Provider HIPAA Taxonomy | cphipaa | $10 | No Derivation. |
| Certifying Provider IEN | cpien | $20 | No Derivation. |
| Certifying Provider NPI | cpnpi | $10 | No Derivation. |
| Certifying Provider SSN | cpssn | $9 | No Derivation. |
|  |  |  |  |
| CLIA Number | clia | $15 | No Derivation. |
| Date of Collection/Exam | examdate | yyyymmdd | No Derivation. |
| Date of Order | orddate | yyyymmdd | If orddate is missing from first row of order, obtain it from Order ID (orderid) [substr(orderid,1,6);]. Change YYMMDD to YYYYMMDD. Store as a SAS date. Populate (copy down) on every record of the order. |
| Date of Service | servdate | yyyymmdd | No Derivation. |
| External City | xcity | $40 | No Derivation. |
| External Country | xcountry | $2 | No Derivation. |
| External LAB Type | extype | $1 | No Derivation. |
| External Name | xname | $60 | No Derivation. |
| External State | xstate | $2 | No Derivation. |
| External Zip | xzip | $5 | No Derivation. |
| Extract File Date | filedate | yyyymmdd | No Derivation. |
| Fiscal Month | fm | $2 | No Derivation. |
| Fiscal Year | fy | $4 | No Derivation. |
| Inactive CPT Code Indicator | nactcpt | $1 | No Derivation. |
| Initial Processing Date | procdate | yyyymmdd | No Derivation. |
| Inpatient Record ID | prn | $7 | Change to Char7; add leading zeros (if applicable). Remove leading and trailing blanks. Aka Register Number. |
| Lab Test Name | labtest | $30 | No Derivation. Populate (copy down) on every record of the order. |
| Master Change Code | chgcode | $1 | No Derivation. |
| Master Change Date | chgdate | yyyymmdd | No Derivation. |
| Number of Services | count | commna | No Derivation. |
| OHI Indicator | ohi | $1 | No Derivation. |
| Ordering DMIS ID | orddmis | $4 | No Derivation. Aka Order Requesting Location DMIS ID. Populate (copy down) on every record of the order. |
| Ordering MEPRS Code | meprscd | $4 | No Derivation. Aka Order Requesting Location MEPRS Code. |
| Ordering Provider EDIPN | opedipn | $10 | No Derivation. |
| Ordering Provider HIPAA Taxonomy | ophipaa | $10 | No Derivation. |
| Ordering Provider IEN | opien | $20 | No Derivation. |
| Ordering Provider NPI | opnpi | $10 | No Derivation. |
| Ordering Provider SSN | opssn | $9 | No Derivation. |
| Patient Category Code | patcat | $3 | No Derivation. |
| PATCAT subcategory | patcat2 | $1 | No Derivation. |
| Patient Age | patage | Numeric | No Derivation. |
| Patient EDIPN (raw) | redipn | $10 | No Derivation. Aka Patient Identifier on record. |
| Patient Family Member Prefix | fmp | $2 | No Derivation. |
| Patient HCDP Code (raw) | hcdpr | $3 | No Derivation. |
| Patient IEN | patien | $20 | No Derivation. |
| Patient SSN | patssn | $9 | No Derivation. |
| Patient SSN Type Code | patssntyp | $1 | No Derivation. Type code describing the Patient SSN. Valid values:  D = Temporary Identification Number (TIN)  F = Foreign Identification Number (FIN)  I = Provider Tax ID (ITIN)  P = US military personnel code prior to SSNs  R = Special Code assigned to a DOD contractor  S = Social Security Number (SSN)  U = Pseudo SSN. |
| Performing CMAC Locality Code | cmaccd | $3 | No Derivation. |
| Purchased Service Facility ID | psfid | $12 | No Derivation. Purchased Service Facility IEN. Previously named IEN/SSN (ienssn). |
