DECISION SUPPORT SYSTEM OUTPATIENT IDENTIFIERS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive defines the purpose and use of Decision Support System (DSS) Identifiers (ID), which are also commonly known as stop codes. *NOTE: DSS is applicable only for VHA.*

2. SUMMARY OF MAJOR CHANGES: This VHA Directive provides the operational set-up of DSS IDs by the Department of Veterans Affairs (VA) medical facilities.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The VHA Office of Finance, Decision Support Office, Database Development Section (10A3D), is responsible for the contents of this Directive. Questions may be directed to (781) 687-4700.

5. RESCISSIONS: VHA Directive 2008-069 is rescinded.

6. RECERTIFICATION: This VHA Directive is due to be recertified on or before May 2018.

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DISTRIBUTION: E-mailed to the VHA Publications Distribution List 5/31/2013

DECISION SUPPORT SYSTEM OUTPATIENT IDENTIFIERS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the purpose and use of Decision Support System (DSS) Identifiers (ID). DSS IDs are also commonly known as stop codes. This Directive provides the operational set-up of DSS IDs by the Department of Veterans Affairs (VA) medical facilities.

2. BACKGROUND: VHA collects workload data that supports the continuity of patient care, resource allocation, performance measurement, quality management, and third-party collections. DSS IDs assist VA medical facilities in defining workload, which is critical for costing purposes. DSS IDs are used to identify workload for all outpatient encounters. They also serve as guides to select DSS outpatient department structures. Additionally, DSS ID codes are utilized to identify inpatient appointments in outpatient clinics, and inpatient professional services. They are the single and critical designation by which VHA defines outpatient clinical work units for costing purposes. The Office of Information and Technology Veterans Health Information and Technology Architecture (VistA) Maintenance Program (VMP) issues software patches required to update the DSS ID files. The Chief Business Office determines first party co-payments based on DSS IDs.

   a. **Standardization**

   (1) It is essential that VA medical facilites correctly use DSS IDs and not deviate from nationally-directed standards. DSS IDs must:

   (a) Indicate the primary work group that is responsible for providing the specific set of clinic products; and

   (b) Serve as a stable identification method that can be used to compare costs between facilities.

   (2) Many VHA national database users actively use DSS IDs for workload searches to indicate the general type of work, as well as, the type of production unit creating this work. Examples include the:

   (a) Monthly Program Cost Report (MPCR), which extracts the primary stop code portion of the six-character DSS Identifier for MPCR workload purposes;

   (b) Allocation Resource Center Veterans Equitable Resource Allocation;

   (c) Clinical program offices;

   (d) Health Service Research and Development; and

   (e) National VHA Performance Measures.

   b. **Organization.** DSS IDs are organized by the following categories:

100 – 299	Ancillary and General Support Services
300 – 399	Medicine and Primary Care Services
400 – 449	Surgical Services
500 – 599	Mental Health Services
600 – 699	Various Special Programs
450 – 499 and 700 – 999	Other

3. POLICY: It is VHA policy that the procedures for the selection and management of the VHA DSS Identifier System apply to all field facilities.

4. RESPONSIBILITIES

   a. **National Stop Code Council.** The National Stop Code Council is responsible for:

   (1) Updating the national list, at least annually, by reviewing the list for inconsistent stop codes, stop codes that are no longer utilized, restriction types that need to change, and definitions that require enhancements;

   (2) Approving the national list of codes prior to publication of updates;

   (3) Ensuring that stop codes supporting VA program mandates remain on the national list;

   (4) Working collaboratively with relevant program office(s) to develop stop codes/definitions and to support new VHA program initiatives;

   (5) Serving as a resource to answer stop code questions from the field; and

   (6) Ensuring that the Stop Code Change list detailing all stop code changes is posted on the DSS Identifier Web page.

   b. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for:

   (1) Appointing a VISN DSS Coordinator to review and submit requests for new identifiers from stations within the VISN (see App. A.), and

   (2) Ensuring that each facility maintains full adherence to the latest DSS Identifier set-up instructions.

   c. **Medical Facility Director.** Each medical facility Director is responsible for ensuring that the facility maintains full adherence to the latest DSS ID set-up.

    d. **DSS Site Teams.** In conjunction with their clinical programs, DSS Site Teams need to annually review and verify that DSS ID code associations for their programs are correct and comply with the following:

    (1) Only codes listed on the national list may be utilized for workload identification.

    (2) Decisions on clinic coding must be based on proper workload identification, not based on first-party copayment determination.

