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FISCAL YEAR 2003 DECISION SUPPORT SYSTEM (DSS) OUTPATIENT IDENTIFIERS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the Decision Support System (DSS) Identifiers. *NOTE: DSS Identifiers are also known as stop codes.* It is a guide to the operational set-up of DSS Identifiers by local Department of Veterans Affairs (VA) medical center Health Administration Service staff. It informs major users of VHA Ambulatory Data Sets concerning the current descriptions and definitions of VHA outpatient workload centers (production units).

2. BACKGROUND: For more than 20 years, VHA has collected ambulatory care data which supports the continuity of patient care, resource allocation, performance measurement, quality management and research, and improves third-party payment or collections. The DSS Identifiers assist VA medical centers in defining outpatient production units, which are critical for costing outpatient VHA work. In the absence of sufficient Ambulatory Care case-mix indicators, DSS Identifiers, or Stop Codes, have a value for grouping like-types of care both for economic and resource utilization analysis.

a. **Fiscal Year (FY) 2003 DSS Definitions**

(1) **Definition of DSS.** DSS provides information to support VHA business needs including: multi-pay or revenue determination; product and case-costing; resource utilization tracking; quality indicators; retrospective review of groups of cases for various quality protocols, reimbursement modeling and annual VA medical center and Veterans Integrated Services Network (VISN) budgeting.

(2) **Definition of DSS Identifier.** A DSS Identifier is a VHA term, effective October 1, 1996, that characterizes VHA Ambulatory Care Clinics by a six-character descriptor. The DSS Identifier value is transmitted to the National Patient Care Database (NPCD) with each separate outpatient encounter into the NPCD field "DSS Identifier." A primary stop code and a secondary stop code compose the DSS Identifier.

(a) **Primary Stop Code.** The first three characters of the DSS Identifier represent the primary stop code. The primary stop code designates the main Ambulatory Care Clinical Group or production unit responsible for the clinic. Three numbers must always be in the first three characters of a DSS Identifier for it to be valid.

(b) **Secondary Stop Code.** The last three characters of the DSS Identifier contain the secondary stop code which serves as a modifier to further define the primary work group. The VA medical center uses the secondary stop code, when appropriate, as a modifier of the work in the primary Ambulatory Care work unit (primary stop code).

NOTE: For definition of an encounter, see subparagraph 2a(3).

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1. The secondary stop code modifier can represent the type of services provided. A Diabetes Specialty Clinic, for example, that also gives Primary Care services to Diabetic patients, would have a DSS Identifier 306 Diabetes (the primary stop code to designate the work group) and 323 Primary Care Medicine (the secondary stop code to designate the services provided).

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

3. The secondary stop code modifier can also represent a specially funded program. For example, an Alcohol Abuse Clinic within a Substance Abuse work group would be 513 (Substance Abuse Individual Counseling), 461 (Alcohol Specially-funded Program).

(c) The NPCD. VHA stores outpatient visit data in Statistical Analysis System (SAS) files at the Austin Automation Center (AAC). In 1997, VHA replaced the legacy Outpatient Clinic (OPC) system with NPCD, and then switched the data source for the outpatient SAS files from OPC to NPCD. In NPCD, the DSS Identifier is stored in a single field that contains both the primary, and if entered, the secondary stop code. When the data is extracted from NPCD to the SAS files, the primary stop code is stored in the variable CL and the secondary stop code is stored in the variable CLC. This is only true for the Austin file MDPPRD.MDP.SAS.SEyy (where yy = fiscal year), an encounter-based file. The only other SAS file maintained for outpatient workload is MDPPRD.MDP.SAS.SFyy, a file that lists only primary clinic stops associated with a veteran's health care visit. In FY 2002, the MPDPPRD.MDP.SAS.SCyy and SGyy files were discontinued. **NOTE:** *NPCD outpatient encounters are reported for workload using only the primary DSS identifier.*

(3) **Encounter.** An encounter is a professional contact between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating and/or treating the patient's condition.

(a) Contact can include face-to-face interactions or those accomplished via telemedicine.

(b) Use of e-mail will be limited and will not constitute an encounter at this time. As e-mail communications are not secure, e-mail will not contain patient specific information. In the future, when secure methods of e-mail communication for health care are widely used to ensure privacy and security of patient information, inclusion of e-mail interactions between patients and providers should be re-evaluated. E-mail will not be used to communicate urgent matters.

(c) By definition, encounters are neither occasions of service nor activities incidental to an encounter for a provider visit. For example, the following activities are considered part of the encounter itself and do not constitute encounters on their own: taking vital signs, documenting chief complaint, giving injections, pulse oximetry, etc. Activities that are an integral part of an encounter are not to be reported in a separate encounter. A patient may have multiple encounters per visit.

(d) For VHA purposes, a telephone contact between a practitioner and a patient is only considered an encounter if the telephone contact is documented and that documentation includes

the appropriate elements of a face-to-face encounter, namely history and medical decision-making. Telephone encounters must be associated with a telephone clinic that is assigned one of the DSS telephone three-digit identifiers. Telephone encounters are to be designated as non-billable.

(e) **Telemedicine Services.** Telemedicine is generally described as the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including: cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers. Telemedicine encounters must be designated with the appropriate secondary DSS Identifier of 690 unless the program is specifically for Tele-home care, DSS ID 179, with credit pair 690.

(f) Collateral services provided as a part of the patient's care (such as family therapy) are not to be reported separately. Collateral services provided directly to the collateral (for example, to the spouse) separate from the patient must be reported separately for the collateral, i.e., stress reduction skills.

(4) **Importance of DSS Identifiers.** DSS Identifiers are the single and critical designation by which VA defines outpatient production units or clinical work units. **NOTE:** *For Medicare cost reports, VA needs to have production units in the clinic or "Ambulatory Care Revenue Centers." DSS Identifiers have been used to designate these medicine work units for outpatients.*

(a) **Standardization.** It has become increasingly important that VA medical centers standardize the use of DSS Identifiers and not deviate from nationally directed standards. **NOTE:** *This is especially true in critical areas like Ambulatory Surgery, Primary Care, and Observation.*

(b) **Relationship to the Cost Distribution Report (CDR).** For FY 1997 and thereafter, the CDR extracts only the primary stop code portion of the six character DSS Identifier for CDR work purposes.

(5) **Basis of DSS Identifiers and a Major Principle of DSS Identifier Set-up in FY 2003**

(a) A major clarification in the future use of VHA stop codes was made at the final Ambulatory Care Redesign meeting in November 1995, in the Medical Care Cost Fund (MCCF) Program Office in Washington, DC.

1. Since 1997, the use of stop codes has been focused on two important purposes:

a. To indicate the outpatient work group (or production unit) which was responsible for providing the specific set of clinic products; and

b. To serve as stable, VA medical center-specific products which could be used to compare costs between sites over the years when attached to a value for scheduled-time and other modifiers; i.e., as the DSS feeder key for Ambulatory Care products.

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2. The diagnostic information for Ambulatory Care patients is taken from International Classification of Disease, 9th Edition, Clinical Modification (ICD-9-CM) codes. Current Procedure Terminology 4th Edition (CPT-4) published by the American Medical Association and Healthcare Common Procedure Coding System (HCPCS) level II codes published by the Centers for Medicare and Medicare Services (CMS) are used to denote clinical interventions.

(b) Many VHA national database users actively use the DSS Identifiers for workload searches to indicate the general type of work, as well as the type of production unit creating this work, for example:

1. CDR;

2. VHA reimbursement office, i.e., Allocation Resource Center (ARC) - Veterans Equitable Resource Allocation (VERA);

3. Clinical program offices;

4. Health Service Research and Development (HSR&D); and

5. National VHA Performance Measures.

(c) Others depend on VHA stable and reliable stop codes to represent similar work for outpatient care in VHA National Databases over the years.

b. Use of Stop Codes in VA Medical Centers with Text Integration Utility (TIU) or Clinic Patient Record System (CPRS)

(1) **Initiation.** In FY 1999, several VA medical centers started to use TIU, which is a prerequisite for CPRS.

(2) **Problems with Unscheduled Encounters on TIU.** When a VA medical center outpatient provider is using the Event Capture System (ECS) to send data to Patient Care Encounter (PCE) in an automated manner, a problem is encountered if a TIU unscheduled encounter is made for the same patient. The TIU requires the provider to enter an encounter before the progress note can be done, so a second encounter (equals an outpatient encounter on DSS) will be made for the same stop for the same day and provider, when the ECS automated entry option is used.

(a) On DSS this does not represent a problem because:

1. All the clinic utilization for the same Social Security Number (SSN) on the same day for the same primary stop code is reported as only one encounter.

2. The products coming from the DSS clinic (CLI) extract should be already "stats only," and the ECS products are and should be used only for the Department Cost Manager (DCM)-costed products.

(b) However, for the Health Administration Service (HAS) and for PCE, this required function of TIU effectively results in double counts for TIU-users in clinics sending data to PCE from ECS.

(3) Two Options for VA Medical Centers to Use in Solving the TIU Unscheduled Visit Problem

(a) Option One. Option one, the preferred option, is for the VA medical center HAS to create a second, non-count HAS clinic for TIU-users to write notes for unscheduled patients. The original count clinic stop code should be used only for data coming to PCE from ECS.

(b) Option Two. Option two is to allow both TIU-created unscheduled visits and ECS data and/or cost visits to enter PCE as separate encounters for the same SSN, same primary stop on the same day. This requires no action by the VA medical center's HAS.

(4) For VA Medical Centers with TIU and/or CPRS, New HAS Set-up for Simultaneous Data Entry into ECS and into TIU Progress Notes. To enhance single-entry and sign-on functionality for VA medical centers using TIU (with CPRS and ECS data entry), the Associate Chief Information Officer (ACIO) for Technical Services' Support Team for DSS, at Albany, NY, has provided guidelines (see Att. Q) on how to set-up a menu template to help set-up a TIU-ECS-combined menu, so one can go directly from entry of a TIU progress note to entry of an ECS procedure.

c. Use of DSS Identifiers

(1) VHA is moving toward Patient Care Service Lines and provider-led practice groups or teams to provide coordinated, comprehensive managed care to their team's panel of patients.

(2) DSS Identifiers are markers for VHA Ambulatory Care Production Units like Medicare Revenue Centers. DSS identifiers serve as guides to DSS outpatient department structures.

(3) This DSS Directive to capture Ambulatory Care Data is developed in service lines sets as follows:

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

d. Method to Request New DSS Identifiers. Work with the relevant VHA Central Office Clinical Program Office to submit a request to the DSS Program Office, at the Bedford Technical Support Office (BTSO), by Microsoft (MS) Exchange, Forum E-mail, Troy E-mail, or by Fax at 781-275-5416. The request will be reviewed for technical impact and referred to the field-based DSS Identifier Task Force for consideration and prioritization.

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e. **Relationship of the Veterans Health Information Systems and Technology Architecture (Vista) HAS Stop Code Files with AAC.** Annually, all new DSS Identifier changes outlined in numbered administrative issues are updated in HAS files and AAC edits.

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. ACTION: All HAS DSS Identifiers are to match all DSS worksheet DSS Identifiers at least in the primary position at each VA medical center. Matching in all six characters is recommended. This applies to all clinics that are "count" clinics for DSS.

a. VA medical centers and VISNs must use DSS Identifiers in a standard and consistent manner: for national VHA and network VISN comparison purposes; for ease in automating the new DSS-developed template for outpatient facility Medicare and CMS Cost Reporting; for the current national VHA CDR; and for reliable benchmarking and outpatient contract cost predictions. **NOTE:** *Full adherence to the FY 2003 DSS Identifier set up instructions is expected. DSS Identifiers are updated annually.*

(1) In FY 2003, the VA medical center HAS should ensure that the HAS DSS Identifiers for each clinic are in concurrence with the DSS Site Manager's DSS Identifiers from the DSS worksheet. This is necessary because the DSS identifier of the clinic (used by the VA medical center HAS) creates the DSS Medical Record encounter to which the DSS Identifier from the DSS worksheet must send the costed intermediate product from the DSS CLI Extract and other case resource utilization. To create the most appropriate cost products for Ambulatory Care, DSS Identifiers (from both HAS and the DSS worksheet) should match.

(2) In FY 2003, local stops 450 through 485 should only be used in the secondary stop code position for clinic reported workload that is sent to DSS, as indicated on the DSS worksheet by any DSS Action Code other than #6 (not sent to DSS). This rule applies when the work is "non-count" to HAS, but "count" to DSS. In the case of a clinic set up for inpatient only, for example where HAS considers the clinic non-count, DSS would always designate such a clinic a count clinic.

(3) The only exception is for a clinic set up to be "non-count" for both HAS and for DSS. Then local stops 450 through 485 would be permitted in the primary position.

NOTE: *See Attachment J, Table F for a complete listing of all April 15, 2003, DSS Identifiers and their specific definitions.*

b. Use the attachments to further enable the use of DSS Identifiers at each facility. The attachments are listed as follows:

(1) **Attachment A.** Glossary of Acronyms.

(2) **Attachment B.** Current Active DSS Identifiers (4/15/03) (Table A).

(3) **Attachment C.** Summary of 4/15/03 New and Inactivated DSS Identifiers (Table B).

- (4) **Attachment D.** Existing Primary Stop Code Definition Changes (Table C).
- (5) **Attachment E.** Existing Secondary Stop Code and DSS Identifier Changes (Table D).
- (6) **Attachment F.** Stop Codes 100-299 Series Including Observation (290-299).
- (7) **Attachment G.** Stop Codes 300 Series, Definitions for Primary Care Data Reporting.
- (8) **Attachment H.** Stop Code 400 Series, Ambulatory Surgery Data Reporting.
- (9) **Attachment I.** Stop Code 500-999 Series, Mental Health and Other.
- (10) **Attachment J.** Complete Summary of 4/15/03, Active Stop Codes (Table F).
- (11) **Attachment K.** Ancillary Stop Codes and Health Administration Service (HAS) Exempt Stop Codes.
- (12) **Attachment L.** Telephone Stop Code List.
- (13) **Attachment M.** Always Non-Billable Decision Support System (DSS) Identifiers.
- (14) **Attachment N.** Sometimes Non-Billable Clinics with These Stops May Need to be Set Up as “Not Billable” on HAS Autobiller.
- (15) **Attachment O.** Fiscal Year 2003 National Alpha Code Description Decision Support System (DSS) National Suffixes for Use with DSS Identifier Credit Pairs as Feeder Keys for DSS Intermediate Products.
- (16) **Attachment P.** Event Capture and/or Text Integration Utility Menu Template.
- (17) **Attachment Q.** Highlights of Decision Support System (DSS) Identifier (ID) Changes.

5. REFERENCES

- a. American Society for Testing and Materials, Standard E1384-91.
- b. National Committee for Vital and Health Statistics, Uniform Ambulatory Medical Care Minimum Data set.
- c. M-1, Part I, Chapter 16.
- d. VHA Directive 2002-023, Ambulatory Care Data Capture.
- e. VHA Directive 2002-055, Implementation of Changes for Co-payments for Outpatient Medical Care Provided to Veterans by the Department of Veterans Affairs.

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6. FOLLOW-UP RESPONSIBILITY: The Chief Financial Officer, DSS Program Office (175F), is responsible for the contents of this directive. Questions may be referred to (781) 275-9175, extension 123.

7. RESCISSIONS: VHA Directive 2002-041 is rescinded. This VHA Directive expires May 31, 2005.

S/ Louise Van Diepen for
Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

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ATTACHMENT A

GLOSSARY OF ACRONYMS

AAC	Austin Automation Center <i>NOTE: This is where most VHA National databases are housed.</i>
AAS	Australian Antigen Serological Test
AD	Alzheimer's Disease
ADAM	Aneurysm Detection and Management
AEP	Auditory Evoked Potential
AFC	Ambulatory family Counseling
AICC	Advanced Illness Coordinated Care
AICS	Ambulatory Information Capture System
ALBCC	Account Level Budgeter Cost Center
AMIS	Automated Medical Information System
ANP	Advanced Nurse Practitioner
ARC	Allocation Resource Center
BDOC	Bed Days of Care
BOC	Budget Object Class
BROS	Blind Rehab Outpatient Specialist
BTSO	Bedford Technical Support Office
CAD	Computer Aided Design
CAM	Computerized Aided Modeling
CAT	Computer Assisted Training
CBC	Complete Blood Count
CDR	Cost Distribution Report
CFO	Chief Financial Officer
CLI	Clinic
CMO	Chief Medical Officer
CMS	Centers for Medicare and Medicaid Services <i>NOTE: Formerly the Health Care Finance Administration (HCFA).</i>
C&P	Compensation and Pension
CMRS	Computerized Medical Record System
CNH	Community Nursing Home
CONSULT	Consultation
COS	Chief of Staff
CPRS	Clinic Patient Record System
CPT	Current Procedural Terminology
CPU	Central Processing Unit
CT	Computerized Tomography
CWT	Compensated Work Therapy
DCHV	Domiciliary Care for Homeless Veterans
DCM	Department Cost Manager <i>NOTE: A production unit reporting part of DSS.</i>
DCR	Daily Cost Resource

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DM	Diabetes Mellitus (i.e., sugar diabetes)
DOD	Department of Defense
DOM	Domiciliary
DSM-IV	Diagnostic and Statistical Manual of Mental Diseases, 4 th Edition
DSS	Decision Support System
EAP	Employee Assistance Program
ECHO	Echocardiogram
ECS	Event Capture System <i>NOTE: A generic resource utilization package in Vista Class I software.</i>
EEG	Electroencephalogram
EKG	Electrocardiogram
EMG	Electromyogram
ENT	Ear, Nose, and Throat
ETT	Exercise Tolerance Test
EVAL	Evaluation
FCA	Family Centered Activities
FDR	Feeder (i.e., for DSS)
FMRI	Functional Magnetic Resonance Imaging
FMS	Financial Management System
FOBT	Fecal Occult Blood Test
FTE	Full-time Equivalent
FY	Fiscal Year
GAF	Global Assessment Functioning
GECSHG	Geriatric Extended Care Strategic Healthcare Group
GEM	Geriatric Evaluation and Management
GI	Gastrointestinal
HAS	Health Administration Services
HBCC	Home-based Community Care
HBHC	Hospital Based Home Care
HBPC	Home Based Primary Care
HCHC	Home and Community Health Care
HCHV	Health Care for Homeless Veterans
HCMH	Homeless Chronically Mentally Ill
HHA	Home Health Aide
HIMS	Health Information Management Systems
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMI	Homeless Mentally Ill
HSR&D	Health Service Research and Development
HUD	Department of Housing and Urban Development
ICCM	Intensive Community Case Management
ICD-9-CM	International Classification of Disease, 9 th Edition - Clinical Modification

IPCC	Intensive Psychiatric Community Care
IRMS	Information Resources Management Services
IV	Intravenous
KT	Kinesiotherapy
LD	Lactate Dehydrogenase (Liver Test)
LPN	Licensed Practical Nurse
MAS	Medical Administration Service
MAT	Manual Arts Therapy
MCCF	Medical Care Cost Fund
MD	Medical Physician
MDS	Minimum Data Set
MEG	Magnetoencephalography
MH	Mental Health
MHICM	Mental Health Intensive Case Management
MRA	Magnetic Resonance Appraisal
MRI	Magnetic Resonance Imaging
MS	Microsoft
MSDU	Medical Surgical Day Unit
NEPEC	New England Psychiatric Evaluation Center <i>NOTE: Located at the VA Medical Center, West Haven, CT.</i>
NHCU	Nursing Home Care Unit
NPC	National Patient Care
NPCD	National Patient Care Database
NOIS	National On-line Information Sharing
OOS	Occasions of Service
OP	Operation
OPC	Outpatient Clinic
OPT	Outpatient Therapy
OR	Operating Room
OT	Occupational Therapy
PA	Physician Assistant
PAI	Patient Assessment Instrument
PAP	Papanicolau Test (i.e., cervical smear cell test)
PCE	Patient Care Encounter (tracking) <i>NOTE: A VHA Ambulatory Care Vista database</i>
PCMM	Primary Care Management Module
PCT	PTSD Clinical Team
PEC	Patient Event Capture
PET	Positron Emission Tomography
PI	Product Information
PM&RS	Physical Medicine and Rehabilitation Service

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POW	Prisoner of War
PPD	Purified Protein Derivative (Tuberculosis)
PROC	Procedure
PRRTP	Psychiatric Resident Rehabilitation Treatment Program
PSI	Psychiatry
PSO	Psychology
PT	Physical Therapy
PTF	Patient Treatment File NOTE: <i>An AAC-based Inpatient database, also a VA medical center Vista file.</i>
PTSD	Post-traumatic Stress Disorder
Pub. L.	Public Law
QO	Quality Officer
RAD	Radiology
REHAB	Rehabilitation
RN	Registered Nurse
RNP	Registered Nurse Practitioner
RSCH	Research
RT	Recreation Therapy
RUGS	Resource Utilization Groups
RVU	Relative Value Unit
RX	Prescription
SAS	Statistical Analysis System
SC	An Austin outpatient SAS report that lists outpatient encounters by CPT code.
SCI	Spinal Cord Injury
SDH	State Domiciliary Home
SF	An Austin outpatient SAS report that lists outpatient encounters by primary stop code and credit pair.
SHC	State Home Care
SNH	State Nursing Home
SSN	Social Security Number
STRAF	Special Therapeutic and Rehabilitation Activities Fund
SW	Social Worker
TIU	Text Integration Utility NOTE: <i>A subfunction of the VHA Vista CMRS.</i>
TR	Transitional Residence
U.S.C.	United States Code
VA	Department of Veterans Affairs
VACC	VA Cost Center
VASH	VA Shared Housing
VEP	Visual Evoked Potential
VERA	Veterans Equitable Resource Allocation
VHA	Veterans Health Administration
VISOR	Visual Impairment Outpatient Program

VIST	Veterans Impairment Service Team
VistA	Veterans Health Information Systems and Technology Architecture
VISN	Veterans Integrated Systems Network
VL	Variable Labor
VSSC	VISN Service Support Center

ATTACHMENT B

CURRENT ACTIVE DSS IDENTIFIERS (4/15/03)

a. Current Table A is the list of all current Decision Support System (DSS) Identifier numbers and names. **NOTE:** See Table F for descriptions of these DSS Identifiers.

