

<b>Tab</b>
2. MDR-USAPHC(Prov) Atr

## Column Definitions

Column	Name
A	Source
B	SourceTabOrd
C	SourceTable
D	SourceFieldOrd
E	FieldName
F	PII/HIPAA Sensitive
G	NIMH (or USAPHC(Prov)) Approval
H	NIMH (or USAPHC(Prov)) SP2Delta
I	FieldType
J	Nullability
K	Primary Key
L	Title
M	Desc
N	Values
O	Notes
P	FDM Comments
Q	ADS Comment
R	Code Table Reference

**Note:** Please see the xlsx file titled "MDR Loc

This tab, 1.Cover Letter, describes the information in tab 2.

### Description

Report on the attributes available for selection. Explanation of the report column heads appears below, titled Column Definitions.

Description
Name of Data Source
Ordinal Position of Table in Data Dictionary received from Source System-used internally
Name of the Table from which the data element is extracted from Source System
Ordinal Position of the data element in a Table in the Source System Data Dictionary-used internally
Name of the data element (please use the literal format as in the column)
Please note YES, NO or DI (De-Identification)for the element PII or HIPAA sensitivity. If the element is PII or HIPAA sensitive will be de-identified, enter DI. A blank enter will be considered the same as a NO.
User has accepted this as a valid element for their use-drop down list-Yes or No
Date the data element requested in Spiral-2. This will help in revising your existing extract routines
This is the data type.
This is the Nullability condition
Indicator if data element is a primary key (PK) or foreign key (FK) in this table
Data Element Name
Dictionary meaning of the data element and enumerated values if applicable
Information on values the element may have
Notes concerning the element
Please add any comments that will help us understand the output extract.
Please add any comments on authoritativeness
Reference to code table.

okup Table (April 2009)" for detailed information on MDR code tables

Source	Source Tab	Source Ord	Table	Source Field	Field Ord	FieldName	PII/HIPAA Sensitive	USAPHC (Prov) Approval	USAPHC (Prov) SP2Delta	FieldType	Nullability	Primary Key	Title
MDR	1		APPT	1		APPTDT		Yes	8/26/2009	yyyymmdd			Appointment Date
MDR	1		APPT	2		APPTIDNO		Yes	8/26/2009	\$10			Appointment IEN
MDR	1		APPT	3		APPTMIN		Yes	8/26/2009	mmm			Duration
MDR	1		APPT	4		APPTSTAT		Yes	8/26/2009	\$2			Appointment Status
MDR	1		APPT	5		APPTTYPE		Yes	8/26/2009	\$6			Appointment Type
MDR	1		APPT	6		CMAC		Yes	8/26/2009	\$1			CMAC Provider Class
MDR	1		APPT	6		COMBEN		Yes	11/26/2010	1			
MDR	1		APPT	7		DDS		Yes	8/26/2009	\$2			DEERS Dependent Suffix
MDR	1		APPT	8		DMISID		Yes	8/26/2009	\$4			Treatment DMIS ID
MDR	1		APPT	9		HIPAAPRV		Yes	8/26/2009	\$10			Provider Specialty (HIPAA)
MDR	1		APPT	10		HOSPSTAT		Yes	8/26/2009	\$1			Patient Status
MDR	1		APPT	11		HPROVID		Yes	8/26/2009	\$15			Provider ID (HIPAA)
MDR	1		APPT	12		IAPPTDT		Yes	8/26/2009	8			Appointment Date
MDR	1		APPT	13		PATAGE		Yes	8/26/2009	3			Patient Age
MDR	1		APPT	14		PROVID		Yes	8/26/2009	\$15			Provider ID (Old)
MDR	1		APPT	15		PROVSPEC		Yes	8/26/2009	\$3			Provider Specialty (Old)
MDR	1		APPT	16		RANKPAY	DI	Yes	8/26/2009	\$4			Sponsor Rank
MDR	1		APPT	17		SEX		Yes	8/26/2009	\$1			Sex
MDR	1		APPT	18		SPONSSN	DI	Yes	8/26/2009	\$9			Sponsor SSN

MDR	2	CAPER	1	ACTDUR	Yes	8/13/2009	char(10)	Actual Appointment Duration
MDR	2	CAPER	2	ADD1SPEC	Yes	8/13/2009	char(3)	Additional Provider 1 Specialty Code
MDR	2	CAPER	3	ADD2SPEC	Yes	8/13/2009	char(3)	Additional Provider 2 Specialty Code
MDR	2	CAPER	4	ADD3SPEC	Yes	8/13/2009	char(3)	Additional Provider 3 Specialty Code
MDR	2	CAPER	5	CANCSTAT	Yes	8/13/2009	char(1)	Appointment Cancellation Status Type
MDR	2	CAPER	6	PROVID	Yes	8/13/2009	char(9)	Appointment Provider ID
MDR	2	CAPER	7	PROVSPEC	Yes	8/13/2009	char(3)	Appointment Provider Specialty Code
MDR	2	CAPER	8	PROVTYPE	Yes	8/13/2009	char(1)	Appointment Provider Type Code
MDR	2	CAPER	9	APPTSTAT	Yes	8/13/2009	char(1)	Appointment Status Type

MDR	2	CAPER	10	APPTTYPE	Yes	8/13/2009	char(6)	Appointment Type
MDR	2	CAPER	11	ASSGNDUR	Yes	8/13/2009	N(8)	Assigned Appointment Duration
MDR	2	CAPER	12	CPT1	Yes	8/13/2009	char(5)	CPT/HCPCS Code 1
MDR	2	CAPER	13	CPT10	Yes	8/13/2009	char(5)	CPT/HCPCS Code 10
MDR	2	CAPER	14	CPT10DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 10-Diagnosis Pointer
MDR	2	CAPER	15	CPT10MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 10-Min of Anesthesia
MDR	2	CAPER	16	CPT10MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 10-Modifier 1
MDR	2	CAPER	17	CPT10MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 10-Modifier 2
MDR	2	CAPER	18	CPT10MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 10-Modifier 3

MDR	2	CAPER	19	CPT10PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 10-Provider Linkage
MDR	2	CAPER	20	CPT10UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 10-Units of Care
MDR	2	CAPER	21	CPT1DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 1-Diagnosis Pointer
MDR	2	CAPER	22	CPT1MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 1-Min of Anesthesia
MDR	2	CAPER	23	CPT1MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 1-Modifier 1
MDR	2	CAPER	24	CPT1MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 1-Modifier 2
MDR	2	CAPER	25	CPT1MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 1-Modifier 3
MDR	2	CAPER	26	CPT1PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 1-Provider Linkage
MDR	2	CAPER	27	CPT1UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 1-Units of Care
MDR	2	CAPER	28	CPT2	Yes	8/13/2009	char(5)	CPT/HCPCS Code 2
MDR	2	CAPER	29	CPT2DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 2-Diagnosis Pointer
MDR	2	CAPER	30	CPT2MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 2-Min of Anesthesia
MDR	2	CAPER	31	CPT2MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 2-Modifier 1
MDR	2	CAPER	32	CPT2MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 2-Modifier 2
MDR	2	CAPER	33	CPT2MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 2-Modifier 3
MDR	2	CAPER	34	CPT2PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 2-Provider Linkage
MDR	2	CAPER	35	CPT2UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 2-Units of Care
MDR	2	CAPER	36	CPT3	Yes	8/13/2009	char(5)	CPT/HCPCS Code 3
MDR	2	CAPER	37	CPT3DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 3-Diagnosis Pointer

MDR	2	CAPER	38	CPT3MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 3-Min of Anesthesia
MDR	2	CAPER	39	CPT3MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 3-Modifier 1
MDR	2	CAPER	40	CPT3MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 3-Modifier 2
MDR	2	CAPER	41	CPT3MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 3-Modifier 3
MDR	2	CAPER	42	CPT3PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 3-Provider Linkage
MDR	2	CAPER	43	CPT3UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 3-Units of Care
MDR	2	CAPER	44	CPT4	Yes	8/13/2009	char(5)	CPT/HCPCS Code 4
MDR	2	CAPER	45	CPT4DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 4-Diagnosis Pointer
MDR	2	CAPER	46	CPT4MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 4-Min of Anesthesia
MDR	2	CAPER	47	CPT4MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 4-Modifier 1
MDR	2	CAPER	48	CPT4MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 4-Modifier 2
MDR	2	CAPER	49	CPT4MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 4-Modifier 3
MDR	2	CAPER	50	CPT4PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 4-Provider Linkage
MDR	2	CAPER	51	CPT4UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 4-Units of Care
MDR	2	CAPER	52	CPT5	Yes	8/13/2009	char(5)	CPT/HCPCS Code 5
MDR	2	CAPER	53	CPT5DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 5-Diagnosis Pointer
MDR	2	CAPER	54	CPT5MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 5-Min of Anesthesia
MDR	2	CAPER	55	CPT5MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 5-Modifier 1
MDR	2	CAPER	56	CPT5MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 5-Modifier 2
MDR	2	CAPER	57	CPT5MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 5-Modifier 3
MDR	2	CAPER	58	CPT5PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 5-Provider Linkage

MDR	2	CAPER	59	CPT5UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 5-Units of Care
MDR	2	CAPER	60	CPT6	Yes	8/13/2009	char(5)	CPT/HCPCS Code 6
MDR	2	CAPER	61	CPT6DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 6-Diagnosis Pointer
MDR	2	CAPER	62	CPT6MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 6-Min of Anesthesia
MDR	2	CAPER	63	CPT6MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 6-Modifier 1
MDR	2	CAPER	64	CPT6MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 6-Modifier 2
MDR	2	CAPER	65	CPT6MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 6-Modifier 3
MDR	2	CAPER	66	CPT6PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 6-Provider Linkage
MDR	2	CAPER	67	CPT6UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 6-Units of Care
MDR	2	CAPER	68	CPT7	Yes	8/13/2009	char(5)	CPT/HCPCS Code 7
MDR	2	CAPER	69	CPT7DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 7-Diagnosis Pointer
MDR	2	CAPER	70	CPT7MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 7-Min of Anesthesia
MDR	2	CAPER	71	CPT7MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 7-Modifier 1
MDR	2	CAPER	72	CPT7MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 7-Modifier 2
MDR	2	CAPER	73	CPT7MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 7-Modifier 3
MDR	2	CAPER	74	CPT7PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 7-Provider Linkage
MDR	2	CAPER	75	CPT7UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 7-Units of Care
MDR	2	CAPER	76	CPT8	Yes	8/13/2009	char(5)	CPT/HCPCS Code 8
MDR	2	CAPER	77	CPT8DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 8-Diagnosis Pointer
MDR	2	CAPER	78	CPT8MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 8-Min of Anesthesia
MDR	2	CAPER	79	CPT8MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 8-Modifier 1
MDR	2	CAPER	80	CPT8MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 8-Modifier 2



MDR	2	CAPER	81	CPT8MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 8-Modifier 3
MDR	2	CAPER	82	CPT8PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 8-Provider Linkage
MDR	2	CAPER	83	CPT8UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 8-Units of Care
MDR	2	CAPER	84	CPT9	Yes	8/13/2009	char(5)	CPT/HCPCS Code 9
MDR	2	CAPER	85	CPT9DX	Yes	8/13/2009	char(4)	CPT/HCPCS Code 9-Diagnosis Pointer
MDR	2	CAPER	86	CPT9MIN	Yes	8/13/2009	N(8)	CPT/HCPCS Code 9-Min of Anesthesia
MDR	2	CAPER	87	CPT9MOD1	Yes	8/13/2009	char(2)	CPT/HCPCS Code 9-Modifier 1
MDR	2	CAPER	88	CPT9MOD2	Yes	8/13/2009	char(2)	CPT/HCPCS Code 9-Modifier 2
MDR	2	CAPER	89	CPT9MOD3	Yes	8/13/2009	char(2)	CPT/HCPCS Code 9-Modifier 3
MDR	2	CAPER	90	CPT9PROV	Yes	8/13/2009	char(5)	CPT/HCPCS Code 9-Provider Linkage
MDR	2	CAPER	91	CPT9UNITS	Yes	8/13/2009	N(8)	CPT/HCPCS Code 9-Units of Care
MDR	2	CAPER	92	INJDATE	Yes	8/13/2009	char(8)	Date of Injury
MDR	2	CAPER	93	DEPLOYRELN	Yes	8/13/2009	char(1)	Deployed Relationship
MDR	2	CAPER	94	DEPLOYCNTRY	Yes	8/13/2009	char(2)	Deployment Country
MDR	2	CAPER	95	DEPLOYCOND	Yes	8/13/2009	char(1)	Deployment Related Illness/Condition

MDR	2	CAPER	96	DISPCODE	Yes	8/13/2009	char(1)	Disposition Code
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MDR	2	CAPER	97	STANAG	Yes	8/13/2009	char(3)	DOD Specific Injury Code
MDR	2	CAPER	98	DX1	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #1
MDR	2	CAPER	99	DX10	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #10
MDR	2	CAPER	100	DX10EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #10-DOD Extender
MDR	2	CAPER	101	DX10PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #10-Priority
MDR	2	CAPER	102	DX1EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #1-DOD Extender
MDR	2	CAPER	103	DX1PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #1-Priority
MDR	2	CAPER	104	DX2	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #2
MDR	2	CAPER	105	DX2EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #2-DOD Extender
MDR	2	CAPER	106	DX2PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #2-Priority
MDR	2	CAPER	107	DX3	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #3
MDR	2	CAPER	108	DX3EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #3-DOD Extender
MDR	2	CAPER	109	DX3PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #3-Priority
MDR	2	CAPER	110	DX4	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #4
MDR	2	CAPER	111	DX4EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #4-DOD Extender
MDR	2	CAPER	112	DX4PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #4-Priority
MDR	2	CAPER	113	DX5	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #5
MDR	2	CAPER	114	DX5EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #5-DOD Extender
MDR	2	CAPER	115	DX5PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #5-Priority

MDR	2	CAPER	116	DX6	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #6
MDR	2	CAPER	117	DX6EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #6-DOD Extender
MDR	2	CAPER	118	DX6PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #6-Priority
MDR	2	CAPER	119	DX7	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #7
MDR	2	CAPER	120	DX7EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #7-DOD Extender
MDR	2	CAPER	121	DX7PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #7-Priority
MDR	2	CAPER	122	DX8	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #8
MDR	2	CAPER	123	DX8EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #8-DOD Extender
MDR	2	CAPER	124	DX8PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #8-Priority
MDR	2	CAPER	125	DX9	Yes	8/13/2009	char(7)	DX (ICD-9-CM) Code #9
MDR	2	CAPER	126	DX9EXT	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #9-DOD Extender
MDR	2	CAPER	127	DX9PRI	Yes	8/13/2009	char(1)	DX (ICD-9-CM) Code #9-Priority
MDR	2	CAPER	128	COMPLAINT	Yes	8/13/2009	char(5)	DX(ICD-9-CM) Code, Encounter Chief Complaint
MDR	2	CAPER	129	EM1	Yes	8/13/2009	char(5)	E&M Code 1
MDR	2	CAPER	130	EM1DX	Yes	8/13/2009	char(4)	E&M Code 1-Diagnosis Pointer
MDR	2	CAPER	131	EM1MOD1	Yes	8/13/2009	char(2)	E&M Code 1-Modifier 1
MDR	2	CAPER	132	EM1MOD2	Yes	8/13/2009	char(2)	E&M Code 1-Modifier 2
MDR	2	CAPER	133	EM1MOD3	Yes	8/13/2009	char(2)	E&M Code 1-Modifier 3
MDR	2	CAPER	134	EM1PROV	Yes	8/13/2009	char(5)	E&M Code 1-Provider Pointers
MDR	2	CAPER	135	EM1UNITS	Yes	8/13/2009	N(8)	E&M Code 1-Units of Care
MDR	2	CAPER	136	EM2	Yes	8/13/2009	char(5)	E&M Code 2
MDR	2	CAPER	137	EM2DX	Yes	8/13/2009	char(4)	E&M Code 2-Diagnosis Pointer
MDR	2	CAPER	138	EM2MOD1	Yes	8/13/2009	char(2)	E&M Code 2-Modifier 1
MDR	2	CAPER	139	EM2MOD2	Yes	8/13/2009	char(2)	E&M Code 2-Modifier 2
MDR	2	CAPER	140	EM2MOD3	Yes	8/13/2009	char(2)	E&M Code 2-Modifier 3
MDR	2	CAPER	141	EM2PROV	Yes	8/13/2009	char(5)	E&M Code 2-Provider Pointers
MDR	2	CAPER	142	EM2UNITS	Yes	8/13/2009	N(8)	E&M Code 2-Units of Care
MDR	2	CAPER	143	EM3	Yes	8/13/2009	char(5)	E&M Code 3
MDR	2	CAPER	144	EM3DX	Yes	8/13/2009	char(4)	E&M Code 3-Diagnosis Pointer
MDR	2	CAPER	145	EM3MOD1	Yes	8/13/2009	char(2)	E&M Code 3-Modifier 1

MDR	2	CAPER	146	EM3MOD2	Yes	8/13/2009	char(2)	E&M Code 3-Modifier 2
MDR	2	CAPER	147	EM3MOD3	Yes	8/13/2009	char(2)	E&M Code 3-Modifier 3
MDR	2	CAPER	148	EM3PROV	Yes	8/13/2009	char(5)	E&M Code 3-Provider Pointers
MDR	2	CAPER	149	EM3UNITS	Yes	8/13/2009	N(8)	E&M Code 3-Units of Care
MDR	2	CAPER	150	FMP	Yes	8/13/2009	char(2)	Family Member Prefix
MDR	2	CAPER	151	INJGEOGLOC	Yes	8/13/2009	char(5)	Injury Geographic Location
MDR	2	CAPER	152	INJPOA	Yes	8/13/2009	char(54)	Injury Place of Accident
MDR	2	CAPER	153	INJPOE	Yes	8/13/2009	char(54)	Injury Place of Employment
MDR	2	CAPER	154	INJREL	Yes	8/13/2009	char(1)	Injury Related
MDR	2	CAPER	155	INJCODE1	Yes	8/13/2009	char(2)	Injury Related/Cause Code 1
MDR	2	CAPER	156	INJCODE2	Yes	8/13/2009	char(2)	Injury Related/Cause Code 2
MDR	2	CAPER	157	INJCODE3	Yes	8/13/2009	char(2)	Injury Related/Cause Code 3
MDR	2	CAPER	158	INPAPPT	Yes	8/13/2009	char(1)	Inpatient Appointment
MDR	2	CAPER	159	MTF_PRN	Yes	8/13/2009	char(11)	Inpatient DMISID & Patient Register Number

Table 1: Patient Information									
MDR	2	CAPER	160	MARITAL		Yes	8/13/2009	char(1)	Marital Status
MDR	2	CAPER	161	RANKPAY	DI	Yes	8/13/2009	char(3)	Military Grade/Rank
MDR	2	CAPER	162	ENCDATE		Yes	8/13/2009	char(8)	Modified Appointment (Encounter) Date
MDR	2	CAPER	163	PATCAT_R		Yes	8/13/2009	char(5)	Patient Category
MDR	2	CAPER	164	PATDOB		Yes	8/13/2009	char(8)	Patient Date of Birth
MDR	2	CAPER	165	PATSEX		Yes	8/13/2009	char(1)	Patient Gender
MDR	2	CAPER	166	HOSPSTAT		Yes	8/13/2009	char(1)	Patient Hospital Status
MDR	2	CAPER	167	EDIPN_R		Yes	8/13/2009	char(10)	Patient Identifier (EDIPN)
MDR	2	CAPER	168	PATZIP_R		Yes	8/13/2009	#N/A	Patient Zip Code
MDR	2	CAPER	169	ENCDATE_R		Yes	8/13/2009	char(8)	Raw Appointment (Encounter) Date, CCYYMMDD
MDR	2	CAPER	170	REASON		Yes	8/13/2009	char(75)	Reason for Appointment
MDR	2	CAPER	171	REF_NO		Yes	8/13/2009	char(11)	Referral Number
MDR	2	CAPER	172	REFID		Yes	8/13/2009	char(9)	Referring Provider ID
MDR	2	CAPER	173	DMISID		Yes	8/13/2009	char(4)	Treatment DMIS ID
MDR	3	Casualty	1	spons	DI	Yes	8/13/2009	Char(9)	Sponsor SSN
MDR	3	Casualty	2	dob		Yes	8/13/2009	SAS Date	Date of Birth
MDR	3	Casualty	3	rank	DI	Yes	8/13/2009	Char(5)	Rank
MDR	3	Casualty	4	dds		Yes	8/13/2009	Char(2)	DDS
MDR	3	Casualty	5	dthdate		Yes	8/13/2009	SAS Date	Death Date

MDR	3	Casualty	6	source	Yes	8/13/2009	Char(1)	Source
MDR	3	Casualty	7	dthcode	Yes	8/13/2009	Char(1)	Death Code
MDR	3	Casualty	8	rel	Yes	8/13/2009	Char(1)	Relationship
MDR	5	DESPROC_Clinical	1	DMISID	Yes	8/13/2009	Char(4)	DMIS ID
MDR	5	DESPROC_Clinical	2	FAMID	Yes	8/13/2009	Char(9)	DEERS Family Identifier
MDR	5	DESPROC_Clinical	3	BENID	Yes	8/13/2009	Char(2)	DEERS Beneficiary Identifier
MDR	5	DESPROC_Clinical	4	PATID	Yes	8/13/2009	Char(10)	Patient Identifier
MDR	5	DESPROC_Clinical	5	SPONSSN	Yes	8/13/2009	Char(9)	Sponsor Social Security Number
MDR	5	DESPROC_Clinical	6	DDS	Yes	8/13/2009	Char(2)	Legacy DEERS Dependent Suffix
MDR	5	DESPROC_Clinical	7	RECID	Yes	8/13/2009	Char(12)	Unique Patient Reference Number

MDR	5	DESPROC_Clinical	8	TRANTYPE	Yes	8/13/2009	Char(1)	Transaction Type
MDR	5	DESPROC_Clinical	9	FY	Yes	8/13/2009	Num(8)	Fiscal Year
MDR	5	DESPROC_Clinical	10	FM	Yes	8/13/2009	Num(8)	Fiscal Month
MDR	5	DESPROC_Clinical	11	ENC	Yes	8/13/2009	Char(1)	Encounter Setting
MDR	5	DESPROC_Clinical	12	PDX	Yes	8/13/2009	Char(7)	Patient Principal/Primary Diagnosis
MDR	5	DESPROC_Clinical	13	DXJ	Yes	8/13/2009	Char(7)	Patient Diagnosis J
MDR	5	DESPROC_Clinical	14	PROVID	Yes	8/13/2009	Char(18)	Unique Provider ID Number
MDR	5	DESPROC_Clinical	15	SPC	Yes	8/13/2009	Char(2)	Major Spec/Institution Type
MDR	5	DESPROC_Clinical	16	ORDERPHY	Yes	8/13/2009	Char(18)	Ordering Physician
MDR	5	DESPROC_Clinical	17	ERFLAG	Yes	8/13/2009	Char(1)	Emergency Flag
MDR	5	DESPROC_Clinical	18	ADMDATE	Yes	8/13/2009	Date(8)	Date of Related Admission (SAS Date)
MDR	5	DESPROC_Clinical	19	DISPDATE	Yes	8/13/2009	Date(8)	Date of Related Disposition (SAS Date)
MDR	5	DESPROC_Clinical	20	NUMSVCS	Yes	8/13/2009	Char(1)	Number of Services
MDR	5	DESPROC_Clinical	21	SVCBEG1	Yes	8/13/2009	Date(8)	Service 1 Start Date (SAS Date)



MDR	5	DESPROC_Clinical	22	SVCEND1	Yes	8/13/2009	Date(8)	Service 1 End Date (SAS Date)
MDR	5	DESPROC_Clinical	23	SVCPLC1	Yes	8/13/2009	Char(2)	Service 1 Place Of Service
MDR	5	DESPROC_Clinical	25	SVCDX1	Yes	8/13/2009	Char(7)	Service 1 Related Diagnosis Code
MDR	5	DESPROC_Clinical	26	SVCQTY1	Yes	8/13/2009	Char(3)	Service 1 Quantity
MDR	5	DESPROC_Clinical	27	SVCBEG2	Yes	8/13/2009	Date(8)	Service 2 Start Date (SAS Date)
MDR	5	DESPROC_Clinical	28	SVCEND2	Yes	8/13/2009	Date(8)	Service 2 End Date (SAS Date)
MDR	5	DESPROC_Clinical	29	SVCPLC2	Yes	8/13/2009	Char(2)	Service 2 Place Of Service
MDR	5	DESPROC_Clinical	31	SVCDX2	Yes	8/13/2009	Char(7)	Service 2 Related Diagnosis Code
MDR	5	DESPROC_Clinical	32	SVCQTY2	Yes	8/13/2009	Char(3)	Service 2 Quantity
MDR	5	DESPROC_Clinical	33	SVCBEG3	Yes	8/13/2009	Date(8)	Service 3 Start Date (SAS Date)
MDR	5	DESPROC_Clinical	34	SVCEND3	Yes	8/13/2009	Date(8)	Service 3 End Date (SAS Date)
MDR	5	DESPROC_Clinical	35	SVCPLC3	Yes	8/13/2009	Char(2)	Service 3 Place Of Service
MDR	5	DESPROC_Clinical	37	SVCDX3	Yes	8/13/2009	Char(7)	Service 3 Related Diagnosis Code
MDR	5	DESPROC_Clinical	38	SVCQTY3	Yes	8/13/2009	Char(3)	Service 3 Quantity
MDR	5	DESPROC_Clinical	39	SVCBEG4	Yes	8/13/2009	Date(8)	Service 4 Start Date (SAS Date)
MDR	5	DESPROC_Clinical	40	SVCEND4	Yes	8/13/2009	Date(8)	Service 4 End Date (SAS Date)
MDR	5	DESPROC_Clinical	41	SVCPLC4	Yes	8/13/2009	Char(2)	Service 4 Place Of Service
MDR	5	DESPROC_Clinical	43	SVCDX4	Yes	8/13/2009	Char(7)	Service 4 Related Diagnosis Code
MDR	5	DESPROC_Clinical	44	SVCQTY4	Yes	8/13/2009	Char(3)	Service 4 Quantity
MDR	5	DESPROC_Clinical	45	SVCBEG5	Yes	8/13/2009	Date(8)	Service 5 Start Date (SAS Date)
MDR	5	DESPROC_Clinical	46	SVCEND5	Yes	8/13/2009	Date(8)	Service 5 End Date (SAS Date)

