15 January 2025

Standard Inpatient Data Record (SIDR) for the MHS Data Repository (MDR) (Version 2.23.00)

Future Specification

Revision History[1]

Version	Date	Originator	Para/Tbl/Fig	Description of Change
2.16.00	11/24/2020	K. Hutchinson	• Table 1	• Added or modified fields.
2.17.00	02/22/2021	K. Hutchinson	• Table 1	• Creation of MSDRGSURG based on CY
2.18.00	11/03/2021	K. Hutchinson	• Table 1	• Changed derivation of OBSFLAG • Added REVCODE1
2.19.00	12/01/2021	K. Hutchinson	• Table 1	• Modify DSPONSVC, RECSPON, and RSPONSVC for Space Force (S)
2.20.00	02/09/2022	K. Hutchinson	• Table 1	• For PCM NPI and PCM Name, changed from DISPDATE to ADMDATE
2.21.00	09/08/2022	K. Hutchinson	• Table 1	• Changed derivation of TPCAMT from FY to CY
2.22.00	09/22/2022	K. Hutchinson	• Table 1 • Appendix I	• Specified instructions for computing TPCAMT • Moved old revision history to Appendix I
2.23.00	01/15/2025	K. Hutchinson and D. Juckett	• Table 1	• Add T5 regions for Enrollment, Treatment DMIS ID, Beneficiary

[1] Revision History for 2019 and back are listed in Appendix I.

STANDARD INPATIENT DATA RECORD (SIDR) FOR THE MDR

I. SOURCE

Data capture system: CHCS

II. TRANSMISSION (FORMAT AND FREQUENCY)

Raw SIDR files are sent to the EPES feed node on a weekly, bi-monthly, or monthly frequency. The transmission frequency to EPES is based on how a given site has CHCS configured. The individual SIDR raw files are batched for MDR processing every Monday morning. Processed data are expected to be updated in the MDR every Thursday.

III. RECEIVING FILTERS

A. Records of status "C", "D" and "E" are accepted, all others are archived. Records of status "E" (incomplete record) will be flagged as inferred SIDRs and processed for FY08 and forward. Records of status "C" (cancelled) are used only to cancel out previous versions of that SIDR before archiving. Records reporting anything other than inpatient care at the military treatment facility – that is, SIDRs with CLNDISP (Dispositioning Clinic) = XXX, YYY, or ZZZ (care delivered at other hospitals) or Admission Source = "C" (carded for record only), "2" (active duty sent directly to quarters), or "3" (active duty admitted to a non-military hospital and never admitted to an MTF) are still retained and added to the cancellation file to be used in the deduping process. The field DISPSTAT will be retained in the cancellation file.

B. The deduping process will analyze the disposition status (DISPSTAT) first, then the version number (VERS_NO).

C. This specification version is written for the "NED" SIDR. During a brief transition period from April to July 2001, both NED and the older non-NED SIDRs may be received. Non-NED SIDRs should be ingested under the old format, and can be identified by the "*" in position 221 (segment 1). NED SIDRs contain "P" in that position.

IV. FIELD TRANSFORMATIONS AND DELETIONS FOR MDR CORE DATABASE[2]

A. The SIDR master file is segmented by fiscal year, using disposition date.

B. When an update to a SIDR record is received, the SIDR master file shall be updated to hold only the latest version of the SIDR record. The master file will contain the latest version of either discharged and complete coded records or discharged and incomplete coded records (inferred records). If the new SIDR has a DISPSTAT = "C" (cancelled), the SIDR will be removed from the master file and both the removed record and the cancellation SIDR archived. For this to operate properly,

[2] This section describes SIDRs as they are stored in the MDR for disposition dates of 1 October 1998 or later. SIDRs from earlier fiscal years do not contain all of the fields present in the modern SIDR. Almost all SIDRs prior to June 2001 also do not have the "NED" fields populated (NED PCM ID, PCM ID Type, MCP Group ID, MCP Group Name, Raw Enrollment DMIS ID).

"C" records must be applied to the master file as the final processing step in building the MDR master file. (But this is before any data mart extractions.)

C. The following fields are appended using the method described in the legacy documentation (SIDR Processing Documentation, Version 2.14) for SIDR production:

    1. Beneficiary category (RECBENF, DMISBENF, BENFCAT1)
    2. Sponsor's branch of service
    3. "RCMAS/DMIS" age group (DMISAGE)
    4. Total bed days (DMISDAYS)
    5. Patient region of residence (PATREGN), populated FY11 and back

D. Assignment of DRG: FY12 and back data are processed through the 3M Core Grouping Software for the TRICARE Diagnosis Related Group (DRG). See Appendix C for specifics.

E. Assignment of MS-DRG: FY07 and forward data are processed through the 3M Core Grouping Software for the TRICARE Medicare Severity Diagnosis Related Group (MS-DRG). See Appendix F for specifics.

F. For the derivation of the Agency for Healthcare Research and Quality (AHRQ) Prevention Indicators, all diagnosis codes are sub-stringed to 5 characters and all procedure codes are sub-stringed to 4 characters. Fields are populated for FY04+. For those derivations dependent on MDC/MSMDC, use MDC for FY08 and back; use MSMDC for FY09 and forward.

G. See the MPI specification for appending PATUNIQ, SPONSSN, DDS, and PARC.

H. Appending the Enrollment DMISID (DEERSENR), Alternate Care Value (ACV), Health Care Delivery Program Code (HCDPLVM4), Beneficiary Category (BENCATX), and PCM ID (PCMIDLVM) from the longitudinal LVM4 for FY04 and forward SIDR data (this merge occurs after the MPI merge described above and occurs on the "whole" SIDR dataset, not just the newly processed records):
    1. Merge to the LVM4 by PATUNIQ.
    2. If a match is found, assign DEERSENR, ACV, HCDPLVM4, BENCATX, and PCMIDLVM4 (even if these values are missing/blank from LVM4, then the fields remain missing/blank).
    3. If a match is not found, then use DEERENR and ACV that came from LENR.

I. Appending the Enrollment DMISID (DEERSENR) and Alternate Care Value (ACV)[3] for FY03 and backwards SIDR data:
    1. When the SIDR record and the longitudinal enrollment (LENR) record both have the person unique identifier (called PATUNIQ in SIDR), merge by PATUNIQ. If the merge is successful, assign ENRDMIS and ACV from the LENR. If the merge is not successful, then make ENRDMIS and ACV blank (it is assumed that since the PATUNIQ on the SIDR was not found in the LENR, the person is not enrolled).

[3] The algorithm is written on a "record" basis because SIDRs will start containing the person unique identifiers in late summer 2003, but older SIDRs will not have the information. It is anticipated that the LENR will have the person unique identifier in early/mid autumn 2003.

2. When either the SIDR record or the LENR record do not have PATUNIQ and the SIDR record has a value for DDS, merge to LENR by SPONSSN and DDS. If the merge is successful, assign ENRDMIS and ACV from the LENR. If the merge is not successful, then make ENRDMIS and ACV blank (it is assumed that since the SPONSSN/DDS is not found in the LENR, the person is not enrolled).
3. When either the SIDR record or the LENR record do not have PATUNIQ and the SIDR record does not have a value for DDS, merge to LENR by SPONSSN, DOB, and gender. If the merge is successful, assign DEERSENR and ACV from the LENR. If the merge is not successful, then make DEERSENR and ACV blank.

J. The following fields are appended using the non-legacy rule shown in the table:

1. Variable cost: For all components, for FY05 and forward, if (MTF=0052 and CLNDISP=AFAB) or (MTF= '0060' AND SUBSTR(CLNDISP,1,3)='AFA') then set value to zero (0).
2. Price
3. Full PLCA Cost: For all components, for FY05 and forward, if (MTF=0052 and CLNDISP=AFAB) or (MTF= '0060' AND SUBSTR(CLNDISP,1,3)='AFA') then set value to zero (0).
4. Third Party Collections
5. Catchment area of residence
6. Transaction date
7. Processing date
8. PRISM area
9. BPA-CAD, populated FY11 and back

K. The Provider fields are sorted and re-sequenced as follows:

1. Each block of a procedure number and four provider numbers are read into an array.
2. The procedure number is a pointer pointing to the *K*th procedure of the 20 possible ICD-9-CM procedure codes.
3. The four providers are assigned in sequence as Provider *N* to Procedure *K.*

L. The Attending Provider's fields are derived from DMHRSi table:

MDR DMHRSi Basic HR Merge: Add provider information from the MDR DMHRSi Basic HR file by merging the Provider's DMHRSi extract record for the given disposition date (DISPDATE) and Attending 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 disposition date, the following identifiers should be tried, in order, until a definitive match is found, using the sequence of steps below.

- Attending Provider EDIPN (ATTNDEDIPN)
- Attending Provider NPI (ATTNDNPI)
- Attending Provider SSN (PROVSSN)

1. Determine the set of DMHRSi extract records for the Attending Provider identifier in which the start and end dates bound the disposition date.
2. If that set is empty, then no definitive match is possible.
3. Determine the subset of DMHRSi extract records with the latest processing date (PROCDATE).
4. If the records in that set do not all share identical start and end dates, then no definitive match is possible.
5. If the records in that subset do not yield identical results (ASSIG_DMISID, ORG_UIC, ORG_ID, 1-character mapped value of SERVICE, 1-character mapped value of ASSIG_SERVICE, and PERSON_TYPE), then no definitive match is possible.
6. If the records in that subset all yield empty or missing results, then no definitive match is possible.
7. Otherwise, a definitive match has been found, use the results to assign all variables, as described in Table 1.

If no definitive match is found using all possible provider identifiers for a given provider, then ATTNPROVMTFD, ATTNPROVORGD, ATTNPROVUICD, and ATTNPROVCATD will be set to 'NONE'; ATTNPROVSVCD and ATTNPROVSVCASSGD will be set to 'Z'.

M. SIDRs from FY98 and earlier retain only the legacy fields and are appended to the legacy SIDR File matching their disposition year.

N. SIDRs from FY99 and forward are added to the Robust SIDR File for that year, which contains the following:

Table 1. Fields in the Robust MDR SIDR

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
# of Diagnoses Coded	N(8)	Segment 1 196-197	DIAGAMT	No transformation
# of Procedures Coded	N(8)	Segment 2 78-79	PROCAMT	No transformation
2nd Clinical Service	Char(4)	Segment 2 142-145	CLN2	No transformation
3rd Clinical Service	Char(4)	Segment 2 150-153	CLN3	No transformation
Admission Calendar Month	N(3)		CMADM	Calendar month corresponding to admission date in this hospital (admission date, SAS date)

[4] SIDR source is CHCS stored on Node 51 in the text file /mdr/raw/sidr/cyXX/cmZZ/dYYMMDD.txt, which is separated into 6 segments (/mdr/int/sidr/dyymmdd/segX.txt where X=1-6).
[5] External users of the legacy SIDR file are likely to already have programs written to use these SAS database names. Although some of the names are misleading or nonsensical, it is suggested they not be changed without first warning all access-authorized MDR users well in advance to permit updating their existing code to the new variable names.
[6] The legacy process produced the "HAF.CON SIDR" files at Ft. Detrick which have been migrated to the SP.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Admission Calendar Year	N(4)		CYADM	Calendar year corresponding to admission date in this hospital (admission date, SAS date)
Admission Date (SAS Date)	N(8)	Segment 1 93-98	ADMDATE	No transformation
Admission Fiscal Month	N(3)		FMADM	Fiscal month corresponding to admission date in this hospital (admission date, SAS date)
Admission Fiscal Year	N(4)		FYADM	Fiscal year corresponding to admission date in this hospital (admission date, SAS date)
Admission Source	Char(1)	Segment 1 86	ADMSRC	No transformation
Admitting Clinical Service	Char(4)	Segment 2 134-137	CLNADM	No transformation
Age at Disposition	N(8)		RECAGE	Age is recomputed based on discharge date and birth date.[7] (If birth date is unusable, based on original value for age at disposition.)
Alternate Care Value #2[8]	Char(1)		ACV2	See Appendix B for derivation rules. Field exists only for FY02 and back.
Autopsy Indicator	Char(1)	Segment 1 107	AUTOPSY	No transformation
Attending Provider Personnel Category (DMHRSi)	Char(22)	ATTNPROVCATD	DMHRSi-HR	FY11+ only. Set to PERSON_TYPE from merge to the DMHRSi HR data. If PERSON_TYPE is blank or there is not a unique matching DMHRSi record, set to NONE.
Attending Provider Assigned MTF (DMHRSi)	Char(4)	ATTNPROVMTFD	DMHRSi-HR	FY11+ only. Set to ASSIG_DMISID from merge to the DMHRSi HR data. If ASSIG_DMISID is blank or there is not a unique matching DMHRSi record, set to NONE.
Attending Provider Assigned Org ID (DMHRSi)	Char(8)	ATTNPROVORGD	DMHRSi-HR	FY11+ only. Set to ORG_ID from merge to the DMHRSi HR data. If ORG_ID is blank or there is not a unique matching DMHRSi record, set to NONE.
Attending Provider Service (DMHRSi)	Char(1)	ATTNPROVSVCD	DMHRSi-HR	FY11+ only. Set to SERVICE from merge to the DMHSRi HR data. If SERVICE is blank or there is not a unique matching DMHRSi record, set to Z.