NOTE: The following symbols are used in this Attachment:

- * Not applicable to Cost Distribution Report (CDR), Automated Medical Information System (AMIS) segment J-19 is used by CDR currently for workload
- ** Amended use of a DSS Identifier
- + Changed DSS Identifier description
- ++ New DSS Identifier
- ‡ Added or changed DSS Identifier CDR account
- Inactivated DSS Identifier
- ∩ Work from these stop codes is always non-billable in Medical Care Cost Fund (MCCF)
- ‡‡ Change from a Primary to a Secondary Stopcode or Credit pair
- χ Change from a Secondary or Credit Pair to a Primary Stopcode

TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
102		ADMITTING and/or SCREENING
	102101	EMERGENCY UNIT
103 [∩]		TELEPHONE TRIAGE
	103801 [∩]	IN Veterans Integrated Service Network (VISN) PHONE TRIAGE – NOT Department of Veterans Affairs (VA) MEDICAL CENTER
	103802 [∩]	OUT OF VISN, VA PHONE TRIAGE
	103803 [∩]	COMMERCIAL PHONE TRIAGE
104		PULMONARY FUNCTION
105		X-Ray
106		Electroencephalogram (EEG)
107		Electrocardiogram (EKG)
	107473 -	ECHOCARDIOGRAM NOTE: Use 303115
108		LABORATORY
109		NUCLEAR MEDICINE
115		ULTRASOUND
116		RESPIRATORY THERAPY
	116329	RESPIRATORY THERAPY PROCEDURES
	116714++	RESPIRATORY THERAPY (RX) EDUCATION
	117 ‡‡	NURSING

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TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
	117473 -	Purified Protein Derivative (PPD) (Tuberculosis) CLINIC <i>NOTE: Use 323473</i>
	117710 -	FLUSHOT <i>NOTE: Use 323710</i>
118		HOME TREATMENT SERVICES
119		COMMUNITY NURSING HOME FOLLOW-UP
120		HEALTH SCREENING
121		RESIDENTIAL CARE (NON-Mental Health (MH))
122		PUBLIC HEALTH NURSING
123		NUTRITION/DIETETICS/INDIVIDUAL
124		NUTRITION/DIETETICS/GROUP (GRP)
125		SOCIAL WORK SERVICE
126		EVOKED POTENTIAL
127		TOPOGRAPHICAL BRAIN MAPPING
128		PROLONGED VIDEO-EEG MONITORING
144		RADIONUCLIDE THERAPY
145		PHARMACOLOGY/PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION STUDIES
146		Positron Emission Tomography (PET)
147 ^w		TELEPHONE/ANCILLARY
	147209 ^w	TELEPHONE Visual Impairment Services Team (VIST)
148 ^w		TELEPHONE/DIAGNOSTIC
149		RADIATION THERAPY TREATMENT
150		COMPUTERIZED TOMOGRAPHY (CT)
151		MAGNETIC RESONANCE IMAGING (MRI)
152		ANGIOGRAM CATHETERIZATION
153		INTERVENTIONAL RADIOGRAPHY
154		Magnetoencephalography (MEG)
155		INFO ASSISTS TECHNOLOGY
	160 ††	CLINICAL PHARMACY
165		BEREAVEMENT COUNSELING
166		CHAPLAIN SERVICE – INDIVIDUAL
167		CHAPLAIN SERVICE - GROUP
168		CHAPLAIN SERVICE - COLLATERAL
169 ^w		TELEPHONE/CHAPLAIN
170		Home Based Primary Care (HBPC) - PHYSICIAN
171		HBPC - Registered Nurse (RN) or Registered Nurse Practitioner (RNP) or Physician Assistant (PA)
172		HBPC - NURSE EXTENDER
173		HBPC - SOCIAL WORKER
174		HBPC - THERAPIST

TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
	174202 ^{ψ +}	HBPC - RECREATION THERAPY (RT)
	174205 ^{ψ +}	HBPC - PHYSICAL THERAPY (PT)
	174206 ^{ψ +}	HBPC - OCCUPATIONAL THERAPY (OT)
175		HBPC - DIETITIAN
176		HBPC - CLINICAL PHARMACIST
177		HBPC - OTHER
	177201	HBPC- Physical Medicine and Rehabilitation Service (PM&RS)
	177210	HBPC- Spinal Cord Injury (SCI)
178 ^ψ		HBPC/TELEPHONE
	179 †† +	HOME TELEVIDEO CARE (<i>Secondary Only</i>)
180		DENTAL
181 ^ψ		TELEPHONE/DENTAL
	185++	PHYSICIAN EXTENDER (NP)
	186++	PHYSICIAN EXTENDER (PA)
	187++	PHYSICIAN EXTENDER (CNS)
190		ADULT DAY HEALTH CARE
201		PM & RS
202		RECREATION THERAPY SERVICE
203		AUDIOLOGY
204		SPEECH PATHOLOGY
205		PHYSICAL THERAPY
206		OCCUPATIONAL THERAPY
207		PM&RS INCENTIVE THERAPY
208		PM&RS COMPENSATED WORK THERAPY (CWT)
	208466 ^ψ	Domiciliary (DOM) CWT
209		VIST COORDINATOR
	209125	VIST COORDINATOR BY SOCIAL WORKER
210		SPINAL CORD INJURY
	210414	SCI-CYSTOURO
	210468	SCI-RN PROCEDURE
211		AMPUTATION FOLLOW-UP CLINIC
212		Electromyogram (EMG)
213		PM&RS VOCATIONAL ASSISTANCE
	213466 ^ψ	Veterans (VETS) Education (ED)/Training (TRNG) DOM
214		KINESIOTHERAPY
215		SCI HOME CARE PROGRAM
216 ^ψ		TELEPHONE Rehabilitation (REHAB) AND SUPPORT
	216203 ^ψ	TELEPHONE AUDIOLOGY REHAB SUPPORT Service (SVC)
	216204 ^ψ	TELEPHONE SPEECH REHAB SUPPORT SERVICE
	216210 ^ψ	SPINAL CORD INJURY TELEPHONE SUPPORT

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TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
217		BLIND REHAB OUTPATIENT SPECIALIST (BROS)
218		Computer Assisted Training (CAT) BLIND REHAB
219++		Traumatic Brain Injury (TBI)
220++		Visual Impairment Outpatient Program (VISOR)
	220118++	VISOR IN HOME CARE
290		OBSERVATION MEDICINE
291		OBSERVATION SURGERY
292		OBSERVATION PSYCHIATRY
293		OBSERVATION NEUROLOGY
294		OBSERVATION BLIND REHAB
295		OBSERVATION SPINAL CORD
296		OBSERVATION REHABILITATION
301		GENERAL INTERNAL MEDICINE
302		ALLERGY IMMUNOLOGY
303		CARDIOLOGY
	303115++	ECHOCARDIOGRAM
	303201	CARD REHAB
304		DERMATOLOGY
	304416	DERM PHOTO THERAPY
	304329	DERM BIOPSIES
305		ENDO METAB (EXCEPT DIABETES)
306		DIABETES
	306117 -	DIABETES EDUCATION <i>NOTE: Use 306714</i>
	306714++	DIABETIC EDUCATION
307		GASTROENTEROLOGY
	307117	ENTEROSTOMAL CLINIC
	307329	LIVER BIOPSIES
	307454	LIVER
308		HEMATOLOGY
309		HYPERTENSION
310		INFECTIOUS DISEASE (INFX DSE)
	310323++	CHRONIC INFX DSE PRIMARY CARE
311		PACEMAKER
312		PULMONARY/CHEST
	312104++	SLEEP STUDIES
313		RENAL/NEPHROL (EXCEPT DIALYSIS)
	313457	TRANSPLANT
314		RHEUMATOLOGY/ARTHRITIS
315		NEUROLOGY

TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
	315456	EPILEPSY
	315469	MOVEMENT DISORDER
	315470	SLEEP DISORDER
316		ONCOLOGY/TUMOR
	316149	Radiology (RAD) RX (WITH ONCOLOGY MEDICINE SERVICE)
	316329	ONCOLOGY/TUMOR PROCEDURES
317		COUMADIN CLINIC
318		GERIATRIC CLINIC
319		GERIATRIC EVALUATION AND MANAGEMENT (GEM) CLINIC
320		ALZHEIMER'S AND DEMENTIA CLINIC
321		Gastrointestinal (GI) ENDOSCOPY
322		WOMEN'S CLINIC
	322704++	PAP SMEAR ONLY WOMEN'S CLINIC
323		PRIMARY CARE/MEDICINE
	323160++	PHARMACY CONSULTS
	323473++	PPD Clinic
	323691	PRE-EMPLOYMENT PHYSICAL MILITARY PERSONNEL
	323710++	FLU SHOT
324 ^ψ		TELEPHONE/MEDICINE
325 ^ψ		TELEPHONE/NEUROLOGY
326 ^ψ		TELEPHONE/GERIATRICS
327		Medical (MED) Physician (MD) PERFORM INVASIVE Operating Room (OR) Procedure (PROC)
328		MEDICAL SURGICAL DAY UNIT (MSDU)
329		MEDICAL PROCEDURE UNIT
330		CHEMOTHERAPY PROCEDURES UNIT MEDICINE
331		PRE-BED CARE MD (MEDICAL SERVICE)
332		PRE-BED CARE RN (MEDICAL SERVICE)
333		CARDIAC CATHETERIZATION
334		CARDIAC STRESS TEST/Exercise Tolerance Test (ETT)
335++		PADRECC (Parkinson's Disease RECC)
350		GERIATRIC PRIMARY CARE
351		ADVANCED ILLNESS COORDINATED CARE (AICC)
	370+	Long-term Care (LTC) SCREENING/ASSESSMENT
401		GENERAL SURGERY
402		CARDIAC SURGERY
	402457++	HEART TRANSPLANT CLINIC
403		Ear, Nose, and Throat (ENT)

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TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
404		GYNECOLOGY
405		HAND SURGERY
406		NEUROSURGERY
407		OPHTHALMOLOGY
408		OPTOMETRY
409		ORTHOPEDICS
410		PLASTIC SURGERY
	410210	SCI PLASTIC
411		PODIATRY
412		PROCTOLOGY
413		THORACIC SURGERY
414		UROLOGY
	414451	IMPOTENCY
	414473	URODYNAMICS
415		VASCULAR SURGERY
	415461	Aneurysm Detection And Management (ADAM) CLINIC
416		AMBULATORY SURGERY EVALUATION BY NON-MD
417		PROSTHETIC, ORTHOTICS: EVALUATION, FITTING, and/or MEASURING
	417201	MAJOR MED
	417451	WHEEL CHAIR
	417452	CUSHION
	417455	SHOE/BRACE
418		AMPUTATION CLINIC
419		ANESTHESIA PRE-operation (OP) and/or POST-OP CONSULTATION
420		PAIN CLINIC
421		VASCULAR LABORATORY
422		CAST CLINIC
423		PROSTHETIC SUPPLY DISPENSED
	423461	Computer Aided Design (CAD) Computer Aided Modeling (CAM) UNIT
424 ^ψ		TELEPHONE/SURGERY
425 ^ψ		TELEPHONE/PROSTHETICS/ORTHOTICS
426		WOMEN'S SURGERY
428 ^ψ		TELEPHONE/OPTOMETRY
429		OUTPATIENT CARE IN THE OPERATING ROOM
430		Cystoscopy (CYSTO) ROOM UNIT FOR OUTPATIENT
431		CHEMOTHERAPY PROCEDURES UNIT-SURGERY
432		PRE-BED CARE MD (SURGICAL SERVICE)

TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
433		PRE-BED CARE RN (SURGERY)
435		SURGICAL PROCEDURE UNIT
436		CHIROPRACTIC CARE IN MEDICAL CENTER
	449++	FITTINGS and ADJUSTMENTS
	450 to 485	Use as credit pairs only.
	450	Compensation and Pension (C&P) EXAM
	451	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	452	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	453	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	454	SPECIAL REGISTRY 5
	455	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	456	SPECIAL REGISTRY 6
	457	TRANSPLANT
	458	SPECIAL REGISTRY 7
	459	SPECIAL REGISTRY 8
	460	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	461	SPECIAL REGISTRY 1
	462	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	463	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	464	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	465	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	466	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	467	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	468	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	469	SPECIAL REGISTRY 2
	470	SPECIAL REGISTRY 3
	471	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	472	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	473	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	474	RESEARCH
	475	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	476	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	477	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	478	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	479	SPECIAL REGISTRY 4
	480	COMPREHENSIVE FUNDOSCOPY EXAM

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TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
	481	BRONCHOSCOPY
	429481 312481 327481 329481	If Outpatient Bronchoscopy is done by Surgery in the OR If Outpatient Bronchoscopy is done in the Pulmonary Area If Outpatient Bronchoscopy is done by Medicine in the OR If Outpatient Bronchoscopy is done in the Medical Procedure Unit
	435481	If Outpatient Bronchoscopy is done in "Lumps and Bumps" Surgery Procedure Unit
	482	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	483	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	484	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
	485	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED
502		MENTAL HEALTH CLINIC INDIVIDUAL
503		MENTAL HEALTH RESIDENTIAL CARE INDIVIDUAL
505		DAY TREATMENT - INDIVIDUAL
506		DAY HOSPITAL - INDIVIDUAL
509		PSYCHIATRY MD - INDIVIDUAL
510		PSYCHOLOGY (PSO)- INDIVIDUAL
	510474 ^v	PSO RESEARCH
512		PSYCHIATRY CONSULTATION
513		SUBSTANCE ABUSE – INDIVIDUAL
	513461	INDIVIDUAL SUBSTANCE ABUSE: ALCOHOL DEPENDENCE
	513469	INDIVIDUAL SUBSTANCE ABUSE: DRUG DEPENDENCE
514		SUBSTANCE ABUSE - HOME VISIT
516		Post Traumatic Stress Disorder (PTSD) – GROUP
	516726	PTSD DOM-AFTERCARE GROUP
519		SUBSTANCE USE DISORDER/PTSD TEAMS
520		LONG-TERM ENHANCEMENT INDIVIDUAL
521		LONG-TERM ENHANCEMENT – GROUP
522		Department of Housing and Urban Development (HUD)-VA Shared Housing (VASH)
523		OPIOID SUBSTITUTION
524 ^v		ACTIVE DUTY SEX TRAUMA
525 ^v		WOMEN'S STRESS DISORDER TREATMENT TEAMS
527 ^v		TELEPHONE/GENERAL PSYCHIATRY
	527564 ^v	TELEPHONE MH TEAM CASE MANAGEMENT

TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
528 ^ψ		TELEPHONE/HOMELESS MENTALLY ILL (HMI)
529		Health Care for Homeless Veterans (HCHV)/HMI
530 ^ψ		TELEPHONE/HUD-VASH
531		MENTAL HEALTH PRIMARY CARE TEAM-INDIVIDUAL
532		PSYCHOSOCIAL REHABILITATION-INDIVIDUAL (IND)
	532713	GAMBLING ADDICTION IND
533		MH INTERVENTION BIOMEDICAL CARE IND
	533707	SMOKING CESSATION IND
535		MH VOCATIONAL ASSISTANCE - IND
536 ^ψ		TELEPHONE/MH VOCATIONAL ASSISTANCE
537 ^ψ		TELEPHONE/PSYCHOSOCIAL REHABILITATION
538		PSYCHOLOGICAL TESTING
540		PTSD ClinicalTeam (PCT) POST –TRAUMATIC STRESS-INDIVIDUAL
542 ^ψ		TELEPHONE/PTSD
545 ^ψ		TELEPHONE/SUBSTANCE ABUSE
	545461 ^ψ	TELEPHONE/SUBSTANCE ABUSE-ALCOHOL DEPENDENCE
	545469 ^ψ	TELEPHONE SUBSTANCE ABUSE-DRUG DEPENDENCE
546 ^ψ		TELEPHONE/MH Intensive Care management (MHICM)
547		INTENSIVE SUBSTANCE ABUSE TREATMENT
	547461	INTENSIVE SUBSTANCE ABUSE TREATMENT-ALCOHOL DEPENDENCE
	547469	INTENSIVE SUBSTANCE ABUSE TREATMENT - DRUG DEPENDENCE
550		MENTAL HEALTH CLINIC (GRP)
552 ^ψ		MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM)
553		DAY TREATMENT-GRP
554		DAY HOSPITAL-GRP
557		PSYCHIATRY-GRP
558		PSYCHOLOGY-GRP
559		PSYCHOSOCIAL REHABILITATION-GRP
	559713	GAMBLING ADDICTION GRP
560		SUBSTANCE ABUSE-GRP
	560461	GROUP SUBSTANCE ABUSE: ALCOHOL DEPENDENCE
	560469	GROUP SUBSTANCE ABUSE: DRUG DEPENDENCE

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TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
561		PCT-POST TRAUMATIC STRESS-GRP
562		PTSD-IND
563		MH PRIMARY CARE TEAM-GRP
564 ^W		MH TEAM CASE MANAGEMENT
565		MH MEDICAL CARE ONLY-GRP
566		MH RISK-FACTOR-REDUCTION ED GRP
	566707	SMOKING CESSATION GRP
567++		MHICM GRP
573		MH INCENTIVE THERAPY-GRP
574		MH COMPENSATED WORK THERAPY-GRP
575		MH VOCATIONAL ASSISTANCE
576		PSYCHOGERIATRIC CLINIC, IND
577		PSYCHOGERIATRIC CLINIC, GRP
578		PSYCHOGERIATRIC DAY PROGRAM
579 ^W		TELEPHONE/ PSYCHOGERIATRICS
580		PTSD DAY HOSPITAL
581		PTSD DAY TREATMENT
589		NON-ACTIVE DUTY SEX TRAUMA
590		COMMUNITY OUTREACH HOMELESS VETS BY STAFF OTHER THAN HCHV AND Domiciliary Care for Homeless Veterans (DCHV) PROGRAMS
602		CHRONIC ASSISTED HEMODIALYSIS TREATMENT HEMODIALYSIS TREATMENT
603		LIMITED SELF CARE HEMODIALYSIS TREATMENT
604		HOME/SELF HEMODIALYSIS TRAINING TREATMENT
606		CHRONIC ASSISTED PERITONEAL DIALYSIS
607		LIMITED SELF CARE PERITONEAL DIALYSIS
608		HOME/SELF PERITONEAL DIALYSIS TRAINING
610		CONTRACT DIALYSIS
611 ^W		TELEPHONE/DIALYSIS
640++		SEND-OUT PROCEDURES NOT FEE
641++		SEND-OUT PROCEDURES DOD NOT PAID BY FEE
642++		SEND-OUT PROCEDURES FEE
650 ^W		CONTRACT NURSING HOME DAYS

TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
651		STATE NURSING HOME DAYS
652		STATE DOMICILIARY HOME DAYS
653 ^ψ		STATE HOSPITAL CARE
654		NON-VA RESIDENTIAL CARE DAYS
655		COMMUNITY NON-VA CARE
656		Department of Defense (DOD) NON-VA CARE
657		ASSISTED LIVING VENDOR WORK
660		CHIROPRACTIC CARE OUTSIDE VA
670		ASSISTED LIVING – PAID, STAFF
680 ^ψ		HOME/COMMUNITY HEALTHCARE ASSESSMENT
681		VA-PAID HOME/COMMUNITY CARE PROVIDERS
682 ^ψ		VA-REFERRALS TO HOME/COMMUNITY CARE PROVIDERS
683++		HOME TELEHEALTH MONITOR ONLY/NONVIDEO (Non Count) <i>(Primary Only)</i>
	684++	HOME TELEHEALTH INTERVENTION/NONVIDEO <i>(Secondary Only)</i>
	690	TELEMEDICINE NOTE: <i>Use as credit pair only.</i>
	691	PRE-EMPLOYMENT PHYSICAL MILITARY PERSONNEL
	692++	TELEMED CONSULT SAME STATION
	693++	TELEMED CONSULT NOT SAME STATION
	701 through 711*	*USE AS CREDIT PAIRS ONLY
	701 +	BLOOD PRESSURE CHECK
	702 -	CHOLESTEROL SCREENING <i>(Inactivated Do Not Use)</i>
703 χ		MAMMOGRAM
	704 **	PAP TEST NOTE: <i>Use only as 322704</i>
	705 -	FOBT-GUIAC SCREENING <i>(Inactivated Do Not Use)</i>
	706	ALCOHOL SCREENING
	707	SMOKING CESSATION
	708 -	NUTRITION (Inactivated Do No Use) For Nutirition Counseling use 123 (or 124 if Group)
	709 -	PHYSICAL FITNESS/EXERCISE COUNSELING <i>(Inactivated Do Not Use)</i>
	710	INFLUENZA IMMUNIZATION
	711 -	INJURY COUNSEL/SEAT BELT USAGE <i>(Inactivated Do Not Use)</i>
	712 ^ψ	HEPATITIS C REGISTRY
	713	GAMBLING ADDICTION
	714++	OTHER EDUCATION

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TABLE A - LIST OF CURRENT DSS IDENTIFIERS (4/15/03) (cont.)

