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1. Transmitted is a complete revision of the Department of Veterans Affairs Veterans Health Administration Manual MP-6, "Automatic Data Processing," Part XVI, "Patient Treatment File Coding Instructions," Supplement 4.1, chapters 1 through 9. Brackets have not been used to identify changes in the text.

2. Principal changes include:

- a. The time of all transactions has been added.
- b. The physical location of the patient has been added. This will activate a new transaction (N535) when the patient occupies a bed different from the treating specialty.
- c. The category of beneficiary has been eliminated.
- d. The period of service has been added.
- e. The Cost Distribution Report Account numbers will be reported for the patient's specialty and physical locations.
- f. The N703 has been eliminated.
- g. The percent of the veteran's service-connected disability has been added.
- h. Only the first 25 Patient Movement Transactions (N501) or Physical Location Transactions (N535) per discharge will be processed at the Austin DPC (Data Processing Center).
- i. No patient record will be accepted at the Austin DPC unless a required means test has been completed and the appropriate category entered.

3. Filing Instructions

| | |
|---------------|---------------|
| Remove pages | Insert pages |
| i through C-2 | i through C-2 |

4. RESCISSIONS: MP-6, part XVI, supplement 4.1, chapter 1 through 8 dated December 15, 1987, and VHA Circular 10-89-020, dated February 22, 1989.

Signed 3/24/92 by
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RESCISSIONS

The following material is rescinded.

a. Manuals

MP-6, Part XVI, Supp. No. 4.1, dated December 15, 1987

b. Interim Issues

II 10-88-5

c. Circulars

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CHAPTER 1. NPTF (NEW PATIENT TREATMENT FILE)

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CHAPTER 1. NPTF (NEW PATIENT TREATMENT FILE)

101.01 GENERAL

a. The NPTF is being updated effective with discharges occurring on and after October 1, 1991, fiscal year 1992. New procedures and policies to the NPTF system include:

- (1) The time of all transactions has been added.
- (2) The physical location of the patient has been added. This will activate a new transaction (N535) when the patient occupies a bed different from the treating specialty.
- (3) Category of beneficiary has been eliminated and the period of service has been added.
- (4) CDR (Cost Distribution Report) Account numbers will be reported for the patient's specialty and physical locations.
- (5) The N703 has been eliminated.
- (6) The percent of the veteran's service-connected disability has been added.
- (7) Only the first 25 Patient Movement Transactions (N501) or Physical Location Transactions (N535) per discharge will be processed at the Austin DPC (Data Processing Center).
- (8) No patient record will be accepted at the Austin DPC unless a required means test has been completed and the appropriate category entered.

b. The NPTF will continue to play an important role in the process whereby resources are allocated to medical centers. The use of DRGs (Diagnostic Related Groups) as a basis for this process will require that diagnostic data be coded as accurately and specifically as possible.

c. It is the responsibility of Medical Administration Service and Clinical Affairs to assure that all medical records are properly documented to reflect patient care and ensure that appropriate DRGs are assigned to patients' episodes of care.

d. Because of the continuing need to capture data relating to patient transfer during an episode of care, the Patient Movement Diagnosis (N501) transaction will continue to be reported. This segment will be used to record:

- (1) Patient transfers,

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(2) The diagnosis for which the patient was treated on the transferring or discharging specialty,

(3) The specialty transferring the patient out, and

(4) Absences from the hospital, nursing home care or domiciliary care. A pass is defined as an authorized absence from the hospital of 96 hours or less. A leave of absence from the hospital is an absence of more than 96 hours but not exceeding 14 days or any period of unauthorized absence. A period of authorized absence for nursing home care or domiciliary patients may not exceed 30 days.

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- (a) An unauthorized absence may be for 1 day or more.
- (b) Any period of unauthorized absence will be reported under leave days.
- e. Instructions for completing NPTF transactions for domiciliary activity includes those patients treated in a Domiciliary Substance Abuse Unit.

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CHAPTER 2. NPTF (NEW PATIENT TREATMENT FILE) TRANSACTIONS

201.01 GUIDELINES FOR NPTF TRANSACTIONS

a. Discharges occurring on and after October 1, 1991, will contain complete data for admission, disposition, transfer and diagnosis. This information is required for each episode of care rendered in the following facilities:

- (1) VA (Department of Veterans Affairs) medical centers,
- (2) Non-VA hospitals (at VA expense),
- (3) VA Nursing Home Care Units,
- (4) VA domiciliaries, and
- (5) Contract Community Nursing Homes.

b. When appropriate, NPTF transactions will be completed for patients undergoing surgery or non-OR (surgical procedures which do not take place in an operating room) procedures during an episode of care.

(1) Surgical procedures performed in a non-VA hospital on patients who leave and return to the VA medical center within a calendar day will be reported on the N401 NPTF transaction.

(2) Separate transactions must be prepared on all patients treated in non-VA facilities (at VA expense) whose length of stay exceeds a calendar day. This will include the admission transaction, the diagnostic transaction, the surgical transaction and the disposition transaction. For specific instructions, refer to MP-6, part XVI, Chapter 6, "NPTF Coding Instructions for Patients in Non-VA Hospitals."

c. All transactions will be completed as soon as possible but no later than 30 calendar days following the patient's release from inpatient care.

d. The following are considered source documents:

- (1) Application for Medical Benefits (VA Forms 10-10).
- (2) Financial Worksheet (VA Form 10-10F).
- (3) Medical certificate (VA Form 10-10M).
- (4) Referral for Community Nursing Home Care (VA Form 10-1204).
- (5) Patient's Medical Record.
- (6) Discharge Summary (VA Forms 10-1000).

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- (7) Abbreviated Medical Record (VA Form 10-1000a).
- (8) Medical Record Report (VA Form 10-9034 series).
- (9) Other Miscellaneous Administrative Records.

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(1) Enter the numerical equivalent for the MONTH of admission (Jan. "01", Dec. "12").

(2) Enter the DAY of the month (01, 02, 31).

(3) Enter the last two digits of the YEAR of admission.

(4) The time of all patient admissions, discharges and movements will be entered using military time. For example, 1132 will be entered for 11:32 A.M. and 2332 will be entered for 11:32 P.M. The military time conversion chart follows:

| STANDARD TIME | MILITARY TIME |
|----------------|---------------|
| 01:00AM | 0100 |
| 02:00AM | 0200 |
| 03:00AM | 0300 |
| 04:00AM | 0400 |
| 05:00AM | 0500 |
| 06:00AM | 0600 |
| 07:00AM | 0700 |
| 08:00AM | 0800 |
| 09:00AM | 0900 |
| 10:00AM | 1000 |
| 11:00AM | 1100 |
| 12:00 NOON | 1200 |
| 01:00PM | 1300 |
| 02:00PM | 1400 |
| 03:00PM | 1500 |
| 04:00PM | 1600 |
| 05:00PM | 1700 |
| 06:00PM | 1800 |
| 07:00PM | 1900 |
| 08:00PM | 2000 |
| 09:00PM | 2100 |
| 10:00PM | 2200 |
| 11:00PM | 2300 |
| 12:00 MIDNIGHT | 2400 |

c. Facility Number. Enter your 3-digit VA facility number. If your facility has a second division, enter the appropriate suffix modifier. If your facility is a nursing home care unit, enter "9AA"; a community nursing home is coded as "CNH" and a domiciliary is coded as "BU". Suffix modifiers which identify non-VA facilities are found in MP-6, part XVI, chapter 7.

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CHAPTER 3. NPTF (NEW PATIENT TREATMENT FILE) CODING INSTRUCTION
FOR PATIENTS IN VA MEDICAL CENTERS

301.01 GENERAL

a. This chapter will provide NPTF coding instructions for patients discharged from a VA (Department of Veterans Affairs) medical center. Instructions for the completion of transactions required to establish a NPTF record for the patient will be located in this chapter and are indicated by the references which follow.

b. The numbers in parens indicate transaction type. Transaction N501 may be prepared as a Discharge Diagnosis Transaction, a Patient Movement Transaction, or a Patient Movement Diagnosis Transaction depending on the physical location of the patient and the information to be entered.

c. An Admission Transaction (N101) will be prepared on every patient. Instructions for completing the N101 transaction begin with paragraph 301.02.

d. A Disposition Transaction (N701/N702) will be prepared on every patient. The N702 will only be prepared if applicable and will be used to report additional diagnoses as documented on VA Form 10-1000, Discharge Summary, VA Form 10-1000a, Abbreviated Medical Record, or VA Form 10-9034 series, Medical Record Report. Specific instructions begin with paragraph 301.03.

e. A Physical Location Transaction (N535) will be prepared each time a patient occupies a bed different from the physician specialty. Specific instructions begin with paragraph 301.05.

f. A Discharge Diagnosis Transaction (N501) will be prepared on every patient. Instructions for completing the discharge N501 begin with paragraph 301.04. A Patient Movement Diagnosis Transaction (N501) will be also completed to report a change in bed section occurring during an episode of hospitalization and the relating diagnostic codes. Instructions for completing the Patient Movement Transaction (N501) begin with paragraph 301.07.

g. A Procedure Transaction (N601) will be prepared to report non-OR (surgical procedures which do not take place in an operating room) procedures performed during an episode of care. Specific instructions begin with paragraph 301.06.

h. A Surgical Transaction (N401) will be prepared to report surgical procedures performed in an operating room during an episode of care. Instructions for completing the N401 transaction begin with paragraph 301.07.

i. When a VA NHCU (Nursing Home Care Unit) patient or CNH (Community Nursing Home) or domiciliary resident is admitted to the medical center for care, the patient is placed in ASIH (absent sick in hospital) status. Upon discharge of

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the patient, a NPTF transaction will be prepared to report the episode of medical center care.

301.02 ADMISSION TRANSACTION (N101)

An Admission Transaction (N101) will be prepared for each admission to a VA medical center.

a. Control Data. Specific instructions for Control Data completion are found in MP-6, part XVI, chapter 2.

b. Last Name of Patient. Enter the patient's last name. This field will accept 12 letters of the last name. DO NOT use hyphens or apostrophes which may occur in names such as Mac-Bride and O'Connell. If the patient's name has less than 11 or 12 letters, the system will accept JR, SR, I, II, III, or IV.

c. Initials of First and Middle Names. Enter the initial of the patient's first name and the initial of the middle name.

d. Source of Admission. These codes indicate where medical center patients come from and/or their status at the time of admission. Select and enter the appropriate code from the following list:

(1) Direct admission of a veteran from:

- 1D VA NHCU
- 1E VA domiciliary
- 1G Contract CNH (under VA auspices)
- 1H CNH (not under VA auspices)
- 1J Government (non-Federal) mental hospital (not under VA auspices)
- 1K All other non-VA hospitals not under VA auspices
- 1L State Home (domiciliary or nursing home)
- 1M Direct (excludes admission from outpatient status)
- 1P Outpatient treatment
- 1R Research - veteran
- 1S Research - non-veteran
- 1T Observation and examination

(2) Direct admission of a non-veteran from:

- 2A Non-veteran, other than military
- 2B Military personnel, not directly from a military hospital
- 2C Military personnel, directly from a military hospital

(3) Transfer-in of a Veteran or Non-veteran from:

- 3A A VA medical center
- 3B Other Federal Hospital (excluding military hospital) under VA auspices
- 3C Other non-VA hospital under VA auspices (includes military hospital and State Home Hospital)
- 3E Transfer from a VA medical center to a VA medical center and the patient has been continuously hospitalized since before 7/1/86, the source of admission will generate a means test indicator of "X"

e. Transferring VA Facility. The entry identifies the VA facility or the non-VA facility from which the patient was admitted or transferred. Identification of the facility from which the patient was admitted/transferred is linked to the patient's source of admission.

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(1) If the source of admission is a code 1D, 1E, 1G, 2C, or 3A through 3C, the transferring facility will be identified.

(2) If the source of admission is a code 1H through 1T, 2A or 2B, no entry will be made.

Facility Numbers for transferring facilities are found in appendix A.

(3) If the source of admission is a non-VA facility, enter the three position facility number for your medical center. Suffix modifiers which identify non-VA facilities can be found in MP-6, part XVI, chapter 7.

f. Source of Payment. No entry will be made.

g. POW (Prisoner of War Status). Enter the appropriate code from the following:

- 1 Not POW
- 3 Information not available
- 4 POW in WWI
- 5 POW in WWII, Europe only
- 6 POW in WWII, South Pacific
- 7 POW in Korean Conflict only
- 8 POW in Vietnam Era only
- 9 POW during more than one of the preceding periods of service

h. Marital Status. Enter the appropriate code from the following:

- N Never married
- M Married
- S Separated
- W Widowed
- D Divorced
- U Unknown

i. Sex. Enter one of the following codes:

- M Male
- F Female

j. Date of Birth

(1) Enter the numerical equivalent for the MONTH of birth (Jan. "01", Dec. "12"). If the month of birth is unknown, enter 00.

(2) Enter the DAY of the month of birth (01, 02, 31). If day of birth is unknown, enter 00.

(3) Enter four digits for the YEAR of birth, e. g., 1922, 1897. If year of birth is unknown, an estimated year of birth must be entered.

k. Period of Service. The codes following (subpara. 301.02 k (3)) are directly related to the CFR (admission authority) under which a patient is eligible for care and treatment.

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(1) Active Military. Active military duty status takes precedence over any other status. In other words, a patient admitted while on active duty will be coded as A, B, C, or D, even though the patient may have entitlement as a veteran by virtue of a previous period of service.

(2) Veteran. Use the code for the latest wartime period of service when a veteran has

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served in two or more wars EXCEPT when it is known that the patient is SC (service-connected) for a condition incurred in a prior war.

(3) Other Non-veterans. This group includes all patients other than veterans and active duty military, such as humanitarian emergencies, reimbursement cases, allied beneficiaries, donors, etc. If an OWCP (Office of Workers Compensation Program) case is admitted, code as "J", even though the patient is eligible as a veteran (not for extended care).

CODE CFR

3 Spanish-American War American War
 1 World War I (April 6, 1917, to November 11, 1918); date can be extended to April 1, 1920, if veteran served in Russia
 2 World War II (December 7, 1941, to December 31, 1946)
 4 Pre-Korean (Before June 27, 1950)
 0 Korean Conflict (June 27, 1950, to January 31, 1955)
 5 Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964)
 7 Vietnam Era (August 5, 1964, to May 7, 1975)
 8 Post-Vietnam/Peacetime Service (On or after May 8, 1975)
 X Persian Gulf War (August 2, 1990, to -----)
 9 Other or None
 W Service in Czechoslovakian or Polish Armed Forces (Public Law 94-491)
 Z Merchant Marines
 A Active Duty--ARMY
 B Active Duty--NAVY/MARINE CORPS
 C Active Duty--AIR FORCE
 D Active Duty--COAST GUARD (Department of Transportation)
 E Retired members of uniformed services
 F Medically Remedial Enlistment Program
 G Merchant Seamen (USPHS (United States Public Health Service))
 H Other USPHS beneficiaries
 I Observation and examination
 J OWCP (Office of Workers Compensation Program)
 K Job Corps and Peace Corps
 L Railroad retirement
 M Beneficiaries of Foreign Governments
 N Humanitarian (non-veteran Emergency)
 O CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) RESTORE - VA MEDICAL CENTER, ALBUQUERQUE ONLY
 P Other contract reimbursable (non-veteran)
 Q Other Federal agency - dependent
 R Donors (non-veteran)
 S Special Studies (non-veteran)
 T Other non-veteran (not classified elsewhere)
 U Spouse, surviving spouse, child (CHAMPVA (Civilian Health and Medical Program of the VA)) (Public Law 93-82)
 V CHAMPUS
 Y New Philippine Scouts and Commonwealth Army Veterans
 6 Persian Gulf War (Active Duty)

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1. Exposure to Agent Orange. This information will be completed when the Period of Service is "7".

1 No claim of Service in Vietnam

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- 2 Claims--Vietnam Service--NO Exposure to Agent Orange
- 3 Claims--Vietnam Service--EXPOSED to Agent Orange
- 4 Claims--Vietnam Service--UNKNOWN Exposure

m. Exposure to Ionizing Radiation. This information will be completed when Period of Service is coded 2, 4, 5, 7, or 8.

- 1 NO claim of Exposure to Ionizing Radiation
- 2 Claims--Exposure - Hiroshima or Nagasaki, Japan
- 3 Claims--Exposure - Nuclear Testing
- 4 Claims--Exposure - BOTH Nuclear Testing and Japan

n. Residence--State and County Codes. Code permanent residence of patient using codes contained in the latest edition of VHA (Veterans Health Administration) Manual, M-1, part 1, chapter 18. If patient's residence is a domiciliary; enter the state and county in which it is located.

o. Zip Code

- (1) Enter ZIP code of permanent residence (National Zip Code Directory).
- (2) If residence is a foreign country, code 75999.
- (3) If ZIP code is unknown, code "X" in this data element for each of the five digits.

p. Means Test Indicator. A Means Test indicator will be entered for all VA patients who were admitted on and after July 1, 1986. The source document for this information will be VA Form 10-10, Application for Medical Benefits, or VA Form 10-10F, Financial Worksheet. Enter one of the following codes:

Code Definition

- AS Category A SC veteran or special category veteran. (Special categories include: Mexican Border War, Spanish American War, World War I veteran, former POW, Agent Orange, Ionizing Radiation.)
- AN Category A NSC (nonservice-connected) veteran. (AN is used for NSC veterans who are required to complete the VA Form 10-10F, and for NSC veterans in receipt of VA pension, aid and attendance or housebound allowance or State Medicaid.)
- C Category C veteran. (This includes those pending adjudication.)
- N Non-veteran.
- X Not applicable. (The veteran was admitted prior to July 1, 1986 with no change in the level of care being received, i.e. if the patient was in the Nursing Home unit on July 1, 1986 and has remained in the NHCU since

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that date with no transfer to the hospital for treatment the "X" means test indicator will be accepted.)

U Means Test not done/not completed. (The Austin DPC (Data Processing Center) will not accept a NPTF transaction unless the Means Test has been completed.)

q. Income. The family income will be transmitted with each discharge from a medical facility. This information will be obtained from either the Income Screening information contained on the VA Form 10-10, or the completed VA Form 10-10F.

301.03 DISPOSITION TRANSACTION (N701/N702)

A Disposition Transaction (N701/N702) will be completed for all releases from a VA medical center. The N702 will be prepared when the patient has more than one diagnostic code to be entered.

a. Date and Time of Discharge. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the hospital.

b. Discharge Specialty

(1) Enter the specialty code and the CDR (Cost Distribution Report) account code from the following categories. These codes should reflect the treating service of the physician not the physical location of the bed. For example, a surgical patient who occupies a bed on a medical ward due to a shortage of beds will be shown as a discharge from Surgical Service not Medical Service. If a specialty is not listed, assign a code for the general category, i.e., general surgery.

(2) General (acute) medicine covers a wide variety of conditions treated by internal medicine. These usually share one or more of the following characteristics:

- (a) Recent onset;
- (b) Finite duration (usually stay of less than 30 days);
- (c) Changing or unstable medical condition;
- (d) Requires frequent evaluation by a physician;
- (e) Requires numerous diagnostic and therapeutic procedures; and
- (f) May require special monitoring and interventions.

(3) Acute Psychiatry (Code 70) is defined as psychiatric care of 1 to 45 days. Psychiatric care involving a length-of-stay over 45 days is considered Long-term psychiatric care (Code 71).

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| CODE | NAME | CDR ACCOUNT |
|------|------------------------------|-------------|
| 01 | Allergy | 1110.00 |
| 02 | Cardiology | 1110.00 |
| 03 | Pulmonary, TB (Tuberculosis) | 1110.00 |

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| | | |
|----|-------------------------------------|---------|
| 04 | Pulmonary, non-TB | 1110.00 |
| 05 | Gerontology | 1110.00 |
| 06 | Dermatology | 1110.00 |
| 07 | Endocrinology | 1110.00 |
| 08 | Gastroenterology | 1110.00 |
| 09 | Hematology/Oncology | 1110.00 |
| 10 | Neurology | 1111.00 |
| 11 | Epilepsy Center | 1114.00 |
| 12 | Medical ICU (Intensive Care Unit) | |
| | /CCU (Cardiac Care Unit) | 1117.00 |
| 14 | Metabolic | 1110.00 |
| 15 | General (Acute Medicine) | 1110.00 |
| 16 | Cardiac-step Down Unit | 1110.00 |
| 17 | Telemetry | 1110.00 |
| 19 | Stroke Unit | 1111.00 |
| 20 | Rehabilitation Medicine | 1113.00 |
| 21 | Blind Rehabilitation | 1115.00 |
| 22 | Spinal Cord Injury | 1116.00 |
| 40 | Intermediate Medicine | 1610.00 |
| 50 | General Surgery | 1210.00 |
| 51 | Gynecology | 1210.00 |
| 52 | Neurosurgery | 1210.00 |
| 53 | Ophthalmology | 1210.00 |
| 54 | Orthopedic | 1210.00 |
| 55 | Otorhinolaryngology | 1210.00 |
| 56 | Plastic Surgery, inc Head/Neck | 1210.00 |
| 57 | Proctology | 1210.00 |
| 58 | Thoracic Surgery, including Cardiac | 1210.00 |
| 59 | Urology | 1210.00 |
| 60 | Oral Surgery | 1210.00 |
| 61 | Podiatry | 1210.00 |
| 62 | Peripheral Vascular | 1210.00 |
| 63 | Surgical ICU | 1211.00 |
| 70 | Acute Psychiatry (<45 DAYS) | 1310.00 |
| 71 | Long-term Psychiatry(>45 DAYS) | 1310.00 |
| 72 | Alcohol Treatment | 1311.00 |
| 73 | Drug Treatment | 1312.00 |
| 74 | Substance Abuse | 1313.00 |
| 75 | Halfway House | 1110.00 |
| 76 | Psychiatric Mentally Infirm | 1310.00 |
| 83 | Respite Care | 1110.00 |
| 98 | Non-DOD (Department of Defense) | |
| | Beds in VA Facilities | 8025.00 |
| 99 | DOD Beds in VA Facilities | 8024.00 |

(4) The VA inpatient specialties and accounts should be used to assign a patient to a particular specialty while the patient is in a VA facility. Having a specialty or service of treatment does not indicate or mean that a facility has an approved bed section. For example, although most VA medical centers have a Rehabilitative Medicine Service, they may not necessarily have a

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VA Central Office approved/designated rehabilitation specialty. This distinction is important since only bed sections that have been approved by VA Central Office may be submitted to the Austin DPC. Any NPTF record submitted by a facility for specialties that have not been approved by VA Central Office will be rejected.

c. Type of Disposition. Select and enter one of the following disposition codes:

- 1 Regular
- 2 Non-bed care
- 4 Irregular
- 5 Transfer (to another VA medical center or another hospital under VA auspices)
- 6 Death, with autopsy
- 7 Death, without autopsy

d. Outpatient Treatment. Select and enter one of the following codes; make NO entry for non-VA hospital or domiciliary

- 1 Yes
- 3 No

e. VA Auspices. Select and enter one of the following codes to indicate whether further care is to be provided under VA auspices (at VA expense).

- 1 Yes
- 2 No

f. Place of Disposition. Select and enter one of the following codes to show where the patient is going:

- X Return to community-independent
- 0 VA medical center
- 1 Military hospital
- 2 Other Federal hospital
- 3 Other Government hospital (state, county, city and State Home Hospital)
- 4 Community hospital
- 5 VA NHCU
- 7 CNH
- B State Home--nursing care
- C VA domiciliary
- D State Home--domiciliary care
- F Foster home
- G Halfway house
- H Boarding house
- J Penal institution
- K Residential hotel/resident (i.e., YMCA)
- L Other placement/unknown (not elsewhere specified)
- P HBHC (Hospital Based Home Care) VA Central Office APPROVED PROGRAM ONLY
- R SCI (Spinal Cord Injury)--VA Central Office APPROVED PROGRAM ONLY
- T Respite Care

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U Hospice Care

g. Receiving Facility. Make entries ONLY if beneficiary is to receive further care (hospital, nursing home or domiciliary) under VA auspices. Use codes in appendix A, or in the case of a CNH Care placement, use the three-digit code which identifies the

discharging facility and add the community nursing home suffix code, CNH. If your facility is transferring a patient to a community hospital at VA expense or on the basis of contract or sharing agreement, enter your own three-digit code and use the suffix to indicate the type of community hospital which will provide further care.

h. Extended Care Days ASIH. Leave blank.

i. Race (Omit for Non-VA Patients)

- 1 Hispanic White
- 2 Hispanic Black
- 3 American Indian or Alaskan Native
- 4 Black not of Hispanic origin
- 5 Asian or Pacific Islander
- 6 White, not of Hispanic origin
- 7 Unknown

j. C&P (Compensation and Pension Status)

- 1 Treated for compensable SC condition (rated 10 percent or more). (Use even if veteran is receiving a VA pension.)
- 2 Treated for a non-compensable SC condition (rated less than 10 percent). (Use even if veteran is receiving a VA pension.)
- 3 Treated for a NSC condition and has a compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 4 Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 5 Treated for NSC condition, no SC disability and is in receipt of a VA pension.
- 6 Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.
- 7 Treated for NSC condition, no SC disability and is not in receipt of a VA pension.
- 8 Non-veteran.

k. DXLS (Diagnosis Responsible For Length of Stay). Enter the one code that has been designated as the diagnosis responsible for the major length of stay in the medical center.