| Purchased Service Facility ID Type Code | psfidtyp | $2 | No Derivation. The type (IEN/SSN) of the Purchased Service Facility Identifier. Valid values: 24 = IEN, 34 = SSN. Previously named External Indicator (external). |
| Record Number | recno | Numeric | No Derivation. Numeric. Keep first item in CHCSDMIS, ACCESSION, RECNO, CPT, CPTMOD, MOD hierarchy. |
| Sponsor SSN (raw) | rsponssn | $9 | No Derivation. |
| Sponsor SSN (raw) Type Code | rsponssntyp | $1 | No Derivation. Type code describing the Sponsor SSN (raw). Valid values: D = Temporary Identification Number (TIN)  F = Foreign Identification Number (FIN)  I = Provider Tax ID (ITIN)  P = US military personnel code prior to SSNs  R = Special Code assigned to a DOD contractor  S = Social Security Number (SSN)  U = Pseudo SSN. |
| Treatment DMIS ID | tmtdmis | $4 | No Derivation. Aka Performing DMIS ID. |
| Treatment Group/Parent DMIS ID | pgrpdmis | $4 | No Derivation. |
| ***CADRE Laboratory Enhanced Internally Derived Fields*** |  |  |  |
| ACV Group | acvgroup | $15 | If SERVDATE >=1/1/2018 then do:  if ENR\_GRP=P then PR  else if ENR\_GRP=L then PL  else if ENR\_GRP=U then DP  else if (COMBEN=4 and PCM\_TYPE=N) then R  else if PCM\_TYPE=O then R  else if ELG\_GRP= R or S then O else O  For FY12 to Dec 31, 2017:  If ACV = A, E, H, or J then PR  Else if ACV = B or F then OP  Else if ACV = G or L then PL  Else if ACV = U then DP  Else if ACV = R or V then O  Else if ACV = M or Q then R  Else if COMBEN=4 then R  Else O |
| Age Group Common | agegroup | $1 | If 0 <= PATAGE <= 4 then "A"  Else if PATAGE <= 14 then “B”  Else if PATAGE <= 17 then “C”  Else if PATAGE <= 24 then “D”  Else if PATAGE <= 34 then “E”  Else if PATAGE <= 44 then “F”  Else if PATAGE <= 64 then “G”  Else if PATAGE <= 69 then “H”  Else if PATAGE <= 74 then “I”  Else if PATAGE <= 79 then “J”  Else if PATAGE <= 84 then “K”  Else if PATAGE not blank or negative then "L"  Else "Z". |
| AP Indicator | ap | $1 | If Record Type Modifier (MOD) = ‘AP’ then ap = ‘Y’;  Else, ap = ‘N’. |
| Beneficiary Category (common) | comben | $1 | Derive from Bencat (D\_COM\_BEN\_CAT). If “DA,” "DGR" then “1.”  Else if “RET” then “2.”  Else if “DR”,”DS”,”DCO”,”NAT”, “IGR”, “IDG”, ”OTH”,”UNK” then “3”.  Else if “ACT,” “GRD” then “4.” |
| Certifying Provider Name | cpname | $61 | Use DMHRSi as lookup to obtain LAST\_NM, FIRST\_NM. |
| Derived Number of Services | drvcount | Numeric | If CPT Code Modifier (CPTMOD) = ‘90’ then drvcount=1; else drvcount=count. |
| Derived Number of Tests/Exams | drvtest | Numeric | If CPT Code (CPT) is blank or Inactive CPT Code Indicator (NACTCPT) = I then set to zero (0). Else, set to one (1). |
| External Indicator | external | $1 | Equals “Y” if External LAB Type (EXTYPE) in (“V”, “O”, “C”); else equal “N”. |
| Inpatient Indicator | inpt | $1 | If Inpatient Record ID (PRN) field is populated then “Y’. Else, “N”. |
| Laboratory Flag | labflag | $1 | If cptmod='00' or blank then labflag='I'; [Internal, tests ordered and performed in the same MTF (inhouse)].  Else If cptmod='32' then labflag='O'; [tests performed (inhouse) for outside facility/MTF].  Else If cptmod='90' then labflag='E'; [tests sent to external facility].  Else, blank. |
| M2Key | m2key | $6 | Base 62 of MDR Key. |
| MDR Key | mdrkey | $13 | Sequential counter of records. |