MDR	5	DESPROC_Clinical	47	SVCPLC5	Yes	8/13/2009	Char(2)	Service 5 Place Of Service
MDR	5	DESPROC_Clinical	49	SVCDX5	Yes	8/13/2009	Char(7)	Service 5 Related Diagnosis Code
MDR	5	DESPROC_Clinical	50	SVCQTY5	Yes	8/13/2009	Char(3)	Service 5 Quantity
MDR	5	DESPROC_Clinical	51	SVCBEG6	Yes	8/13/2009	Date(8)	Service 6 Start Date (SAS Date)
MDR	5	DESPROC_Clinical	52	SVCEND6	Yes	8/13/2009	Date(8)	Service 6 End Date (SAS Date)
MDR	5	DESPROC_Clinical	53	SVCPLC6	Yes	8/13/2009	Char(2)	Service 6 Place Of Service
MDR	5	DESPROC_Clinical	55	SVCDX6	Yes	8/13/2009	Char(7)	Service 6 Related Diagnosis Code
MDR	5	DESPROC_Clinical	56	SVCQTY6	Yes	8/13/2009	Char(3)	Service 6 Quantity
MDR	5	DESPROC_Clinical	57	HOSPADM	Yes	8/13/2009	Date(8)	Hospital Service Admission Date (SAS Date)
MDR	5	DESPROC_Clinical	58	HOSPTYPE	Yes	8/13/2009	Char(1)	Hospital Service Admission Type
MDR	5	DESPROC_Clinical	59	HOSPSRC	Yes	8/13/2009	Char(1)	Hospital Service Admission Source

MDR	5	DESPROC_Clinical	60	HOSPSTAT	Yes	8/13/2009	Char(2)	Hospital Service Disposition Status
MDR	5	DESPROC_Clinical	61	HOSPDISP	Yes	8/13/2009	Date(8)	Hospital Service Disposition Date (SAS Date)
MDR	5	DESPROC_Clinical	62	DRG	Yes	8/13/2009	Char(3)	Diagnosis Related Group (DRG)
MDR	5	DESPROC_Clinical	63	HOSPPRCP	Yes	8/13/2009	Char(7)	Hospital Service Patient Principal Procedure
MDR	5	DESPROC_Clinical	64	HOSPPRCJ	Yes	8/13/2009	Char(7)	Hospital Service Patient Procedure J
MDR	5	DESPROC_Clinical	65	LASTENC	Yes	8/13/2009	Date(8)	Latest Encounter Date (SAS Date)

DEERS Data Fields									
Table	Field Number	Field Name	Field Length	Field Data Type	Required	Effective Date	Field Format	Field Description	Field Notes
MDR	6	DESPROV_Pharmacy	1	DMISID	Yes	8/13/2009	Char(4)	DMIS ID	
MDR	6	DESPROV_Pharmacy	2	FAMID	Yes	8/13/2009	Char(9)	DEERS Family Identifier	
MDR	6	DESPROV_Pharmacy	3	BENID	Yes	8/13/2009	Char(2)	DEERS Beneficiary Identifier	
MDR	6	DESPROV_Pharmacy	4	PATID	Yes	8/13/2009	Char(10)	Patient Identifier	
MDR	6	DESPROV_Pharmacy	5	SPONSSN	DI	Yes	8/13/2009	Char(9)	Sponsor Social Security Number (SSN)
MDR	6	DESPROV_Pharmacy	6	DDS	Yes	8/13/2009	Char(2)	Legacy DEERS Dependent Suffix	
MDR	6	DESPROV_Pharmacy	7	DOB	Yes	8/13/2009	Date(8)	Patient's Date Of Birth	
MDR	6	DESPROV_Pharmacy	8	SEX	Yes	12/17/2009	Char(1)	Patient's Gender	
MDR	6	DESPROV_Pharmacy	9	QTY	Yes	8/13/2009	Char(6)	Quantity Dispensed	
MDR	6	DESPROV_Pharmacy	10	DISPDATE	Yes	8/13/2009	Date(8)	Date Dispensed	
MDR	6	DESPROV_Pharmacy	11	NDC	Yes	8/13/2009	Char(11)	National Drug Code Number	

MDR	6	DESPROV_Pharmacy	12	RECID		Yes	8/13/2009	Char(12)	Unique Patient Reference Number
MDR	6	DESPROV_Pharmacy	13	DAYSSUP		Yes	8/13/2009	Num(3)	Number Of Days Provided
MDR	6	DESPROV_Pharmacy	14	PROVID		Yes	8/13/2009	Char(18)	Provider Prescribing Medication
MDR	6	DESPROV_Pharmacy	15	GENERIC		Yes	8/13/2009	Char(1)	Dispensed As Written Indicator
MDR	6	DESPROV_Pharmacy	16	TRANTYPE		Yes	8/13/2009	Char(1)	Transaction Type
MDR	7	Encounter_Death	1	sponssn	DI	Yes	8/13/2009	Char(9)	Sponsor SSN
MDR	7	Encounter_Death	2	dob		Yes	8/13/2009	SAS Date	Date of Birth
MDR	7	Encounter_Death	3	edipn		Yes	8/13/2009	Char(10)	EDIPN

MDR	7	Encounter_Death	4	dds		Yes	8/13/2009	Char(2)		DDS
MDR	7	Encounter_Death	5	gender		Yes	8/13/2009	Char(1)		Gender
MDR	7	Encounter_Death	6	dthdate		Yes	8/13/2009	SAS Date		Death Date
MDR	7	Encounter_Death	7	source		Yes	8/13/2009	Char(1)		Source
MDR	7	Encounter_Death	8	dthcode		Yes	8/13/2009	Char(1)		Death Code
MDR	7	Encounter_Death	9	rel		Yes	8/13/2009	Char(1)		Relationship
MDR	8	HCSR-I	1	111		Yes	8/13/2009	\$1		Program Indicator Code
MDR	8	HCSR-I	2	128	DI	Yes	8/13/2009	\$9		Sponsor SSN

MDR	8	HCSR-I	3	137	DI	Yes	8/13/2009	\$2	Sponsor Pay Grade
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MDR	8	HCSR-I	4	139		Yes	8/13/2009	\$1	Sponsor Branch of Service
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MDR	8	HCSR-I	5	140	Yes	8/13/2009	\$1	Sponsor Status
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MDR	8	HCSR-I	6	141	Yes	8/13/2009	\$1	Patient Relationship
MDR	8	HCSR-I	7	178	Yes	12/17/2009	\$8	Patient DOB
MDR	8	HCSR-I	8	186	Yes	12/17/2009	\$2	DEERS Dependent Suffix Code
MDR	8	HCSR-I	10	198	Yes	8/13/2009	\$2	Enrollment Code
MDR	8	HCSR-I	11	212	Yes	8/13/2009	\$2	Major Diagnostic Category Code
MDR	8	HCSR-I	12	214	Yes	8/13/2009	\$2	Derived Major Diagnostic Code
MDR	8	HCSR-I	13	216	Yes	8/13/2009	\$1	NAS Issue Reason Code

MDR	8	HCSR-I	14	304	Yes	8/13/2009	\$1	Reservist Status Code
MDR	8	HCSR-I	15	305	Yes	8/13/2009	\$2	Special Operations Code
MDR	8	HCSR-I	16	322	Yes	8/13/2009	\$1	ICD Edition ID Number
MDR	8	HCSR-I	17	358	Yes	8/13/2009	\$6	Principle Diagnosis Code
MDR	8	HCSR-I	18	364	Yes	8/13/2009	\$6	Secondary Diagnosis Code 1
MDR	8	HCSR-I	19	370	Yes	8/13/2009	\$6	Secondary Diagnosis Code 2
MDR	8	HCSR-I	20	376	Yes	8/13/2009	\$6	Secondary Diagnosis Code 3
MDR	8	HCSR-I	21	382	Yes	8/13/2009	\$6	Secondary Diagnosis Code 4
MDR	8	HCSR-I	22	388	Yes	8/13/2009	\$6	Secondary Diagnosis Code 5
MDR	8	HCSR-I	23	394	Yes	8/13/2009	\$6	Secondary Diagnosis Code 6
MDR	8	HCSR-I	24	400	Yes	8/13/2009	\$6	Secondary Diagnosis Code 7
MDR	8	HCSR-I	25	406	Yes	8/13/2009	\$6	Secondary Diagnosis Code 8
MDR	8	HCSR-I	26	427	Yes	8/13/2009	\$3	MTF Code
MDR	8	HCSR-I	27	435	Yes	8/13/2009	\$3	Patient Age
MDR	8	HCSR-I	28	465	Yes	8/13/2009	\$1	Beneficiary Category
MDR	8	HCSR-I	29	470	Yes	8/13/2009	\$2	Type of Institution Code
MDR	8	HCSR-I	30	482	Yes	8/13/2009	\$1	Type of Admission Code

MDR	8	HCSR-I	31	483	Yes	8/13/2009	\$1	Source of Admission Code
MDR	8	HCSR-I	32	484	Yes	8/13/2009	\$2	Discharge Status Code
MDR	8	HCSR-I	33	486	Yes	8/13/2009	8	Begin Date of Care
MDR	8	HCSR-I	34	494	Yes	8/13/2009	8	End Date of Care
MDR	8	HCSR-I	35	502	Yes	8/13/2009	SN1	Number of Births
MDR	8	HCSR-I	36	503	Yes	8/13/2009	SN3	Total Bed Days
MDR	8	HCSR-I	37	509	Yes	8/13/2009	\$6	Admission Diagnosis Code
MDR	8	HCSR-I	38	515	Yes	8/13/2009	\$5	Principle OP-NS Procedure Code
MDR	8	HCSR-I	39	520	Yes	8/13/2009	\$5	Secondary OP-NS Procedure Code 1

MDR	8	HCSR-I	40	525		Yes	8/13/2009	\$5	Secondary OP-NS Procedure Code 2
MDR	8	HCSR-I	41	530		Yes	8/13/2009	\$5	Secondary OP-NS Procedure Code 3
MDR	8	HCSR-I	42	535		Yes	8/13/2009	\$5	Secondary OP-NS Procedure Code 4
MDR	8	HCSR-I	43	540		Yes	8/13/2009	\$5	Secondary OP-NS Procedure Code 5
MDR	8	HCSR-I	44	548		Yes	8/13/2009	\$2	DRG Grouper Edition
MDR	8	HCSR-I	45	553		Yes	8/13/2009	\$2	Category of Care
MDR	8	HCSR-I	46	555		Yes	8/13/2009	\$3	DRG Derived Code
MDR	8	HCSR-I	47	571		Yes	8/13/2009	\$1	Preventable Admission
MDR	8	HCSR-I	48	87 for TED records, 90 for HCSR records		Yes	8/13/2009	If HCSR Based, \$21, If TED Based, \$24	HCSR or TED Number
MDR	9	HCSR_N_FY00+	1	76	Yes	Yes	8/13/2009	\$10	DEERS Person ID
MDR	9	HCSR_N_FY00+	2	87 for TED records, 90 for HCSR records		Yes	8/13/2009	If HCSR Based, \$21, If TED Based, \$24	HCSR or TED Number

MDR	9	HCSRN_FY00+	3	128	DI	Yes	8/13/2009	\$9	Sponsor SSN
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MDR	9	HCSRN_FY00+	4	137	DI	Yes	8/13/2009	\$2	Sponsor Pay Grade
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MDR	9	HCSRN_FY00+	5	140		Yes	8/13/2009	\$1	Sponsor Status
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MDR	9	HCSRN_FY00+	6	186	Yes	8/13/2009	\$2	DEERS Dependent Suffix Code
MDR	9	HCSRN_FY00+	7	188	Yes	8/13/2009	\$1	Patient Sex
MDR	9	HCSRN_FY00+	8	214	Yes	8/13/2009	\$2	Derived Major Diagnostic Code
MDR	9	HCSRN_FY00+	9	322	Yes	8/13/2009	\$1	ICD Edition ID Number
MDR	9	HCSRN_FY00+	10	358	Yes	8/13/2009	\$6	Principle Diagnosis Code
MDR	9	HCSRN_FY00+	11	364	Yes	8/13/2009	\$6	Secondary Diagnosis Code 1
MDR	9	HCSRN_FY00+	12	370	Yes	8/13/2009	\$6	Secondary Diagnosis Code 2
MDR	9	HCSRN_FY00+	13	376	Yes	8/13/2009	\$6	Secondary Diagnosis Code 3
MDR	9	HCSRN_FY00+	14	382	Yes	8/13/2009	\$6	Secondary Diagnosis Code 4
MDR	9	HCSRN_FY00+	15	435	Yes	8/13/2009	3	Patient Age
MDR	9	HCSRN_FY00+	16	487	Yes	8/13/2009	\$1	Procedure Text ID
MDR	9	HCSRN_FY00+	17	490	Yes	8/13/2009	\$5	Procedure Code
MDR	9	HCSRN_FY00+	18	495	Yes	8/13/2009	SN2	Number of Services
MDR	9	HCSRN_FY00+	19	517	Yes	8/13/2009	\$8	Begin Date of Care
MDR	9	HCSRN_FY00+	20	525	Yes	8/13/2009	\$8	End Date of Care
MDR	9	HCSRN_FY00+	21	533	Yes	8/13/2009	\$2	Place of Service
MDR	9	HCSRN_FY00+	22	535	Yes	8/13/2009	\$1	Type of Service 1

MDR	9	HCSRN_FY00+	23	536		Yes	8/13/2009	\$1	Type of Service 2
MDR	9	HCSRN_FY00+	24	541		Yes	8/13/2009	\$2	CPT Modifier 1
MDR	9	HCSRN_FY00+	25	543		Yes	8/13/2009	\$2	CPT Modifier 2
MDR	9	HCSRN_FY00+	26	553		Yes	8/13/2009	\$2	Category of Care
MDR	9	HCSRN_FY00+	27	559		Yes	8/13/2009	\$1	Reservist Status Code
MDR	9	HCSRN_FY00+	28	465		Yes	12/17/2009	\$1	Beneficiary Category
MDR	10	HCSR-N_pre_FY00_A	1	128	DI	Yes	8/13/2009	\$9	Sponsor SSN

MDR	10	HCSR-N_pre_FY00_A	2	137	DI	Yes	8/13/2009	\$2	Sponsor Pay Grade
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Table 1: Data for Table 1									
Table 2: Data for Table 2									
Table 3: Data for Table 3									
Table 4: Data for Table 4									
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MDR	10	HCSR-N_pre_FY00_A	5	186		Yes	8/13/2009	\$2	DEERS Dependent Suffix Code
MDR	10	HCSR-N_pre_FY00_A	6	188		Yes	8/13/2009	\$1	Patient Sex
MDR	10	HCSR-N_pre_FY00_A	7	198		Yes	8/13/2009	\$2	Enrollment Code
MDR	10	HCSR-N_pre_FY00_A	8	212		Yes	8/13/2009	\$2	Major Diagnostic Category Code
MDR	10	HCSR-N_pre_FY00_A	9	214		Yes	8/13/2009	\$2	Derived Major Diagnostic Code
MDR	10	HCSR-N_pre_FY00_A	10	322		Yes	8/13/2009	\$1	ICD Edition ID Number
MDR	10	HCSR-N_pre_FY00_A	11	358		Yes	8/13/2009	\$6	Principle Diagnosis Code
MDR	10	HCSR-N_pre_FY00_A	12	364		Yes	8/13/2009	\$6	Secondary Diagnosis Code 1
MDR	10	HCSR-N_pre_FY00_A	13	370		Yes	8/13/2009	\$6	Secondary Diagnosis Code 2
MDR	10	HCSR-N_pre_FY00_A	14	376		Yes	8/13/2009	\$6	Secondary Diagnosis Code 3
MDR	10	HCSR-N_pre_FY00_A	15	382		Yes	8/13/2009	\$6	Secondary Diagnosis Code 4
MDR	10	HCSR-N_pre_FY00_A	16	435		Yes	8/13/2009	3	Patient Age
MDR	10	HCSR-N_pre_FY00_A	17	481		Yes	8/13/2009	\$4	Care End Date Year
MDR	10	HCSR-N_pre_FY00_A	18	485		Yes	8/13/2009	\$2	Care End Date Month
MDR	11	HCSR-N_pre_FY00_B	1	128	DI	Yes	8/13/2009	\$9	Sponsor SSN

MDR	11	HCSR-N_pre_FY00_B	2	586		Yes	8/13/2009	\$5		Procedure Code 1 - Procedure Code 25
MDR	11	HCSR-N_pre_FY00_B	3	613		Yes	8/13/2009	\$8		Begin Date 1 - Begin Date 25
MDR	11	HCSR-N_pre_FY00_B	4	621		Yes	8/13/2009	\$8		End Date 1 - End Date 25
MDR	11	HCSR-N_pre_FY00_B	5	629		Yes	8/13/2009	\$2		Place of Service 1 - Place of Service 25
MDR	11	HCSR-N_pre_FY00_B	6	631		Yes	8/13/2009	\$1		Type of Service 1, 1 - Type of Service 1, 25
MDR	11	HCSR-N_pre_FY00_B	7	632		Yes	8/13/2009	\$1		Type of Service 2, 1 - Type of Service 2, 25
MDR	11	HCSR-N_pre_FY00_B	8	637		Yes	8/13/2009	\$2		CPT Modifier 1, 1 - CPT Modifier 1, 25
MDR	11	HCSR-N_pre_FY00_B	9	639		Yes	8/13/2009	\$2		CPT Modifier 2, 1 - CPT Modifier 2, 25
MDR	11	HCSR-N_pre_FY00_B	10	648		Yes	8/13/2009	\$1		Primary Procedure Flag 1 - Primary Procedure Flag 25
MDR	11	HCSR-N_pre_FY00_B	11	649		Yes	8/13/2009	\$2		Category of Care
MDR	11	HCSR-N_pre_FY00_B	12	87 for TED records, 90 for HCSR records		Yes	8/13/2009	If HCSR Based, \$21, If TED Based, \$24		HCSR or TED Number
MDR	12	Master_Death	1	sponsn	DI	Yes	8/13/2009	Char(9)		Sponsor SSN
MDR	12	Master_Death	2	dob		Yes	8/13/2009	SAS Date		Date of Birth
MDR	12	Master_Death	3	edipn		Yes	8/13/2009	Char(10)		EDIPN



MDR	13	PDTS	8	94-95		Yes	8/13/2009	Char (2)	Compound Code
MDR	13	PDTS	9	96		Yes	8/13/2009	Char (1)	DAW (Dispensed As Written)
MDR	13	PDTS	10	131-140		Yes	8/13/2009	Char (10)	DEA Number
MDR	13	PDTS	11	141-151		Yes	8/13/2009	Char (11)	NDC
MDR	13	PDTS	12	170-178	DI	Yes	8/13/2009	Char (9)	Sponsor Social Security Number

DEERS Data Fields									
Field Name	Field ID	Field Type	Field Length	Field Range	Required	Effective Date	Field Format	Field Description	Field Notes
MDR	13	PDTS	13	179-180	Yes	8/13/2009	Char (2)	DEERS Dependent Suffix	
MDR	13	PDTS	14	184-195	Yes	8/13/2009	Char (12)	Provider Code-NCPDPNUM	
MDR	13	PDTS	15	214-240	Yes	8/13/2009	Char (27)	Product Name	
MDR	13	PDTS	16	241-250	Yes	8/13/2009	Char (10)	Product Strength	
MDR	13	PDTS	17	251-252	Yes	8/13/2009	Char (2)	Product Form	
MDR	13	PDTS	18	253-257	Yes	8/13/2009	Char (5)	GCN	
MDR	13	PDTS	19	258	Yes	8/13/2009	Char (1)	DEA Class	
MDR	13	PDTS	20	259-264	Yes	8/13/2009	Char (6)	Therapeutic Class	
MDR	13	PDTS	21	265	Yes	8/13/2009	Char (1)	Maintenance Drug	
MDR	13	PDTS	22	294	Yes	8/13/2009	Char (1)	Sex	
MDR	13	PDTS	23	295-302	Yes	8/13/2009	YYYYMMDD	Birth Date	
MDR	13	PDTS	24	308-312	Yes	8/13/2009	Char (5)	Zip Code (Pharmacy)	

MDR	13	PDTS	25	313	Yes	8/13/2009	Char (1)	Fill Location
MDR	13	PDTS	26	314-317	Yes	8/13/2009	Char (4)	PDTS Fill Location
MDR	13	PDTS	27	333-335	Yes	8/13/2009	Char (3)	Beneficiary Category

Table 1: Data Elements for the 2010-2011 Reporting Period									
Table 2: Data Elements for the 2012-2013 Reporting Period									
Table 3: Data Elements for the 2014-2015 Reporting Period									
Table 4: Data Elements for the 2016-2017 Reporting Period									
Table 5: Data Elements for the 2018-2019 Reporting Period									
MDR	13	PDTS	28	362		Yes	8/13/2009	Char (1)	Sponsor Service
MDR	13	PDTS	29	363-366		Yes	8/13/2009	Char (4)	Treatment DMIS ID
MDR	13	PDTS	30	367-369		Yes	8/13/2009	N (3) (3)	Age
MDR	13	PDTS	31	392-401	Yes	Yes	8/13/2009	Char (10)	Universal Patient Identifier
MDR	13	PDTS	32	426-434		Yes	8/13/2009	N (9.3)	Raw Metric Decimal Quantity
MDR	13	PDTS	33	480-481		Yes	8/13/2009	Char (2)	Reservist Special Operation Code
MDR	13	PDTS	34	482		Yes	8/13/2009	Char (1)	Reservist Status Code

MDR	13	PDTS	35	484	Yes	8/13/2009	Char (1)	Marital Status
MDR	13	PDTS	36	583-586	Yes	8/13/2009	Char (4)	Ordering Site
MDR	13	PDTS	37	587-606	Yes	8/13/2009	Char (20)	Prof Enc Record ID-A - APPTIEN
MDR	13	PDTS	38	607-608	Yes	8/13/2009	Char (2)	Person Association Reason Code
MDR	14	Referral	1	apptdmisid	Yes	8/13/2009	\$4	Treatment DMISID
MDR	14	Referral	2	patcat	Yes	8/13/2009	\$3	Patient Category Code



MDR	14	Referral	3	refdate		Yes	8/13/2009	\$8		Referral Date
MDR	14	Referral	4	begdate		Yes	8/13/2009	\$8		Referral Start Date
MDR	14	Referral	5	enddate		Yes	8/13/2009	\$8		Referral End Date
MDR	14	Referral	6	visits		Yes	8/13/2009	2		Number of Visits Authorized
MDR	14	Referral	7	atc_cat		Yes	8/13/2009	\$1		Access to Care Category
MDR	14	Referral	8	pocdmis		Yes	8/13/2009	\$4		Referring to Clinic DMIS ID
MDR	14	Referral	9	appttype		Yes	8/13/2009	\$10		Appointment Type
MDR	14	Referral	10	apptstat		Yes	8/13/2009	\$7		Appointment Status
MDR	14	Referral	11	parc		Yes	8/13/2009	\$2		Person Association Reason Code
MDR	14	Referral	12	bencatx		Yes	8/13/2009	\$3		Beneficiary Category
MDR	14	Referral	13	status		Yes	8/13/2009	\$22		Status
MDR	14	Referral	15	Reftopr_v_id		Yes	8/13/2009			
MDR	15	Referral_to_Crosswalk	1	refnum		Yes	11/16/2009	\$11		Record ID
MDR	15	Referral_to_Crosswalk	2	apptdmisid		Yes	8/13/2009	\$4		Treatment DMISID
MDR	15	Referral_to_Crosswalk	3	apptien		Yes	8/13/2009	\$10		Associated Record ID
MDR	15	Referral_to_Crosswalk	4	refbyprv_id		Yes	8/13/2009	\$9		Referring Provider
MDR	16	Reservist	1	SPONSSN	DI	Yes	11/16/2009	\$9		Sponsor SSN
MDR	16	Reservist	2	PEC		Yes	11/16/2009	\$2		Personnel Entitlement Condition Type Code
MDR	16	Reservist	3	BEGDATE		Yes	11/16/2009	SAS Date		Personnel Entitlement Condition Begin Date
MDR	16	Reservist	4	ENDDATE		Yes	11/16/2009	SAS Date		Personnel Entitlement Condition End Date

