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FOR PATIENTS IN NON-VA HOSPITALS

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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.

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)
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.

(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
- 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.

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.

(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.

- 15 - Medicine
- 50 - Surgery
- 70 - Psychiatry

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

- 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.

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:

- 1 Treated for compensable SC condition (rated 10 percent or more).
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- 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.

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.

l. 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 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.

- 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.