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1. Only Diagnosis Indicator. If the DXLS is the only diagnostic code which is being reported, the alpha character "X" will be entered. If there are additional diagnoses, no entry will be made.

m. Physical Location and CDR Codes. The physical location will be used to monitor the times a patient is housed in a physical location that is different from the specialty location. For example: When insufficient beds are available for use by Medical Service, the patient may be physically transferred to a bed on the Surgical Service. The physical

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location of the patient and the appropriate CDR codes will be entered for all patients on the discharge transaction. The codes are:

| CODE | NAME | CDR ACCOUNT |
|------|--------------------------------|-------------|
| 01 | Allergy | 1110.00 |
| 02 | Cardiology | 1110.00 |
| 03 | Pulmonary, TB | 1110.00 |
| 04 | Pulmonary, non-TB | 1110.00 |
| 05 | Gerontology | 1110.00 |
| 06 | Dermatology | 1110.00 |
| 07 | Endocrinology | 1110.00 |
| 08 | Gastroenterology | 1110.00 |
| 09 | Hematology/Oncology | 1110.00 |
| 10 | Neurology | 1111.00 |
| 11 | Epilepsy Center | 1114.00 |
| 12 | Medical ICU/CCU | 1117.00 |
| 14 | Metabolic | 1110.00 |
| 15 | General (acute medicine) | 1110.00 |
| 16 | Cardiac-step Down Unit | 1110.00 |
| 17 | Telemetry | 1110.00 |
| 19 | Stroke Unit | 1111.00 |
| 20 | Rehabilitation medicine | 1113.00 |
| 21 | Blind Rehabilitation | 1115.00 |
| 22 | Spinal Cord Injury | 1116.00 |
| 40 | Intermediate Medicine | 1610.00 |
| 50 | General surgery | 1210.00 |
| 51 | Gynecology | 1210.00 |
| 52 | Neurosurgery | 1210.00 |
| 53 | Ophthalmology | 1210.00 |
| 54 | Orthopedic | 1210.00 |
| 55 | Otorhinolaryngology | 1210.00 |
| 56 | Plastic Surgery, inc head/neck | 1210.00 |
| 57 | Proctology | 1210.00 |
| 58 | Thoracic Surgery, inc Cardiac | 1210.00 |
| 59 | Urology | 1210.00 |
| 60 | Oral Surgery | 1210.00 |
| 61 | Podiatry | 1210.00 |
| 62 | Peripheral Vascula | 1210.00 |
| 63 | Surgical ICU | 1211.00 |
| 70 | Acute psychiatry (<45 DAYS) | 1310.00 |
| 71 | Long-term psychiatry(>45 DAYS) | 1310.00 |
| 72 | Alcohol treatment | 1311.00 |
| 73 | Drug treatment | 1312.00 |
| 74 | Substance abuse | 1313.00 |
| 75 | Halfway house | 1110.00 |
| 76 | Psychiatric mentally infirm | 1310.00 |
| 83 | Respite Care | 1110.00 |
| 98 | Non-DOD beds in VA facilities | 8025.00 |
| 99 | DOD beds in VA facilities | 8024.00 |

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n. Percent of Service Connection. The veteran's percentage of SC disability will be entered. If the veteran is not service connected, no entry will be made.

o. Legionnaire's Disease. When the ICD-9-CM (International Classification of

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Diseases, Clinical Modification, Ninth Revision) Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

1 Yes

2 No

p. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

| | | | |
|--------|--------|--------|--------|
| E950.0 | E950.1 | E950.2 | E950.3 |
| E950.4 | E950.5 | E950.6 | E950.7 |
| E950.8 | E950.9 | E951.0 | E951.1 |
| E951.8 | E952.0 | E952.1 | E952.8 |
| E952.9 | E953.0 | E953.1 | E953.8 |
| E953.9 | E954. | E955.0 | E955.1 |
| E955.2 | E955.3 | E955.4 | E955.5 |
| E955.9 | E956. | E957.0 | E957.1 |
| E957.2 | E957.9 | E958.0 | E958.1 |
| E958.2 | E958.3 | E958.4 | E958.5 |
| E958.6 | E958.7 | E958.8 | E958.9 |

(2) These codes are not appropriate as the DXLS and must be entered as secondary diagnoses. If one of the ICD-9-CM Diagnostic Codes is not used, no entry will be made.

1 Attempted

2 Accomplished

q. Substance Abuse Information. When one of the ICD-9-CM Diagnostic Codes following is used, a substance abuse code must be entered; if one of following codes is not used, no entry will be made.

| | | | |
|--------|--------|--------|--------|
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 305.20 | 305.21 | 305.22 | 305.23 |
| 305.30 | 305.31 | 305.32 | 305.33 |
| 305.40 | 305.41 | 305.42 | 305.43 |
| 305.50 | 305.51 | 305.52 | 305.53 |
| 305.70 | 305.71 | 305.72 | 305.73 |
| 305.90 | 305.91 | 305.92 | 305.93 |

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(1) Specify dependence from the following:

A001 - Heroin
A002 - Methadone
A003 - Morphine

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- A004 - Opium
- A005 - Other opiates
- A006 - Benzodiazopenes
- A007 - Meprobamate
- A008 - Barbiturates
- A009 - Other sedatives or hypnotics
- A010 - Marijuana or other cannabis
- A011 - Amphetamines
- A012 - Other psychostimulant
- A013 - LSD
- A014 - PCP
- A015 - Other hallucinogens
- A016 - Tobacco
- A017 - Miscellaneous specified drug
- A018 - NEC (Unspecified Drug)

(2) Only one of the listed dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

r. Psychiatry AXIS Classifications

(1) When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

| | | | |
|--------|--------|--------|--------|
| 295.00 | 295.01 | 295.02 | 295.03 |
| 295.04 | 295.05 | 295.10 | 295.11 |
| 295.12 | 295.13 | 295.14 | 295.15 |
| 295.20 | 295.21 | 295.22 | 295.23 |
| 295.24 | 295.25 | 295.30 | 295.31 |
| 295.32 | 295.33 | 295.34 | 295.35 |
| 295.40 | 295.41 | 295.42 | 295.43 |
| 295.44 | 295.45 | 295.50 | 295.51 |
| 295.52 | 295.53 | 295.54 | 295.55 |
| 295.60 | 295.61 | 295.62 | 295.63 |
| 295.64 | 295.65 | 295.70 | 295.71 |
| 295.72 | 295.73 | 295.74 | 295.75 |
| 295.80 | 295.81 | 295.82 | 295.83 |
| 295.84 | 295.85 | 295.90 | 295.91 |
| 295.92 | 295.93 | 295.94 | 295.95 |
| 296.00 | 296.01 | 296.02 | 296.03 |
| 296.04 | 296.05 | 296.06 | 296.10 |
| 296.11 | 296.12 | 296.13 | 296.14 |
| 296.15 | 296.16 | 296.20 | 296.21 |
| 296.22 | 296.23 | 296.24 | 296.25 |
| 296.26 | 296.30 | 296.31 | 296.32 |
| 296.33 | 296.34 | 296.35 | 296.36 |
| 296.40 | 296.41 | 296.42 | 296.43 |

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| | | | |
|--------|--------|--------|--------|
| 296.44 | 296.45 | 296.46 | 296.50 |
| 296.51 | 296.52 | 296.53 | 296.54 |
| 296.55 | 296.56 | 296.60 | 296.61 |
| 296.62 | 296.63 | 296.64 | 296.65 |
| 296.66 | 296.7 | 296.80 | 296.81 |

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| | | | |
|--------|--------|--------|--------|
| 296.82 | 296.89 | 296.90 | 296.99 |
| 297.0 | 297.1 | 297.2 | 297.3 |
| 297.8 | 297.9 | 298.0 | 298.1 |
| 298.2 | 298.3 | 298.4 | 298.8 |
| 298.9 | 299.00 | 299.01 | 299.10 |
| 299.11 | 299.80 | 299.81 | 299.90 |
| 299.91 | 300.00 | 300.01 | 300.02 |
| 300.09 | 300.10 | 300.11 | 300.12 |
| 300.13 | 300.14 | 300.15 | 300.16 |
| 300.19 | 300.20 | 300.21 | 300.22 |
| 300.23 | 300.29 | 300.3 | 300.4 |
| 300.5 | 300.6 | 300.7 | 300.81 |
| 300.89 | 300.9 | 301.0 | 301.10 |
| 301.11 | 301.12 | 301.13 | 301.20 |
| 301.21 | 301.22 | 301.3 | 301.4 |
| 301.50 | 301.51 | 301.59 | 301.6 |
| 301.7 | 301.81 | 301.82 | 301.83 |
| 301.84 | 301.89 | 301.9 | 302.0 |
| 302.1 | 302.2 | 302.3 | 302.4 |
| 302.50 | 302.51 | 302.52 | 302.53 |
| 302.6 | 302.70 | 302.71 | 302.72 |
| 302.73 | 302.74 | 302.75 | 302.76 |
| 302.79 | 302.81 | 302.82 | 302.83 |
| 302.84 | 302.85 | 302.89 | 302.9 |
| 303.00 | 303.01 | 303.02 | 303.03 |
| 303.90 | 303.91 | 303.92 | 303.93 |
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.20 | 304.21 | 304.22 | 304.23 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 304.70 | 304.71 | 304.72 | 304.73 |
| 304.80 | 304.81 | 304.82 | 304.83 |
| 304.90 | 304.91 | 304.92 | 304.93 |
| 304.99 | 305.00 | 305.01 | 305.02 |
| 305.03 | 305.10 | 305.11 | 305.12 |
| 305.13 | 305.20 | 305.21 | 305.22 |
| 305.23 | 305.29 | 305.3 | 305.31 |
| 305.32 | 305.33 | 305.40 | 305.41 |
| 305.42 | 305.43 | 305.50 | 305.51 |
| 305.52 | 305.53 | 305.60 | 305.61 |
| 305.62 | 305.63 | 305.70 | 305.71 |
| 305.72 | 305.73 | 305.80 | 305.81 |
| 305.82 | 305.83 | 305.90 | 305.91 |
| 305.92 | 305.93 | 306.0 | 306.1 |
| 306.2 | 306.3 | 306.4 | 306.50 |
| 306.51 | 306.52 | 306.53 | 306.59 |
| 306.6 | 306.7 | 306.8 | 306.9 |

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| | | | |
|--------|--------|--------|--------|
| 307.0 | 307.1 | 307.20 | 307.21 |
| 307.22 | 307.23 | 307.3 | 307.40 |
| 307.41 | 307.42 | 307.43 | 307.44 |
| 307.45 | 307.46 | 307.47 | 307.48 |
| 307.49 | 307.50 | 307.51 | 307.52 |

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| | | | |
|--------|--------|--------|--------|
| 307.53 | 307.54 | 307.59 | 307.6 |
| 307.7 | 307.80 | 307.81 | 307.89 |
| 307.9 | 308.0 | 308.1 | 308.2 |
| 308.3 | 308. | 308.9 | 309.0 |
| 309.1 | 309.21 | 309.22 | 309.23 |
| 309.2 | 309.28 | 309.29 | 309.3 |
| 309.4 | 309.81 | 309.82 | 309.83 |
| 309.89 | 309.9 | 310.0 | 310.1 |
| 310.2 | 310.8 | 310.9 | 311. |
| 312.00 | 312.01 | 312.02 | 312.03 |
| 312.10 | 312.11 | 312.12 | 312.13 |
| 312.20 | 312.21 | 312.22 | 312.23 |
| 312.30 | 312.31 | 312.32 | 312.33 |
| 312.34 | 312.35 | 312.39 | 312.4 |
| 312.8 | 312.9 | 313.0 | 313.1 |
| 313.21 | 313.22 | 313.23 | 313.3 |
| 313.81 | 313.82 | 313.83 | 313.89 |
| 313.9 | 314.00 | 314.01 | 314.1 |
| 314.2 | 314.8 | 314.9 | 315.00 |
| 315.01 | 315.02 | 315.09 | 315.1 |
| 315.2 | 315.31 | 315.39 | 315.4 |
| 315.5 | 315.8 | 315.9 | 316. |
| 317. | 318.0 | 318.1 | 318.2 |
| 319. | | | |

(2) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the ICD-9-CM Diagnostic codes entered. If one of the ICD-9-CM codes is not used, no entry will be made.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

| CODE | TERMINOLOGY |
|------|--|
| 0 | Inadequate information or no change in condition |
| 1 | None |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Extreme |
| 6 | Catastrophic |

(b) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes listed will be used for entry into both ratings. Codes and terms are as follows:

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CODE

TERMINOLOGY

90 to 81

Absent or minimal symptoms.

80 to 71

If symptoms are present, they are transient and
expectable reactions to psychosocial stressors.

| | |
|----------|--|
| 70 to 61 | Some mild symptoms or some difficulty in social, occupational or school functioning. |
| 60 to 51 | Moderate symptoms or moderate difficulty in social, occupational or school functioning. |
| 50 to 41 | Serious symptoms or serious impairment in social, occupational or school functioning. |
| 40 to 31 | Some impairment in reality testing or communication or major impairment in several areas, such as school, family relations, judgment, thinking or mood. |
| 30 to 21 | Some danger of hurting self or others, occasionally fails to maintain personal hygiene, or gross impairment in communication or judgment or ability to function in almost all areas. |
| 20 to 11 | Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication. |
| 10 to 1 | Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act. |
| 0 | Inadequate information. |

s. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of stay for the patient's inpatient care during the movement being coded.

301.04 DISCHARGE DIAGNOSTIC TRANSACTION (N501).

Discharge Diagnostic Transaction (N501) will be prepared for all releases from a VA medical center (hospital).

a. Date and Time of Discharge. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the hospital.

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b. Discharge Specialty. Enter the discharge specialty code from the categories following. This code should reflect the treating service of the physician, not the physical location of the bed, i.e., a surgical patient who occupies a bed on a medical ward due to surgical bed shortage is discharged from Surgical Service not Medical Service.

| CODE | NAME | CDR ACCOUNT |
|------|--------------------------------|-------------|
| 01 | Allergy | 1110.00 |
| 02 | Cardiology | 1110.00 |
| 03 | Pulmonary, TB | 1110.00 |
| 04 | Pulmonary, non-TB | 1110.00 |
| 05 | Gerontology | 1110.00 |
| 06 | Dermatology | 1110.00 |
| 07 | Endocrinology | 1110.00 |
| 08 | Gastroenterology | 1110.00 |
| 09 | Hematology/Oncology | 1110.00 |
| 10 | Neurology | 1111.00 |
| 11 | Epilepsy Center | 1114.00 |
| 12 | Medical ICU/CCU | 1117.00 |
| 14 | Metabolic | 1110.00 |
| 15 | General (acute medicine) | 1110.00 |
| 16 | Cardiac-step Down Unit | 1110.00 |
| 17 | Telemetry | 1110.00 |
| 19 | Stroke Unit | 1111.00 |
| 20 | Rehabilitation Medicine | 1113.00 |
| 21 | Blind Rehabilitation | 1115.00 |
| 22 | Spinal Cord Injury | 1116.00 |
| 40 | Intermediate medicine | 1610.00 |
| 50 | General Surgery | 1210.00 |
| 51 | Gynecology | 1210.00 |
| 52 | Neurosurgery | 1210.00 |
| 53 | Ophthalmology | 1210.00 |
| 54 | Orthopedic | 1210.00 |
| 55 | Otorhinolaryngology | 1210.00 |
| 56 | Plastic Surgery, inc head/neck | 1210.00 |
| 57 | Proctology | 1210.00 |
| 58 | Thoracic Surgery, inc Cardiac | 1210.00 |
| 59 | Urology | 1210.00 |
| 60 | Oral Surgery | 1210.00 |
| 61 | Podiatry | 1210.00 |
| 62 | Peripheral Vascular | 1210.00 |
| 63 | Surgical ICU | 1211.00 |
| 70 | Acute psychiatry (<45 DAYS) | 1310.00 |
| 71 | Long-term psychiatry(>45 DAYS) | 1310.00 |
| 72 | Alcohol treatment | 1311.00 |
| 73 | Drug treatment | 1312.00 |
| 74 | Substance Abuse | 1313.00 |
| 75 | Halfway house | 1110.00 |
| 76 | Psychiatric mentally infirm | 1310.00 |
| 83 | Respite Care | 1110.00 |
| 98 | Non-DOD beds in VA facilities | 8025.00 |
| 99 | DOD beds in VA facilities | 8024.00 |

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c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on leave during the present episode of care. Any period of unauthorized absence will be reported in leave days.

d. Pass Days on Bed Section. Enter the number of days on this bed section that the patient was on pass during the present episode of care.

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e. Spinal Cord Injury Indicator. If the patient's spinal cord indicator changes during the patient's admission, the Spinal Cord Indicator may be edited to indicate the appropriate information for each N501 movement. Enter one of the following codes:

- 1 - Paraplegia-Traumatic
- 2 - Quadriplegia-Traumatic
- 3 - Paraplegia-Nontraumatic
- 4 - Quadriplegia-Nontraumatic
- X - Not Applicable

f. DXLS for Discharging Bed Section. Enter the ICD-9-CM code which represents the diagnosis responsible for the major part of the patient's stay on the discharging bed section.

g. Other Diagnostic Codes for Discharging Bed Section. Only four additional diagnostic codes are permitted for each patient discharge.

h. Bed Occupancy Status. Enter one of the following codes which represents the patient's bed occupancy status at the time of discharge:

- 1 - Bed Occupant
- 2 - Patient on Pass
- 3 - Patient on Leave (includes unauthorized absence)

i. Legionnaire's Disease. When the ICD-9-CM Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

- 1 - Yes
- 2 - No

j. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

| | | | |
|--------|--------|--------|--------|
| E950.0 | E950.1 | E950.2 | E950.3 |
| E950.4 | E950.5 | E950.6 | E950.7 |
| E950.8 | E950.9 | E951.0 | E951.1 |
| E951.8 | E952.0 | E952.1 | E952.8 |
| E952.9 | E953.0 | E953.1 | E953.8 |
| E953.9 | E954. | E955.0 | E955.1 |
| E955.2 | E955.3 | E955.4 | E955.5 |
| E955.9 | E956. | E957.0 | E957.1 |
| E957.2 | E957.9 | E958.0 | E958.1 |
| E958.2 | E958.3 | E958.4 | E958.5 |
| E958.6 | E958.7 | E958.8 | E958.9 |

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(2) These codes are not appropriate as the DXLS and must be entered as secondary diagnoses. If one of the preceding codes is not used, no entry will be made.

1 - Attempted

2 - Accomplished

k. Substance Abuse Information. When one of the ICD-9-CM Diagnostic Codes listed is used, a substance abuse code must be entered; if one of the preceding substance abuse codes is not used, no entry will be made.

| | | | |
|--------|--------|--------|--------|
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 305.20 | 305.21 | 305.22 | 305.23 |
| 305.30 | 305.31 | 305.32 | 305.33 |
| 305.40 | 305.41 | 305.42 | 305.43 |
| 305.50 | 305.51 | 305.52 | 305.53 |
| 305.70 | 305.71 | 305.72 | 305.73 |
| 305.90 | 305.91 | 305.92 | 305.93 |

(1) Specify dependence from the following:

- A001 - Heroin
- A002 - Methadone
- A003 - Morphine
- A004 - Opium
- A005 - Other opiates
- A006 - Benzodiazopenes
- A007 - Meprobamate
- A008 - Barbiturates
- A009 - Other sedatives or hypnotics
- A010 - Marijuana or other cannabis
- A011 - Amphetamines
- A012 - Other psychostimulant
- A013 - LSD
- A014 - PCP
- A015 - Other hallucinogens
- A016 - Tobacco
- A017 - Miscellaneous specified drug
- A018 - NEC

(2) Only one of the dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

1. Psychiatry AXIS Classifications. When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

| | | | |
|--------|--------|--------|--------|
| 295.00 | 295.01 | 295.02 | 295.03 |
|--------|--------|--------|--------|

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| | | | |
|--------|--------|--------|--------|
| 295.04 | 295.05 | 295.10 | 295.11 |
| 295.12 | 295.13 | 295.14 | 295.15 |
| 295.20 | 295.21 | 295.22 | 295.23 |
| 295.24 | 295.25 | 295.30 | 295.31 |
| 295.32 | 295.33 | 295.34 | 295.35 |

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|--------|--------|--------|--------|
| 295.40 | 295.41 | 295.42 | 295.43 |
| 295.44 | 295.45 | 295.50 | 295.51 |
| 295.52 | 295.53 | 295.54 | 295.55 |
| 295.60 | 295.61 | 295.62 | 295.63 |
| 295.64 | 295.65 | 295.70 | 295.71 |
| 295.72 | 295.73 | 295.74 | 295.75 |
| 295.80 | 295.81 | 295.82 | 295.83 |
| 295.84 | 295.85 | 295.90 | 295.91 |
| 295.92 | 295.93 | 295.94 | 295.95 |
| 296.00 | 296.01 | 296.02 | 296.03 |
| 296.04 | 296.05 | 296.06 | 296.10 |
| 296.11 | 296.12 | 296.13 | 296.14 |
| 296.15 | 296.16 | 296.20 | 296.21 |
| 296.22 | 296.23 | 296.24 | 296.25 |
| 296.26 | 296.30 | 296.31 | 296.32 |
| 296.33 | 296.34 | 296.35 | 296.36 |
| 296.40 | 296.41 | 296.42 | 296.43 |
| 296.44 | 296.45 | 296.46 | 296.50 |
| 296.51 | 296.52 | 296.53 | 296.54 |
| 296.55 | 296.56 | 296.60 | 296.61 |
| 296.62 | 296.63 | 296.64 | 296.65 |
| 296.66 | 296.7 | 296.80 | 296.81 |
| 296.82 | 296.89 | 296.90 | 296.99 |
| 297.0 | 297.1 | 297.2 | 297.3 |
| 297.8 | 297.9 | 298.0 | 298.1 |
| 298.2 | 298.3 | 298.4 | 298.8 |
| 298.9 | 299.00 | 299.01 | 299.10 |
| 299.11 | 299.80 | 299.81 | 299.90 |
| 299.91 | 300.00 | 300.01 | 300.02 |
| 300.09 | 300.10 | 300.11 | 300.12 |
| 300.13 | 300.14 | 300.15 | 300.16 |
| 300.19 | 300.20 | 300.21 | 300.22 |
| 300.23 | 300.29 | 300.3 | 300.4 |
| 300.5 | 300.6 | 300.7 | 300.81 |
| 300.89 | 300.9 | 301.0 | 301.10 |
| 301.11 | 301.12 | 301.13 | 301.20 |
| 301.21 | 301.22 | 301.3 | 301.4 |
| 301.50 | 301.51 | 301.59 | 301.6 |
| 301.7 | 301.81 | 301.82 | 301.83 |
| 301.84 | 301.89 | 301.9 | 302.0 |
| 302.1 | 302.2 | 302.3 | 302.4 |
| 302.50 | 302.51 | 302.52 | 302.53 |
| 302.6 | 302.70 | 302.71 | 302.72 |
| 302.73 | 302.74 | 302.75 | 302.76 |
| 302.79 | 302.81 | 302.82 | 302.83 |
| 302.84 | 302.85 | 302.89 | 302.9 |
| 303.00 | 303.01 | 303.02 | 303.03 |
| 303.90 | 303.91 | 303.92 | 303.93 |
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |

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| 304.20 | 304.21 | 304.22 | 304.23 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |

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| | | | |
|--------|--------|--------|--------|
| 304.70 | 304.71 | 304.72 | 304.73 |
| 304.80 | 304.81 | 304.82 | 304.83 |
| 304.90 | 304.91 | 304.92 | 304.93 |
| 304.99 | 305.00 | 305.01 | 305.02 |
| 305.03 | 305.10 | 305.11 | 305.12 |
| 305.13 | 305.20 | 305.21 | 305.22 |
| 305.23 | 305.29 | 305.30 | 305.31 |
| 305.32 | 305.3 | 305.40 | 305.41 |
| 305.42 | 305.43 | 305.50 | 305.51 |
| 305.52 | 305.53 | 305.60 | 305.61 |
| 305.62 | 305.63 | 305.70 | 305.71 |
| 305.72 | 305.73 | 305.80 | 305.81 |
| 305.82 | 305.83 | 305.90 | 305.91 |
| 305.92 | 305.93 | 306.0 | 306.1 |
| 306. | 306.3 | 306.4 | 306.50 |
| 306.51 | 306.52 | 306.53 | 306.59 |
| 306.6 | 306.7 | 306.8 | 306.9 |
| 307.0 | 307.1 | 307.20 | 307.21 |
| 307.22 | 307.23 | 307.3 | 307.40 |
| 307.41 | 307.42 | 307.43 | 307.44 |
| 307.45 | 307.46 | 307.47 | 307.48 |
| 307.49 | 307.50 | 307.51 | 307.52 |
| 307.53 | 307.54 | 307.59 | 307.6 |
| 307.7 | 307.80 | 307.81 | 307.89 |
| 307.9 | 308.0 | 308.1 | 308.2 |
| 308.3 | 308.4 | 308.9 | 309.0 |
| 309.1 | 309.21 | 309.22 | 309.23 |
| 309.24 | 309.28 | 309.29 | 309.3 |
| 309.4 | 309.81 | 309.8 | 309.83 |
| 309.8 | 309.9 | 310.0 | 310.1 |
| 310.2 | 310.8 | 310.9 | 311. |
| 312.00 | 312.01 | 312.02 | 312.03 |
| 312.10 | 312.11 | 312.12 | 312.13 |
| 312.20 | 312.21 | 312.22 | 312.23 |
| 312.30 | 312.31 | 312.32 | 312.33 |
| 312.34 | 312.35 | 312.39 | 312.4 |
| 312.8 | 312.9 | 313.0 | 313.1 |
| 313.21 | 313.2 | 313.23 | 313.3 |
| 313.81 | 313.82 | 313.83 | 313.89 |
| 313.9 | 314.00 | 314.01 | 314.1 |
| 314.2 | 314.8 | 314.9 | 315.00 |
| 315.01 | 315.02 | 315.09 | 315.1 |
| 315.2 | 315.31 | 315.39 | 315.4 |
| 315.5 | 315. | 315.9 | 316. |
| 317. | 318.0 | 318.1 | 318.2 |
| 319. | | | |

(1) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based

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on each of the ICD-9-CM Diagnostic codes entered. If one of the ICD-9-CM Diagnostic codes is not used, no entry will be made.