| MPI Status Flag | mpiflag | $1 | Flag has value of E if an EDI-PN (EDIPN) replaces a previous blank field. Otherwise, mpiflag has a blank value. |
| Number of Orders | ordcount | Numeric | If first ORDERID then 1; else 0. |
| Ordering Provider Name | opname | $61 | Use DMHRSi as lookup to obtain LAST\_NM, FIRST\_NM. |
| Relationship (to sponsor) | rel | $1 | Derived from first character of Patient Family Member Prefix (FMP) using rules in “MDR Master Person Index” Table 4: If FMP is 01-19 then Relationship = “1”  If FMP is 20 then Relationship = “2”  If FMP is 30-39 then Relationship = “3”  If FMP is in list 40, 45, 50, 55, or is within 60-69, then Relationship is “4”  ELSE Relationship is “2”. |
| Reason for Test | reason\_for\_test | $100 | Obtain from CADRE supplemental file and/or MIP. |
| Service Line Ordering | svclineo | $5 | Apply format from service line map. mepr3=substr(meprscd,1,3);  svclineo = put(mepr3,$slfmt.); |
| ***MPI*** |  |  |  |
| EDI-PN | edipn | $10 | Results of MPI merge procedures with Patient EDIPN (raw) (REDIPN). If REDIPN is missing or null, apply routine MDR procedures for MPI merge. DoD Electronic Data Interchange Person Identifier DOD\_EDI\_PN\_ID. |
| Person Association Reason Code | PARC | $2 | Results of MPI merge procedures. Change blank values to ZZ. Person Association Reason Code PNA\_RSN\_CD. |
| Sponsor SSN | sponssn | $9 | Results of MPI merge procedures. Sponsor Person Identifier (SSN) SPN\_PN\_ID. |
| ***VM4*** |  |  |  |
| ACV[[1]](#footnote-1) | acv | $1 | DEERS ACV in longitudinal derivation of VM4 where service date in ACV date range and the ACV on the segment is “not Z.” If bencat is active or guard/reserve, then assign “M”; else set to blank if beneficiary is not active or guard/reserve. |
| Beneficiary Category | bencat | $3 | Ben Cat (R\_BEN\_CAT\_CD) in longitudinal derivation of VM4 where service date in Ben Cat date range. If no match, derive from patient category code using universal PATCAT format table. Change value Z to UNK. |
| Beneficiary Zip Code | patzip | $5 | Zip Code (D\_ZIP\_CD) in longitudinal derivation of VM4 where service date in zip code date range, or “NONE” if unmatched. |
| Date of Birth | dob | yyyymmdd | Date of birth (PN\_BRTH\_DT) in longitudinal derivation of VM4. |
| HCDP - Enrolled | hcdplvm4 | $3 | HCDP code in longitudinal derivation of VM4. |
| DEERS Match Flag | deers | $1 | “1” if EDI-PN matched with longitudinal VM4; “0” if no EDI-PN match in VM4. |
| Enrollment DMIS ID | enrdmis | $4 | Enrollment DMIS ID (D\_MI\_PCM\_EDVSN\_DMIS\_ID) in longitudinal derivation of VM4 where service date in the enrollment dmis id date range, or “NONE” if unmatched. |
| Gender | sex | $1 | Gender (PN\_SEX\_CD) in longitudinal derivation of VM4. If no match or blank, set value to Z=unknown. |
| Medicare Eligibility | medelg | $1 | Medicare Eligibility in longitudinal derivation of VM4 based on Privcode, age. If no match or blank, set value to N. |
| PCM ID | pcmid | $18 | PCM ID (D\_MI\_PCM\_ID) in longitudinal derivation of VM4 where service date in the PCM ID date range. |
| Privilege Code | privcode | $1 | Privilege code (D\_ELG\_CD) in the longitudinal derivation of VM4 where service date in privilege code date range. |