[7] Age calculation: (1) Determine whether birthday is earlier in the year than disposition date by testing (100 x disposition month)+disposition day of month >=? (100 x birth month) + birth day of month. (2) If so, age = disposition year – birth year; if not, age = disposition year – birth year – 1.
[8] Anticipate initiating this derivation rule with the July 2003 processing.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Attending Provider, DMIS Assigned Service (DMHRSi)	Char(1)	ATTNPROVSVCASSGD	DMHRSi-HR	FY11+ only. Set to ASSIG_SERVICE from merge to the DMHSRi HR data. If ASSIG_SERVICE is blank or there is not a unique matching DMHRSi record, set to Z.
Attending Provider, Assigned UIC (DMHRSi)	Char(8)		ATTNPROVUICD	FY11+ only. Set to ORG_UIC from merge to the DMHRSi HR data. If ORG_UIC is blank or there is not a unique matching DMHRSi record, set to NONE.
Attending Provider's Primary HIPAA Taxonomy Code[9]	Char(10)	Segment 3 202-211	HIPAAPRV	No transformation.
Admitting Provider Name	Char(40)		PROV_ADM_NAME	Populated FY16+. Set to (FIRSTNAME||<SPACE>|| LASTNAME) for ADMTNPI from merge to the DMHRSi HR data. If (FIRSTNAME|| LASTNAME) is blank or there is not a unique matching DMHRSi record, set to NONE. Leave blank if no provider is associated with the admitting provider.
Attending Provider Name	Char(40)		PROV_ATT_NAME	Populated FY16+. Set to (FIRSTNAME||<SPACE>|| LASTNAME) for ATTNDNPI from merge to the DMHRSi HR data. If (FIRSTNAME|| LASTNAME) is blank or there is not a unique matching DMHRSi record, set to NONE. Leave blank if no provider is associated with the attending provider.
Attending Provider Skill Type from DMHRSi	Char(1)		SKILL_TYPE_ATTND_DMHRSI	FY16+ only. Set to SKILL_TYPE from merge to the DMHRSi HR data. If SKILL_TYPE is blank or there is not a unique matching DMHRSi record, leave blank. Leave blank if no provider is associated with the provider position
Attending Provider Skill Type Suffix from DMHRSi	Char(1)		SKILL_TYPE_SFFX_ATTND_DMHRSI	FY16+ only. Set to SKILL_SUFFIX from merge to the DMHRSi HR data. If SKILL_SUFFIX is blank or there is not a unique matching DMHRSi record, leave blank. Leave blank if no provider is associated with the provider position
Attending Provider Skill Type based on HIPAA Taxonomy	Char(1)		SKILL_TYPE_ATTND_HIPAA	Derived from match with the skilltypeH format based on FY of the record and Attending Provider's Primary HIPAA Taxonomy Code. =put(HIPAAPRV,$skilltype*fy*H.) Populated for FY16+.
Service Line 1	Char(5)		SERVICE_LINE_1	Use put(substr(clnadm,1,3), $slfmt) Populated FY16+.
Service Line 2	Char(5)		SERVICE_LINE_2	Use put(substr(cln2,1,3), $slfmt) Populated FY16+.
Service Line 3	Char(5)		SERVICE_LINE_3	Use put(substr(cln3,1,3), $slfmt) Populated FY16+.

[9] Anticipate the creation/modification of this field (due to changes in the source feed) July 2003.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Service Line 4	Char(5)		SERVICE_LINE	Use put(substr(clndisp,1,3), $slfmt) Populated FY16+.
PCM NPI	Char(10)		PCM_NPI	Populated for FY16+ If the ADMDATE is between the begin and end date of D_PCM_NP_ID then fill with D_PCM_NP_ID, else leave blank. See DEERS VM6 specification Section V for rules.
PCM Name	Char(40)		PCM_NAME	Populated for FY16+ If the ADMDATE is between the begin and end date of D_MI_PCM_NM then fill with D_MI_PCM_NM, else leave blank. See DEERS VM6 specification Section V for rules.
Baseline Relative Weighted Product	N(8)		BASERWP	DRG weight for the FY of the record. See Appendix D for algorithm. No longer populated FY13 and forward. Not calculated for "E" records.
Bassinet Days (Neonatal)	N(8)	Segment 2 97-100	BASSDAYS	No transformation
Bed Days 2nd Clinical Service	N(8)	Segment 2 146-149	CLN2DAYS	No transformation
Bed Days 3rd Clinical Service	N(8)	Segment 2 154-157	CLN3DAYS	No transformation
Bed Days Admitting Service	N(8)	Segment 2 138-141	CLN1DAYS	No transformation
Bed Days Civilian Hospital	N(8)	Segment 2 93-96	BEDCIV	No transformation
Bed Days Dispositioning Service	N(8)	Segment 2 162-165	CLN4DAYS	No transformation
Bed Days in ICU	N(8)	Segment 2 130-133	ICUDAYS	No transformation
Bed Days Other Federal Facilities	N(8)	Segment 2 89-92	BEDOTHER	No transformation
Bed Days, excl Bassinet Days	N(8)	Segment 2 85-88	BDAYS1	No transformation
Beneficiary Category from LVM4 and BENCAT	Char(3)		BENCATX	FY04+: From merge to VM4, set equal to LVM4 Beneficiary Category (R_BEN_CAT_CD). If no match to LVM4 is found then set equal to DMISBENF.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Beneficiary Category (common)	Char(1)		COMBENF	FY04+: Derived from BENCATX. FY03 and back: Derived from RECBENF. 4 = ACT, GRD 1 = DA, DGR 2 = RET 3 = All others
Patient Category	Char(3)	Segment 1 66-68	FY03+: PATCAT1 FY02 and back: BENFCAT1	No transformation
BPA CAD	Char(4)		BPACATCH	Residence BPA catchment area based on merge of patient demographic data to Omni-CAD matching time frame of service. For unrecognized patient zip codes, "9999" assigned (unknown). Populated FY11 and back.
BPA Parent	Char(4)		BPAPRNT	Merge of Treatment DMIS ID to disposition-date matching Master Hierarchical Table. Populated FY11 and back.
Total Relative Weighted Product	N(8)		TOTRWP	BASERWP + OUTRWP See Appendix D for algorithm. No longer populated FY13 and forward. Not calculated for "E" records.
Calculated Bed Days	N(8)		CALCDAYS	If DMISDAYS=0 then CALCDAYS=1; otherwise CALCDAYS=DMISDAYS.
Catchment Area	Char(4)		CATCH	Residence catchment area based on merge of patient demographic data to Omni-CAD matching time frame of service. For unrecognized patient zip codes, "9999" assigned (unknown).
Catchment Area Inside/Outside	Char(1)		INOUT	Assign "I" when CATCH=MTF. Otherwise, "O".
Cause of Injury	Char(3)	Segment 1 127-129	STANAG	No transformation
CHCS Version Number	Char(7)	Segment 6 207-213	CHCSVNUM	No transformation.
Bed Days Civilian Norm	N(5,2)		CNORDAYS	Computed using regression model. See the Normative Data specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Deaths Civilian Norm	N(8,6)		CNORDETH	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Convalescent Leave Days	N(8)	Segment 2 113-116	CONVLEAV	No transformation
Cooperative Care Days	N(8)	Segment 2 109-112	COOPCARE	No transformation
Costing Parent	Char(4)		COSTPRNT	Merge of Treatment DMIS ID to disposition-date matching Master Hierarchical Table using the Costing hierarchy.
Underlying Cause of Death / Separation	Char(1)	Segment 1 198	DEATH	No transformation
DEERS Alternate Care Value	Char(1)		ACV	FY04: Merge to LVM4 by PATUNIQ. If there is a match to the LVM4 by PATUNIQ, and the date of the admission date is within the date window of a LVM4 segment, and the ACV on the segment is not "Z" then set ACV to the value contained in the enrollment segment. Otherwise, set the ACV to "M" if LVM4 R_BEN_CAT_CD = ACT or GRD, or set to blank if LVM4 R_BEN_CAT_CD is not ACT or GRD. Can only use BENCATX if the check above is prior to populating BENCATX with DMISBENF values. See BENCATX derivation FY03 and back: Merge to the LENR based on month of disposition date as described above. Blank fill for DISPDATE on and after Jan 1, 2018.
DEERS Enrollment DMIS ID	Char(4)		DEERSENR	FY04: Merge to LVM4 by PATUNIQ. FY03 and back: Merge to the LENR based on month of disposition date as described above.
Diagnosis Related Group	Char(3)		DRG	Results from the 3M Core Grouping Software (Tricare DRG Grouper). See Appendix C for specifics. No longer populated FY13 and forward.
Disposition Calendar Month	N(4)		CMDISP	Calendar month corresponding to disposition date in this hospital (disposition date)
Disposition Calendar Year	N(6)		CYDISP	Calendar year corresponding to disposition date in this hospital (disposition date)

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Disposition Date (SAS Date)	N(8)	Segment 1 99-104	DISPDATE	No transformation
Disposition Fiscal Month	N(4)		FMDISP	Fiscal month corresponding to disposition date in this hospital (disposition date)
Disposition Fiscal Year	N(6)		FYDISP	Fiscal year corresponding to disposition date in this hospital (disposition date)
Disposition Type	Char(2)	Segment 1 105-106	DISPTYPE	No transformation
Dispositioning Clinical Service	Char(4)	Segment 2 158-161	CLNDISP	No transformation
DMIS Beneficiary Category	Char(3)		DMISBENF	FY03+: Using PATCAT, look up value in the PATCAT reference table. FY02 and back: Using BENFCAT1, look up value in the PATCAT reference table.
DMIS Clinical Service Code	Char(3)		DMISCLN	1st three characters of CLNDISP.
DMIS Patient Age Group	Char(1)		DMISAGE	Derived from RECAGE. A = 0-4 B = 5-14 C = 15-17 D = 18-24 E = 25-34 F = 35-44 G = 45-64 H = 65+ X = all others
DMIS Patient Sex (F/M)	Char(1)	Segment 1 54	DMISSEX	No transformation
Price	N(8)		PRICE	Average worldwide full cost per MSDRG (FY09+) Average worldwide full cost per DRG (FY00-FY08) Average worldwide cost per MTF/DRG for FY99.[10] For E records, merge to the reference file by MTF and assign value (no multiplication).
Edit Override	Char(1)	Segment 3 54	EDITOVRD	No transformation

[10] For FY98-FY99, Price is appended based on MTF/DRG and records carrying the treatment DMIS ID of a non-inpatient facility have no value appended for Price. For FY00-FY04, Price is based solely on DRG; therefore, all records will have a Price. For FY05 and forward, Price is based on DRG but non-DHP MTF should have Price set to zero (IF MTFSVC ≠ A, N, F then PRICE=0). There is no Price for years prior to FY98.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Enrollment Parent	Char(4)		ENRPRNT	Merge of DEERS Enrollment DMIS ID to disposition-date matching Master Hierarchical Table using the Service Reporting hierarchy.
Ethnic Classification	Char(1)	Segment 1 56	ETHNIC	No transformation
Family Member Prefix	Char(2)	Segment 1 29-30	FMP	No transformation
Flying Status	Char(1)	Segment 1 74	FLYSTAT	No transformation
Format Indicator[11]	Char(1)	Segment 1 221	INDIC	No transformation
Full Cost Clinician Salary	N(8)		FCCLNSAL	Application of most current PLCA cost and workload tables matching MTF. Based on $/professional service product. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost Direct	N(8)		FCDIRECT	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/bed day. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost Support	N(8)		FCSUPPRT	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/bed day. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost Ancillary Laboratory	N(8)		FCANCLAB	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/ancillary lab weight. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost Ancillary Radiology	N(8)		FCANCRAD	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/ancillary lab weight. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost Other Ancillary	N(8)		FCOTHANC	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/TOTRWP. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.