(2) Enter a one-digit rating from 0 (inadequate information/unchanged) through 6 (catastrophic). Although up to four stressors may be described in the medical record, only one overall rating indicating maximal stress is to be indicated and entered into NPTF.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

| CODE | TERMINOLOGY |
|------|--|
| 0 | Inadequate information or no change in condition |
| 1 | None |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Extreme |
| 6 | Catastrophic |

(2) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes following will be used for entry into both ratings. Codes and terms are:

| CODE | TERMINOLOGY |
|----------|---|
| 90 to 81 | Absent or minimal symptoms. |
| 80 to 71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors. |
| 70 to 61 | Some mild symptoms or some difficulty in social, occupational, or school functioning. |
| 60 to 51 | Moderate symptoms or moderate difficulty in social, occupational, or school functioning. |
| 50 to 41 | Serious symptoms, or serious impairment in social, occupational, or school functioning. |
| 40 to 31 | Some impairment in reality testing or communication, or major impairment in several areas, such as school, family relations, judgment, thinking, or mood. |
| 30 to 21 | Some danger of hurting self or others, or occasionally fails to maintain personal hygiene, or gross impairment in communication or judgment or ability to function in almost all areas. |
| 20 to 11 | Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication with clear expectations of death. |

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10 to 1

Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act.

0

Inadequate information.

m. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

301.05 PHYSICAL LOCATION TRANSACTION (N535)

a. The Physical Location Transaction will be used to monitor the times a patient is housed in a physical location that is different from the specialty location. For example: When insufficient beds are available for use by Medical Service, the patient may be physically transferred to a bed on the Surgical Service. The physical location of the patient and the appropriate CDR codes will be entered for all patients on the discharge transaction. A N535 transaction will be created at this time.

b. Leave and pass days for the time the patient is in a Physical Location different from the specialty location will be transmitted in the N535 transaction.

c. The Austin DPC will not process more than 25 N535 transactions per discharge. All transactions over the 25 limit will be deleted.

301.06 PROCEDURE TRANSACTION (N601)

a. Procedures will be reported on the N601 transaction:

(1) "Procedure" for purpose of NPTF includes dental procedures, and is defined as a non-OR intervention operation or nonsurgical action (diagnostic, therapeutic, etc.) and is not documented on an SF 516. Procedures may be documented in progress notes, on consultation reports, abbreviated hospital summaries, radiology and nuclear medicine reports, etc.

(2) The procedures transaction can accommodate five ICD-9-CM code entries performed at any date and time during a period of hospitalization. If more than five procedures were performed, only the most significant will be entered.

(3) Dialysis treatment types and number of dialysis episodes will be reported on the procedure transaction. Patients who receive routine maintenance dialysis are considered outpatients and are not reported into the NPTF. Multiple dialysis types of treatment received during a hospitalization may be reported on the N601 transaction for the date of occurrence.

b. Coding

(1) Date and Time of Procedure. Enter the following information:

(a) Two-digit equivalent for MONTH (01, 12).

(b) Two-digit equivalent for DAY of month (01, 31).

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(c) Last two digits of YEAR.

(d) Enter the time the procedure started.

(2) Bed Section. Enter the patient's bed section code from the transaction categories following:

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| CODE | NAME | CDR ACCOUNT |
|------|--------------------------------|-------------|
| 01 | Allergy | 1110.00 |
| 02 | Cardiology | 1110.00 |
| 03 | Pulmonary, TB | 1110.00 |
| 04 | Pulmonary, non-TB | 1110.00 |
| 05 | Gerontology | 1110.00 |
| 06 | Dermatology | 1110.00 |
| 07 | Endocrinology | 1110.00 |
| 08 | Gastroenterology | 1110.00 |
| 09 | Hematology/Oncology | 1110.00 |
| 10 | Neurology | 1111.00 |
| 11 | Epilepsy Center | 1114.00 |
| 12 | Medical ICU/CCU | 1117.00 |
| 14 | Metabolic | 1110.00 |
| 15 | General (acute medicine) | 1110.00 |
| 16 | Cardiac-step Down Unit | 1110.00 |
| 17 | Telemetry | 1110.00 |
| 19 | Stroke Unit | 1111.00 |
| 20 | Rehabilitation Medicine | 1113.00 |
| 21 | Blind Rehabilitation | 1115.00 |
| 22 | Spinal Cord Injury | 1116.00 |
| 40 | Intermediate medicine | 1610.00 |
| 50 | General surgery | 1210.00 |
| 51 | Gynecology | 1210.00 |
| 52 | Neurosurgery | 1210.00 |
| 53 | Ophthalmology | 1210.00 |
| 54 | Orthopedic | 1210.00 |
| 55 | Otorhinolaryngology | 1210.00 |
| 56 | Plastic Surgery, inc head/neck | 1210.00 |
| 57 | Proctology | 1210.00 |
| 58 | Thoracic Surgery, inc Cardiac | 1210.00 |
| 59 | Urology | 1210.00 |
| 60 | Oral Surgery | 1210.00 |
| 61 | Podiatry | 1210.00 |
| 62 | Peripheral Vascular | 1210.00 |
| 63 | Surgical ICU | 1211.00 |
| 70 | Acute psychiatry (<45 DAYS) | 1310.00 |
| 71 | Long-term psychiatry(>45 DAYS) | 1310.00 |
| 72 | Alcohol treatment | 1311.00 |
| 73 | Drug treatment | 1312.00 |
| 74 | Substance abuse | 1313.00 |
| 75 | Halfway house | 1110.00 |
| 76 | Psychiatric mentally infirm | 1310.00 |
| 83 | Respite Care | 1110.00 |
| 98 | Non-DOD beds in VA facilities | 8025.00 |
| 99 | DOD beds in VA facilities | 8024.00 |

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(3) Dialysis Type. Enter one of the following codes to report the type of dialysis treatment the patient received during this hospitalization. This information will be reported upon discharge. If the patient received multiple types of dialysis (i.e., from peritoneal to hemodialysis), an N601 will be prepared to report each type of treatment received and the number of treatments provided; use the date of the last dialysis treatment provided for the date of procedure.

- 1 Acute hemodialysis treatment
- 2 Chronic assisted (full care) hemodialysis treatment
- 3 Limited/self care hemodialysis treatment
- 4 Acute peritoneal dialysis treatment
- 5 Chronic assisted (full care) peritoneal dialysis treatment
- 6 Limited/self care peritoneal dialysis treatment
- 7 Home hemodialysis training treatment
- 8 Home peritoneal dialysis treatment

(4) Number of Dialysis Treatments. Enter the number of times that the type of dialysis treatment reported was provided during the hospitalization.

(5) Procedure Codes. Five ICD-9-CM non-OR procedure codes can be reported for each date and time of procedure. The NPTF system will accept a maximum of 32 transactions per hospitalization.

301.07 PATIENT MOVEMENT TRANSACTION (N501)

A Patient Movement Transaction (N501) will be prepared for each transfer between bed sections in a VA health care facility. A Patient Movement is defined as any transfer between bed sections, and the patient remains on the new bed section as of midnight of that date or a transfer to a specialized unit where the patient remains as of midnight of that date. The source for this information will be VA Form(s) 10-1214N-4, Patient Transfer Note. A patient movement will not be reported for patients placed in a specialty bed due to a lack of available beds on an appropriate bed section or transferred for reasons other than a change in patient care requirements.

a. Date and Time of Movement

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patient's movement

b. Losing Bed Section. Enter appropriate losing Bed Section code from the following category:

| CODE | NAME | CDR ACCOUNT |
|------|-------------------|-------------|
| 01 | Allergy | 1110.00 |
| 02 | Cardiology | 1110.00 |
| 03 | Pulmonary, TB | 1110.00 |
| 04 | Pulmonary, non-TB | 1110.00 |
| 05 | Gerontology | 1110.00 |
| 06 | Dermatology | 1110.00 |
| 07 | Endocrinology | 1110.00 |

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| | | |
|----|---------------------|---------|
| 08 | Gastroenterology | 1110.00 |
| 09 | Hematology/Oncology | 1110.00 |
| 10 | Neurology | 1111.00 |
| 11 | Epilepsy Center | 1114.00 |
| 12 | Medical ICU/CCU | 1117.00 |
| 14 | Metabolic | 1110.00 |

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| | | |
|---------|--------------------------------|---------|
| 15 | General (acute medicine) | |
| 1110.00 | | |
| 16 | Cardiac-step Down Unit | 1110.00 |
| 17 | Telemetry | 1110.00 |
| 19 | Stroke Unit | 1111.00 |
| 20 | Rehabilitation Medicine | 1113.00 |
| 21 | Blind Rehabilitation | 1115.00 |
| 22 | Spinal Cord Injury | 1116.00 |
| 40 | Intermediate medicine | 1610.00 |
| 50 | General surgery | 1210.00 |
| 51 | Gynecology | 1210.00 |
| 52 | Neurosurgery | 1210.00 |
| 53 | Ophthalmology | 1210.00 |
| 54 | Orthopedic | 1210.00 |
| 55 | Otorhinolaryngology | 1210.00 |
| 56 | Plastic Surgery, inc Head/Neck | 1210.00 |
| 57 | Proctology | 1210.00 |
| 58 | Thoracic Surgery, inc Cardiac | 1210.00 |
| 59 | Urology | 1210.00 |
| 60 | Oral Surgery | 1210.00 |
| 61 | Podiatry | 1210.00 |
| 62 | Peripheral Vascular | 1210.00 |
| 63 | Surgical ICU | 1211.00 |
| 70 | Acute psychiatry (<45 DAYS) | 1310.00 |
| 71 | Long-term psychiatry(>45 DAYS) | 1310.00 |
| 72 | Alcohol treatment | 1311.00 |
| 73 | Drug treatment | 1312.00 |
| 74 | Substance abuse | 1313.00 |
| 75 | Halfway house | 1110.00 |
| 76 | Psychiatric mentally infirm | 1310.00 |
| 83 | Respite Care | 1110.00 |
| 98 | Non-DOD beds in VA facilities | 8025.00 |
| 99 | DOD beds in VA facilities | 8024.00 |

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on authorized, or unauthorized leave during the present episode of care. Any period of unauthorized absence will be included in the leave days reported.

d. Pass Days on Bed Section. Enter the number of days on this bed section that the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. If the patient's spinal cord indicator changes during the patient's admission, the spinal cord indicator may be edited to indicate the appropriate information for each N501 movement. Enter one of the following codes:

- 1 Paraplegia--Traumatic
- 2 Quadriplegia--Traumatic
- 3 Paraplegia--Nontraumatic

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4 Quadriplegia--Nontraumatic
X Not applicable

f. DXLS for Losing Bed Section. Enter the ICD-9-CM diagnostic code for diagnosis responsible for the major part of the length of stay on the losing bed section.

g. Other Diagnostic Codes. Only four other diagnostic codes are permitted for each patient movement.

h. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

301.08 SURGICAL TRANSACTION (N401)

A Surgical Transaction (N401) will be prepared for each episode of surgery for which an SF 516, Operation Report, is present. The term "operative room procedure" includes surgery performed in a main operating room or a specialized operating room. A surgical transaction will be prepared for VA inpatients undergoing surgery in VA facilities and for veterans undergoing surgery in non-VA facilities at VA expense when the patient leaves and returns to the VA facility within a calendar day.

a. Date and Time of Surgery (Operation). Enter the following information:

- (1) Enter two-digit equivalent for MONTH (Jan. "01", etc.).
- (2) Enter two-digit for DAY of month (01, 02, 31).
- (3) Enter last two digits of the YEAR.
- (4) Enter the date and time the operation began.

b. Surgical Specialty. Identify the specialty of the Chief Surgeon who performed the operation. If the surgeon is a resident, use the code which reflects the current residency assignment.

- 50 General (or when specialty is not identified in the following)
- 51 Gynecology
- 52 Neurosurgery
- 53 Ophthalmology
- 54 Orthopedics
- 55 ENT (Otorhinolaryngology)
- 56 Plastic Surgery (includes head and neck)
- 57 Proctology
- 58 Thoracic Surgery (includes Cardiac Surgery)
- 59 Urology
- 60 Oral Surgery (Dental)
- 61 Podiatry
- 62 Peripheral Vascular

c. Category of Chief Surgeon

(1) For patients operated upon in a VA facility, select the code which will identify the team of surgeons operating:

- 1 Staff, full-time

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- 2 Staff, part-time
- 3 Consultant
- 4 Attending
- 5 Fee Basis
- 6 Resident
- 7 Other (includes Intern)

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(2) For patients operated upon in a non-VA facility, select and enter the code which identifies the team of surgeons operating:

- V VA team of surgeons
- M Mixed VA and non-VA team of surgeons
- N Non-VA team of surgeons

d. Category of First Assistant. For patients operated upon in a VA facility, select and enter the code which identifies the employment status/category of the first assistant. For patients operated upon in a non-VA facility, make no entry.

- 1 Staff, full-time
- 2 Staff, part-time
- 3 Consultant
- 4 Attending
- 5 Fee Basis
- 6 Resident
- 7 Other (includes intern)
- 8 No assistant

e. Principal Anesthetic Technique. For patients operated upon in a VA facility, select and enter one of the following codes. For patients operated upon in a non-VA facility, make no entry.

- 0 None
- 1 Inhalation (open drop)
- 2 Inhalation (circle absorber)
- 3 Intravenous
- 4 Infiltration
- 5 Field Block
- 6 Nerve Block
- 7 Spinal
- 8 Epidural
- 9 Topical
- R Rectal
- X Other

f. Source of Payment. Entries will be completed only if the team of surgeons is coded as a V, M, or N.

- 1 CONTRACT (38 CFR 17.50, 17.50a, 17.50b, 17.80)
- 2 SHARING (38 CFR 17.50e)

g. Operative Codes. ICD-9-CM Diagnostic Codes will be used. Five codes may be reported for each surgical episode.

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h. Transplant Status. When Operation Code 55.69 is used to denote a kidney transplant, the source of the transplant organ must be determined. For patients not receiving a kidney transplant, make no entry.

- 1 Live Donor
- 2 Cadaver

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CHAPTER 4. NPTF (NEW PATIENT TREATMENT FILE) CODING INSTRUCTIONS FOR
PATIENTS IN VA NURSING HOME CARE UNITS AND COMMUNITY NURSING HOMES

401.01 GENERAL

a. This chapter will provide coding instructions for patients discharged from a VA (Department of Veterans Affairs) NHCU (Nursing Home Care Unit) or CNH (Community Nursing Home). Instructions for the completion of the transaction required to establish a record for the nursing home patient will be located in this chapter and are indicated by the references which follow.

b. When a nursing home patient (NHCU or CNH) is returned to a hospital for care, the patient is considered to be in ASIH (absent sick in hospital) status.

c. The number of days the patient is ASIH status will be monitored; however, no nursing home NPTF transactions will be prepared unless 30 days of inpatient care for the NHCU patient or 15 days of inpatient care for the CNH patient have transpired, or the patient dies, or goes AMA (against medical advice) while in a hospital.

d. If the ASIH episode is less than 30 days for the NHCU patient or less than 15 days for the CNH patient, a NPTF transaction is prepared to report the episode of hospital care.

e. If the patient dies in a hospital while on ASIH, the patient is reported as a discharge from the nursing home, and the ASIH days are reported, and the death is reported on the hospital NPTF transactions.

f. If the nursing home patient is admitted to a hospital for care and the hospital episode is more than 30 days for the NHCU patient or more than 15 days for the CNH patient, then the patient is discharged from the nursing home and a NPTF transaction must be prepared to reflect the episode of care provided in a hospital.

g. If the patient is then readmitted to the nursing home from a hospital, another NPTF transaction will be prepared upon discharge to reflect the nursing home episode of care.

h. A NPTF transaction must be prepared on all patients receiving care in a VA NHCU or a CNH at VA expense. Included are:

(1) An Admission Transaction (N101) will be prepared on every patient. Specific instructions begin with paragraph 401.02.

(2) A Disposition Transaction (N701) will be prepared on every patient and will be used to report discharge diagnoses as documented on the VA Form 10-1000, Discharge Summary, or VA Form 10-9034 series, Medical Record Report. Specific instructions begin with paragraph 401.03.

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(3) A Discharge Diagnosis Transaction (N501) will be prepared on every patient. Specific instructions begin with paragraph 401.04.

(4) A Procedure Transaction (N601) will be prepared, if applicable, to report non-OR (surgical procedures which do not take place in an operating room) procedures performed

during an episode of care. Specific instructions begin with paragraph 401.05.

(5) A Surgical Transaction (N401) will not be completed for nursing home patients.

(6) Additional information regarding encoding transactions is found in MP-6, part XVI, chapter 3, subparagraph 301.01.

401.02 ADMISSION TRANSACTION (N101)

A Admission Transaction (N101) will be prepared for all releases from a VA NHCU or a CNH under VA auspices.

a. Control Data. Each transaction submitted will contain basic information referred to as Control Data.

(1) Control Data identifies and introduces the patient's episode of care into the NPTF.

(2) The control data items are the patient's SSN (Social Security Number), date and time of admission, and facility number.

(3) Specific instructions for control data are found in MP-6, part XVI, chapter 2.

b. Last Name of Patient. Enter the patient's last name. This field will accept 12 letters of the last name. DO NOT use hyphens or apostrophes which may occur in names such as Mac-Bride and O'Connell. If the patient's name has less than 11 or 12 letters, the system will accept JR, SR, I, II, III, or IV.

c. Initials of First and Middle Names. Enter the initial of the patient's first name and the initial of the middle name.

d. Source of Admission. These codes indicate where nursing home patients come from and/or their status at the time of admission. Select and enter the appropriate code from the following list:

(1) Direct admission of a veteran from:

- 5A VA medical center
- 5B Non-VA hospital (under VA auspices)
- 5C VA domiciliary
- 5G All other sources (community, etc.)

(2) Transfer-in of a veteran from:

- 5D Transfer from a VA Nursing Home Unit to a VA Nursing Home Unit (Does Not include a CNH) when the veteran has been in the nursing home continuously since before 7/1/86. This source of admission will generate a Means Test Indicator of "X".

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5E Another VA NHCU
5F CNH (under VA auspices)

(3) CNH UNDER VA auspices:

(a) Direct admission of a veteran from:

- 6A VA medical center
- 6D All other sources (community, etc)

(b) Transfer-in of a veteran from:

- 6B VA NHCU
- 6C Another CNH (under VA Auspices)

(4) Direct admission of a non-veteran to a CNH (under VA auspices):

- 7B Active duty personnel from military hospital to CNH

e. Transferring VA Facility. The entry identifies the VA facility or the non-VA facility from which the patient was admitted or transferred. Identification of the facility from which the patient was admitted/ transferred is linked to the patient's source of admission.

(1) If the source of admission is a code 5A-5C, 5E or 5F, the transferring facility will be identified.

(2) If the source of admission is a code 5G, no entry will be made. Facility numbers for transferring facilities will be found in appendix A.

(3) If the source of admission is a non-VA facility, enter the three position facility number for your medical center as listed in appendix A.

(4) If the source of admission in a non-VA facility, enter the three position facility number for your medical center. Suffix modifiers which identify non-VA facilities can be found in MP-6, part XVI, chapter 7.

f. Source of Payment. No entry will be made.

g. POW (Prisoner of War Status). Enter the appropriate code from the following:

- 1 Not POW
- 3 Information not available
- 4 POW in WWI
- 5 POW in WWII, Europe only
- 6 POW in WWII, South Pacific
- 7 POW in Korean Conflict only
- 8 POW in Vietnam Era only
- 9 POW during more than one of the preceding periods of service

h. Marital Status. Enter the appropriate code from the following:

- N Never married
- M Married
- S Separated
- W Widowed

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D Divorced
U Unknown

i. Sex. Enter one of the following codes:

M Male

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F Female

i. Date of Birth

(1) Enter the numerical equivalent for the MONTH of birth (Jan. "01", Dec. "12"). If the month of birth is unknown, enter 00.

(2) Enter the DAY of the month of birth (01, 02, 31). If day of birth is unknown, enter 00.

(3) Enter four digits for the YEAR of birth (e.g., 1922, 1897, etc.) If year of birth is unknown, an estimated year of birth must be entered.

k. Period of Service. The codes following (ch. 4 k.(3)) are directly related to the CFR (admission authority) under which a patient is eligible for care and treatment.

(1) Active Military. Active military duty status takes precedence over any other status. In other words, a patient admitted while on active duty will be coded as A, B, C, or D, even though the patient may have entitlement as a veteran by virtue of a previous period of service.

(2) Veteran. Use the code for the latest wartime period of service when a veteran has served in two or more wars EXCEPT when it is known that the patient is SC (service-connected) for a condition incurred in a prior war.

(3) Other Non-veterans. This group includes all patients other than veterans and active duty military, such as humanitarian emergencies, reimbursement cases, allied beneficiaries, donors, etc. If an OWCP (Office of Workers Compensation Program) case is admitted, code as "J", even though eligible as a veteran (not for extended care). The non-veteran codes may only be used when a non-veteran is admitted to a CNH at VA expense.

- 3 Spanish-American War
- 1 World War I (April 6, 1917, to November 11, 1918); date can be extended to
 April 1, 1920, if veteran served in Russia
- 2 World War II (December 7, 1941, to December 31, 1946)
- 4 Peacetime Enlistment (Before June 27, 1950)
- 0 Korean Conflict (June 27, 1950, to January 31, 1955)
- 5 Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964)
- 7 Vietnam Era (August 5, 1964, to May 7, 1975)
- 8 Post-Vietnam/Peacetime Service (On or after May 8, 1975)
- W Service in Czechoslovakian or Polish Armed Forces (Public Law 94-491)
- A Active Duty--ARMY
- B Active Duty--NAVY/MARINE CORPS
- C Active Duty--AIR FORCE
- D Active Duty--COAST GUARD (Department of Transportation)
- Y New Philippine Scouts and Commonwealth Army Veterans (for NHCU use)

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X Persian Gulf War (August 2, 1990, to -----)
6 Active Duty - Persian Gulf War

1. Exposure to Agent Orange. This information will be completed when the Period of Service is "7".

1 No claim of Service in Vietnam
2 Claims - Vietnam Service--NO Exposure to Agent Orange

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- 3 Claims - Vietnam Service--EXPOSED to Agent Orange
- 4 Claims - Vietnam Service--UNKNOWN Exposure

m. Exposure to Ionizing Radiation. This information will be completed when Period of Service is coded 2, 4, 5, 7, or 8.