| Sponsor Branch of Service | svc | $1 | Sponsor service in longitudinal derivations of VM4 where service date is sponsor service date range. If no match, derive from 1st letter of PATCAT. If U, then recode as Z. If not (A,F,N,M,C,S,Z), then recode as X. If blank after the above, set to Z=Unknown. |
| Sponsor Branch of Service, Aggregate | svcagg | $1 | Aggregated sponsor service in longitudinal derivation of VM4 where service date in sponsor service date range. If no match, derive from 1st letter of PATCAT. If U, then recode as Z. If not (A,F,N,M,C,S,Z), then recode as X. If blank after the above, set to Z=Unknown. |
| Tricare Prime Remote Eligibility Flag | TPRelig | $1 | Merge to the VM6 where service date in the enrollment date range. Use D\_TPR\_ELG\_CD. |
| HCDP – Assigned | hcdp\_assgn | $3 | If the SERVDATE is between the begin and end date of D\_MI\_HCDP\_PLN\_CVG\_CD then fill with D\_MI\_HCDP\_PLN\_CVG\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. |
| Eligibility Group | elg\_grp | $2 | If the SERVDATE is between the begin and end date of D\_ELG\_GRP\_CD then fill with D\_ELG\_GRP\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. |
| Enrollment Group | enr\_grp | $2 | If the SERVDATE is between the begin and end date of D\_ENR\_GRP\_CD then fill with D\_ENR\_GRP\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. |
| Enrollment PCM Type | pcm\_type | $1 | If the SERVDATE is between the begin and end date of D\_PCM\_TYPE\_CD then fill with D\_PCM\_TYPE\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. |
| ***DEERS or PCM Table*** |  |  |  |
| Primary Care Manager Name | pcmid\_nm | $40 | D\_MI\_PCM\_NM from DEERS merge. |
| Primary Care Manager NPI | pcmid\_npi | $10 | D\_PCM\_NP\_ID from DEERS merge. |
| PCM NPI Type Code | pcmid\_npi\_typ | $1 | D\_PCM\_NP\_ID\_TYP\_CD from DEERS merge. |
| ***DMIS*** |  |  |  |
| MEPRS Parent | meprdmis | $4 | MEPRS Parent (MEPR\_PAR) of treatment DMIS from DMIS table. |
| Parent DMIS | pdmis | $4 | Parent DMIS (UBU\_PAR) of treatment DMIS from DMIS table. |
| Treatment Service | tmtsvc | $1 | Service (UBU\_SVC) of treatment DMIS from DMIS table. |
| Enrollment Site T3 Region | enr\_t3\_reg | $2 | T3\_REG from DMIS ID Index, based on matching FY and ENRDMIS |
| Enrollment Site T17 Region | enr\_t17\_reg | $2 | T17\_REG from DMIS ID Index, based on matching FY and ENRDMIS |
| Treatment DMIS ID T3 Region | mtf\_t3\_reg | $2 | T3\_REG from DMIS ID Index, based FY and TMTDMIS |
| Treatment DMIS ID T17 Region | mtf\_t17\_reg | $2 | T17\_REG from DMIS ID Index, based FY and TMTDMIS |
| Ordering DMIS ID T3 Region | ord\_t3\_reg | $2 | T3\_REG from DMIS ID Index, based FY and ORDDMIS |
| Ordering DMIS ID T17 Region | ord\_t17\_reg | $2 | T17\_REG from DMIS ID Index, based FY and ORDDMIS |
| ***OMNI-CAD*** |  |  |  |
| Catchment Area ID | catch | $4 | Catchment Area DMIS ID (x\_WORLD) of patient residence, based on matching FY, FM, Beneficiary Zip Code (PATZIP), and Sponsor Branch of Service (SVC). |
| PRISM Area ID | prism | $4 | Prism Service Area DMIS ID (x\_PRISM) of patient residence, based on matching FY, FM, Beneficiary Zip Code (PATZIP), and Sponsor Branch of Service (SVC). |
| Tricare Prime Remote Flag | TPRflag | $1 | TPR Flag (TPRFLAG), based on matching FY, FM, and Beneficiary Zip Code (PATZIP). |
| Beneficiary T3 Region | ben\_t3\_reg | $2 | T3\_REG, based on matching to OMNI CAD using FY and PATZIP |