[11] Only present in 2001 and later records, indicating whether or not in NED format.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Full Cost Other Salary	N(8)		FCOTHSAL	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/bed day. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost Surgical	N(8)		FCSURG	Application of most current PLCA cost and workload tables matching MTF. Based on $/Surgical DRG[12] weight. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost ICU	N(8)		FCICU	Application of most current PLCA cost and workload tables matching MTF. Based on $/ICUDAYS. Valid only for FY03+. Set to zero for FY02 and backwards. Not populated for "E" records.
Full Cost	N(8)		FULLCOST	For FY03+, the summation of FCCLNSAL, FCDIRECT, FCSUPPRT, FCANCLAB, FCANCRAD, FCOTHANC, FCOTHSAL, FCSURG, and FCICU. For FY02 and backwards, application of the PLCA cost and workload tables without the breakdown indicated above.[13] For E records, merge to the reference file by MTF and RECCLN and compute as CALCDAYS * average full cost per day.
Geographic Location of Occurrence, if Battle Casualty	Char(2)	Segment 1 130-131	GEOGLOC	No transformation
HCDP Code	Char(3)	Segment 1 217-219	HCDPCODE	No transformation
HCDP Code, from LVM4	Char(3)		HCDPLVM4	FY04+: Merge to LVM4 by PATUNIQ. Called HCDP – Enrolled in M2.
Hospital ID	Char(5)		DCWID	Look up in APND reference table based on MTF.
Initial Admission Date (SAS Date)	N(8)	Segment 1 87-92	INITADM	No transformation

[12] FY09+ is based on MSDRG.
[13] Not populated years prior to FY99. A SIDR carrying the treatment DMIS ID of a non-inpatient facility or a facility that did not report inpatient MEPRS expenses has no value appended for Full Cost.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Jth Diagnosis Code[14]	Char(8)	For J = 1-8 Segment 1 132-195. For J = 9-10 Segment 5 206-221 For J = 11-20 Segment 6 14-93	DX*J*	No transformation. *J*=1 to 20. DX1 is the principal diagnosis.
Jth Diagnosis Code Modifier	Char(1)	Segment C 14-33	DXMOD*J*	*J*=1 to 20. DXMOD1 is in position 14 of Segment C; DXMOD2 is in position 15 of Segment C; Etc.
Jth Diagnosis Code Present on Admission	Char(1)	Segment A 14-33	DX*J*POA	*J*=1 to 20. DX1POA is in position 14 of Segment A; DX2POA is in position 15 of Segment A; Etc.
Jth Procedure Code[15]	Char(8)	For J = 1-8 Segment 2 14-77. For J = 9-20 Segment 6 94-189.	PROC*J*	J=1 to 20. Up to FY15, this is an ICD-9 code in characters 1-5, procedure code location in character 6, and procedure code quantity in characters 7-8. For FY16+, this is an ICD-10 code. See PROCLOCj and PROCQTYj.
Jth Procedure Code Location[16]	Char(1)	Segment C 34-53	PROCLOC*J*	*J*=1 to 20. PROCLOC1 is in position 34 of Segment C; PROCLOC2 is in position 35 of Segment C; etc.
Jth Procedure Code Quantity[15]	N(2)	Segment C 54-93	PROCQTY*J*	*J*=1 to 20. PROCQTY1 is in positions 54-55 of Segment C; PROCQTY2 is in positions 56-57 of Segment C; etc.
Length of Service	Char(3)	Segment 1 71-73	LENGTHSV	No transformation
Major Diagnostic Category	Char(2)		MDC	Results from the 3M Core Grouping Software (Tricare DRG Grouper). No longer populated for FY13 and forward. For E records (FY08-FY12), use MDC format file, based on SUBSTR(DX1,1,5).

[14] Diagnosis codes are ICD-10 compliant.
[15] Procedure codes are ICD-10 compliant.
[16] Procedure Code Locations and Quantities are located in Segment C beginning with the change in layout from CHCS due to the ICD-10 changes. Prior to that change, location and quantity were part of the procedure code. FY15 and back, PROCLOCj and PROCQTYj will only be partial filled (users should use positions 6 and 7-8 of the actual procedure code for location and quantity, respectively).

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Marital Status	Char(1)	Segment 3 53	MARITAL	No transformation
MCP Group ID	Char(19)	If INDIC ≠ P Segment 5 147-165. Else, blank.	MCPGRP	No transformation
MCP Group Name	Char(30)	If INDIC ≠ P Segment 5 166-195. Else, blank	MCPGRPNM	No transformation
Medical/Surgical Indicator	Char(1)		MSFLAG	Merge to the DRGSURG file (/mdr/aref/sidr/drgsurg/*/criteria.sas 7bdat by DRG. Set values of 1 to S and 0 to M. No longer populated for FY13 and forward. Not populated for E SIDRs.
Medical Hold Days	N(8)	Segment 6 214-217	MEDHLDAY	No transformation
Medical Treatment Facility	Char(4)	Segment 1 1-4	MTF	Read in as MTFCODE from Segment 1, 1-5, and keep only the 1st four characters.
Medicare Eligibility Status from DEERS through CHCS feed[17]	Char(2)	Segment 3 200-201	MEDELIG	If value is " B" (space B) then change value to "B " (B space).
Medicare Eligibility mapped from MEDELIG	Char(1)		MEDELIG2	LENGTH MEDELIG2 $1.; If MEDELIG in ('A') then MEDELIG2='A'; Else if MEDELIG in ('B' 'B1' 'B2' 'B3') thenMEDELIG2='B'; Else if MEDELIG in ('AB' 'D' 'L' 'Q' 'R' 'E' 'O' 'P') then MEDELIG2='C'; Else if MEDELIG is blank and RECAGE >= 65 then MEDELIG='C'; Else MEDELIG2='N'; Values A, B, C, or N. Fed to M2.
Medicare Eligibility Flag	Char(1)		MEDFLAG	"N" if MEDELIG field is N or S If MEDELIG is blank then assign "N" if patient age is < 65 "Y" if patient age is >= 65 Otherwise, assign value "Y"
MEPRS Parent	Char(4)		MEPPRNT	Merge of Treatment DMIS ID to disposition-date matching Master Hierarchical Table using the MEPRS hierarchy.
Military Occupation Code	Char(10)	Segment 3 212-221	MILOCC	No transformation

[17] Anticipate this change in the July 2003 processing. Actually comes as two separate fields: Medicare Eligibility Part A in position 200 with values A or null (space) and Medicare Eligibility Part B in position 201 with values B or null (space). To keep consistent with SADR, reading in as one field with possible values "A ", " B", "AB", or " " (there are spaces in there) and changing " B" to "B " (space B to B space).

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Mom/Newborn Register #	Char(7)	Segment 3 67-73	MOMNEWRN	No transformation
MTF Branch of Service	Char(1)		MTFSVC	Service of the treatment MTF, based on MTF Master Hierarchical Table matching date of disposition
MTF Location	Char(2)	Segment 1 20-21	MTFLOC	No transformation
MTF of Initial Admission	Char(6)	Segment 1 108-113	MTFINIT	No transformation
MTF Region	Char(2)		MTFREGN	Health service region of treatment MTF, based on MTF Master Hierarchical Table matching date of disposition Populated FY11 and back.
MTF Transferred/Moved From	Char(6)	Segment 1 114-119	MTFFROM	No transformation
MTF Transferred/Moved To	Char(6)	Segment 1 120-125	MTFTO	No transformation
Bed Days MTF Norm	N(5,2)		NORMDAYS	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Deaths MTF Norm	N(8,6)		NORMDETH	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Full Cost MTF Norm	N(9,2)		NORMFULL	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Variable Cost MTF Norm	N(9,2)		NORMVAR	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Outlier Relative Weighted Product	N(8)		OUTRWP	The increase or decrease in RWPs resulting from long-stay or short-stay outliers or transfers. See Appendix D for algorithm. No longer populated FY13 and forward. Not calculated for "E" records.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Outlier Status Flag	Char(1)		OUTCAT	Length of stay outlier indicator assigned in the RWP computation. See Appendix D. No longer populated FY13 and forward.
Person Association Reason Code	Char(2)		PARC	See MPI specification.
Patient Health Service Region	Char(2)		PATREGN	Derived from matching patient residence zip to Omni-CAD. Populated FY11 and back.
MTF Norm Peer Group	Char(1)		PEERGRP	Derive from matching MTF to the DMISID Index table. Valid for FY03 and forward. Not calculated for "E" records. Populated FY11 and back.
Bed Days MTF Peer Norm	N(5,2)		PNORDAYS	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Variable Cost MTF Peer Norm	N(9,2)		PNORMVAR	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Full Cost MTF Peer Norm	N(9,2)		PNORFULL	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
Deaths MTF Peer Norm	N(8,6)		PNORDETH	Computed using regression model. See the Normative Data Specification. Valid for FY03 and forward. If value is missing (.) then replace with zero (0). Not calculated for "E" records. Populated FY11 and back.
PPS Earnings Factor	N(5,3)		PPS_EF	Set equal to 1.000.
PPS Rate Basis	Char(1)		PPS_RB	For FY08 and back, use MDC. For FY09+ use MSMDC. If MDC/MSMDC is 19 or 20 then assign value of "D" (i.e., earnings are based on length of stay, or days). Otherwise, assign value of "R" (i.e., earnings are based on RWP).
PPS Tmt Parent Site	Char(4)		PPS_TPS	For FY03 and forward, joined to the DMIS Table by FY and Tmt DMISID (MTF).

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
PPS Enr Parent Site	Char(4)		PPS_EPS	For FY03 and forward, joined to the DMIS Table by FY and Enrollment Site (DEERSENR).
Patient Category, Derived	Char(3)		PATCAT	Set equal to PATCAT1. Then, For FY03: IF HCDPCODE IN ('401' '402' '405' '406' '407' '408' '409' '410' '411' '412') THEN DO; IF FMP='20' THEN PATCAT=SUBSTR(PATCAT1,1,1)||'36'; ELSE PATCAT=SUBSTR(PATCAT1,1,1)||'37'; END; FY04+: IF HCDPLVM4 IN ('401' '402' '405' '406' '407' '408' '409' '410' '411' '412') OR HCDPCODE IN ('401' '402' '405' '406' '407' '408' '409' '410' '411' '412') THEN DO; IF FMP='20' THEN PATCAT=SUBSTR(PATCAT1,1,1)||'36'; ELSE PATCAT=SUBSTR(PATCAT1,1,1)||'37'; END;
Raw Unique Patient Identifier	Char(10)	Segment 5 196-205	RPATUNIQ	No transformation. DMDC-assigned unique person identifier. If RPATUNIQ is blank, merge to MPI as described in the MPI specification to create PATUNIQ.
Unique Patient Identifier	Char(10)		PATUNIQ	See the MPI specification.
Patient Name	Char(14)	Segment 6 191-204	PATNAME	No transformation
Patient Register #	Char(7)	Segment 1 7-13	PRN	No transformation
Patient Residence Zip Code	Char(5)	Segment 1 57-61	PATZIP	Field read in as 9 characters then substringed to 5.
Patient SSN	Char(9)	Segment 1 208-216	PATSSN	No transformation
Patient Date of Birth (SAS Date)	N(8)	Segment 1 40-47	BIRTDATE	No transformation
NED PCM ID Type Code	Char(1)	Segment 5 146	PCMTYPE	No transformation if not blank. If blank, and PCM is not blank, set = "P".
Preventable Admission Indicator	Char(1)		PRVADM	Based on Diagnosis and Procedure codes. Not coded on "E" records.
NED PCM ID	Char(18)	Segment 5 128-145	NEDPCM	If present, no transformation. If blank and PCM is not blank, set equal to PCM.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Primary Care Manager (OLD)	Char(10)	Segment 4 204-213	PCM	No transformation
PCM ID from the LVM4/LVM6 Data	Char(18)		PCMIDLVM	Populated for FY04+ only. Based on LVM4/LVM6 merge.
Attending HCP Specialty Code	Char(3)	Segment 2 202-204	HCPSPEC	No transformation
PRISM	Char(4)		PRISM	Residence PRISM area based on merge of patient demographic data to Omni-CAD matching time frame of service. For unrecognized patient zip codes, "9999" assigned (unknown).
Processing Date	N(8)		PROCDATE	A field which captures the date which the most recent update (or original) transaction for this SIDR reached the MDR master SIDR file.
Product Line	Char(2)		PRODLINE	OB if MDC 14 or 15 MH if MDC19 or 20, otherwise M if DRG is a medical DRG S if DRG is a surgical DRG FY09+: OB if MSMDC 14 or 15 MH if MSMDC19 or 20, otherwise M if MSDRG is a medical MSDRG S if MSDRG is a surgical MSDRG For E SIDRs compute as (use MDC for FY08; MSMDC for FY09+): OB if MDC/MSMDC 14 or 15 MH if MDC/MSMDC 19 or 20 S if substr(CLNADM,1,2) is "AB" M for all other.
Provider #*N* of Procedure #*K*	Char(9)	See Appendix A	PROV*NJ*	*N* = 1-4, the *N*th provider who participated in the *K*th procedure. *J = 1-20,* the *J*th Procedure
Attending Provider SSN	Char(9)	Segment 2 193-201	PROVSSN	No transformation
Quarters Days	N(8)	Segment 2 101-104	QUARDAYS	No transformation
Race	Char(1)	Segment 1 55	RACE	No transformation
Raw DEERS Dependent Suffix[18]	Char(2)	Segment 1 75-76	RDDS	No transformation
DEERS Dependent Suffix	Char(2)		DDS	See the MPI specification.