- 1 NO claim of Exposure to Ionizing Radiation
- 2 Claims--Exposure - Hiroshima or Nagasaki, Japan
- 3 Claims--Exposure - Nuclear Testing
- 4 Claims--Exposure - BOTH Nuclear Testing and Japan

n. Residence--State and County Codes. Code permanent residence of patient using codes contained in the latest edition of VHA (Veterans Health Administration) Manual, M-1, part 1, chapter 18. If patient's residence is a domiciliary; enter the State and county in which it is located.

o. Zip Code

- (1) Enter ZIP code of permanent residence (National Zip Code Directory).
- (2) If residence is a foreign country, code 75999.
- (3) If ZIP code is unknown, code "X" in this data element for each of the five digits.

p. Means Test Indicator. A Means Test eligibility category indicator will be entered for all VA patients who were admitted on and after July 1, 1986. The source document for this information will be VA Form 10-10, Application for Medical Benefits, or VA Form 10-10F, Financial Worksheet. Enter one of the following codes:

| CODE | DEFINITION |
|------|---|
| AS | Category A SC veteran or special category veteran. (Special categories include: Mexican Border War, Spanish American War, World War I veteran, former POW, Agent Orange, Ionizing Radiation.) |
| AN | Category A NSC (nonservice-connected) veteran. (AN is used for NSC veterans who are required to complete the VA Form 10-10F and for NSC veterans in receipt of VA pension, aid and attendance or housebound allowance or State Medicaid.) |
| C | Category C Veteran. (This includes those pending adjudication.) |
| N | Non-veteran. |
| X | Not applicable. (The veteran was admitted prior to July 1, 1986, with no change in the level of care being received, i.e., if the patient was in the NHCU on July 1, 1986, and has remained in the |

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NHCU since that date with no transfer to the hospital for treatment.)

U Means Test not done/not completed. (The Austin DPC (Data Processing Center) will not accept a NPTF unless the Means Test has been completed.)

q. Income. The family income will be transmitted with each discharge from a medical

facility. This information will be obtained from either the Income Screening information contained on the VA Form 10-10, or the completed VA Form 10-10F.

401.03 DISPOSITION TRANSACTION (N701)

A Disposition Transaction (N701) will be completed for all releases from a VA NHCU or a CNH under VA auspices.

a. Date and Time of Disposition. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the hospital.

b. Discharge Bed Section. Enter the bed section code from the following categories:

| CODE | ACCOUNT NAME | CDR (COST DISTRIBUTION REPORT) ACCOUNT |
|------|-------------------|--|
| 80 | Nursing Home Care | 1410.00 |
| 83 | Respite Care | 1110.00 |

NOTE: The CDR Account will not be used when coding Community Nursing Home patients.

c. Type of Disposition. Select and enter one of the following disposition codes:

- 1 Regular
- 2 Regular (Admitted to hospital after 30 days ASIH for NHCU or 15 days ASIH for CNH)
- 3 Expiration of 6-month limitation (CNH patients only)
- 4 Irregular
- 5 Transfer (to another VA NHCU or CNH)
- 6 Death, with autopsy
- 7 Death, without autopsy

d. Outpatient Treatment. Select and enter one of the following codes:

- 1--Yes
- 3--No

e. VA Auspices. Select and enter one of the following codes to indicate whether further care is to be provided under VA auspices (at VA expense):

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1 Yes

2 No

f. Place of Disposition. Select and enter one of the following codes to show where the patient is going:

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| CODE | DISPOSITION |
|------|---|
| X | Return to community-independent |
| 0 | VA medical center |
| 1 | Military hospital |
| 2 | Other Federal hospital |
| 3 | Other government hospital (State, County, City and State Home Hospital) |
| 4 | Community hospital |
| 5 | VA NHCUC |
| 7 | CNH |
| 9 | Nursing Care continued at SAME NURSING HOME |
| A | Nursing Care continued at another CNH |
| B | State Home--nursing care |
| C | VA domiciliary |
| D | State Home--domiciliary care |
| F | Foster home |
| G | Halfway house |
| H | Boarding house |
| J | Penal institution |
| K | Residential hotel/care facilities (i.e., YMCA, Fraternal Home, etc.) |
| L | Other placement, not specified elsewhere/unknown |
| T | Respite Care |
| U | Hospice Care |

g. Receiving Facility. This data item will be completed only if the veteran is to receive further care (hospital, nursing home or domiciliary) under VA auspices. In the case of a CNH Care placement, use the three position code which identifies your facility and add the community nursing home suffix, "CNH". Other facility numbers will be found in appendix A. Suffix modifiers which identify non-VA facilities will be found in MP-6, part XVI, chapter 7.

h. Extended Care Days ASIH. Enter the number of absent sick in hospital days during the present episode of care.

i. Race. Enter the appropriate code from the following:

- 1 Hispanic White
- 2 Hispanic Black
- 3 American Indian or Alaskan Native
- 4 Black not of Hispanic origin
- 5 Asian or Pacific Islander
- 6 White not of Hispanic origin
- 7 Unknown

j. C&P (Compensation and Pension) Status. Select and enter one of the following codes:

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- 1 Treated for compensable SC condition (rated 10 percent or more).
(Use even if veteran is receiving a VA pension.)

- 2 Treated for a non-compensable SC condition (rated less than 10
percent). (Use even if veteran is receiving a VA pension.)

- 3 Treated for a NSC condition and has a compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 4 Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 5 Treated for NSC condition, no SC disability and is in receipt of a VA pension.
- 6 Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.
- 7 Treated for NSC condition, no SC disability and is not in receipt of a VA pension.
- 8 Non-veterans.

k. DXLS (Diagnosis Responsible for Length of Stay) for Entire Stay To Date. Enter the code for diagnosis responsible for the major part of the length of stay.

(1) At least one diagnostic code must be submitted for each hospitalization. To indicate patient disposition a N501 will be submitted along with a N701 (Disposition Transaction).

(2) The date and time of the disposition transaction (N701) and the date and time of the discharge movement (N501) must be the same.

(3) A maximum of 10 diagnostic codes (N701/N702) may be submitted on a final disposition action.

1. Only Diagnosis Indicator. If there is only one diagnostic code, the alpha character "X" will be entered. If there are additional diagnoses to be reported, no entry will be made.

m. Percent of Service Connection. The veteran's percentage of SC disability will be entered. If the veteran is not service connected, no entry will be made.

n. Legionnaire's Disease. When the ICD-9-CM (International Classification of Diseases, Clinical Modification, Ninth Revision) Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

- 1 Yes
- 2 No

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o. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

E950.0

E950.1

E950.2

E950.3

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| | | | |
|--------|--------|--------|--------|
| E950.4 | E950.5 | E950.6 | E950.7 |
| E950.8 | E950.9 | E951.0 | E951.1 |
| E951.8 | E952.0 | E952.1 | E952.8 |
| E952.9 | E953.0 | E953.1 | E953.8 |
| E953.9 | E954. | E955.0 | E955.1 |
| E955.2 | E955.3 | E955.4 | E955.5 |
| E955.9 | E956. | E957.0 | E957.1 |
| E957.2 | E957.9 | E958.0 | E958.1 |
| E958.2 | E958.3 | E958.4 | E958.5 |
| E958.6 | E958.7 | E958.8 | E958.9 |

(2) These codes are not appropriate as the DXLS and they must be entered as secondary diagnoses. If one of the preceding codes is not used, no entry will be made.

1 - Attempted

2 - Accomplished

p. Substance Abuse Information. When one of the ICD-9-CM Diagnostic Codes following is used, a substance abuse code must be entered; if one of the codes is not used, no entry will be made.

| | | | |
|--------|--------|--------|--------|
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 305.20 | 305.21 | 305.22 | 305.23 |
| 305.30 | 305.31 | 305.32 | 305.33 |
| 305.40 | 305.41 | 305.42 | 305.43 |
| 305.50 | 305.51 | 305.52 | 305.53 |
| 305.70 | 305.71 | 305.72 | 305.73 |
| 305.90 | 305.91 | 305.92 | 305.93 |

(1) Specify dependence from the following:

- A001 Heroin
- A002 Methadone
- A003 Morphine
- A004 Opium
- A005 Other opiates
- A006 Benzodiazopenes
- A007 Meprobamate
- A008 Barbiturates
- A009 Other sedatives or hypnotics
- A010 Marijuana or other cannabis
- A011 Amphetamines
- A012 Other psychostimulant

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| | |
|------|------------------------------|
| A013 | LSD |
| A014 | PCP |
| A015 | Other hallucinogens |
| A016 | Tobacco |
| A017 | Miscellaneous specified drug |
| A018 | NEC (Unspecified Drug) |

(2) Only one of the preceding dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

q. Psychiatry AXIS Classifications. When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

| | | | |
|--------|--------|--------|--------|
| 295.00 | 295.01 | 295.02 | 295.03 |
| 295.04 | 295.05 | 295.10 | 295.11 |
| 295.12 | 295.13 | 295.14 | 295.15 |
| 295.20 | 295.21 | 295.22 | 295.23 |
| 295.24 | 295.25 | 295.30 | 295.31 |
| 295.32 | 295.33 | 295.34 | 295.35 |
| 295.40 | 295.41 | 295.42 | 295.43 |
| 295.44 | 295.45 | 295.50 | 295.51 |
| 295.52 | 295.53 | 295.54 | 295.55 |
| 295.60 | 295.61 | 295.62 | 295.63 |
| 295.64 | 295.65 | 295.70 | 295.71 |
| 295.72 | 295.73 | 295.74 | 295.75 |
| 295.80 | 295.81 | 295.82 | 295.83 |
| 295.84 | 295.85 | 295.90 | 295.91 |
| 295.92 | 295.93 | 295.94 | 295.95 |
| 296.00 | 296.01 | 296.02 | 296.03 |
| 296.04 | 296.05 | 296.06 | 296.10 |
| 296.11 | 296.12 | 296.13 | 296.14 |
| 296.15 | 296.16 | 296.20 | 296.21 |
| 296.22 | 296.23 | 296.24 | 296.25 |
| 296.26 | 296.30 | 296.31 | 296.32 |
| 296.33 | 296.34 | 296.35 | 296.36 |
| 296.40 | 296.41 | 296.42 | 296.43 |
| 296.44 | 296.45 | 296.46 | 296.50 |
| 296.51 | 296.52 | 296.53 | 296.54 |
| 296.55 | 296.56 | 296.60 | 296.61 |
| 296.62 | 296.63 | 296.64 | 296.65 |
| 296.66 | 296.7 | 296.80 | 296.81 |
| 296.82 | 296.89 | 296.90 | 296.99 |
| 297.0 | 297.1 | 297.2 | 297.3 |
| 297.8 | 297.9 | 298.0 | 298.1 |
| 298.2 | 298.3 | 298.4 | 298.8 |
| 298.9 | 299.00 | 299.01 | 299.10 |
| 299.11 | 299.80 | 299.81 | 299.90 |
| 299.91 | 300.00 | 300.01 | 300.02 |
| 300.09 | 300.10 | 300.11 | 300.12 |
| 300.13 | 300.14 | 300.15 | 300.16 |
| 300.19 | 300.20 | 300.21 | 300.22 |
| 300.23 | 300.29 | 300.3 | 300.4 |
| 300.5 | 300.6 | 300.7 | 300.81 |

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| | | | |
|--------|--------|--------|--------|
| 300.89 | 300.9 | 301.0 | 301.10 |
| 301.11 | 301.12 | 301.13 | 301.20 |
| 301.21 | 301.22 | 301.3 | 301.4 |
| 301.50 | 301.51 | 301.59 | 301.6 |
| 301.7 | 301.81 | 301.82 | 301.83 |
| 301.84 | 301.89 | 301.9 | 302.0 |

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| | | | |
|--------|--------|--------|--------|
| 302.1 | 302.2 | 302.3 | 302.4 |
| 302.50 | 302.51 | 302.52 | 302.53 |
| 302.6 | 302.70 | 302.71 | 302.72 |
| 302.73 | 302.74 | 302.75 | 302.76 |
| 302.79 | 302.81 | 302.82 | 302.83 |
| 302.84 | 302.85 | 302.89 | 302.9 |
| 303.00 | 303.01 | 303.02 | 303.03 |
| 303.90 | 303.91 | 303.92 | 303.93 |
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.20 | 304.21 | 304.22 | 304.23 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 304.70 | 304.71 | 304.72 | 304.73 |
| 304.80 | 304.81 | 304.82 | 304.83 |
| 304.90 | 304.91 | 304.92 | 304.93 |
| 304.99 | 305.00 | 305.01 | 305.02 |
| 305.03 | 305.10 | 305.11 | 305.12 |
| 305.13 | 305.20 | 305.21 | 305.22 |
| 305.23 | 305.29 | 305.30 | 305.31 |
| 305.32 | 305.33 | 305.40 | 305.41 |
| 305.42 | 305.43 | 305.50 | 305.51 |
| 305.52 | 305.53 | 305.60 | 305.61 |
| 305.62 | 305.63 | 305.70 | 305.71 |
| 305.72 | 305.73 | 305.80 | 305.81 |
| 305.82 | 305.83 | 305.90 | 305.91 |
| 305.92 | 305.93 | 306.0 | 306.1 |
| 306.2 | 306.3 | 306.4 | 306.50 |
| 306.51 | 306.52 | 306.53 | 306.59 |
| 306.6 | 306.7 | 306.8 | 306.9 |
| 307.0 | 307.1 | 307.20 | 307.21 |
| 307.22 | 307.23 | 307.3 | 307.40 |
| 307.41 | 307.42 | 307.43 | 307.44 |
| 307.45 | 307.46 | 307.47 | 307.48 |
| 307.49 | 307.50 | 307.51 | 307.52 |
| 307.53 | 307.54 | 307.59 | 307.6 |
| 307.7 | 307.80 | 307.81 | 307.89 |
| 307.9 | 308.0 | 308.1 | 308.2 |
| 308.3 | 308.4 | 308.9 | 309.0 |
| 309.1 | 309.21 | 309.22 | 309.23 |
| 309.24 | 309.28 | 309.29 | 309.3 |
| 309.4 | 309.81 | 309.82 | 309.83 |
| 309.89 | 309.9 | 310.0 | 310.1 |
| 310.2 | 310.8 | 310.9 | 311. |
| 312.00 | 312.01 | 312.02 | 312.03 |
| 312.10 | 312.11 | 312.12 | 312.13 |
| 312.20 | 312.21 | 312.22 | 312.23 |
| 312.30 | 312.31 | 312.32 | 312.33 |

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| | | | |
|--------|--------|--------|--------|
| 312.34 | 312.35 | 312.39 | 312.4 |
| 312.8 | 312.9 | 313.0 | 313.1 |
| 313.21 | 313.22 | 313.23 | 313.3 |
| 313.81 | 313.82 | 313.83 | 313.89 |
| 313.9 | 314.00 | 314.01 | 314.1 |
| 314.2 | 314.8 | 314.9 | 315.00 |

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| | | | |
|--------|--------|--------|-------|
| 315.01 | 315.02 | 315.09 | 315.1 |
| 315.2 | 315.31 | 315.39 | 315.4 |
| 315.5 | 315.8 | 315.9 | 316. |
| 317. | 318.0 | 318.1 | 318.2 |
| 319. | | | |

(2) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the diagnostic codes entered; if one of the preceding codes is not used, no entry will be made.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

| CODE | TERMINOLOGY |
|------|--|
| 0 | Inadequate information or no change in condition |
| 1 | None |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Extreme |
| 6 | Catastrophic |

(b) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes following will be used for entry into both ratings:

| CODE | TERMINOLOGY |
|----------|--|
| 90 to 81 | Absent or minimal symptoms. |
| 80 to 71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors. |
| 70 to 61 | Some mild symptoms, or some difficulty in social, occupational, or school functioning. |
| 60 to 51 | Moderate symptoms, or moderate difficulty in social, occupational, or school functioning. |
| 50 to 41 | Serious symptoms, or serious impairment in social, occupational, or school functioning. |
| 40 to 31 | Some impairment in reality testing, or communication, or major impairment in several areas, such as school, family relations, judgment, thinking, or mood. |

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30 to 21

Some danger of hurting self or others, or occasionally fails to maintain personal hygiene, or gross impairment in communication, or judgment, or ability to function in almost all areas.

20 to 11 Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication.

10 to 1 Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act.

0 Inadequate information.

r. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

401.04 DISCHARGE DIAGNOSTIC TRANSACTION (N501)

A Discharge Diagnostic Transaction (N501) will be prepared on all releases from a VA NHCUC or a CNH under VA auspices.

a. Date and Time of Discharge. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the nursing home.

b. Discharge Bed Section. Enter the bed section code from the following categories:

| CODE | ACCOUNT NAME | CDR ACCOUNT |
|------|-------------------|-------------|
| 80 | Nursing Home Care | 1410.00 |
| 83 | Respite Care | 1110.00 |

NOTE: CDR Codes will not be used for Community Nursing Home Patients .

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on leave during the present episode of care.

d. Pass Days on Bed Section. Enter the number of days on this bed section the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. Enter one of the following codes.

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- 1 Paraplegia-Traumatic
- 2 Quadraplegia-Traumatic
- 3 Paraplegia-Nontraumatic
- 4 Quadraplegia-Nontraumatic
- X Not Applicable

f. DXLS for Discharging Bed Section. Enter the ICD-9-CM code which represents the diagnosis responsible for the major part of the patient's stay in the nursing home bed section.

g. Other Diagnostic Codes. Only four other diagnostic codes are permitted for each patient movement.

h. Bed Occupancy Status. Enter one of the following codes which represents the patient's bed occupancy status at the time of discharge:

- 1 Bed Occupant
- 2 Patient on Pass
- 3 Patient on Leave (includes unauthorized absence)
- 4 Patient ASIH (for extended care use only)

i. Legionnaire's Disease. When the ICD-9-CM Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

- 1 Yes
- 2 No

j. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

| | | | |
|--------|--------|--------|--------|
| E950.0 | E950.1 | E950.2 | E950.3 |
| E950.4 | E950.5 | E950.6 | E950.7 |
| E950.8 | E950.9 | E951.0 | E951.1 |
| E951.8 | E952.0 | E952.1 | E952.8 |
| E952.9 | E953.0 | E953.1 | E953.8 |
| E953.9 | E954. | E955.0 | E955.1 |
| E955.2 | E955.3 | E955.4 | E955.5 |
| E955.9 | E956. | E957.0 | E957.1 |
| E957.2 | E957.9 | E958.0 | E958.1 |
| E958.2 | E958.3 | E958.4 | E958.5 |
| E958.6 | E958.7 | E958.8 | E958.9 |

(2) These codes are not appropriate as the DXLS and they must be entered as secondary diagnoses. If one of the preceding codes is not used, no entry will be made.

- 1 - Attempted
- 2 - Accomplished

k. Substance Abuse Information. When one of the following ICD-9-CM Diagnostic Codes is used, a substance abuse code must be entered; if one of the codes is not used, no entry will be made.

| | | | |
|--------|--------|--------|--------|
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |

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| | | | |
|--------|--------|--------|--------|
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 305.20 | 305.21 | 305.22 | 305.23 |

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| | | | |
|--------|--------|--------|--------|
| 305.30 | 305.31 | 305.32 | 305.33 |
| 305.40 | 305.41 | 305.42 | 305.43 |
| 305.50 | 305.51 | 305.52 | 305.53 |
| 305.70 | 305.71 | 305.72 | 305.73 |
| 305.90 | 305.91 | 305.92 | 305.93 |

(1) Specify dependence from the following:

| | |
|------|------------------------------|
| A001 | Heroin |
| A002 | Methadone |
| A003 | Morphine |
| A004 | Opium |
| A005 | Other opiates |
| A006 | Benzodiazopenes |
| A007 | Meprobamate |
| A008 | Barbiturates |
| A009 | Other sedatives or hypnotics |
| A010 | Marijuana or other cannabis |
| A011 | Amphetamines |
| A012 | Other psychostimulant |
| A013 | LSD |
| A014 | PCP |
| A015 | Other hallucinogens |
| A016 | Tobacco |
| A017 | Miscellaneous specified drug |
| A018 | NEC |

(2) Only one of the preceding dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

1. Psychiatry AXIS Classifications. When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

| | | | |
|--------|--------|--------|--------|
| 295.00 | 295.01 | 295.02 | 295.03 |
| 295.04 | 295.05 | 295.10 | 295.11 |
| 295.12 | 295.13 | 295.14 | 295.15 |
| 295.20 | 295.21 | 295.22 | 295.23 |
| 295.24 | 295.25 | 295.30 | 295.31 |
| 295.32 | 295.33 | 295.34 | 295.35 |
| 295.40 | 295.41 | 295.42 | 295.43 |
| 295.44 | 295.45 | 295.50 | 295.51 |
| 295.52 | 295.53 | 295.54 | 295.55 |
| 295.60 | 295.61 | 295.62 | 295.63 |
| 295.64 | 295.65 | 295.70 | 295.71 |
| 295.72 | 295.73 | 295.74 | 295.75 |
| 295.80 | 295.81 | 295.82 | 295.83 |

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| | | | |
|--------|--------|--------|--------|
| 295.84 | 295.85 | 295.90 | 295.91 |
| 295.92 | 295.93 | 295.94 | 295.95 |
| 296.00 | 296.01 | 296.02 | 296.03 |
| 296.04 | 296.05 | 296.06 | 296.10 |
| 296.11 | 296.12 | 296.13 | 296.14 |

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| | | | |
|--------|--------|--------|--------|
| 296.15 | 296.16 | 296.20 | 296.21 |
| 296.22 | 296.23 | 296.24 | 296.25 |
| 296.26 | 296.30 | 296.31 | 296.32 |
| 296.33 | 296.34 | 296.35 | 296.36 |
| 296.40 | 296.41 | 296.42 | 296.43 |
| 296.44 | 296.45 | 296.46 | 296.50 |
| 296.51 | 296.52 | 296.53 | 296.54 |
| 296.55 | 296.56 | 296.60 | 296.61 |
| 296.62 | 296.63 | 296.64 | 296.65 |
| 296.66 | 296.7 | 296.80 | 296.81 |
| 296.82 | 296.89 | 296.90 | 296.99 |
| 297.0 | 297.1 | 297.2 | 297.3 |
| 297.8 | 297.9 | 298.0 | 298.1 |
| 298.2 | 298.3 | 298.4 | 298.8 |
| 298.9 | 299.00 | 299.01 | 299.10 |
| 299.11 | 299.80 | 299.81 | 299.90 |
| 299.91 | 300.00 | 300.01 | 300.02 |
| 300.09 | 300.10 | 300.11 | 300.12 |
| 300.13 | 300.14 | 300.15 | 300.16 |
| 300.19 | 300.20 | 300.21 | 300.22 |
| 300.23 | 300.29 | 300.3 | 300.4 |
| 300.5 | 300.6 | 300.7 | 300.81 |
| 300.89 | 300.9 | 301.0 | 301.10 |
| 301.11 | 301.12 | 301.13 | 301.20 |
| 301.21 | 301.22 | 301.3 | 301.4 |
| 301.50 | 301.51 | 301.59 | 301.6 |
| 301.7 | 301.81 | 301.82 | 301.83 |
| 301.84 | 301.89 | 301.9 | 302.0 |
| 302.1 | 302.2 | 302.3 | 302.4 |
| 302.50 | 302.51 | 302.52 | 302.53 |
| 302.6 | 302.70 | 302.71 | 302.72 |
| 302.73 | 302.74 | 302.75 | 302.76 |
| 302.79 | 302.81 | 302.82 | 302.83 |
| 302.84 | 302.85 | 302.89 | 302.9 |
| 303.00 | 303.01 | 303.02 | 303.03 |
| 303.90 | 303.91 | 303.92 | 303.93 |
| 304.00 | 304.01 | 304.02 | 304.03 |
| 304.10 | 304.11 | 304.12 | 304.13 |
| 304.20 | 304.21 | 304.22 | 304.23 |
| 304.30 | 304.31 | 304.32 | 304.33 |
| 304.40 | 304.41 | 304.42 | 304.43 |
| 304.50 | 304.51 | 304.52 | 304.53 |
| 304.60 | 304.61 | 304.62 | 304.63 |
| 304.70 | 304.71 | 304.72 | 304.73 |
| 304.80 | 304.81 | 304.82 | 304.83 |
| 304.90 | 304.91 | 304.92 | 304.93 |
| 304.99 | 305.00 | 305.01 | 305.02 |
| 305.03 | 305.10 | 305.11 | 305.12 |
| 305.13 | 305.20 | 305.21 | 305.22 |
| 305.23 | 305.29 | 305.30 | 305.31 |

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| | | | |
|--------|--------|--------|--------|
| 305.32 | 305.33 | 305.40 | 305.41 |
| 305.42 | 305.43 | 305.50 | 305.51 |
| 305.52 | 305.53 | 305.60 | 305.61 |
| 305.62 | 305.63 | 305.70 | 305.71 |
| 305.72 | 305.73 | 305.80 | 305.81 |

| | | | |
|--------|--------|--------|--------|
| 305.82 | 305.83 | 305.90 | 305.91 |
| 305.92 | 305.93 | 306.0 | 306.1 |
| 306.2 | 306.3 | 306.4 | 306.50 |
| 306.51 | 306.52 | 306.53 | 306.59 |
| 306.6 | 306.7 | 306.8 | 306.9 |
| 307.0 | 307.1 | 307.20 | 307.21 |
| 307.22 | 307.23 | 307.3 | 307.40 |
| 307.41 | 307.42 | 307.43 | 307.44 |
| 307.45 | 307.46 | 307.47 | 307.48 |
| 307.49 | 307.50 | 307.51 | 307.52 |
| 307.53 | 307.54 | 307.59 | 307.6 |
| 307.7 | 307.80 | 307.81 | 307.89 |
| 307.9 | 308.0 | 308.1 | 308.2 |
| 308.3 | 308.4 | 308.9 | 309.0 |
| 309.1 | 309.21 | 309.22 | 309.23 |
| 309.24 | 309.28 | 309.29 | 309.3 |
| 309.4 | 309.81 | 309.82 | 309.83 |
| 309.89 | 309.9 | 310.0 | 310.1 |
| 310.2 | 310.8 | 310.9 | 311. |
| 312.00 | 312.01 | 312.02 | 312.03 |
| 312.10 | 312.11 | 312.12 | 312.13 |
| 312.20 | 312.21 | 312.22 | 312.23 |
| 312.30 | 312.31 | 312.32 | 312.33 |
| 312.34 | 312.35 | 312.3 | 312.4 |
| 312.8 | 312.9 | 313.0 | 313.1 |
| 313.21 | 313.22 | 313.23 | 313.3 |
| 313.81 | 313.82 | 313.83 | 313.89 |
| 313.9 | 314.00 | 314.01 | 314.1 |
| 314.2 | 314.8 | 314.9 | 315.00 |
| 315.01 | 315.02 | 315.09 | 315.1 |
| 315.2 | 315.31 | 315.39 | 315.4 |
| 315.5 | 315.8 | 315.9 | 316. |
| 317. | 318.0 | 318.1 | 318.2 |
| 319. | | | |

(2) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the preceding diagnostic codes entered. If one of the preceding codes is not used, no entry will be made.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

| CODE | TERMINOLOGY |
|------|--|
| 0 | Inadequate information or no change in condition |
| 1 | None |
| 2 | Mild |
| 3 | Moderate |
| 4 | Severe |
| 5 | Extreme |

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6 Catastrophic

(b) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of

functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes following will be used for entry into both ratings:

| CODE | TERMINOLOGY |
|----------|---|
| 90 to 81 | Absent or minimal symptoms. |
| 80 to 71 | If symptoms are present, they are transient and expectable reactions to psychosocial stressors. |
| 70 to 61 | Some mild symptoms, or some difficulty in social, occupational, or school functioning. |
| 60 to 51 | Moderate symptoms, or moderate difficulty in social, occupational, or school functioning. |
| 50 to 41 | Serious symptoms, or serious impairment in social, occupational, or school functioning. |
| 40 to 31 | Some impairment in reality testing or communication, or major impairment in several areas, such as school, family relations, judgment, thinking, or mood. |
| 30 to 21 | Some danger of hurting self or others, or occasionally fails to maintain personal hygiene, or gross impairment in communication, or judgment, or ability to function in almost all areas. |
| 20 to 11 | Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication. |
| 10 to 1 | Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act. |
| 0 | Inadequate information. |

1. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

401.05 PROCEDURE TRANSACTION (N601)

Procedures will be reported on the N601 transaction.