DSS* ID NUMBER	DSS* ID PAIR	DSS ID NAME
	715++	ONGOING TREATMENT (Non-MH)
	716++	POST SURG ROUTINE AFTERCARE
725		DOMICILIARY OUTREACH SERVICES
726		DOMICILIARY AFTERCARE – COMMUNITY
727		DOMICILIARY AFTERCARE – VA
728		DOMICILIARY ADMISSION SCREENING SERVICES
729 ^ψ		TELEPHONE/DOMICILIARY
730		DOMICILIARY – GENERAL CARE (Event Capture System (ECS)) USE ONLY)
731		Psychiatric Rehabilitation Residential Treatment Program (PRRTP) – GENERAL CARE (ECS USE ONLY)
999 ^ψ		EMPLOYEE HEALTH
	999510 ^ψ	PSO-Employee Assistance Program (EAP) - OPTIONAL

ATTACHMENT C

SUMMARY OF 4/15/03 NEW AND INACTIVATED DSS IDENTIFIERS

NOTE: The following symbols are used in this attachment:

- ** Amended use of a Decision Support Service (DSS) Identifier
- + Changed DSS Identifier description
- ++ New DSS Identifier
- ‡ Added or changed DSS Identifier Cost Distribution Report (CDR) account
- Inactivated DSS Identifier
- ∩ Work from these stop codes is always non-billable in Medical Care Cost Fund (MCCF)
- ‡‡ Change from a Primary to a Secondary Stopcode/Credit pair
- χ Change from a Secondary/Credit Pair to a Primary Stopcode

1. Table B New Stop Codes Added

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
	116714++	2110.00	RESPIRATORY THERAPY (RX) EDUCATION. Respiratory Therapy Education of Patients in Inhaler Use and other Respiratory-related activity. Includes all activities involved in the evaluation and screening of patients in an emergency and/or stretcher room. This includes administrative, physician, nursing, and ancillary services.
	179‡‡ +	N/A	HOME TELEVIDEO CARE. Records workload by Department of Veterans Affairs (VA) health care professionals using real-time videoconferencing as a means to replicate aspects of face-to-face assessment and care delivery to patients <u>in their homes</u> using telehealth. This assessment and care may include: health and/or social evaluations, wound management, exercise plans, patient appearance, monitoring patient self-care, medication management, monitoring vital signs, including pain. These telehealth encounters must be electronically documented in Clinic Patient Record System (CPRS) , fully meeting criteria for provider encounter. Use provider work-unit related stop as primary, i.e., 170179 – Home-based Primary Care (HBPC) Physician doing telehome care. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. These patients may include HBPC and other categories of patients who are receiving the care described above, from Veterans Health Administration (VHA) health care providers. Secondary Stopcode Use Only

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1. Table B New Stop Codes Added (Continued)

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
219++		2611.00	Traumatic Brain Injury (TBI). Records patient visit for evaluation, management, and follow-up treatment of patients with traumatic brain injury provided by physician and other appropriate health team members trained in the diagnostic aspects of TBI and the special care needs of the patient and family caregivers. This code is not restricted to sites with recognized TBI programs
220++		2611.00	VISOR (Visual Impairment Outpatient Program). Identified VISOR Program with an intensive Blind Rehabilitation Clinic outpatient program, offering skills training, orientation and mobility and low vision therapy. Staffed by interdisciplinary members of the Blind Rehabilitation Outpatient Specialist (BROS) and the Veterans Impairment Service Team (VIST) teams. (Social Workers and/or certified low vision specialists, orientation and mobility therapists, or rehab teacher.)
	220118++	2611.00	VISOR IN HOME CARE
	303115++	2110.00	ECHOCARDIOGRAM (ECHO). Indicates patient visits for the performance of an ECHO cardiac study. Includes technician services, physician services and interpretation, and administrative services
	306714++	2110.00	DIABETIC EDUCATION. Records outpatient visit for the purpose only providing patient training and education (individual or group) related to diabetes care and monitoring.
	310323++	2110.00	Chronic Infectious Diseases (CHRON INFX DSE) PRIMARY CARE. Provides primary care to veterans meeting all the criteria for primary care including accessibility, comprehensive services and preventive care (lipid abnormalities, diabetes, renal problems, neurological problems, chronic pain syndromes, dermatological conditions, etc.) for veterans with Chronic Infectious Diseases.
	312104++	2110.00	SLEEP STUDIES. Records outpatient visit in Pulmonary Function Lab Performing Sleep Studies. Staff consists of Pulmonary technician, administrative and other clinical labor.
	322704++	2110.00	PAP SMEAR ONLY WOMEN'S CLINIC. Patient encounter in women's clinic for pap smear only.
	323160++	2130.00	PHARMACISTS CONSULTS. Patient visit with a pharmacist for specialized education, instruction, and/or counseling regarding prescribed medications. <u>Do Not Use For Dispensing Medication From Pharmacy.</u>
	323473++	2130.00	PPD CLINIC. Tuberculosis Purified Protein Derivative (PPD Shot Clinic)

1. Table B New Stop Codes Added (Continued)

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
	323710++	2130.00	FLU SHOT. Flu Shot Clinic
335++		2110.00	PADRECC (Parkinson's Disease RECC). Parkinson Research, Evaluation Clinical (PADRECC) Clinic, usually run by Neurology.
	402457++	2210.00	HEART TRANSPLANT CLINIC. Cardiac Surgery Clinic for Heart Transplant Patients
567++		2310.00	<u>Only VA medical centers approved to participate in Mental Health Intensive care management (MHICM) (previously Intensive Psychiatric Community Care (IPCC)) programs monitored by New England Psychiatric Evaluation Center (NEPEC) may use this code.</u> This records group visits with patients and/or their families or caregivers by MHICM staff at all locations including VA outpatient or MHICM satellite clinics, MHICM storefronts, MHICM offices, or home visits. Includes clinical and administrative services provided MHICM patients by MHICM staff. Additional stop codes may not be taken for the same workload.
640++		N/A	SEND-OUT PROCEDURES NOT FEE. Procedures for VA medical center patients sent out to a Non-VA Center for Cardiac Catherization (Cath), etc. (e.g., 640333 = Cardiac Cath done at a Non-VA Center; <u>not</u> Department of Defense (DOD)) <u>not paid by the Fee.</u> (Enter as unscheduled Patient Care Encounter (PCE) visits with the VA medical center provider making the referral as the encounter "provider.") Should be attributed to appropriate DSS Department – (e.g., Cardiac Cath: "Send-out" Not Fee, <u>not</u> DOD = M1R1.)
641++		N/A	SEND-OUT PROCEDURES – DOD NOT PAID BY FEE. Procedures for VA medical center patients sent out to a Non-VA Center for Cardiac Cath, etc. (e.g., 641333 = Cardiac Cath done at a DOD Non-VA Center) <u>not paid by the Fee.</u> (Enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter "provider.") Should be attributed to appropriate DSS Department – (e.g., Cardiac Cath: "Send-out" Not Fee = M1Q1.)

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1. Table B New Stop Codes Added (Continued)

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
642++		N/A	SEND-OUT PROCEDURES FEE. Procedures for VA medical center patients sent out to a Non-VA Center for Cardiac Cath, etc. (e.g., 642333 = Cardiac Cath done at a Non-VA Center) paid by the Fee. (Enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter “provider.”). Should be attributed to appropriate DSS Department – (e.g., Cardiac Cath: Fee Paid - Stats only = A0S1F on DSS (no costs on DSS). Fee Obligation should be charged to the VA Cost Center of the Clinic requesting the study.
683++		N/A	HOME TELEHEALTH MONITOR ONLY/NON VIDEO. Records Medical Administration Service (MAS)-non-count monitoring workload by VA health care professionals using <u>non-video</u> electronic in-home monitoring devices for the remote monitoring of patients on a regular basis and interpretation of patient’s health care information received through electronic transmission as a means to replicate aspects of face-to-face assessment of patients <u>in their homes</u> using telehealth. Assessment may include: vital signs, self-care, pain management, wound management, medication management, health and/or social assessment, etc. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not limited to HBPC. <i>(Primary stopcode only)</i>

2. New Secondary Stop Codes Added

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
	185++		PHYSICIAN EXTENDER (NP). Physician Extender – Nurse Practitioner (NP) – Secondary Stopcode Use Only.
	186++	N/A	PHYSICIAN EXTENDER (PA). Physician Extender – Physician Assistant (PA) – Secondary Stopcode Use Only.
	187++	N/A	PHYSICIAN EXTENDER (CNS). Physician Extender – Clinical Nurse Specialist (CNS)– Secondary Stopcode Use Only

2. New Secondary Stop Codes Added (Continued)

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
	449++	N/A	<p>FITTING AND ADJUSTMENTS. Secondary code used to record a visit to staff <u>other than</u> prosthetic and/or orthotic personnel (including but not limited to health techs, nursing assts, Licensed Practical Nurse (LPN), opticians, audiology techs, etc.) for the purpose of fitting and/or making adjustments to sensory appliances (e.g., eyeglasses, hearing aids). Should be used as a secondary code to DSS Identifiers 203, 204, 210, 211, 407, or 408. <i>NOTE: If fitting and/or adjustment is made by prostheti or orthotic personnel, use DSS Identifier 417 in the primary position.</i></p>
	684++		<p>HOME TELEHEALTH INTERVENTION/NONVIDEO. Records intervention resulting from a clinical change in the patient's condition revealed via HOME HEALTH MONITOR: stopcode 683 necessitating contact with the provider for resolution. This intervention constitutes a clinical encounter must be electronically documented in CPRS. Assessment and care include: vital signs, self-care, pain management, wound management, medication management, health and/or social assessment, etc. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not limited to HBPC. MAS Count. Secondary Stopcode use only.</p>
	692++	N/A	<p>Telemedicine (TELEMED) CONSULT SAME STATION. Records, at the <u>provider</u> site, telemedicine care provided to patients where the site of the patient and the site of the provider share <u>the same</u> STA3 (Company Code) such as in the case of a Community-based Outpatient Clinic (CBOC) and it's parent station. Secondary Stopcode Use Only.</p>

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2. New Secondary Stop Codes Added (continued)

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
	693++	N/A	TELEMED CONSULT NOT SAME STATION. Records, at the <u>provider site</u> , telemedicine care provided to patients where the site of the patient and the site of the provider have <u>different STA3</u> (Company Code). For example, VA medical center to VA medical center or CBOC of VA medical center #1 and VA medical center #2. Secondary Stopcode Use Only.
	714++	N/A	OTHER EDUCATION. Use as secondary stop only. Records outpatient visit for the purpose of only providing patient training and education (individual or group) and used only with primary stopcodes which do not have education as part of their definition. Not to be used with Primary Care stopcode 323 (where education is part of the description). Secondary Stopcode Use Only.
	715++	N/A	ONGOING TREATMENT (Non-Mental Health). Ongoing scheduled treatment or (Non-Mental Health) Counseling (do not use with primary stops in the 500 series). For example: could use with primary stop for Speech Therapy 204 (204715). Secondary Stopcode Use Only.
	716++	N/A	POST SURG ROUTINE AFTERCARE. Uncomplicated post-surgical aftercare and/or uncomplicated, routine post-op follow-up, such as suture removal. Secondary Stopcode Use Only.

3. Stopcodes Inactivated

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
	107473 -		ECHOCARDIOGRAM (ECHO) - Inactivated Do Not Use (Use 303115)
	117473 -		PPD CLINIC - Inactivated Do Not Use (Use 323473.)
	117710 -		FLU SHOT - Inactivated Do Not Use (Use 323710.)
163 -			CHAPLIAN BILLABLE - Inactivated Do Not Use
164 -			CHAPLAIN BILLABLE - Inactivated Do Not Use
	306117 -		DIAB DM ED - Inactivated Do Not Use (Use 306714.)
702 -			CHOLESTEROL SCREENING - Inactivated Do Not Use

3. Stopcodes Inactivated (Continued)

DSS ID NUMBER	DSS ID PAIR	CDR	DESCRIPTION
705 -			FOBT-GUIC SCREENING - Inactivated Do Not Use
708 -			NUTRITION - Inactivated Do Not Use. <i>For Nutrition Counseling Use 123 (or 124 if group).</i>
709 -			PHYSICAL FITNESS and/or EXERCISE COUNSELING – Inactivated Do Not Use
711 -			INJURY COUNSEL and/or SEAT BELT USAGE – Inactivated Do Not Use

ATTACHMENT D

EXISTING PRIMARY DECISION SUPPORT SYSTEM (DSS) OR STOP CODE
DEFINITION CHANGES (TABLE C)

Table C. Existing PRIMARY Stop Code Definition Changes

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
170	N/A	Home-based Primary Care (HBPC)- PHYSICIAN. Records evaluations; treatment orders and follow-up for patients in HBPC, etc. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
171	N/A	HBPC – Registered Nurse (RN) and/or Registered Nurse Practitioner(RNP) and/or Physician Assistant (PA). Records initial and continued assessment; teaching patient and caregiver; monitoring patient's condition, supervising Licensed Practical Nurse (LPN) and Home Health Technician; functioning in expanded nursing role; providing care management and coordination of primary care. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
172	N/A	HBPC - NURSE EXTENDER. Records monitoring observation of physical, nutritional and psychological status; reinforcing rehabilitation measures; demonstrating and teaching the use of therapeutic and rehabilitative devices; providing nursing procedures and personal care. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
173	N/A	HBPC – SOCIAL WORKER. Records initial and continued assessment of patient and caregiver of interpersonal resources, psychosocial functioning, support system; provides psychosocial treatment including individual and family counseling. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
174	N/A	HBPC – THERAPIST. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).

Table C. Existing PRIMARY Stop Code Definition Changes (continued)

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
175	N/A	HBPC – DIETITIAN. Records assessment of patient's nutritional status, assess adequacy of caregiver's capacity to prepare recommended meals; training of caregiver in efficient ways of managing identified nutritional problems. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
176	N/A	HBPC – CLINICAL PHARMACIST. Records assessment and monitoring of drug therapy; identifies patient - specific medication issues; educates patient and caregiver about proper use of medications. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
177	N/A	HBPC – OTHER. Records professional, home health aide and other services provided. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
178	2780.00	HBPC – TELEPHONE. Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical or professional staff assigned to HBPC service. Includes administrative and clinical services. <i>NOTE: Provisions of Title 38 United States Code (U.S.C.) Section 7332 which reveal the identity, diagnosis, prognosis, or treatment of Department of Veterans Affairs (VA) patients which relate to drug abuse, infection with human immunodeficiency virus (HIV), or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.</i> Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
201	2611.00	Physical Medicine and Rehabilitation Service (PM&RS). Records patient outpatient visit to PM&RS for consultation and/or evaluation. Includes physician services and administrative services.

Table C. Existing PRIMARY Stop Code Definition Changes (continued)

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
301	2110.00	<p>GENERAL INTERNAL MEDICINE. Records outpatient visit for evaluation, consultation and/or follow up or treatment provided by a physician. The nature of clinics using this stop code is for single episodes and ongoing treatment is not established. Examples of clinics that may use this code include <i>but are not limited to:</i> Post Inpatient Follow-up clinic, pre-surgical medical clearance consults, (includes Pre-Op physicals) and other non-primary care medicine settings and when used with appropriate secondary codes for administrative medical clinics such as Compensation and Pension (C&P) exams or Agent Orange evaluations. This code ordinarily should be used in the primary stop code position. Includes physician services, ancillary services, and administrative services. This code should not be used for clinics related to walk-in patients (look to code 102 for these types of clinics).</p>
318	2110.00	<p>GERIATRIC CLINIC. Consultation, evaluation, follow-up and/or treatment provided by an interdisciplinary team, including a physician, with training in the management of diseases and health problems particularly associated with aging and the elderly. This clinic focuses on the assessment and management of particular geriatric problems (i.e., Falls Clinic, Incontinence Clinic, etc.), but does not function as a GEM clinic or geriatric primary care clinic. There is no expectation of ongoing treatment in this clinic; patients are referred back to their primary care provider.</p>
319	2110.00	<p>GERIATRIC EVALUATION AND MANAGEMENT (GEM) CLINIC. Records patient visit for comprehensive, multi-dimensional evaluation, management and follow-up treatment of selected elderly patients provided by an interdisciplinary team, including physician, nurse and social worker at a minimum, who are trained in assessment and management of the functional, medical and psychosocial problems of the elderly. The GEM clinic provides follow-up of patients discharged from the GEM unit (if available at facility) as well as admits new patients for comprehensive geriatric evaluation.</p>
322	2110.00	<p>WOMEN'S CLINIC. Records outpatient visit for gender specific primary care provided to female patients through coordinated, interdisciplinary provision of medical, nursing, psychosocial, and allied health services for disease treatment and prevention and health promotion and education, referral for specialty, rehabilitation and other levels of care, follow-up and overall care management by the primary care provider and support team. Refer to Attachment G for business rule guidance when using 322 with a secondary stop code.</p>

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Table C. Existing PRIMARY Stop Code Definition Changes (continued)

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
323	2130.00	PRIMARY CARE MEDICINE. Records outpatient visit for primary care provided to patients through coordinated, interdisciplinary provision of medical, nursing, psychosocial, and allied health services for disease treatment and prevention and health promotion and education, referral for specialty, rehabilitation and other levels of care, follow-up and overall care management by the primary care provider and support team. Refer to Attachment G for guidance when using 323 with a secondary stop code. Do not use an education secondary with this stop.
350	2110.00	GERIATRIC PRIMARY CARE. Records outpatient visit for primary care provided to <u>geriatric</u> patients through coordinated, interdisciplinary provision of medical, nursing, psychosocial, and allied health services for disease treatment and prevention, and health promotion and education, referral for specialty, rehabilitation and other levels of care, follow-up and overall care management by the primary care provider and support team. The interdisciplinary primary care providers are trained in the management of healthcare problems associated with aging and the elderly. Refer to Attachment G for guidance when using 350 with a secondary stop code.
547	2316.00	INTENSIVE SUBSTANCE ABUSE TREATMENT. Records group visits for intensive substance abuse services provided by substance abuse treatment program staff. The treatment program is usually an interdisciplinary outpatient program designed for substance abuse clients modeled on an inpatient substance abuse treatment program schedule. Patients are, generally, expected to participate in one or more of these groups for a total of 3 or more hours per day, 3 days a week at a minimum. For treatment modules that are not part of the intensive treatment program, yet provide outpatient substance abuse therapy, use either 513 (individual) or 560 (group).

ATTACHMENT E

EXISTING SECONDARY STOP CODE AND DSS IDENTIFIER
DEFINITION CHANGES (TABLE D)

Table D. Existing Secondary Stop Code and Decision Support Service (DSS) Identifier (ID) Changes

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
___ 117	N/A	Effective Fiscal Year (FY) 2003, 117 always should be the second stop code position. Includes assessment, evaluation, education, and treatment services provided by Health Technicians, Registered Nurse (RN) or Licensed Practical Nurse (LPN) in Nurse Administered Clinics for nurse-run clinics in specialty areas. Never use in the primary stopcode position. See 185-187 for other types of Nurses. Secondary Stopcode Use Only
174202	N/A	Home-based Primary Care (HBPC) –RECREATION THERAPY (RT). Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function by an HBPC RT professional. Must be an approved HBPC Medical Center to use this stopcode (Check with the facility Fiscal or Business Office).
174205	N/A	HBPC PHYSICAL THERAPY (PT). HBPC. Physical Therapy. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function by an HBPC PT professional. Must be an approved HBPC Medical Center to use this stopcode (Check with the facility Fiscal or Business Office).
174206	N/A	HBPC OCCUPATIONAL THERAPY (OT). HBPC. Occupational Therapy. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function by an HBPC OT professional. Must be an approved HBPC Medical Center to use this stopcode (Check with the facility Fiscal or Business Office).
177201	N/A	HBPC-Physical Medicine and Rehabilitation Service (PM&RS). HBPC. Records professional PM&RS and other services provided. Must be an approved HBPC Medical Center to use this stopcode (Check with the facility Fiscal or Business Office).

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Table D. Existing Secondary Stop Code and Decision Support Service (DSS) Identifier (ID) Changes (continued)

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
177210	N/A	HBPC-Spinal Cord Injury (SCI). HBPC. Records professional SCI clinical services provided. Must be an approved HBPC medical center to use this stopcode (Check with the facility Fiscal or Business Office).
___ 179	N/A	HOME TELEVIDEO CARE. Records workload by Department of Veterans Affairs (VA) health care professionals using real-time videoconferencing as a means to replicate aspects of face-to-face assessment and care delivery to patients <u>in their homes</u> . Assessment and care may include: health/social evaluations, wound management, exercise plans, patient appearance, monitoring patient self-care, medication management, monitoring vital signs, including pain, etc. These telehealth encounters <u>must be electronically documented in Clinic Patient Record System (CPRS)</u> , fully meeting criteria for provider encounter. Use provider work-unit related stop as primary, i.e., 170179 – HBPC Physician doing TeleHome Care, 323179 TeleHome-Primary Care, 502179 TeleHome Mental Health. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not Limited to HBPC. Secondary Stopcode Use Only.
___ 370	N/A	Long-term Care LTC SCREENING AND/OR ASSESSMENT. Records the screening or assessment for consideration of LTC placement for a geriatric patient by a healthcare professional (RN, Social Worker (SW), Dietician and/or medical physician (MD)). The primary stop would be the clinic providing LTC screening and/or assessment. Only one per Social Security Number (SSN) per assessment. Do not use for LTC Co-pay Means Test. See Credit Pair: 717. Secondary Stopcode Use Only.
___ 690	N/A	TELEMEDICINE. Records, at the patient’s site (originating site), telemedicine care provided to patients. Telemedicine is the use of electronic communications and information technology to provide and support healthcare when distance separates the participants. This secondary code can be attached to any primary stop code related to the workgroup that provides telemedicine consultations for many types of patient populations. (e.g., tele-dermatology for wound care management, tele-mental health for medication management, tele-geriatric and extended care for vital sign monitoring, etc.) If telemedicine is provided into patient’s home use 179 (if real-time video) or 684 (if non-video intervention) instead of 690 as the secondary code and/or credit pair.

Table D. Existing Secondary Stop Code and Decision Support Service (DSS) Identifier (ID) Changes

DSS ID NUMBER	Cost Distribution Report (CDR)	DESCRIPTION
___ 701	N/A	BLOOD PRESSURE CHECK. Records outpatient visit for the purpose of measurement, consultation, and/or education relating to controlling high blood pressure. Includes clinical and administrative services.
___ 710	N/A	INFLUENZA IMMUNIZATION. Records outpatient visit for the purpose of influenza immunization injection. Includes clinical and administrative services. May be used with any primary care or employee health stopcode (322, 323, 350, 531, 999) to indicate Flu Shot Clinic. Is not restricted to veterans.

ATTACHMENT F

STOP CODES 100 – 299 SERIES INCLUDING OBSERVATION (290-299)

1. Occasion of Service Stop Codes Ancillary List

a. **Definition.** An occasion of service is a specified identifiable instance of a technical and/or administrative service involved in the care of a patient or consumer, which is not an encounter; that is, it does not include the exercise of independent medical judgement in the overall diagnosing, evaluating, and/or treating the patient's condition. An occasion of service is the result of an encounter (e.g., tests or procedures ordered as part of an encounter). **NOTE:** *Clinical laboratory tests, radiological studies, physical medicine interventions, medication administration, and vital sign monitoring, are all examples of occasions of service.* A patient may have multiple occasions of service per encounter.

b. **Operationally.** These are stop codes which do not prompt for the medical necessity information (International Classification of Disease, 9th Edition - Clinical Modification (ICD-9-CM) diagnostic code) in order to pass the required data for an encounter to Patient Care Encounter (PCE) for transmission to the New England Psychiatric Evaluation Center (NEPEC).

c. **Occasions of Service (OOS).** The following stops are always OOS, i.e., currently exempt from requiring an ICD-9-CM diagnostic code. Decision Support System (DSS) Identifiers from Radiology Packages, including Nuclear Medicine, and from the Laboratory Package are passed automatically when registrations and accessions of tests are made in their respective packages. Electrocardiogram (EKG) encounters must be entered through PCE, Ambulatory Information Capture System (AICS), Text Integration Utility (TIU), or Appointment Management.

(1) 105 Radiology

(2) 109 Nuclear Medicine

(3) 108 Laboratory

(4) 107 EKG

NOTE: *Other stop codes can be designated as OOS on the Health Administration Service (HAS) software. These include all the stop codes in the "exempt column on the Veterans Health Information Systems and Technology Architecture (VistA) in Attachment K unless paired with a non-exempt credit pair.*

2. Telephone Stop Codes. See stop code list in Attachment L for all current stop codes indicating telephone care. When these stops are used, each Department of Veterans Affairs (VA) medical center may select one of the following three current procedural terminology (CPT) codes. Do not bill telephone.

a. **99371.** Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals, (e.g.,

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Nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief, (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy).

b. **99372.** Intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care).

c. **99373.** Complex or lengthy (e.g., lengthy counseling session with an anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan).

3. Home Based Primary Care (HBPC)

***NOTE:** The phrase HBPC has been updated from hospital-based home care (HBHC) to HBPC. Each VA medical center should ensure the name is changed.*

DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
170	N/A	HBPC - PHYSICIAN	HBPC. Records evaluations, treatment orders, and follow-up for patients in HBPC, etc.
171	N/A	HBPC – Registered Nurse (RN), Registered Nurse Practitioner (RNP), Physician Assistant (PA)	HBPC. Records initial and continued assessment; teaching patient and caregiver; monitoring patient's condition, supervising Licensed Practical Nurse (LPN) and Home Health Technician; functioning in expanded nursing role; providing care management and coordination of primary care.
172	N/A	HBPC - NURSE EXTENDER	HBPC. Records monitoring observation of physical, nutritional and psychological status; reinforcing rehabilitation measures; demonstrating and teaching use of therapeutic and rehabilitative devices; providing nursing procedures and personal care.
173	N/A	HBPC - SOCIAL WORKER	HBPC. Records initial and continued assessment of patient and caregiver of interpersonal resources, psychosocial functioning, support system; provides psychosocial treatment including individual and family counseling.

DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
174	N/A	HBPC - THERAPIST	HBPC. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establishes therapeutic program to maintain function.
175	N/A	HBPC - DIETITIAN	HBPC. Records assessment of patient's nutritional status, assess adequacy of caregiver's capacity to prepare recommended meals; training of caregiver in efficient ways of managing identified nutritional problems.
176	N/A	HBPC - CLINICAL PHARMACIST	HBPC. Records assessment and monitoring of drug therapy; identifies patient - specific medication issues; educates patient and caregiver about proper use of medications.
177	N/A	HBPC - OTHER	HBPC. Records professional, home health aide and other services provided.
177201		HBPC-Physical Medicine and Rehabilitation Service (PM&RS)	HBPC. Records professional PM&RS and other services provided.
177210		HBPC-Spinal Cord Injury (SCI)	HBPC. Records professional SCI clinical services provided.
178	2780	HBPC TELEPHONE	HBPC. Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or professional staff assigned to HBPC service. Includes administrative and clinical services. **Provisions of Title 38 United States Code (U.S.C.) Section 7332 which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, infection with Human Immunodeficiency Virus (HIV), or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.

** Amended use of a DSS Identifier (ID)

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DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
---179	N/A	HOME TELEVIDEO CARE	Records workload by VA health care professionals using real-time videoconferencing as a means to replicate aspects of face-to-face assessment and care delivery to patients <u>in their homes</u> . Assessment and care may include: health and/or social evaluations, wound management, exercise plans, patient appearance, monitoring patient self-care, medication management, monitoring vital signs, including pain, etc. These telehealth encounters <u>must be electronically documented in Clinic Patient Record System (CPRS)</u> , fully meeting criteria for provider encounter. Use provider work-unit related stop as primary, i.e., 170179 – HBPC Physician doing TeleHome care, 323179 TeleHome-Primary Care, 502179 TeleHome Mental Health. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not Limited to HBPC. Secondary Stopcode Use Only

4. **Observation Reporting.** Observation reporting is a specially defined type of extended outpatient care.

5. **Use Observation DSS Identification (ID) Codes in the Outpatient Setting**

a. **Observation Data Reporting**

(1) **Criteria.** Observation cases must meet the criteria set up by the Centers for Medicare and Medicaid Services (CMS) (Medicare) and by the current year CPT code criteria.

(2) **Background**

(a) In Fiscal Year (FY) 1997, it was shown through the results of the FY 1997 National Stop Code Usage Survey that Observation cases were found to be reported in no consistent manner between sites, over a wide range of DSS Identifiers. In FY 1997, these observation cases were reported both in the Medicine and Surgery series as well as in the Admit/Screening (102-101); Medical Surgical Day Unit (MSDU) (328); and Ambulatory Care work units. For FY 1998, seven Observation stop codes were created, specifically for Observation-only work (290-296).

(b) Since October 1, 1997, some VA medical centers followed the prior Observation stop code guides in Directive 96-057, Change 3, which permitted clear identification of all Observation work without negatively impacting the Cost Distribution Report (CDR), DSS, Performance Measures and Medical Care Cost Fund (MCCF). Later, another directive “Observation Directive,” was developed. This was designed to compensate for the VistA

Dietetics and Unit Dose drug packages, which did not serve outpatients at that time, (as a type “software workaround”). This inpatient Observation Directive guided VA medical centers to admit Observation patients to one of seven new Observation treating specialties in the Patient Treatment File (PTF), thus requiring for each Observation stay, a discharge summary. This directive made Revenue Modeling and coding of patients not possible on DSS or other revenue modeling systems. In FY 2002, DSS created, on the DSS system only, outpatient encounters, i.e., all patient cases in observation treating specialties, with the appropriate outpatient stopcode encounter. These will be posted on DSS as the Daily Cost Resource (DCR) Profiler encounters and stopcoded with one of the seven observation stopcodes. This allows DSS to function as CMS does for these encounters. **NOTE:** *It enters all VHA observation work into outpatient encounters for more reliable cost comparisons.*

(c) For use in FY 1998 and thereafter, the National FY 1998 Stop Code Sub-Task Force on Observation Care Reporting developed the seven Observation Stop Codes (290 through 296) to uniformly report observation care by providing clinical service. These have been available and used by most VA medical centers since FY 1998. This is especially important for those VA medical centers who have major hardship (i.e., where admissions to specific bed sections or wards is difficult, using any PTF admissions for Observation Care.

b. **Action.** As a major principle, all Observation Care that is to be designated by the VA medical center for outpatient stop code reporting should be reported only by one of the seven outpatient Observation stop codes, in the primary position, with the appropriate CPT and ICD-9-CM codes.

(1) The current CMS and CPT code definitions of Observation Care applies to the use of these seven new Observation stop codes and to the use of the standard Observation CPT codes. Credit pairs describing the work unit producing the observation work can be used.

(2) For VHA Observation Care that meets CMS and CPT code criteria, only seven Observation stop codes should be used:

- 290 – Observation Medicine
- 291 – Observation Surgery
- 292 – Observation Psychiatry
- 293 – Observation Neurology
- 294 – Observation Blind Rehabilitation
- 295 – Observation Spinal Cord
- 296 – Observation Rehabilitation

NOTE: *From FY 1998 onward, no stop code should be used in the primary position for Observation Care other than one of these seven "Observation Only" stop codes.*

6. New Stop Codes in FY 2003 in the 100-299 Series

- 219 Traumatic Brain Injury (TBI)
- 220 Visual Impairment Outpatient Program (VISOR)

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7. New Stop Code Pairs for FY 2003 in the 100-299 series

116714 RESPIRATORY THERAPY (RX) EDUCATION
220118 VISOR IN HOME CARE

8. New Secondary Only Stop Codes for FY 2003 in the 100-299 series

___ 117 NURSING
___ 160 PHARMACIST CONSULTS
___ 179 HOME TELEVIDEO CARE
___ 185 PHYSICIAN EXTENDER (NP)
___ 186 PHYSICIAN EXTENDER (PA)
___ 187 PHYSICIAN EXTENDER (CNS)

ATTACHMENT G

**STOP CODES 300 SERIES
DEFINITIONS FOR PRIMARY CARE DATA REPORTING**

1. Definitions. The term “Primary Care” has caused considerable confusion in the Department of Veterans Affairs (VA) in relation to stop codes and workload definitions. There are four operational meanings of Primary Care in the Veterans Health Administration (VHA) which represent very distinct functionalities.

a. **Primary Care as a Service Line of the Medical Center.** Primary Care as a Service Line of the medical center, like the Medical-Surgical, Mental Health, and Extended Care (Long-term Care (LTC)) Service Lines.

b. **Primary Care as a Clinical Service Product (Intermediate Product).** Primary Care as a Clinical Service Product (Intermediate Product), i.e., a set of prevention or annual physical or other care products needing to be tracked by enrollee for performance measures.

c. **Primary Care as a Form of Health Care Practice or Specialty.** Primary Care as a form of health care practice or specialty for medical physicians (MDs), Physician Assistants (PAs) and Nurse Practitioners. In VHA outpatient areas, these workers are represented by stop code designated, Decision Support System (DSS) production units.

d. **Primary Care as a Managed Care Version of Case Manager.** Primary Care as a managed care version of case manager (case management) where every Primary Care Patient is assigned to a Primary Care Team and a Primary Care Provider, i.e., a patient with a chronic heart disease is assigned to a cardiologist as “primary care physician” and that patient, from then on, becomes part of this specialist’s primary care panel. It is critical to use the VHA’s Veterans Health Information Systems and Technology Architecture (VistA) Primary Care Management Module (PCMM) package to keep track of VHA enrollees and/or physician. PCMM was used to extract the population for the Primary Care Enrollment performance measure in Fiscal Year (FY) 1999.

NOTE: Although DSS data can be used to gain information about all four of these Primary Care entities, DSS Identifiers (stop codes) are related only to subparagraphs 1b and 1c.

2. Recommended Codes for Primary Care Reporting. DSS Identifiers are used to define work areas or production units for clinicians who are specialized in the practice of Primary Care (e.g., DSS Identifiers 323 and 350), (see subpar. 1c). DSS Identifiers are also used to describe the stable, cost products provided to patients, that constitute primary care services (see subpar. 1b).

a. **Primary DSS Identifiers for Primary Care**

(1) The VHA stop codes in the primary position that relate to primary care work (or production) units and primary care products are:

(a) 323 - Primary Care-Medicine

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- (b) 322 - Women's Clinic
- (c) 350 - Geriatric Primary Care
- (d) 531 - Mental Health Primary Care Team-Individual
- (e) 563 - Mental Health Primary Care Team-Group
- (f) 170177 - Home Based Primary Care (HBPC)

b. **Secondary DSS Identifiers for Primary Care.** For medical specialty clinics that also provide primary care products, 323 can be appended as a secondary code in the six character DSS Identifier to indicate the specialty clinic that provides specifically primary care services (e.g., 303-323 for cardiologist's clinic providing primary care.)

3. Information on Selection of Performance Measure Subsets Using Primary and Secondary DSS Identifiers for Primary Care

a. There are two databases being used to extract Primary Care Performance Measure data:

(1) The PCMM module mentioned for enrollment; and

(2) DSS Identifiers in the National Patient Care Database (NPCD) related to Primary Care for sample selections for customer satisfaction, and for some other measurements.

b. The DSS Identifiers used in defining Performance Measure data sets should reflect where primary care products are provided. The primary care products are determined by using the Primary Care-defined DSS Identifiers (323, 322, 350, 531, 563). These codes may be in the primary or secondary position in the clinic setup.

c. If the set of products desired is only for physician workload versus some other clinician, the secondary code should be reviewed. If a secondary code is present, other than a local stop, this indicates that a non-physician provided the primary care services. Another method to check for physician as provider is to review the value for the "practitioner-type" reported on the local Patient Care Encounter (PCE), or on NPCD, for the encounter and to determine if that value is in the range of physician practitioners.

(1) Use of the secondary credit pair to designate primary care teams is preferred because it enables sites to set-up separate DSS departments for each primary care team more easily using the feeder key (FDR KEY) (six character DSS Identifier).

(2) However, many sites prefer to use the alpha codes for the DSS designators for primary care teams' DSS intermediate products. The caveats here are:

(a) In setting up DSS feeder keys or products, be careful to do so by examination of the entire FDR KEY, specifically the last five characters.

(b) Be sure to use the DSS suffix as "ATEM, BTEM, etc.," that have the alpha character that identifies the team in the first (not fourth) position. In DSS, sometimes the fourth position does not show up, so clear identification of the teams product could be difficult if the alpha designator is not in the first position.

4. Guidelines for Primary Care Team Area Stop Code Use: Using DSS Identifiers for DSS Primary Care Departments and for DSS Intermediate Products

To designate a Primary Care team with DSS identifiers, two approaches are feasible:

a. Recommendations were made in DSS to code the Primary Care Teams using the credit pairs: local codes, such as, Special Registry 1 (461) or Special Registry 2 (469) to designate Team 1, Team 2, etc., or the blue team or the gold team, etc. See the following example:

Primary Code	Secondary Code	National Alpha Code	Description
323	461	NURS	Nurse run clinic for the Primary Care Team 1 or the blue team.
323	469	NURS	Nurse run clinic for the Primary Care Team 2 or the gold team.
323	461	SOCW	Social work run clinic for the Team 1 or the Primary Care blue team.
323	461	RESI	Resident run clinic for the Primary Care Team 1 or the blue team.

b. Historically, when DSS was implemented, a third identification code (4-character Alpha code) was added to the primary and secondary stop codes. A national 4-character Alpha code list for use with the DSS stop code worksheet VistA functionality was distributed with the DSS VistA software and is updated occasionally (see current list in Att. O). This allowed an additional level on which to try to identify clinic work products for DSS costing. Thus alternatively, for DSS products only, a site can select to use the National Alpha codes, such as, ATEM or BTEM, to designate the primary teams. See following example:

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Primary Code	Secondary Code	National Alpha Code	Description
323	117	AEM	Nurse run clinic for the Primary Care blue team.
323		AEM	Physician run clinic for the Primary Care blue team.
323	125	BEM	Social work run clinic for the Primary Care gold team.
323	461	NURS	Nurse run clinic for the Primary Care Team 1 or the blue team.
323	469	NURS	Nurse run clinic for the Primary Care Team 2 or the gold team.
323	461	SOCW	Social work run clinic for the Team 1 or the Primary Care blue team.
323	461	RESI	Resident run clinic for the Primary Care Team 1 or the blue team.
323	461	NURS	Nurse run clinic for the Primary Care Team 1 or the blue team.
323	469	NURS	Nurse run clinic for the Primary Care Team 2 or the gold team.
323	461	SOCW	Social work run clinic for the Team 1 or the Primary Care blue team.
323	461	RESI	Resident run clinic for the Primary Care Team 1 or the blue team.

c. Other primary care done in a specialty clinic would be designated with the 323 as a credit pair to the specialty clinic; see the following example:

Primary Code	Secondary Code	National Alpha Code	Description
303	323		Cardiologist run clinic providing primary care.

NOTE: This second option does not help the site determine primary care team work units by stop code at local VA medical center or on Austin Automation Center (AAC) Statistical Analysis System (SAS) Outpatient Clinic (OPC) file.

ATTACHMENT H

STOP CODE 400 SERIES, AMBULATORY SURGERY DATA REPORTING

1. Ambulatory Surgery Data Reporting in Three Specific Components

a. In Fiscal Year (FY) 1999, based on a National Decision Support System (DSS) Stop Code Use 1999 Survey, the following general guidelines were developed for the Veterans Health Administration (VHA) Ambulatory Surgery Reporting. Specific code definitions can be found in Attachment J, Table F.

- (1) The Ambulatory Surgery process can be composed of three steps (or specific components): preparation for surgery (pre-op), surgery, and post-operative (post-op) care.
- (2) The choice of which code to use will be determined by three factors:
 - (a) Whether the surgery is performed in an Operating Room (OR) or specialty procedure unit,
 - (b) What types of procedures are done, and
 - (c) What type of physician is performing the surgery.

***NOTE:** Use of code 117. The Nursing credit pair for Registered Nurses (RNs), ___ 117, must always be used as a secondary only stopcode, effective FY 2003.*

b. Preparation for Surgery

(1) A good choice of codes to document pre-operative work would be the codes **416** – Ambulatory Surgery Evaluation by non-medical physician (Non-MD) and/or **419** – Anesthesia Pre-Operation (OP) and/or Post-Operation Consultation (Pre-OP/Post-OP Consult). These codes can be adapted to be used the same day of surgery or days in advance.

(2) The following codes should only be used for pre-operative work done prior to a hospital admission, not for outpatient Ambulatory Surgery. The codes are; **331** - Pre-Bed Care MD (Medical Service), **332** - Pre-Bed Care RN (Medical Service), **432** - Pre-Bed Care MD (Surgical Service) and **433** – Pre-Bed Care RN (Surgery).

c. OR

(1) Code **429** – Outpatient Care in the OR, should be used for the majority of procedures done by surgeons in an OR.

(2) Code **327** – Medical Physician Performing Invasive OR Procedure, is also available to record procedures if done by a medical physician as the primary operator in an OR. ***NOTE:***

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Both these codes include room preparation, OR services and post-operative recovery room time. Either can be set up as separate locations to be used for automatic data transfer from the Surgery package, and the code (429 or 327) should be in the primary stop code position.

d. **Other (Non-OR) Invasive Procedure Units.** There are several codes available to define specific (non-OR) invasive procedure units. If procedures are done in a unit or suite, these codes should be in the primary stop code position.

(1) Codes include: **321-** Gastrointestinal (GI) Endoscopy, **330** – Chemotherapy Procedures Unit (Medicine), **333** – Cardiac Catheterization, **334-** Cardiac Stress Test and/or Exercise Tolerance Test (ETT), **329** – Medical Procedure Unit, **430** – Cysto Room Unit For Outpatient, **431** – Chemotherapy Procedures Unit (Surgery), **435** – Surgical Procedure Unit. **NOTE:** *It is also appropriate to use these codes as a secondary stop code if the site wishes to document invasive procedures done in other areas. This may be necessary if the site does not have specialty units established, and performs procedures in regular clinic areas.*

(2) Codes **480** – Fundoscopy and **481** – Bronchoscopy are only to be used in the secondary position.

e. Post-Operative Care

(1) Two codes which are available for specific post-operative care are: Code **419** – Anesthesia Pre-OP and/or Post-OP Consult, and Code **328** – Medical and/or Surgical Day Unit (MSDU). These codes are used for Anesthesia Follow-up (419) and for some post-operative nurse care if the patient was followed in the Medical Surgical Day Unit (328).

(2) Codes **429** – Outpatient Care in the OR, and **327** – Medical MD Performing Invasive OR Procedure - do include recovery room time and, therefore, may not need an additional clinic visit.

f. Unscheduled Procedures

(1) VHA has a national outpatient database for which the DSS Identifier known as Primary and Secondary Stop Code Pair performs a service identifying the type of clinical work department providing care. For this reason, sites are encouraged to use these codes not only for scheduled procedures, but also for unscheduled procedures. Clinics should be available to record procedures performed in suites or units as well as other clinic areas where invasive procedures are performed.

(2) If an unscheduled procedure becomes necessary during a regular clinic visit, the Unscheduled Visit feature of the Scheduling Package should be used to record a visit in such a clinic. **NOTE:** *This only applies if the procedure does not pass to Patient Care Encounter (PCE) by a link established in the non-OR component of the Surgery Package.* Documenting procedures in this way will give DSS unique products and give a fuller picture for standardization purposes. **NOTE:** *The workload may also be reflected on the site's Cost Distribution Report (CDR). These benefits cannot be achieved through Current Procedural Terminology (CPT) coding alone.*

g. **Examples of Non-OR Coding Possibilities**

NON-OR PROCEDURES	DSS ID	DESCRIPTION
BRONCHOSCOPY	312481	Bronchoscopy done in Pulmonary Clinic
BRONCHOSCOPY	329481	Bronchoscopy done in medical procedure unit
DERM BIOPSIES	304329	Biopsies done in Dermatology Clinic
FUNDOSCOPY	306480	Fundoscopy exam done in Diabetes Clinic
FUNDOSCOPY	407480	Fundoscopy exam done in Ophthalmology Clinic
GI ENDOSCOPY	307321	Endoscopy done in Gastroenterology Clinic
GI ENDOSCOPY	321	Endoscopy done in Endoscopy suite
LIVER BIOPSIES	307329	Biopsies done in a Gastroenterology Clinic
LIVER BIOPSIES	435307	Biopsies done in Non-OR suite by Surgery
RENAL BIOPSIES	313329	Biopsies done in a Renal Clinic

2. General and Sub-Specialty Surgical DSS Identifiers

a. General Surgery

401 – General Surgery

b. Sub-Specialty Identifiers

- 402 – Cardiac Surgery
- 403 – Ear, Nose, and Throat (ENT)
- 404 – Gynecology
- 405 – Hand Surgery
- 406 – Neurosurgery
- 407 – Ophthalmology
- 408 – Optometry
- 409 – Orthopedics
- 410 – Plastic Surgery
- 411 – Podiatry
- 412 – Proctology
- 413 – Thoracic Surgery
- 414 – Urology
- 415 – Vascular Surgery
- 417 – Prosthetic, Orthotics: Evaluation, Fitting, and/or Measuring

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423 – Prosthetic Supply Dispensed

3. Ambulatory Surgery Identifiers

a. Pre-Op

416 – Ambulatory Surgery Evaluation by other than a medical physician (MD)

419 – Anesthesia Pre-op and/or Post-op Consult

b. Operation

429 – Ambulatory Surgery OR or Regular OR

430 – Cysto Room for Outpatients

c. Other Non-OR Invasive

431 – Chemotherapy Procedures Unit

435 – Surgical Procedure Unit

436 – Chiropractic Care in Medical Center

d. Pre-Hospital Admissions Work

432 – Pre-bed Care by Surgical Physician

433 – Pre-bed Care by Nurse

4. Surgical Clinic, Laboratory, and Special Exam Identifiers

418 – Amputation Clinic

420 – Pain Clinic

421 – Vascular Laboratory

422 – Cast Clinic

424 – Telephone Clinic and/or Surgery

425 – Telephone Clinic and/or Prosthetics-Orthotics

426 – Women’s Surgical Clinic

428 – Telephone Clinic and/or Optometry

480 – Comprehensive Fundoscopy Exam

5. Mandatory Identifier Pairs

410-210 – Spinal Cord injury (SCI) Plastic Surgery

414-451 – Impotency Clinic

414-473 – Urodynamics Clinic

415-461 – Aneurysm Detection and Management (ADAM) Clinic

417-201 – Major Medical and/or Prosthetics-Orthotics

417-451 – Wheelchair

417-452 – Cushion

417-455 – Shoe and/or Brace
417-473 – Orthotic Lab
423-461 – Cad Cam Unit

423-473 – Prosthetic Laboratory

* -449 – Fittings and Adjustments

* -450 – Compensation and Pension (C&P) Exams

* -481 – Bronchoscopy

321481 If outpatient Bronchoscopy done in Endoscopy Room

327481 If outpatient Bronchoscopy done in the OR by Medicial Service

329481 If outpatient Bronchoscopy done in the Ambulatory Procedures Unit

429481 If outpatient Bronchoscopy done by Surgery in the OR

435481 If outpatient Bronchoscopy done in “Lumps and Bumps” Surgery
Procedure Unit

* Represents the service or subspecialty clinic doing the exam, i.e., 315-450 for Neurology
Compensation and Pension (C&P) or 401 and/or 450 for General Surgery C&P

ATTACHMENT I

STOP CODE 500-999 SERIES: MENTAL HEALTH AND OTHER

1. Changes to Stopcodes 500-999: Mental Health and Other Codes for Fiscal Year (FY) 2003

a. **New Primary Decision Support System (DSS) Identifiers** (with Cost Distribution Report (CDR) account number, and the DSS Identification (ID) name).

DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
567	2310.00	MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM) GROUP	Only Department of Veterans Affairs (VA) medical centers approved to participate in MHICM (previously Intensive Psychiatric Community Care (IPCC)) programs monitored by New England Psychiatric Evaluation Center (NEPEC) may use this code. This records group visits with patients and/or their families or caregivers by MHICM staff at all locations including VA outpatient or MHICM satellite clinics, MHICM storefronts, MHICM offices, or home visits. Includes clinical and administrative services provided MHICM patients by MHICM staff. Additional stop codes may not be taken for the same workload.
640	N/A	SEND-OUT PROCEDURES NOT FEE	Procedures for VA medical center patients sent out to a Non-VA Center for Cardiac catheterization (Cath), etc. (e.g., 333447 = Cardiac Cath done at a Non-VA medical center; <u>not</u> Department of Defense (DOD)) <u>not paid by the Fee</u> . (Enter as unscheduled Patient Care Encounter (PCE) visits with the VA medical center provider making the referral as the encounter “provider.”) Should be attributed to appropriate DSS Department – (e.g., Cardiac Cath: “Send-out” Not Fee, NOT DOD = M1R1.)
641	N/A	SEND-OUT PROCEDURES-DOD NOT PAID BY FEE	Procedures for VA medical center patients sent out to a Non-VA Center for Cardiac Cath, etc. (e.g. 333447 = Cardiac Cath done at a DOD Non- VA medical center) <u>not paid by the Fee</u> . (Enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter “provider.”) Should be attributed to appropriate DSS Department – (e.g., Cardiac Cath: “Send-out” Not Fee = M1Q1.)