MDR	16	Reservist	5	SOC	Yes	11/16/2009	\$2	Reservist Special Operation Code
MDR	16	Reservist	6	DOB	Yes	11/16/2009	SAS Date	Person Date of Birth
MDR	16	Reservist	7	GENDER	Yes	11/16/2009	\$1	Person Sex Code
MDR	16	Reservist	8	SVC	Yes	11/16/2009	\$1	Sponsor Service
MDR	16	Reservist	9	STATUS	Yes	11/16/2009	\$1	Reservist Status Code
MDR	17	SADR	1	AMBSURG	Yes	11/16/2009	Char (1)	Raw Same Day Surgery
MDR	17	SADR	2	APPTINFR	Yes	8/13/2009	Char (1)	Appointment Inferred
MDR	17	SADR	3	APPTSTAT	Yes	8/13/2009	Char (1)	Appointment Status Type

MDR	17	SADR	4	APPTTYPE	Yes	8/13/2009	Char (6)	Appointment Type from Appointment Data
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MDR	17	SADR	5	BENCATX	Yes	8/13/2009	Char (3)	Beneficiary Category
MDR	17	SADR	6	CPT	Yes	8/13/2009	Char (5)	CPT Code - E&M
MDR	17	SADR	7	CPTMOD1	Yes	8/13/2009	Char(2)	CPT Code - E&M #1 Modifier
MDR	17	SADR	8	CPTUOS	Yes	8/13/2009	N	CPT Code - E&M #1 Quantity
MDR	17	SADR	9	CPT4VER	Yes	8/13/2009	Char (1)	CPT Version (year)
MDR	17	SADR	10	CPT1	Yes	8/13/2009	Char (5)	CPT Code -Proc #1
MDR	17	SADR	11	CPT2	Yes	8/13/2009	Char (5)	CPT Code -Proc #2
MDR	17	SADR	12	CPT3	Yes	8/13/2009	Char (5)	CPT Code -Proc #3
MDR	17	SADR	13	CPT4	Yes	8/13/2009	Char (5)	CPT Code -Proc #4
MDR	17	SADR	14	CPT5	Yes	8/13/2009	Char (5)	CPT Code -Proc #5
MDR	17	SADR	15	CPT6	Yes	8/13/2009	Char (5)	CPT Code -Proc #6
MDR	17	SADR	16	CPT7	Yes	8/13/2009	Char (5)	CPT Code -Proc #7
MDR	17	SADR	17	CPT8	Yes	8/13/2009	Char (5)	CPT Code -Proc #8
MDR	17	SADR	18	CPT9	Yes	8/13/2009	Char (5)	CPT Code -Proc #9
MDR	17	SADR	19	CPT10	Yes	8/13/2009	Char(5)	CPT Code -Proc #10
MDR	17	SADR	20	CPT1MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #1 Modifier #1
MDR	17	SADR	21	CPT2MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #2 Modifier #1
MDR	17	SADR	22	CPT3MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #3 Modifier #1
MDR	17	SADR	23	CPT4MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #4 Modifier #1
MDR	17	SADR	24	CPT5MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #5 Modifier #1
MDR	17	SADR	25	CPT6MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #6 Modifier #1
MDR	17	SADR	26	CPT7MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #7 Modifier #1
MDR	17	SADR	27	CPT8MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #8 Modifier #1
MDR	17	SADR	28	CPT9MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #9 Modifier #1
MDR	17	SADR	29	CPT10MOD1	Yes	8/13/2009	Char(2)	CPT Code - Proc #10 Modifier #1

MDR	17	SADR	30	CPT1UOS	Yes	8/13/2009	N	CPT Code - Proc #1 Quantity
MDR	17	SADR	31	CPT2UOS	Yes	8/13/2009	N	CPT Code - Proc #2 Quantity
MDR	17	SADR	32	CPT3UOS	Yes	8/13/2009	N	CPT Code - Proc #3 Quantity
MDR	17	SADR	33	CPT4UOS	Yes	8/13/2009	N	CPT Code - Proc #4 Quantity
MDR	17	SADR	34	CPT5UOS	Yes	8/13/2009	N	CPT Code - Proc #5 Quantity
MDR	17	SADR	35	CPT6UOS	Yes	8/13/2009	N	CPT Code - Proc #6 Quantity
MDR	17	SADR	36	CPT7UOS	Yes	8/13/2009	N	CPT Code - Proc #7 Quantity
MDR	17	SADR	37	CPT8UOS	Yes	8/13/2009	N	CPT Code - Proc #8 Quantity
MDR	17	SADR	38	CPT9UOS	Yes	8/13/2009	N	CPT Code - Proc #9 Quantity
MDR	17	SADR	39	CPT10UOS	Yes	8/13/2009	N	CPT Code - Proc #10 Quantity

MDR	17	SADR	40	DDS	Yes	8/13/2009	Char (2)	DEERS Dependent Suffix
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MDR	17	SADR	41	DISPCODE	Yes	8/13/2009	Char (1)	Disposition Code
MDR	17	SADR	42	DMISID	Yes	8/13/2009	Char (4)	Treatment DMIS ID
MDR	17	SADR	43	EM2	Yes	8/13/2009	Char(5)	CPT Code - E&M #2
MDR	17	SADR	44	EM3	Yes	8/13/2009	Char(5)	CPT Code - E&M #3
MDR	17	SADR	45	EM2MOD1	Yes	8/13/2009	Char(2)	CPT Code - E&M #j Modifier 1
MDR	17	SADR	46	EM3MOD1	Yes	8/13/2009	Char(2)	CPT Code - E&M #j Modifier 1
MDR	17	SADR	47	EM2UOS	Yes	8/13/2009	N	CPT Code - E&M #j Quantity
MDR	17	SADR	48	EM3UOS	Yes	8/13/2009	N	CPT Code - E&M #j Quantity
MDR	17	SADR	49	ENCDATE	Yes	8/13/2009	Char (8)	Encounter Date

Table 1: Data Elements									
Table	Table ID	Table Name	Table Description	Table Type	Table Category	Table Subcategory	Table Field	Table Field Type	Table Field Description
MDR	17	SADR	50	FMP	Yes	8/13/2009	Char (2)		Family Member Prefix
MDR	17	SADR	51	HOSPSTAT	Yes	8/13/2009	Char (1)		Patient Hospital Status
MDR	17	SADR	52	ICD1	Yes	8/13/2009	Char (9)		ICD-9-CM, Diagnosis #1
MDR	17	SADR	53	ICD2	Yes	8/13/2009	Char (9)		ICD-9-CM, Diagnosis #2
MDR	17	SADR	54	ICD3	Yes	8/13/2009	Char (9)		ICD-9-CM, Diagnosis #3
MDR	17	SADR	55	ICD4	Yes	8/13/2009	Char (9)		ICD-9-CM, Diagnosis #4
MDR	17	SADR	56	ICD9VER	Yes	8/13/2009	Char (1)		ICD9-CM-Version (year)
MDR	17	SADR	57	INJCAUSE	Yes	8/13/2009	Char (3)		Injury Related Cause
MDR	17	SADR	58	INPAPPT	Yes	8/13/2009	Char (1)		Inpatient Flag
MDR	17	SADR	59	MARITAL	Yes	8/13/2009	Char (1)		Marital Status

MDR	17	SADR	60	MDC	Yes	8/13/2009	Char (3)	Major Diagnostic Category	
MDR	17	SADR	61	PARC	Yes	8/13/2009	Char (2)	Person Association Reason Code	
MDR	17	SADR	62	PATAGE	Yes	8/13/2009	Num (8)	Patient Age	
MDR	17	SADR	63	PATCAT	Yes	8/13/2009	Char (3)	Patient Category	
MDR	17	SADR	64	PATDOB	Yes	8/13/2009	Char (8)	Patient Date of Birth	
MDR	17	SADR	65	PATSEX	Yes	8/13/2009	Char (1)	Gender	
MDR	17	SADR	66	PATSSN	DI	Yes	8/13/2009	Char (9)	SSN of Patient
MDR	17	SADR	67	PATSTAT	Yes	8/13/2009	Char (1)	Patient Status as reported in the Appointment Data	
MDR	17	SADR	68	PATUNIQ	Yes	Yes	8/13/2009	Char (10)	Unique Patient Identifier
MDR	17	SADR	69	PROVCLAS	Yes	8/13/2009	Char (5)	Appointment Provider Class	
MDR	2	SADR	69	PROVID	Yes	8/13/2009	char(9)	Appointment Provider ID	
MDR	17	SADR	70	PROVSPEC	Yes	8/13/2009	Char (3)	Provider Specialty Code	
MDR	17	SADR	71	PROVTYPE	Yes	8/13/2009	Char (1)	Provider Type	



MDR	17	SADR	72	RANKPAY	DI	Yes	8/13/2009	Char (3)	Sponsor Rank/Paygrade
MDR	17	SADR	73	RDDS		Yes	8/13/2009	Char (2)	Raw DEERS Dependent Suffix
MDR	17	SADR	74	REFNUM		Yes	8/13/2009	Char (11)	Referral Number
MDR	17	SADR	75	RPATUNIQ	Yes	Yes	8/13/2009	Char (10)	Raw Unique Person Identifier
MDR	17	SADR	76	SDS		Yes	8/13/2009	Char (1)	Same Day Surgery
MDR	17	SADR	77	SEC2ROLE		Yes	8/13/2009	Char (1)	Secondary Provider #2 Role
MDR	17	SADR	78	SEC2SPC		Yes	8/13/2009	Char (3)	Secondary Prov #2 Specialty
MDR	17	SADR	79	SECRROLE		Yes	8/13/2009	Char (1)	Secondary Provider #1 Role

MDR	17	SADR	80	SECSPC		Yes	8/13/2009	Char (3)		Secondary Prov #1 Specialty
MDR	17	SADR	81	SPC		Yes	8/13/2009	Char (3)		Provider Specialty (cleaned)
MDR	17	SADR	82	SPONSSN	DI	Yes	8/13/2009	Char (9)		Sponsor SSN
MDR	17	SADR	83	STATUS		Yes	8/13/2009	Char (1)		Reservist Status Code
MDR	17	SADR	85	REF_PROV		Yes	11/16/2009	Char (14)		Referring Provider
MDR	17	SADR	86	SEC2PROV		Yes	11/16/2009	Char (9)		Secondary Provider #2 ID
MDR	17	SADR	87	SECPROV		Yes	11/16/2009	Char (9)		Secondary Provider #1 ID
MDR	18	SIDR	1	AACUTE		Yes	12/11/2009	Char (1)		Adult Acute Composite

MDR	18	SIDR	2	AAMPDIAB	Yes	12/11/2009	Char (1)	Lower-extremity Amputation among patients with Diabetes
MDR	18	SIDR	3	AASTH	Yes	12/11/2009	Char (1)	Adult Asthma
MDR	18	SIDR	4	AAWP	Yes	12/11/2009	Char (1)	Angina without Procedure
MDR	18	SIDR	5	ABACPN	Yes	12/11/2009	Char (1)	Bacterial Pneumonia
MDR	18	SIDR	6	ACHF	Yes	12/11/2009	Char (1)	Congestive Heart Failure Admission
MDR	18	SIDR	7	ACHRON	Yes	12/11/2009	Char (1)	Adult Chronic Composite
MDR	18	SIDR	8	ACOPD	Yes	12/11/2009	Char (1)	Chronic Obstructive Pulmonary Disorder
MDR	18	SIDR	9	ADHYD	Yes	12/11/2009	Char (1)	Dehydration
MDR	18	SIDR	10	ADMDATE	Yes	8/13/2009	Num (8)	Admission Date
MDR	18	SIDR	11	ADMSRC	Yes	8/13/2009	Char (1)	Admission Source
MDR	18	SIDR	12	AHYPTN	Yes	12/17/2009	Char (1)	Hypertension Admission
MDR	18	SIDR	13	ALBW	Yes	12/17/2009	Char (1)	Low Birth Weight
MDR	18	SIDR	14	ALTDIAB	Yes	12/17/2009	Char (1)	Diabetes Long Term Complications
MDR	18	SIDR	15	AOVALL	Yes	12/17/2009	Char (1)	Adult Overall Composite
MDR	18	SIDR	16	APAPPD	Yes	12/17/2009	Char (1)	Perforated Appendix
MDR	18	SIDR	17	ASTDIAB	Yes	12/17/2009	Char (1)	Short Term Diabetes Complications
MDR	18	SIDR	19	AUTI	Yes	12/17/2009	Char (1)	Urinary Tract Infection
MDR	18	SIDR	20	AUTOPSY	Yes	12/17/2009	Char (1)	Autopsy Indicator
MDR	18	SIDR	21	BDAYS1	Yes	8/13/2009	Num (8)	Bed Days, Excl Bassinet Days

MDR	18	SIDR	22	BEDCIV	Yes	8/13/2009	Num (8)	Bed Days Civilian Hospitals
MDR	18	SIDR	23	BEDOTHER	Yes	8/13/2009	Num (8)	Bed Days Other Federal Facilities
MDR	18	SIDR	24	BENCATX	Yes	8/13/2009	Char (3)	Beneficiary Category from LVM4
MDR	18	SIDR	25	BENFCAT1 PATCAT1	Yes	8/13/2009	Char (3)	Beneficiary Category
MDR	18	SIDR	26	BIRTHDATE	Yes	8/13/2009	Num (8)	Date of Birth
MDR	18	SIDR	27	CALCDAYS	Yes	8/13/2009	Num (8)	Calculated Bed Days
MDR	18	SIDR	28	CMADM	Yes	8/13/2009	Num (3)	Admission Calendar Month
MDR	18	SIDR	29	COMBENF	Yes	8/13/2009	Char (1)	Beneficiary Category (common)
MDR	18	SIDR	30	CONVLEAV	Yes	8/13/2009	Num (8)	Convalescent Leave Days

MDR	18	SIDR	31	CYADM	Yes	8/13/2009	Num (4)	Admission Calendar Year
MDR	18	SIDR	32	DCWID	Yes	8/13/2009	Char (5)	Direct Care Workload ID
MDR	18	SIDR	33	DDS	Yes	8/13/2009	Char (2)	DEERS Dependent Suffix
MDR	18	SIDR	34	DEATH	Yes	8/13/2009	Char (1)	Death Indicator
MDR	18	SIDR	35	DIAGAMT	Yes	8/13/2009	Num (8)	# Of Diagnoses Coded
MDR	18	SIDR	36	DISPDATE	Yes	8/13/2009	Num (8)	Disposition Date

DMIS Data Fields									
Field Name	Source	System	Field ID	Field Description	Required	Effective Date	Field Length	Field Type	Field Label
MDR	18	SIDR	37	DISPTYPE	Yes	8/13/2009	Char (2)		Disposition Type
MDR	18	SIDR	38	DMISAGE	Yes	8/13/2009	Char (1)		DMIS Patient Age Group
MDR	18	SIDR	39	DMISDAYS	Yes	8/13/2009	Num (8)		Total Bed Days
MDR	18	SIDR	40	DMISSEX	Yes	8/13/2009	Char (1)		DMIS Patient Sex

MDR	18	SIDR	41	DX1	Yes	8/13/2009	Char (8)	Principal ICD9 Diagnosis Code
MDR	18	SIDR	42	DX2	Yes	8/13/2009	Char (8)	2 Diagnosis Code
MDR	18	SIDR	43	DX3	Yes	8/13/2009	Char (8)	3 Diagnosis Code
MDR	18	SIDR	44	DX4	Yes	8/13/2009	Char (8)	4 Diagnosis Code
MDR	18	SIDR	45	DX5	Yes	8/13/2009	Char (8)	5 Diagnosis Code
MDR	18	SIDR	46	DX6	Yes	8/13/2009	Char (8)	6 Diagnosis Code
MDR	18	SIDR	47	DX7	Yes	8/13/2009	Char (8)	7 Diagnosis Code
MDR	18	SIDR	48	DX8	Yes	8/13/2009	Char (8)	8 Diagnosis Code
MDR	18	SIDR	49	DX9	Yes	8/13/2009	Char (8)	9 Diagnosis Code
MDR	18	SIDR	50	DX10	Yes	8/13/2009	Char (8)	10 Diagnosis Code
MDR	18	SIDR	51	DX11	Yes	8/13/2009	Char (8)	11 Diagnosis Code
MDR	18	SIDR	52	DX12	Yes	8/13/2009	Char (8)	12 Diagnosis Code
MDR	18	SIDR	53	DX13	Yes	8/13/2009	Char (8)	13 Diagnosis Code
MDR	18	SIDR	54	DX14	Yes	8/13/2009	Char (8)	14 Diagnosis Code
MDR	18	SIDR	55	DX15	Yes	8/13/2009	Char (8)	15 Diagnosis Code
MDR	18	SIDR	56	DX16	Yes	8/13/2009	Char (8)	16 Diagnosis Code
MDR	18	SIDR	57	DX17	Yes	8/13/2009	Char (8)	17 Diagnosis Code
MDR	18	SIDR	58	DX18	Yes	8/13/2009	Char (8)	18 Diagnosis Code
MDR	18	SIDR	59	DX19	Yes	8/13/2009	Char (8)	19 Diagnosis Code
MDR	18	SIDR	60	DX20	Yes	8/13/2009	Char (8)	20 Diagnosis Code
MDR	18	SIDR	61	DX1POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	62	DX2POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	63	DX3POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	64	DX4POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	65	DX5POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	66	DX6POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	67	DX7POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	68	DX8POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	69	DX9POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	70	DX10POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code

MDR	18	SIDR	71	DX11POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	72	DX12POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	73	DX13POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	74	DX14POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	75	DX15POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	76	DX16POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	77	DX17POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	78	DX18POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	79	DX19POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	80	DX20POA	Yes	8/13/2009	Char(1)	Present on Admission per Diagnosis Code
MDR	18	SIDR	81	FLYSTAT	Yes	8/13/2009	Char (1)	Flying Status
MDR	18	SIDR	82	FMADM	Yes	8/13/2009	Num (3)	Admission Fiscal Month
MDR	18	SIDR	83	FMP	Yes	8/13/2009	Char (2)	Family Member Prefix
MDR	18	SIDR	84	FYADM	Yes	8/13/2009	Num (4)	Admission Fiscal Year
MDR	18	SIDR	85	ICUDAYS	Yes	8/13/2009	Num (8)	Bed Days in ICU
MDR	18	SIDR	86	INITADM	Yes	8/13/2009	Num (8)	Initial Admission Date
MDR	18	SIDR	87	LENGTHSV	Yes	8/13/2009	Char (3)	Length of Service



Table 1: Data for Table 1									
Table 2: Data for Table 2									
Table 3: Data for Table 3									
Table 4: Data for Table 4									
Table 5: Data for Table 5									
Table 6: Data for Table 6									
Table 7: Data for Table 7									
Table 8: Data for Table 8									
Table 9: Data for Table 9									
Table 10: Data for Table 10									
Table 11: Data for Table 11									
Table 12: Data for Table 12									
Table 13: Data for Table 13									
Table 14: Data for Table 14									
Table 15: Data for Table 15									
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Table 95: Data for Table 95									
Table 96: Data for Table 96									
Table 97: Data for Table 97									
Table 98: Data for Table 98									
Table 99: Data for Table 99									
Table 100: Data for Table 100									
MDR	18	SIDR	88	MARITAL		Yes	8/13/2009	Char (1)	Marital Status
MDR	18	SIDR	89	MDC		Yes	8/13/2009	Char (2)	Major Diagnostic Category
MDR	18	SIDR	90	MEDHLDAY		Yes	8/13/2009	Num (8)	Medical Hold Days
MDR	18	SIDR	91	MSDRGSURG		Yes	8/13/2009	Char(1)	MS-DRG Medical/Surgical Indicator
MDR	18	SIDR	92	MSFLAG		Yes	8/13/2009	Char (1)	Medical/Surgical Indicator
MDR	18	SIDR	93	MTF		Yes	8/13/2009	Char (4)	Medical Treatment Facility
MDR	18	SIDR	94	MTFINIT		Yes	8/13/2009	Char (6)	MTF of Initial Admission
MDR	18	SIDR	95	OUTCAT		Yes	8/13/2009	Char (1)	Outlier Status Flag
MDR	18	SIDR	96	PACUTE		Yes	8/13/2009	Char (1)	Pediatric Acute Composite
MDR	18	SIDR	97	PADCDACT		Yes	8/13/2009	Char (1)	Combined Acute Adult and Pediatric Composite
MDR	18	SIDR	98	PADCDCHN		Yes	8/13/2009	Char (1)	Combined Chronic Adult and Pediatric Composite
MDR	18	SIDR	99	PADCDOVL		Yes	8/13/2009	Char (1)	Combined Overall Adult and Pediatric Composite
MDR	18	SIDR	101	PARC		Yes	8/13/2009	Char (2)	Person Association Reason Code
MDR	18	SIDR	102	PASTH		Yes	12/17/2009	Char (1)	Pediatric Asthma Admission
MDR	18	SIDR	103	PATSSN	DI	Yes	8/13/2009	Char (9)	Patient SSN
MDR	18	SIDR	104	PATUNIQ	Yes	Yes	8/13/2009	Char (10)	Unique Patient Identifier

MDR	18	SIDR	105	PCHRON	Yes	12/17/2009	Char (1)	Pediatric Chronic Composite
MDR	18	SIDR	106	PCMIDLVM	Yes	8/13/2009	Char (18)	PCM ID from the LVM4/LVM6 Data
MDR	18	SIDR	107	PGASTRO	Yes	12/17/2009	Char (1)	Pediatric Gastroenteritis
MDR	18	SIDR	108	PNA1	Yes	8/13/2009	N (2)	Procedure Number #1
MDR	18	SIDR	109	PNA2	Yes	8/13/2009	N (2)	Procedure Number #2
MDR	18	SIDR	110	PNA3	Yes	8/13/2009	N (2)	Procedure Number #3
MDR	18	SIDR	111	PNA4	Yes	8/13/2009	N (2)	Procedure Number #4
MDR	18	SIDR	112	PNA5	Yes	8/13/2009	N (2)	Procedure Number #5
MDR	18	SIDR	113	PNA6	Yes	8/13/2009	N (2)	Procedure Number #6
MDR	18	SIDR	114	PNA7	Yes	8/13/2009	N (2)	Procedure Number #7
MDR	18	SIDR	115	PNA8	Yes	8/13/2009	N (2)	Procedure Number #8
MDR	18	SIDR	116	PNA9	Yes	8/13/2009	N (2)	Procedure Number #9
MDR	18	SIDR	117	PNA10	Yes	8/13/2009	N (2)	Procedure Number #10
MDR	18	SIDR	118	PNA11	Yes	8/13/2009	N (2)	Procedure Number #11
MDR	18	SIDR	119	PNA1PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #1
MDR	18	SIDR	120	PNA2PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #2
MDR	18	SIDR	121	PNA3PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #3
MDR	18	SIDR	122	PNA4PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #4
MDR	18	SIDR	123	PNA5PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #5
MDR	18	SIDR	124	PNA6PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #6
MDR	18	SIDR	125	PNA7PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #7
MDR	18	SIDR	126	PNA8PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #8

MDR	18	SIDR	127	PNA9PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #9
MDR	18	SIDR	128	PNA10PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #10
MDR	18	SIDR	129	PNA11PNP1	Yes	8/13/2009	Char (10)	Provider #1 NPI ID for Procedure #11
MDR	18	SIDR	130	PNA1PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #1
MDR	18	SIDR	131	PNA2PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #2
MDR	18	SIDR	132	PNA3PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #3
MDR	18	SIDR	133	PNA4PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #4
MDR	18	SIDR	134	PNA5PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #5
MDR	18	SIDR	135	PNA6PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #6
MDR	18	SIDR	136	PNA7PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #7
MDR	18	SIDR	137	PNA8PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #8
MDR	18	SIDR	138	PNA9PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #9
MDR	18	SIDR	139	PNA10PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #10
MDR	18	SIDR	140	PNA11PNP2	Yes	8/13/2009	Char (10)	Provider #2 NPI ID for Procedure #11
MDR	18	SIDR	141	PNA1PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #1
MDR	18	SIDR	142	PNA2PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #2
MDR	18	SIDR	143	PNA3PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #3
MDR	18	SIDR	144	PNA4PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #4
MDR	18	SIDR	145	PNA5PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #5
MDR	18	SIDR	146	PNA6PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #6
MDR	18	SIDR	147	PNA7PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #7

MDR	18	SIDR	148	PNA8PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #8
MDR	18	SIDR	149	PNA9PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #9
MDR	18	SIDR	150	PNA10PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #10
MDR	18	SIDR	151	PNA11PNP3	Yes	8/13/2009	Char (10)	Provider #3 NPI ID for Procedure #11
MDR	18	SIDR	152	PNA1PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #1
MDR	18	SIDR	153	PNA2PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #2
MDR	18	SIDR	154	PNA3PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #3
MDR	18	SIDR	155	PNA4PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #4
MDR	18	SIDR	156	PNA5PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #5
MDR	18	SIDR	157	PNA6PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #6
MDR	18	SIDR	158	PNA7PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #7
MDR	18	SIDR	159	PNA8PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #8
MDR	18	SIDR	160	PNA9PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #9
MDR	18	SIDR	161	PNA10PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #10
MDR	18	SIDR	162	PNA11PNP4	Yes	8/13/2009	Char (10)	Provider #4 NPI ID for Procedure #11
MDR	18	SIDR	163	PNA1QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #1
MDR	18	SIDR	164	PNA2QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #2
MDR	18	SIDR	165	PNA3QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #3
MDR	18	SIDR	166	PNA4QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #4
MDR	18	SIDR	167	PNA5QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #5
MDR	18	SIDR	168	PNA6QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #6

