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FOR PATIENTS IN VA DOMICILIARIES

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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.

(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
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

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.

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, 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
- 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/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.
- 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
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:

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.