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a. "Procedure" for purpose of NPTF includes dental procedures, and is defined as a non-OR intervention operation or nonsurgical action (diagnostic, therapeutic, etc.) and is not documented on VA Form SF 516, Operation Report. Procedures may be documented in progress notes, on consultation reports, abbreviated hospital summaries, radiology and nuclear medicine reports, etc.

b. The procedures transaction can accommodate five ICD-9-CM code entries performed at any date and time during a period of hospitalization. If more than five procedures were performed, only the most significant will be entered.

c. Dialysis treatment types and number of dialysis episodes will be reported on the procedure transaction. Patients who receive routine maintenance dialysis are considered outpatients and are not reported into the NPTF. Multiple dialysis types of treatment received during a hospitalization may be reported on the N601 transaction for the date of occurrence.

d. Date and Time of Procedure. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time the procedure started.

e. Bed Section. Enter the patient's bed section code from the be entered on the N601 transaction categories following:

| CODE | NAME | CDR | ACCOUNT |
|------|-------------------|-----|---------|
| 80 | Nursing Home Care | | 1410.00 |
| 83 | Respite Care | | 1110.00 |

f. Dialysis Type. Enter one of the following codes to report the type of dialysis treatment the patient received during this hospitalization. This information will be reported upon discharge. If the patient received multiple types of dialysis (i.e., from peritoneal to hemodialysis), an N601 will be prepared to report each type of treatment received and the number of treatments provided; use the date of the last dialysis treatment provided for the date of procedure.

- 1 Acute hemodialysis treatment
- 2 Chronic assisted (full care) hemodialysis treatment
- 3 Limited/self care hemodialysis treatment
- 4 Acute peritoneal dialysis treatment
- 5 Chronic assisted (full care) peritoneal dialysis treatment
- 6 Limited/self care peritoneal dialysis treatment
- 7 Home hemodialysis training treatment
- 8 Home peritoneal dialysis treatment

g. Number of Dialysis Treatments. Enter the number of times that the type of dialysis treatment reported was provided during the period of care in either the NHCU or in the CNH.

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h. Procedure Codes. Five ICD-9-CM non-OR procedure codes can be reported for each date and time of procedure. The NPTF system will accept a maximum of 32 transactions per hospitalization.

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CHAPTER 5. NPTF (NEW PATIENT TREATMENT FILE) CODING INSTRUCTIONS
FOR PATIENTS IN VA DOMICILIARIES

501.01 GENERAL

a. This chapter will provide NPTF coding instructions for patients discharged from a VA (Department of Veterans Affairs) domiciliary, including patients treated in the Domiciliary Substance Abuse Unit. Instructions for the completion of the transactions required to establish a NPTF record for the patient will be located in this chapter and are indicated by the references which follow.

b. When a domiciliary patient is returned to the hospital for care, the patient is considered to be in ASIH (absent sick in hospital) status.

c. The days the patient is ASIH will be monitored; however, non domiciliary NPTF transactions will be prepared unless 30 days of inpatient care have transpired or the patient dies or goes AMA (against medical advice) while in the hospital.

d. If the ASIH episode is less than 30 days a NPTF transaction is prepared to report the episode of hospital care.

e. If the patient dies in the hospital while on ASIH, the patient is reported as a discharge from the domiciliary, and the ASIH days, and the death are reported on the hospital NPTF transactions.

f. A NPTF transaction must be on all patients receiving care in a VA Domiciliary. Included are:

(1) An Admission Transaction (N101) will be prepared on every patient. Specific instructions begin with paragraph 501.02.

(2) A Disposition Transaction (N701) will be prepared on every patient and will be used to report discharge diagnoses as documented on the VA Form 10-1000, Hospital Summary, or VA Form 10-9034 series, Medical Record Report. Specific instructions begin with paragraph 501.03.

(3) A Discharge Diagnosis Transaction (N501) will be prepared on every patient. Specific instructions begin with paragraph 501.04.

(4) A Procedure Transaction (N601) will be prepared to report non-OR (a surgical procedure which does not take place in an operating room) procedures performed during an episode of care. Specific instructions begin with paragraph 501.05.

(5) A Surgical Transaction (N401) will not be completed for domiciliary patients.

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(6) Additional information regarding the coding of transactions is found in MP-6, part XVI, chapter 3, subparagraph 301.01.

501.02 ADMISSION TRANSACTION (N101)

An Admission Transaction (N101) will be prepared for all releases from a VA Domiciliary.

a. Control Data. Each transaction submitted will contain basic information referred to as Control Data. Specific instructions for control data are found in MP-6, part XVI, chapter 2.

b. Last Name of Patient. Enter the patient's last name. This field will accept 12 letters of the last name. DO NOT use hyphens or apostrophes which may occur in names such as Mac-Bride and O'Connell. If the patient's name has less than 11 or 12 letters, the system will accept JR, SR, I, II, III, or IV.

c. Initials of First and Middle Names. Enter the initial of the patient's first name and the initial of the middle name.

d. Source of Admission. These codes indicate where domiciliary patients come from and/or their status at the time of admission. Select and enter the appropriate code from the following list:

(1) Direct Admission of a Veteran from:

- 4A VA medical center
- 4B VA medical center on non-bed care
- 4C VA NHCU (Nursing Home Care Unit)
- 4D Another VA domiciliary
- 4E Transfer from a VA domiciliary to a VA domiciliary and the patient has

been in a domiciliary since on or before 7/1/86. This source of admission

will generate a Means Test Indicator of "X".

- 4F Community hospital, under VA auspices
- 4G Community hospital, not under VA auspices
- 4H CNH (Community Nursing Home), under VA auspices
- 4J CNH, not under VA auspices
- 4K State Home Domiciliary
- 4L State Home Nursing Care
- 4M Military hospital
- 4N Other Federal hospital, under VA auspices
- 4P Other Federal hospital, not under VA auspices
- 4Q Other government hospital (State, County, City) not under VA auspices

(includes State Home Hospital)

- 4R Other government hospital (State, County, City) under VA auspices
(includes State Home Hospital)

(2) Not Institutionalized:

- 4S Referred by Outpatient Clinic

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- 4T Referred by a welfare agency (Local or Regional Office)
- 4U Referred by a national service organization
- 4W Self-Walk-In
- 4Y All other sources (unknown/no information)

e. Transferring VA Facility. This entry identifies the VA facility or the non-VA facility from which the patient was admitted or transferred. Identification of the facility

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from which the patient was admitted/ transferred is linked to the patient's source of admission. If the source of admission is a code 4A, 4C-4F, 4H, 4K-4N, or 4R, the transferring facility will be identified. If the source of admission is a code is 4A, 4B, 4G, 4J, 4P, or 4Q, no entry will be made. Facility numbers for transferring facilities will be found in appendix A. If the source of admission is a non-VA facility, enter the three position facility number for your medical center as listed in appendix A. If the source of admission in a non-VA facility, enter the three position facility number for your medical center. Suffix modifiers which identify non-VA facilities can be found in MP-6, part XVI, chapter 7.

f. Source of Payment. No entry will be made.

g. POW (Prisoner of War) Status. Enter the appropriate code from the following:

- 1 Not POW
- 3 Information not available
- 4 POW in WWI
- 5 POW in WWII, Europe only
- 6 POW in WWII, South Pacific
- 7 POW in Korean Conflict only
- 8 POW in Vietnam Era only
- 9 POW during more than one of the preceding periods of service

h. Marital Status. Enter the appropriate code from the following:

- N - Never married
- M - Married
- S - Separated
- W - Widowed
- D - Divorced
- U - Unknown

i. Sex. Enter one of the following codes:

- M - Male
- F - Female

j. Date of Birth

(1) Enter the numerical equivalent for the MONTH of birth (Jan. "01", Dec. "12"). If the month of birth is unknown, enter 00.

(2) Enter the DAY of the month of birth (01, 02, 31). If day of birth is unknown, enter 00.

(3) Enter four digits for the YEAR of birth (e.g., 1922, 1897, etc.) If year of birth is unknown, an estimated year of birth must be entered.

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k. Period of Service. The codes following are directly related to the CFR (admission authority) under which a patient is eligible for care and treatment. Use the code for the latest wartime period of service when a veteran has served in two or more wars EXCEPT when it is known that the patient is service-connected for a condition incurred in a prior war.

- 3 Spanish-American War
- 1 World War I (April 6, 1917, to November 11, 1918); date can be extended to April 1, 1920, if veteran served in Russia
- 2 World War II (December 7, 1941, to December 31, 1946)
- 4 Pre Korean (Before June 27, 1950)
- 0 Korean Conflict (June 27, 1950, to January 31, 1955)
- 5 Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964)
- 7 Vietnam Era (August 5, 1964, to May 7, 1975)
- 8 Post-Vietnam/Peacetime Service (On or after May 8, 1975)
- W Service in Czechoslovakian or Polish Armed Forces (Public Law 94-491)
- X Persian Gulf War (August 2, 1990, to -----)
- Z Merchant Marines

1. Exposure to Agent Orange. This information will be completed when the Period of Service is "7".

- 1 No claim of Service in Vietnam
- 2 Claims - Vietnam Service--NO Exposure to Agent Orange
- 3 Claims - Vietnam Service--EXPOSED to Agent Orange
- 4 Claims - Vietnam Service--UNKNOWN Exposure

m. Exposure to Ionizing Radiation. This information will be completed when the Period of Service is coded 2, 4, 5, 7 or 8.

- 1 NO claim of Exposure to Ionizing Radiation
- 2 Claims--Exposure - Hiroshima or Nagasaki, Japan
- 3 Claims--Exposure - Nuclear Testing
- 4 Claims--Exposure - BOTH Nuclear Testing and Japan

n. Residence--State and County Codes. Code permanent residence of patient using codes contained in the latest edition of VHA Manual, M-1, part 1, chapter 18. If patient's residence is a domiciliary; enter the state and county in which it is located.

o. Zip Code

- (1) Enter ZIP code of permanent residence (National Zip Code Directory).
- (2) If residence is a foreign country, code 75999.

(3) If ZIP code is unknown, code "X" in this data element for each of the five digits.

p. Means Test Indicator. A Means Test indicator will be entered for all VA patients who were admitted on and after July 1, 1986. The source document for this information will be VA Form 10-10, Application for Medical Benefits or VA Form 10-10F, Financial Worksheet. The code "X" indicates Not Applicable (a veteran was admitted prior to July 1, 1986, with no change in the level of care being received, i.e., if the patient was in the domiciliary on July 1, 1986,

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and has remained in the domiciliary since that date with no transfer to a hospital for treatment).

501.03 DISPOSITION TRANSACTION (N701/N702)

A Disposition Transaction (N701/N702) will be completed for all releases from
a VA domiciliary.

The N702 will be prepared when the patient has more than one diagnostic code to be entered.

a. Date and Time of Disposition. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the domiciliary.

b. Discharge Bed Section. Enter the bed section code from the following categories.

| CODE | NAME | CDR (COST DISTRIBUTION REPORT) ACCOUNT |
|------|-----------------------------|--|
| 85 | Domiciliary | 1510.00 |
| 86 | Domiciliary Substance Abuse | 1510.00 |

c. Type of Disposition. Select and enter one of the following disposition codes:

- 1 Regular
- 2 Regular (admitted to hospital after 30 days ASIH)
- 4 Irregular
- 5 Transfer (to another domiciliary)
- 6 Death, with autopsy
- 7 Death, without autopsy

d. Outpatient Treatment. Select and enter one of the following codes:

- 1 Yes
- 3 No

e. VA Auspices. Select and enter one of the following codes to indicate whether further care is to be provided under VA auspices (at VA expense):

- 1 Yes
- 2 No

f. Place of Disposition. Select and enter one of the following codes to show where the patient is going:

- X Return to community-independent
- 0 VA medical center
- 1 Military hospital

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- 2 Other Federal hospital
- 3 Other government hospital (State, County, City and State Home
Hospital)
- 4 Community hospital
- 5 VA NHCU
- 7 CNH

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- B State Home--nursing care
- C VA domiciliary
- D State Home--domiciliary care
- F Foster home
- G Halfway house
- H Boarding house
- J Penal institution
- K Residential hotel/care facilities (i.e., YMCA, Fraternal home, etc.)
- L Other placement/unknown (not elsewhere specified)
- U Hospice Care

g. Receiving Facility. This data will be entered only if the veteran is to receive further care (hospital, nursing home or domiciliary) under VA auspices. In the case of a CNH Care placement, use the three digit code which identifies your facility and add the community nursing home suffix, "CNH". Other facility numbers will be found in Appendix A. Suffix modifiers which identify non-VA facilities will be found in MP-6, part XVI, chapter 7.

h. Extended Care Days ASIH. Enter the number of absent sick in hospital days during the present episode of care.

i. Race. Enter the appropriate code from the following:

- 1 Hispanic White
- 2 Hispanic Black
- 3 American Indian or Alaskan Native
- 4 Black not of Hispanic origin
- 5 Asian or Pacific Islander
- 6 White not of Hispanic origin
- 7 Unknown

j. C&P (Compensation and Pension) Status. Select and enter one of the following codes:

- 1 Treated for compensable SC (service-connected) condition (rated 10 percent or more). (Use even if veteran is receiving a VA pension.)
- 2 Treated for a non-compensable SC condition rated less than 10 percent). (Use even if veteran is receiving a VA pension.)
- 3 Treated for a NSC (nonservice-connected) condition and has a compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 4 Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 5 Treated for NSC condition, no SC disability and is in receipt of a VA pension.

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- 6 Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.
- 7 Treated for NSC condition, no SC disability and is not in receipt of a VA pension.

k. DXLS (Diagnosis Responsible for Length of Stay) for Entire Stay. Enter the code for diagnosis responsible for the major part of the length of stay.

(1) At least one diagnostic code must be submitted for each hospitalization.

(2) To indicate patient disposition a N501 will be submitted along with a N701 (Disposition transaction).

(3) The date and time of the disposition transaction (N701) and date and time of the discharge movement (N501) must be the same.

(4) A maximum of ten diagnostic codes (N701/N702) may be submitted on a final disposition action.

1. Only Diagnosis Indicator. If there is only one diagnostic code the alpha character "X" will be entered. If there are additional diagnoses to be reported, no entry will be made.

501.04 DISCHARGE DIAGNOSTIC TRANSACTION (N501)

A Discharge Diagnostic Transaction (N501) will be prepared on all releases from a VA Domiciliary.

a. Date and Time of Discharge. Enter the following information:

(1) Two-digit equivalent for MONTH (01, 12).

(2) Two-digit equivalent for DAY of month (01, 31).

(3) Last two digits of YEAR.

(4) Enter the time of the patients discharge from the domiciliary.

b. Discharge Bed Section. Enter the bed section code from the following categories:

| CODE | NAME | CDR ACCOUNT |
|------|-----------------------------|-------------|
| 85 | Domiciliary | 1510.00 |
| 86 | Domiciliary Substance Abuse | 1511.00 |

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on leave during the present episode of care.

d. Pass Days on Bed Section. Enter the number of days on this bed section the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. Enter one of the following codes.

1 Paraplegia-Traumatic

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- 2 Quadraplegia-Traumatic
- 3 Paraplegia-Nontraumatic
- 4 Quadraplegia-Nontraumatic
- X Not Applicable

f. DXLS for Discharging Bed Section. Enter the ICD-9-CM (International Classification of Diseases: Clinical Modification, Ninth Revision) code which represents the diagnosis responsible for the major part of the patient's stay in the domiciliary.

g. Other Diagnostic Codes. Only four additional diagnostic codes are permitted for each patient movement. This does not include the DXLS.

h. Bed Occupancy Status. Enter one of the following codes which represents the patient's bed occupancy status at the time of discharge:

- 1 Bed Occupant
- 2 Patient on Pass
- 3 Patient on Leave (includes unauthorized absence)
- 4 Patient ASIH (for extended care use only)

501.05 PROCEDURE TRANSACTION (N601)

Procedures will be reported on the N601 transaction.

a. "Procedure" for purpose of NPTF includes dental procedures, and is defined as a non-OR intervention operation or nonsurgical action (diagnostic, therapeutic, etc.) and is not documented on VA Form SF 516, Operation Report. Procedures may be documented in progress notes, on consultation reports, abbreviated hospital summaries, radiology and nuclear medicine reports, etc.

b. The procedures transaction can accommodate five ICD-9-CM code entries performed at any date and time during a period of hospitalization. If more than five procedures were performed, only the most significant will be entered on the N601 transaction. The NPTF system will accept a maximum of 32 transactions per hospitalization.

c. Dialysis treatment types and number of dialysis episodes will be reported on the procedure transaction. Patients who receive routine maintenance dialysis are considered outpatients and are not reported into the NPTF. Multiple dialysis types of treatment received during a hospitalization may be reported on the N601 transaction for the date of occurrence.

c. Date and Time of Procedure. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time the procedure started.

d. Bed Section. Enter the patient's bed section code from the be entered on the N601 transaction following categories:

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| CODE | NAME | CDR ACCOUNT |
|------|-----------------------------|-------------|
| 85 | Domiciliary | 1510.00 |
| 86 | Domiciliary Substance Abuse | 1511.00 |

e. Dialysis Type. Enter one of the following codes to report the type of dialysis treatment the patient received during this period of Domiciliary care. This information will be reported upon discharge. If the patient received multiple types of dialysis (i.e., from peritoneal to hemodialysis), an N601 will be prepared to report each type of treatment received and the number of treatments provided; use the date of the last dialysis treatment provided for the date of procedure.

- 1 Acute hemodialysis treatment
- 2 Chronic assisted (full care) hemodialysis treatment
- 3 Limited/self care hemodialysis treatment
- 4 Acute peritoneal dialysis treatment
- 5 Chronic assisted (full care) peritoneal dialysis treatment
- 6 Limited/self care peritoneal dialysis treatment
- 7 Home hemodialysis training treatment
- 8 Home peritoneal dialysis treatment

f. Number of Dialysis Treatments. Enter the number of times that the type of dialysis treatment reported was provided during the period of Domiciliary Care.

g. Procedure Codes. Five ICD-9-CM non-OR procedure codes can be reported for each date and time.

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CHAPTER 6. NPTF (NEW PATIENT TREATMENT FILE) CODING INSTRUCTIONS
FOR PATIENTS IN NON-VA HOSPITALS

601.01 GENERAL

a. This chapter will provide NPTF coding instructions for patients admitted to and discharged from a non-VA (Department of Veterans Affairs) hospital. Instructions for the completion of the transactions required to establish an NPTF record for the patient will be located in this chapter and are indicated by the references which follow.

b. Surgical procedures performed in a non-VA hospital on patients who leave and return to the VA medical center within a calendar day will be reported on the VA hospital NPTF Surgical Transaction.

c. The patient who is hospitalized in a non-VA hospital under contractual arrangement including approved unauthorized hospitalization will represent a direct admission to the non-VA facility. The patient who is hospitalized in a non-VA hospital under a sharing agreement is usually admitted to a VA medical center prior to being transferred to the sharing facility. When surgery is performed at the sharing facility, the patient may spend more than 24 hours in the non-VA hospital prior to being transferred back to the VA medical center.

d. When a patient is being treated in a non-VA hospital under VA auspices and refuses to return to the VA medical center (after the patient is stabilized for the remainder of the hospitalization) the patient is discharged from the VA rolls. The number of days that the patient was in the non-VA hospital under VA auspices are recorded and the patient is given a regular discharge.

e. Patients receiving care in a non-VA hospital under VA auspices must be entered into the NPTF system. The following segments are included:

(1) An Admission Transaction (N101) will be prepared on every patient. Specific instructions begin with paragraph 601.03.

(2) A Disposition Transaction (N701) will be prepared on every patient and will be used to report discharge diagnoses. Specific instructions begin with paragraph 601.02.

(3) A Discharge Diagnosis Transaction (N501) will be prepared on every patient. Specific instructions begin with paragraph 601.04

(4) A Procedure Transaction (N601) will be prepared to report non-OR (a surgical procedure which is not performed in an operating room) procedures performed during an episode of care. Specific instructions begin with paragraph 601.05

(5) A Surgical Transaction (N401) will be completed to report surgical procedures performed in an operating room during an episode of care. Specific instructions can be found in MP-6, part XVI, chapter 3.

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f. Additional information regarding entering transactions is found in MP-6, part XVI, chapter 3, subparagraph 301.01, b.

601.02 ADMISSION TRANSACTION (N101)

An Admission Transaction (N101) will be prepared for all admissions to a non-VA facility under VA auspices.

An Admission Transaction (N101) will be prepared for all admissions to a non-VA facility under VA auspices.

a. Control Data. Each transaction submitted will contain basic information referred to as Control Data. Control Data identifies and introduces the patient's episode of care into the NPTF. The control data items are the patient's SSN (Social Security Number), date and time of admission, and facility number. Specific instructions for control data are found in MP-6, part XVI, chapter 2.

b. Last Name of Patient. Enter the patient's last name. This field will accept 12 letters of the last name. DO NOT use hyphens or apostrophes which may occur in names such as Mac-Bride and O'Connell. If the patient's name has less than 11 or 12 letters, the system will accept JR, SR, I, II, III, or IV.

c. Initials of First and Middle Names. Enter the initial of the patient's first name and the middle name initial.

d. Source of Admission. These codes indicate where hospital patients come from and/or their status at the time of admission. Select and enter the appropriate code from the following list:

(1) Direct Admission of a Veteran from:

- 1D VA NHCUC (Nursing Home Care Unit)
- 1E VA domiciliary
- 1G Contract CNH (Community Nursing Home) (under VA Auspices)
- 1H CNH (not under VA auspices)
- 1J Government (non-Federal) mental hospital (not under VA auspices)
- 1K All other non-VA hospitals (not under VA auspices)
- 1L State Home (domiciliary or nursing home)
- 1M Direct (excludes admission from outpatient status)
- 1P Outpatient Treatment

(2) Direct Admission of a Non-veteran:

- 2A Non-veteran (other than military)
- 2B Military personnel (not directly from a military hospital)
- 2C Military personnel (directly from a military hospital)

(3) Transfer-in of a Veteran from:

- 3A A VA medical center
- 3B Other Federal hospital (excluding military hospital) under VA auspices
- 3C Other non-VA hospital under VA auspices (includes military hospital and State Home Hospital)

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3D Transfer from a VA medical center to a military facility under VA
auspices

e. Transferring VA Facility. The entry identifies the VA facility or the non-VA facility from which the patient was admitted or transferred. Identification of the facility from which the patient was admitted/transferred is linked to the patient's source of admission.