MDR	18	SIDR	169	PNA7QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #7
MDR	18	SIDR	170	PNA8QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #8
MDR	18	SIDR	171	PNA9QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #9
MDR	18	SIDR	172	PNA10QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #10
MDR	18	SIDR	173	PNA11QUAL1	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #1, Procedure #11
MDR	18	SIDR	174	PNA1QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #1
MDR	18	SIDR	175	PNA2QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #2
MDR	18	SIDR	176	PNA3QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #3
MDR	18	SIDR	177	PNA4QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #4
MDR	18	SIDR	178	PNA5QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #5
MDR	18	SIDR	179	PNA6QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #6
MDR	18	SIDR	180	PNA7QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #7
MDR	18	SIDR	181	PNA8QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #8
MDR	18	SIDR	182	PNA9QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #9
MDR	18	SIDR	183	PNA10QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #10
MDR	18	SIDR	184	PNA11QUAL2	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #2, Procedure #11
MDR	18	SIDR	185	PNA1QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #1
MDR	18	SIDR	186	PNA2QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #2
MDR	18	SIDR	187	PNA3QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #3
MDR	18	SIDR	188	PNA4QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #4
MDR	18	SIDR	189	PNA5QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #5

MDR	18	SIDR	190	PNA6QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #6
MDR	18	SIDR	191	PNA7QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #7
MDR	18	SIDR	192	PNA8QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #8
MDR	18	SIDR	193	PNA9QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #9
MDR	18	SIDR	194	PNA10QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #10
MDR	18	SIDR	195	PNA11QUAL3	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #3, Procedure #11
MDR	18	SIDR	196	PNA1QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #1
MDR	18	SIDR	197	PNA2QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #2
MDR	18	SIDR	198	PNA3QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #3
MDR	18	SIDR	199	PNA4QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #4
MDR	18	SIDR	200	PNA5QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #5
MDR	18	SIDR	201	PNA6QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #6
MDR	18	SIDR	202	PNA7QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #7
MDR	18	SIDR	203	PNA8QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #8
MDR	18	SIDR	204	PNA9QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #9
MDR	18	SIDR	205	PNA10QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #10
MDR	18	SIDR	206	PNA11QUAL4	Yes	8/13/2009	Char (1)	NPI Qualifier for Provider #4, Procedure #11
MDR	18	SIDR	207	PNORDETH	Yes	8/13/2009	Num (8,6)	Death MTF Peer Norm
MDR	18	SIDR	208	POVALL	Yes	8/13/2009	Char (1)	Pediatric Overall Composite
MDR	18	SIDR	209	PROC1	Yes	8/13/2009	Char (8)	1 ICD9 Procedure Code

MDR	18	SIDR	210	PROC2	Yes	8/13/2009	Char (8)	2 ICD9 Procedure Code
MDR	18	SIDR	211	PROC3	Yes	8/13/2009	Char (8)	3 ICD9 Procedure Code
MDR	18	SIDR	212	PROC4	Yes	8/13/2009	Char (8)	4 ICD9 Procedure Code
MDR	18	SIDR	213	PROC5	Yes	8/13/2009	Char (8)	5 ICD9 Procedure Code
MDR	18	SIDR	214	PROC6	Yes	8/13/2009	Char (8)	6 ICD9 Procedure Code
MDR	18	SIDR	215	PROC7	Yes	8/13/2009	Char (8)	7 ICD9 Procedure Code
MDR	18	SIDR	216	PROC8	Yes	8/13/2009	Char (8)	8 ICD9 Procedure Code
MDR	18	SIDR	217	PROC9	Yes	8/13/2009	Char (8)	9 ICD9 Procedure Code
MDR	18	SIDR	218	PROC10	Yes	8/13/2009	Char (8)	10 ICD9 Procedure Code
MDR	18	SIDR	219	PROC11	Yes	8/13/2009	Char (8)	11 ICD9 Procedure Code
MDR	18	SIDR	220	PROC12	Yes	8/13/2009	Char (8)	12 ICD9 Procedure Code
MDR	18	SIDR	221	PROC13	Yes	8/13/2009	Char (8)	13 ICD9 Procedure Code
MDR	18	SIDR	222	PROC14	Yes	8/13/2009	Char (8)	14 ICD9 Procedure Code
MDR	18	SIDR	223	PROC15	Yes	8/13/2009	Char (8)	15 ICD9 Procedure Code
MDR	18	SIDR	224	PROC16	Yes	8/13/2009	Char (8)	16 ICD9 Procedure Code
MDR	18	SIDR	225	PROC17	Yes	8/13/2009	Char (8)	17 ICD9 Procedure Code
MDR	18	SIDR	226	PROC18	Yes	8/13/2009	Char (8)	18 ICD9 Procedure Code
MDR	18	SIDR	227	PROC19	Yes	8/13/2009	Char (8)	19 ICD9 Procedure Code
MDR	18	SIDR	228	PROC20	Yes	8/13/2009	Char (8)	20 ICD9 Procedure Code
MDR	18	SIDR	229	PROCAMT	Yes	8/13/2009	Num (8)	# Of Procedures Coded
MDR	18	SIDR	230	PROV11	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #1
MDR	18	SIDR	231	PROV12	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #2
MDR	18	SIDR	232	PROV13	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #3
MDR	18	SIDR	233	PROV14	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #4

MDR	18	SIDR	234	PROV15	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #5
MDR	18	SIDR	235	PROV16	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #6
MDR	18	SIDR	236	PROV17	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #7
MDR	18	SIDR	237	PROV18	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #8
MDR	18	SIDR	238	PROV19	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #9
MDR	18	SIDR	239	PROV110	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #10
MDR	18	SIDR	240	PROV111	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #11
MDR	18	SIDR	241	PROV112	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #12
MDR	18	SIDR	242	PROV113	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #13
MDR	18	SIDR	243	PROV114	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #14
MDR	18	SIDR	244	PROV115	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #15
MDR	18	SIDR	245	PROV116	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #16
MDR	18	SIDR	246	PROV117	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #17
MDR	18	SIDR	247	PROV118	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #18
MDR	18	SIDR	248	PROV119	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #19
MDR	18	SIDR	249	PROV120	Yes	8/13/2009	Char (9)	Provider #1 of Procedure #20
MDR	18	SIDR	250	PROV21	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #1
MDR	18	SIDR	251	PROV22	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #2
MDR	18	SIDR	252	PROV23	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #3
MDR	18	SIDR	253	PROV24	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #4
MDR	18	SIDR	254	PROV25	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #5
MDR	18	SIDR	255	PROV26	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #6
MDR	18	SIDR	256	PROV27	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #7
MDR	18	SIDR	257	PROV28	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #8
MDR	18	SIDR	258	PROV29	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #9
MDR	18	SIDR	259	PROV210	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #10
MDR	18	SIDR	260	PROV211	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #11
MDR	18	SIDR	261	PROV212	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #12
MDR	18	SIDR	262	PROV213	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #13
MDR	18	SIDR	263	PROV214	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #14
MDR	18	SIDR	264	PROV215	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #15
MDR	18	SIDR	265	PROV216	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #16
MDR	18	SIDR	266	PROV217	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #17
MDR	18	SIDR	267	PROV218	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #18
MDR	18	SIDR	268	PROV219	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #19
MDR	18	SIDR	269	PROV220	Yes	8/13/2009	Char (9)	Provider #2 of Procedure #20
MDR	18	SIDR	270	PROV31	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #1
MDR	18	SIDR	271	PROV32	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #2
MDR	18	SIDR	272	PROV33	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #3
MDR	18	SIDR	273	PROV34	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #4
MDR	18	SIDR	274	PROV35	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #5
MDR	18	SIDR	275	PROV36	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #6
MDR	18	SIDR	276	PROV37	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #7



MDR	18	SIDR	277	PROV38	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #8
MDR	18	SIDR	278	PROV39	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #9
MDR	18	SIDR	279	PROV310	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #10
MDR	18	SIDR	280	PROV311	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #11
MDR	18	SIDR	281	PROV312	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #12
MDR	18	SIDR	282	PROV313	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #13
MDR	18	SIDR	283	PROV314	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #14
MDR	18	SIDR	284	PROV315	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #15
MDR	18	SIDR	285	PROV316	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #16
MDR	18	SIDR	286	PROV317	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #17
MDR	18	SIDR	287	PROV318	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #18
MDR	18	SIDR	288	PROV319	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #19
MDR	18	SIDR	289	PROV320	Yes	8/13/2009	Char (9)	Provider #3 of Procedure #20
MDR	18	SIDR	290	PROV41	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #1
MDR	18	SIDR	291	PROV42	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #2
MDR	18	SIDR	292	PROV43	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #3
MDR	18	SIDR	293	PROV44	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #4
MDR	18	SIDR	294	PROV45	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #5
MDR	18	SIDR	295	PROV46	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #6
MDR	18	SIDR	296	PROV47	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #7
MDR	18	SIDR	297	PROV48	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #8
MDR	18	SIDR	298	PROV49	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #9
MDR	18	SIDR	299	PROV410	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #10
MDR	18	SIDR	300	PROV411	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #11
MDR	18	SIDR	301	PROV412	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #12
MDR	18	SIDR	302	PROV413	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #13
MDR	18	SIDR	303	PROV414	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #14
MDR	18	SIDR	304	PROV415	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #15
MDR	18	SIDR	305	PROV416	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #16
MDR	18	SIDR	306	PROV417	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #17
MDR	18	SIDR	307	PROV418	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #18
MDR	18	SIDR	308	PROV419	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #19
MDR	18	SIDR	309	PROV420	Yes	8/13/2009	Char (9)	Provider #4 of Procedure #20

MDR	18	SIDR	310	PRVADM		Yes	8/13/2009	Char (1)	Preventable Admission Indicator
MDR	21	SIDR	311	pstdiab		Yes	12/17/2009	\$1	Pediatric Short term Diabetes
MDR	21	SIDR	312	puti		Yes	12/17/2009	\$1	Pediatric Urinary Tract Infection
MDR	18	SIDR	313	QUARDAYS		Yes	8/13/2009	Num (8)	Quarters Days
MDR	18	SIDR	314	RAWDRG		Yes	8/13/2009	Char (3)	Raw DRG
MDR	18	SIDR	315	RDDS		Yes	8/13/2009	Char (2)	Raw Deers Dependent Suffix
MDR	18	SIDR	316	RECAGE		Yes	8/13/2009	Num (8)	Age at Disposition
MDR	18	SIDR	317	RPATUNIQ	Yes	Yes	8/13/2009	Char (10)	Raw Unique Person Identifier
MDR	18	SIDR	318	SICKDAYS		Yes	8/13/2009	Num (8)	Total Sick Days This MTF
MDR	18	SIDR	319	SOC		Yes	8/13/2009	Char (2)	Reservist Special Operation Code
MDR	18	SIDR	320	SPONSSN	DI	Yes	8/13/2009	Char (9)	Sponsor SSN



DEERS Data Fields									
Field ID	Field Name	Field Type	Field Length	Field Description	Field Data	Field Data	Field Data	Field Data	Field Data
MDR	18	SIDR	323	TRAUMA	Yes	8/13/2009	Char (1)		Trauma Indicator
MDR	20	TED-NI	1	tedno	Yes	8/13/2009	\$24		TED Number
MDR	20	TED-NI	2	sponssn	Yes	8/13/2009	\$9		Sponsor SSN
MDR	20	TED-NI	3	patdob	Yes	8/13/2009	yyyymmdd		Date of Birth
MDR	20	TED-NI	4	edi_pn	Yes	8/13/2009	\$10		EDI_PN
MDR	20	TED-NI	5	deersid	Yes	8/13/2009	\$11		DEERS Patient ID
MDR	20	TED-NI	6	patsex	Yes	8/13/2009	\$1		Gender

MDR	20	TED-NI	7	dx1	Yes	8/13/2009	\$6	Principle Diagnosis
MDR	20	TED-NI	8	dx2	Yes	8/13/2009	\$6	Secondary Diagnosis 1
MDR	20	TED-NI	9	dx3	Yes	8/13/2009	\$6	Secondary Diagnosis 2
MDR	20	TED-NI	10	dx4	Yes	8/13/2009	\$6	Secondary Diagnosis 3
MDR	20	TED-NI	11	dx5	Yes	8/13/2009	\$6	Secondary Diagnosis 4
MDR	20	TED-NI	12	dx6	Yes	8/13/2009	\$6	Secondary Diagnosis 5
MDR	20	TED-NI	13	dx7	Yes	8/13/2009	\$6	Secondary Diagnosis 6
MDR	20	TED-NI	14	dx8	Yes	8/13/2009	\$6	Secondary Diagnosis 7
MDR	20	TED-NI	15	comben	Yes	8/13/2009	\$1	Beneficiary Category
MDR	20	TED-NI	16	dxedit	Yes	8/13/2009	\$1	Diagnosis Code Edition Number
MDR	20	TED-NI	17	mdc	Yes	8/13/2009	\$2	Derived MDC
MDR	20	TED-NI	18	patage	Yes	8/13/2009	3	Patient Age
MDR	20	TED-NI	19	begdate	Yes	8/13/2009	yyyymmdd	Begin Date of Care
MDR	20	TED-NI	20	enddate	Yes	8/13/2009	yyyymmdd	End Date of Care
MDR	20	TED-NI	21	cpt	Yes	8/13/2009	\$5	Procedure Code
MDR	20	TED-NI	22	cptmod1	Yes	8/13/2009	\$2	Procedure Code Modifier 1
MDR	20	TED-NI	23	cptmod2	Yes	8/13/2009	\$2	Procedure Code Modifier 2
MDR	20	TED-NI	24	cptmod3	Yes	8/13/2009	\$2	Procedure Code Modifier 3
MDR	20	TED-NI	25	cptmod4	Yes	8/13/2009	\$2	Procedure Code Modifier 4
MDR	20	TED-NI	26	ndc	Yes	8/13/2009	\$11	National Drug Code
MDR	20	TED-NI	27	svcs	Yes	8/13/2009	SN3	Number of Services

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MDR	20	TED-NI	28	typsvc1		Yes	8/13/2009	\$1	Type of Service 1
MDR	20	TED-NI	29	typsvc2		Yes	8/13/2009	\$1	Type of Service 2
MDR	20	TED-NI	30	paygrd	DI	Yes	8/13/2009	\$2	Sponsor Pay Grade

MDR	20	TED-NI	31	memrln	Yes	8/13/2009	\$1	Member Relationship Code
MDR	20	TED-NI	32	primepx	Yes	8/13/2009	\$1	Primary Procedure Code
MDR	20	TED-NI	33	provspec	Yes	8/13/2009	\$2	Provider Specialty Code
MDR	20	TED-NI	34	res_stat	Yes	8/13/2009	\$1	Reservist Status Code
MDR	20	TED-NI	35	soc	Yes	8/13/2009	\$2	Special Operations Code

DEERS Data Fields									
Field ID	Field Name	Field Type	Field Length	Field Description	Required	Effective Date	Effective Amount	Field Category	Field Label
MDR	20	TED-NI	36	bencat	Yes	8/13/2009	\$3	DEERS Beneficiary Category	
MDR	20	TED-NI	37	race	Yes	8/13/2009	\$1	DEERS Race Code	
MDR	20	TED-NI	38	ethnic	Yes	8/13/2009	\$1	DEERS Ethnicity Code	
MDR	20	TED-NI	39	DDS	Yes	8/13/2009	\$2	DEERS Dependent Suffix	
MDR	20	TED-NI	40	cy	Yes	8/13/2009	\$4	Calendar Year	
MDR	20	TED-NI	41	cm	Yes	8/13/2009	\$2	Calendar Month	
MDR	20	TED-NI	42	tedind	Yes	8/13/2009	\$1	TED Indicator	



MDR	20	TED-NI	43	pic	Yes	8/13/2009	\$1	Program Indicator Code
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MDR	20	TED-NI	44	agegrp	Yes	8/13/2009	\$1	Age Group Code
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MDR	20	TED-NI	45	hospdep	Yes	8/13/2009	\$2	Hospital Department Number
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MDR	20	TED-NI	46	enc		Yes	8/13/2009	3		Number of Encounters
MDR	20	TED-NI	47	623-624		Yes	8/13/2009	char		Person Association Reason Code
MDR	18	TED-NI	48	PARC		Yes	8/13/2009	Char (2)		Person Association Reason Code
MDR	5	TED-NI	11	ENC		Yes	8/13/2009	Char(1)		Encounter Setting
MDR	21	TED-I	1	tedno		Yes	8/13/2009	\$24		TED Number
MDR	21	TED-I	2	sponsn	DI	Yes	8/13/2009	\$9		Sponsor SSN
MDR	21	TED-I	3	paygrd	DI	Yes	8/13/2009	\$2		Sponsor Pay Grade

MDR	21	TED-I	4	memcat	Yes	8/13/2009	\$1	Sponsor Status
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MDR	21	TED-I	5	memrln	Yes	8/13/2009	\$1	Member Relationship Code
MDR	21	TED-I	6	patdob	Yes	8/13/2009	yyyymmdd	Date of Birth
MDR	21	TED-I	7	edi_pn	Yes	8/13/2009	\$10	EDI_PN
MDR	21	TED-I	8	deersid	Yes	8/13/2009	\$11	DEERS Patient ID
MDR	21	TED-I	9	patsex	Yes	8/13/2009	\$1	Gender
MDR	21	TED-I	10	provnpi	Yes	8/13/2009	\$10	Provider Individual NPI
MDR	21	TED-I	11	insttype	Yes	8/13/2009	\$2	Type of Institution
MDR	21	TED-I	12	admttype	Yes	8/13/2009	\$1	Type of Admission

Admission Data									
Patient Information									
Admission Details									
Insurance and Billing									
Medical History									
Treatment and Discharge									
Notes and Comments									
MDR	21	TED-I	13	admsrc	Yes	8/13/2009	\$1	Source of Admission	
MDR	21	TED-I	14	admdate	Yes	8/13/2009	yyyymmdd	Admission Date	



MDR	21	TED-I	32	comben	Yes	8/13/2009	\$1	Beneficiary Category
MDR	21	TED-I	33	dxedit	Yes	8/13/2009	\$1	Diagnosis Code Edition Number
MDR	21	TED-I	34	drg	Yes	8/13/2009	\$3	Derived DRG
MDR	21	TED-I	35	mdc	Yes	8/13/2009	\$2	Derived MDC
MDR	21	TED-I	36	ac_drg	Yes	8/13/2009	\$3	Acute Care DRG
MDR	21	TED-I	37	res_stat	Yes	8/13/2009	\$1	Reservist Status Code
MDR	21	TED-I	38	soc	Yes	8/13/2009	\$2	Special Operations Code
MDR	21	TED-I	39	patage	Yes	8/13/2009	3	Patient Age
MDR	21	TED-I	40	days	Yes	8/13/2009	SN3	Bed Days
MDR	21	TED-I	41	denrsite	Yes	8/13/2009	\$4	DEERS Enrollment DMISID
MDR	21	TED-I	42	bencat	Yes	8/13/2009	\$3	DEERS Beneficiary Category

MDR	21	TED-I	43	race	Yes	8/13/2009	\$1	DEERS Race Code
MDR	21	TED-I	44	ethnic	Yes	8/13/2009	\$1	DEERS Ethnicity Code
MDR	21	TED-I	45	DDS	Yes	8/13/2009	\$2	DEERS Dependent Suffix
MDR	21	TED-I	46	catcare	Yes	8/13/2009	\$2	Category of Care
MDR	21	TED-I	47	totdays	Yes	8/13/2009	\$3	Total Bed Days
MDR	21	TED-I	48	cy	Yes	8/13/2009	\$4	Calendar Year
MDR	21	TED-I	49	cm	Yes	8/13/2009	\$2	Calendar Month



MDR	21	TED-I	50	prevadm	Yes	8/13/2009	\$1	Preventable Admission Indicator
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MDR	21	TED-I	51	tedind	Yes	8/13/2009	\$1	TED Indicator
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MDR	21	TED-I	52	births	Yes	8/13/2009	8	Number of Births
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MDR	21	TED-I	53	agegrp	Yes	8/13/2009	\$1	Age Group Code
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MDR	21	TED-I	54	hospdep	Yes	8/13/2009	\$2	Hospital Department Number
MDR	21	TED-I	56	apappd	Yes	12/17/2009	\$1	Perforated Appendix
MDR	21	TED-I	57	altdiab	Yes	12/17/2009	\$1	Diabetes Long Term Complications
MDR	21	TED-I	58	acopd	Yes	12/17/2009	\$1	Chronic Obstructive Pulmonary Disorder
MDR	21	TED-I	59	ahyptn	Yes	12/17/2009	\$1	Hypertension Admission
MDR	21	TED-I	60	achf	Yes	12/17/2009	\$1	Heart Failure Admission
MDR	21	TED-I	61	albw	Yes	12/17/2009	\$1	Low Birth Weight
MDR	21	TED-I	62	adhyd	Yes	12/17/2009	\$1	Dehydration

Table 1: MDRs with TED-I							
MDR	21	TED-I	63	abacpn	Yes	12/17/2009	\$1
							Bacterial Pneumonia
MDR	21	TED-I	64	auti	Yes	12/17/2009	\$1
							Urinary Tract Infection
MDR	21	TED-I	65	aawp	Yes	12/17/2009	\$1
							Angina without Procedure
MDR	21	TED-I	66	auncdiab	Yes	12/17/2009	\$1
							Uncontrolled Diabetes
MDR	21	TED-I	67	aasth	Yes	12/17/2009	\$1
							Adult Asthma
MDR	21	TED-I	68	aampdiab	Yes	12/17/2009	\$1
							Lower-extremity Amputation among patients with Diabetes
MDR	21	TED-I	69	aovall	Yes	12/17/2009	\$1
							Adult Overall Composite
MDR	21	TED-I	70	aacute	Yes	12/17/2009	\$1
							Adult Acute Composite
MDR	21	TED-I	71	achron	Yes	12/17/2009	\$1
							Adult Chronic Composite
MDR	21	TED-I	73	pstdiab	Yes	12/17/2009	\$1
							Pediatric Short term Diabetes
MDR	21	TED-I	74	pgastro	Yes	12/17/2009	\$1
							Pediatric Gastroenteritis
MDR	21	TED-I	76	puti	Yes	12/17/2009	\$1
							Pediatric Urinary Tract Infection
MDR	21	TED-I	77	povall	Yes	12/17/2009	\$1
							Pediatric Overall Composite
MDR	21	TED-I	78	pchron	Yes	12/17/2009	\$1
							Pediatric Chronic Composite
MDR	18	TED-I	79	PASTH	Yes	12/17/2009	Char (1)
							Pediatric Asthma Admission
MDR	18	TED-I	80	PADCDACT	Yes	8/13/2009	Char (1)
							Combined Acute Adult and Pediatric Composite
MDR	18	TED-I	81	PADCDCHN	Yes	8/13/2009	Char (1)
							Combined Chronic Adult and Pediatric Composite
MDR	18	TED-I	81	PACUTE	Yes	8/13/2009	Char (1)
							Pediatric Acute Composite
MDR	18	TED-I	82	DX9	Yes	8/13/2009	Char (8)
							9 Diagnosis Code
MDR	18	TED-I	83	ASTDIAB	Yes	12/17/2009	Char (1)
							Short Term Diabetes Complications
MDR	100	Ancillary - Lab Rad	1	apptno	Yes	12/17/2009	\$20
							Appointment record ID
MDR	100	Ancillary - Lab Rad	2	cpt	Yes	12/17/2009	\$5
							CPT Code

MDR	100	Ancillary - Lab Rad	3	cptmod	Yes	12/17/2009	\$2	Modifier of the CPT code
MDR	100	Ancillary - Lab Rad	4	drvcount	Yes	12/17/2009	\$2	Derived Number of Services???
MDR	100	Ancillary - Lab Rad	5	dx1	Yes	12/17/2009	\$6	ICD9 Diagnosis Code 1
MDR	100	Ancillary - Lab Rad	6	dx2	Yes	12/17/2009	\$6	ICD9 Diagnosis Code 2
MDR	100	Ancillary - Lab Rad	7	dx3	Yes	12/17/2009	\$6	ICD9 Diagnosis Code 3
MDR	100	Ancillary - Lab Rad	8	dx4	Yes	12/17/2009	\$6	ICD9 Diagnosis Code 4
MDR	100	Ancillary - Lab Rad	9	inpt	Yes	12/17/2009	\$1	Inpatient indicator
MDR	100	Ancillary - Lab Rad	10	labflag	Yes	12/17/2009	\$1	Laboratory Flag

Table 1: Ancillary Data Elements									
Table	Table ID	Table Name	Table Number	Table Description	Table Type	Table Status	Table Date	Table Price	Table Description
MDR	100	Ancillary - Lab Rad	11	orddmis		Yes	12/17/2009	\$4	Ordering DMIS ID
MDR	100	Ancillary - Lab Rad	12	orderid		Yes	12/17/2009	\$12	Provider Order Number
MDR	100	Ancillary - Lab Rad	13	patage		Yes	12/17/2009	3	Patient Age
MDR	100	Ancillary - Lab Rad	14	servdate		Yes	12/17/2009	\$8	Date Of Service
MDR	100	Ancillary - Lab Rad	15	sex		Yes	12/17/2009	\$1	Gender
MDR	100	Ancillary - Lab Rad	16	soc		Yes	12/17/2009	\$2	Special Operation Code
MDR	100	Ancillary - Lab Rad	17	tmtdmis		Yes	12/17/2009	\$4	Treatment DMIS ID
MDR	100	Ancillary - Lab Rad	18	FMP		Yes	12/17/2009	char(2)	Family Member Prefix - for linkage
MDR	100	Ancillary - Lab Rad	19	SPONSSN	DI	Yes	12/17/2009	\$9	Sponsor SSN - for linkage

MDR	100	Ancillary - Lab Rad	20	comben	Yes	12/17/2009	\$1	Beneficiary Category - for linkage
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Desc	Values	Notes	FDM Comments	ADS Comment
Date of the appointment.	e.g., 16022			
The appointment identifier number. The AIN is the system generated unique appointment identifier for that system. The Appointment Prefix and AIN combine to create a unique identifier.				
Length of the appointment measured in minutes.				
Indicates the status of the patient's appointment.				
Code indicating the type of appointment.				
Class of provider, as defined by CHAMPUS payment policies.	0 - 4	0 = non-provider 1 = MD 2 = Psychologists 3 = Counselors 4 = Other providers		
Added to data dictionary 11/26/2010				
DEERS specific code indicating the relationship of the beneficiary to the sponsor. (Not the same of the family member prefix in CHCS).				
Code that identifies the MTF responsible for the patient appointment.				
Primary provider category according to HIPAA defined codes for the attending provider.	e.g., 207RR0522X			
Inpatient/Outpatient indicator that the patient had at the time of the encounter. This field is supposed to be called "PATSTAT", and may change in the future.	I, O, Blank	I = Inpatient O = Outpatient Blank = Outpatient		
HIPAA compliant provider ID.	e.g., 1110000960			
Date of the appointment (SAS format).				
Patient's age at the appointment date.	e.g., 65			
CHCS Provider ID.	e.g., FUNKW			
A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS.	e.g., 001	See Provider Specialty Codes for DC for codes and descriptions.		
A code that represents the sponsor's military rank.	07 , 10 , 11, CD, E1 - E9, O1 - O9, W1 - W5, ZZ	CD = Cadet E1 - E4 = Junior Enlisted E5 - E9 = Senior Enlisted O1 - O3 = Junior Officer O4 - O9, 10, 11 = Senior Officer W1 - W5 = Warrant Officer ZZ = All Others		
Patient's gender.	F, M, Blank	F = Female M = Male Blank = unknown		
The sponsor's SSN as assigned by the Social Security Administration.	e.g., 123456789			

Placeholder

A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values).