[18] Anticipate this change in the feed for the July 2003 processing. DDS replaces the Raw ACV previously in this position.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Raw ACV[19]	Char(2)		RAWACV	Fill with 2 blanks as no longer receiving in feed.
Raw Case Computed Weight	N(8)	Segment 3 24-31	RAWCCW	No transformation. RWP based on Encoder Grouper.
Raw DRG	Char(3)	Segment 3 14-16	RAWDRG	No transformation. DRG based on Encoder Grouper.
Raw Enrollment DMIS-ID[20]	Char(4)	Segment 4 216-219	RAWENR	No Transformation
Recoded Beneficiary Category	Char(3)		RECBENF	Derived from DMISBENF. If ACT then assign ACT. Else if GRD then assign GRD. Else if DA then assign DAD. Else if RET then assign RET. Else if DR then assign DRE. Else if DS then assign SUR. Else if IGR then assign IGR. Else if IDG then assign IDG. Else if OTH then assign OTH. Else if NAT DCO then assign OTH. Else if UNK then assign UNK.
Recoded Clinical Service	Char(3)		RECCLN	1st three characters of CLNDISP.
Recoded Disposition Status	Char(2)		RECDISP	Derived from DISPTYPE. If 00-03, 05, 10-13, 15, 99 then assign 01. Else if 21-26 then assign 02. Else if 27 then assign 03. Else if 28 then assign 04. Else if 14 then assign 05. Else if 04, 06 then assign 07. Else if 30 then assign 20. Else 41, 42, 50, 51 then assign 00. Else assign XX
Recoded Patient Sex (1=M, 2=F)	Char(1)		RECSEX	Derived from DMISSEX. If M then assign 1. Else if F then assign 2. Else assign 3.
Recoded Service Rank	Char(2)		RECRANK	Same as PAYGRADE except 1st position changed from 0 (zero) changed to O (letter) and invalid ranks coded as XX. (Valid ranks: E1-E9, O1-O9, 10-11, W1-W4, and CD)

[19] Anticipate this change with the feed for the July 2003 processing.
[20] Legacy SIDRs did not contain this field.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Recoded Service Branch of Sponsor	Char(1)		RECSPON	Derived from DSPONSVC. If A then assign 1. Else if N then assign 2. Else if M then assign 3. Else if F then assign 4. Else if C then assign 5. Else if O, W then assign 6. Else if S, then assign 7. Else if X then assign X.
Reservist Special Operation Code	Char(2)		SOC	Merge to the Reservist Table File by Sponsor SSN. Reservist Special Operation Code is appended to the record if the admission 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.
Reservist Status Code	Char(1)		STATUS	Merge to the Reservist Table File by Sponsor SSN. Reservist Status Code is appended to the record if the admission 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.
Source of Feed[21]	Char(3)		SOURCE	"HL7" if from new feed
Sponsor Branch of Service	Char(1)		DSPONSVC	1st letter of PATCAT/BENFCAT1. If B, P, or R then recode as O. If K then recode as W. If not (A,F,N,M,C,O,S,W) then recode as X.
Recoded Sponsor Branch of Service	Char(1)		RSPONSVC	Derived from first letter of PATCAT/BENFCAT1 to match SIDR and PITE. If A, C, F, M, N, S then retain values. Else if B then assign O. Else if P then assign H. Else if R then assign 4. Else if BENFCAT1 is K71 or K78 then assign 4. Else assign X.
Sponsor Service from LVM4			SSVCLVM4	FY04+ only: sponsor service from the LVM4 file.
Sponsor Service Aggregate from LVM4			SAGGLVM4	FY04+ only: sponsor service aggregate from the LVM4 file.
Sponsor Pay Grade	Char(2)	Segment 1 69-70	PAYGRADE	No transformation
Raw Sponsor SSN	Char(9)	Segment 1 31-39	RSPONSSN	No transformation

[21] Only present in 1999 records, the only year where both HL7 and Service-fed records intermingle.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Sponsor SSN	Char(9)		SPONSSN	See MPI specification.
Supplemental Care Days	N(8)	Segment 2 117-120	SUPPCARE	No transformation
Third Party Collection (TPC) Amount (aka Adjusted Standardized Amount)	N(8)		TPCAMT	Collection Value that would be ascribed for care billed under TCP, based on DRG and disposition date. FY08 and back: compute as ASA rate*TOTRWP FY09+: compute as ASA rate*MSDRGRWP Beginning with FY23 data, the ASA/APC data is applied based on CY. For Oct2022-Dec2022, use the FY22 reference table, then use the CY23 reference table for Jan2023-Sep2023. Then continue to use the appropriate CY when processing data.
Total Bed Days, BDAYS1+BASSDAYS	N(8)		DMISDAYS	BDAYS1 + BASSDAYS
Total Sick Days This MTF	N(8)	Segment 2 125-129	SICKDAYS	No transformation
Transfer Status Flag	Char(1)		DRGICAT	Transfer indicator assigned in RWP computation. See Appendix D. No longer populated FY13 and forward.
Year and Month of Transmittal Period	Char(4)	Segment 3 62-65	TRANSMIT	The calendar year and month (YYMM) that the SIDR was transmitted from the CHCS platform.
Trauma Indicator	Char(1)	Segment 1 126	TRAUMA	No transformation
Underwritten Region	Char(1)		UNDFLAG	See Appendix E. Populated FY04-11.
Variable Cost Clinician Salary	N(8)		VCCLNSAL	Application of most current PLCA cost and workload tables matching MTF. Based on $/professional service product. Valid only for FY03+. Not calculated for E records. Set to zero for FY02 and backwards.
Variable Cost Direct	N(8)		VCDIRECT	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/bed day. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Variable Cost Support	N(8)		VCSUPPRT	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/bed day. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.
Variable Cost Ancillary Laboratory	N(8)		VCANCLAB	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/ancillary lab weight. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.
Variable Cost Ancillary Radiology	N(8)		VCANCRAD	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/ancillary lab weight. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.
Variable Cost Other Ancillary	N(8)		VCOTHANC	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/TOTRWP. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.
Variable Cost Other Salary	N(8)		VCOTHSAL	Application of most current PLCA cost and workload tables matching MTF and MEPR3. Based on $/bed day. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.
Variable Cost Surgical	N(8)		VCSURG	Application of most current PLCA cost and workload tables matching MTF. Based on $/Surgical DRG[11] weight. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.
Variable Cost ICU	N(8)		VCICU	Application of most current PLCA cost and workload tables matching MTF. Based on $/ICUDAYS. Valid only for FY03+. Set to zero for FY02 and backwards. Not calculated for E records.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Variable Cost	N(8)		INCCOST	For FY03+, the summation of VCCLNSAL, VCDIRECT, VCSUPPRT, VCANCLAB, VCANCRAD, VCOTHANC, VCOTHSAL, VCSURG, and VCICU. For FY02 and backwards, application of the PLCA cost and workload tables without the breakdown indicated above.[22] For E records, merge to the reference file by MTF and RECCLN and compute as CALCDAYS * average variable cost per day.
Version Number (Record)	Char(1)	Segment 3 61	VERS_NO	No transformation
Short Term Diabetes Complications	Char(1)		ASTDIAB	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE <18 then astdiab = 0. If ADMSRC=4,5,6,7,8 then astdiab = 0. If primary diagnosis is not in the format $ACDIASD then astdiab = 0. Else if primary diagnosis is in $ACDIASD then astdiab = 1. Not populated for E SIDRs.
Perforated Appendix	Char(1)		APAPPD	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 ~~or 15~~ then apappd = 0. If RECAGE < 18 then apappd = 0. If ADMSRC=4,5,6,7,8 then apappd = 0. If any diagnosis is in format $ACSAP2D and not in format $ACSAPPD then apappd = 2. Else if any diagnosis is in $ACSAPPD then apappd = 1. Not populated for E SIDRs.
Diabetes Long Term Complications	Char(1)		ALTDIAB	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then altdiab = 0. If ADMSRC=4,5,6,7,8 then altdiab = 0. If primary diagnosis is not in format $ACDIALD then altdiab = 0. Else if primary diagnosis is in format $ACDIALD then altdiab = 1. Not populated for E SIDRs.

[22] Not populated years prior to FY98. A SIDR carrying the treatment DMIS ID of a non-inpatient facility or a facility that did not report inpatient MEPRS expenses has no value appended for Variable Cost.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Chronic Obstructive Pulmonary Disorder	Char(1)		ACOPD	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 40 then acopd = 0. If ADMSRC=4,5,6,7,8 then acopd = 0. If any diagnosis is in format $RESPAN then acopd = 0. If primary diagnosis is in format $ACCOPDD or primary diagnosis is in format $ACSASTD then acopd = 1. Else acopd = 0. Not populated for E SIDRs.`
Hypertension Admission	Char(1)		ahyptn	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then ahyptn = 0. If any procedure is in format $ACSCARP then ahyptn = 0. If any diagnosis is in format $ACSHY2D and any procedure code in in format $ACSHYPP (ICD-9) or $DIALY2P (ICD-10) then ahyptn = 0. If primary diagnosis is in format $ACSHYPD then ahyptn = 1. Else ahyptn = 0. Not populated for E SIDRs.
Congestive Heart Failure Admission	Char(1)		achf	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then achf = 0. If ADMSRC=4,5,6,7,8 then achf = 0. If any procedure code is in format $ACSCARP then achf = 0. If primary diagnosis is in format $MRTCHFD then achf = 1. Else achf = 0. Not populated for E SIDRs.
Low Birth Weight	Char(1)		albw	See Appendix H. Not populated for E SIDRs.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Dehydration	Char(1)		adhyd	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then adhyd = 0. If ADMSRC=4,5,6,7,8 then adhyd = 0. If any diagnosis is in format $CRENLFD then adhyd = 0. ~~If primary diagnosis is not in format $ACSDEHD then adhyd = 0.~~ ~~Else~~ If primary diagnosis is in format $ACSDEHD or primary diagnosis is in $HYPERID, $ACPGASD, or $PHYSIDB and any secondary diagnosis is in $ACSDEHD then adhyd = 1. Not populated for E SIDRs.
Bacterial Pneumonia	Char(1)		abacpn	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then abacpn = 0. If ADMSRC=4,5,6,7,8 then abacpn = 0. If any diagnosis is in format $ACSBA2D then abacpn = 0. If any diagnosis is in format $IMMUNID then abacpn = 0. If any procedure is in format $IMMUNIP then abacpn = 0. If primary diagnosis is not in format $ACSBACD then abacpn = 0. Else if primary diagnosis is in $ACSBACD then abacpn = 1. Not populated for E SIDRs.
Urinary Tract Infection	Char(1)		auti	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then auti = 0. If ADMSRC=4,5,6,7,8 then auti = 0. If any diagnosis is in format $IMMUNID then auti = 0. If any diagnosis is in format $KIDNEY then auti = 0. If any procedure is in format $IMMUNIP then auti = 0. Else if primary diagnosis is in format $ACSUTID then auti = 1. Not populated for E SIDRs.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Angina without Procedure	Char(1)		aawp	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then aawp = 0. If ADMSRC=4,5,6,7,8 then aawp = 0. If any procedure code is in format $ACSCARP then aawp = 0. If primary diagnosis is not in format $ACSANGD then aawp = 0. Else if primary diagnosis is in format $ACSANGD then aawp = 1. Not populated for E SIDRs.
Uncontrolled Diabetes	Char(1)		auncdiab	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 then auncdiab = 0. If ADMSRC=4,5,6,7,8 then auncdiab = 0. If Primary diagnosis is not in format $ACDIAUD then auncdiab = 0. Else if primary diagnosis is in format $ACDIAUD then auncdiab = 1. Not populated for E SIDRs.
Adult Asthma	Char(1)		aasth	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If RECAGE < 18 or RECAGE >= 40 then aasth = 0. If any diagnosis is in format $RESPAN then aasth = 0. If ADMSRC=4,5,6,7,8 then aasth = 0. If primary diagnosis is not in format $ACSASTD then aasth = 0. Else if primary diagnosis is in format $ACSASTD then aasth = 1. Not populated for E SIDRs.
Lower-extremity Amputation among patients with Diabetes	Char(1)		aampdiab	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 ~~or 15~~ then aampdiab = 0. If RECAGE < 18 then aampdiab = 0. If any diagnosis codes are in format $ACLEA2D then aampdiab = 0. If ADMSRC=4,5,6,7,8 then aampdiab = 0. Else if any diagnosis codes are in format $ACSLEAD and any procedure codes are format $ACSLEAP then aampdiab = 1. Not populated for E SIDRs.
Adult Overall Composite	Char(1)		aovall	If astdiab = 1 or altdiab = 1 or acopd = 1 or ahyptn = 1 or achf = 1 or adhyd = 1 or abacpn = 1 or auti = 1 or aawp = 1 or auncdiab = 1 or aasth = 1 or aampdiab = 1 then aovall = 1. Not populated for E SIDRs.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Adult Acute Composite	Char(1)		aacute	If adhyd = 1 or abacpn = 1 or auti = 1 then aacute = 1. Not populated for E SIDRs.
Adult Chronic Composite	Char(1)		achron	If astdiab = 1 or altdiab = 1 or acopd = 1 or ahyptn = 1 or achf = 1 or aawp = 1 or auncdiab = 1 or aasth = 1 or aampdiab = 1 then achron = 1. Not populated for E SIDRs.
Pediatric Asthma Admission	Char(1)		pasth	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 then pasth = 0. If RECAGE < 2 then pasth = 0. If RECAGE > 17 then pasth = 0. ~~If DRG is in format $ADULTDR then pasth = 0.~~ If any diagnosis is in format $RESPAN then pasth = 0. If ADMSRC=4,5,6,7,8 then pasth = 0. If primary diagnosis is not in format $ACSASTD then pasth = 0. Else if primary diagnosis is in format $ACSASTD then pasth = 1. Not populated for E SIDRs.
Pediatric Short term Diabetes	Char(1)		pstdiab	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 then pstdiab = 0. If RECAGE < 6 then pstdiab = 0. If RECAGE > 17 then pstdiab = 0. If ADMSRC=4,5,6,7,8 then pstdiab = 0. ~~If DRG is in format $ADULTDR then pstdiab = 0.~~ If primary diagnosis is not in $ACDIASD then pstdiab = 0. Else if primary diagnosis is in $ACDIASD then pstdiab = 1. Not populated for E SIDRs.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Pediatric Gastroenteritis	Char(1)		pgastro	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 then pgastro = 0. If RECAGE <= 90 days pgastro = 0. If RECAGE > 17 then pgastro = 0. If any diagnosis codes are in format $ACGDISD then pgastro = 0. If any diagnosis code is in format $ACBACGD then pgastro = 0. ~~If DRG is in format $ADULTDR then pgastro = 0.~~ If ADMSRC=4,5,6,7,8 then pgastro = 0. If primary diagnosis is in format $ACPGASD then pgastro = 1. If primary diagnosis is in $ACSDEHD and any secondary diagnosis is in $ACPGASD then pgastro =1. Else pgastro = 0. Not populated for E SIDRs.
Pediatric Perforated Appendix	Char(1)		pappd	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 ~~or 15~~ then pappd = 0. If RECAGE < 1 then pappd = 0. If RECAGE > 17 then pappd = 0. If ADMSRC=4,5,6,7,8 then pappd = 0. ~~If DRG is in format $ADULTDR then pappd = 0.~~ If any diagnosis is in format $ACSAP2D and no diagnosis is in $ACSPPD then pappd = 2. If any diagnosis is in $ACSAPPD then pappd = 1. Else pappd = 0. Not populated for E SIDRs.
Pediatric Urinary Tract Infection	Char(1)		puti	If DISPDATE < 10/1/15, and ICD-9 diagnosis codes are used, substring all diagnosis codes to 5 characters. If MDC/MSMDC = 14 then puti = 0. If RECAGE <= 90 days then puti = 0. If RECAGE > 17 then puti = 0. If any diagnosis is in format $IMMUNHD then puti = 0. If any diagnosis is in format $KIDNEY then puti = 0. If any diagnosis is in format $IMMUITD then puti = 0. If any diagnosis is in format $HEPFA2D and any diagnosis is in format $HEPFA3D then puti = 0. If any procedure is in format $TRANSPP then puti = 0. Else if primary diagnosis is in format $ACSUTID then puti = 1. Not populated for E SIDRs.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Pediatric Overall Composite	Char(1)		povall	If pasth=1 or pstdiab=1 or pgastro=1 or puti=1 then povall=1. Else povall=0. Not populated for E SIDRs.
Pediatric Chronic Composite	Char(1)		pchron	IF pasth=1 or pstdiab=1 then pchron=1. Else pchron=0. Not populated for E SIDRs.
Pediatric Acute Composite	Char(1)		pacute	If pgastro=1 or puti=1 then pacute=1. Else pacute=0. Not populated for E SIDRs.
Combined Overall Adult and Pediatric Composite	Char(1)		padcdovl	If aovall=1 or povall=1 then padcdovl=1. Else padcdovl=0. Not populated for E SIDRs.
Combined Chronic Adult and Pediatric Composite	Char(1)		padcdchn	If achron=1 or pchron=1 then padcdchn=1. Else padcdchn=0. Not populated for E SIDRs.
Combined Acute Adult and Pediatric Composite	Char(1)		padcdact	If aacute=1 or pacute=1 then padcdact=1. Else padcdact=0. Not populated for E SIDRs.
AHRQ Prevention Indicator Flag	Char(1)		ahrqpvadm	If astdiab = 1 then ahrqpvadm = A. If apappd = 1 then ahrqpvadm = B. If altdiab = 1 then ahrqpvadm = C. If acopd = 1 then ahrqpvadm = D. If ahyptn = 1 then ahrqpvadm = E. If achf = 1 then ahrqpvadm = F. If albw = 1 then ahrqpvadm = G. If adhyd = 1 then ahrqpvadm = H. If abacpn = 1 then ahrqpvadm = I. If auti = 1 then ahrqpvadm = J. If aawp = 1 then ahrqpvadm = K. If auncdiab = 1 then ahrqpvadm = L. If aasth = 1 then ahrqpvadm = M. If aampdiab = 1 then ahrqpvadm = N. If pasth = 1 then ahrqpvadm = P. If pstdiab = 1 then ahrqpvadm = Q. If pgastro = 1 then ahrqpvadm = R. If pappd = 1 then ahrqpvadm = S. If puti = 1 then ahrqpvadm = T. Else ahrqpvadm = O. Not populated for E SIDRs.
TPR Eligibility Flag	Char(1)		TPRELIG	Populated FY04+. Merge to VM6 and add the field D_TPR_ELG_CD.
Procedure Number 1	N(2)	Segment 7 14-15	PNA1	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 1	Char(10)	Segment 7 16-25	PNA1PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 1	Char(1)	Segment 7 26	PNA1QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 1	Char(10)	Segment 7 27-36	PNA1PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 1	Char(1)	Segment 7 37	PNA1QUAL2	No transformation