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a. **New Primary DSS Identifiers (ID)**(with Cost Distribution Report (CDR) account number, and the DSS ID name) continued.

DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
642	N/A	SEND-OUT PROCEDURES FEE	Procedures for VA medical center patients sent out to a Non-VA Center for Cardiac Cath, etc. (e.g., 333447 = Cardiac Cath done at a Non-VA Center) paid by the Fee , (enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter “provider.”) should be attributed to appropriate DSS Department – (e.g., Cardiac Cath: Fee Paid - Stats only = A0F1 on DSS (no costs on DSS).
683		HOME TELEHEALTH MONITOR ONLY NONVIDEO (<i>Non Count</i>)	Records Medical Administration Service (MAS)-non-count monitoring workload by VA health care professionals using <u>non-video</u> electronic in-home monitoring devices for the remote monitoring of patients on a regular basis and interpretation of patient’s health care information received through electronic transmission as a means to replicate aspects of face-to-face assessment of patients <u>in their homes</u> using telehealth. Assessment may include: vital signs, self-care, pain management, wound management, medication management, health and/or social assessment, etc. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not limited to HBPC. (<i>Primary stopcode only</i>)

b. New Secondary Only DSS ID with DSS ID name.

DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
--- 684		HOME TELEHEALTH INTERVENTION/ NONVIDEO	Records intervention resulting from a clinical change in the patient's condition revealed via <u>Home Health Monitor</u> : stopcode 683 necessitating contact with the provider for resolution. This intervention constitutes a clinical encounter must be electronically documented in Clinic Patient Record System (CPRS). Assessment and care include: vital signs, self-care, pain management, wound management, medication management, health and/or social assessment, etc. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not limited to Home-based Primary Care (HBPC). <i>MAS Count. Secondary Stopcode use only.</i>
--- 692	N/A	TELEMED CONSULT SAME STATION	Records, at the <u>provider</u> site, telemedicine care provided to patients where the site of the patient and the site of the provider share <u>the same</u> STA3 (Company Code) such as in the case of a Community-based Outpatient Clinic (CBOC) and it's parent station. <i>Secondary Stopcode Use Only.</i>

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b. **New Secondary Only DSS ID** with DSS ID name continued.

DSS ID NUMBER	CDR ACCT	DSS ID NAME	DESCRIPTION
___ 693	N/A	TELEMED CONSULT NOT SAME STATION	Records, at the <u>provider</u> site, telemedicine care provided to patients where the site of the patient and the site of the provider have <u>different</u> STA3 (Company Code). For example, VA medical center to VA medical center or CBOC of VA medical center #1 and VA medical center #2. Secondary Stopcode Use Only.
___ 714	N/A	OTHER EDUCATION	Use as secondary stop only. Records outpatient visit for the purpose of only providing patient training and education (individual or group) and used only with primary stopcodes which do not have education as part of their definition. Not to be used with Primary Care stopcode 323 (where education is part of the description). Secondary Stopcode Use Only
___ 715	N/A	ONGOING TREATMENT (Non-MH)	Ongoing scheduled treatment or (Non-Mental Health) Counseling (do not use with primary stops in the 500 series). For example: could use with primary stop for Speech Therapy 204 (204715). Secondary Stopcode Use Only
___ 716	N/A	POST SURG ROUTINE AFTERCARE	Uncomplicated post-surgical aftercare and/or uncomplicated, routine post-op follow-up, such as suture removal. Secondary Stopcode Use Only.

c. **Definition Changes.** Definition changes have occurred in the following primary stop code: 547 (see Att. J, Table F).

d. **Inactive Codes.** 702, 705, 708, 709, 711

3. Distinctions between Care in the Mental Health Day Hospital and in the Mental Health Day Treatment Center

a. VA has two programs intended to provide special support to mental health patients to avoid hospitalization.

(1) **Day Hospital.** Day Hospital is a specific acute episode program that is intended to help prevent repeat hospitalizations due to exacerbating mental illness. If a patient has been stable on the outside, but suddenly becomes hallucinatory and uncontrolled on current medications, that patient may be referred to the Day Hospital. It is meant to be used to prevent hospitalization in acute crisis or exacerbations only. Usually patients are not assigned to Mental Health Day Hospital for more than 3-week episodes.

(2) **Day Treatment.** Day Treatment is chronic Mental Health caregiving for outpatients. This is intended to be used for long-term conditions needing support to maintain care or well-being on the outpatient side only.

b. In FY 1999, the hours and days for the two programs, Day Hospital and Day Treatment, were changed to match and to more realistically reflect the programs 4 to 8 hours per day, 3 to 7 days per week.

(1) Purpose. The major distinction is that Day Treatment is long-term for continuing care and community maintenance. Day Hospital clinics are prioritized for crisis treatment, transitional care and rehabilitation.

(2) Duration. Duration of episode of treatment typically on average, does not extend beyond 3 to 4 weeks per client per acute episode in a Day Hospital Clinic, unlike Day Treatment care which is expected to go on for months or years.

4. Sexual Trauma Counseling

a. **Stop Code 524 – ACTIVE DUTY SEX TRAUMA COUNSELING.** Stop Code 524 is to be used when providing counseling to any veteran who received this type of trauma while on active military duty. These patients may or may not have had sexual trauma as children or before and/or after active duty. If any sexual trauma occurred during active military duty, this DSS Identifier (524) should be used.

b. **Stop Code 589 – NON-ACTIVE DUTY SEX TRAUMA COUNSELING.** Stop Code 589 should be used for patients who have received sexual trauma at some time, but not during active military duty. If it occurred during active military duty, stop code 524 must be used (see Public Law (Pub. L.) 102-585).

5. Categorization of all Mental Health and Domiciliary (DOM) Stop Codes

a. Psychiatry (medical physician (MD))

509 Psychiatry MD (Individual)

512 Psychiatry Consultation

557 Psychiatry MD (Group)

b. Mental Health

502 Mental Health Clinic (Individual)

550 Mental Health Clinic (Group)

533 Mental Health Intervention Biomed Care (Individual)

535 Mental Health Vocational Assistance (Individual)

565 Mental Health Medical Care Only (Group)

566 Mental Health Risk-Factor-Reduction Education (Group)

567 Mental Health Intensive Case Management (MHICM) Group

573 Mental Health Incentive Therapy (Group)

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574 Mental Health Compensated Work Therapy (CWT) (Group)

575 Mental Health Vocational Assistance (Group)

c. Psychology

510 Psychology (Individual)

510473 Neuropsychology Lab

510474 Psychology Research

510509 Psychology – Psychiatry (PSO-PSI)

558 Psychology (Group)

d. Special Programs

529 Health Care for Homeless Veterans (HCHV)/Homeless Mentally Ill (HMI)

522 Department of Housing and Urban Development (HUD) – VA Shared Housing (VASH)

523 Opioid Substitute

540 Post Traumatic Stress Disorder (PTSD) PTSD Clinical Team (PCT)–PTSD (Individual)

561 PCT-PTSD (Group)

577 Psychogeriatric Clinic (Group)

576 Psychogeriatric Clinic (Individual)

559 Psychosocial Rehabilitation (Group)

532 Psychosocial Rehabilitation (Individual)

516 PTSD (Group)

562 PTSD (Individual)

516726 PTSD DOM Aftercare (Group)

524 Active Duty Sexual Trauma

560 Substance Abuse (Group)

513 Substance Abuse (Individual)

513461 Substance Abuse: Alcohol Dependence (Individual)

513469 Substance Abuse: Drug Dependence (Individual)

560461 Substance Abuse: Alcohol Dependence (Group)

560469 Substance Abuse: Drug Dependence (Group)

519 Substance Use Disorder/PTSD Teams

525 Women's Stress Disorder Treatment Teams

589 Non-Active Duty Sexual Trauma

533707 Smoking Cessation (Individual)

566707 Smoking Cessation (Group)

532713 Gambling Addiction (Individual)

559713 Gambling Addiction (Group)

e. Telephone

527 Telephone General Psychiatry

527564 Telephone Intensive Community Case Management (ICCM)

528 Telephone HMI

530 Telephone HUD-VASH

536 Telephone Mental Health Vocational

- 537 Telephone Psychosocial Rehabilitation
- 542 Telephone PTSD
- 545 Telephone Substance Abuse
- 545461 Telephone Substance Abuse Treatment-Alcohol Dependence
- 545469 Telephone Substance Abuse Treatment-Drug Dependence
- 546 Telephone-Mental Health Intensive Case Management (MHICM)
- 579 Telephone Psychogeriatrics

f. Off Station

- 503 Mental Health Residential Care (Individual)
- 514 Substance Abuse Home Visit
- 520 Long-term Enhancement
- 521 Long-term Enhancement (Group)
- 552 IPCC Community Visit
- 564 Intensive Community Case Management (ICCM)
- 590 Community Outreach to Homeless Veterans by Staff other than HCHV and Domiciliary Care for Homeless Veterans (DCHV) programs

g. Day Programs

- 505 Day Treatment (Individual)
- 506 Day Hospital (Individual)
- 547 Intensive Substance Abuse Treatment
- 547461 Intensive Substance Abuse Treatment-Alcohol Dependence
- 547469 Intensive Substance Abuse Treatment-Drug Dependence
- 553 Day Treatment (Group)
- 554 Day Hospital (Group)
- 578 Psychogeriatric Day Program
- 580 PTSD Day Hospital
- 581 PTSD Day Treatment

h. Primary Care

- 531 Mental Health Primary Care Team (Individual)
- 563 Mental Health Primary Care Team (Group)

i. Other

- 655 Community Non-VA Care
- 656 Department of Defense (DOD) Non-VA Care
- 657 Assist Living Vendor Work
- 670 Info Assists Technology
- 713 Gambling Addiction**
- 725 DOM Outreach
- 726 DOM Aftercare Community
- 727 DOM Aftercare VA

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728 DOM Admission Screening Services

729 Telephone Domiciliary

730 Domiciliary-General Care

731 Psychiatric Residential Rehabilitation Treatment Program (PRRTP)-General Care

j. Mental Health Stops Not Requiring GAF

533 Mental Health Medical Care Only (Individual)

565 Mental Health Medical Care Only (Group)

566 Mental Health Risk-Factor-Reduction Education

573 Mental Health, Incentive Therapy (Group)

574 Mental Health CWT (Group)

533707 Smoking Cessation (Individual)

566707 Smoking Cessation (Group)

ATTACHMENT J

COMPLETE SUMMARY OF APRIL 15, 2003, ACTIVE STOP CODES

a. The complete changes and updates and current status of April 15, 2003, Decision Support System (DSS) Identifiers (ID), their short and long definitions, follows in **Table F**.

b. The following symbols are used throughout Table F:

- * Not applicable to Cost Distribution Report (CDR), Automated Medical Information System (AMIS) segment J-19 is used by CDR currently for workload
- ** Amended use of a DSS ID
- + Changed DSS ID description
- ++ New DSS ID
- ‡ Added or changed DSS ID CDR account
- Inactivated DSS ID
- ψ Work from these stop codes is always Non-billable in Medical Care Cost Fund (MCCF)
- ‡‡ Change from a Primary to a Secondary Stopcode or Credit pair
- χ Change from a Secondary or Credit Pair to a Primary Stopcode

TABLE F, Fiscal Year (FY) 2003 Outpatient DSS Identifier Definitions (Effective on Veterans Health Information Systems Technology Architecture (VistA) Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
102		2111.00	ADMITTING/ SCREENING	Includes all clinical activities involved in the evaluation, screening and treatment of patients in an emergency, urgent care, triage, stretcher room. Also includes activities involved in the admitting and/or screening process of patients applying for medical care. Includes administrative, physician, nursing, and technician services. To be used in first (stop code) position in profile setup.
	102101	2111.00	EMERGENCY UNIT	Includes all activities involved in the evaluation and screening of patients in an emergency and/or stretcher room. This includes administrative, physician, nursing, and ancillary services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
103 ^W		2780.00	TELEPHONE TRIAGE	Records patient consultation or medical care management, advice, and referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical and professional staff assigned to the admission and/or emergency services area. Includes administrative and clinical services. **Provisions of Title 38 United States Code (U.S.C.) Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of Department of Veterans Affairs (VA) patients which relate to drug abuse, alcoholism, or alcohol abuse, infection with human immunodeficiency virus (HIV), or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
	103801	2780.00	IN-VISN PHONE TRIAGE – NOT VA MEDICAL CENTER	Records patient consultation or medical care management, advice, and referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical and professional staff assigned to the admission and/or emergency services area. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism, or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual. This Triage care is provided by an in-Veterans Integrated Service Network (VISN) Phone Triage, not by the VA medical center itself.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
	103802	2780.00	OUT OF VISN, VA PHONE TRIAGE	Records patient consultation or medical care management, advice, and referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical and professional staff assigned to the admission and/or emergency services area. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism, or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual. This Triage care is provided by an Out-of-VISN Phone Triage, not by the VA medical center itself.
	103803	2780.00	COMMERCIAL PHONE TRIAGE	Records patient consultation or medical care management, advice, and referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical and professional staff assigned to the admission and/or emergency services area. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism, or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual. This VA medical center, Health Administration Service (HAS)-recorded Triage care is provided by a contracted Commercial Phone Triage professional staff.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
104		2612.00	PULMONARY FUNCTION	Records patient visit for the performance of a diagnostic pulmonary function study and/or treatment. Includes the services of a therapist and/or a technician, physician services and interpretation, and administrative services.
105		2612.00	X-RAY	Records patient visit for the performance of diagnostic, routine radiograms; e.g., chest, ankle, spine, tibia, elbow, etc. Includes technician services, physician services and interpretation, and administrative services.
106		2612.00	EEG	Records patient visit for the performance of an electroencephalogram (EEG). Includes technician services, physician services and interpretation, and administrative services.
107		2612.00	EKG	Records patient visit for the performance of an electrocardiogram (EKG). Includes technician services, physician services and interpretation, and administrative services.
	107473 -		ECHOCARDIOGRAM (ECHO)	<u>Inactivated – Do Not Use</u> NOTE: Use 303115
108		2612.00	LABORATORY	Records patient visit for the performance of diagnostic testing; e.g., blood serum, urine, sputum, tissue, etc. Includes technologist services, physician services and interpretation, and administrative services. Includes chemistry, cytology, microbiology, pathology, etc.
109		2612.00	NUCLEAR MEDICINE	Records patient visit for the performance of nuclear diagnostic procedures. Procedures include bone scan, liver scan, thyroid scan, brain scan, etc. Includes technician services, physician services and interpretation, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
115		2612.00	ULTRASOUND	Records patient visit for the performance of ultrasonic diagnostic procedures (sonograms). Includes technician services, physician services and interpretation, and administrative services.
116		2110.00	RESPIRATORY THERAPY	Records patient visit for Respiratory Therapy services, including treatment and/or education in use of treatment modalities. (Use code 312 for other pulmonary care.)
	116714++	2110.00	RESPIRATORY RX EDUCATION	Respiratory Therapy Education of Patients in Inhaler Use and other Respiratory-related activity.
	117 ††	N/A	NURSING	Effective FY 2003, 117 always should be the second stopcode. Includes assessment, evaluation, education, and treatment services provided by Health Technicians, Registered Nurse (RN) or Licensed Practical Nurse (LPN) in Nurse Administered Clinics for nurse-run clinics in specialty areas. Never use in the primary stopcode position. See 185-187 for other types of Nurses. Secondary Stopcode Use Only.
	117473 -		PPD CLINIC	Inactivated – Do Not Use NOTE: Use 323473
	117710 -		FLUSHOT	Inactivated – Do Not Use NOTE: Use 323710
118		N/A*	HOME TREATMENT SERVICES	Records individual visit by VA personnel to the home of a patient for providing care and/or service. Use only when a more definitive stopcode is not available.
119		N/A*	COMMUNITY NURSING HOME FOLLOW-UP	Records individual visit by VA personnel to patients residing in a community nursing home.
120		2610.00	HEALTH SCREENING	Records patient medical evaluation and/or screening performed at a location other than a VA medical facility.
121		N/A*	RESIDENTIAL CARE (NON-MH)	Records visit by VA personnel to a patient at a residential home care. (Visits of patients in the residential home care program to a VA medical facility are to be recorded to the designated specialty clinic stop.) (If residential care is related to Mental Health (MH), use 503.)

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
122		2610.00	PUBLIC HEALTH NURSING	Records individual patient visit with a licensed RN that assess, treats, and/or evaluates the patient in the home due to physical limitations preventing travel of veteran to a VA facility.
123		2610.00	NUTRITION/ DIETETICS/ INDIVIDUAL	Records patient encounter for the purpose of receiving education, information, and/or counseling concerning nutrition and/or dietary matters (including weight control). Use when services are provided to an individual patient.
124		2610.00	NUTRITION/ DIETETICS/ GROUP	Records the encounter of a group of patients for the purpose of receiving education, information, and/or counseling concerning nutrition and/or dietary matters (including weight control). Use when services are provided to more than one patient in the same session.
125		2610.00	SOCIAL WORK SERVICE	Records individual patient visit with a social worker when the visit is not accomplished as a portion of another specialty clinic.
126		2612.00	EVOKED POTENTIAL	An activity that involves the measurement of specific brain electrical responses to discrete sensory stimuli. The evoking stimulus can be visual-evoked potential (VEP), auditory-evoked potential (AEP), or stimulus can be VEP somatosensory-evoked potential (SSEP). Includes physician services, nursing services, technician services, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
127		2612.00	TOPOGRAPHICAL BRAIN MAPPING	Records visits of patients receiving a technician services, and computerized EEG and brain imaging technique which results in graphic presentation of the data in two-dimensional, color-coded maps of brain electrical activity. Includes physician services, nursing services, technician services, and administrative services.
128		2612.00	PROLONGED VIDEO-EEG MONITORING	Records visits of patients who receive EEG while at the same time being video recorded. Includes physician services, nursing services, technician services, and administrative services.
144		2612.00	RADIONUCLIDE THERAPY	Records patient visit or therapy with unsealed radioactive isotopes and/or radionuclides. Includes technician, physician services and interpretation, safety and administrative services.
145		2612.00	PHARMACOLOGY/ PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION STUDIES	Records patient visit for nuclear cardiac perfusion studies. Includes EKG technician, physician services and interpretation and administrative services.
146		2612.00	Positron Emission Tomography (PET)	Records patient visit for all activities where a cyclotron or generator is employed for the creation of physiologic and/or biochemical premised diagnostic images. Includes the generation of the appropriate radionuclide. Includes technician, physician, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
147 ^v		2780.00	TELEPHONE ANCILLARY	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or profession staff assigned to: Nursing, Public Health Nursing, Nutrition and/or Dietetics, Social Work Service, or Clinical Pharmacy. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is written consent from the individual.
	147209 ^v		VISUAL IMPAIRMENT SERVICE TEAM (VIST) TELEPHONE	
148 ^v		2780.00	TELEPHONE/ DIAGNOSTIC	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and a clinical or professional staff associated with: pulmonary function, x-ray, EEG, EKG, laboratory, nuclear medicine, ultrasound, evoked potential, topographical brain mapping. Includes administrative services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
149		2420.00	RADIATION THERAPY TREATMENT	Records an individual veteran's visit for radiation therapy treatment. Includes technologist services, physicist services, physician services and/or consults, and administrative services. NOTE: Consider a treatment to be the same as a patient visit.
150		2612.00	COMPUTERIZED TOMOGRAPHY (CT)	Records a patient visit for the performance of diagnostic CT exam. Includes technologist services, physician services and interpretation, and administrative services.
151		2612.00	MAGNETIC RESONANCE IMAGING (MRI)	Records a patient visit for the performance of diagnostic MRI exams. Includes technologist services, physician services and interpretation, and administrative services.
152		2612.00	ANGIOGRAM CATHETERIZATION	Records a patient visit for the performance of diagnostic angiographic exams by <u>catheterization</u> . Includes technologist services, physician services and interpretations, nursing, radiologist and/or administrative services.
153		2612.00	INTERVENTIONAL RADIOGRAPHY	Records a patient visit in Radiology for the performance of an interventional radiological procedure. Includes all technologist services, physician services and interpretation, and administrative services.
154		2612.00	MAGNETOENCEPHALOGRAPHY (MEG)	Records a patient visit for the performance of diagnostic MEG examinations. Includes technologist services, physician interpretations, technical services, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
155		2612.00	INFORMATION ASSISTS TECHNOLOGY	Records a patient visit for the performance of diagnostic functional and/or structural computerized analysis. This technology, by fusing functional (MEG, Functional Magnetic Resonance Imaging (fMRI), and EEG) information with structural data (MRI, Magnetic Resonance Appraisal (MRA), and/or CT) assists pre-operative evaluation and/or guides intra-operative activity. Includes physician interpretations, technical services, and administrative services.
	160 ‡‡	2130.00	CLINICAL PHARMACY	Patient visit with a pharmacist for specialized education, instruction, and/or counseling regarding prescribed medications. <u>Do Not Use For Dispensing Medication From Pharmacy. Secondary Stopcode Use Only. See 323160</u>
165		2610.00	BEREAVEMENT COUNSELING	Records counseling provided to family members and/or friends of deceased patients. (Visits should be reflected as collateral visits.)
166		2610.00	CHAPLAIN SERVICE - INDIVIDUAL	Records visit for an individual receiving liturgical, sacramental, or worship spiritual care provided by a chaplain. Includes administrative services.
167		2610.00	CHAPLAIN SERVICE - GROUP	Records visit for liturgical, sacramental, or worship spiritual care to more than one individual in a group setting by a chaplain. Includes administrative services.
168		2610.00	CHAPLAIN SERVICE - COLLATERAL	Records consultation, spiritual care, treatment, education, and/or counseling provided by a clinical chaplain to the patient's family members and/or the person(s) with whom the patient has a meaningful relationship. Includes clinical chaplain services and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
169 ^v		2780.00	TELEPHONE/ CHAPLAIN	Records patient consultation or medical care management, advice and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical or professional staff assigned to chaplain service. Includes clinical, professional, and administrative services. **Provisions of 38 U.S.C. Section 7332 requires the records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is written consent from the individual.
170+		N/A*	HBPC - PHYSICIAN	<u>HBPC</u> . Records evaluations; treatment orders and follow-up for patients in HBPC, etc. Must be an approved HBPC medical center to use this stopcode (check with the facility Fiscal or Business Office).
171+		N/A*	HBPC – Registered Nurse (RN)/Registered Nurse Practitioner (RNP)/Physician Assistant (PA)	<u>HBPC</u> . Records initial and continued assessment; teaching patient and caregiver; monitoring patient's condition, supervising Licensed Practical Nurse (LPN)s and Home Health Technician; functioning in expanded nursing role; providing care management and coordination of primary care. Must be an approved HBPC medical center to use this stopcode (check with the facility Fiscal or Business Office).
172+		N/A*	HBPC - NURSE EXTENDER	<u>HBPC</u> . Records monitoring observation of physical, nutritional and psychological status; reinforcing rehabilitation measures; demonstrating and teaching the use of therapeutic and rehabilitative devices; providing nursing procedures and personal care. Must be an approved HBPC medical center to use this stopcode (check with the facility Fiscal or Business Office).