CHCS codes.

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A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values).

Type of appointment cancellation.

5, 8, 9

5 = Cancelled by provider  
8 = Cancelled by facility  
9 = Cancelled by patient

Unique provider identifier for the provider rendering care.

Entered by MTF staff, the Provider ID normally consists of eight characters of the provider's last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier (unique to the CHCS site).

A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values).

See Provider Specialty Codes for DC for codes and descriptions.

Appointment provider's type.

B, C, F, H, P, T

B = Fee basis  
C = Certification & Accreditation (C&A)  
F = Full time  
H = House staff  
P = Partnership  
T = Part time

Appointment type status.

2, 3, 4, 5, 6, 7, 8

2 Kept  
3 Cancel  
4 No show  
5 Walk-in  
6 Sick call  
7 Telephone consult  
8 Leave Without Being Seen (LWOBS)



The appointment type.

ACUT, ACUT\$, APV, EROOM, EST,  
EST\$, GRP, GRP\$, N-MTF, OPAC,  
OPAC\$, PCM, PCM\$, PROC, PROC\$,  
RND\$\*, ROUT, ROUTS, SPEC, SPEC\$,  
T-CON, WELL, WELL\$

ACUT = Acute appointment  
ACUT\$ = Acute appointment  
APV = Ambulatory Procedure Visit  
EROOM = Emergency Room  
EST = Established/follow up  
EST\$ = Established/follow up  
GRP = Group/class appointment  
GRP\$ = Group/class appointment  
N-MTF = Non-MTF appointment  
OPAC = Open Access Appointment  
OPAC\$ = Open Access Appointment  
PCM = Initial Primary Care appointment  
PCM\$ = Initial Primary Care appointment  
PROC = Procedure appointment  
PROC\$ = Procedure appointment  
RND\$\* = Inpatient ward appointment  
ROUT = Routine appointment  
ROUTS = Routine appointment  
ROUT\$ = Routine appointment  
SPEC = Initial Specialty Care appointment  
SPEC\$ = Initial Specialty Care appointment  
T-CON\* = Telephone consult  
T-CON = Telephone consult  
WELL = Wellness/Health Promotion Appointment  
WELL\$ = Wellness/Health Promotion Appointment

Duration of appointment for the encounter identified in increments of minutes,  
maximum 99999.

CPT/HCPCS code for the encounter based on the order of entry.

CPT/HCPCS code for the encounter based on the order of entry.

Associates a procedure with at least one diagnosis. A maximum number of pointers  
for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position  
points to a diagnosis). 1-9876

Minutes of anesthesia applied during the associated procedure. Placeholder.

First entered Modifier to the associated CPT/HCPCS code.

Second entered Modifier to the associated CPT/HCPCS code.

Third entered Modifier to the associated CPT/HCPCS code.

Correlates to a provider associated with the specified Procedure. A maximum number of provider pointers for linkage to a procedure is three. Whole number between 0 and 432 (each position points to a provider).

0-432

A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999.

1-999

Associates a procedure with at least one diagnosis. A maximum number of pointers for up to 4 confirmed diagnoses. Whole number between 1 and 9876 (each position points to a diagnosis).

1-9876

Minutes of anesthesia applied during the associated procedure. Placeholder.

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0-432

A multiplier indicating how many of a particular procedure/service was given during the encounter. A whole number between 1 and 999.

1-999

The approximate date the injury occurred.

yyyymmdd

Identifies the deployment relationship. Placeholder.

No values currently entered.

Identifies the country of deployment. Placeholder.

No values currently entered.

Identifier for deployment related illness and condition code. Placeholder.

No values currently entered.

The disposition code as marked on the outpatient and rounds encounters.

Note: The numeric codes are only for outpatient and the alpha codes are for inpatient encounters. Values of A - G only apply to encounters when the Inpatient Indicator = 1. Disposition Code types H, M, O, R, S, and U will only apply to non-privileged provider T-Con encounters and are currently used by only a small number of sites.

1-8, A, B, C, D, E, F, G, H, M, O, R, S, U

1 = Released without limitations  
2 = Released with work duty limitations  
3 = Sick at home/quarters  
4 = Immediate referral  
5 = Left without being seen  
6 = Left against medical advice  
7 = Admitted  
8 = Expired

A = Transferred to another hospital  
B = Transferred to skilled nursing facility (SNF)  
C = Transferred to another clinical service  
D = Continued stay  
E = Left against medical advice  
F = Discharged home  
G = Expired  
H = Advice Assessment  
M = Medication Refill Forwarded  
O = Other Not Elsewhere Classified  
R = Referred for Appointment  
S = Released to Self Care  
U = Referred to ER

DoD specific injury codes using NATO Standardization Agreement (STANAG) codes. Placeholder	000 - 999	000 - 059 = Accidents in air transport 100 - 149 = Accidents in land transport 150 - 199 = Accidents in water transport 200 - 249 = Athletics & sports 250 - 299 = Reactions, complications, misadventures in medical/surgical procs; late complications or effects 300 - 479 = Instrumentalities of war, when employed by the enemy in wartime 480 - 499 = Accidents in connection w/ own instrumentalities of war, when employed as such in wartime 500 - 599 = Guns, explosives, related agents; exc when used as instrumentalities of war in wartime 600 - 699 = Machinery, tools, selected agents 700 - 799 = Poisons, fire, hot & corrosive substances 800 - 899 = Specified environmental factors (natural or artificial environment) 900 - 999 = Falls & miscellaneous other/unspecified agents
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International Classification of Diseases, 9th edition (ICD-9) entered diagnosis code.

ICD-9 entered diagnosis code.		
ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
ICD-9 entered diagnosis code.		
ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
ICD-9 entered diagnosis code.		
ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
ICD-9 entered diagnosis code.		
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The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).

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ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
ICD-9 entered diagnosis code.		
ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
ICD-9 entered diagnosis code.		
ICD-9 extender code.		
The level of priority of the diagnosis for the visit.	1, 2, 3, 4, U	1, 2, 3, 4, or U (unconfirmed).
The ICD-9 code identifying the patient's main reason for seeking medical care.		
Evaluation & Management (E&M) Code for the encounter, based on order of entry. E&M Codes are CPT Codes in the range of 99201-99499.	99201-99499	
Associates the E&M Code with at least one diagnosis. Whole number between 1 and 4321 (each position points to the priority of a diagnosis).	1-4321	
E&M Code Modifier associated with the specific E&M Code.		
E&M Code Modifier associated with the specific E&M Code.		
E&M Code Modifier associated with the specific E&M Code.		
Associates the E&M Code with at least one provider. Whole number between 1 and 54321 (each position points to one provider).	1-54321	
Multiplier used for prolonged services for the specific E&M Code. Whole number between 1 and 4.	1, 2, 3, 4	
E&M Code for the encounter, based on order of entry.	99201-99499	
Associates the E&M Code with at least one diagnosis. Whole number between 1 and 4321 (each position points to the priority of a diagnosis).	1-4321	
E&M Code Modifier associated with the specific E&M Code.		
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E&M Code Modifier associated with the specific E&M Code.		
Associates the E&M Code with at least one provider. Whole number between 1 and 54321 (each position points to one provider).	1-54321	
Multiplier used for prolonged services for the specific E&M Code. Whole number between 1 and 4.	1, 2, 3, 4	
E&M Code for the encounter, based on order of entry.	99201-99499	
Associates the E&M Code with at least one diagnosis. Whole number between 1 and 4321 (each position points to the priority of a diagnosis).	1-4321	
E&M Code Modifier associated with the specific E&M Code.		



E&M Code Modifier associated with the specific E&M Code.		
E&M Code Modifier associated with the specific E&M Code.		
Associates the E&M Code with at least one provider. Whole number between 1 and 54321 (each position points to one provider).	1-54321	
Multiplier used for prolonged services for the specific E&M Code. Whole number between 1 and 4.	1, 2, 3, 4	
		01-19 = Dependent children of sponsor 20 = Sponsor 30-39 = Spouse of sponsor 40-44 = Mother of sponsor 45-49 = Father of sponsor 50-54 = Mother-in-law of sponsor 55-59 = Father-in-law of sponsor 60-69 = Other dependents 90-95 = Beneficiary authorized by statute 98 = Civilian Humanitarian 99 = All others not elsewhere classified
The code that represents the prefix that the medical community uses to identify medical records.	01-19,20,30-39,40,45, 50,55,60-69,90-95,97,98, or 99.	
Geographic location of accident available when Injury Cause Code is "AA".		
The location/place description of where the injury occurred.		This is a free text field.
Place of employment at the time of the injury if the injury occurred due to a function or action of the employment.		This is a free text field.
Injury related indicator for the encounter.	0, 1	0 = No injury 1 = Yes - injury
The first injury cause code entered by the user during encounter completion.	AA, AP, EM, OA	AA = Auto accident AP = Another party responsible EM = Employment OA = Other accident
The second injury cause code entered by the user during encounter completion.	AA, AP, EM, OA	AA = Auto accident AP = Another party responsible EM = Employment OA = Other accident
The third injury cause code entered by the user during encounter completion.	AA, AP, EM, OA	AA = Auto accident AP = Another party responsible EM = Employment OA = Other accident
An indicator based upon the identification of the appointment as being related to the inpatient episode of care.	0, 1	0 = Outpatient 1 = Inpatient related
DMIS ID of the inpatient treatment MTF and Register Number associated with a RNDS appointment (i.e., inpatient ward appointment).		

Indicates the legal status of a person as it relates to marriage.	A, D, I, L, M, S, W, Z	A = Annulled D = Divorced I = Interlocutory L = Legally separated M = Married S = Single, never married W = Widowed Z = Unknown
A code that represents the patient's military rank. Codes and meanings come from CHCS (231 codes).	E1-E10, O1-O11	CD = Cadet E1 - E10 = Enlisted O1 - O11 = Officer W1 - W5 = Warrant Officer
Removed slashes from ENCDATE_R	yyyymmdd	
Identifies the beneficiary status of the person being treated.		See Patient Categories for codes and descriptions.
Date when the person was born (YYYYMMDD).	yyyymmdd	
A code used to denote a patient's gender.	F, M	F = female M = male
An indicator of that the patient had at the time of the encounter. Codes as follows:	0, 1	1 = Inpatient 0 = Outpatient Blank = Outpatient
Unique patient identifier supplied by the Defense Manpower Data Center (DMDC). The Electronic Data Interchange Person Number (EDI_PN).		
The postal zip code for the city where a person is located. For OCONUS locations, the value could be an APO, FPO or country zip code.		This field may contain hyphens. See PATZIP for the field with no hyphens.
The date of the appointment. Format: YYYYMMDD.		
A free text field to describe the reason the patient has for seeking care.		
The Referral Number automatically assigned by the system when a referral is created through the Managed Care Module.		
The Provider ID of the HCDP referring the patient for specialty care or consult.		
The Defense Medical Information System (DMIS) identification number that identifies the clinic where the patient was treated.		See DMIS Information for list of DMIS ID.
Social security number of active duty member.		
Date of birth of individual.		
Military rank of individual.	See Death Rank Table	See Death Rank Table.
DEERS Dependent Suffix.	20	Set to '20' for all files received from casualty feed.
Date of recorded death.		

Source of death information.	C	Set to 'C' for all files received from casualty feed.
Flag that indicates whether the record contains a death.	Y	Set to 'Y' for all files received from casualty feed.
First digit of DDS, which defines whether patient is sponsor, spouse, dependent, or other.	2	Set to '2' for all files received from casualty feed.
DMIS ID Representing one of eight Designated Provider Enrolling sites.	190 - 198	0190 = Johns Hopkins Medical Services Corporation 0191 = Brighton Marine Health Care 0192 = CHRISTUS Health-St Johns 0193 = St. Vincent Catholic Medical Centers of NY 0194 = Pacific Medical Clinics 0196 = CHRISTUS Health-St. Joseph's 0197 = CHRISTUS Health-St. Mary's (inactive) 0198 = Martin's Point Health Care
Identifier that uniquely identifies a family for the purposes of DoD benefits.		Assigned by DEERS.
Identifier that uniquely identifies a family member for the purposes of DoD benefits.	00 - 99	00 = Sponsor 01 - 99 = Dependents
Identifier associated with a specific patient.		Same as the EDIPN in the PITE.
Social Security Number of the beneficiary's sponsor.		
DEERS specific code indicating the relationship of the beneficiary to the sponsor.	01 - 19, 20, 30 - 75, 98	01 - 19 = Dependent Child 20 = Sponsor 30 - 39 = Spouse of sponsor 40 - 44 = Mother of sponsor 45 - 49 = Father of sponsor 50 - 54 = Mother-In-Law of sponsor 55 - 59 = Father-In-Law of sponsor 60 - 69 = Other eligible dependents 70 - 74 = Unknown by DEERS 75 = Pseudo DDS unknown by contractor 98 = Service secretary designee
Unique claim or episode of care number.		Valid claim, invoice encounter, or reference number that uniquely identifies the encounter.
Valid claim, invoice encounter, or reference number that uniquely identifies the encounter.		Every transaction type "I" record will have a separate unique number. On transactions "C", "D", and "F", the record will have the originally submitted unique patient reference number.

Code to indicate the transaction type of the record on Clinical and Pharmacy submissions.	I, F, C, D	I = Initial submission F = Further episode submission C = Correction submission D = Delete submission The "F" Transaction is an overflow record of additional information from the preceding record.
Fiscal year the drug was dispensed.	2002+	Derived from the latest encounter date.
Fiscal month the drug was dispensed.	1 - 12	1 = October      7 = April 2 = November    8 = May 3 = December    9 = June 4 = January      10 = July 5 = February     11 = August 6 = March        12 = September  Derived from the latest encounter date.
Setting of patient encounter/episode of care.	H, I, O	H = Hospital Services I = Inpatient Professional Services O = Outpatient Professional Services
ICD-9-CM code, in the inpatient setting, identifying the condition established, after study, to be chiefly responsible for the patient to have obtained medical care; or in the outpatient setting, the reason for the encounter.		
ICD-9-CM code identifying a j diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter.		J = diagnosis code 2 - 12
Facility created unique provider ID number.		
Provider Major Specialty code or type of institution where care was provided.		See Designated Provider Code List.
Provider who ordered ancillary services, or who referred patient for specialty or inpatient care.		For Inpatient and Outpatient Professional Services Records, this field is equal to the Unique Provider ID for the physician who ordered the services; field should be blank for Hospital Services.
Flag indicating emergency ambulatory care.	Y, N	
Date of admission for inpatient hospital care related to professional services.		
Date of disposition for inpatient hospital care related to professional services.		
Number of professional services provided.		
Start date the provider provided service for this encounter.		J = Service 1 - 6

Last date the provider provided service for this encounter.

J = Service 1 - 6

Code that represents the type of setting in which provider performed the service/procedure.

See Designated Provider Code List  
J = Service 1 - 6

ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided.

J = Service 1 - 6

Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

J = Service 1 - 6

Start date the provider provided service for this encounter.

Last date the provider provided service for this encounter.

Code that represents the type of setting in which provider performed the service/procedure.

ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided.

Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

Start date the provider provided service for this encounter.

Last date the provider provided service for this encounter.

Code that represents the type of setting in which provider performed the service/procedure.

ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided.

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Code that represents the type of setting in which provider performed the service/procedure.

ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided.

Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

Date of hospital admission.

The code to indicate admission type for hospital services stay.

- 1 = Emergency
- 2 = Urgent
- 3 = Elective
- 4 = Newborn

The code to indicate source of admission for this hospital stay.

1 - 9

- 1 = Physician Referral
- 2 = Clinic Referral
- 3 = HMO Referral
- 4 = Transfer from a Hospital
- 5 = Transfer from a Skilled Nursing Facility
- 6 = Transfer from Another Health Care Facility
- 7 = Emergency
- 8 = Court / Law Enforcement
- 9 = Information Not Available

The code to indicate status of patient upon discharge from the hospital.	01 - 07, 09, 10, 20, 21 - 29, 30, 31 - 39, 40 - 99	01 = Discharge to home or self-care 02 = Discharged/Transferred to another short-term general hospital 03 = Discharged/Transferred skilled nursing facility (SNF) 04 = Discharged/Transferred to an intermediate care facility (ICF) 05 = Discharged/Transferred to another type of institution 06 = Discharged/Transferred to home under care of organized home health service organization 07 = Left against medical advice 09 = Reserved for national assignment 10 - 19 = Discharged to be defined at state level, if necessary 20 = Deceased 21 - 29 = Deceased to be defined at state level, if necessary 30 = Still a patient 31 - 39 = Still a patient to be defined at state level, if necessary *40 = Expired at home *41 = Expired in a medical facility; e.g., hospital, SNF, ICF, free standing hospice *42 = Expired-Place Unknown 43 - 99 = Reserved for National Assignment  *For use only on Medicare claims for hospital care
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Date of discharge from hospital.

ICD-9-CM code identifying the principal procedure performed during hospital stay.

ICD-9-CM code identifying the Jth procedure performed during hospital stay.

J = Procedure 2 - 6

Equals the latest encounter date on the record. Encounter dates considered include the disposition date, hospital service disposition date, and service end dates 1-6.

DMIS ID Representing one of eight Designated Provider Enrolling sites.	190 - 198	0190 = Johns Hopkins Medical Services Corporation 0191 = Brighton Marine Health Care 0192 = CHRISTUS Health-St Johns 0193 = St. Vincent Catholic Medical Centers of NY 0194 = Pacific Medical Clinics 0196 = CHRISTUS Health-St. Joseph's 0197 = CHRISTUS Health-St. Mary's (inactive) 0198 = Martin's Point Health Care
Identifier that uniquely identifies a family for the purposes of DoD benefits.		Assigned by DEERS
Identifier that uniquely identifies a family member for the purposes of DoD benefits.	00 - 99	00 = Sponsor 01 - 99 = Dependents
Identifier associated with a specific patient.		Same as the EDIPN in the PITE
Social Security Number of the beneficiary's sponsor.		
DEERS specific code indicating the relationship of the beneficiary to the sponsor.	01 - 98	01 - 19 = Dependent Child 20 = Sponsor 30 - 39 = Spouse of sponsor 40 - 44 = Mother of sponsor 45 - 49 = Father of sponsor 50 - 54 = Mother-In-Law of sponsor 55 - 59 = Father-In-Law of sponsor 60 - 69 = Other eligible dependents 70 - 74 = Unknown by DEERS 75 = Pseudo DDS unknown by contractor 98 = Service secretary designee
Date of birth of the patient.		SAS Date
Code used to indicate the gender of the patient.		
Drug quantity the patient physically received, not the amount prescribed by the physician.		
Date the prescription was dispensed.		SAS Date
Specific nation drug code number assigned for the drug, or the default values for the durable medical equipment and compound drugs.		Valid Nation Drug Code  Valid NDC for DME = 5555555551 Valid NDC for Compounds = 8888888881



Unique claim or episode of care number		Valid claim, invoice encounter, or reference number that uniquely identifies the encounter. Every transaction type "I" record will have a separate unique number. On transactions "C", "D", and "F", the record will have the originally submitted unique patient reference number.
Number of days the filled prescription will cover.		
Unique provider identifier number of the physician prescribing the medication.		
Code indicating if the drug was dispensed as written on the prescription.	0 - 9	0 = Not Product Selection Indicated 1 = Substitution NOT Allowed. Brand Drug Mandated by person who Prescribed it. 2 = Substitution Allowed. Patient Requested Brand Drug. 3 = Substitution Allowed. Pharmacist Selected Brand Drug. 4 = Substitution Allowed. Generic Not in Stock. 5 = Substitution Allowed. Brand Drug Dispensed as Generic. 6 = Override 7 = Substitution NOT Allowed. Brand Drug Mandated by Law. 8 = Substitution Allowed. Generic Not Available in Marketplace. 9 = Other Blank is not a valid value.
Code to indicate the transaction type of the record on Clinical and Pharmacy submissions.	I, F, C, D	I = Initial submission F = Further episode submission C = Correction submission D = Delete submission The "F" Transaction is an overflow record of additional information from the preceding record.
Social security number of active duty member.		
Date of birth of individual.		
Unique Identifier of individual.		Blank in 56% of records.

DEERS Dependent Suffix: Code maintained by DEERS that uniquely identifies the beneficiary within the family.	01 - 19, 20, 30 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60 - 69, 70 - 74, 75, 98	01 - 19 = Dependent Child 20 = Sponsor 30 - 39 = Spouse of sponsor 40 - 44 = Mother of sponsor 45 - 49 = Father of sponsor 50 - 54 = Mother-In-Law of sponsor 55 - 59 = Father-In-Law of sponsor 60 - 69 = Other eligible dependents 70 - 74 = Unknown by DEERS 75 = Pseudo DDS unknown by contractor 98 = Service secretary designee
Patient/beneficiary Gender.	M, F	M = Male F = Female
Date of recorded death.		
Source of death information.	H, S, A	H = HCSR/TED-Institutional S = SIDR A = SADR
Flag that indicates whether the record contains a death.	Y	Set to 'Y' for all files.
First digit of DDS, which defines whether patient is sponsor, spouse, dependent, or other.	0 - 7, 9	0 - 1 = Dependent Child 2 = Sponsor 3 = Spouse of sponsor 4 = Parent of sponsor 5 = Parent-In-Law of sponsor 6 = Other eligible dependents 7 = Unknown 9 = Service secretary designee
Identifies to which TRICARE program the services being reported on the claim are related.	i, h	i = institutional h = program for the handicapped
Sponsor social security account number or veterans administration file number.	11111111	All blanks = NATO & security agent claims (extremely rare) First 3 digits zeroes = deceased sponsor only

Sponsor's pay grade code.	00 - 14, 19 - 31, 40 - 58, 90, 95, 99	00 = unknown enlisted 01 - 09 = enlisted (e1 - e9) 10 = unknown warrant officer 11 - 14 = warrant officer (w1 - w4) 19 = academy of navy OCS students 20 = unknown officer 21 - 31 = officer (01 - 011) 40 = unknown civil service 41 - 58 = GS1 - GS18 90 = unknown 95 = not applicable (including CHAMPVA) 99 = other
Branch of service of sponsor.	A, E, F, I, M, N, P, C	A = Army E = Public Health Service F = Air Force I = NOAA M = Marines N = Navy P = Coast Guard C = CHAMPVA

Status of sponsor at the time of health care delivery.