| Beneficiary T17 Region | ben\_t17\_reg | $2 | T17\_REG, based on matching to OMNI CAD using FY and PATZIP |
| ***Reservist*** |  |  |  |
| Special Operation Code | soc | $2 | Merge to the Reservist Table File by Sponsor SSN. Reservist Special Operation Code is appended to the encounter record if the encounter date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record. |
| ~~Status Code~~ | ~~status~~ | ~~$1~~ | ~~Merge to the Reservist Table File by Sponsor SSN. Reservist Status Code is appended to the encounter record if the encounter date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record.~~ |
| ***Enrollment MEPRS*** |  |  |  |
| Enrollment MEPRS Code | med\_home\_meprs | $4 | Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification and Date of Service. med\_home\_meprs. |
| ***CPT Weight Table*** |  |  |  |
| Relative Value Units (Facility Practice) | fprvu | 6.2 | From CPT Weight Table: Raw MHS updated Facility Practice Expense RVU of CPT Code (pexpfadc) for corresponding year, adjusted for modifiers and multiplied by derived number of services. |
| Relative Value Units (Non-Facility Practice) | nprvu | 6.2 | From CPT Weight Table: Raw MHS updated Non-facility Practice Expense RVU of CPT Code (pexpnfdc) for corresponding year, adjusted for modifiers and multiplied by derived number of services. |
| Relative Value Units (Work) | rvuwork | 6.2 | From CPT Weight Table: Raw MHS updated Work RVU of CPT code (workdc) for corresponding year, multiplied by derived number of services. |
| Relative Value Units (Total) | rvu | 6.2 | Sum the values of Work RVU (rvuwork) and Non-facility Practice RVUs (nprvu). |
| ***Cost*** |  |  |  |
| Full Cost | fullcost | 8.2 | Product of appropriate rvu and cost fields. Use l\_fcostw, l\_fcostpp. fullcost=sum((rvuwork\*l\_fcostw),(nprvu\*l\_fcostp)). |
| Lab Full Cost / Practice (Non-facility) RVU | L\_fcostp(not stored) | 10.6 | MEPRS Parent’s unit cost for Laboratory in matching year (not stored in final DB). |
| Lab Full Cost / Work RVU | L\_fcostw(not stored) | 10.6 | MEPRS Parent’s unit cost for Laboratory in matching year (not stored in final DB). |
| Lab Variable Cost / Practice (Non-facility) RVU | L\_vcostp(not stored) | 10.6 | MEPRS Parent’s unit cost for Laboratory in matching year (not stored in final DB). |
| Lab Variable Cost / Work RVU | L\_vcostw(not stored) | 10.6 | MEPRS Parent’s unit cost for Laboratory in matching year (not stored in final DB). |
| Variable Cost | varcost | 8.2 | Product of appropriate rvu and cost fields. Use l\_vcostw, l\_vcostp. varcost=sum((rvuwork\*l\_vcostw),(nprvu\*l\_vcostp)). |

1. Data Marts

MHS Mart (M2)

See *M2 Laboratory Ancillary\** functional specification of those respective MDR-to-M2 feeds.

1. Quality Assurance

The processor should conduct routine quality assurance checks to ensure input and output data are valid, complete, and reliable. At a minimum, the processor should:

* Compare current raw data row counts to ensure data are consistent with previous raw data feeds.
* Ensure pre-processing data subtotals equal post-processing data subtotals.
* Evaluate post-processing values for data that appear out of the ordinary, or not consistent with SME expected values (face validity).

1. Beginning 1 January 2019, ACV and ACV Group are set to blank, refer to Enrollment Group instead. [↑](#footnote-ref-1)