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID* NUMBER	DSS ID PAIR	CDR ACCT	DSS ID* NAME	DESCRIPTION
173+		N/A*	HBPC - SOCIAL WORKER	<u>HBPC</u> . Records initial and continued assessment of patient and caregiver of interpersonal resources, psychosocial functioning, support system; provides psychosocial treatment including individual and family counseling. Must be an approved HBPC medical center to use this stopcode (check with the facility Fiscal or Business Office).
174+		N/A*	HBPC - THERAPIST	<u>HBPC</u> . Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function. Must be an approved HBPC medical center to use this stopcode (check with the facility Fiscal or Business Office).
	174202 ^ψ +	N/A	HBHC – RECREATION THERAPY (RT)	<u>HBPC</u> . RT. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function by an HBPC RT professional. Must be an approved HBPC medical center to use this stopcode (check with the facility or Business Office).
	174205 ^ψ +	N/A	HBPC PHYSICAL THERAPY (PT)	<u>HBPC</u> . PT. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function by an HBPC PT professional. Must be an approved HBPC medical center to use this stopcode (check with the facility or Business Office).

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	174206 ^u +	N/A	HBPC OCCUPATIONAL THERAPY (OT)	<u>HBPC</u> . OT. Records assessment of functional status, evaluates home environment for safety and accessibility; teaches and monitors the safe use of prosthetic equipment; teaches body mechanics to minimize risk of injury; establish therapeutic program to maintain function by an HBPC OT professional. Must be an approved HBPC medical center to use this stopcode (check with the facilityor Business Office).
175+		N/A*	HBPC - DIETITIAN	<u>HBPC</u> . Records assessment of patient's nutritional status, assess adequacy of caregiver's capacity to prepare recommended meals; training of caregiver in efficient ways of managing identified nutritional problems. Must be an approved HBPC medical Ccenter to use this stopcode (check with the facilityor Business Office).
176+		N/A*	HBPC - CLINICAL PHARMACIST	<u>HBPC</u> . Records assessment and monitoring of drug therapy; identifies patient - specific medication issues; educates patient and caregiver about proper use of medications. Must be an approved HBPC medical center to use this stopcode (check with the facilityor Business Office).
177+		N/A*	HBPC - OTHER	<u>HBPC</u> . Records professional, home health aide and other services provided. Must be an approved HBPC medical Ccenter to use this stopcode (check with the facilityor Business Office).
	177201+		HBPC-Physical Medicine and Rehabilitation Service (PM&RS)	<u>HBPC</u> . Records professional PM&RS and other services provided. Must be an approved HBPC medical center to use this stopcode (check with the facilityor Business Office).
	177210+		HBPC-Spinal Cord Injury (SCI)	<u>HBPC</u> . Records professional SCI clinical services provided. Must be an approved HBPC medical center to use this stopcode (check with the facilityor Business Office).

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
178 ^w +		2780.00	HBPC-TELEPHONE	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical or professional staff assigned to HBPC service. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual. Must be an approved HBPC medical center to use this stopcode (check with the facility or Business Office).
	179 + ^v ‡‡	N/A	HOME TELEVIDEO CARE	HOME TELEVIDEO CARE. Records workload by VA health care professionals using real-time videoconferencing as a means to replicate aspects of face-to-face assessment and care delivery to patients <u>in their homes</u> . Assessment and care may include: health and/or social evaluations, wound management, exercise plans, patient appearance, monitoring patient self-care, medication management, monitoring vital signs, including pain, etc. These telehealth encounters <u>must be electronically documented in the Clinic Patient Record System (CPRS)</u> , fully meeting criteria for provider encounter. Use provider work-unit related stop as primary, i.e., 170179 - HBPC Physician doing TeleHome care, 323179 TeleHome-Primary Care, 502179 TeleHome Mental Health. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not Limited to HBPC. Secondary Stopcode Use Only.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
180		2710.00	DENTAL	Records outpatient visit of patient for treatment and/or examination relating to dental conditions and accomplished by a dentist and/or dental technician. Includes technician services, dentist services, and administrative services.
181 ^ψ		2780.00	TELEPHONE/ DENTAL	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the persons(s) with whom the patient has a meaningful relationship and clinical or professional staff assigned to Dental Service. Includes administrative and professional services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
	185++	N/A	PHYSICIAN EXTENDER (NP)	Physician Extender – Nurse Practitioner – Secondary Stopcode Use Only.
	186++	N/A	PHYSICIAN EXTENDER (PA)	Physician Extender – Physician Assistant – Secondary Stopcode Use Only.
	187++	N/A	PHYSICIAN EXTENDER (CNS)	Physician Extender – Clinical Nurse Specialist – Secondary Stopcode Use Only.
190		2510.00	ADULT DAY HEALTH CARE	Records visits of patients to an approved VA program. Purpose of visit is to provide care and/or treatment during day hours only, patient returns home each evening.
201+		2611.00	PM&RS	Records patient outpatient visit to PM&RS for consultation and/or evaluation. Includes physician services and administrative services.
202		2611.00	RECREATION THERAPY SERVICE	Records patient visit for consultation and/or evaluation concerning potential benefits of recreational therapy and/or actual participation by an outpatient in a structured, supervised recreational activity. Includes therapist services and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
203		2611.00	AUDIOLOGY	Records outpatient visit for the purpose of consultation and/or evaluation of patients with hearing impairment. Includes audiologist services, technician services, and administrative services.
204		2611.00	SPEECH PATHOLOGY	Records outpatient visit for the purpose of consultation, evaluation, and/or treatment of patients with speech impediments. Includes pathologist services, therapist and/or technician services, and administrative services.
205		2611.00	PHYSICAL THERAPY	Records outpatient visit for the purpose of receiving treatment from a physical therapist. Includes the therapist services and administrative services.
206		2611.00	OCCUPATIONAL THERAPY	Records outpatient visit for the purpose of receiving treatment from a occupational therapist. Includes the therapist services and administrative services.
207		2611.00	PM&RS INCENTIVE THERAPY	Records patient visit for evaluation for, or work activity, in the PM&RS Incentive Therapy Program. The rehabilitation program provided under 38 U.S.C. 1718(a) which authorizes assignment of patients to various in house work situations. Pay scale is up to one half of minimum wage. This program is supported by medical care funds.
208		2611.00	PM&RS COMPENSATED WORK THERAPY (CWT)	Records patient visit for evaluation for, or work activity, in the Physical Medicine and Rehabilitation CWT Program. Involves work subcontracted from and paid for by public or private organizations including the Federal government. Patients are paid, based on productive capabilities, from the Special Fund (STRAF) account at the VA facility.
	208466 ^v		Domiciliary (DOM) CWT	
209		2611.00	VIST COORDINATOR	Records outpatient visit to the Veterans Impairment Service Team (VIST) Coordinator to furnish care to the visually impaired veteran. Includes coordinator services and administrative services. In the absence of a VIST Coordinator and when the VIST Coordinators are Performed by another caregiver as collateral duties, i.e., Social Worker; it is appropriate to use the 209 in the primary position and 125 in the credit stop position VIST Telephone visits should be used as indicated.:

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	209125			VIST Coordinator duties performed by Social Worker.
210		2611.00	SPINAL CORD INJURY (SCI)	Records patient outpatient visit for evaluation and/or follow-up of a SCI condition or disease. Includes physician services, technician services, and administrative services.
	210414		SCI-CYSTOURO	
	210468		SCI-RN PROCEDURE	
211		2611.00	AMPUTATION FOLLOW-UP CLINIC	Records outpatient visit for evaluation and/or treatment following removal of a limb or other appendage. Includes physician services, nursing services, and administrative services.
212		2611.00	Electromyogram (EMG)	Records visit for the performance of a diagnostic EMG. (Records the electrical activity evoked in a muscle by nerve stimulation.) Includes technician services, physician interpretation, and administrative services.
213		2611.00	PM&RS VOCATIONAL ASSISTANCE	Records patient visit for vocational testing, assessment, guidance, counseling, or hands-on treatment provided by the PM&RS Vocational Rehabilitation Therapy staff. This is to include educational therapy and any other rehabilitation medicine vocational rehabilitation therapy not specifically described as PM&RS CWT.
	213466 ^ψ		VETS ED/TRNG DOM	
214		2611.00	KINESIO-THERAPY (KT)	Records patient visit for therapy to improve and/or adjust a condition. Includes therapist, , and administrative services.
215		5112.00	SCI HOME CARE PROGRAM	Records visits by VA staff to a patient's home for evaluation and/or follow-up of a SCI condition or disease. Includes physician, nursing, social work, dietetics, rehabilitation, technician, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
216 ^v		2780.00	TELEPHONE/ REHABILITATION (REHAB) & SUPPORT	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship and clinical and professional staff assigned to rehabilitation and support services. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
	216203 ^v		TELEPHONE AUDIOLOGY REHAB SERVICE SUPPORT	
	216204 ^v		TELEPHONE SPEECH REHAB SUPPORT	
	216210 ^v		SCI TELEPHONE SUPPORT	
217		2611.00	Blind Rehab Outpatient Specialist (BROS)	Records outpatient visit to a BROS in their home environment or in the VA medical center outpatient area for pre- or post- Blind Rehabilitation Center evaluation and/or care, or for training vets unable to participate in inpatient programs.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
218		2611.00	CAT BLIND REHAB	Computer Assisted Training (CAT) provides specialized services to eligible blinded veterans through comprehensive adaptive computer needs assessment, prescription, training, and issuance of equipment. Normally, veterans receive computer training in a Blind Rehabilitation Center; however, for those veterans who for various reasons are not able to attend the inpatient training program, this training is provided in their home environment.
219++		2611.00	TBI (Traumatic Brain Injury)	Records patient visit for evaluation, management, and follow-up treatment of patients with traumatic brain injury provided by physician and other appropriate health team members trained in the diagnostic aspects of TBI and the special care needs of the patient and family caregivers. This code is not restricted to sites with recognized TBI programs
220++		2611.00	VISOR (Visual Impairment Outpatient Program)	<u>VISOR</u> . Identified VISOR Program with an intensive Blind Rehabilitation Clinic outpatient program, offering skills training, orientation and mobility and low vision therapy. Staffed by interdisciplinary members of the BROS and the VIST teams. (Social Workers and/or certified low vision specialists, orientation and mobility therapists, or rehab teacher.)
	220118++	2611.00	VISOR IN HOME CARE	
290		2110.00	OBSERVATION MEDICINE	Records outpatient visit for Observation provided by a physician assigned to general medical service. Must use the Centers for Medicare and Medicaid Services (CMS), or Current Procedural Terminology (CPT) code definition of Observation. Not to be used for assigning a patient to a bed for Medicine Service Ambulatory Procedures. Includes physician service, ancillary staff, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
291		2210.00	OBSERVATION SURGERY	Records outpatient visit for Observation provided by a physician assigned to surgery service. Must use CMS, Medicare, or CPT code definition of Observation. Not to be used for assigning a patient to a bed for Surgery Service Ambulatory Procedures includes physician service, ancillary staff, and administrative services.
292		2311.00	OBSERVATION PSYCHIATRY	Records outpatient visit for Observation provided by a physician assigned to psychiatry service. Includes physician service, ancillary staff, and administrative services.
293		2110.00	OBSERVATION NEUROLOGY	Records outpatient visit for Observation provided by a physician assigned to neurology service. Must use CMS, Medicare, or CPT code definition of Observation. Not to be used for assigning a patient to a bed for Neurology Service Ambulatory Procedures. Includes physician service, ancillary staff, and administrative services.
294		2611.00	OBSERVATION BLIND REHAB	Records outpatient visit specifically for Observation Care by a Blind Rehabilitation Specialist.
295		2611.00	OBSERVATION SPINAL CORD	Records outpatient visit for Observation provided by a physician assigned to a spinal cord service. Includes physician service, ancillary staff, and administrative services.
296		2611.00	OBSERVATION REHABILITATION	Records outpatient visit for Observation provided by a physician assigned to rehabilitation service. Includes physician service, ancillary staff, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
301+		2110.00	GENERAL INTERNAL MEDICINE	Records outpatient visit for evaluation, consultation and/or follow up or treatment provided by a physician. The nature of clinics which use this stop code is for single episodes and ongoing treatment, is not established. Examples of clinics that may use this code include, <u>but are not limited to</u> : Post Inpatient Follow-up clinic, pre-surgical medical clearance consults, (includes Pre-Op Physicals) and other non-primary care medicine settings and when used with appropriate secondary codes for administrative medical clinics such as C&P exams or Agent Orange evaluations. This code ordinarily should be used in the primary stop code position. Includes physician services, ancillary services, and administrative services. This code should not be used for clinics related to walk-in patients (look to code 102 for these types of clinics).
302		2110.00	ALLERGY IMMUNOLOGY	Records visit for consultation, evaluation, and/or follow-up or treatment provided by a physician trained in medical sub-specialty of allergy immunology. Includes physician services, ancillary staff services, and administrative services.
303		2110.00	CARDIOLOGY (CARD)	Records visit for consultation, evaluation, follow-up, and/or treatment provided by a physician trained in diagnosis and treatment of heart disease. Includes physician services, ancillary staff services, and administrative services.
	303115++	2110.00	ECHOCARDIOGRAM (ECHO)	Indicates patient visits for the performance of an ECHO cardiac study. Includes technician services, physician services and interpretation, and administrative services.
	303201		CARD REHAB	
304		2110.00	DERMATOLOGY (DERM)	Records consultation, evaluation, follow-up, and/or treatment provided by a physician trained in skin disease. Includes physician services, ancillary staff services, and administrative services.
	304416		DERM PHOTO THERAPY (RX)	

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
305		2110.00	ENDO/METAB (EXCEPT DIABETES)	Records consultation, evaluation, follow-up, and/or treatment provided by a physician trained in endocrinology or metabology. Includes physician services, ancillary staff services, and administrative services.
306		2110.00	DIABETES	Records consultation, evaluation, follow-up, treatment provided for diabetes mellitus. Includes physician services, ancillary staff services, and administrative services.
	306117 -		DIAB DM ED	Inactivated – Do Not Use <i>NOTE: Use 306714.</i>
	306714++	2110.00	DIABETIC EDUCATION	Records outpatient visit for the purpose only providing patient training and education (individual or group) related to diabetes care and monitoring.
307		2110.00	GASTRO-ENTEROLOGY	Records consultation, evaluation, follow-up, treatment provided by a physician trained in diseases and conditions of the gastrointestinal tract. Includes physician services, ancillary staff services and administrative services.
	307117		ENTEROSTOMAL CLINIC	
	307454		LIVER	
308		2110.00	HEMATOLOGY	Records consultation, evaluation, follow-up, treatment provided by physician trained in blood related conditions. Includes physician services, ancillary staff services, and administrative services.
309		2110.00	HYPERTENSION	Records consultation, evaluation, follow-up, treatment of high blood pressure. Includes physician services, ancillary staff services, and administrative services.
310		2110.00	INFECTIOUS DISEASE (INFX DSE)	Records consultation, evaluation, follow-up, treatment by physician trained in infectious disease. Includes physician services, ancillary staff services and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	310323++	2110.00	CHRON INFX DSE PRIMARY CARE	Provides primary care to veterans meeting all the criteria for primary care including accessibility, comprehensive services, and preventive care (lipid abnormalities, diabetes, renal problems, neurological problems, chronic pain syndromes, dermatological conditions, etc.) for veterans with Chronic Infectious Diseases.
311		2110.00	PACEMAKER	Records consultation, treatment, evaluation, follow-up for cardiac conditions which benefit from implant stimulation.
312		2110.00	PULMONARY/ CHEST	Records consultation, evaluation, follow-up, treatment provided by a physician trained in diseases of the lungs and respiratory tract. Includes physician services, ancillary staff services, and administrative services.
	312104++	2110.00	SLEEP STUDIES	Records outpatient visit in Pulmonary Function Lab Performing Sleep Studies. Staff consists of Pulmonary technician, administrative staff, and other clinical labor.
313		2110.00	RENAL/NEPHROL (EXCEPT DIALYSIS)	Records consultation, evaluation, follow-up, and/or treatment provided by physician trained in diseases of the kidney. Includes physician services, ancillary staff services, and administrative services.
	313457		TRANSPLANT	
314		2110.00	RHEUMATOLOGY/ ARTHRITIS	Records consultation, evaluation, follow-up, treatment provided by a physician trained in diseases joint and connective tissue (muscle and joints). Includes the physician services, ancillary staff services, and administrative services.
315		2110.00	NEUROLOGY	Records consultation, evaluation, follow-up provided by a physician trained in the treatment of disorders of the nervous system. Includes the physician services and administrative services.
	315456		EPILEPSY	
	315469		MOVEMENT DISORDER	
	315470		SLEEP DISORDER	

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
316		2110.00	ONCOLOGY/TUMOR	Records consultation, evaluation, follow-up, and/or treatment provided by a physician knowledgeable in the treatment of tumors and malignancies. Includes physician services, ancillary staff services, and administrative services.
	316149		RAD RX (WITH ONCOLOGY MEDICINE SERVICE)	
317		2110.00	COUMADIN CLINIC	Records evaluation, follow-up, and/or treatment provided to veterans receiving coumadin. Includes physician services, nursing services, pharmacy services, and administrative services.
318+		2110.00	GERIATRIC CLINIC	Consultation, evaluation, follow-up and/or treatment provided by an interdisciplinary team, including a physician, with training in the management of diseases and health problems particularly associated with aging and the elderly. This clinic focuses on the assessment and management of particular geriatric problems, (i.e., Falls Clinic, Incontinence Clinic, etc.) but does not function as a Geriatric Evaluation and management (GEM) clinic or geriatric primary care clinic. There is no expectation of ongoing treatment in this clinic; patients are referred back to their primary care provider.
319+		2110.00	GERIATRIC EVALUATION AND MANAGEMENT (GEM) CLINIC	Records patient visit for comprehensive, multi-dimensional evaluation, management and follow-up treatment of selected elderly patients provided by an interdisciplinary team, including physician, nurse and social worker at a minimum, who are trained in assessment and management of the functional, medical and psychosocial problems of the elderly. The GEM* clinic provides follow-up of patients discharged from the GEM* unit (if available at facility) as well as admits new patients for comprehensive geriatric evaluation.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
320		2110.00	ALZHEIMER'S/ DEMENTIA CLINIC	Records patient visit for evaluation, management, and follow-up treatment of patients with Alzheimer's Disease (AD) or related dementias provided by physician and other appropriate health team members trained in the diagnostic aspects of AD and other dementias and the special care needs of the patient and family caregivers. Includes physician, nurse, social work, psychology services and administrative services.
321		2110.00	Gastrointestinal (GI) ENDOSCOPY	Records patient visit for performance or examination of part(s) of the gastroenterologic tract and related structures using special instruments by physician or consultants. Examinations may, but not be limited to: esophagoscopy, gastroscopy, duodenoscopy, colonoscopy and sigmoidoscopy. Includes physician, nurse, technician, and administrative services. DSS Identifier 321 used in the primary position is sufficient if endoscopy procedure is done in the outpatient endoscopy suite. It may also be used as a credit pair if endoscopy is not done in the endoscopy suite.
322+		2110.00	WOMEN'S CLINIC	Records outpatient visit for gender specific primary care provided to female patients through coordinated interdisciplinary provision of medical, nursing, psychosocial, and allied health services for disease treatment and prevention and health promotion and education, referral for specialty, rehabilitation and other levels of care, follow-up and overall care management by the primary care provider and support team. (See Att. G for business rule guidance when using 322 with a secondary stopcode).
	322704++	2110.00	PAP SMEAR ONLY WOMEN'S CLINIC	Patient encounter in women's clinic for pap smear only

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
323+		2130.00	PRIMARY CARE MEDICINE	Records outpatient visit for primary care provided to patients through coordinated, interdisciplinary provision of medical, nursing, psychosocial, and allied health services for disease treatment and prevention and health promotion and education, referral for specialty, rehabilitation, and other levels of care, follow-up and overall care management by the primary care provider and support team. Refer to attachment G for guidance when using 323 with a secondary stop code. Do not use an education secondary with this stop.
	323160++	2130.00	PHARMACIST CONSULTS	Patient visit with a pharmacist for specialized education, instruction, and/or counseling regarding prescribed medications. <u>Do Not Use For Dispensing Medication From Pharmacy.</u>
	323473++	2130.00	PPD CLINIC	Tuberculosis Purified Protein Derivative (PPD) Shot Clinic
	323691	2130.00	PRE-EMPLOY PHYSICAL MILITARY PERSONNEL	Includes patient encounter with inter-disciplinary team, or health care clinician who is accountable for addressing the majority of health care needs and developing a sustained partnership with patients, as required. This credit pair is specifically for special pre-employment physicals for Peace Corps and active duty military personnel. NOTE: 691 may be used as a credit pair with other primary stops, such as: 102 and 301, as required.
	323710++	2130.00	FLU SHOT	Flu Shot Clinic
324 ^w		2780.00	TELEPHONE/ MEDICINE	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical/professional staff assigned to the medicine service. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
325 ^v		2780.00	TELEPHONE/ NEUROLOGY	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical or professional staff assigned to Neurology. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
326 ^v		2780.00	TELEPHONE/ GERIATRICS	Records patient consultation or medical case management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical or professional staff assigned to the Geriatrics Service. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
327		2211.00	MED MD PERFORM INVASIVE OR PROC	Records the same day operating room preparation, services, and post-operative recovery room care. All operating room care for outpatients needs to be designated by a DSS Identifier with 327 in the primary position; the medical code related to the medical specialty can be used in the secondary DSS Identifier position as a modifier, if the VA medical center elects to do so.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
328		2110.00	MEDICAL/ SURGICAL DAY UNIT (MSDU)	Staffed by nurses paid by Medical, Surgical or Nursing Service to support outpatient medical or surgical patients receiving intensive care or post-op Day Unit care. Some outpatient surgery patients use the recovery room only. If so, stop code 429 includes the services. <u>Do Not</u> use for Observation Care (for outpatient Observation, see Stops 290-296; reference Observation Care, Att. F, par. 5).
329		2110.00	MEDICAL PROCEDURE UNIT	Records invasive medical procedures done in a non-operating room setting. Use only when a more definitive code is not available (321-Endoscopy, 330-Chemotherapy, 333-Cardiac Catheterization, 334-Exercise Tolerance Test (ETT)). Do not use if procedure is done in Operating (OR) (327). Includes physician and other ancillary staff's time. If procedures are done in a unit or suite, DSS Identifier 329 used in the primary position is sufficient. It is also appropriate to use this code as a credit pair if the site wishes to document non-OR invasive medical procedures done in other areas. For example:
	304329			Dermatology Biopsies,
	307329			Liver Biopsies,
	116329			Respiratory Therapy procedures, and/or
	316329			Oncology and/or tumor procedures.
330		2420.00	CHEMOTHERAPY PROCEDURES UNIT MEDICINE	A support unit staffed by nurses, technicians, and/or others for the support of patients undergoing outpatient chemotherapy under the care of a Medical Service physician.
331		2110.00	PRE-BED CARE MD (MEDICAL SERVICE)	Medical Service physician evaluation and care of patients intended to be admitted to the hospital in the near future. <u>Do Not</u> use for Observation Care (for outpatient Observation, see Stops 290-296).
332		2110.00	PRE-BED CARE RN (MEDICAL SERVICE)	Nurse evaluation and care support of patients intended to be admitted to Medical Service in the medical center in the near future. Medical Service physician oversight. <u>Do Not</u> use for Observation Care (for outpatient Observation, see Stops 290-296).