A, B

A = Active Duty  
B = Presidential Appointee  
C = Civil Servant  
D = DAV  
E = DoD Contract Employee  
F = Former Member  
G = Guard  
H = Medal of Honor  
I = Non-DoD Civil Servant  
J = Academy Student  
K = NAF DoD Employee  
L = Lighthouse Keeper  
M = Non Government Agency Personnel  
N = Guard  
O = Non-DoD contract employee  
P = TAMP  
Q = Reserve Retiree (not ready for retired pay)  
S = Reserve  
T = Foreign Military  
U = Authorized foreign national  
V = Reserve  
W = DoD benefit from prior relationship  
Z = Unknown

Code indicating relationship of patient to sponsor.		Blank = Sponsor C = Child F = Un-remarried widow G = Unmarried widow H = Unmarried former spouse 20/20/20 L = Parent in Law M = Step parent in law P = Parent R = Un-remarried former spouse 20/20/15 S = Spouse T = Un-remarried former spouse 20/20/20 U = Step parent V = Step child W = Ward X = Other Y = Un-remarried former spouse 20/20/15 Z = Unknown
Patient date of birth.		
Code maintained by DEERS that uniquely identifies the patient within the family.		
Code indicating enrollment status of patient. Some values of this code are not related to enrollment however.		
Code representing MDC. Only populated when NAS issued.		
Code indicating major diagnostic category. Populated for all claims.		
Code representing the reason that the NAS was issued.	1	1 = Facilities unavailable 2 = Professional capability unavailable 3 = Medically inappropriate 4 = Facilities temporarily N/A 5 = Professional capability temporarily N/A 6 = Facilities permanently unavailable 7 = Enrollee network care authorization, restricted NAS 8 = Enrollee non-network care authorization, restricted NAS 9 = Non-enrolled, authorized network care only

		E = TAMP extended for Guard/Reserve
Code indicating the status of the sponsor while called up for GWOT (only applies to guard/reserve and their family members.)	A, E, O, M, T, I, L	O = TAMP original for Guard/Reserve M = Mobilization for Guard/Reserve
		T = TAMP for Guard/Reserve I = TAMP for involuntary separation from Active Duty 08 = Noble Eagle, 09 = Enduring Freedom, 10 = Iraqi Freedom. Many records for Iraqi Freedom are coded as either 08 or 09.
Code indicating the operation under which the sponsor was activated (applies only to guard/reserve and their family members, and only for GWOT activations.)		
Code identifying edition number of ICD-9 Codes.		
The ICD-9 CM code which represents the diagnosis which led to the admission.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Catchment area ID code, populated only for beneficiaries residing within U.S. catchment areas (no assignments for overseas or non-catchment areas).		
Patient's age at the time of DEERS check.	123	See DMIS ID Codes.
Categorization of beneficiaries based on DEERS sponsor status and beneficiary relationship to sponsor.		2=Retiree
Code indicating the type of institution in which the patient is treated.	1, 2, 3, 4	3=All others 4=Active Duty (includes guard, also non-military services)
		** Note that Inactive Guard and Reserve are coded as AD and their family members are classified as ADFM. These beneficiaries are not
A code indicating the type of the admission.	1 - 4	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn

Indicates the source of admission.

- 1 = Physician Referral
- 2 = Clinic Referral
- 3 = HMO Referral
- 4 = Transfer from a hospital
- 5 = Transfer from a SNF
- 6 = Transfer from another health care facility
- 7 = ER
- 8 = Court/Law Enforcement
- 9 = N/A
- A = Normal Delivery
- B = Premature Delivery
- C = Sick Baby
- D = Extramural Baby

Indicates status at disposition.

- 01 = Discharged
- 02 = Transferred
- 03 = Discharge/Trans. to SNF
- 04 = Discharge/Trans. to ICF
- 05 = Discharge/Trans. to another inst. or outpatient care
- 06 = Discharge/Trans. to Home Health
- 07 = Left AMA
- 08 = Discharge/Trans. to home IV provider
- 20 = Expired
- 30 = Still a patient
- 40 = Died at home
- 41 = Died in medical facility
- 42 = Place of Death unknown
- 43 = Discharge/Trans. to federal hospital
- 50 = Hospice - Home
- 51 = Hospice - Medical Facility

Begin Date of Billing Period. For most institutional records, this will be the admission date.

End Date of Billing Period.

Number of births, both live and stillborn, occurring during delivery.

Total number of days of hospital care during the period covered by the HCSR whether or not allowable.

Code identifying diagnosis for which the patient was admitted to the institution.

Principle ICD-9 CM procedure code.

Secondary ICD-9 CM procedure code.

Secondary ICD-9 CM procedure code.

Secondary ICD-9 CM procedure code.

Secondary ICD-9 CM procedure code.

Secondary ICD-9 CM procedure code.

Identifies the edition number of the diagnosis related grouper which is used to determine the DRG.

Indicates major category of care.

TRICARE Diagnosis Related Group. Populated for every record.

Code indicating whether the care provided is one of 9 conditions where access to primary care/preventive services may reduce the likelihood of admission to a hospital. This measure does not imply a particular patient should not have been admitted.

A, B, C, D, G, H, P, U, T, O

Number that uniquely identifies the claim.

Person identifier of patient.

Number that uniquely identifies the claim. This field is part of the primary key to this file.

1st Character:

A = Psych

B = OB

C = Gyno

D = Surgical

E = Medical

F = Dental

G = Drug

H = Program for the Handicapped

2nd Character:

1 = Peds

2 = Delivery

3 = Peds and Delivery

Blank = Neither Peds nor Delivery

A = Asthma

B = Bacterial Pneumonia

C = COPD

D = Diabetes

G = Gastroenteritis

H = Congestive Heart Failure

P = Angina Pectoris

U = Urinary Tract Infection/Kidney

T = (Tissue) Cellulitis

O = Not a preventable admission

Unique claim number.

Use this value to track M2 claims data to other data sources, such as CDIS.



Sponsor social security account number or veterans administration file number.

All blanks=NATO and security agent claims  
(extremely rare), First 3 digits zeroes=Deceased  
sponsor only

Sponsor's pay grade code.

00-14, 19-31, 40-58, 90, 95, 99

00=Unknown enlisted  
01-09=Enlisted (e1-e9)  
10=Unknown warrant officer  
11-14=Warrant officer (w1-w4)  
19=Academy of navy OCS students  
20=Unknown officer  
21-31=Officer (O1-O11)  
40=Unknown civil service  
41-58=GS1-GS18  
90=Unknown  
95=Not applicable (including CHAMPVA)  
99=Other

Status of sponsor at the time of health care delivery.

A=Active Duty  
B=Presidential Appointee  
C=Civil Servant  
D=DAV  
E=DoD Contract Employee  
F=Former Member  
G=Guard  
H=Medal of Honor  
I=Non-DoD Civil Servant  
J=Academy Student  
K=NAF DoD Employee  
L=Lighthouse Keeper  
M=Non Government Agency Personnel  
N=Guard  
O=Non-DoD contract employee  
P=TAMP  
Q=Reserve Retiree (not ready for retired pay)  
S=Reserve  
T=Foreign Military  
U=Authorized foreign national  
V=Reserve  
W=DoD benefit from prior relationship  
Z=Unknown

Code maintained by DEERS that uniquely identifies the patient within the family.		01-19=Dependent Child 20=Sponsor 30-39=Spouse of sponsor 40-44=Mother of sponsor 45-49=Father of sponsor 50-54=Mother-In-Law of sponsor 55-59=Father-In-Law of sponsor 60-69=Other eligible dependents 70-74=Unknown by DEERS 75=Pseudo DDS unknown by contractor 98=Service secretary designee
Gender of patient.	F, M	M=Male F=Female
Code indicating major diagnostic category. Populated for all claims.	01, 02	See MDC Codes.
Code identifying edition number of ICD-9 Codes.		9=ICD-9 CM
The ICD-9 CM code which represents the diagnosis which led to the admission.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Patient's age based on earliest date of care on claim.		
Identifies version of procedure code.	4, 8	4=CPT4 8=ADA Dental Codes
HCPCS/CPT4, or TMA Specific code billed on this line item.	99499	
The number of services billed for on this line item (associated with procedure code).		
The beginning date of care for the procedure code.		YYYYMMDD. ** Note that for global CPT codes, the dates will generally only reflect the date that the primary procedure was performed. The line item likely includes additional dates of services.
The last date of care for the procedure code.		YYYYMMDD. ** Note that for global CPT codes, the dates will generally only reflect the date that the primary procedure was performed. The line item likely includes additional dates of services.
Code indicating the place that the service was provided. ** Note that "place of service=26" represents care provided within an MTF.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>
Code representing the setting of the service.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>

Code representing type of service.  
The 1st modifier for the procedure code.  
The 2nd modifier for the procedure code.

[www.tricare.osd.mil/datadictionary](http://www.tricare.osd.mil/datadictionary)  
[www.tricare.osd.mil/datadictionary](http://www.tricare.osd.mil/datadictionary)  
[www.tricare.osd.mil/datadictionary](http://www.tricare.osd.mil/datadictionary)

1st Character:  
A=Psych  
B=OB  
C=Gynecology  
D=Surgical  
E=Medical  
F=Dental  
G=Drug  
H=Program for the Handicapped.

2nd Character:  
1=Peds  
2=Delivery  
3=Peds and Delivery  
Blank=Neither Peds nor Delivery

E = TAMP extended for Guard/Reserve

Code indicating the status of the sponsor while called up for GWOT (only applies to guard/reserve and their family members.)

A, E, O, M, T, I, L

O = TAMP original for Guard/Reserve  
M = Mobilization for Guard/Reserve

T = TAMP for Guard/Reserve  
I = TAMP for involuntary separation from Active Duty  
2=Retiree

Categorization of beneficiaries based on DEERS sponsor status and beneficiary relationship to sponsor.

1, 2, 3, 4

3=All others

4=Active Duty (includes guard, also non-military services)

\*\* Note that Inactive Guard and Reserve are coded as AD and their family members

Sponsor social security account number or veterans administration file number.

All blanks=NATO & security agent claims (extremely rare), First 3 digits zeroes=Deceased sponsor only

Sponsor's pay grade code.	00 - 14, 19 - 31, 40 - 58, 90, 95, 99	00=unknown enlisted 01 - 09=Enlisted (e1 - e9) 10=Unknown warrant officer 11 - 14=Warrant officer (w1 - w4) 19=Academy of navy OCS students 20=Unknown officer 21 - 31=Officer (01-011) 40=Unknown civil service 41 - 58=GS1 - GS18 90=Unknown 95=Not applicable (including CHAMPVA) 99=Other
Status of sponsor at the time of health care delivery.		A=Active Duty B=Presidential Appointee C=Civil Servant D=DAV E=DoD Contract Employee F=Former Member G=Guard H=Medal of Honor I=Non-DoD Civil Servant J=Academy Student K=NAF DoD Employee L=Lighthouse Keeper M=Non Government Agency Personnel N=Guard O=Non-DoD contract employee P=TAMP Q=Reserve Retiree (not ready for retired pay) S=Reserve T=Foreign Military U=Authorized foreign national V=Reserve W=DoD benefit from prior relationship Z=Unknown
Patient date of birth.	YYYYMMDD	Date of birth of patient.

Code maintained by DEERS that uniquely identifies the patient within the family.		01 - 19=Dependent Child 20=Sponsor 30 - 39=Spouse of sponsor 40 - 44=Mother of sponsor 45 - 49=Father of sponsor 50 - 54=Mother-In-Law of sponsor 55 - 59=Father-In-Law of sponsor 60 - 69=Other eligible dependents 70 - 74=Unknown by DEERS 75=Pseudo DDS unknown by contractor 98=Service secretary designee
Gender of patient.	F, M	M=Male F=Female
Code indicating enrollment status of patient. Some values of this code are not related to enrollment however.		AD enrollees are not identifiable. This fields will contain values for "supplemental care" for all active duty. See Enrollment Status.
Code representing MDC. Only populated when NAS issued.	01, 02	See MDC Codes.
Code indicating major diagnostic category. Populated for all claims.	01, 02	See MDC Codes.
Code identifying edition number of ICD-9 Codes.		9=ICD-9 CM
The ICD-9 CM code which represents the diagnosis which led to the admission.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Secondary ICD-9 CM code.		
Patient's age based on earliest date of care on claim.		
Calendar year of end date of care of primary procedure on claim.	2001	
Calendar month of end date of care of primary procedure on claim.	10	
Sponsor social security account number or veterans administration file number.		CPT4 codes begin with a number, HCPCS Level II Codes begin with a letter. TMA - Specific codes are described in the ADP Manual.

Up to 25 separate fields representing the billed procedure code for line item n. HCPCS/CPT4, or TMA Specific codes.	99499	YYYYMMDD
Up to 25 separate fields representing the begin date of care for line item n.		
Up to 25 separate fields representing the end date of care for line item n.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>
Up to 25 separate fields representing the place of service for line item n.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>
Up to 25 separate fields representing the "type of service" for line item n.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>
Up to 25 separate fields representing the type of service for line item n.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>
Up to 25 separate fields representing the 1st CPT modifier for the procedure code for line item n.		<a href="http://www.tricare.osd.mil/datadictionary">www.tricare.osd.mil/datadictionary</a>
Up to 25 separate fields representing the 2nd CPT modifier for the procedure code for line item n.		1=Primary procedure 0=Not the primary procedure
Code indicating whether or not this line item represents the primary procedure for a given claim.		1st Character: A=Psych B=OB C=Gynecology D=Surgical E=Medical F=Dental G=Drug H=Program for the Handicapped  2nd Character: 1=Peds 2=Delivery 3=Peds and Delivery Blank=neither Peds nor Delivery
Category of care used in contract settlements.		Use this value to track M2 claims data to other data sources, such as CDIS.
Number that uniquely identifies the claim.		
Social security number of active duty member.		
Date of birth of individual.		
Unique Identifier of individual.		

DEERS Dependent Suffix: Code maintained by DEERS that uniquely identifies the beneficiary within the family.	01-19, 20, 30-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70-74, 75, 98	01-19=Dependent Child 20=Sponsor 30-39=Spouse of sponsor 40-44=Mother of sponsor 45-49=Father of sponsor 50-54=Mother-In-Law of sponsor 55-59=Father-In-Law of sponsor 60-69=Other eligible dependents 70-74=Unknown by DEERS 75=Pseudo DDS unknown by contractor 98=Service secretary designee
Patient/beneficiary Gender.	M, F	M=Male F=Female
Date of recorded death.		
Source of death information.	H, S, A, C	H=HCSR/TED-Institutional S=SIDR A=SADR C=Casualty
Flag that indicates whether the record contains a death.	Y	Set to 'Y' for all files
First digit of DDS, which defines whether patient is sponsor, spouse, dependent, or other.	0-7, 9	0-1=Dependent Child 2=Sponsor 3=Spouse of sponsor 4=Parent of sponsor 5=Parent-In-Law of sponsor 6=Other eligible dependents 7=Unknown 9=Service secretary designee
The date that the pharmaceutical was dispensed to the patient.		
The metric quantity of the pharmaceutical.	e.g., 90.000	
The number of days supply of the pharmaceutical that was dispensed.	e.g., 180	
Indicator that the pharmaceutical is a generic brand.	M, O, N, Y, X	M = Single source brand O = Brand that has generic equivalents N = Proprietary with no equivalent Y = Generic brand X = Non-drug item
The sequence in the refill cycle.	00, 01, . .	00 = First prescription fill 01 = First refill 02 = Second refill, etc.

Indicator of whether the pharmaceutical is a compound.	Y, N, NS	Y = Yes N = No NS = Not Submitted
Dispensed as Written Code.	0 - 9, D, S, blank	0 = No product selection indicated 1 = Substitution not allowed by provider 2 = Substitution allowed - patient requested product dispensed 3 = Substitution allowed - pharmacist selected product dispensed 4 = Substitution allowed - generic drug not in stock 5 = Substitution allowed - brand drug dispensed as generic 6 = Override 7 = Substitution not allowed - brand drug mandated by law 8 = Substitution allowed - generic drug not available in marketplace 9 = Other D, S, Blank = unknown
Doctor's DEA (Drug Enforcement Agency) Number (or SSN for an MTF prescriber).	e.g., 1234567890	
The National Drug Code that denotes a particular product as to manufacturer, drug, and package size.		
Sponsor social security number or Veterans Administration file number.	e.g., 123456789	First 9 characters of Subscriber ID. If Subscriber ID is invalid (not 11 characters), merge Universal Patient Identifier (starting in FY04) with PITE and use SSN from PITE.



DEERS Dependent Suffix: Code maintained by DEERS that uniquely identifies the patient within the family.	01 - 19, 20, 30 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60 - 69, 70 - 74, 75, 98, OX	01 - 19 = Dependent Child 20 = Sponsor 30 - 39 = Spouse of sponsor 40 - 44 = Mother of sponsor 45 - 49 = Father of sponsor 50 - 54 = Mother-In-Law of sponsor 55 - 59 = Father-In-Law of sponsor 60 - 69 = Other eligible dependents 70 - 74 = Unknown by DEERS 75 = Pseudo DDS unknown by contractor 98 = Service secretary designee
		Positions 10 - 11 of Subscriber ID. If Subscriber ID is invalid (not 11 characters), merge Universal Patient Identifier (starting in FY04) with PITE and use DDS from PITE. If DDS is still missing after PITE merge, set DDS to "OX" if Date Dispensed - Birth date <= 30 days. (A newborn not yet registered to DEERS.)
National Council for Prescription Drug Programs (NCPDP) code.	e.g., 0580680	
The name of the prescription drug.	e.g., MOTRIN, AMOXICILLIN	
Drug strength description.	e.g., 5MG, 100MG, 32MG	
Form that the prescription drug is in.	e.g., TA, TS, CA, CB	See Product Form Codes.
Generic Code Number across different NDCs of like drug, strength, etc.	e.g., 00132	
Proscribing authority class for controlled substances.	0, 2, 3, 4, 5, blank	
A code that represents the American Hospital Formulary Service (AHFS) classification system for grouping pharmaceuticals with similar therapeutic uses.	e.g., 280804	See AHFS Therapeutic Class.
	Y, N	Y = Yes, N = No
Patient's gender.	F, M, U, Z, blank	F = Female M = Male U, Z, blank = Unknown
Patient's date of birth.		
The postal ZIP code of the pharmacy that issued the prescription.	e.g., 49341	

		<p>C = Clinician Administered Drug (Drugs that were administered by an MTF and fall within a specific list of drugs determined by the Pharmacoeconomic Center (PEC) that are not normally self-administered by a patient. E.g., injections given in a clinic, chemotherapy and other cancer drugs.) D = Direct Care (includes VA mail order pharmacy refills made on behalf of participating MTFs in FY03 and FY04. See Note.) M = Managed Care Support Contractor (MCSC) T = TMOP (Formerly NMOP) NOTE: If Source System = D, Refill Number not equal 00, and Pharmacy ID in (4524395, 3210717, 0581896) (Ft. Hood, Kirtland, and San Diego respectively) then these records are refills done at the VA via CMOP</p>
The MHS system that provided and delivered the pharmaceutical to the patient.	C, D, M, T	

Fill Location as received.	MCSC, MTF, Mail, Retail
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		<p>ACT = Active Duty DA = Dependent of Active Duty GRD = Guard/Reserve DGR = Dependent of Guard/Reserve IGR = Inactive Guard/Reserve IDG = Dependent of Inactive Guard/Reserve RET = Retiree DR = Dependent of Retiree DS = Survivor OTH = Other Z = Unknown</p>
Beneficiary Category: Patient's beneficiary classification as derived from DEERS.	ACT, DA, GRD, DGR, IGR, IDG, RET, DR, DS, OTH, Z	

The code that represents the branch classification of Service with which the sponsor is affiliated, as indicated in DEERS.	A, C, D, F, H, M, N, O, X, 1, 2, 3, 4, blank	A = Army C = Coast Guard D = Office of the Secretary of Defense F = Air Force H = The Commissioned Corps of the Public Health Service M = Marine Corps N = Navy O = The Commissioned Corps of the National Oceanic and Atmospheric Administration X = Not Applicable 1 = Foreign Army 2 = Foreign Navy 3 = Foreign Marine Corps 4 = Foreign Air Force blank = Unknown
Treatment DMIS ID, facility that dispensed the prescription.		Only populated for Direct Care scripts. Treatment DMIS ID is derived from the association of a NCPDP (Pharmacy) ID with the facility's DMIS ID.  See DMIS ID Information for IDs and names.
Patient's age in years at issue date.		
A unique identifier of a person, as assigned by DEERS. This is sometimes, under HIPAA, called the Electronic Data Interchange - Patient Identifier (EDI-PN).		This field is populated beginning in FY04. If it is missing, it is populated using a SSN/DDS/Family Sequence ID merge with PITE.
The metric quantity of the pharmaceutical.		As received.
The identifier that represents the special operation.	08, 09, 10	08 = Operation Noble Eagle 09 = Operation Enduring Freedom 10 = Iraqi Freedom  E = TAMP extended for Guard/Reserve
Entitlement status at the time of care.	A, E, O, M, T, I, L	O = TAMP original for Guard/Reserve M = Mobilization for Guard/Reserve  T = TAMP for Guard/Reserve I = TAMP for involuntary separation from Active Duty

Patient's marital status at issue date.	A, D, I, L, M, N, W, Z	<p>From LVM4. (MRTL_STAT_CD). Populated FY03+</p> <p>A = Annulled  D = Divorced  I = Interlocutory decree  L = Legally separated  M = Married  N = Never married  W = Widow or widower  Z = Unknown</p>
Ordering DMIS ID, facility that dispensed the prescription.		<p>Populated starting in FY06.  Only populated for Direct Care scripts. Ordering DMIS ID is derived from the association of a NCPDP (Pharmacy) ID with the facility's DMIS ID.</p> <p>See DMIS ID Information for IDs and names.</p>
SADR/Appt Record ID associated with script.		<p>Populated FY06+.</p>
The code that represents the underlying basis of an association of one person to another person. For example, a person is a child of another person.	AA, AB, AC, AD, AE, AF, AH, AI, AX, BB, BC, BD, BE, BF, BG, CA, ZZ, Blank	<p>AA=Spouse  AB=Child  AC=Foster Child  AD=Parent  AE=Parent-in-law  AF=Stepchild  AH=Stepparent  AI=In loco parentis  AX=Emergency Contact  BB=Ward  BC=Former Spouse (not assignable after RAPIDS 6.3)  BD=Self (i.e., the person and the other person are the same person)  BE=Joint marriage spouse  BF=Other health insurance subscriber  BG=Pre-adoptive child  CA=Member of household headed by sponsor's former spouse (child, stepchild, or ward only)  ZZ, Blank=Unknown</p>

			Put into YYYYMMDD format based on the first 8 characters of the Referral date and time.
			YYYYMMDD YYYYMMDD
			See VM6 Specification.
	1-5		1=Active Duty, 2=Fam mbr of Active Duty, 3=Retired, 4=Fam mbr of Retired, 5=Other
			Position 6-16 of the host concatenated with the referral internal entry number
			Position 6-15 of the host DMIS ID concatenated with the Appointment ien.
REFBY (CHCS Provider ID)			
Sponsor Social Security Number.	111111111		
The code that represents the type of condition that occurred while a sponsor was in a personnel category and organization that affected the entitlements of the sponsor and/or the sponsor's dependents.			Code values are defined in the DEERS PITE Data Dictionary.
The begin date of a condition that occurred while a sponsor was in a personnel category and organization that affected the entitlements of the sponsor and/or the sponsor's dependents. NOTE: If the condition represents an event, then the date of that event is stored in the personnel entitlement condition begin date. The personnel entitlement condition end date will be blank.			
The end date of a condition that occurred while a sponsor was in a personnel category and organization that affected the entitlements of the sponsor and/or the sponsor's dependents. NOTE: If the condition represents an event, then the date of that event is stored in the personnel entitlement condition begin date. The personnel entitlement condition end date will be blank.			