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(1) If the source of admission is a code 1D, 1E, 1G, 2C, or 3A through 3C, the transferring facility will be identified.

(2) If the source of admission is a code 1H through 1P, 2A or 2B, no entry will be made. Facility numbers for transferring facilities will be found in appendix A.

(3) If the source of admission is a non-VA facility, enter the three position facility number for your medical center as listed in appendix A.

(4) If the source of admission in a non-VA facility, enter the three position facility number for your medical center.

(5) Suffix modifiers which identify non-VA facilities can be found in MP-6, part XVI, chapter 7.

f. Source of Payment. Enter the appropriate code from the following to report non-VA hospital treatment:

- 1 Contract--public and private hospitals (38 CFR 17.50b)
- 2 Sharing--(38 CFR (Code of Federal Regulation) 17.50e)
- 3 Contract--military and Federal agencies (38 CFR 17.50 and 17.50a,
When period of service Codes are A through L)
- 4 Paid UNAUTHORIZED services (38 CFR 17.80)

g. POW (Prisoner of War) Status. Enter the appropriate code from the following:

- 1 Not POW
- 3 Information not available
- 4 POW in WWI
- 5 POW in WWII, Europe only
- 6 POW in WWII, South Pacific
- 7 POW in Korean Conflict only
- 8 POW in Vietnam Era only
- 9 POW during more than one of the preceding periods of service

h. Marital Status. Enter the appropriate code from the following:

- N Never married
- M Married
- S Separated
- W Widowed
- D Divorced
- U Unknown

i. Sex. Enter one of the following codes:

- M - Male

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F - Female

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j. Date of Birth

(1) Enter the numerical equivalent for the MONTH of birth (Jan. "01", Dec. "12"). If the month of birth is unknown, enter 00.

(2) Enter the DAY of the month of birth (01, 02, 31). If day of birth is unknown, enter 00.

(3) Enter four digits for the YEAR of birth (e.g., 1922, 1897, etc.). If year of birth is unknown, an estimated year of birth must be entered.

k. Period of Service. The codes following are directly related to the CFR (admission authority) under which a patient is eligible for care and treatment. Use the code for the latest wartime period of service when a veteran has served in two or more wars EXCEPT when it is known that the patient is service-connected for a condition incurred in a prior war.

- 0 Spanish-American War
- 1 World War I (April 6, 1917, to November 11, 1918); date can be extended to April 1, 1920, if veteran served in Russia
- 2 World War II (December 7, 1941, to December 31, 1946)
- 4 Pre Korean (Before June 27, 1950)
- 0 Korean Conflict (June 27, 1950, to January 31, 1955)
- 5 Post-Korean/Peacetime Service (February 1, 1955, to August 4, 1964)
- 7 Vietnam Era (August 5, 1964, to May 7, 1975)
- 8 Post-Vietnam/Peacetime Service (On or after May 8, 1975)
- W Service in Czechoslovakian or Polish Armed Forces (PL 94-491)
- X Persian Gulf War (August 2, 1990, to -----)
- Z Merchant Marines

l. Exposure to Agent Orange. This information will be completed when the Period of Service is "7."

- 1 No claim of Service in Vietnam
- 2 Claims - Vietnam Service--NO Exposure to Agent Orange
- 3 Claims - Vietnam Service--EXPOSED to Agent Orange
- 4 Claims - Vietnam Service--UNKNOWN Exposure

m. Exposure to Ionizing Radiation. This information will be completed when the Period of Service is coded 2, 4, 5, 7 or 8.

- 1 NO claim of Exposure to Ionizing Radiation
- 2 Claims - Exposure--Hiroshima or Nagasaki, Japan
- 3 Claims - Exposure--Nuclear Testing
- 4 Claims - Exposure--BOTH Nuclear Testing and Japan

n. Residence--State and County Codes. Code permanent residence of patient using codes contained in the latest edition of VHA (Veterans Health Administration) Manual, M-1, part 1, chapter 18. If patient's residence is a domiciliary; enter the state and county in which it is located.

o. Zip Code

- (1) Enter ZIP code of permanent residence (National Zip Code Directory).
- (2) If residence is a foreign country, code 75999.

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(3) If ZIP code is unknown, code "X" in this data element for each of the five digits.

p. Means Test Indicator. A Means Test indicator will be entered for all VA patients

who were admitted on and after July 1, 1986. The source document for this information is VA Form 10-10, Application for Medical Benefits or VA Form 10-10F, Financial Worksheet. Enter one of the following codes:

| CODE | DEFINITION |
|------|---|
| AS | Category A SC (service-connected) veteran or special category veteran. (Special categories include: Mexican Border War, Spanish American War, World War I, former POW, Agent Orange, Ionizing Radiation.) |
| AN | Category A NSC (nonservice-connected) veteran). (AN is used for NSC veterans who are required to complete the VA Form 10-10F and for NSC veterans in receipt of VA pension, aid and attendance or housebound allowance or State Medicaid.) |
| C | Category C Veteran. (This includes those pending adjudication.) |
| N | Non-veteran. |
| X | Not applicable. (The veteran was admitted prior to July 1, 1986, with no change in the level of care being received, i.e. if the patient was in the NHCU on July 1, 1986, and has remained in the NHCU since that date with no transfer to the hospital for treatment.) |
| U | Means Test not done/not completed. (The Austin DPC (Data Processing Center) will not accept NPTF transactions unless the Means Test has been completed.) |

601.03 DISPOSITION TRANSACTION (N701/N702)

A Disposition Transaction (N701/N702) will be completed for all releases from a non-VA hospital. The N702 will be prepared when the patient has more than one diagnostic code to be entered.

a. Date and Time of Disposition. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time of the patients discharge from the non-VA hospital.

b. Discharge Bed Section. Enter the bed section code from the following categories.

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15 - Medicine
50 - Surgery
70 - Psychiatry

c. Type of Disposition. Select and enter one of the following disposition codes:

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- 1 Regular
- 4 Irregular
- 5 Transfer (to another VA NHCU or CNH)
- 6 Death, with autopsy
- 7 Death, without autopsy

d. Outpatient Treatment. Select and enter one of the following codes:

- 1 - Yes
- 3 - No

e. VA Auspices. Select and enter one of the following codes to indicate whether further care is to be provided under VA auspices (at VA expense).

- 1 - Yes
- 2 - No

f. Place of Disposition. Select and enter one of the following codes to show where the patient is going:

- X Return to community-independent
- 0 VA medical center
- 1 Military hospital
- 2 Other Federal hospital
- 3 Other government hospital (State, County, City and State Home Hospital)
- 4 Community hospital
- 5 VA NHCU
- 7 CNH
- B State Home--nursing care
- C VA domiciliary
- D State Home--domiciliary care
- F Foster home
- G Halfway house
- H Boarding house
- J Penal institution
- K Residential hotel/care facilities (i.e., YMCA, Fraternal Home, etc.)
- L Other placement, not specified elsewhere/unknown
- U Hospice Care

g. Receiving Facility. This data will be entered only if the veteran is to receive further care (hospital, nursing home or domiciliary) under VA auspices. In the case of a CNH Care placement, use the three digit code which identifies your facility and add the community nursing home suffix, "CNH". Other facility numbers will be found in appendix A to this manual. Suffix modifiers which identify non-VA facilities will be found in MP-6, part XVI, chapter 7.

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- h. Extended Care Days ASIH. Make no Entries.
- i. Race. Make no entries
- j. C&P (Compensation and Pension) Status. Select and enter one of the following codes:

- 4 Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)
- 5 Treated for NSC condition, no SC disability and is in receipt of a VA pension.
- 6 Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.
- 7 Treated for NSC condition, no SC disability and is not in receipt of a VA pension.
- 8 Non-veterans.

k. DXLS (Diagnosis Responsible for Length of Stay) for Entire Stay. Enter the code for diagnosis responsible for the major part of the length of stay.

(1) At least one diagnostic code must be submitted for each hospitalization.

(2) To indicate patient disposition a N501 will be submitted along with a N701 (Disposition transaction).

(3) The date and time of the disposition transaction (N701) and date and time of the discharge movement (N501) must be the same.

(4) A maximum of 10 diagnostic codes (N701) may be submitted on a final disposition action.

1. Only Diagnosis Indicator. If there is only one diagnostic code the alpha character "X" will be entered. If there are other diagnoses to be reported, no entry will be made.

601.04 DISCHARGE DIAGNOSTIC TRANSACTION (N501)

A Discharge Diagnostic Transaction (N501) will be prepared on all releases from a non-VA hospital.

a. Date and Time of Discharge. Enter the following information:

(1) Two-digit equivalent for MONTH (01, 12).

(2) Two-digit equivalent for DAY of month (01, 31).

(3) Last two digits of YEAR.

(4) Enter the time of the patients discharge from the nursing home.

b. Discharge Bed Section. Enter the bed section code from the following categories:

- 15 Medicine
- 50 Surgery
- 70 Psychiatry

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on leave during the present episode of care. Any period of unauthorized absence will be reported in leave days.

d. Pass Days on Bed Section. Enter the number of days on this bed section the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. Make no entry.

f. DXLS for Discharging Bed Section. The diagnosis will be provided on any documentation available from the non-VA hospital. Enter the one ICD-9-CM (International Classification of Diseases: Clinical Modification, Ninth Revision) diagnostic code which has been designated as the diagnosis responsible for the major part of the patient's entire stay.

g. Other Diagnostic Codes. Only four other diagnostic codes are permitted for each patient movement.

h. Bed Occupancy Status. Enter one of the following codes which represents the patient's bed occupancy status at the time of discharge:

- 1 Bed Occupant
- 2 Patient on Pass
- 3 Patient on Leave (includes unauthorized absence)

601.05 PROCEDURE TRANSACTION (N601)

Procedures will be reported on the N601 transaction.

a. "Procedure" for purpose of NPTF includes dental procedures, and is defined as a non-OR intervention operation or nonsurgical action (diagnostic, therapeutic, etc.) and is not documented on VA Form SF 516, Operation Report. Procedures may be documented in progress notes, on consultation reports, abbreviated hospital summaries, radiology and nuclear medicine reports, etc.

b. The procedures transaction can accommodate five ICD-9-CM code entries performed at any date and time during a period of hospitalization. If more than five procedures were performed, only the most significant will be entered on the N601 transaction. The NPTF system will accept a maximum of 32 transactions per hospitalization.

c. Dialysis treatment types and number of dialysis episodes will be reported on the procedure transaction. Patients who receive routine maintenance

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dialysis are considered outpatients and are not reported into the NPTF. Multiple dialysis types of treatment received during a hospitalization may be reported on the N601 transaction for the date of occurrence.

d. Date and Time of Procedure. Enter the following information:

- (1) Two-digit equivalent for MONTH (01, 12).
- (2) Two-digit equivalent for DAY of month (01, 31).
- (3) Last two digits of YEAR.
- (4) Enter the time the procedure started.

e. Bed Section. Enter the patient's bed section code from the be entered on the N601 transaction categories following:

| CODE | NAME | CDR ACCOUNT |
|------|--------------------------|-------------|
| 15 | General (acute medicine) | 1110.00 |
| 50 | General surgery | 1210.00 |
| 70 | Psychiatry | 1310.00 |

f. Dialysis Type. Enter one of the following codes to report the type of dialysis treatment the patient received during this hospitalization. This information will be reported upon discharge. If the patient received multiple types of dialysis (i.e., from peritoneal to hemodialysis), an N601 will be prepared to report each type of treatment received and the number of treatments provided; use the date of the last dialysis treatment provided for the date of procedure.

- 1 Acute hemodialysis treatment
- 2 Chronic assisted (full care) hemodialysis treatment
- 3 Limited/self care hemodialysis treatment
- 4 Acute peritoneal dialysis treatment
- 5 Chronic assisted (full care) peritoneal dialysis treatment
- 6 Limited/self care peritoneal dialysis treatment
- 7 Home hemodialysis training treatment
- 8 Home peritoneal dialysis treatment

g. Number of Dialysis Treatments. Enter the number of times that the type of dialysis treatment reported was provided during the non VA hospitalization.

h. Procedure Codes. Five ICD-9-CM non-OR procedure codes can be reported for each date and time.

601.06 SURGICAL TRANSACTION (N401)

A Surgical Transaction (N401) will be prepared for each episode of surgery for which VA Form SF 516 is used. The term "operative room procedure" includes surgery performed in a main operating room or a specialized operating room. A surgical transaction will be prepared for VA inpatients undergoing surgery in VA facilities and for veterans undergoing surgery in non-VA facilities at VA expense when the patient leaves and returns to the VA facility within a calendar day.

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a. Date and Time of Surgery (Operation). Enter the following information:

(1) Enter two-digit equivalent for MONTH (Jan. "01", etc.).

(2) Enter two-digit for DAY of month (01, 02, 31).

(3) Enter last two digits of the YEAR.

(4) Enter the date and time the operation began.

b. Surgical Specialty. Enter code 50.

c. Category of Chief Surgeon. For patients operated upon in a non-VA Facility, select the code which will identify the team of surgeons operating:

- V VA team of surgeons
- M Mixed VA and non-VA team of surgeons
- N Non-VA team of surgeons

d. Category of First Assistant. For patients operated upon in a non-VA facility, make no entry.

e. Principal Anesthetic Technique. For patients operated upon in a non-VA facility, make no entry.

f. Source of Payment. Entries will be completed if the team of surgeons is coded as a V, M, or N. If the category of the Chief Surgeon is not a code V, M, or N, make no entry.

1 CONTRACT--Public and Private Hospitals (38 CFR 17.50, 17.50a, 17.50b, 17.80)

2 SHARING (38 CFR 17.50e)

g. Operative Codes. ICD-9-CM Diagnostic Codes will be used. Five codes may be reported for each surgical episode.

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CHAPTER 7. FACILITY CODE NUMBERS

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CHAPTER 7. FACILITY CODE NUMBERS

701.01 GENERAL

a. The NPTF (New Patient Treatment File) System uses the three digit facility number contained in the latest edition of the Consolidated Address and Territorial Bulletin I-J, to identify the VA (Department of Veterans Affairs) facility having responsibility for providing and/or authorizing care and treatment. In some instances suffix modifiers are necessary to indicate specific types of care. The suffix modifiers, appended to the facility number, are shown in the Facility Listing at facilities where they apply. These suffix modifiers are:

- (1) NHC (Nursing Home Care) at VA facility 9AA
- (2) Domiciliary care at VA facility BU

b. Several medical centers provide more than one type of care. For example, at the VA Medical Center, Milwaukee, WI, "695" would indicate hospitalization in the general hospital, "695BU" domiciliary, and "6959AA" VA NHC. At the VA Medical Center, Omaha, NE, where only hospitalization is provided, all cases are coded as "636" without a suffix.

c. The Facility Listing also includes several military and other federal hospitals where specific bed allocations for hospitalization exist. In addition, State Homes (Domiciliary/Nursing Homes) and State Home Hospitals have been incorporated in the listing. The State Home suffix modifiers are:

- (1) State Home, domiciliary DT, DU
- (2) State Home, NHC 9AF, 9AG, 9AH
- (3) State Home, Hospital EL, EM

d. Where specific bed allocations do not exist, the suffix modifiers, (immediately after the authorizing facility number) will be used in identifying types of care. These suffix modifiers will not be used for those hospitals, State Homes, etc, included in the Index Listing which already have a number for the bed allocation. These suffix modifiers will be used only for beds that are not sharing space in VA facilities:

- (1) Army hospitals CS
- (2) Navy hospitals CY

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- | | |
|--|-----|
| (3) Air Force hospitals | C4 |
| (4) Public Health Service hospitals | DA |
| (5) Other Federal hospitals | DG |
| (6) Public hospitals (State,County,etc.) | DM |
| (7) Private hospitals | DS |
| (8) Community Nursing Home (at VA expense) | CNH |

(Examples: Hospitalization or care authorized by VA Medical Center Denver, CO would be coded: At Fitzsimmons Army Hospital--"554CS". At the Colorado University Hospital (State owned)--"554DM". At a private hospital in Colorado Springs--"554DS". A patient admitted to VA Medical Center Denver from Fitzsimmons would be coded "554CS". A patient admitted to the VA Medical Center Omaha from Offutt Air Force Hospital would be coded "636C4".

e. Agreements have been made with both Federal and non-Federal health care facilities to share a physical location within the same hospital. These multiple agency hospitals must receive an authorization for dual or multi-division facilities from VA Central Office.

(1) Specific suffix modifiers will be authorized by VA Central Office. The two letter suffix modifiers are as follows:

- (a) Army beds in VA facilities SA through SF
- (b) Air Force beds in VA facilities SG through SK
- (c) Navy beds in VA facilities SL through SP
- (d) Coast Guard beds in VA facilities SQ through SU
- (e) CHAMPUS beds in VA facilities SV through SZ
- (f) Public Health beds in VA facilities TA through TF
- (g) Indian Health beds in VA facilities TG through TK
- (h) Public Hospital beds in VA facilities TL through TP
(includes State/County/City hospitals)
- (i) Civilian hospital beds in VA facilities TQ through TU

(2) The specialty service of patients who are residing on these non-VA beds in VA facilities will be identified as 98 or 99. See MP-6, part XVI, chapter 3 for specific designations.

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CHAPTER 8. RESUBMISSION OF INPUT--EDITING OUTPUTS

801.01 GENERAL

a. The NPTF (New Patient Treatment File) System has been developed with the concept of accepting and retaining data that meets edit specifications. It is important to determine whether or not the transaction has been accepted. A transaction will be accepted providing:

(1) It contains valid and consistent Control Data (social security number, date and time of admission, and facility number);

(2) It has the appropriate transaction type code; and,

(3) There are no edit or error conditions in the remaining portion of the transaction.

b. Analysis and review of all edit code messages in the right margin of EAL (Edit Analysis Listing) for the transaction, will provide information as to the data accepted or rejected.

c. A maximum of five edit conditions is permitted in any given transaction before processing is terminated. When the computer encounters a total of six unacceptable edit conditions for one transaction, a code 999 is issued and the transaction is rejected.

801.02 TPL (TRANSACTIONS PROCESSED LISTING)

a. Each facility will receive a TPL. This listing will show the disposition of the transactions submitted. There are five possible dispositions: Accepted, Rejected, Pending, Wrapped and Deleted.

(1) Accepted transactions will appear on the TPL without any notation.

(2) Rejected transactions will carry the notation "Rejected" and will also appear on the EAL.

(3) Transactions that carry the notation "Pending" means there was not enough information to establish a master record and the valid data is being retained for processing in the next cycle. The system is expecting more data.

(4) A transaction with the notation "Wrapped" means that the transaction has had the control data changed (probably social security number) and it will be processed in the next weekly cycle. The facility does not have to do anything. This just tells the facility that a change has been received and it will be processed.

(5) A transaction with the notation "Deleted" means that the record has been dropped from the file either as a result of an "099 Deletion Transaction" initiated by the facility or the record has been dropped because 120 days have

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passed without submission (resubmission) of data necessary to create a master record.

b. The TPL is a composite printout or listing for a reporting facility, of all transactions (accepted and rejected) for the processing cycle.

(1) Transactions for a given master record in the processing cycle are listed in transaction type code sequence.

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(2) Three print lines are devoted to each transaction.

(a) The first line contains abbreviated headings for data fields in the particular transaction.

(b) The second line displays the content of the transaction exactly as submitted by the reporting facility. Applicable edit codes appear in the right margin parallel to the transaction.

(c) The third line will contain a symbol beneath the data field that did not pass edit specification, plus information indicating the reason for producing a RPO (record printout) (see par. 801.04).

c. These symbols correlate to the codes:

(1) An asterisk (*) indicates the entry contained an invalid code, and

(2) A pound sign (#) indicates the entry is inconsistent with other data in the transaction(s) and or master record.

801.03 MASTER RECORD/PENDING FILE

a. A NPTF master record will be created only when the record is error free.

b. If some transactions for a period of care are error free while other transactions for the veteran's episode of care are found to have errors, the transactions that are error free are retained in a "Pending File" until the transaction in error is correctly resubmitted. Records held in the pending file will appear on the "Transactions Processed Listing" with the notation that the record is pending and the date the transaction was put on the pending file.

c. Records will remain on the pending file for 120 days. If no corrective action has been taken in this period of time, the record will be dropped from the pending file. The Transactions Processed Listing will show those records that have been deleted. They will carry the notation "Deleted."

801.04 RPO (RECORD PRINTOUT)

a. A RPO displays the current coded data content of an individual master record in the system for a treatment episode. As an output of processing, it is a tool to resolve data that failed a consistency edit. It permits the user to compare stored data with current input. If a record printout has been produced, "RPO" appears on EAL under the error codes of the applicable transaction in the right margin on the third line. As a result of edit processing for a cycle, only one RPO is produced for a master record even though "RPO" may be referenced for more than one transaction.

b. A reporting facility can initiate a request for a RPO and the method is outlined under "RPO-Request." Should such a request be processed in the same cycle in which one was generated, the facility will receive two record printouts for the record.

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c. "Reason codes" that appear in the upper portion of the RPO provide a reference to determine why the document was provided.

Reason
Code

Definition

ERROR = RPO produced because of edit condition.

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REQST =
RPO produced by means of transaction request.
INFO =

801.05 EDIT TABLES

a. An edit is a computer check to determine that input is correct. This is done by programming in the computer. The acceptable codes for each category of care have been written into edit tables. The facility number in each transaction is checked with a facility number edit table.

b. This table contains and identifies the code of each reporting facility that supplies input and the category of care that is reportable from that activity. Based on category of care identified by the complete facility number in the transaction, edit tables for the category are used to check or edit input. If the code in the facility number item does not match any code in the facility number edit table, the transaction will be rejected, as the computer cannot select the appropriate edit table.

801.06 TYPES OF EDIT

a. Validity Edit. This edit checks to determine that the code entered for the item, is an acceptable code for the transaction and category of care. The symbol indicator (*) asterisk will appear on outputs to indicate an invalid code.

b. Consistency Edit. This edit compares data in related items, to determine that they are consistent and acceptable for the category of care. The symbol indicator (#) pound sign will appear on outputs to denote an inconsistent code.

801.07 SEQUENCE OF EDITS

a. For processing, all transactions are sorted by social security number, date and time of admission, station number, and transaction type code. Transactions are edited separately and in numerical sequence. First, the data content within the transaction itself is edited and next, it is edited against data that has been stored on other transactions for the treatment episode. If all the data in the transactions meets edit conditions, a master record is created.

b. The sequence is as follows:

(1) A validity edit of the data content within the transaction.

(2) A consistency edit of the data content within the transaction itself.

(3) If errors occur in subparagraphs b(1) or b(2), the transaction is rejected.

801.08 INVALID CODES AND CONSISTENCY EDITS

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A consistency edit cannot be completed, if any entry that is part of the edit, contains an invalid code. The EAL will show the asterisk (*) below the invalid code(s).

801.09 MODIFIED EDIT SYMBOLS FOR THE DISPOSITION TRANSACTION

a. The NPTF System has been developed with the concept of accepting and retaining data that meets edit specifications. It is important to determine whether or not the transaction has been accepted.

b. A transaction will be accepted providing it:

(1) Contains valid and consistent data in Control Data as Social Security Number, station number, and date of admission,

(2) Has the appropriate transaction type code, and

(3) There are no edit or error conditions in the remaining portion of the transaction.

c. An analysis and review of all of the edit code messages in the right margin of the EAL for the transaction will provide information on what data was rejected.

801.10 ENTIRE TRANSACTION REJECTED

a. If the transaction has been rejected, the data content that caused its rejection should be corrected, and the transaction type code indicating the purpose of the original intended action will be used.

b. NONE of the original input for this transaction has been stored.

801.11 REPLACEMENT OF ACCEPTED STORED DATA IN A MASTER RECORD

a. Submission of a N101 (Admission Transaction) will delete all existing records (master and pending) for a record with the same control data.

b. All data submitted for replacement purpose in a transaction must meet edit conditions or none will be accepted, and the content of the master record will remain unaltered.

801.12 DELETION OF MASTER RECORD

a. Due to errors in reporting there may be a need to delete an established master record or component segments of a record. A deletion action will be used only when the record cannot be adjusted by using a replacement action.

b. The need to delete the content of an existing master record may result when:

(1) The facility number has been incorrectly identified; or

(2) An admission was reported, but actually did not take place (admission canceled).

c. Transaction type "N099" will remove the complete existing content of a master record that has been established in the NPTF system. In addition to the

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transaction type, this transaction requires control data, (SSN (Social Security Number), date and time of admission, and facility number) that will be identical to the data that established the master record. If the time and date of admission are not known, zeroes should be entered.

801.13 NPTF TRANSMISSION FORMAT

When a data element is not required for a particular type of discharge, (i.e., hospital, nursing home care, etc.) the EAL and TPL will contain spaces. To allow facilities to identify the placement of errors in the transmission types, the following list contains the transaction types and the placement of each data element.