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
333		2110.00	CARDIAC CATHETERIZATION	Records visit for Cardiac Catheterization and related studies in a Cardiac Catheterization Suite or Laboratory Unit. If Cardiac Catheterization is done in a Cardiac Catheterization Suite, DSS Identifier 333 used in the primary position is sufficient.
334		2110	CARDIAC STRESS TEST/ETT	ETT. Records patient visit for cardiac stress tests (either ETT or drug-induced and other related tests in a cardiac exercise tolerance laboratory, or unit). If ETT is done in a special exercise stress test laboratory, unit, or suite, DSS Identifier 334 used in the primary position is sufficient. The Nuclear Medicine part of Cardiac stress tests (ETT) needs to be recorded with stop code 109. 334 schedules and reports the cardiology (Medicine Service) contribution only.
335++		2110.00	PADRECC (Parkinson's Disease RECC)	Parkinson Research, Evaluation Clinical (PADRECC) Clinic, usually run by Neurology.
350+		2110.00	GERIATRIC PRIMARY CARE	Records outpatient visit for primary care provided to geriatric* patients through coordinated, interdisciplinary provision of medical, nursing, psychosocial, and allied health services for disease treatment and prevention, and health promotion and education, referral for specialty, rehabilitation and other levels of care, follow-up and overall care management by the primary care provider and support team. The interdisciplinary primary care providers are trained in the management of healthcare problems associated with aging and the elderly. (See Att. G for guidance when using 350 with a secondary stopcode.)

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
351		2110.00	ADVANCED ILLNESS COORDINATED CARE (AICC)	Records AICC for improved care at the end-of-life. Provided to patients through coordinated, interdisciplinary provision of medical, nursing, and psychosocial services. AICC provides education, counseling, advocacy, and care coordination to patients and caregivers. Referral for speciality, or other levels of care, follow-up, and overall care management by the AICC Coordinator in order to improve the individual's quality of life for those who are at the advanced or end stage of illness. Includes clinical and administrative services.
	370		LONG-TERM CARE (LTC) SCREENING/ASSESSMENT	Records the screening or assessment for consideration of LTC placement for a geriatric patient by a healthcare professional [RN, Social Worker (SW), Dietician and/or medical physician (MD)]. The primary stop would be the clinic providing the LTC screening and/or assessment. Only one per Social security Number (SSN) per assessment. Do not use for LTC Co-pay Means Test. See Credit Pair: 717. Secondary Stopcode Use Only.
401		2210.00	GENERAL SURGERY	Records consultation, evaluation, follow-up, and/or treatment provided by a physician trained in general surgical diseases and procedures. Includes physician and administrative services.
402		2210.00	CARDIAC SURGERY	Records consultation, evaluation, follow-up, and/or treatment provided by a physician trained in diseases and surgical procedures relating to the heart. Includes physician services and administrative services.
	402457++	2210.00	HEART TRANSPLANT CLINIC	Cardiac Surgery Clinic for Heart Transplant Patients
403		2210.00	EAR, NOSE, AND THROAT (ENT)	<u>ENT</u> . Records consultation, evaluation, follow-up, and/or treatment provided by a physician trained in diseases and surgical procedures relating to the ear, nose, and throat. Includes physician services and administrative services.
404		2210.00	GYNECOLOGY	Consultation, evaluation, follow-up, treatment provided by a physician trained in the diseases and surgical procedures of the female genital tract. Includes physician services and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
405		2210.00	HAND SURGERY	Consultation, evaluation, and/or follow-up, provided by a physician trained in surgical hand and bone disorders. Includes physician and/or technician services and administrative services.
406		2210.00	NEUROSURGERY	Consultation, evaluation, follow-up, and/or treatment provided by a physician trained in the diseases and surgical procedures relating to the central and peripheral nervous system. Includes physician services and administrative services.
407		2210.00	OPHTHALMOLOGY	Consultation, evaluation, follow-up, and/or treatment provided by a physician trained in diseases and surgical procedures of the eye. Includes physician services and administrative services.
408		2210.00	OPTOMETRY	Examination, diagnosis and/or treatment of the eyes for ocular and vision defects by a physician trained in diseases of the eyes. Includes physician services and administrative services.
409		2210.00	ORTHOPEDICS	Consultation, evaluation, follow-up, and/or treatment by a physician trained in diseases and surgical procedures relating to the muscular and skeletal system. Includes physician services and administrative services.
410		2210.00	PLASTIC SURGERY	Consultation, evaluation, follow-up and/or treatment by a physician trained in techniques of reconstructive surgeries. Includes physician services and administrative services.
	410210		SCI PLASTIC	
411		2210.00	PODIATRY	Consultation, evaluation, follow-up, and/or treatment by a physician trained in disorders of the feet. Includes physician services and administrative services.
412		2210.00	PROCTOLOGY	Consultation, evaluation, follow-up, and/or treatment provided by a physician trained in diseases and surgical procedures relating to the rectum. Includes physician services and administrative services.
413		2210.00	THORACIC SURGERY	Consultation, evaluation, follow-up, and/or treatment provided by a physician trained in surgical procedures relating to the chest. Includes physician services and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
414		2210.00	UROLOGY	Consultation, evaluation, follow-up, and/or treatment provided by a physician trained in disorders and surgical procedures relating to the urinary tract, both male and female, and male genital organs. Includes physicians' services and administrative services.
	414451		IMPOTENCY	
	414473		URODYNAMICS	
415		2210.00	VASCULAR SURGERY	Consultation, evaluation, follow-up, and/or treatment provided by a physician trained in diseases and surgical procedures of vascular system. Includes physician services and administrative services.
	415461		ADAM CLINIC	Aneurysm Detection and Management (ADAM)
416		2210.00	AMBULATORY SURGERY EVALUATION BY NON-MD	<u>Ambulatory Surgery Care.</u> Records the care, testing, and/or education in preparing any patient for a future scheduled ambulatory surgical procedure or on the same day as surgery. This includes administrative, nursing, and ancillary services. (Pre-op Anesthesia Care is to be included under Code 419).
417		2614.00	PROSTHETIC, ORTHOTICS	Consultation and/or evaluation, follow-up, and and/or treatment provided by prosthetic and/or orthotic personnel for the purpose of a measurement, fitting, adjustment, instruction of a prosthetic, orthotic appliance intended to replace, support, or substitute for a deformed, weakened, missing anatomical portion of the body. Includes physician services, orthotist, prosthetist services, therapist services, and administrative services.
	417201		MAJOR MED DEVICES PROSTHETICS	
	417451		WHEEL CHAIR	
	417452		CUSHION	
	417455		SHOE/BRACE	
418		2614.00	AMPUTATION CLINIC	Consultation, evaluation, follow-up, and/or treatment provided following surgical removal of, or loss of, a limb, extremity (all or partial). Includes the physician services, prosthetist services, and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
419		2210.00	ANESTHESIA PRE-OP/POST-OP CONSULT	Consultation provided to outpatient in preparation for surgical procedures. or immediately after an operation. Should not be used for non-operation related work. Includes services of anesthesiologist and administrative services.
420		2210.00	PAIN CLINIC	Consultation, follow-up, and/or treatment for management of pain. Physician assigned is determined at station level. Includes physician services, other clinicians, and administrative services.
421		2210.00	VASCULAR LABORATORY	Records patient visit for the performance of diagnostic blood vessel flow procedures (Dopplers, etc.) Includes physician services, interpretation, technician services, and administrative services under the direction of the Chief of Surgery.
422		2210.00	CAST CLINIC	Records visit for the purpose of application, measurement, adjustment, and/or removal of plaster casts and splints. Clinic is normally staffed by an orthopedic physician or technician. Includes physician and/or technician services and administrative services.
423+		2614.00	PROSTHETIC SUPPLY DISPENSED	Records patient visit for consultation, evaluation, education, information, and/or counseling concerning eligibility for prosthetic services, appliances, devices, and benefit claims and prescription processing. Includes prosthetic representative and administrative services. Includes dispensing of Prosthetic Supplies to patients, as available.
	423461		COMPUTER-AIDED DESIGN (CAD) COMPUTER AIDED MODELING (CAM) UNIT	

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
424 ^W		2780.00	TELEPHONE/ SURGERY	Records patient consultation or medical care management, advice, and referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical and/or professional staff assigned to the surgical service. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
425 ^W		2780.00	TELEPHONE/ PROSTHETICS/ ORTHOTICS	Records patient consultation or medical care management, advice and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or professional staff assigned to prosthetics or orthotics. Includes administrative and professional services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
426		2210.00	WOMEN SURGERY	Consultation and/or evaluation, follow-, and/or treatment relative to the diseases and surgical procedures of the female gender. Includes clinical and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VISTA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
428 ^v		2780.00	TELEPHONE/ OPTOMETRY	Records patient consultation or medical care management, advice and/or referral provided by telephone contact between patient or patient's next-of-kin and/or person(s) with whom the patient has a meaningful relationship and the clinical and/or professional staff assigned to optometry. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism, or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
429		2211.00	OUTPATIENT CARE IN OPERATING ROOM (OR)	Records the same-day OR preparation, OR services, and post-operative recovery room care. All OR care for outpatients needs to be designated by a DSS Identifier with stop code 429 in the primary position. This applies to all surgical clinics set up to automatically receive data via the surgery Veterans Health Information System Technology Architecture (VistA) package interface to patient Capture Encounter (PCE). The surgical stop code related to the surgical specialty can be used in the secondary DSS Identifier position as a modifier, if the VA medical center selects to do so.
430		2211.00	CYSTO ROOM UNIT FOR OUTPATIENT	Staffed by Surgical Service paid technician(s) or nurses, and a Surgical Service physician performs the procedure(s), in Cysto Room unit for outpatients.
431		2420.00	CHEMOTHERAPY PROCEDURES UNIT SURGERY	A support unit staffed by nurses, technicians and/or others for the support of patients undergoing outpatient chemotherapy under the care of a Surgical Service physician.
432		2210.00	PRE-BED CARE M.D. (SURGICAL SERVICE)	Surgical Service physician evaluation and care of patients intended to be admitted to the hospital in the near future.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
433		2210.00	PRE-BED CARE RN (SURGERY)	Nurse evaluation and care support of patients intended to be admitted to Surgery Service in the medical center in the near future. Surgical Service physician oversight.
435		2210.00	SURGICAL PROCEDURE UNIT	Records invasive surgical procedures done in a non-OR setting. Use only when a more definitive code is not available (430- Cysto, 431- Chemotherapy). Do not use if procedure is done in the OR (429). Includes physician and other ancillary staff 's time. If procedures are done in a unit or suite, DSS Identifier 435 used in the primary position is sufficient. It is also appropriate to use this code as a credit pair if site wishes to document invasive surgical procedures done in other areas.
436		2110.00	CHIROPRACTIC CARE IN MED CTR	Consultation, evaluation, follow-up and/or treatment by a licensed doctor of chiropractic for chiropractic spinal manipulative therapy for musculoskeleton problems of the spine, as specified in Veterand Health Administration (VHA) policy. Care is delivered within a VA medical center by Fee-basis or VA staff provider. Includes clinical services and administrative services. NOTE: For chiropractic care delivered outside of a VA medical center, see Stop Code 660.
	449++	N/A	FITTINGS AND ADJUSTMENTS	Secondary code used to record a visit to staff <u>other than</u> prosthetic and/or orthotic personnel (including but not limited to health techs, nursing assts, LPN, opticians, audiology techs, etc.) for the purpose of fitting and/or making adjustments to sensory appliances (e.g., eyeglasses, hearing aids). Needs to be used as a secondary code to DSS Identifiers 203, 204, 210, 211, 407 or 408. NOTE: If fitting and/or adjustment is made by prosthetic and/or orthotic personnel, use DSS Identifier 417 in the primary position.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	450 thru 485*	N/A*	*Use as credit pairs only. (See DSS Stop Code Book 1/97 for List A DSS Guides)	May use at discretion of facility without VA Central Office approval. Used only for tracking and counting of workload. They may not be assigned to a cost distribution account and does not impact on outpatient workload visits unless another designated or approved stop code is reported as primary
	450		Compensation and Pension (C&P) EXAMS (available in FY 97)	
	451			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	452			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	453			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	454			SPECIAL REGISTRY 5
	455			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	456			SPECIAL REGISTRY 6
	457			TRANSPLANT
	458			SPECIAL REGISTRY 7
	459			SPECIAL REGISTRY 8
	460			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	461			SPECIAL REGISTRY 1
	462			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	463			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	464			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	465			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	466			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	467			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	468			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	469			SPECIAL REGISTRY 2

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	470			SPECIAL REGISTRY 3
	471			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	472			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	473			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	474			RESEARCH
	475			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	476			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	477			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	478			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	479			SPECIAL REGISTRY 4
	480		COMPREHENSIVE FUNDOSCOPY EXAM	<u>Comprehensive Fundoscopy Exam</u> . This DSS identifier may only be used in the credit position. It is primarily to be used with identifiers 301, 305, 306, 309, 323, 350, 407 and 408 whenever a comprehensive fundoscopic examination is performed, i.e., for patients with diabetes or hypertension; however, it may be used in conjunction with any other DSS identifier should the need arise.
	481		BRONCHOSCOPY	If Bronchoscopy is done, 481 is to be used as the credit pair for the primary outpatient unit which performs the procedure – (CDR account used is the CDR account for the primary) for example:
	321481			if Outpatient Bronchoscopy is done by Surgery in the OR.
	312481			if Outpatient Bronchoscopy is done in the Pulmonary Area.
	327481			if Outpatient Bronchoscopy is done by Medicine in the OR.
	329481			if Outpatient Bronchoscopy is done in the Medical Procedure Unit.
	435481			if Outpatient Bronchoscopy is done in “Lumps and Bumps” Surgery Procedure Unit
	482			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	483			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
	484			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	485			SPECIAL DSS CREDIT PAIR - LOCALLY DEFINED
502		2311.00	MENTAL HEALTH CLINIC INDIVIDUAL	Individual evaluation, consultation, and/or treatment by clinical staff trained in mental diseases and disorders. Includes clinical services and administrative services.
503		N/A*	MENTAL HEALTH RESIDENTIAL CARE INDIVIDUAL	Records visits to a patient residing in: a <u>community</u> nursing home, a boarding home, a community home, etc. Includes physician, nursing, social work, and administrative services. (If not residential care related to Mental Health, use 121.)
505		2311.00	DAY TREATMENT-INDIVIDUAL	Records individual patient visit for ongoing treatment and rehabilitation services of patients with mental health and psychogeriatric disorders, who require clinical assistance and support up to 4 to 8 hours per day, 3 to 7 days per week for <u>continuing care and community maintenance</u> . Day treatment clinics serve patients who are less acutely ill, would likely have longer lengths of stay and require less intensive staffing than found in a day hospital setting. Includes clinical and administrative services.
506		2311.00	DAY HOSPITAL - INDIVIDUAL	Records individual patient visits for evaluation, treatment, and/or rehabilitation of patients with mental health disorders, who require intensive diagnostic and treatment services up to 4 to 8 hours per day, 3 to 7 days per week. Is typically prioritized along the lines of <u>crisis treatment, transitional care, and rehabilitation</u> as opposed to continuing care and community maintenance. Day hospital clinics serve patients who are often severely and acutely ill at time of referral, and the individual's length of stay is time-limited. Includes clinical and administrative services.
509		2311.00	PSYCHIATRY – MD INDIVIDUAL	Use when the MD-Psychiatrist’s care is not delivered in an interdisciplinary clinic setting such as a Mental Health Clinic or Post-traumatic Stress Disorder (PTSD) Clinical Team. Records individual patient visits for the purpose of evaluation, follow-up, and treatment provided by a physician trained in mental, emotional, and behavioral disorders. May prescribe medications. Includes physician and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
510		2311.00	PSYCHOLOGY - INDIVIDUAL	Use when the psychologist's care is not delivered in an interdisciplinary clinic setting such as a Mental Health Clinic or PTSD Clinical Team (PCT). Records individual patient visits for the purpose of evaluation, follow-up, and treatment provided by a psychologist. Includes administrative services.
	510474 ^ψ		PSO RESEARCH	Records the individual patient visit for evaluation, follow-up, and treatment involved in a research protocol under the direction of Psychology Service.
512		2311.00	PSYCHIATRY CONSULTATION	Records patient consultation with a physician trained in mental, emotional and behavioral disorders. Includes physician and administrative services.
513		2316.00	SUBSTANCE ABUSE - INDIVIDUAL	Records patient visits for individual evaluation, consultation, follow-up, and treatment provided by a facility's formal Substance Abuse Treatment Program, including the Substance Abuse CWT-Transitional Residence (TR) Program. Includes clinical and administrative services. If the program is exclusively for alcohol-dependent clients, use 513-461. If the program is exclusively for drug-dependent clients, use 513-469. If the program is for generic substance abuse (drug and alcohol), use 513 alone - without a secondary DSS Identifier.
	513461	2316.00	INDIVIDUAL SUBSTANCE ABUSE: ALCOHOL DEPENDENCE	Records patient visits for individual evaluation, consultation, follow-up, and/or treatment provided by a facility's formal Substance Abuse Treatment Program, including the Substance Abuse CWT-TR Program. Includes clinical and administrative services: for clients exclusively with alcohol dependence.
	513469	2316.00	INDIVIDUAL SUBSTANCE ABUSE: DRUG DEPENDENCE	Records patient visits for individual evaluation, consultation, follow-up, and/or treatment provided by a facility's formal Substance Abuse Treatment Program, including the Substance Abuse CWT-TR Program. Includes clinical and administrative services: for clients exclusively with drug dependence.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
514		2316.00	SUBSTANCE ABUSE - HOME VISIT	Records visit by VA staff to patients with history of alcohol and drug abuse. The visit is accomplished in the patient's residence. Includes clinical services and administrative services.
516		2310.00	PTSD - GROUP	Records consultation and/or treatment follow-up provided to more than one individual. Treatment is provided to those patients with PTSD. Includes clinical services and administrative services. This activity does not take place through a designated PCT.
	516726		PTSD DOMICILIARY (DOM)-AFTERCARE-GROUP	Records consultation and treatment follow-up to more than one individual with a PTSD. Includes clinical and administrative services provided to discharged DOM patients by Psychiatry staff. This activity does not take place through a designated PCT.
519		2317.00	SUBSTANCE USE DISORDER/PTSD TEAMS	Approved VA medical centers only. Records visit to a treatment team designed to treat substance use disorders (drug and alcohol) in conjunction with PTSD. Includes clinical services and administrative services.
520		2311.00	LONG-TERM ENHANCEMENT - INDIVIDUAL	For use by <u>approved</u> long-term psychiatric care hospitals. Provides individual outpatient support for maintenance in the community of chronic mentally ill veterans with a history of institutional dependence.
521		2310.00	LONG-TERM ENHANCEMENT - GROUP	For use by <u>approved</u> long-term psychiatric care hospitals. Provides group outpatient support for chronic mentally ill patients to continue living in the community.
522		2318.00	DEPARTMENT OF HOUSING AND URBAN HUD) RENEWAL-VA SHARED HOUSING (VASH)	Records visits by staff of the HUD-VASH program for homeless veterans and families of these veterans. Workload needs to reflect activity related to permanent housing as well as caring for formerly homeless veterans in permanent housing. Includes physician services, psychology services, social services, nursing services, rehabilitation services and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
523		2316.00	OPIOID SUBSTITUTION	Outpatient treatment of opiate dependent clients by opioid substitution, including methadone maintenance, by the facility's formal substance abuse program. Includes clinical services and administrative services.
524 ^W		2311.00	ACTIVE DUTY SEX TRAUMA	Records patient visit for appropriate care and services to a veteran for a psychological injury, illness, or other condition determined to be the result of a physical assault, battery, or harassment of a sexual nature, while serving on active military duty. Services include clinical and administrative services. (Public Law 102-585)
525 ^W		2311.00	WOMEN'S STRESS DISORDER TREATMENT TEAMS	Records contacts with veterans seen by Women's Stress Disorder Treatment teams at officially VA Central Office-designated VA medical centers.
527 ^W		2780.00	TELEPHONE/ GENERAL PSYCHIATRY	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or professional staff assigned to the general psychiatry service. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is a written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	527564 ^v		TELEPHONE MENTAL HEALTH TEAM CASE MANAGEMENT	Records patient consultation or psychiatric care, management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical, professional staff assigned to the Mental Health Team Case Management Program. Includes administrative and clinical services. <u>NOT</u> to be used for telephone contacts with the New England Program Evaluation Center (NEPEC)-supported Intensive Psychiatric Community Care (IPCC) teams. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, prognosis, diagnosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia, are strictly confidential and may not be released, discussed unless there is written consent from the individual.
528 ^v		2780.00	TELEPHONE/HOMELESS MENTALLY ILL (HMI)	Records patient consultation or medical care management, advice, and/or referral provided by staff funded through the Health Care for Homeless Veterans (HCHV) programs (except for those programs assigned to other specific stop codes, such as the HUD-VASH program) to homeless veterans with mental and or substance abuse disorders, or to family members of these veterans. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
529		2312.00	HCHV/HMI	Records any visit provided by clinical staff funded through a HCHV Program (except for the programs with specific stop codes, such as the HUD-VASH program) to Homeless Chronically Mentally Ill (HCMI) veterans with mental and/or substance abuse disorders or family members of such veterans.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
530 ^w		2780.00	TELEPHONE/ HUD-VASH	Records patient consultation or medical care management, advice, and/or referral provided by telephone staff of the HUD-VASH program to homeless veterans who are being case-managed in the HUD-VASH program, or who are being screened for placement, and to family members of these veterans. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, prognosis, diagnosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is written consent from the individual.
531		2331.00	MENTAL HEALTH PRIMARY CARE TEAM - INDIVIDUAL	Records individual care provided to patients assigned to a Mental Health Primary Care Team, characterized by a coordinated interdisciplinary approach consisting of: (a) intake and initial needs assessment; (b) health promotion and disease prevention; (c) management of acute and chronic biopsychosocial conditions; (d) access to other components of health care; (e) continuity of care; and (f) patient and non-professional care giver education and training. Includes clinical, ancillary, and administrative services, according to VHA policy.
532		2315.00	PSYCHOSOCIAL REHABILITATION INDIVIDUAL	Records individual services provided to aid a veteran's successful community re-entry, i.e., case management, advocacy, counseling, social and living skills development, interviews, etc. (For use by Psychosocial Rehabilitation Programs and other programs where more specific DSS Identifiers do not exist.)
	532713	2315.00	GAMBLING ADDICTION IND	Records individual patient visit with mental health professional: physician, psychologist, social worker, or nurse for the purpose of treating gambling addiction.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
533		2311.00	MENTAL HEALTH INTERVENTION BIOMED CARE INDIVIDUAL	For use by mental health clinicians who provide individual services to patients in clinics other than mental health, where the primary diagnosis for the visit (on the encounter form) is medical rather than psychiatric. <u>Such non-psychiatric diagnoses would fail to trigger the Global Assessment Functioning (GAF) expectation.</u> Examples of such interventions for non-psychiatric illness include: chronic pain (in the absence of pain disorder or somatoform disorder), essential hypertension, low back pain, migraine headache, post-traumatic motor neuron re-education, simple obesity, and psychological treatment of reflex sympathetic dystrophy. Where there is concurrent treatment by that clinician of a psychiatric condition, even in a non-mental health venue, appropriate psychiatric diagnoses including the GAF are to be used. Visits in non-mental health venues, for conditions primarily diagnosable under the Diagnostic and Statistical Manual of Mental Diseases, 4 th Edition (DSM IV), will continue to be placed in the appropriate program-specific stop code with a full multi-axial diagnosis, including GAF.
	533707	2311.00	SMOKING CESSATION INDIVIDUAL	Records individual patient visit with mental health professional: physician, psychologist, social worker, or nurse to assist smoking cessation. No GAF required.
535		2315.00	MENTAL HEALTH VOCATIONAL ASSISTANCE INDIVIDUAL	Records individual patient visit for vocational testing, assessment, guidance, counseling, or hands-on treatment provided by Vocational Rehabilitation (Voc Rehab) Therapy programs for veterans with psychosocial rehabilitation needs.
536 ^W		2780.00	TELEPHONE/ MENTAL HEALTH VOCATIONAL ASSISTANCE	Records vocational services provided via telephone for veterans with psychosocial rehabilitation needs.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
537 ^W		2780.00	TELEPHONE/ PSYCHOSOCIAL REHABILITATION	Records services provided via telephone to aid veterans' community re-entry, i.e., case management, advocacy, counseling, social and living skills development, interviews, etc. (For use by psychosocial rehabilitation programs where more specific DSS Identifiers do not exist).
538		2311.00	PSYCHOLOGICAL TESTING	Records the individual patient encounter for psychological and/or neuropsychological assessment, using psychometric instruments or tests interpreted by a psychologist.
540		2313.00	PCT POST - TRAUMATIC STRESS INDIVIDUAL	Records consultation, evaluation, and/or follow-up provided to a patient with a diagnosis of PTSD. Treatment is provided by a Specialty Multidisciplinary clinical team as PCT.
542 ^W		2780.00	TELEPHONE/ PTSD	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or professional staff assigned to the PCT. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential, and may not be released or discussed unless there is a written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
545 ^v		2780.00	TELEPHONE/ SUBSTANCE ABUSE	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or professional staff assigned to the substance abuse treatment team. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, sickle cell anemia, are strictly confidential, and may not be released or discussed unless there is a written consent from the individual.
	545461 ^v	2780.00	TELEPHONE SUBSTANCE ABUSE TREATMENT - ALCOHOL DEPENDENCE	Use for Alcohol Dependence Treatment phone calls. Using the full definition for 545.
	545469 ^v	2780.00	TELEPHONE SUBSTANCE ABUSE TREATMENT - DRUG DEPENDENCE	Use for Drug Dependence Treatment phone calls. Using the full definition for 545.
546 ^v		2780.00	TELEPHONE/ MHICM	Records patient consultation or psychiatric care, management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical, professional staff assigned to the special MHICM teams (see 552). Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, prognosis, diagnosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
547+		2316.00	INTENSIVE SUBSTANCE ABUSE TREATMENT	Records group visits for intensive substance abuse services provided by substance abuse treatment program staff. The treatment program is usually an interdisciplinary outpatient program designed for substance abuse clients modeled on an inpatient substance abuse treatment program schedule. Patients are, generally, expected to participate in one or more of these groups for a total of 3 or more hours per day, 3 days a week at a minimum. For treatment modules that are not part of the intensive treatment program, yet provide outpatient substance abuse therapy, use either 513 (individual) or 560 (group).
	547461		INTENSIVE SUBSTANCE ABUSE TREATMENT- ALCOHOL DEPENDENCE	Use only for an intensive substance abuse treatment program exclusively treating alcohol-dependent clients. (See the full definition for 547.)
	547469		INTENSIVE SUBSTANCE ABUSE TREATMENT - DRUG DEPENDENT	Use only for an intensive substance abuse treatment program exclusively treating drug-dependent clients. (See the full definition for 547.)
550		2310.00	MENTAL HEALTH CLINIC (GROUP)	Records services assigned to a group of outpatients by any clinical specialty assigned to the Mental Health Clinic.
552 ^w		5117.00	MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM)	<u>Only VA medical centers approved to participate in MHICM (previously IPCC) programs monitored by NEPEC may use this code.</u> This records visits with patients and/or their families or caregivers by MHICM staff at all locations including VA outpatient or MHICM satellite clinics, MHICM storefronts, MHICM offices, or home visits. Includes clinical and administrative services provided to MHICM patients by MHICM staff. Additional stop codes may not be taken for the same workload.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
553		2310.00	DAY TREATMENT-GROUP	Records treatment to a group of patients with mental health and psychogeriatric disorder, for ongoing and rehabilitation services. Patients require clinical assistance and support for 4 to 8 hours per day, 3 to 7 days per week for <u>continuing care and community maintenance</u> . Day treatment clinics serve patients who are less acutely ill, would likely have longer lengths of stay and require less intensive staffing than found in a day hospital setting. Includes clinical and administrative services.
554		2310.00	DAY HOSPITAL-GROUP	Records care provided to a group of patients for evaluation, treatment, and rehabilitation of patients with mental health disorders, who require intensive diagnostic and treatment services up to 4 to 8 hours per day, 3 to 7 days per week. Day hospital clinics are typically prioritized along the lines of <u>crisis treatment, transitional care, and rehabilitation</u> as opposed to continuing care and community maintenance. Patients are often severely and acutely ill at the time of referral, and the individual's length of stay is time-limited. Includes clinical and administrative services.
557		2310.00	PSYCHIATRY – MD GROUP	Use when the MD-Psychiatrist’s care is not delivered in an interdisciplinary clinic setting such as a Mental Health Clinic or PTSD Clinical Team. Records patients visits for the purpose of evaluation, follow-up, and treatment provided by a physician trained in mental, emotional, and behavioral disorders. May prescribe medications. Includes physician and administrative services.
558		2310.00	PSYCHOLOGY - GROUP	Use when the psychologist’s care is not delivered in an interdisciplinary clinic setting such as a Mental Health Clinic or PTSD Clinical Team. Records patients visit for the purpose of evaluation, follow-up, and treatment provided by a psychologist. Includes administrative services.
559		2314.00	PSYCHOSOCIAL REHABILITATION GROUP	Records group services provided to aid veterans' successful community re-entry, i.e., case management, advocacy, counseling, social and living skills development, interviews, etc. (For use by psychosocial rehabilitation programs where more specific DSS Identifiers do not exist).