The identifier that represents the special operation.	08, 09, 10	08=Operation Noble Eagle 09=Operation Enduring Freedom 10=Operation Iraqi Freedom
The date when a person was born.		
The code that represents a classification of a person according to reproductive functions.	F, M, Z	F=Female M=Male Z=Unknown
Derived Sponsor Service from Personnel Organization Code.	A, F, N, M, O	A=Army F=Air Force N=Navy M=Marines O=Other
		E = TAMP extended for Guard/Reserve
Derived Reservist Status Code from Personnel Entitlement Condition Type Code.	A, E, O, M, T, I, L	O = TAMP original for Guard/Reserve M = Mobilization for Guard/Reserve
		T = TAMP for Guard/Reserve I = TAMP for involuntary separation from Active Duty
Same day surgery indicator.	0, 1	0 = Not Same Day Surgery 1 = Same Day Surgery
Identifies records added to the SADR file in the event an appointment record exists but a SADR does not.	Y, N	Y = Inferred based on appointment record.
		N = Originated as a SADR.
Appointment type.	1, 3, 4, 6	1 = Scheduled 3 = Walk-in 4 = Sick call 6 = Telephone consult

ACUT = Acute appointment  
ACUT\$ = Acute appointment  
APV = Ambulatory Procedure Visit  
EROOM = Emergency Room  
EST = Established/follow up  
EST\$ = Established/follow up  
GRP = Group/class appointment  
GRP\$ = Group/class appointment  
N-MTF = Non-MTF appointment  
OPAC = Open Access Appointment  
OPAC\$ = Open Access Appointment  
PCM = Initial Primary Care appointment  
PCM\$ = Initial Primary Care appointment  
PROC = Procedure appointment  
PROC\$ = Procedure appointment  
RNDS\* = Inpatient ward appointment  
ROUT = Routine appointment  
ROUTS = Routine appointment  
ROUT\$ = Routine appointment  
SPEC = Initial Specialty Care appointment  
SPEC\$ = Initial Specialty Care appointment  
T-CON\* = Telephone consult  
T-CON = Telephone consult  
WELL = Wellness/Health Promotion Appointment  
WELL\$ = Wellness/Health Promotion Appointment

Category of beneficiary derived from the longitudinal LVM4 and BENCAT.	ACT, DA, DCO, DGR, DR, DS, GRD, IDG, IGR, NAT, OTH, RET, UNK	ACT = Active Duty Member DA = Dependent of Active Duty DCO = Direct Care Only DGR = Dependent of Guard/Reserve DR = Dependent of Retired DS = Dependent of Survivor GRD = Guard IDG = Inactive Guard/Reserve Dependent IGR = Inactive Guard/Reserve NAT = NATO OTH = Other RET = Retired UNK =Unknown  Populated FY04+.
Evaluation and Management Code: the level of patient care provided at that particular outpatient visit.	99201 - 99499	Required by SADR.  Populated FY03+. Populated FY03+.
Indicates the year of the most recent update of the Current Procedural Terminology (CPT4) Code Table in ADM. The last digit of the update year is used. The ADM table is updated from a CHCS code table.	0 - 9	
1 Procedure's code.		Populated FY03+.
2 Procedure's code.		
3 Procedure's code.		
4 Procedure's code.		
5 Procedure's code.		
6 Procedure's code.		
7 Procedure's code.		
8 Procedure's code.		
9 Procedure's code.		
10 Procedure's code.		
1 Procedure's first modifier		Populated FY03+.
2 Procedure's first modifier		
3 Procedure's first modifier		
4 Procedure's first modifier		
5 Procedure's first modifier		
6 Procedure's first modifier		
7 Procedure's first modifier		
8 Procedure's first modifier		
9 Procedure's first modifier		
10 Procedure's first modifier		



1 Procedure's units of service  
2 Procedure's units of service  
3 Procedure's units of service  
4 Procedure's units of service  
5 Procedure's units of service  
6 Procedure's units of service  
7 Procedure's units of service  
8 Procedure's units of service  
9 Procedure's units of service  
10 Procedure's units of service

Populated FY03+.

DEERS specific code indicating the relationship of the beneficiary to the sponsor.  
(Not the same of the family member prefix in CHCS).

As found in the merge to the MPI.

01 - 19, 20,  
30 - 39, 40 - 44, 45 - 49, 50 - 54, 55 -  
59, 60 - 69, 70 - 74, 75, 98

01 - 19 = Dependent Child  
20 = Sponsor  
30 - 39 = Spouse of sponsor  
40 - 44 = Mother of sponsor  
45 - 49 = Father of sponsor  
50 - 54 = Mother-In-Law of sponsor  
55 - 59 = Father-In-Law of sponsor  
60 - 69 = Other eligible dependents  
70 - 74 = Unknown by DEERS  
75 = Pseudo DDS unknown by contractor  
98 = Service secretary designee  
Blank if no DDS

Code representing visit outcome as marked on the encounter form.	<p>1 - 8, A - H, M, O, R, S, U</p> <p>1 = Released without limitations 2 = Released with work duty limitations 3 = Sick at home/quarters 4 = Immediate referral 5 = Left without being seen 6 = Left against medical advice 7 = Admitted 8 = Expired</p> <p>A = Transferred to another hospital B = Transferred to skilled nursing facility (SNF) C = Transferred to another clinical service D = Continued stay E = Left against medical advice F = Discharged home G = Expired H = Advice Assessment M = Medication Refill Forwarded O = Other Not Elsewhere Classified R = Referred for Appointment S = Released to Self Care U = Referred to ER</p> <p>Note: The numeric codes are only for outpatient and the alpha codes are for inpatient encounters. Values of A - G only apply to encounters when the Inpatient Indicator = 1. Disposition Code types H, M, O, R, S, and U will only apply to non-privileged provider T-Con encounters and are currently used by only a small number of sites.</p>	
Code that identifies the MTF responsible for the treatment of the patient during the episode of care.		See DMIS Information for list of DMIS ID.
2 E&M code.		Populated FY03+.
3 E&M code.		This 1st E&M code is called CPT.
2 E&M code's first modifier.		Populated FY03+.
3 E&M code's first modifier.		
2 E&M code's units of service.		Populated FY03+.
3 E&M code's units of service.		
Date of the encounter. Derived from ENCDATE1 in that slashes are removed to create the yyyymmdd format.	yyymmdd	This is NOT a SAS date.

A DoD - define code which defines the relationship of the patient to the sponsor.	01 - 19, 20, 30 - 39, 40, 45, 50, 55, 60 - 69, 90 - 95, 98, 99	01 - 19 = Dependent Child of Sponsor 20 = Sponsor 30 - 39 = Spouse/Former Spouse 40 = Mother/Step-Mother of Sponsor 45 = Father, Step-Father of Sponsor 50 = Mother-In-Law of Sponsor 55 = Father-In-Law of Sponsor 60 - 69 = Other Authorized Dependent of Sponsor 90 - 95 = Bene Authorized by Statute 98 = Civilian Emergencies 99 = All Other, Not Elsewhere Classified
Inpatient/Outpatient indicator that the patient had at the time of the encounter.	1, 0, Blank	1 = Inpatient 0 = Outpatient Blank = Outpatient  Left aligned. Decimal place is assumed after the third position.
ICD-9-CM diagnosis code.		
ICD-9-CM diagnosis code.		See DoD Extenders for descriptions of those diagnosis codes with extenders.
ICD-9-CM diagnosis code.		
ICD-9-CM diagnosis code.		
Indicates the year of the most recent update of the ICD Code Table in ADM. The last digit of the update year is used. The ADM table is updated from a CHCS code table.	0 - 9	
Field serves as a flag for the encounter being related to an injury and the related cause.	N, Y, YAA, YAP, YEM, YOA	N = No ("N" followed by two spaces) Y = Yes ("Y" followed by two spaces) YAA = Yes, auto accident YAP = Yes, another party responsible YEM = Yes, employment YOA = Yes, other accident
A code that indicates an inpatient appointment.	0, 1	0 = Outpatient appointment 1 = Inpatient appointment
Indicates the legal status of a person as it relates to marriage.	A, D, I, L, M, S, W, Z	A = Annulled D = Divorced I = Interlocutory L = Legally Separated M = Married S = Single, Never Married W = Widowed Z = Unknown

Derived based on Diagnosis 1.

See Major Diagnostic Category worksheet for codes and descriptions. See DoD Extenders for descriptions of those diagnosis codes with extenders.

Populated FY05+.

Computed using ENCDATE and PATDOB.

Identifies the beneficiary status of the person being treated.

See Patient Categories for codes and descriptions.  
FY03+: TRS adjustment.  
FY02 and before: No transformation. (Char(4))

Date when the patient was born.

yyyymmdd

This is NOT a SAS date.

Patient's gender.

F, M, Blank

F = Female  
M = Male  
Blank = unknown

Patient's Social Security Number.

e.g., 123456789

Only populated for FY03+. Data sent to M2.

A unique identifier of a person, as assigned by DEERS. This is sometimes, under HIPAA, called the Electronic Data Interchange - Patient Identifier (EDI-PN).

As found in the merge to the MPI.

Associates the provider to the clinic and is local specific.

Unique provider identifier for the provider rendering care.

Entered by MTF staff, the Provider ID normally consists of eight characters of the provider's last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier (unique to the CHCS site).

A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values).

See Provider Specialty Codes for DC for codes and descriptions.

This field is fed to the M2.

A code that is used to categorize a health service provider within an encounter.

B, C, F, H, P, T

B = Fee Basis  
C = C and A  
F = Full-time  
H = House staff  
P = Partnership  
T = Part-time

A code that represents the patient's military rank.	02 - 09, CD, E1 - E9, O1 - O9, W1 - W5	CD = Cadet E1 - E9 = Enlisted O2 - 09, O1 - O9 = Officer W1 - W5 = Warrant Officer
DEERS Dependent Suffix: Code maintained by DEERS that uniquely identifies the beneficiary within the family.	01 - 19, 20, 30 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60 - 69, 70 - 74, 75, 98	01 - 19 = Dependent Child 20 = Sponsor 30 - 39 = Spouse of sponsor 40 - 44 = Mother of sponsor 45 - 49 = Father of sponsor 50 - 54 = Mother-In-Law of sponsor 55 - 59 = Father-In-Law of sponsor 60 - 69 = Other eligible dependents 70 - 74 = Unknown by DEERS 75 = Pseudo DDS unknown by contractor 98 = Service secretary designee
No derivation. As received on the SADR from CHCS/AHLTA.		
The identifier that is used to represent the person within a Department of Defense Electronic Data Interchange.		DOD_EDI_PN_ID: DEERS Electronic Data Interchange Person ID.
No derivation. As received on the SADR from CHCS/AHLTA.	N, Y	N = Not a SDS Y = SDS
A code that describes the different functions that the secondary giver of care played in service delivery.	1 - 5	1 = Attending provider 2 = Assisting provider 3 = Supervising provider 4 = Nurse 5 = Para-professional 6 = Operating Provider #1 7 = Surgeon 8 = Anesthesia 9 = GME
Secondary provider specialty.		See Provider Specialty Codes for DC for codes and descriptions.
A code that describes the different functions that the secondary giver of care played in service delivery.	1 - 5	1 = Attending provider 2 = Assisting provider 3 = Supervising provider 4 = Nurse 5 = Para-professional 6 = Operating Provider #1 7 = Surgeon 8 = Anesthesia 9 = GME

Secondary provider specialty.

See Provider Specialty Codes for DC for codes and descriptions.

Primary Provider specialty.

See Provider Specialty Codes for DC for codes and descriptions.

This field is NOT the field fed to the M2.

The sponsor's SSN as assigned by the Social Security Administration.

As found in the merge to the MPI.

E = TAMP extended for Guard/Reserve

Merge to the Reservist Table File by Sponsor SSN. Reservist Status Code is appended to the encounter record if the encounter date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record.

A, E, O, M, T, I, L

O = TAMP original for Guard/Reserve  
M = Mobilization for Guard/Reserve

T = TAMP for Guard/Reserve  
I = TAMP for involuntary separation from Active Duty

Secondary provider identification designated with internal entry number (IEN).

Entered by MTF staff, the Provider ID normally consists of eight characters of the provider's last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier (unique to the MTF).

Secondary provider identification designated with internal entry number (IEN).

Entered by MTF staff, the Provider ID normally consists of eight characters of the provider's last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier (unique to the MTF).

This field is a SAS date.

- 0 = ER, Direct to Military Hospital
- 1 = Direct to Military Hosp from other than ER
- 3 = AD Direct to Non-US Armed Svcs Hosp,  
never transferred to Military Hosp
- 4 = Initial Adm in Non-US Armed Svcs Hosp,  
transferred to Military Hosp (AD Only)
- 5 = Initial Adm in Non-US Armed Svcs Hosp,  
transferred to Military Hosp (Non-AD Only)
- 6 = Transfer from Army Hospital
- 7 = Transfer from Navy Hospital
- 8 = Transfer from Air Force Hospital
- C = Carded for Record Only (CRO)
- L = Lived in this Hospital
- S = Adm resulting from APV, Direct to Military MTF

Given the value 1 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.

Indicates whether or not an autopsy was performed.  
Number of days a patient occupied a bed excluding Bassinet days.

Number of days a patient spent in a civilian hospital.

Number of days a patient spent in another federal facility (not another military MTF).

Beneficiary category of the patient based on the longitudinal enrollment file (LVM4).  
If no match is found to the LVM4, then the value from DMISBENF is used.

ACT, DA, DCO, DGR, DR, DS, GRD,  
IDG, IGR, NAT, OTH, RET, UNK

ACT = Active Duty Member  
DA = Dependent of Active Duty  
DCO = Direct Care Only  
DGR = Dependent of Guard/Reserve  
DR = Dependent of Retired  
DS = Dependent of Survivor  
GRD = Guard  
IDG = Inactive Guard/Reserve Dependent  
IGR = Inactive Guard/Reserve  
NAT = NATO  
OTH = Other  
RET = Retired  
UNK = Unknown

Populated FY04+.

Detailed patient beneficiary category as received on the raw SIDR record.

e.g., A14

PATCAT1 for FY03 and forward.  
BENFCAT1 for FY02 and backwards.  
See Patient Categories for codes and descriptions.

Patient's date of birth.

This field is a SAS date.

The same as DMISDAYS but values of zero (0) have been changed to one (1).

Calendar month of admission date.

1 - 12

1 = January	7 = July
2 = February	8 = August
3 = March	9 = September
4 = April	10 = October
5 = May	11 = November
6 = June	12 = December

Broadest category of beneficiaries (available for all files).

1 - 4

1 = Dependent of Active Duty/Guard/Reserve  
2 = Retired  
3 = Dependent of Retired/Survivor, Other,  
Unknown, IDG\*, IGR\*  
4 = Active Duty and Guard  
\*For FY03+ only; otherwise they aren't identified in  
the data.

Number of days on authorized leave status that are considered sick days if they occur  
before the patient is discharged. It is granted to active duty members while under  
medical/dental care and prescribed for recuperation or convalescence.



Calendar year of admission date. e.g., 2001

Unique identification code of a treatment facility (MTF) that reports or has reported direct care workload (biometrics) data, if applicable. e.g., 35949

DEERS specific code indicating the relationship of the beneficiary to the sponsor. (Not the same of the family member prefix in CHCS).

01-19, 20,  
30-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70-74, 75, 98

01 - 19 = Dependent Child  
20 = Sponsor  
30 - 39 = Spouse of sponsor  
40 - 44 = Mother of sponsor  
45 - 49 = Father of sponsor  
50 - 54 = Mother-In-Law of sponsor  
55 - 59 = Father-In-Law of sponsor  
60 - 69 = Other eligible dependents  
70 - 74 = Unknown by DEERS  
75 = Pseudo DDS unknown by contractor  
98 = Service secretary designee

Indicates which diagnosis code was the cause of death.

1 - 8

For example, the value "3" indicates the third diagnosis code was the cause of death.

Number of diagnostic fields containing codes.

1 - 20

Date patient was discharged from the MTF.

This field is a SAS date.

Type of disposition.	00 -30	00 = Medical holding, Active Duty Only 01 = Returned to duty, Active Duty Only 04 = AWOL, Active Duty Only 05 = Home, non-Active Duty 06 = Against Medical Advice (AMA), non-AD 10 = Separated/retired PDRL 11 = Separated/retired TDRL 12 = Separation with severance pay 13 = Separation without severance pay 14 = Nondisability separation for drug/alcohol 15 = Failure to met medical standards 21 = Transferred to Army MTF 22 = Transferred to Navy MTF 23 = Transferred to Air Force MTF 24 = Discharged to other federal facility 26 = Discharged to civilian acute care (non-AD) 27 = Discharged to civilian skilled nursing facility (non-AD) 28 = Discharged to civilian intermediate care facility (non-AD) 30 = Died
DMIS defined age groups.	A - H, X	A = 0 - 4 B = 5 - 14 C = 15 - 17 D = 18 - 24 E = 25 - 34 F = 35 - 44 G = 45 - 64 H = 65+ X = Unknown
Number of days a patient actually occupied a bed and counted where the patient was at the census-taking hour in the MTF. It includes beds, cribs, and bassinets in the neonatal intensive care unit. A bed day is counted when a patient is admitted and discharged the same day.		BDAYS1 + BASSDAYS  This field contains values of zero (0).
Patient's gender.	F, M, Blank	F = Female M = Male Blank = unknown

The primary diagnosis code of the admission.	e.g., 49300	ICD-9-CM diagnosis code. Left aligned. Decimal place is assumed after the third position.
2 ICD-9-CM diagnosis code. They are each their own field. 3 ICD-9-CM diagnosis code. They are each their own field. 4 ICD-9-CM diagnosis code. They are each their own field. 5 ICD-9-CM diagnosis code. They are each their own field. 6 ICD-9-CM diagnosis code. They are each their own field. 7 ICD-9-CM diagnosis code. They are each their own field. 8 ICD-9-CM diagnosis code. They are each their own field. 9 ICD-9-CM diagnosis code. They are each their own field. 10 ICD-9-CM diagnosis code. They are each their own field. 11 ICD-9-CM diagnosis code. They are each their own field. 12 ICD-9-CM diagnosis code. They are each their own field. 13 ICD-9-CM diagnosis code. They are each their own field. 14 ICD-9-CM diagnosis code. They are each their own field. 15 ICD-9-CM diagnosis code. They are each their own field. 16 ICD-9-CM diagnosis code. They are each their own field. 17 ICD-9-CM diagnosis code. They are each their own field. 18 ICD-9-CM diagnosis code. They are each their own field. 19 ICD-9-CM diagnosis code. They are each their own field. 20 ICD-9-CM diagnosis code. They are each their own field.		See DoD Extenders for descriptions of those diagnosis codes with extenders.
1 ICD9 Diagnosis Code Present on Admission	N, Y, U, N, 1, blank	Y = diagnosis was present at time of admission N = diagnosis was not present at time of admission U = insufficient documentation to determine if POA W= provider unable to clinically determine if POA 1 / blank = exempt from POA reporting Populated FY09+.
2 ICD9 Diagnosis Code Present on Admission 3 ICD9 Diagnosis Code Present on Admission 4 ICD9 Diagnosis Code Present on Admission 5 ICD9 Diagnosis Code Present on Admission 6 ICD9 Diagnosis Code Present on Admission 7 ICD9 Diagnosis Code Present on Admission 8 ICD9 Diagnosis Code Present on Admission 9 ICD9 Diagnosis Code Present on Admission 10 ICD9 Diagnosis Code Present on Admission		

11 ICD9 Diagnosis Code Present on Admission  
12 ICD9 Diagnosis Code Present on Admission  
13 ICD9 Diagnosis Code Present on Admission  
14 ICD9 Diagnosis Code Present on Admission  
15 ICD9 Diagnosis Code Present on Admission  
16 ICD9 Diagnosis Code Present on Admission  
17 ICD9 Diagnosis Code Present on Admission  
18 ICD9 Diagnosis Code Present on Admission  
19 ICD9 Diagnosis Code Present on Admission  
20 ICD9 Diagnosis Code Present on Admission

Indication of active duty patient's flying status.

N, Y, Blank

N = No  
Y = Yes  
Blank = Unknown

Fiscal month of admission date.

1 - 12

1 = October      7 = April  
2 = November    8 = May  
3 = December    9 = June  
4 = January      10 = July  
5 = February     11 = August  
6 = March        12 = September

A DoD-define code which defines the relationship of the patient to the sponsor.

01 - 15, 19,  
20, 30 - 39,  
40, 45, 50,  
55, 60 - 69, 90 - 95,  
98, 99

01 - 19 = Dependent Child of Sponsor  
20 = Sponsor  
30 - 39 = Spouse/Former Spouse  
40 = Mother/Step-Mother of Sponsor  
45 = Father, Step-Father of Sponsor  
50 = Mother-In-Law of Sponsor  
55 = Father-In-Law of Sponsor  
60 - 69 = Other Authorized Dep of Sponsor  
90 - 95 = Bene Authorized by Statute  
98 = Civilian Emergencies  
99 = All Other, Not Elsewhere Classified

Fiscal year of admission date.

e.g., 2002

Total number of days spent in a bed in all intensive care units at the reporting MTF.

Date the patient was first admitted to an MTF/hospital for the current, uninterrupted episode of hospitalization.

This field is a SAS date.

The amount of time the patient was part of the military service.

Marital status of patient.	A, D, I, L, M, S, W, Z	A = Annulled D = Divorced I = Interlocutory L = Legally Separated M = Married S = Single, Never Married W = Widowed Z = Unknown
The MDC of the DRG assigned by the TRICARE grouper.		See Major Diagnostic Category worksheet for codes and descriptions.
Number of days a patient spent assigned/attached to a medical holding company (Active Duty only). These patients are well enough to leave an operating bed but not well enough to return to a regular unit.		
Medical / Surgical indicator based on the MSDRG.		M = Medical S = Surgical
Medical / Surgical indicator based on the DRG.	M, S	M = Medical S = Surgical
Treating hospital (DMIS ID).		See DMIS Information for list of DMIS ID.
The facility that first admitted the patient for an episode of care for transferred/moved patients.	e.g., 060109	Region and DMIS ID for military hospitals or the following for non-military hospitals: C = Civilian, V = Veterans Administration, P = Public and Indian Health, M = Foreign Military, B = Other and the two digit state or country code.
Indicator of long or short stay outlier based on long/short thresholds per DRG.	0, 1, 2	0 = Not an outlier 1 = Short stay outlier 2 = Long stay outlier 0 = otherwise
	0, 1	0 = otherwise 1 = if pgastr, or puti equal 1
	0, 1	0 = otherwise 1 = if aacute, or pacute equal 1
	0, 1	0 = otherwise 1 = if achron, or pchron equal 1
	0, 1	0 = otherwise 1 = if aovall, or povall equal 1 See MIP specification.
Patient's Social Security Number.	e.g., 123456789	
A unique identifier of a person, as assigned by DEERS. This is sometimes, under HIPAA, called the Electronic Data Interchange - Patient Identifier (EDI-PN).		

Populated for FY04+ only. Based on LVM4/LVM6 merge.

The procedure number associated with the procedure code identified in segment 2 or 6.

The procedure number associated with the procedure code identified in segment 2 or 6.

The procedure number associated with the procedure code identified in segment 2 or 6.

The procedure number associated with the procedure code identified in segment 2 or 6.

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The procedure number associated with the procedure code identified in segment 2 or 6.

The procedure number associated with the procedure code identified in segment 2 or 6.

The procedure number associated with the procedure code identified in segment 2 or 6.

The nth provider's NPI ID for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI ID for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI ID for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI ID for Procedure j,  
where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11



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The nth provider's NPI ID for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11





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where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11

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where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

The nth provider's NPI Qualifier for Procedure j,  
where n = 1-4, j = 1-11

Expected number of deaths for case(s) of selected combination of diagnostic and demographic characteristics in the MHS Peer Group.

0, 1

0 = otherwise

1 = if pasth, pstdiab, pgastro, or puti equal 1

ICD9 Procedure Codes. Each is their own field but are condensed in the DD to save room.

ICD-9-CM procedure code. Left aligned.  
Decimal place is assumed after the second position.

ICD9 Procedure Codes. Each is their own field but are condensed in the DD to save room.

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Number of procedure fields containing codes.

Provider Id's for each procedure. Up to 4 providers per procedure.

Provider Id's for each procedure. Up to 4 providers per procedure.

Provider Id's for each procedure. Up to 4 providers per procedure.

Provider Id's for each procedure. Up to 4 providers per procedure.

[illegible]

Provider Id's for each procedure. Up to 4 providers per procedure.

k = 1 - 20, the Kth ICD9 Procedure

Represents admission deemed preventable based on DRG, Diagnosis 1-8, and Age criteria.	A, B, C, D, G, H, P, U, T, 0	A = Asthma B = Bacterial Pneumonia C = COPD D = Diabetics G = Gastroenteritis H = Congestive Heart Failure P = Angina Pectoris U = Urinary Tract Infection/Kidney T = (Tissue) Cellulitis 0 (zero) = Not a preventable admission
Indicates whether this record meets AHRQ's preventable admission criteria for pediatric short term diabetes complications		
Indicates whether this record meets AHRQ's preventable admission criteria for pediatric UTI		
Number of days a patient spent assigned to quarters, home, clinic observation bed, or infirmary (Active Duty only).		
Diagnosis Related Group as submitted from CHCS.		
DEERS Dependent Suffix: Code maintained by DEERS that uniquely identifies the beneficiary within the family.	01 - 19, 20, 30 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60 - 69, 70 - 74, 75, 98	01-19 = Dependent Child 20 = Sponsor 30-39 = Spouse of sponsor 40-44 = Mother of sponsor 45-49 = Father of sponsor 50-54 = Mother-In-Law of sponsor 55-59 = Father-In-Law of sponsor 60-69 = Other eligible dependents 70-74 = Unknown by DEERS 75 = Pseudo DDS unknown by contractor 98 = Service secretary designee
No derivation. As received on the SADR from CHCS/AHLTA.		
Numeric age of patient at disposition.		
The identifier that is used to represent the person within a Department of Defense Electronic Data Interchange.		DOD_EDI_PN_ID: DEERS Electronic Data Interchange Person ID.
No derivation. As received on the SADR from CHCS/AHLTA.		
Sum of Bed Days Excluding Bassinets; Supplemental Care; Bassinet Days (Neonatal); Bed Days Other Fed Facility; Bed Days Civilian Hospital; Cooperative Care; Convalescent Leave; Medical Hold Days.		
The identifier that represents the special operation.	08, 09, 10  e.g., 123456789	08 = Operation Noble Eagle 09 = Operation Enduring Freedom 10 = Operation Iraqi Freedom

				000 - 059 = Accidents in air transport 100 - 149 = Accidents in land transport 150 - 199 = Accidents in water transport 200 - 249 = Athletics & sports 250 - 299 = Reactions, complications, misadventures in medical/surgical procs; late complications or effects 300 - 479 = Instrumentalities of war, when employed by the enemy in wartime 480 - 499 = Accidents in connection w/ own instrumentalities of war, when employed as such in wartime 500 - 599 = Guns, explosives, related agents; exc when used as instrumentalities of war in wartime 600 - 699 = Machinery, tools, selected agents 700 - 799 = Poisons, fire, hot & corrosive substances 800 - 899 = Specified environmental factors (natural or artificial environment) 900 - 999 = Falls & miscellaneous other/unspecified agents
	000 - 999			
				E = TAMP extended for Guard/Reserve
Derived Reservist Status Code from Personnel Entitlement Condition Type Code.	A, E, O, M, T, I, L			O = TAMP original for Guard/Reserve M = Mobilization for Guard/Reserve  T = TAMP for Guard/Reserve I = TAMP for involuntary separation from Active Duty

			<p>0 = Battle wound/injury, direct result of action by or against an organized enemy (declared war only).</p> <p>1 = Battle wound/injury, other battle casualties.</p> <p>2 = Intentionally inflicted nonbattle injury, results of intervention of legal authority.</p> <p>3 = Intentionally inflicted nonbattle injury, assault or intentionally inflicted by another person.</p> <p>4 = Intentionally inflicted nonbattle injury, intentionally self-inflicted.</p> <p>5 = Accidental injury, active duty only, occurring while off duty (leave, pass, AWOL, and other off duty).</p> <p>6 = Accidental injury, active duty only, schemes (maneuvers) / exercises.</p> <p>7 = Accidental injury, active duty only, all other scheduled training (including basic training, assault courses, etc.).</p> <p>8 = Accidental injury, active duty only, occurring while on duty, except as in code 6 or 7 above.</p> <p>9 = Accidental injury, all patients, unknown whether on or off duty; non-military injuries.</p>
	0 - 9		
<p>Unique key identifying the claim. Concatenation of the filing date, filing state/country code, sequence number, time stamp and adjustment key. This field, along with the line item number, is a unique identifier for the claim.</p>			
Generally contains the sponsor social number.	999999999		
Birth date of patient.	19850101		
Person ID, assigned by DEERS. Best field to uniquely identify a patient, when available.	1111111111		
Identifier assigned by DEERS to identify a patient.	11111111111		
Gender of patient.	F, M	F=Female M=Male	



After study, the ICD-9 CM diagnosis code which represents the diagnosis which led to the admission.