Control Data Information - All Transactions

| Format Placement | Data |
|------------------|------------------------|
| 5-14 | Social Security Number |
| 15-20 | Date of Admission |
| 21-24 | Time of Admission |
| 25-27 | Facility Number |
| 28-30 | Facility Suffix |

N101 - NPTF Admission Transaction

| Format Placement | Data |
|------------------|--|
| 1-4 | Transaction Type (N101) |
| 5-30 | Control Data Information |
| 31-42 | Patient's Last Name |
| 43-44 | Patient's First Initial and Middle Initial |
| 45-46 | Source of Admission |
| 47-49 | Transferring Facility Number |
| 50-52 | Transferring Facility Suffix |
| 53 | Source of Payment |
| 54 | Prisoner of War Status |
| 55 | Marital Status |
| 56 | Sex Indicator |
| 57-64 | Date of Birth, Example March 27, 1947-03271947 |
| 65 | Space |
| 66 | Period of Service |
| 67 | Agent Orange Exposure Indicator |
| 68 | Ionizing Radiation Exposure Indicator |
| 69-70 | State of Residence |
| 71-73 | County of Residence |

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74-78 ZIP Code
 79-80 Means Test Indicator
 81-86 Income
 87-125 Reserved

N501 - NPTF Patient Movement and Discharge Diagnosis Transaction

Format

Placement Data

1-4 Transaction Type (N501)
 5-30 Control Data Information
 31-36 Date of Movement
 37-40 Time of Movement
 41-46 Specialty CDR (Cost Distribution Report) Code
 47-48 Specialty Code
 49-51 Leave Days
 52-54 Pass Days
 55 Spinal Cord Injury Indicator
 56-62 DXLS for the Losing Bed Section
 63-69 Diagnostic Code Number 2
 70-76 Diagnostic Code Number 3
 77-83 Diagnostic Code Number 4
 84-90 Diagnostic Code Number 5
 91-99 NOT ACTIVATED - Contains Spaces
 100-105 Physical Location CDR Code
 106-107 Physical Location Code
 108 Bed Status (Discharge Movement Only)
 109 Legionnaire's Disease Indicator
 110 Suicide Indicator
 111-114 Substance Abuse Information
 115 Psychiatry AXIS IV
 116-119 Psychiatry AXIS V
 120 Treated for SC (service-connected) Condition Indicator
 121-125 Reserved

N535 - NPTF Physical Location Movement Transaction

Format

Placement Data

1-4 Transaction Type (N535)
 5-30 Control Data Information
 31-36 Date of Movement
 37-40 Time of Movement
 41-46 Physical Location CDR Code
 47-48 Physical Location Code

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| | |
|--------|---------------------------------|
| 49-54 | Specialty CDR Code |
| 55-56 | Specialty Code |
| 57-59 | Leave Days |
| 60-62 | Pass Days |
| 63-71 | NOT ACTIVATED - Contains Spaces |
| 72-125 | Reserved |

N401 - NPTF Surgical Procedures Transaction

| | |
|-----------|------|
| Format | |
| Placement | Data |

| | |
|--------|------------------------------------|
| 1-4 | Transaction Type (N401) |
| 5-30 | Control Data Information |
| 31-36 | Date of Surgery |
| 37-40 | Time of Surgery |
| 41-42 | Specialty |
| 43 | Category of Chief Surgeon |
| 44 | Category of First Assistant |
| 45 | Anesthesia Technique (Principal) |
| 46 | Source of Payment |
| 47-53 | Operation Code #1 |
| 54-60 | Operation Code #2 |
| 61-67 | Operation Code #3 |
| 68-74 | Operation Code #4 |
| 75-81 | Operation Code #5 |
| 82-90 | NOT ACTIVATED - Contains Spaces |
| 91 | Kidney Transplant Status Indicator |
| 92-125 | Reserved |

N601 - NPTF Non-surgical Procedures Transaction

| | |
|-----------|------|
| Format | |
| Placement | Data |

| | |
|--------|-------------------------------|
| 1-4 | Transaction Type (N601) |
| 5-30 | Control Data Information |
| 31-36 | Date of Procedure |
| 37-40 | Time of Procedure |
| 41-42 | Specialty |
| 43 | Dialysis Type |
| 44-46 | Number of Dialysis Treatments |
| 47-53 | Procedure Code #1 |
| 54-60 | Procedure Code #2 |
| 61-67 | Procedure Code #3 |
| 68-74 | Procedure Code #4 |
| 75-81 | Procedure Code #5 |
| 82-125 | Reserved |

N701 - NPTF Disposition Transaction

| Format Placement | Data |
|------------------|---|
| 1-4 | Transaction Type (N701) |
| 5-30 | Control Data Information |
| 31-36 | Date of Disposition |
| 37-40 | Time of Disposition |
| 41-42 | Discharge Specialty Code |
| 43 | Type of Disposition |
| 44 | Outpatient Care Status |
| 45 | Under VA Auspices |
| 46 | Place of Disposition |
| 47-49 | Receiving Facility Number |
| 50-52 | Receiving Facility Suffix |
| 53-55 | Extended Care Days ASIH (Absent Sick in Hospital) |
| 56 | Race |
| 57 | Compensation and Pension Status |
| 58-64 | DXLS (Diagnosis Responsible for Length of Stay) For Entire Stay |
| 65 | Only Diagnosis Indicator |
| 66-71 | Physical Location CDR Code |
| 72-73 | Physical Location Code |
| 74-76 | Percentage of Service Connection |
| 77 | Legionnaire's Disease Indicator |
| 78 | Suicide Indicator |
| 79-82 | Substance Abuse Information |
| 83 | Psychiatry AXIS IV |
| 84-87 | Psychiatry AXIS V |
| 88 | Treated for SC Condition Indicator |
| 89-125 | Reserved |

N702 - NPTF Disposition Transaction

| Format Placement | Data |
|------------------|--------------------------|
| 1-4 | Transaction Type (N702) |
| 5-30 | Control Data Information |
| 31-36 | Date of Discharge |
| 37-40 | Time of Discharge |
| 41-47 | Diagnosis Code #2 |
| 48-54 | Diagnosis Code #3 |
| 55-61 | Diagnosis Code #4 |
| 62-68 | Diagnosis Code #5 |
| 69-75 | Diagnosis Code #6 |

| | |
|---------|--------------------|
| 76-82 | Diagnosis Code #7 |
| 83-89 | Diagnosis Code #8 |
| 90-96 | Diagnosis Code #9 |
| 97-103 | Diagnosis Code #10 |
| 104-125 | Reserved |

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CHAPTER 9. REQUEST FOR RECORD PRINTOUT

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CHAPTER 9. REQUEST FOR RECORD PRINTOUT

901.01 GENERAL

A RPO (Record Printout) can be requested by the reporting facility. Such requests may arise when there is a need to obtain or verify data in a master record for a treatment period. Two types of RPO requests are provided, and each type is described in the following narrative.

901.02 RPO REQUEST FOR A SPECIFIC TREATMENT PERIOD

Transaction type "N150" will produce an RPO for a specific treatment period existing in the NPTF (New Patient Treatment File) files of the current fiscal year and 1 prior fiscal year. In order to locate the master record, the following information must be provided in the request:

- a. TT (Transaction Type) "N150".
- b. Social Security Number of beneficiary.
- c. Date and Time of Admission referencing the date and time of admission of the requested treatment period. If the time of the admission is not known enter four (4) zeroes.
- d. Enter the facility number of the medical center where the requested treatment period took place.
- e. Enter the facility number of the facility requesting the RPO.

901.03 RPO REQUEST FOR MASTER RECORDS FOR A BENEFICIARY (TT N150,TT 151)

a. Transaction type "N150" will produce RPO's for a specific treatment period existing in the files of the current fiscal year or 1 prior fiscal year. The following information will be provided in the request:

- (1) Transaction Type "N150"
- (2) Social Security Number
- (3) Date and Time of Admission
- (4) RPO Transaction Code Type

(a) N150 Master Record Produce RPO. Entire content of a specific treatment period existing in the files of current fiscal year or 1 prior fiscal year. Period identified by Date of Admission

(b) N151 Master Record Produces RPO's. All records of beneficiary's treatment periods existing in files of current fiscal year and 1 prior fiscal years.

b. Transaction type "N151" will produce RPO's for all treatment periods for a beneficiary in the NPTF files of the current fiscal year and 1 prior fiscal year. The following limited information will be provided in the request:

- (1) Transaction Type "N151"
- (2) Social Security Number

NEW PATIENT TREATMENT FILE STATION NUMBER, SUFFIX, AND STATION NAME

| STATION NO | STATION ID | STATION NAME | STATE |
|------------|------------|-------------------------|-------|
| 101 | VACO | WASHINGTON | DC |
| 200 | VADP | AUSTIN | TX |
| 358 | VARO | MANILA PHILIPPINES | RP |
| 358DC | RPVM | QUEZON CITY PHILIPPINES | RP |
| 359 | VARO | HONOLULU | HI |
| 359CN | USAH | TRIPLER | HI |
| 359CT | USNH | GUAM MARSHALL IS | GQ |
| 363 | VARO | ANCHORAGE | AK |
| 363CN | USAH | ANCHORAGE | AK |
| 363CZ | USAF | ANCHORAGE | AK |
| 363C5 | PHS | ANCHORAGE | AK |
| 363DM | PUBH | ANCHORAGE | AK |

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|--------|------|-----------------------|----|
| 363DS | CIVH | ANCHORAGE | AK |
| 40 | VACG | TOGUS | ME |
| 4029AA | VANB | TOGUS | ME |
| 4029AF | STNB | TOGUS AUGUSTA | ME |
| 405 | VACG | WHITE RIVER JUNCTION | VT |
| 405DT | STDM | BENNINGTON | VT |
| 4059AA | VANB | WHITE RIVER JUNCTION | VT |
| 4059A | STNB | BENNINGTON | VT |
| 436 | VACG | FORT HARRISON | MT |
| 436DT | STDM | COLUMBIA FALLS | MT |
| 4369AF | STNB | COLUMBIA FALLS | MT |
| 437 | VACG | FARGO | ND |
| 437CZ | USAF | MINOT AFB | ND |
| 437DT | STDM | LISBON | ND |
| 4379AA | VANB | FARGO | ND |
| 438 | VACG | SIOUX FALLS | SD |
| 4389AA | VANB | SIOUX FALLS | SD |
| 442 | VACG | CHEYENNE | WY |
| 4429AA | VANB | CHEYENNE | WY |
| 452 | VACG | WICHITA | KS |
| 4529AA | VANB | WICHITA | KS |
| 452DT | STDM | FORT DODGE | KS |
| 4529AF | STNB | FORT DODGE | KS |
| 460 | VACG | WILMINGTON | DE |
| 460DT | STDM | VINELAND | NJ |
| 4609AA | VANB | WILMINGTON | DE |
| 4609AF | STNB | VINELAND | NJ |
| 500 | VAHG | ALBANY | NY |
| 5009AA | VANB | ALBANY | NY |
| 501 | VAHG | ALBUQUERQUE | NM |
| 5019AA | VANB | ALBUQUERQUE | NM |
| 501DT | STDM | TRUTH OR CONSEQUENCES | NM |
| 5019AF | STNB | TRUTH OR CONSEQUENCES | NM |
| 501C4 | | KIRTLAND AFB | NM |
| 502 | VAHG | ALEXANDRIA | LA |
| 5029AA | VANB | ALEXANDRIA | LA |
| 503 | VAHG | ALTOONA | PA |
| 503DT | STDM | HOLLIDAYSBURG | PA |
| 5039AA | VANB | ALTOONA | PA |
| 5039AF | STNB | HOLLIDAYSBURG | PA |
| 504 | VAHG | AMARILLO | TX |
| 5049AA | VANB | AMARILLO | TX |
| 505 | VAHG | AMERICAN LAKE | WA |
| 505BU | VAD | AMERICAN LAKE | WA |
| 5059AA | VANB | AMERICAN LAKE | WA |
| 505CN | USAH | TACOMA | WA |

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|--------|------|-----------------|----|
| 506 | VAHG | ANN ARBOR | MI |
| 5069AA | VANB | ANN ARBOR | MI |
| 508 | VAHG | DECATUR | GA |
| 5089AA | VANB | DECATUR | GA |
| 509 | VAHG | AUGUSTA | GA |
| 509AO | VAHP | AUGUSTA LENWOOD | GA |
| 5099AA | VANB | AUGUSTA | GA |
| 509CS | USAH | AUGUSTA | GA |
| 509DM | PUBH | AUGUSTA | GA |
| 509DS | CIVH | AUGUSTA | GA |
| 5099AF | STNB | AUGUSTA | GA |
| 512 | VAHG | BALTIMORE | MD |
| 513 | VAHG | BATAVIA | NY |
| 5139AA | VANB | BATAVIA | NY |
| 514 | VAHG | BATH | NY |
| 514BU | VAD | BATH | NY |
| 5149AA | VANB | BATH | NY |
| 515 | VAHP | BATTLE CREEK | MI |
| 5159AA | VANB | BATTLE CREEK | MI |
| 516 | VAHG | BAY PINES | FL |
| 516BU | VAD | BAY PINES | FL |
| 516CT | USNH | ORLANDO | FL |
| 516CU | USNN | PENSACOLA | FL |
| 516CV | USNN | JACKSONVILLE | FL |
| 516EX | VARD | BAY PINES | FL |
| 5169AA | VANB | BAY PINES | FL |
| 517 | VAHG | BECKLEY | WV |
| 5179AA | VANB | BECKLEY | WV |
| 518 | VAHP | BEDFORD | MA |
| 5189AA | VANB | BEDFORD | MA |
| 518BU | VAD | BEDFORD | MA |
| 519 | VAHG | BIG SPRING | TX |
| 5199AA | VANB | BIG SPRING | TX |
| 520 | VAHG | BILOXI | MS |
| 520AO | VAHP | BILOXI GULFPORT | MS |
| 520BU | VAD | BILOXI | MS |
| 5209AA | VANB | BILOXI | MS |
| 521 | VAHG | BIRMINGHAM | AL |
| 522 | VAHG | BONHAM | TX |
| 522BU | VAD | BONHAM | TX |
| 5229AA | VANB | BONHAM | TX |
| 522EX | VARD | BONHAM | TX |
| 523 | VAHG | BOSTON | MA |
| 525 | VAHP | BROCKTON | MA |
| 525AO | VAHG | WEST ROXBURY | MA |
| 5259AA | VANB | BROCKTON | MA |
| 526 | VAHG | BRONX | NY |

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| 5269AA | VANB | BRONX | NY |
| 527 | VAHG | BROOKLYN | NY |
| 527AO | VAHG | BROOKLYN ST ALBANS | NY |
| 527BU | VAD | BROOKLYN | NY |
| 527C5 | PHS | STATEN ISLAND | NY |
| 5279AA | VANB | BROOKLYN | NY |
| 528 | VAHG | BUFFALO | NY |
| 5289AA | VANB | BUFFALO | NY |
| 529 | VAHG | BUTLER | PA |
| 529BU | VAD | BUTLER | PA |
| 5299AA | VANB | BUTLER | PA |
| 531 | VAHG | BOISE | ID |
| 531DT | STDM | BOISE | ID |
| 5319AA | VANB | BOISE | ID |
| 5319AF | STNB | BOISE | ID |
| 532 | VAHP | CANANDAIGUA | NY |
| 532BU | VAD | CANANDAIGUA | NY |
| 5329AA | VANB | CANANDAIGUA | NY |
| 533 | VAHG | CASTLE POINT | NY |
| 5339AA | VANB | CASTLE POINT | NY |
| 534 | VAHG | CHARLESTON | SC |
| 535 | VAHG | CHICAGO LAKESIDE | IL |
| 537 | VAHG | CHICAGO WESTSIDE | IL |
| 538 | VAHP | CHILLICOTHE | OH |
| 5389AA | VANB | CHILLICOTHE | OH |
| 539 | VAHG | CINCINNATI | OH |
| 5399AA | VANB | CINCINNATI | OH |
| 539BU | VAD | CINCINNATI | OH |
| 540 | VAHG | CLARKSBURG | WV |
| 5409AA | VANB | CLARKSBURG | WV |
| 541 | VAHG | CLEVELAND | OH |
| 541A0 | VAHP | CLEVELAND BRECKSVILLE | OH |
| 541BU | VAD | CLEVELAND | OH |
| 541DT | STDM | ERIE COUNTY | OH |
| 5419AA | VANB | CLEVELAND | OH |
| 5419AF | STNB | SANDUSKY | OH |
| 542 | VAHP | COATESVILLE | PA |
| 5429AA | VANB | COATESVILLE | PA |
| 542BU | VAD | COATESVILLE | PA |
| 542DT | STDM | SOUTHEASTERN SPRING CITY | PA |
| 543 | VAHG | COLUMBIA | MO |
| 5439AA | VANB | COLUMBIA | MO |
| 544 | VAHG | COLUMBIA | SC |
| 5449AA | VANB | COLUMBIA | SC |
| 5449AF | STNB | COLUMBIA | SC |
| 546 | VAHG | MIAMI | FL |

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| 546CU | USNH | KEY WEST | FL |
| 5469AA | VAHB | MIAMI | FL |
| 548 | VAHG | WEST PALM BEACH | FL |
| 549 | VAHG | DALLAS | TX |
| 5499AA | VANB | DALLAS | TX |
| 549BU | VAD | DALLAS | TX |
| 550 | VAHG | DANVILLE | IL |
| 5509AA | VANB | DANVILLE | IL |
| 552 | VAHG | DAYTON | OH |
| 552BU | VAD | DAYTON | OH |
| 552EX | VARD | DAYTON | OH |
| 5529AA | VANB | DAYTON | OH |
| 553 | VAHG | ALLEN PARK | MI |
| 553DT | STDM | GRAND RAPIDS | MI |
| 5539AA | VANB | ALLEN PARK | MI |
| 5539AF | STNB | GRAND RAPIDS | MI |
| 554 | VAHG | DENVER | CO |
| 5549AA | VANB | DENVER | CO |
| 554DT | STDM | HOME LAKE | CO |
| 5549AF | STNB | HOME LAKE | CO |
| 5549AG | STNB | FLORENCE | CO |
| 5549AH | STNB | RIFLE | CO |
| 555 | VAHG | DES MOINES | IA |
| 555DT | STDW | MARSHALLTOWN | IA |
| 555EL | STHH | MARSHALLTOWN | IA |
| 5559AF | STNB | MARSHALLTOWN | IA |
| 556 | VAHG | NORTH CHICAGO | IL |
| 5569AA | VANB | NORTH CHICAGO | IL |
| 556BU | VAD | NORTH CHICAGO | IL |
| 557 | VAHG | DUBLIN | GA |
| 557BU | VAD | DUBLIN | GA |
| 557DT | STDM | MILLEDGEVILLE | GA |
| 5579AA | VANB | DUBLIN | GA |
| 5579AF | STNB | MILLEDGEVILLE | GA |
| 558 | VAHG | DURHAM | NC |
| 5589AA | VANB | DURHAM | NC |
| 561 | VAHG | EAST ORANGE | NJ |
| 561DT | STDM | MENLO PARK | NJ |
| 561ET | VARC | EAST ORANGE | NJ |
| 5619AA | VANB | EAST ORANGE | NJ |
| 5619AF | STNB | MENLO PARK | NJ |
| 5619AG | STNB | PARAMUS | NH |
| 562 | VAHG | ERIE | PA |
| 562DT | STDM | ERIE | PA |
| 5629AA | VANB | ERIE | PA |
| 5629A | STNB | ERIE | PA |

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| 564 | VAHG | FAYETTEVILLE | AR |
| 565 | VAHG | FAYETTEVILLE | NC |
| 5659AA | VANB | FAYETTEVILLE | NC |
| 566 | VAHG | FORT HOWARD | MD |
| 5669AA | ANB | FORT HOWARD | MD |
| 567 | VAHP | FORT LYON | CO |
| 5679AA | VANB | FORT LYON | CO |
| 568 | VAHP | FORT MEADE | SD |
| 5689AA | VANB | FORT MEADE | SD |
| 569 | VAHG | FORT WAYNE | IN |
| 5699AA | VANB | FORT WAYNE | IN |
| 570 | VAHG | FRESNO | CA |
| 5709AA | VANB | FRESNO | CA |
| 573 | VAHG | GAINESVILLE | FL |
| 5739AA | VANB | GAINESVILLE | FL |
| 574 | VAHG | GRAND ISLAND | NE |
| 574DT | STDM | GRAND ISLAND | NE |
| 574DU | STDM | NORFOLK ANNEX | NE |
| 574DV | STDM | OMAHA ANNEX | NE |

| | | | |
|--------|------|-----------------------------|----|
| 574DW | STDM | SCOTTSBLUFF ANNEX | NE |
| 5749AA | VANB | GRAND ISLAND | NE |
| 5749AF | STNB | GRAND ISLAND | NE |
| 5749AG | STNB | NORFOLK ANNEX | NE |
| 5749AH | STNB | OMAHA ANNEX | NE |
| 5749AJ | STNB | SCOTTSBLUFF ANNEX | NE |
| 575 | VAHG | GRAND JUNCTION | CO |
| 5759AA | VANB | GRAND JUNCTION | CO |
| 578 | VAHG | HINES | IL |
| 5789AA | VANB | HINES | IL |
| 5789AF | STNB | MANTERO | IL |
| 578DT | STDM | HINES | IL |
| 579 | VAHG | HOT SPRINGS | SD |
| 579BU | VAD | HOT SPRINGS | SD |
| 579DT | STDM | HOT SPRING | SD |
| 5799AF | STNB | HOT SPRINGS | SD |
| 580 | VAHG | HOUSTON | TX |
| 5809AA | VANB | HOUSTON | TX |
| 581 | WANB | HUNTINGTON | WV |
| 581DT | STDM | BARBOURSVILLE | WV |
| 583 | VAHG | INDIANAPOLIS | IN |
| 583AO | VAHG | INDIANAPOLIS COLD SPRING RD | IN |
| 5839AF | STNB | LAFAYETTE | IN |
| 5839AA | VANB | INDIANAPOLIS | IN |
| 584 | VAHG | IOWA CITY | IA |
| 584DT | STDM | OUINCY | IL |
| 584EL | STHH | QUINCY | IL |
| 5849AF | STN8 | QUINCY | IL |
| 585 | VAHG | IRON MOUNTAIN | MI |
| 585DT | STDM | IRON MOUNTAIN | MI |
| 5859AA | VANB | IRON MOUNTAIN | MI |
| 5859AF | STNB | IRON MOUNTAIN | MI |
| 586 | VAHG | JACKSON | MS |
| 5869AA | VANB | JACKSON | MS |
| 5869AF | STNB | JACKSON | MS |
| 589 | VAHG | KANSAS CITY | MO |
| 590 | VAHG | HAMPTON | WA |
| 590BU | VAD | HAMPTON | VA |
| 5909AA | VANB | HAMPTON | WA |
| 591 | VAHG | KERRVILLE | TX |
| 5919AA | VANB | KERRVILLE | TX |
| 592 | VAHP | KNOXVILLE | IA |
| 5929AA | VANB | KNOXVILLE | IA |
| 592BU | VAD | KNOXVILLE | IA |
| 594 | VAHG | LAKE CITY | FL |
| 5949AA | VANB | LAKE CITY | FL |

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| 595 | VAHG | LEBANON | PA |
| 5959AA | VANB | LEBANON | PA |
| 596 | VAHG | LEXINGTON | KY |
| 596A0 | VAHG | LEXINGTON COOPER DR | KY |
| 5969AA | VANB | LEXINGTON | KY |
| 597 | VAHG | LINCOLN | NB |
| 598 | VANB | LITTLE ROCK | AR |
| 598A0 | VAHP | LITTLE ROCK NORTH | AR |
| 598BU | VAD | LITTLE ROCK | AR |

| | | | |
|--------|------|------------------------|----|
| 598DT | STDM | STATE HOME LITTLE ROCK | AR |
| 5989AA | VANB | LITTLE ROCK | AR |
| 5989AF | STNB | LITTLE ROCK | AR |
| 599 | VAHG | LIVERMORE | CA |
| 5999AA | VANB | LIVERMORE | CA |
| 600 | VANG | LONG BEACH | CA |
| 6009AA | VANB | LONG BEACH | CA |
| 603 | VAHG | LOUISVILLE | KY |
| 604 | VAHG | LYONS | NJ |
| 6049AA | VANB | LYONS | NJ |
| 604BU | VAD | LYONS | NJ |
| 605 | VAHG | LOMA LINDA | CA |
| 6059AA | VANB | LOMA LINDA | CA |
| 607 | VAHG | MADISON | WI |
| 607DT | STDM | KING | WI |
| 607EL | STHH | D KING | WI |
| 6079AF | STNB | KING | WI |
| 608 | VAHG | MANCHESTER | NH |
| 608DT | STDM | TILTON | NH |
| 6089AA | VANB | MANCHESTER | NH |
| 6089AF | STNB | TILTON | NH |
| 609 | VAHG | MARION | IL |
| 6099AA | VANB | MARION | IL |
| 610 | VAHP | MARION | IN |
| 6109AA | VANB | MARION | IN |
| 611 | VAHG | MARLIN | TX |
| 612 | VAHG | MARTINEZ | CA |
| 613 | VAHG | MARTINSBURG | WW |
| 613BU | VAD | MARTINSBURG | WW |
| 6139AA | VANB | MARTINSBURG | WW |
| 614 | VAHG | MEMPHIS | TN |
| 6149AA | VANB | MEMPHIS | TN |
| 614DM | PUBH | MEMPHIS | TN |
| 614DS | CIVH | MEMPHIS | TN |
| 617 | VAHG | MILES CITY | MT |
| 6179AA | VANB | MILES CITY | MT |
| 618 | VAHG | MINNEAPOLIS | MN |
| 618DT | STDM | MINNEAPOLIS | MN |
| 618DU | STDM | HASTINGS | MN |
| 6189AA | VANB | MINNEAPOLIS | MN |
| 6189AF | STNB | MINNEAPOLIS | MN |
| 619 | VAHG | MONTGOMERY | AL |
| 6199AF | STNB | ALEXANDER CITY | AL |
| 620 | VAHP | MONTROSE | NY |
| 6209AA | VANB | MONTROSE | NY |
| 620BU | VAD | MONTROSE | NY |