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Provider #3 NPI ID for Procedure Number 1	Char(10)	Segment 7 38-47	PNA1PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 1	Char(1)	Segment 7 48	PNA1QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 1	Char(10)	Segment 7 49-58	PNA1PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 1	Char(1)	Segment 7 59	PNA1QUAL4	No transformation
Procedure Number 2	N(2)	Segment 7 60-61	PNA2	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 2	Char(10)	Segment 7 62-71	PNA2PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 2	Char(1)	Segment 7 72	PNA2QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 2	Char(10)	Segment 7 73-82	PNA2PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 2	Char(1)	Segment 7 83	PNA2QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 2	Char(10)	Segment 7 84-93	PNA2PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 2	Char(1)	Segment 7 94	PNA2QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 2	Char(10)	Segment 7 95-104	PNA2PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 2	Char(1)	Segment 7 105	PNA2QUAL4	No transformation
Procedure Number 3	N(2)	Segment 7 106-107	PNA3	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 3	Char(10)	Segment 7 108-117	PNA3PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 3	Char(1)	Segment 7 118	PNA3QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 3	Char(10)	Segment 7 119-128	PNA3PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 3	Char(1)	Segment 7 129	PNA3QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 3	Char(10)	Segment 7 130-139	PNA3PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 3	Char(1)	Segment 7 140	PNA3QUAL3	No transformation

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Provider #4 NPI ID for Procedure Number 3	Char(10)	Segment 7 141-150	PNA3PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 3	Char(1)	Segment 7 151	PNA3QUAL4	No transformation
Procedure Number 4	N(2)	Segment 7 152-153	PNA4	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 4	Char(10)	Segment 7 154-163	PNA4PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 4	Char(1)	Segment 7 164	PNA4QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 4	Char(10)	Segment 7 165-174	PNA4PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 4	Char(1)	Segment 7 175	PNA4QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 4	Char(10)	Segment 7 176-185	PNA4PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 4	Char(1)	Segment 7 186	PNA4QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 4	Char(10)	Segment 7 187-196	PNA4PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 4	Char(1)	Segment 7 197	PNA4QUAL4	No transformation
Procedure Number 5	N(2)	Segment 8 14-15	PNA5	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 5	Char(10)	Segment 8 16-25	PNA5PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 5	Char(1)	Segment 8 26	PNA5QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 5	Char(10)	Segment 8 27-36	PNA5PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 5	Char(1)	Segment 8 37	PNA5QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 5	Char(10)	Segment 8 38-47	PNA5PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 5	Char(1)	Segment 8 48	PNA5QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 5	Char(10)	Segment 8 49-58	PNA5PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 5	Char(1)	Segment 8 59	PNA5QUAL4	No transformation

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Procedure Number 6	N(2)	Segment 8 60-61	PNA6	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 6	Char(10)	Segment 8 62-71	PNA6PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 6	Char(1)	Segment 8 72	PNA6QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 6	Char(10)	Segment 8 73-82	PNA6PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 6	Char(1)	Segment 8 83	PNA6QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 6	Char(10)	Segment 8 84-93	PNA6PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 6	Char(1)	Segment 8 94	PNA6QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 6	Char(10)	Segment 8 95-104	PNA6PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 6	Char(1)	Segment 8 105	PNA6QUAL4	No transformation
Procedure Number 7	N(2)	Segment 8 106-107	PNA7	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 7	Char(10)	Segment 8 108-117	PNA7PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 7	Char(1)	Segment 8 118	PNA7QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 7	Char(10)	Segment 8 119-128	PNA7PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 7	Char(1)	Segment 8 129	PNA7QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 7	Char(10)	Segment 8 130-139	PNA7PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 7	Char(1)	Segment 8 140	PNA7QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 7	Char(10)	Segment 8 141-150	PNA7PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 7	Char(1)	Segment 8 151	PNA7QUAL4	No transformation
Procedure Number 8	N(2)	Segment 8 152-153	PNA8	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 8	Char(10)	Segment 8 154-163	PNA8PNPI1	No transformation

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
NPI Qualifier for Provider #1, Procedure Number 8	Char(1)	Segment 8 164	PNA8QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 8	Char(10)	Segment 8 165-174	PNA8PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 8	Char(1)	Segment 8 175	PNA8QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 8	Char(10)	Segment 8 176-185	PNA8PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 8	Char(1)	Segment 8 186	PNA8QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 8	Char(10)	Segment 8 187-196	PNA8PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 8	Char(1)	Segment 8 197	PNA8QUAL4	No transformation
Procedure Number 9	N(2)	Segment 9 14-15	PNA9	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 9	Char(10)	Segment 9 16-25	PNA9PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 9	Char(1)	Segment 9 26	PNA9QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 9	Char(10)	Segment 9 27-36	PNA9PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 9	Char(1)	Segment 9 37	PNA9QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 9	Char(10)	Segment 9 38-47	PNA9PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 9	Char(1)	Segment 9 48	PNA9QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 9	Char(10)	Segment 9 49-58	PNA9PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 9	Char(1)	Segment 9 59	PNA9QUAL4	No transformation
Procedure Number 10	N(2)	Segment 9 60-61	PNA10	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 10	Char(10)	Segment 9 62-71	PNA10PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 10	Char(1)	Segment 9 72	PNA10QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 10	Char(10)	Segment 9 73-82	PNA10PNPI2	No transformation

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
NPI Qualifier for Provider #2, Procedure Number 10	Char(1)	Segment 9 83	PNA10QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 10	Char(10)	Segment 9 84-93	PNA10PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 10	Char(1)	Segment 9 94	PNA10QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 10	Char(10)	Segment 9 95-104	PNA10PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 10	Char(1)	Segment 9 105	PNA10QUAL4	No transformation
Procedure Number 11	N(2)	Segment 9 106-107	PNA11	The procedure number associated with the procedure code identified in segment 2 or 6. No transformation.
Provider #1 NPI ID for Procedure Number 11	Char(10)	Segment 9 108-117	PNA11PNPI1	No transformation
NPI Qualifier for Provider #1, Procedure Number 11	Char(1)	Segment 9 118	PNA11QUAL1	No transformation
Provider #2 NPI ID for Procedure Number 11	Char(10)	Segment 9 119-128	PNA11PNPI2	No transformation
NPI Qualifier for Provider #2, Procedure Number 11	Char(1)	Segment 9 129	PNA11QUAL2	No transformation
Provider #3 NPI ID for Procedure Number 11	Char(10)	Segment 9 130-139	PNA11PNPI3	No transformation
NPI Qualifier for Provider #3, Procedure Number 11	Char(1)	Segment 9 140	PNA11QUAL3	No transformation
Provider #4 NPI ID for Procedure Number 11	Char(10)	Segment 9 141-150	PNA11PNPI4	No transformation
NPI Qualifier for Provider #4, Procedure Number 11	Char(1)	Segment 9 151	PNA11QUAL4	No transformation
Attending Provider NPI ID	Char(10)	Segment 9 152-161	ATTNDNPI (formerly PRIMPNPI)	No transformation
Attending Provider NPI ID Type Code	Char(1)	Segment 9 162	ATTNDTYPE (formerly PRIMQUAL)	No transformation
Attending Provider EDI_PN	Char(10)	Segment 9 163-172	ATTNDEDIPN	No transformation
Admitting Provider NPI ID	Char(10)	Segment 9 173-182	ADMTNPI	No transformation
Admitting Provider NPI ID Type Code	Char(1)	Segment 9 183	ADMTTYPE	No transformation
Admitting Provider SSN	Char(9)	Segment 9 184-192	ADMTSSN	No transformation

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Admitting Provider EDI_PN	Char(10)	Segment 9 193-202	ADMTEDIPN	No transformation
Admitting Provider Primary Taxonomy	Char(10)	Segment 9 203-212	ADMTTAX	No transformation
Date of Injury (SAS Date)	N(8)	Segment 9 213-220	INJURYDATE	No transformation
Patient Subcategory Code	Char(1)	Segment 9 221	PATSUBCODE	No transformation
Time of Admission	N(4)	Segment A 34-37	TIMEADM	No transformation
Time of Discharge	N(4)	Segment A 38-41	TIMEDISC	No transformation
Admitting Diagnosis[23]	Char(8)	Segment A 42-49	ADMDX	No transformation
Start Date Procedure *J*	N(8)	Segment A See Footnote[24]	STARTPROC*J*	No transformation *J*=1 to 10.
Start Date Procedure *K*	N(8)	Segment B See Footnote[25]	STARTPROC*K*	No transformation *K*=11 to 20.
Stop Date Procedure *J*	N(8)	Segment A See Footnote[26]	STOPPROC*J*	No transformation *J*=1 to 10.
Stop Date Procedure *K*	N(8)	Segment B See Footnote[27]	STOPPROC*K*	No transformation *K*=11 to 20.
Medicare Severity Diagnosis Related Group (MS-DRG)	Char(3)		MSDRG	Results from the 3M Core Grouping Software (TRICARE MS-DRG Grouper). See Appendix F for algorithm. Populated FY07+. Not populated for "E" records.
Medicare Severity Major Diagnostic Category	Char(2)		MSMDC	Results from the 3M Core Grouping Software (TRICARE MS-DRG Grouper). See Appendix F for algorithm. Populated FY07+. From format file for "E" records.
MS-DRG Relative Weighted Product	N(8)		MSDRGRWP	MSDRGBASERWP + MSDRGOUTRWP See Appendix G for algorithm. Populated FY07+. For E records, merge to reference file by MTF and RECCLN and assign value (no multiplication).