Secondary ICD-9 CM diagnosis code.

Secondary ICD-9 CM diagnosis code.

Secondary ICD-9 CM diagnosis code.

Secondary ICD-9 CM diagnosis code.

Secondary ICD-9 CM diagnosis code.

Secondary ICD-9 CM diagnosis code.

Secondary ICD-9 CM diagnosis code.

Code identifying category of beneficiary. This data element is based on information submitted on the claim. 1, 2, 3, 4

1=Active Duty Family  
2=Retiree  
3=All others  
4=AD (includes guard, also non-military services)

Edition number of ICD clinical code data (diagnosis and procedure).

Major Diagnostic Category 01, 02

See MDC Codes.

Age of patient.

Begin date of billing period.

End date of billing period.

HCPCS Code for this claim.

Code indicating modification to the reported procedure code.

Includes some TMA-Specific codes  
See CPT Modifiers.

See CPT Modifiers.

Code indicating the drug, dosage, package size and vendor for a claim. Only populated on pharmacy records since TRx and TMOP

Code list is proprietary. See [www.fda.gov](http://www.fda.gov) for detailed list, though it may not be fully inclusive. The PDTS data files include a drug name and may be easier to use.

Number of units of service associated with procedure code and modifiers.

Code representing the setting of the service.

A=Ambulatory surgery cost-share as inpatient  
(Active Duty Only)  
C=Air Force CAM Primary/Preventative Outpatient  
(effective prior to 04/97)  
I=Inpatient  
K=Emergency Room Admission cost shared as  
inpatient  
O=Outpatient-excluding M, P, or N below  
M=Outpatient maternity cost-share as inpatient  
N=Outpatient cost-shared as inpatient  
P=Outpatient partial psychiatric hospitalization

Code representing type of service.

1=Medical Care  
2=Surgery  
3=Consultation  
4=Diagnostic/Therapeutic X-Ray  
5=Diagnostic Laboratory  
6=Radiation Therapy  
7=Anesthesia  
8=Assistance at Surgery  
9=Other Medical Service  
A=DME Rental/Purchase  
B=Drugs  
C=Ambulatory Surgery  
D=Hospice  
E=Second Opinion on Elective Surgery  
F=Maternity  
G=Dental  
H=Mental Health Care  
I=Ambulance  
J=Program for Persons with Disabilities  
K=Physical/occupational therapy  
L=Speech Therapy; M=Mail Order Rx

Code indicating pay grade of sponsor of patient. Use with pay plan.

01

01-09=Enlisted (E1-E9)  
11-15=Warrant Officer (W1-W5)  
19=Academy or Navy OSC students  
20=Unknown Officer  
21-31=Officer (O1-O11)  
41-58=GS1-GS18  
90=Unknown (Including NATO)  
95=Not Applicable  
99=Other

Code indicating relationship of member to sponsor.	A	<p>A=Self (i.e., the person and the other person are the same person)  B=Spouse  C=Child or stepchild  D=Pre-adoptive child  E=Ward  F=Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law  G=Surviving spouse  H=Former spouse (20/20/20) (not assignable after RAPIDS 6.3)  I=Former spouse (20/20/15) (not assignable after RAPIDS 6.3)  J=Former spouse (10/20/10) (not assignable after RAPIDS 6.3)  K=Former spouse (transitional assistance (composite)) (not assignable after RAPIDS 6.3)</p>
Indicates whether this line item is the primary procedure on the claim.		
Code indicating specialty of the provider.		<p>Note that this field is not consistent with the direct care coding scheme. Take caution when comparing direct and purchased care. Also note that one provider may have more than one specialty. This code is derived from the specialty that the provider submitted on the claim.</p>
Code indicating the status of the sponsor while called up for GWOT (only applies to guard/reserve and their family members.)	A, E, O, M, T, I, L	<p>E = TAMP extended for Guard/Reserve</p> <p>O = TAMP original for Guard/Reserve  M = Mobilization for Guard/Reserve</p> <p>T = TAMP for Guard/Reserve  I = TAMP for involuntary separation from Active Duty  09=Enduring Freedom</p> <p>10=Iraqi Freedom</p>
Code indicating the operation under which the sponsor was activated (applies only to guard/reserve and their family members, and only for GWOT activations.)		

Code identifying the beneficiary category of the patient. Derived from MDR DEERS Longitudinal File. This field is more detailed than the beneficiary category that comes in on the claim, allowing for segregation of guard/reserve, inactive guard/reserve and their family members.

ACT=Active Duty; RET=Retirees;  
GRD=Guard/Reserve with orders>30 days;  
IGR=Inactive Guard/Reserve; DA=Dependents of  
Active Duty; DR=Dependents of Retirees;  
DS=Survivors; DGR=Dependent of Guard/Reserve  
w/ orders >30 days; IDG=Dependent of Inactive  
Guard; OTH=Other; Z=Unknown

Code indicating the race of the beneficiary. Derived from MDR DEERS Longitudinal File.

C=White  
M=Asian or Pacific Islander  
N=Black  
R=American Indian or Alaskan native  
X=Other  
Z=Unknown

Code indicating ethnicity of the beneficiary. Derived from MDR DEERS Longitudinal File.

A=American Indian/Alaskan Native  
B=Asian or Pacific Islander  
C=Black, not Hispanic  
D=White, not Hispanic  
E=Hispanic  
X=Other  
Z=Unknown

Code indicating relationship of beneficiary to sponsor.. Not populated in FY08 or later

Not populated for FY08+.  
01-19=Dependent Child  
20=Sponsor  
30-39=Spouse of sponsor  
40-44=Mother of sponsor  
45-49=Father of sponsor  
50-54=Mother-In-Law of sponsor  
55-59=Father-In-Law of sponsor  
60-69=Other eligible dependents  
70-74=Unknown by DEERS  
75=Pseudo DDS unknown by contractor  
98=Service secretary designee

Calendar year of end date of care.  
Calendar month of end date of care.

2006  
12

Code indicating whether the claim is a TED or a HCSR.

T, A, H

0X=Newborn not elsewhere classified

T=TED  
A=TED Adjustment to a HCSR  
H=HCSR

Code indicating program under which care is delivered.	D	D=Drug H=Program for the Handicapped I=Institutional (excluding D, H and T) N=Non-Institutional (excluding D, H and T) T=Dental (excluding D and H)
Code indicating age group of beneficiary.	A-H, Z	A=0 to 4 B=5 to 14 C=15 to 17 D=18 to 24 E=25 to 34 F=35 to 44 G=45 to 64 H=65 and over Z=Unknown
Code that categorizes care into specialty areas.		1=Adverse Reactions 2=Allergy 3=Cardiology 4=Dermatology 5=Endocrinology 6=Gastroenterology 7=Hematology 8=Infectious Disease 9=Nephrology 10=Neurology 11=Nutritional 12=Pulmonary/Respiratory 13=Rheumatology 14=Other 15=Dental 16=Obstetrics 17=Gynecology 18=Ophthalmology 19=Mental Health 20=Drug 21=Special Pediatrics 22=ENT 23=General Surgery 24=Neurosurgery 25=Orthopedics 26=Thoracic Surgery 27=Urology

Estimated number of encounters. Will not include pre or post op visits, but is generally a better measure to use than "number of visits".

Also called PARC. The code that represents the reason that an association between a person and another person ended or is expected to end. (Currently not populated for FY2005, FY2006)

AA, AB, AC, AD, AE, AF, AH, AI, AX, BB, BC, BD, BE, BF, BG, CA, ZZ

AA=Spouse; AB=Child; AC=Foster Child; AD=Parent  
AE=Parent-in-law; AF=Stepchild; AH=Stepparent;  
AI=In loco parentis; AX=Emergency contact;  
BB=Ward; BC=Former spouse (not assignable after  
RAPIDS 6.3);  
BD=Self (i.e., the person and the other person are  
the same person). Transaction only-not stored;  
BE=Joint marriage spouse; BF=Other health  
insurance subscriber;  
BG=Pre-adoptive child; CA=Member of household  
headed by sponsor's former spouse (child,  
stepchild, or ward only); ZZ=Unknown

Setting of patient encounter/episode of care.

H, I, O

See MPI specification.

H = Hospital Services

I = Inpatient Professional Services

O = Outpatient Professional Services

Unique key identifying the claim. Concatenation of the filing date, filing state/country code, sequence number, time stamp and adjustment key.

Generally contains the sponsor social number.

999999999

Code indicating pay grade of sponsor of patient. Use with pay plan.

01

01-09=Enlisted (E1-E9)  
11-15=Warrant Officer (W1-W5)  
19=Academy or Navy OSC students  
20=Unknown Officer  
21-31=Officer (O1-O11)  
41-58=GS1-GS18  
90=Unknown (Including NATO)  
95=Not Applicable  
99=Other

Code indicating status of sponsor.

R

A=Active duty member  
B=Presidential Appointee  
C=DoD civil service employee, except Presidential Appointee  
D=Disabled American veteran  
E=DoD contract employee  
F=Former member (Reserve service, discharged from the Ready Reserve or Standby Reserve following notification of retirement eligibility)  
H=Medal of Honor recipient  
I=Non-DoD civil service employee, except Presidential Appointee  
J=Academy student  
K=Non-Appropriated Fund DoD employees  
L=Lighthouse service  
M=Non-government agency personnel  
N=National Guard member  
O=Non-DoD contract employee  
Q=Reserve retiree not yet eligible for retired pay (gray area retiree)  
R=Retired military member eligible for retired pay  
T=Foreign military  
U=Authorized foreign national civilian  
V=Reserve member  
W=DoD Beneficiary, a person who receives benefits from the DoD based on prior association, condition or authorization, an example is a former spouse  
Z=Unknown

Code indicating relationship of member to sponsor.	A	<p>A=Self (i.e., the person and the other person are the same person)  B=Spouse  C=Child or stepchild  D=Pre-adoptive child  E=Ward  F=Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law  G=Surviving spouse  H=Former spouse (20/20/20) (not assignable after RAPIDS 6.3)  I=Former spouse (20/20/15) (not assignable after RAPIDS 6.3)  J=Former spouse (10/20/10) (not assignable after RAPIDS 6.3)  K=Former spouse (transitional assistance (composite)) (not assignable after RAPIDS 6.3)</p>
Birth date of patient.	19850101	
Person ID, assigned by DEERS. Best field to uniquely identify a patient, when available.	1111111111	
Identifier assigned by DEERS to identify a patient.	11111111111	
Gender of patient.	F, M	<p>F=Female  M=Male</p>
Placeholder for individual national provider ID. Not expected to be populated for some time.		
Code indicating the type of institution where care was delivered.		See Institution Types.
Code indicating the type of admission.	1, 2, 3, 4,5	<p>1=Emergency; 2=Urgent; 3=Elective  4=Newborn; 5=Trauma Center</p>



Code indicating how the patient came to the institution. This field is commonly used to identify transfers, admissions from the ER, and births. Note that records are often coded with "information not available" however.

1=Physician referral  
2=Clinic referral  
3=HMO referral  
4=Transfer from a hospital  
5=Transfer from a skilled nursing facility  
6=Transfer from another health care facility  
7=Emergency Room  
8=Court/Law Enforcement  
9=Information Not Available  
A=Transfer from a Critical Access Hospital  
B=Transfer from Another HHA  
C=Readmission to the Same Home Health Agency  
For Newborn:  
1=Normal Delivery  
2=Premature Delivery  
3=Sick Baby  
4=Extramural baby; D=Transfer from Hospital in same facility resulting in separate claim

Date patient was admitted to the institution. In the case of an interim claim, the admission date should not change.

Code indicating how the patient left the institution. This field is often used to identify transfers, deaths, and routine discharges. Can also be used to identify which patients are still in the hospital.

01=Discharged  
02=Transferred  
03=Discharged/transferred to a skilled nursing facility (SNF)  
04=Discharged/transferred to an intermediate care facility (ICF)  
05=Discharged/transferred to another type of institution  
06=Discharged/transferred to home under care of a home health agency  
07=Left against medical advice  
08=Discharged/transferred to home under care of home IV provider  
20=Expired or did not recover, Christian Science Patient  
30=Still a patient (interim bill)  
40=Died at home  
41=Died in a facility  
42=Place of death unknown  
43=Discharged/Transferred to a federal hospital  
50=Discharged to hospice at home  
51=Discharged to hospice-medical facility

Begin date of billing period.

End date of billing period.

ICD-9 code indicating the diagnosis for which patient was admitted.

After study, the ICD-9 CM diagnosis code which represents the diagnosis which led to the admission.

Secondary ICD-9 CM diagnosis code.

11 separate data elements. N=1 to 11

Principle ICD-9 CM procedure code.

2 ICD-9 CM procedure code.

3 ICD-9 CM procedure code.

4 ICD-9 CM procedure code.

5 ICD-9 CM procedure code.

6 ICD-9 CM procedure code.

7 ICD-9 CM procedure code.

8 ICD-9 CM procedure code.

9 ICD-9 CM procedure code.

10 ICD-9 CM procedure code.

11 ICD-9 CM procedure code.

Code identifying category of beneficiary.	1, 2, 3, 4	1=Active Duty Family 2=Retiree 3=All others 4=AD (includes guard, also non-military services)
Edition number of ICD clinical code data (diagnosis and procedure).		
DRG assigned using the TRICARE DRG Grouper. This field is always populated.		
MDC assigned using the TRICARE DRG Grouper.	01, 02	See MDC Codes.
Same as derived DRG, except that DRG is set to 000 if the facility is not an acute care facility.	001	See DRG Codes.
		E = TAMP extended for Guard/Reserve
Code indicating the status of the sponsor while called up for GWOT (only applies to guard/reserve and their family members.)	A, E, O, M, T, I, L	O = TAMP original for Guard/Reserve M = Mobilization for Guard/Reserve
		T = TAMP for Guard/Reserve I = TAMP for involuntary separation from Active Duty 08=Noble Eagle, 09=Enduring Freedom, 10=Iraqi Freedom. Many records for Iraqi Freedom are coded as either 08 or 09.
Code indicating the operation under which the sponsor was activated (applies only to guard/reserve and their family members, and only for GWOT activations.)		
Age of patient.		
Bed Days for this claim.		
Enrollment DMISID derived from MDR DEERS Longitudinal File. This field is updated when the MDR receives updated information about a patient's demographics. This means that using this field, your data will represent the most accurate enrollment site of the beneficiary on the date of admission. Especially valuable to identify newborn records for enrolled patients.		Use in conjunction with DEERS ACV to isolate Prime for Plus.
Code identifying the beneficiary category of the patient. Derived from MDR DEERS Longitudinal File. This field is more detailed than the beneficiary category that comes in on the claim, allowing for segregation of guard/reserve, inactive guard/reserve and their family members.		ACT=Active Duty; RET=Retirees; GRD=Guard/Reserve with orders>30 days; IGR=Inactive Guard/Reserve; DA=Dependents of Active Duty; DR=Dependents of Retirees; DS=Survivors; DGR=Dependent of Guard/Reserve w/ orders >30 days; IDG=Dependent of Inactive Guard; OTH=Other; Z=Unknown

Code indicating the race of the beneficiary. Derived from MDR DEERS Longitudinal File.

C=White  
M=Asian or Pacific Islander  
N=Black  
R=American Indian or Alaskan native  
X=Other  
Z=Unknown

Code indicating ethnicity of the beneficiary. Derived from MDR DEERS Longitudinal File.

A=American Indian/Alaskan Native  
B=Asian or Pacific Islander  
C=Black, not Hispanic  
D=white, not Hispanic  
E=Hispanic  
X=Other  
Z=Unknown

Code indicating relationship of beneficiary to sponsor.

Not populated for FY08+.  
01-19=Dependent Child  
20=Sponsor  
30-39=Spouse of sponsor  
40-44=Mother of sponsor  
45-49=Father of sponsor  
50-54=Mother-In-Law of sponsor  
55-59=Father-In-Law of sponsor  
60-69=Other eligible dependents

0X=Newborn not elsewhere classified

Code indicating the type of care.

1st Character:  
A=Psych  
B=OB  
C=Gynecology  
D=Surgical  
E=Medical  
F=Dental  
G=Drug  
H=Program for the Handicapped

2nd Character:  
1=Peds  
2=Delivery  
3=Peds and Delivery  
blank=neither Peds nor Delivery

Total bed days, including all interim claims. Only populated on the claim representing a discharge.

Calendar year of end date of care.

Calendar month of end date of care.

Code indicating whether the care provided is one of 9 conditions where access to primary care/preventive services may reduce the likelihood of admission to a hospital. This measure does not imply a particular patient should not have been admitted.

A=Asthma  
B=Bacterial Pneumonia  
C=COPD  
D=Diabetes  
G=Gastroenteritis  
H=Congestive Heart Failure  
P=Angina Pectoris  
U=Urinary Tract Infection/Kidney  
T=(Tissue) Cellulitis  
0=Not a preventable admission

Code indicating whether the claim is a TED or a HCSR.

T, A, H

T=TED  
A=TED Adjustment to a HCSR  
H=HCSR

Number of births for this record, includes stillbirths, only populated on mother's records.

A=0 to 4  
B=5 to 14  
C=15 to 17  
D=18 to 24  
E=25 to 34  
F=35 to 44  
G=45 to 64  
H=65 and over  
Z=Unknown

Code indicating age group of beneficiary.

A-H, Z

Code that categorizes care into specialty areas.

- 1=Adverse Reactions
- 2=Allergy
- 3=Cardiology
- 4=Dermatology
- 5=Endocrinology
- 6=Gastroenterology
- 7=Hematology
- 8=Infectious Disease
- 9=Nephrology
- 10=Neurology
- 11=Nutritional
- 12=Pulmonary/Respiratory
- 13=Rheumatology
- 14=Other
- 15=Dental
- 16=Obstetrics
- 17=Gynecology
- 18=Ophthalmology
- 19=Mental Health
- 20=Drug
- 21=Special Pediatrics
- 22=ENT
- 23=General Surgery
- 24=Neurosurgery
- 25=Orthopedics
- 26=Thoracic Surgery
- 27=Urology

Indicates whether this record meets AHRQ's preventable admission criteria for perforated appendix. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for long term diabetes complications. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for chronic obstructive pulmonary disorder. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for hypertension. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for heart failure. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for low birth weight

Indicates whether this record meets AHRQ's preventable admission criteria for dehydration. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for bacterial pneumonia. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for urinary tract infection. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for angina w/o procedure. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for uncontrolled diabetes. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for adult asthma. Always 0 for children.

Indicates whether this record meets AHRQ's preventable admission criteria for lower extremity amputations among patients with diabetes. Always 0 for children.

Indicates whether any of the adult preventable admission criteria were met.

Indicates whether any of the adult preventable admission criteria for acute conditions were met (dehydration, bacterial pneumonia, or UTI)

Indicates whether any of the adult preventable admission criteria for chronic conditions were met (heart failure, diabetes, COPD, asthma, angina and hypertension)

Indicates whether this record meets AHRQ's preventable admission criteria for pediatric short term diabetes complications

Indicates whether this record meets AHRQ's preventable admission criteria for pediatric gastroenteritis

Indicates whether this record meets AHRQ's preventable admission criteria for pediatric UTI

Indicates whether any of the pediatric preventable admission criteria were met.

Indicates whether any of the pediatric preventable admission criteria for chronic conditions were met (heart failure, diabetes, COPD, asthma, angina and hypertension)

		0 = otherwise
0, 1		0 = otherwise 1 = if acute, or pacute equal 1
0, 1		0 = otherwise 1 = if achron, or pchron equal 1
0, 1		1 = if pgastro, or puti equal 1
9 ICD-9-CM diagnosis code. They are each their own field.		

The appointment identifier number.

Procedure Code.

Modifier of the laboratory test or radiology exam performed.	00,26,32,90, TC	<p>For Lab:</p> <p>00=test ordered and performed in-house</p> <p>26=pathologist interpretation, professional component</p> <p>32=test performed for an outside facility</p> <p>90=test referred to a reference/external facility</p> <p>For Rad:</p> <p>00 = blank</p> <p>26 = professional component</p> <p>32 or TC = technical component</p>
Corrected Number of times CPT code was performed.	0-99	
Principle Diagnosis.	null or blank	<p>ACT = Active Duty</p> <p>DA = Dependent of Active Duty</p> <p>DCO = Direct Care Only</p> <p>DR = Dependent of Retired</p> <p>DGR=Dependent of Guard</p> <p>DS = Dependent of Survivor</p> <p>GRD = Guard / Reserve</p> <p>IGR = Inactive Guard / Reserve</p> <p>IDG = Inactive Dependent of Guard / Reserve</p> <p>NAT = NATO</p> <p>OTH = Other</p> <p>RET = Retired</p> <p>UNK = Unknown</p>
Diagnosis Code 2.	null or blank	<p>6th character accommodates ICD-9 extender codes.</p> <p>Will remain blank until the CCE lab/rad is activated.</p>
Diagnosis Code 3.	null or blank	<p>6th character accommodates ICD-9 extender codes.</p> <p>Will remain blank until the CCE lab/rad is activated.</p>
Diagnosis Code 4.	null or blank	<p>6th character accommodates ICD-9 extender codes.</p> <p>Will remain blank until the CCE lab/rad is activated.</p>
Indicates whether or not the ancillary came from an inpatient encounter.	Y,N	See HCDP Code worksheet. Only populated if patient is enrolled on the date of service.
Indicates where lab tests were ordered or performed.	blank, I,O,E	<p>Y = Yes</p> <p>N = No</p>



DMIS ID of the requesting location for the order.	e.g., 0039	Y = Yes N = No
CHCS code of the Order Number of the Provider.		
Patient's age on date of service.	numeric	AA=Spouse, AB=Child, AC=Foster Child, AD=Parent, AE=Parent in Law, AF=Stepchild, AH=Stepparent, AI=In loco parentis, BB=Ward, BC=Former Spouse (prior to FY04), BD=Self, BE= Joint Marriage Spouse, BF=OHI Subscriber, BG=Pre Adoptive Child, CA=Member of household headed by former spouse, ZZ or blank=Unknown
For LAB: Specimen collection date. For RAD: If "Exam Only" this is the date that the procedure was performed. If "Read Only" or "Complete" this the date that the exam was read by a Radiologist.	yyyymmdd	Physician or Work Expense RVU
Beneficiary gender.	M, F, Z	A formatted SAS numeric date.
The identifier that represents the special operation.	00, 01, 02, 03, 04, 05, 06, 07,08, 09, 10, 98,99, blank	M=Male F=Female Z=Unknown
DMIS ID of the MTF providing the service.	e.g., 0039	A=Army C=Coast Guard F=Air Force M=Marine Corps N=Navy V=Navy Afloat X=Other Z=Unknown
The code that represents the prefix that the medical community uses to identify medical records.	01-19,20,30-39,40,45, 50,55,60-69,90-95,97,98, or 99.	01-19 = Dependent children of sponsor 20 = Sponsor 30-39 = Spouse of sponsor 40-44 = Mother of sponsor 45-49 = Father of sponsor 50-54 = Mother-in-law of sponsor 55-59 = Father-in-law of sponsor 60-69 = Other dependents 90-95 = Beneficiary authorized by statute 98 = Civilian Humanitarian 99 = All others not elsewhere classified
The sponsor's SSN as assigned by the Social Security Administration.	e.g., 123456789	

Code identifying category of beneficiary.

1, 2, 3, 4

1=Active Duty Family

2=Retiree

3=All others

4=AD (includes guard, also non-military services)

Code Table  
Reference