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| 621 | VAHG | MOUNTAIN HOME | TN |
| 621BU | VAD | MOUNTAIN HOME | TN |
| 6219AA | VANB | MOUNTAIN HOME | TN |
| 622 | VAHP | MURFREESBORO | TN |
| 6229AA | VANB | MURFREESBORO | TN |
| 623 | VAHG | MUSKOGEE | OK |
| 626 | VAHG | NASHVILLE | TN |
| 627 | VAHG | NEWINGTON | CT |
| 6279AA | VANB | NEWINGTON | CT |

| | | | |
|--------|-----|---------------------------|----|
| 627DT | STD | ROCKY HILL | CT |
| 627EL | STH | ROCKY HILL | CT |
| 629 | VAH | NEW ORLEANS | LA |
| 6299AA | VAN | NEW ORLEANS | LA |
| 629DT | STD | JACKSON | LA |
| 6299AF | STN | JACKSON | LA |
| 630 | VAH | NEW YORK | NY |
| 6309AA | VAN | NEW YORK | NY |
| 631 | VAH | NORTHAMPTON | MA |
| 631DT | STD | HOLYOKE | MA |
| 631EL | STH | HOLYOKE | MA |
| 6319AA | VAN | NORTHAMPTON | MA |
| 6319AF | STN | HOLYOKE | MA |
| 632 | VAH | NORTHPORT | NY |
| 6329AA | VAN | NORTHPORT | NY |
| 635 | VAH | OKLAHOMA CITY | OK |
| 635DT | STD | ARDMORE | OK |
| 635DU | STD | CLINTON | OK |
| 635DV | STD | NORMAN | OK |
| 635DW | STD | SULPHUR | OK |
| 635EL | STH | SULPHUR | OK |
| 6359AF | STN | ARDMORE | OK |
| 6359AG | STN | CLINTON | OK |
| 6359AH | STN | NORMAN | OK |
| 6359AJ | STN | SULPHUR | OK |
| 6359AK | STN | TALIHINA | OK |
| 6359AL | STN | CLAREMORE | OK |
| 636 | VAH | OMAHA | NE |
| 637 | VAH | ASHEVILLE | NC |
| 6379AA | VAN | ASHEVILLE | NC |
| 640 | VAH | PALO ALTO | CA |
| 640AO | VAH | PALO ALTO MENLO PARK | CA |
| 6409AA | VAN | PALO ALTO | CA |
| 640BU | VAD | PALO ALTO | CA |
| 641 | VAH | PERRY POINT | MD |
| 6419AA | VAN | PERRY POINT | MD |
| 641DM | PUB | PERRY POINT | MD |
| 641DS | CIV | PERRY POINT | MD |
| 642 | VAH | PHILADELPHIA | PA |
| 642CT | USN | PHILADELPHIA | PA |
| 644 | VAH | PHOENIX | AZ |
| 6449AA | VAN | PHOENIX | AZ |
| 645 | VAH | PITTSBURGH HIGHLAND DRIVE | PA |
| 6459AA | VAN | PITTSBURGH HIGHLAND DRIVE | PA |
| 646 | VAH | PITTSBURGH UNIVERSITY DR | PA |
| 646AO | VAH | PITTSBURGH U DR ASPINWALL | PA |

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| 646A4 | VANB | PITTSBURGH | PA |
| 6469AA | VANB | PITTSBURGH ASPINWALL DIV | PA |
| 647 | VAHG | POPLAR BLUFF | MO |
| 6479AA | VANB | POPLAR BLUFF | MO |
| 648 | WAHG | PORTLAND | OR |
| 648AO | VAHG | PORTLAND VANCOUVER | OR |
| 6489AA | VANB | PORTLAND | OR |
| 648BU | VAD | PORTLAND | OR |
| 649 | VAHG | PRESCOTT | AZ |

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| 6499AA | VANB | PRESCOTT | AZ |
| 649BU | VAD | PRESCOTT | AZ |
| 649EX | VARD | PRESCOTT | AZ |
| 650 | VAHG | PROVIDENCE | RI |
| 650DT | STDM | BRISTOL | RI |
| 6509AF | STNB | BRISTON | RI |
| 652 | VAHG | RICHMOND | VA |
| 6529AA | VANB | RICHMOND | VA |
| 653 | VAHG | ROSEBURG | OR |
| 6539AA | VANB | ROSEBURG | OR |
| 654 | VAHG | RENO | NV |
| 6549AA | VANB | RENO | NV |
| 655 | VAHG | SAGINAW | MI |
| 6559AA | VANB | SAGINAW | MI |
| 656 | VAHP | ST CLOUD | MN |
| 6569AA | VANB | ST CLOUD | MN |
| 656BU | VAD | ST CLOUD | MN |
| 657 | VAHG | ST LOUIS | MO |
| 657A0 | VAHP | ST LOUIS JEFFERSON BARRACKS | MO |
| 657DT | STDM | ST JAMES | MO |
| 6579AA | WANB | ST LOUIS | MO |
| 6579AF | STNB | ST JAMES | MO |
| 6579AG | STNB | MT VERNON | MO |
| 6579AH | STNB | MEXICO | MO |
| 658 | VAHG | SALEM | VA |
| 6589AA | VANB | SALEM | VA |
| 659 | VAHG | SALISBURY | NC |
| 6599AA | VANB | SALISBURY | NC |
| 660 | VAHG | SALT LAKE CITY | UT |
| 6609AA | VANB | SALT LAKE CITY | UT |
| 662 | VAHG | SAN FRANCISCO | CA |
| 662DT | STDM | YOUNTVILLE | CA |
| 662EL | STHH | YOUNTVILLE | CA |
| 6629AA | VANB | SAN FRANCISCO | CA |
| 6629AF | STNB | YOUNTVILLE | CA |
| 663 | VAHG | SEATTLE | WA |
| 6639AA | VANB | SEATTLE | WA |
| 663DT | STDM | ORTING | WA |
| 663DU | STDM | RETSIL | WA |
| 6639AF | STNB | ORTING | WA |
| 6639AG | STNB | RETSIL | WA |
| 664 | VAHG | SAN DIEGO | CA |
| 664CU | USNH | SAN DIEGO | CA |
| 6649AA | VANB | SAN DIEGO | CA |
| 664DS | CIVH | SAN DIEGO | CA |
| 665 | VAHG | SEPULVEDA | CA |

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| 6659AA | VANB | SEPULVEDA | CA |
| 666 | VAHP | SHERIDAN | WY |
| 666DT | STDM | BUFFALO | WY |
| 667 | VAHG | SHREVEPORT | LA |
| 668 | VAHG | SPOKANE | WA |
| 6689AA | VANB | SPOKANE | WA |
| 670 | VAHG | SYRACUSE | NY |
| 670DT | STDM | OXFORD | NY |
| 6709AA | VANB | SYRACUSE | NY |

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| 6709AF | STNB | OXFORD | NY |
| 671 | VAHG | SAN ANTONIO | TX |
| 6719AA | VANB | SAN ANTONIO | TX |
| 671CN | USAH | BROOKE | TX |
| 671CT | USNH | CORPUS CHRISTI | TX |
| 672 | VACG | SAN JUAN | RQ |
| 6729AA | VANB | SAN JUAN | RQ |
| 672CT | USNH | US NAVAL HOSPITAL | RQ |
| 673 | VAHG | TAMPA | FL |
| 6739AA | VANB | TAMPA | FL |
| 674 | VAHG | TEMPLE | TX |
| 674BU | VAD | TEMPLE | TX |
| 674EX | VARD | TEMPLE | TX |
| 6749AA | VANB | TEMPLE | TX |
| 676 | VAHP | TOMAH | WI |
| 6769AA | VANB | TOMAH | WI |
| 677 | VAHG | TOPEKA | KS |
| 6779AA | VANB | TOPEKA | KS |
| 678 | VAHG | TUCSON | AZ |
| 678BU | VAD | TUCSON | AZ |
| 679 | VAHP | TUSCALOOSA | AL |
| 6799AA | VANB | TUSCALOOSA | AL |
| 680 | VAHG | TUSKEGEE | AL |
| 6809AA | VANB | TUSKEGEE | AL |
| 685 | VAHP | WACO | TX |
| 6859AA | VANB | WACO | TX |
| 686 | VAHG | LEAVENWORTH | KS |
| 686BU | VAD | LEAVENWORTH | KS |
| 6869AA | VANB | LEAVENWORTH | KS |
| 687 | VAHG | WALLA WALLA | WA |
| 6879AA | VANB | WALLA WALLA | WA |
| 688 | VAHG | WASHINGTON | DC |
| 6889AA | VANB | WASHINGTON | DC |
| 688CN | USAH | WALTER REED | DC |
| 688CT | USNH | BETHESDA | MD |
| 688DC | CZGH | CANAL ZONE | PQ |
| 6B8DP | CIVH | ALL HOSPITALS IN CANADA | CO |
| 688DQ | CIVH | ALL HOSPITALS IN EUROPE | EU |
| 688DR | CIVH | ALL HOSPITALS IN MEXICO | MX |
| 688DT | STDM | WASHINGTON | DC |
| 688DU | STDM | CHARLOTTE HALL | MD |
| 6889AF | STNB | CHARLOTTE HALL | MD |
| 689 | VAHG | WEST HAVEN | CT |
| 6899AA | VANB | WEST HAVEN | CT |
| 691 | VAHG | WEST LOS ANGELES WADSWORTH | CA |
| 6919AA | VANB | WEST LOS ANGELES WADSWORTH | CA |
| 691A0 | VAHP | WEST LOS ANGELES BRENTWOOD | CA |

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| 691BU | VAD | WEST LOS ANGELES WADSWORTH | CA |
| 692 | VAD | WHITE CITY | OR |
| 692DS | CIVH | WHITE CITY | OR |
| 693 | VAHG | WILKES BARRE | PA |
| 6939AA | VANB | WILKES BARRE | PA |
| 695 | VAHG | MILWAUKEE | WI |
| 695BU | VAD | MILWAUKEE | WI |
| 6959AA | VANB | MILWAUKEE | WI |
| 696 | VAHG | HONOLULU | HI |

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| 750 | OPCI | BOSTON | MA |
| 750DS | CIVH | BOSTON | MA |
| 750DT | STDM | CHELSEA | MA |
| 750EL | STHH | CHELSEA | MA |
| 7509AF | STNB | CHELSEA | MA |
| 751 | OPCI | BROOKLYN | NY |
| 752 | OPCI | LOS ANGELES | CA |
| 752CU | USNH | SAN DIEGO | CA |
| 756 | OPCI | EL PASO | TX |
| 756CN | USAH | WILLIAM BEAUMONT | TX |
| 757 | OPCI | COLUMBUS | OH |
| 757DM | PUBH | COLUMBUS | OH |
| 757DS | CIVH | COLUMBUS | OH |
| 758 | OPCI | LAS VEGAS | NV |

ERROR CODES

ERROR CODES ALL TRANSACTIONS

| Code | Code Definition |
|------|-----------------------------------|
| 0001 | Invalid Transaction code |
| 0004 | Station number and suffix invalid |
| 0999 | Six unacceptable edit conditions |

ERROR CODES N101 TRANSACTIONS

| Code | Code Definition |
|------|---|
| 0101 | Pseudo indicator not blank or 'P' |
| 0102 | Positions 6-14 not numeric position 5 = blank and position 6 contains '6', '8', or '9' |
| 0103 | Admission date not a valid date |
| 0105 | Error in last name either non-alpha character or embedded blanks |
| 0106 | First initial error, non-alpha character or blank |
| 0106 | Second initial error, non-alpha character (second initial may be alpha or blank) |
| 0107 | Invalid source of admission |
| 0108 | Invalid station number(transferred from) |
| 0109 | Invalid source of payment code |
| 0110 | Invalid POW (Prisoner of War) indicator |
| 0111 | Invalid Marital Status code |
| 0112 | Invalid Sex Code |
| 0113 | Invalid Date of Birth |
| 0114 | Invalid Period of Service code |
| 0115 | Invalid AGO (Agent Orange) indicator |
| 0116 | Invalid Ion/Radiation Exposure indicator |
| 0117 | Invalid place of residence code |
| 0118 | Invalid Zip Code |
| 0119 | Invalid Means Test Indicator |
| 0120 | Invalid Income code (not numeric or blank) |
| 0130 | Pseudo SSN (Social Security Number) inconsistent with Date of Birth and Name and Initials |
| 0131 | Period of Service inconsistent with Date of Admission |
| 0132 | Period of Service inconsistent with Date of Birth |
| 0133 | Period of Service inconsistent with AGO |
| 0134 | Period of Service inconsistent with Ion/Rad |
| 0135 | Source of Admission inconsistent with station type of station transferred from |

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| 0136 | Period of Service or POW or AGO or Ion/Rad or C&P (Compensation and Pension) inconsistent with Means Test |
| 0140 | Date of admission must not be later than processing date |
| 0143 | Means Test inconsistent with Admission Date or Station type |
| 0736 | Category of Beneficiary in N101 transaction inconsistent with C&P in N701 Transaction (flag both fields) |
| 0(N/A) | MR (Master record) duplicated by key change (duplicate MR) transaction in previous week MR deleted with RPO (Record Printout) |

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ERROR CODES N401 TRANSACTIONS

| Code | Code Definition |
|------|--|
| 0405 | Invalid date of surgery |
| 0406 | Invalid surgical specialty code |
| 0407 | Invalid Category of Chief Surgeon code |
| 0408 | Invalid Category of First Assistant code |
| 0409 | Invalid Anesthetic Technique code |
| 0410 | Invalid Source of payment code |
| 0411 | Invalid Operative code #1 |
| 0412 | Invalid Operative code #2 |
| 0413 | Invalid Operative code #3 |
| 0415 | Invalid Operative code #4 |
| 0416 | Invalid Operative code #5 |
| 0417 | Invalid Transplant code |
| 0435 | Inconsistency between category of chief surgeon, category of first assistant, anesthetic technique and source of payment |
| 0437 | Date of Surgery coded earlier than admission date |
| 0440 | Date of surgery coded later than discharge date or processing date, if date of discharge not available |
| 0445 | More than 10 401 transactions submitted |
| 0450 | This operation code is not allowed in the first operation code field |
| 0451 | Operation code inconsistent with sex code |
| 0452 | One or more operation codes inconsistent with each other |
| 0453 | Operation code must have related code |
| 0456 | Incomplete set of Pacemaker Codes |
| 0470 | Transaction does not match 101 Transaction or MR |

ERROR CODES N501 TRANSACTIONS

| Code | Code Definition |
|------|--|
| 0505 | Invalid date of movement |
| 0506 | Invalid bed section code |
| 0507 | Invalid leave days |
| 0508 | Invalid pass days |
| 0509 | Invalid Spinal Cord Injury Indicator |
| 0510 | Invalid diagnostic code # 1 |
| 0511 | Invalid diagnostic code # 2 |
| 0512 | Invalid diagnostic code # 3 |
| 0513 | Invalid diagnostic code # 4 |
| 0514 | Invalid diagnostic code # 5 |
| 0515 | Invalid character in 7th position of any Diagnostic Code field |
| 0530 | Invalid SC (service-connected) treatment code |
| 0531 | Invalid Legionnaires disease code |

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|------|--|
| 0532 | Invalid Suicide code |
| 0533 | Invalid Substance abuse code |
| 0534 | Invalid Psychiatry Axis IV code |
| 0535 | Invalid Psychiatry Axis V code |
| 0537 | Date of Movement earlier than Admission Date |
| 0540 | Date of movement later than date of discharge, or processing date if discharge not available |
| 0543 | Combined leave and pass days greater than total days on bed section |
| 0550 | First diagnostic code begins with 'E' or is one of the codes not permitted as the first code |

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|------|---|
| 0551 | Diagnostic code not consistent with sex |
| 0552 | Inconsistency between two diagnostic codes |
| 0554 | Spinal Cord Indicator code inconsistent with Diagnostic codes |
| 0570 | Transaction does not match 101 Transaction or MR |
| 0573 | This string of N5xx transactions could not be processed because one or more of the transactions caused the combined leave and pass days to be greater than the total elapsed days on one of the bed sections, and the days of care could not be calculated A RPO will be furnished if a Master Record has been established |
| 0575 | Invalid PHY LOC (Physical Location) CDR code |
| 0576 | Invalid PHY CDE (Physical Location Code) code |

ERROR CODES N601 TRANSACTIONS

| Code | Code Definition |
|------|--|
| 0601 | Invalid date of procedure |
| 0602 | Invalid bed section |
| 0603 | Invalid dialysis type code |
| 0604 | Invalid number of treatments |
| 0605 | Invalid procedure code #1 |
| 0606 | Invalid procedure code #2 |
| 0607 | Invalid procedure code #3 |
| 0608 | Invalid procedure code #4 |
| 0609 | Invalid procedure code #5 |
| 0637 | Date of procedure coded earlier than date |
| 0640 | Date of procedure coded earlier than discharge date or processing date |
| 0645 | More than 32 transactions submitted |
| 0651 | Procedure code inconsistent with sex code |
| 0652 | One or more codes inconsistent with each other |
| 0653 | Procedure code must have related code |
| 0655 | A replacement code or a \$ eliminated a required related code |
| 0656 | One of the unallowable pacemaker codes was coded on the N601 transaction |
| 0657 | There were duplicate procedure codes within transaction |
| 0670 | Transaction does not match N101 transaction or master record |
| 0690 | Renal dialysis code may not be used for 1-day-care live-discharges |

ERROR CODES N701 TRANSACTIONS

| Code | Code Definition |
|------|----------------------------------|
| 0705 | Invalid Date of Discharge |
| 0706 | Invalid Bed Section code |
| 0707 | Invalid type of disposition code |

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| 0708 | Invalid outpatient treatment code |
| 0709 | Invalid VA auspices code |
| 0710 | Invalid place of disposition code |
| 0711 | Invalid receiving station number |
| 0712 | Invalid ASIH (absent sick in hospital) days |
| 0713 | Invalid Race code |
| 0714 | Invalid Compensation and Pension code |
| 0715 | Invalid Diagnostic code responsible for length of stay |
| 0718 | 701 without an "X" in ONLY-DX must be accompanied by a 702 |
| 0730 | Invalid Percent of disability |
| 0731 | Invalid Legionnaires disease code |

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- 0732 Invalid Suicide code
- 0733 Invalid Substance abuse code
- 0734 Invalid Psychiatry Axis IV code
- 0735 Invalid Psychiatry Axis V code
- 0736 Category of Beneficiary in 101 transaction inconsistent with Compensation & Pension in 701 Transactions
- 0737 Date of Discharge earlier than Date of Admission
- 0740 Date of Discharge is later than Processing date
- 0742 Date of discharge for fiscal year before earlier than current fiscal year
- 0744 Two or more of the fields in positions 38 thru 47 are inconsistent (type of disposition thru receiving station number)
- 0745 ASIH and ABO (Absent Bed Occupant) days from all 501 transfer segments total greater than elapsed length of stay 0750 This diagnostic code may not be used as the diagnostic code responsible for the length of stay (primary diagnosis)
- 0751 Diagnostic code not consistent with sex
- 0753 C & P not consistent with Means Test Indicator on N101
- 0770 No Matching 101 transaction or MR
- 0775 Invalid PHY LOC CDR code
- 0776 Invalid PHY CDE code

ERROR CODES N702 TRANSACTIONS

- | Code | Code Definition |
|------|--|
| 0720 | Invalid "summary diagnostic" code # 1 |
| 0721 | Invalid "summary diagnostic" code # 2 |
| 0722 | Invalid "summary diagnostic" code # 3 |
| 0723 | Invalid "summary diagnostic" code # 4 |
| 0724 | Invalid "summary diagnostic" code # 5 |
| 0726 | Invalid "summary diagnostic" code # 6 |
| 0727 | Invalid "summary diagnostic" code # 7 |
| 0728 | Invalid "summary diagnostic" code # 8 |
| 0729 | Invalid "summary diagnostic" code # 9 |
| 0552 | Inconsistency between two or more diagnostic codes |
| 0553 | Diagnostic code used without a required related code |
| 0719 | Transaction accompanied by 701 with "X" in "ONLY-DX" indicator OR "summary diagnosis" codes established by previously submitted accepted 702 |
| 0751 | Diagnostic code not consistent with sex. |

ERROR CODES SPECIAL ACTION TRANSACTIONS (099)

- | Code | Code Definition |
|------|---|
| 0070 | Transaction (099) does not match N101 Transaction or MR |

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ERROR CODES SPECIAL ACTION TRANSACTIONS (150/151)

| Code | Code Definition |
|------|---|
| 0108 | Invalid station number (requesting station) |
| 0170 | Transaction does not match N101 Transaction) or Master Record |

NPTF (NEW PATIENT TREATMENT FILE)
 RECURRING REPORTS TO FIELD FACILITIES

| REPORT NUMBER | FREQUENCY | TITLE |
|---------------|----------------------|--|
| EAL | Weekly | Count of Transactions by Type and Edit Analysis List. |
| 001 | Monthly | Diagnostic Indexes of Discharges from each VA (Department of Veterans Affairs) medical center. |
| 002 | Quarterly | Diagnostic Indexes of Discharges from each extended care facility. |
| 003 | Monthly | Operation Indexes of Discharges from each VA medical center. |
| 008/008A | Monthly | Analysis of NPTF Input Master Records. |
| 308 | Annual | Discharges by ZIP Code of residence, bed section and age. |
| 317 | Annual | Individual diagnostic ICD-9-CM (Operation codes of the Ninth Revision of the International Classification of Diseases: Clinical Modification) codes ranked by frequency of use during fiscal year. |
| 328 | Annual | Incidence of use of codes for surgical operations, diagnostic and other therapeutic procedures. |
| 344 | Annual | Differing average length of stay of patients discharged from each VA medical center by bed section. |
| 401 | Monthly discharged | Average length of stay by patients by patients |
| | Quarterly Cumulative | from each VA medical center by age group and bed section. |
| 419 | Monthly | Dispositions in Master File. |
| | Quarterly Cumulative | |

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| 601 | Semi-annual | VA medical center diagnostic index. |
| 603 | Semi-annual | Operation indexes of discharges from each VA medical center. |
| 604 | Semi-annual | Discharges from each VA medical center Procedures Index. |
| 606 | Semi-annual | Frequency of diagnoses by bed section for the six month period. |
| 812 | Annual | Length of Stay distribution by bed section, age and C&P (Compensation and Pension) Status. |
| 816 | Annual | Discharges from each VA medical center by C&P status and age. |
| 819 | Monthly Cumulative | Discharges from each VA medical center by means test indicator and number of unique individuals. |
| 831 | Annual | Average Length of Stay of Inpatient Discharges from VA medical centers by bed section and age. |
| 842 | Annual | Ex-POW (Prisoner of War) discharges by facility type, POW status, C&P status, Age recode, and Diagnostic Recode. |
| 863 | Annual | Discharges from VA medical centers by PSA (primary service area) and regional divisions, by diagnostic classification, age and period of service. |
| 865 | Annual | Source of Patient Load in each VA medical center by PSA and Bed Section. |
| 867 | Annual | Length of Stay of VA medical center discharges by bed section, age group and C&P status. |
| 868 | Annual | Dispositions of patients discharged from each VA medical facility by Regional Division area. |
| 875 | Annual | Discharges of PSA, Veterans from VA medical centers in the PSA by bed section, age and length of stay. |

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| 881 | Annual | Discharges from each VA medical center by bed section and length of stay by Regional Division area |
| 886 | Annual | Discharge from VA medical centers by county of residence. |
| 893 | Annual | Veteran Population by Counties within PSA in each Regional Division area. |