[23] Diagnosis Code is ICD-10 compliant.
[24] Positions for Start Date Procedures 1 through 10 (Segment A) are, respectively: 50-57; 66-73; 82-89; 98-105; 114-121; 130-137; 146-153; 162-169; 178-185; 194-201.
[25] Positions for Start Date Procedures 11 through 20 (Segment B) are, respectively: 14-21; 30-37; 46-53; 62-69; 78-85; 94-101; 110-117; 126-133; 142-149; 158-165.
[26] Positions for Stop Date Procedures 1 through 10 (Segment A) are, respectively: 58-65; 74-81; 90-97; 106-113; 122-129; 138-145; 154-161; 170-177; 186-193; 202-209.
[27] Positions for Stop Date Procedures 11 through 20 (Segment B) are, respectively: 22-29; 38-45; 54-61; 70-77; 86-93; 102-109; 118-125; 134-141; 150-157; 166-173.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
MS-DRG Professional Relative Weighted Product	N(8)		MSDRGPROFRWP	MS-DRG weight for the FY of the record for the professional component of RWP. See Appendix G for algorithm. Populated FY07+. Not populated for "E" records.
MS-DRG Full Relative Weighted Product	N(8)		MSDRGFULLRWP	9Feb09: set to zero until MSDRGPROF derivation is finalized. MSDRGRWP + MSDRGPROF See Appendix G for algorithm. Populated FY07+.
MS-DRG Baseline Relative Weighted Product	N(8)		MSDRGBASERWP	MS-DRG weight for the FY of the record. See Appendix G for algorithm. Populated FY07+.
MS-DRG Outlier Relative Weighted Product	N(8)		MSDRGOUTRWP	The increase or decrease in MS-DRG RWPs resulting from long-stay or short-stay outliers or transfers. See Appendix G for algorithm. Populated FY07+.
MS-DRG Transfer Status Flag	Char(1)		MSDRGICAT	Transfer indicator assigned in MS-DRG RWP computation. See Appendix G for algorithm. Populated FY07+.
MS-DRG Medical/Surgical Indicator	Char(1)		MSDRGSURG	Merge to MS-DRG medical/surgical indicator file by MSDRG (for CY2020 and back use /mdr/aref/sidr/msdrgsurg/dYYMMDD/criteria.sas7bdat; for CY21 and forward use /mdr/aref/sidr/msdrgsurg/cyXX/dYYMMDD/criteria.sas7bdat). Set values of 1 to S and 0 to M. Populated FY07+. For E records, set to S if any of the MEPRS codes are "AB" otherwise set to M.
Enrollment MEPRS Code	Char(4)		MED_HOME_MEPRS	See Appendix A, Section 1, MDR Enrollment MEPRS CODE File Processing Specification in conjunction with Admission Date. Populated FY11+.
Medical Home Flag	Char(1)		MED_HOME_FLAG	See Appendix A, Section 1, MDR Enrollment MEPRS CODE File Processing Specification in conjunction with Admission Date. Populated FY11.
Inferred SIDR Flag	Char(1)		INFFLAG	If the record disposition status from Segment 3, position 60 is "E" then INFFLAG=Y (Yes, inferred SIDR) else INFLAG=N (No, not inferred SIDR).
TRICARE Young Adult Flag	Char(1)		TYAFLAG	Fill with TYA Flag from LVM4, if the admission date (ADMDATE) on the record is between the begin and end dates associated with the TYA Flag. If no match is found or a match is found but the date window criteria do not apply then set to "0".
Patient HSSC Region	Char(1)		PATHSSC	Merge to OMNI-CAD based on patient zip code. Assign "World" HSSC region from position 19. Populated FY11 and back.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
MTF HSSC Region	Char(1)		MTFHSSC	Merge to DMISID Index based on MTF. Assign HSSCREG from position 40. Populated FY11 and back.
Grouper Version	Char(5)		GROUPER	Keep from output of grouping software. Populate FY15 and forward.
Grouper Return Code	Char(2)		RTNCODE	Keep from output of grouping software. Called MSRTC in Appendix F. Populate FY15 and forward.
Observation Stay Flag	Char(1)		OBSFLAG	If DX1 = V719 (for FY15 and back) or Z049 (for FY16 forward) and DMISDAYS <= 3 then OBSFLAG = Y; otherwise OBSFLAG = N. DMISDAYS <= 3 rule is applied for FY17+. DMISDAYS <= 2 rule is applied for FY16 and back.
HCDP - Assigned	Char(3)		HCDP_ASSGN	If the DISPDATE 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. Populated FY12+.
Eligibility Group	Char(2)		ELG_GRP	If the DISPDATE 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. Populated FY12+.
Enrollment Group	Char(2)		ENR_GRP	If the DISPDATE 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. Populated FY12+.
Enrollment PCM Type	Char(1)		PCM_TYPE	If the DISPDATE 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. Populated FY12+.
Enrollment Site T3 Region	Char(2)		ENR_T3_REG	T3_REG from DMIS ID Index, based on matching FY and DEERSENR Populated FY12+.
Enrollment Site T17 Region	Char(2)		ENR_T17_REG	T17_REG from DMIS ID Index, based on matching FY and DEERSENR Populated FY12+.
Beneficiary T3 Region	Char(2)		BEN_T3_REG	T3_REG, based on matching to OMNI CAD using FY and PATZIP Populated FY12+.
Beneficiary T17 Region	Char(2)		BEN_T17_REG	T17_REG, based on matching to OMNI CAD using FY and PATZIP Populated FY12+.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Treatment DMIS ID T3 Region	Char(2)		MTF_T3_REG	T3_REG from DMIS ID Index, based FY and MTF Populated FY12+.
Treatment DMIS ID T17 Region	Char(2)		MTF_T17_REG	T17_REG from DMIS ID Index, based FY and MTF Populated FY12+.
ACV Group	Char(15)		ACVGROUP	If DISPDATE >=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 (COMBENF=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 FY04 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 COMBENF=4 then R Else O For FY03 and back: If ACV = A, D, or E then PR Else if ACV = G or L then PL Else if ACV = U then DP Else if COMBENF=4 then R Else O Populated FY12+.
Patient Assigned UIC	Char(8)		PAT_ASSGN_UIC	Populated FY16+. If the DISPDATE is between the begin and end date of ASSGN_UIC then fille with ASSGN_UIC, else leave blank.
Patient Attached UIC	Char(8)		PAT_ATTCH_UIC	Populated FY16+. If the DISPDATE is between the begin and end date of ATTCH_UIC then fille with ATTCH_UIC, else leave blank.
Revenue Code 1	Char(4)		REVCODE1	If OBSFLAG = Y then "0762"; else blank.
Enrollment Site T5 Region	Char(2)		ENR_T5_REG	T5_REG from DMIS ID Index, based on matching FY and DEERSENR Populated FY23+.
Treatment DMIS ID T5 Region	Char(2)		MTF_T5_REG	T5_REG from DMIS ID Index, based FY and MTF Populated FY23+.

Field	Type	Source Position[4]	SAS Name[5]	Transformation[6]
Beneficiary T5 Region	Char(2)		BEN_T5_REG	T5_REG, based on matching to OMNI CAD using FY and PATZIP Populated FY23+.

V. REFRESH FREQUENCY

A. The SIDR file is updated weekly for the current fiscal year and for the previous fiscal year if six or fewer months have elapsed since it ended.

B. SIDR for years more than six months past are updated semi-annually, in October and April, if any additional SIDRs or updates from that period have been captured.

C. New cost master tables are created late each fiscal year to be used for SIDRs in the next year, as well as in the current and previous fiscal year. Consequently, the full year's SIDRs from these two years should be re-merged to the updated cost data in October of each year after the new cost tables are created. This will occur automatically in the semi-annual update as long as the new cost tables replace the old.

VI. DATA MARTS

A. MHS Mart (M2): see Standard Inpatient Data Record (SIDR) Feed for the MHS Mart (M2).
B. PHOTO: Currently uses the same extract as the M2.

VII. SPECIAL OUTPUTS

A. Create the following as a SAS dataset, in the most logical processing location, for the cancelled records. The cancellation data is de-duplicated on MTF and PRN, retaining the observation with the highest Record Version Number. Place file in the directory /mdr/ref/cber/cancel/sidr.sas7bat and its associated /mdr/aref area.

Field Description	Format	SAS Name	Notes
Medical Treatment Facility DMIS ID	Char(4)	MTF	
Patient Register Number	Char(7)	PRN	
Record Version Number	Char(1)	VERS_NO	
File Date from the MDR raw file[28]	Num(8)	FILEDATE	SAS Date

B. SIDR counts by MTF and month are used in calculation of the direct care completion factors to produce an MDR table and an M2 feed.

[28] The SIDR data does not include the file date at this time and CBER simply wants some kind of date on the cancellation records to so that updated and new records can be readily identified. The missing file date on SIDR for existing records will be filled with some arbitrary date (like the previous month's file date) rather than obtaining the actual file date for all of the existing records. New records will contain the file date from the MDR raw file.

Appendix A. Derivation of PROV*NJ*

Provider information on the SIDR does not have to be input in any order and only provider information for 13 procedures can be input. For example, provider information for the 20th procedure performed can be input in the first provider information field; information for the 19th procedure may not have been input into any of the possible 13 positions.

The provider information must be sorted and assigned the proper "J" value for the PROV*NJ* field, where N=1-4 (designates the provider) and J=1-20 (designates the procedure).

PRCNUM# = Procedure number, length of 2
PRSEG#= Provider information for PRCNUM#, length of 36 (9 characters per 4 possible providers)

Field	Segment	Position
PRCNUM1	3	86-87
PRSEG1	3	88-123
PRCNUM2	3	124-125
PRSEG2	3	126-161
PRCNUM3	3	162-163
PRSEG3	3	164-199
PRCNUM4	4	14-15
PRSEG4	4	16-51
PRCNUM5	4	52-53
PRSEG5	4	54-89
PRCNUM6	4	90-91
PRSEG6	4	92-127
PRCNUM7	4	128-129
PRSEG7	4	130-165
PRCNUM8	4	166-167
PRSEG8	4	168-203
PRCNUM9	5	14-15
PRSEG9	5	16-51
PRCNUM10	5	52-53

Field	Segment	Position
PRSEG10	5	54-89
PRCNUM11	5	90-91
PRSEG11	5	92-127
PRCNUM12	5	If INDIC ≠ P, then 128-129. Else, blank.
PRSEG12	5	If INDIC ≠ P, then 130-165. Else, blank.
PRCNUM13	5	If INDIC ≠ P, then 166-167. Else blank.
PRSEG13	5	If INDIC ≠ P, then 168-203. Else, blank.

Sort procedure number fields (PRCNUM#) across the record, ensuring that regardless of whether provider information for a procedure is coded, a placeholder is created. Additionally, substring PRSEG# into four 9-character fields to obtain provider identifying information for that procedure. For example, for the following record:

PRCNUM 1	PRSEG1	PRCNUM 2	PRSEG2	PRCNUM 3	PRSEG3
5	A…AB…BC…CD…D	4	E…EF…FG…GH…H	2	L…LM…MN…NP…P

PRCNUM1=5 indicates this is provider information for the 5th procedure; PRCNUM2=4 indicates provider information for the 4th procedure; etc.

The PROV*NJ* fields (the *N*th provider who participated in the *J*th procedure), where *N* = 1-4 and *J* = 1-20, would be:

PROV11	PROV21	PROV31	PROV41	PROV12	PROV22	PROV32	PROV42
Blank	*blank*	*blank*	*blank*	L…L	M…M	N…N	P…P
PROV13	**PROV23**	**PROV33**	**PROV43**	**PROV14**	**PROV24**	**PROV34**	**PROV44**
Blank	*blank*	*blank*	*blank*	E…E	F…F	G…G	H…H
PROV15	**PROV25**	**PROV35**	**PROV45**	**Etc.**			
A…A	B…B	C…C	D…D				

There is no provider information for procedures 1 and 3 but the fields are created and remain empty.