    (3) Site stop code questions must be sent to the VISN DSS Coordinator for guidance prior to sending to the Stop Code Council. VISN leads or designees must be the first point of contact as they have first-hand knowledge regarding the standardization/process that has been implemented within their VISN. If they require national guidance on a question, they may forward the issue to the Stop Code Council for review. *NOTE: This process promotes communication, utilization of local resources, and standardization within a VISN.*

5. REFERENCES: All DSS ID references are located on the DSS IDs Web page (http://vaww.dss.med.va.gov/programdocs/pd_oident.asp). *NOTE: This is an internal VA Web site and is not available to the public.*

    a. **Summary of Active Stop Codes.** This is a complete list of DSS IDs with long definitions describing each code.

    b. **Frequently Asked Questions about DSS ID Changes.** This document provides questions and answers regarding DSS IDs during the fiscal year and additional relevant information on workload collection.

    c. **DSS IDs - Instructional Guide.** This instructional guide outlines how to use and pair primary and secondary DSS IDs for workload collection.

    d. **Business Process for DSS IDs.** This document contains an overview on the background and business rules for DSS IDs.

6. DEFINITIONS

    a. **Decision Support System (DSS).** DSS is VA's Managerial Cost Accounting System. It is a derived database that is compiled through the merging of input from diverse sources of financial and workload data. DSS is VA's only system that provides full cost data at the product level.

    b. **DSS ID.** DSS ID, also referred to as a stop code, is a VHA term that characterizes VHA Outpatient Clinics by a six-character descriptor. The DSS ID value is transmitted to the National Patient Care Database (NPCD) with each separate outpatient encounter into the NPCD field "DSS ID." A primary stop code and a secondary stop code comprise the DSS ID.

c. **Primary Stop Code.** The first three numbers of the DSS ID represent the primary stop code. The primary stop code designates the main clinical group responsible for the care of the patient. Three numbers must always be in the first three characters of a DSS ID for it to be valid.

d. **Secondary Stop Code.** The last three numbers of the DSS ID contain the secondary or credit stop code, which the VA medical facility may use as a modifier to further define the primary work group. For example:

(a) The secondary stop code modifier may indicate the type of services provided. For example, a flu vaccination given in Primary Care is designated by 323710; and

(b) The secondary stop code modifier may also represent the type of provider or team. For example, a Mental Health Clinic run by a social worker can be designated 502125.

e. **Credit Pair.** A DSS ID Credit Pair is the common term used when two DSS IDs, a primary code and a secondary code, are utilized when establishing a clinic in the VistA software. Some specific credit pairs are listed in the DSS Identifier References (see par. 5).

REQUESTING A NEW OR REVISED DECISION SUPPORT SYSTEM IDENTIFIER

1. Any Department of Veterans Affairs (VA) program office or Veterans Integrated Service Network (VISN) Decision Support System (DSS) Coordinator may request a new DSS Identifier (ID). Submit a request by e-mail to the Veterans Health Administration (VHA) National Stop Code Council (Outlook mail link: VHA DSS Stop Code Task Force). The request will be reviewed for technical impact.

   a. **Timeline.** Changes to stop codes (new stop codes, inactivations, changes in short or long names or descriptions, and restriction type changes) must be submitted, if changes are necessary, by the following dates:

   (1) March 1 for inclusion in the fiscal year patch (October 1 activation).

   (2) September 1 for inclusion in the mid-fiscal year patch (April 1 activation).

   b. Stop code changes are forwarded to the Veterans Health Information and Technology Architecture (VistA) Maintenance Program (VMP) by the Decision Support Office for a patch to modify the VistA Clinic Stop file (#40.7).

   c. There is no official form to enter a request, however the following information must be included in the submission:

   (1) **Reason for the Request**

   (a) Outline what you are asking the Council to consider.

   (b) Is the request for a national program or is it a site request?

   (2) **Business Need or Justification**

   (a) Identify the VHA initiative or program goal that the new DSS Identifier will help you achieve.

   (3) **Proposed Definition**

   Describe how the new Identifier should be described on the national list so that it is clear what type of workload will be captured.

(4) **Supporting Documentation**

(a) Provide the VA Directive or program document that will help support your request for the new Identifier.

(b) Will there be a unique staff pool that will provide this service?

(c) What is the distinct patient population requiring the service?

(d) Are different skill sets required when providing this type of care?

(e) Is there a distinct type of workload produced involving a different complexity or scope of care?

(f) Is there a need to track this patient population or services over time?