Below is the SAS code used to generate the PROV*NJ* fields.

```
/* MAPPING PROCEDURES TO PROVIDERS */

ARRAY PRCNM{13} PRCNUM1 - PRCNUM13;
ARRAY PRSEGS{13} $ PRSEG1 - PRSEG13;
ARRAY PROV1{20} $9;
ARRAY PROV2{20} $9;
```

```
ARRAY PROV3{20} $9;
ARRAY PROV4{20} $9;
DO A=1 TO 20;
  PROV1{A}='        ';
  PROV2{A}='        ';
  PROV3{A}='        ';
  PROV4{A}='        ';
END;
DROP A;

DO I=1 TO 13;
  DO J=1 TO 20;
    IF PRCNM{I}=J THEN DO;
      PROV1{J}=SUBSTR(PRSEGS{I},1,9);
      PROV2{J}=SUBSTR(PRSEGS{I},10,9);
      PROV3{J}=SUBSTR(PRSEGS{I},19,9);.
      PROV4{J}=SUBSTR(PRSEGS{I},28,9);
    END;
  END;
END;
DROP I J;
DROP PRCNUM1- PRCNUM13 PRNUM12 PRNUM13 PRSEG1 - PRSEG13;
RUN;
```

Appendix B. Alternate Care Value (ACV2) Derivation
(Only exists for FY02 and backward)

HCDPCODE	ACV2
106, 128	A
155	B
003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023	C
120	D
107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137	E
156, 157	F
140, 142, 144, 146, 147, 149	G
103, 152	H
123, 124, 125, 126	I
104, 153, 154	J
105	K
141, 143, 145, 148, 150, 151	L
001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024	N
101	P
121, 122	S
109, 114, 115, 118, 119, 133, 138, 139	U
127	W
Any Other	Z

Appendix C. DRG Grouping

See specification V2.13.00 for legacy DRG grouping.

Appendix D. Relative Weighted Product (RWP) Algorithm – FY00 through FY12

See specification V2.13.00 for legacy RWP derivation.

Appendix E. Underwritten Region Derivation

Logic

- Remove Active Duty (based on common beneficiary code)
- Remove USTF (based on ACV code)
- Exclude Direct Care Only (based on beneficiary category)
- Exclude Reserve Select (based on ACV code)
- Remove Medicare Eligibles (based on age <65 as a proxy)
- Exclude Resource Sharing Sites, if they are not VA sites.
- For Regional jurisdiction, Prime beneficiaries are assigned to each contractor based on enrollment region and enrollment DMIS ids (for the 69XXs and 79XXs ids). Non Prime beneficiaries are assigned based on residence region.
    - The new 69XX (managed care contractor) and 79XX (remote) series of enrollment DMIS ids are being assigned to enrollment region "00". Thus, those enrollment DMIS ids must be included with the enrollment regions.

SAS Code

SAS Variable	Data Element
COMBENF	Common Beneficiary Category
RECAGE	Age at Disposition
ACV	Alternate Care Value
ENRREG	*Enrollment Region – from merge to the DMISID Index based on DEERSENR, set to MOD_REG from corresponding entry in the DMIS ID index table*
DEERSENR	Enrollment DMISID
PATREGN	Patient Region; position 164-165
BENCATX	Beneficiary Category, from LVM4 merge
MTF	Treatment Id
MTFSVC	MTF Service
UNDRFLAG	*Need to Create – temporary underwritten flag*
UNDFLAG	***Need to Create – Underwritten Region***

```
Undrflag=1; /* underwritten flag*/

/* Flag non underwritten beneficiaries as "0". */
if combenf=4 then undrflag=0; /* Exclude Active Duty */
if recage ge 65 then undrflag=0; /* Exclude med elig */
if acv='U' then undrflag=0;  /* Exclude USTF */
if acv='R' then undrflag=0;  /* Exclude reserve select */
if bencatx='DCO' then undrflag=0;  /* Exclude direct care only */

/* Exclude if resource sharing and not a VA site */
if mtfsvc in ('B' 'G' 'R') and mtf ~in (2000:2500, 5601, 6513) then
  undrflag=0;
/* Define Prime based on ACV */
if acv in ('A' 'D' 'E' 'B' 'F' 'H' 'J') then prime='Y';
  else prime='N';
```

/* Define Underwritten Region */

```
if undrflag=1 then do;  /* underwritten */
      if prime='Y' then do;
           if enrreg in ('01' '02' '05' '17') or deersenr in ('6917' '7917') then undflag='N';
              else if enrreg in ('03' '04' '06' '18') or deersenr in ('6918' '7918') then
              undflag='S';
              else if enrreg in ('07' '08' '09' '10' '11' '12' '19') or deersenr in ('6919' '7919')
              then
                  undflag='W';
             else undflag=' ';
      end;  /* if prime */

      else if prime='N' then do;
           if resreg in ('01' '02' '05' '17') then undflag='N';
              else if resreg in ('03' '04' '06' '18') then undflag='S';
              else if resreg in ('07' '08' '09' '10' '11' '12' '19') then undflag='W';
              else undflag=' ';
      end;  /* if not prime */
end;

else do;
  undflag=' ';  /* Not underwritten to any region */
end;

/* Remove AK underwritten from West */
if undflag='W' and deersenr in ('6919' '7919') and resreg='AK' then undflag=' ';

if undflag ~in ('N' 'S' 'W') then undflag=' ';
```

Appendix F. MS-DRG Grouping

PROC FORMATS that map diagnosis and procedure codes to valid values for the appropriate grouper version are embedded in the macros described below.

While the TRICARE DRG Grouping is converting to CY based, ICD-10 codes are remaining FY based. Thus the new FY diagnosis codes must be backmapped to the preview FY values in order to get appropriate grouping results. Utilize ICD-10 diagnosis code backmaps stored in /mdr/aref/icd10backmaps/dx/fyaa/dmmyydd.txt, where aa = the new FY (for example, /mdr/aref/icd10backmaps/dx/fy20/dmmyydd.txt contains the FY20 to FY19 backmaps). The backmaps should only be applied to the first quarter of the data.

Similarly for ICD-10 procedure codes, utilize ICD-10 procedure code backmaps stored in /mdr/aref/icd10backmaps/px/fyaa/dmmyydd.txt, where aa = the new FY (for example, /mdr/aref/icd10backmaps/px/fy20/dmmyydd.txt contains the FY20 to FY19 backmaps). The backmaps should only be applied to the first quarter of the data.a

OVERVIEW

Grouping of MDR data for Ambulatory Payment Classification (APC), Diagnosis Related Group (DRG), and Medicare Severity (MS) DRG codes, is performed by the 3M Grouper Plus System (GPS), which a set of Java classes that are resident on the primary MDR processing node. The subset of GPS capabilities that are necessary for MDR grouping is exposed to the SCE via the Java classes of the MDR Grouping Client (MGC), and the MDR Processing Utilities offer SAS macros for both MDR processing and SCE users to submit grouping requests through the MGC to the GPS.

For SCE users, two SAS include files—scegpsapc.sas and scegpsdrg.sas—are provided in the MDR Processing Utilities, located in /mdr/aprod/util. These include files provide the necessary %INCLUDE statements for performing APC and DRG/MS-DRG grouping, respectively. Among those, gpsapc.sas and gpsdrg.sas provide the key macros for grouping, while the other include files offer a variety of convenience macros.

Only the macros named %gpsapc_mdr_caper(), %gpsdrg_mdr_sidr(), and %gpsdrg_mdr_tedi() are used in MDR processing. Each macro performs the designated type of grouping (APC or DRG/MS-DRG) on a designated type of MDR data (CAPER, SIDR, or TED-I). In general, these macros require the name of an appropriate data set. On each observation in that data set, the input fields for grouping are duplicated, transformed, and submitted to the MGC and the results of that submission are parsed, transformed, and assigned to the grouping output fields. Thus, users of these macros must only ensure that the expected input and output fields exist on the data set; however, for efficiency, it is advised that observations that cannot be grouped, such as those for which no procedure codes are defined, be removed from the data set.

For more flexibility, users can invoke the lower-level macros within gpsapc.sas and gpsdrg.sas, using the logic of the three %gps*_mdr_*() macros as a guide. Invoking the lower-level macros directly, affords users the opportunity to specify more diagnosis and procedure codes, retrieve additional output fields, and modify settings.

See CAPER specification for details on APC Grouping.

DRG/MS-DRG GROUPING

Grouping of SIDR and TED-I data for DRG and MS-DRG codes is accomplished during MDR processing via the %gpsdrg_mdr_sidr() and %gpsdrg_mdr_tedi() macros, respectively. DRG/MS-DRG grouping is similar for the two data types, so the two macros are also quite similar, dealing with differences in the names of the input and output variables and in the values of the disposition status code. The method for grouping SIDR and TED-I data can be discerned by following the logic of the two macros, which is presented below. Remember that the data sets being provided for grouping during MDR processing have already been filtered to remove observations that cannot be grouped, such as inferred observations in SIDR.

1. In the TED-I data only, disposition status code values of '40', '41', and '42' are changed to '20' for grouping.
2. The observations are allocated into one or two of the following lots:
    a. Observations to be DRG grouped with Hospital Acquired Condition (HAC)/Present on Admission (POA) processing disabled
        i. SIDR observations with a disposition date in fiscal years 2001 through 2012.
        ii. TED-I observations with an admission date in fiscal years 2001 through 2012 and an end date of care in fiscal year 2015 or earlier.
    b. Observations to be MS-DRG grouped with HAC/POA processing disabled
        i. SIDR observations with a disposition date in fiscal years 2007 through 2014.
        ii. TED-I observations with an admission date in fiscal years 2007 through 2014 and an end date of care in fiscal year 2015 or earlier.
    c. Observations to be MS-DRG grouped with HAC/POA processing enabled
        i. SIDR observations with a disposition date in fiscal year 2015 or later
        ii. TED-I observations with an admission date in fiscal year 2015 or later
3. For each of the lots…
    a. ICD-9 diagnosis and procedure mappings are created for the fiscal years that are supported by that type of grouping. Those mappings are internal to the gpsdrg.sas include file.
    b. For each observation in the lot…
        i. The type of ICD encoding (i.e., 9 or 10) is determined based on the disposition date or end date of care.
        ii. The desired version and fiscal year of the grouper to execute is determined based on the disposition date or end date of care (or other optional date).
        iii. The diagnosis mappings are applied to each ICD-9 diagnosis code.
        iv. The procedure mappings are applied to each ICD-9 procedure code.
        v. Diagnosis codes, POA indicators, and procedure codes are formatted for grouping.
        vi. Gender and age are assigned and formatted for grouping.
        vii. Dates are formatted for grouping.
        viii. The HAC/POA processing flag is assigned.
        ix. The observation is submitted to the MGC.
        x. Output values are retrieved from the return string.
    c. The ICD-9 diagnosis and procedure mappings are deleted.
    d. A frequency of grouper return codes and versions is produced on the listing.
4. Output fields are assigned their values as the three lots are merged back into the data set.

Appendix G. MS-DRG Relative Weighted Product (MSDRGRWP) Algorithm FY07 and Forward

Beginning FY2020 (October 1, 2019), the TRICARE MSDRG grouping and resulting MSDRG RWP values will convert to a CY basis. Records from October 1, 2019 through December 31, 2019 will utilize the FY19 MSDRG weights and thresholds to compute all the RWP fields. Then beginning January 1, 2020, the new CY2020 MSDRG weights and thresholds will be utilized to compute all the RWP fields. From that point forward, use the appropriate CY MSDRG weights and thresholds to compute RWP.

Direct Care Inpatient:

MSDRGBASERWP = MS-DRG Baseline RWP
MSDRGOUTRWP = Plus/Minus RWP due to long/short stay outlier
MSDRGRWP = Total RWP, summation of MSDRGBASERWP and MSDRGOUTRWP

For FY07, FY08, and FY09, use the FY09 MS-DRG weights file.

From the TRICARE MS-DRG Weights file (FY specific):
LST = Long Stay Threshold
SST = Short Stay Threshold
GMLOS = Geometric Mean Length of Stay
WEIGHT = MS-DRG weight
PERDIEM = Weight / GMLOS

1. Merge the SIDR by the MSDRG with the TRICARE MS-DRG weights file.

2. Define each SIDR into the following categories (MSDRGICAT):

   MSDRGICAT = 2 (Direct In, Transfer Out): When disposition status is discharged to a short-term facility (RECDISP = 02 or 2) and admission source (ADMSRC) is 0, 1, 2, 3, S, L, or C.

   MSDRGICAT = 3 (Transfer In, Transfer Out): When disposition status is discharged to a short-term facility (RECDISP = 02 or 2) and admission source (ADMSRC) is 4-9 or T.

   MSDRGICAT = 4 (Transfer In, Direct Out): When disposition status is NOT discharged to a short-term facility (RECDISP not equal to 02 or 2) and admission source (ADMSRC) is 4-9 or T.

   Otherwise MSDRGICAT = 1 (Direct In, Direct Out)

3. Create a temporary bed day field (BEDDAYS) setting value equal to DMISDAYS. If DMISDAYS equal to zero (0), then set BEDDAYS equal to 1.

4. For MSDRGs 998 and 999 (ungroupable) set MSDRGBASERWP and MSDRGOUTRWP equal to 0 (zero).

5. For MSDRGs 610, 611, 613, 632, and 635 assign MSDRGBASERWP and MSDRGOUTRWP as follows:

If BEDDAYS <= LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = 0

If BEDDAYS > LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = PERDIEM*0.33*(BEDDAYS – LST)

6. For MSDRGICAT = 1, 3, or 4

If SST < BEDDAYS <= LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = 0

If BEDDAYS <= SST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = Minimum(Weight, PERDIEM*2*BEDDAYS) – Weight
(Note: This will produce either a negative value or zero.)

If BEDDAYS > LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = PERDIEM*0.33*(BEDDAYS – LST)

7. For MSDRGICAT = 2

For MSDRGs 612, 631, 633, 634, 636, 646-651, 676-681, 787-794:

If BEDDAYS > LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = PERDIEM*0.33*(BEDDAYS – LST)

If BEDDAYS <= LST then
MSDRGBASERWP= Weight
MSDRGOUTRWP = (Min(Weight, (2*PERDIEM)+((1.25*PERDIEM)*(BEDDAYS-1)))) - Weight

For all other MSDRGs:

If BEDDAYS > LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = PERDIEM*0.33*(BEDDAYS – LST)

If BEDDAYS <= LST then
MSDRGBASERWP = Weight
MSDRGOUTRWP = (Min(Weight, (2*PERDIEM)+(PERDIEM*(BEDDAYS-1)))) - Weight

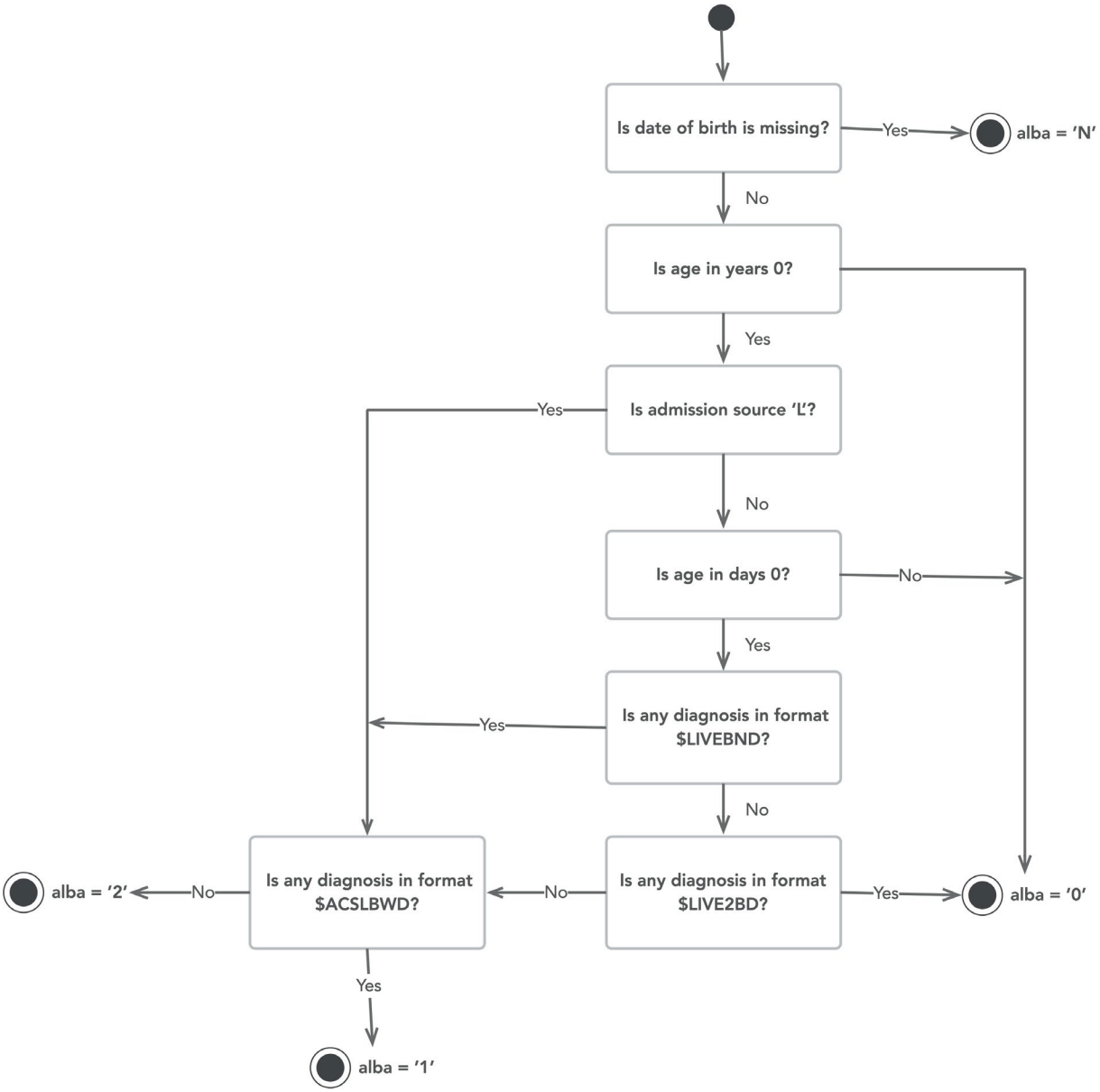
MS-DRG Professional RWP (MSDRGPROFRWP) algorithm is still being defined. Set to 0 (zero). Set MS-DRG Full RWP (MSDRGFULLRWP) to zero until MSDRGPROFRWP derivation is finalized.

Appendix H. AHRQ Low Birth Weight Quality Indicator

The Low Birth Weight Quality Indicator is similar to the other AHRQ Quality Indicators, but its derivation is a bit more complex. First, if the discharge date is < 10/1/15, and ICD-9-CM diagnosis codes are used, substring all diagnoses to only the first 5 characters. The Low Birth Weight variable (albw) has four values:

0 = Non-newborn
1 = Low birth weight newborn
2 = Non-low birth weight newborn
N = Date of birth missing, not possible to calculate

Use the following flow chart to assign the correct values based on the age, admission source, and diagnosis codes.



Appendix I. Older Revision History Items

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.03.00	09/03/2009	K. Hutchinson	• Appendices C & F • Entire document	• Modified the DRG and MS-DRG grouper input and output layouts. • Changed EI/DS references to DHSS.
1.03.01	09/09/2009	K. Hutchinson	• Appendices C & F	• Pages 56 and 73, corrected KEEP statement to reference RECDISP instead of DSTAT (for consistency)
1.04.00	10/01/2009	K. Hutchinson	• Appendix F	• Added Version 27 (FY10) diagnosis and procedure code mapping
1.05.00	10/23/2009	K. Hutchinson	• Appendix C • Appendix C & F	• Added backward mapping of new FY10 diagnosis codes to FY08 for DRG grouping • Added code to disable the Hospital Acquired Condition (HAC)/Present on Admission (POA) switch for grouping
1.05.01	10/29/2009	K. Hutchinson	• Appendix C	• Corrected diagnosis mapping of E8367 to E8362
1.05.02	02/05/2010	K. Hutchinson	• Appendix C & F	• Modified DRG/MS-DRG input and output code (LRECL and variable locations) for use with QGRP_IN and QGRP_OUT formats, CGS V2010.0.1.
1.05.03	05/03/2010	K. Hutchinson	• Table 1	• Clarified some field names (no change to processor) • Included Segment location for POA fields (DXjPOA, j=1-20) • Added the following: – Provider and Admitting Provider information (note SAS variable name changes for Attending Provider NPI and Attending Provider NPI ID Type Code) – Admitting Diagnosis – Start and Stop Dates for Procedures – Date of Injury – Patient Subcategory Code – Time of Admission and Discharge
1.06.00	09/09/2010	K. Hutchinson	• Appendices C and F	• Modified proc format for FY11 (version 28) forward and backward diagnosis and procedure code mappings.
1.07.00	09/29/2010	K. Hutchinson	• Appendices C and F	• Added the grouping instructions
1.07.01	01/20/2011	K. Hutchinson	• Appendices C (p 64) and F (p 83)	• Clarified grouping instructions

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.08.00	10/11/2011	K. Hutchinson S. Rogers	• Appendices C and F	• Modified proc format for FY12 (version 29) forward and backward diagnosis and procedure code mappings. • Modified grouper input and output layout to add variables for POA processing and to return to the current Quick Grouper input and output formats.
1.08.01	01/12/2012	S. Rogers	• Appendices C and F	• Specified use of Quick Group Format 2011.3.0 as a custom format.
1.09.00	1010/2012	K. Hutchinson	• Table 1 • Appendices C and F	• Indicated DRG and related fields no longer required for FY13 and forward. • Added Enrollment MEPRS Code and Medical Home Flag. • Added Procedure Location and Procedure Quantity fields for FY15+. • Added footnotes that diagnosis and procedure codes are ICD-10 compliant. • Modified derivation of PRODLINE • Added note that there are no forward mapping changes for diagnosis or procedure codes for FY13. • Modified grouper input and output layout and templates.
1.10.00	10/11/12	K. Hutchinson	• Table 1	• Added diagnosis modifiers
1.10.01	10/12/2012	K. Hutchinson	• Table 1	• Clarified medical home fields
1.10.02	11/20/2012	K. Hutchinson	• Table 1	• Added Attending Provider information from DMHRSi
1.11.00	03/13/2013	K. Hutchinson	• Section VII	• Added instructions for the creation of a cancellation dataset.
2.00.00	06/21/2013	L. Wright, for K. Hutchinson	• Entire document	• From FY13 and forward the SIDR files will contain inferred SIDRs (records with a disposition status of "E").
2.00.00	06/21/2013	K. Hutchinson		• Modified inferred creation to be FY08+
2.01.00	08/02/2013	K. Hutchinson		• Clarified the derivation of MDC/MSMDC dependent fields
2.01.01	08/29/2013	K. Hutchinson		• Clarified the field pappd
2.02.00	11/18/2013	D. McDonald	• Table 1	• Added TRICARE Young Adult Flag
2.03.00	01/15/2014	K. Hutchinson and J. Shoemaker	• Appendices C and F • Appendix F	• Replaced use of 3M CGS with 3M GPS and MDR processing utilities. • Added note that there are no forward mapping changes for diagnosis or procedure codes for FY14.
2.04.00	03/18/2014	M. Martinez, for K. Hutchinson	• Sect IV, Table 1 • Appendices C and F	• Added for Attending Provider from DMHRSi: o Assigned UIC o Personnel Category • Added 3M CGS scripting information.
2.05.00	04/09/2014	K. Hutchinson	• Table 1	• Changed effective date to FY16+ for Procedure Code Location and Procedure Code Quantity due to the delay of ICD-10 implementation.

Version	Date	Originator	Para/Tbl/Fig	Description of Change
2.06.00	06/17/2014	K. Hutchinson	• Section II and V	• Changed frequency of updates from monthly to weekly.
2.06.01	01/14/2015	K. Hutchinson	• Table 1	• This change is administrative. • Renamed Segments 10, 11, and 12 to A, B, and C, respectively. • Removed "Populated FY16+" from PROCLOCj and PROCQTYj and inserted footnote.
2.07.00	01/30/2015	K. Hutchinson	• Table 1	• Rules for PROCLOCj and PROCQTYj.
2.08.00	02/03/2015	Y. Alexander for K. Hutchinson	• Sect IV	• Updated DMHRSi merge method for adding Attending Provider Assignment information.
2.08.01	02/19/2015	Y. Alexander for K. Hutchinson	• Sect IV	• Improved the merge with DMHRSi extract records for Provider assignment fields.
2.09.00	02/23/2015	K. Hutchinson	• Appendix 7, p. 94	• Changed flag for POA usage in grouping for FY15+. See footnote on page 94.
2.09.01	03/11/2015	Y. Alexander	• Sect IV	• Corrected the order of steps in the DMHRSi extract merge.
2.10.00	09/29/2015	K. Hutchinson	• Section III.A and III.B • Appendix F	• Amended instructions for what to keep in the cancellation file. • Added instructions for deduping process. • No diagnosis or procedure code mapping for FY16+.
2.11.00	10/07/2015	K. Hutchinson	• Table 1 • Table 1 and Appendix H	• Added Patient HSSC Region (PATHSSC) and MTF HSSC Region (MTFHSSC). • Updated AHRQ Quality Indicator logic.
2.12.00	03/17/2016	K. Hutchinson	• Table 1	• Keep grouper version and grouper return code from the grouping software
2.13.00	01/06/2017	K. Hutchinson	• Table 1 • Appendices C and F	• Added new field, Observation Stay Flag • Changed grouping path from /mdr/aprod/util to /apps/mdr/bin
2.14.00	10/25/2017	K. Hutchinson	• Table 1	• Changes for NDAA 2017 and T2017 • Delete fields
2.15.00	09/04/2019	K. Hutchinson	• Appendix F • Appendix G	• Modified grouping instructions using macros in MDR Processing Utilities • Modified grouping instructions for change to CY-based grouping, FY20+ • Modified RWP computation for change to CY-based grouping, FY20+