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	559713	2314.00	GAMBLING ADDICTION GROUP	Records mental health professional: physician, psychologist, social worker, or nurse for the purpose of providing group therapy for gambling addiction.
560		2316.00	SUBSTANCE ABUSE - GROUP	Records patient visits for group follow-up, treatment, and/or evaluation by a facility's formal Substance Abuse Treatment Program. Includes clinical and administrative services.
	560461	2316.00	GROUP SUBSTANCE ABUSE: ALCOHOL DEPENDENCE	Records patient visits for group follow-up, treatment, and/or evaluation by a facility's formal Substance Abuse Treatment Program. Includes clinical and administrative services. For a program exclusively treating alcohol-dependent clients.
	560469	2316.00	GROUP SUBSTANCE ABUSE: DRUG DEPENDENCE	Records patient visits for group follow-up, treatment, and/or evaluation by a facility's formal Substance Abuse Treatment Program. Includes clinical and administrative services. For a program exclusively treating drug-dependent clients.
561		2313.00	PCT-POST TRAUMATIC STRESS GROUP	Records group therapy provided to patients with diagnosis of PTSD. Treatment is provided by Specialty Multidisciplinary clinical team, a PCT.
562		2311.00	PTSD - INDIVIDUAL	Records consultation, evaluation, follow-up, and/or treatment provided to an individual with PTSD. This activity does not take place through a designated PTSD clinical team. Includes clinical and administrative services.
563		2330.00	MENTAL HEALTH PRIMARY CARE TEAM - GROUP	Records care provided to a group of patients assigned to a Mental Health Primary Care Team characterized by a coordinated interdisciplinary approach consisting of; (a) intake and initial needs assessment; (b) health promotion and disease prevention; (c) management of acute and chronic biopsychosocial conditions; (d) access to other components of health care; (e) continuity of care; and (f) patient and non- professional care giver education and training. Includes clinical and administrative services, according to VHA policy.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
564 ^W		2311.00	MENTAL HEALTH TEAM CASE MANAGEMENT	Records visits with patients and/or their families or caregivers by members of a mental health case management team performing mental health community case management at all locations. Includes administrative and clinical services provided to patients by team members. (<u>NOT</u> to be used for visits by MHICM teams (see DSS Identifier #552), or for case management by individuals who use other stop codes.)
565		2310.00	MENTAL HEALTH MEDICAL CARE ONLY - GROUP	For use by mental health clinicians who provide group services to patients in clinics other than mental health where the primary diagnosis for the visit (on the encounter form) is medical rather than psychiatric. <u>Such non-psychiatric diagnoses would fail to trigger the GAF expectation.</u> Examples of such interventions for non-psychiatric illness include: chronic pain (in the absence of pain disorder or somatoform disorder), essential hypertension, low back pain, migraine headache, post-traumatic motor neuron re-education, simple obesity, psychological treatment of reflex sympathetic dystrophy. Where there is concurrent treatment by that clinician of a psychiatric condition, even in a non-mental health venue, appropriate psychiatric diagnoses including the GAF are to be used. Visits in non-mental health venues, for conditions primarily diagnosable under DSM IV, will continue to be placed in the appropriate program-specific stop code with a full multi-axial diagnosis, including GAF.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
566		2310.00	MENTAL HEALTH RISK-FACTOR REDUCTION EDUCATIONAL GROUP	Captures workload, primarily psycho-educational in nature, provided in group sessions. Groups typically are informational in nature and are provided by mental health personnel who may teach strategies for accomplishing some therapeutic goal (smoking cessation, diabetic education, cardiac rehabilitation, etc.). Such groups are typically time-limited and the visits are coded under CPT-4 as patient "counseling and/or risk reduction groups" (99411, 99412). A GAF is not required. Where services, such as smoking cessation groups, are provided as interventions, then full diagnostic codes (nicotine dependence and GAF) are to be applied. These services are typically coded as Group Therapy under the CPT-4 system and are <u>not eligible for this stop code</u> . These latter patients need to be placed in the appropriate program-specific group therapy stop code, and the appropriate diagnostic code(s), including GAFs are to be applied.
	566707	2310.00	SMOKING CESSATION GROUP	Records mental health professional: physician, psychologist, social worker, or nurse providing primarily psycho-educational information in group sessions for the purpose of assisting smoking cessation. No GAF required.
567++		2310.00	MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM) GROUP	<u>Only VA medical centers approved to participate in MHICM (previously IPCC) programs monitored by NEPEC may use this code.</u> This records group visits with patients and/or their families or caregivers by MHICM staff at all locations including VA outpatient or MHICM satellite clinics, MHICM storefronts, MHICM offices, or home visits. Includes clinical and administrative services provided MHICM patients by MHICM staff. Additional stop codes may not be taken for the same workload.
573		2314.00	MENTAL HEALTH INCENTIVE THERAPY-GROUP	Records patient visit for, or work activity in, the Incentive Therapy Program provided by Psychology, Psychiatry, Social Work, Domiciliary, or any other service other than PM&RS. This is a rehabilitation program provided under 38 U.S.C. 618(A) which authorizes assignment of patients to various in-hospital work situations. Pay scale is up to one-half minimum wage. This program is supported by medical care funds. NOTE: A GAF is not required for this stop.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
574		2314.00	MENTAL HEALTH COMPENSATED WORK THERAPY (CWT) GROUP	Records patient visit for evaluation for, or work activity in, the CWT/Veterans Industries (VI) Program provided by Psychology, Psychiatry, Social Work, Domiciliary, or other service other than PM&RS. Involves work subcontracted from and paid for by public and/or private organizations including the Federal government. Patients are paid, based on productive capabilities, from the Special Therapeutic and Rehabilitation Activities Fund (STRAF) account at the VA facility. NOTE: A GAF is not required for this stop.
575		2314.00	MENTAL HEALTH VOCATIONAL ASSISTANCE GROUP	Records patient visit for vocational testing, assessment, guidance, counseling, or hands-on treatment provided by the Vocational Rehabilitation Therapy Program provided by Psychology, Psychiatry, Social Work, Domiciliary or any other service other than PM&RS.
576		2311.00	PSYCHO-GERIATRIC CLINIC, INDIVIDUAL	Records individual evaluation, consultation, and/or treatment by clinical staff in a designated psycho-geriatric outpatient clinic. Includes clinical and administrative services.
577		2310.00	PSYCHO-GERIATRIC CLINIC, GROUP	Records treatment, evaluation, and/or rehabilitation provided to a group of patients in a designated psycho-geriatric clinic. Includes clinical and administrative services.
578		2310.00	PSYCHO-GERIATRIC DAY PROGRAM	Records all patient visits in a local or nationally designated psycho-geriatric day program for ongoing treatment and rehabilitation of psychogeriatric disorders. Includes clinical and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
579 ^W		2780.00	TELEPHONE/ PSYCHO-GERIATRICS	Records patient consultation of medical care management, advice, and/or referral provided by telephone contact between patient or patient's relative and/or caregivers and the clinical and professional staff assigned to a designated psycho-geriatric program. Includes administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism, or alcohol abuse, infection with HIV, or sickle cell anemia are strictly confidential and may not be released or discussed unless there is a written consent from the individual.
580		2310.00	PTSD DAY HOSPITAL	Records psychiatric treatment to an individual or group of patients diagnosed with PTSD, who require <u>intensive diagnostic and treatment services</u> up to 4 to 8 hours per day, 3 to 7 days per week. PTSD day hospital clinics typically are prioritized along the lines of crisis treatment, transitional care, and rehabilitation as opposed to continuing care and community maintenance. Patients are often severely and acutely ill at time of referral, and the individual's length of stay is time-limited. Includes clinical and administrative services.
581		2310.00	PTSD DAY TREATMENT	Records therapeutic psychiatric outpatient services to an individual or a group of patients diagnosed with PTSD, who require clinical assistance and support up to 4 to 8 hours per day, 3 to 7 days per week for <u>continuing care and community maintenance</u> . Patients in day treatment are less acutely ill, would likely have longer lengths of stay and require less intensive staffing than found in a day hospital setting.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
589		2311.00	NON-ACTIVE DUTY SEX TRAUMA	Records patient visit for appropriate care and services to a veteran for a psychological injury, illness, or other condition determined to be the result of a physical assault, battery, or harassment experienced during childhood; any pre-active and post-active duty status (<u>Not On Active Duty</u>). Services include clinical and administrative services. (Public Law 102-585) If Trauma occurred on Active Duty, use 524.
590		2319.00	COMMUNITY OUTREACH TO HOMELESS VETS BY STAFF OTHER THAN HCHV AND DCHV PROGRAMS	Records outreach services to veterans carried out by VA staff other than designated staff of the HCHV or Domiciliary Care for Veterans (DCHV) programs.
602		2410.00	CHRONIC ASSISTED HEMODIALYSIS TREATMENT	Records visit for the purpose of receiving hemodialysis. Includes clinical and administrative services.
603		2410.00	LIMITED SELF CARE HEMODIALYSIS TREATMENT	Records visits where patient assists in hemodialysis and requires only limited staff assistance.
604		2410.00	HOME/SELF HEMODIALYSIS TRAINING TREATMENT	Records outpatient visit for the purpose of education and/or training in the techniques of performing hemodialysis at veteran's residence or receiving dialysis at a facility. Includes clinical and administrative services.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
606		2410.00	CHRONIC ASSISTED PERITONEAL DIALYSIS	Records outpatient visit for the purpose of receiving peritoneal dialysis. Includes clinical and administrative services.
607		2410.00	LIMITED SELF CARE PERITONEAL DIALYSIS	Records visit where patient actively assists in own peritoneal dialysis treatments and requires only limited staff assistance.
608		2410.00	HOME/SELF PERITONEAL DIALYSIS TRAINING	Records outpatient visit for the purpose of education and/or training in the techniques of performing peritoneal dialysis at veteran's residence or peritoneal dialysis at a facility. Includes clinical and administrative services.
610		N/A*	CONTRACT DIALYSIS	Records visit for Contract Dialysis. Includes services on contract for Contract Dialysis and related medical services provided to veteran patients.
611 ^W		2780.00	TELEPHONE/ DIALYSIS	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and clinical and/or professional staff assigned to the Dialysis treatment team. Includes the administrative and clinical services. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, sickle cell anemia, are strictly confidential, and may not be released or discussed unless there is a written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
640++		N/A	SEND-OUT PROCEDURES NOT FEE	Procedures for VA medical center patients sent out to a non-VA center for Cardiac Cath, etc. (e.g., 333640 = Cardiac Cath done at a non-VA center; <u>not</u> Department of Defense (DOD)) not paid by the Fee . (Enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter “provider.”) Needs to be attributed to appropriate DSS Department, (e.g., Cardiac Cath: “Send-out” Not Fee, not DOD = M1R1.)
641++		N/A	SEND-OUT PROCEDURES-DOD NOT PAID BY FEE	Procedures for VA medical center patients sent out to a non-VA center for Cardiac Cath, etc. (e.g., 333641 = Cardiac Cath done at a DOD non-VA center) not paid by the Fee . (Enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter “provider.”) Needs to be attributed to appropriate DSS Department, (e.g., Cardiac Cath: “Send-out” Not Fee = M1Q1.)
642++			SEND-OUT PROCEDURES FEE	Procedures for VA medical center patients sent out to a non-VA center for (non-DOD) Cardiac Cath, etc. (e.g. 333642 = Cardiac Cath done at a non-VA center) paid by the Fee . (Enter as unscheduled PCE visits with the VA medical center provider making the referral as the encounter “provider.”) Needs to be attributed to appropriate DSS Department, (e.g., Cardiac Cath: Fee Paid - Stats only = A0F1 on DSS (no costs on DSS)). 1358 Fee Obligation needs to be charged to the VA Clinic requesting the study.
650 ^w		N/A	CONTRACT NURSING HOME DAYS	Records number of Contract Nursing Home days which the patient had in VA- paid, vendor-provided Contract Nursing Home for that month. NOTE: <i>Not for use on PCE, only for use on Event Capture System (ECS).</i>

TABLE F, FY2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
651 ^ψ		N/A	STATE NURSING HOME DAYS	Records number of State Nursing Home (SNH) days which the patient had in a VA-paid, State-provided SNH for that month. NOTE: <i>Not for use on PCE, only for use on ECS.</i>
652 ^ψ		N/A	STATE DOMICILIARY HOME DAYS	Records number of State Domiciliary home days which the veteran had in a VA-paid State home for that month. NOTE: <i>Not for use on PCE, only for use on ECS.</i>
653 ^ψ		N/A	STATE HOSPITAL CARE	Records information about State Hospital Days and other information which a veteran had in a VA-paid State Hospital. NOTE: <i>Not for use on PCE, only for use on ECS.</i>
654		N/A	NON-VA RESIDENTIAL CARE DAYS	Records number of non-VA residential home days which the patient had in a VA-paid non-VA residential home for that month. Non-VA Special Residential Care (e.g., psychiatric or alcohol rehabilitation programs). NOTE: <i>Not for use on PCE, only for use on ECS.</i>
655		N/A	COMMUNITY NON-VA CARE	Pilot Hawaii program only in FY 2002. This stopcode is to be used <u>only</u> in ECS, <u>never</u> in PCE.
656		N/A	DOD NON-VA CARE	Pilot Hawaii program only in FY 2002. This stopcode is to be used <u>only</u> in ECS, <u>never</u> in PCE.
657		N/A	ASSISTED LIVING VENDOR WORK	Records (bedday) workload for VA-paid Assisted Living Facilities. (Use only for V20 pilot in FY 2002.) NOTE: <i>Never in PCE.</i>
660		N/A	CHIROPRACTIC CARE OUTSIDE VA	Consultation, evaluation, follow-up, and/or treatment by a licensed doctor of chiropractic for chiropractic spinal manipulative therapy for musculoskeletal problems of the spine, as specified in VHA policy. Care is not delivered within a VA medical center. Includes clinical services and administrative services. NOTE: <i>For chiropractic care delivered within a VA medical center, see Stop Code 436.</i>
670		N/A	ASSISTED LIVING VHA-PAID, STAFF	VHA staff coordinating and providing evaluation for patients in VHA-paid Assisted Living facilities. NOTE: <i>Mainly V20 pilot in FY 2002.</i>

TABLE F, FY2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
680 ^v		N/A	HCHC ASSESSMENT	Visit by VA medical center staff to a patient at home or in a community center to provide assessment for or about vendor-provided home and/or community health care (HCHC). Specifically applies to VA staff visits to patients referred to VA-paid, vendor-provided HCHC. For VA staff-provided home care not specifically meeting criteria for stops 170-178 or 680, use stopcode 118.
681 ^v		N/A	VA-PAID HCHC	Records number of visits per month provided to a veteran by a VA-paid HCHC vendor. NOTE: <i>Not for use on PCE, only for use on ECS.</i>
682 ^v		N/A	VA-REFERRALS TO HCHC PROVIDERS	Records for statistics only the VA-referrals for HCHC Services of patients seen by VA medical center staff in clinic or home settings. Should not be used to report VA medical center Full-time Equivalent (FTE) staff time actually assessing for patients cared for by VA-paid, vendor-provided HCHC. For that work use 680. NOTE: <i>Not for use on PCE, only for use on ECS.</i>
683++		N/A	HOME TELEHEALTH MONITOR ONLY/NON-VIDEO <i>(Non Count).</i>	Records Medical Administration Service (MAS)-non-count monitoring workload by VA health care professionals using <u>non-video</u> electronic in-home monitoring devices for the remote monitoring of patients on a regular basis and interpretation of patient's health care information received through electronic transmission as a means to replicate aspects of face-to-face assessment of patients <u>in their homes</u> using telehealth. Assessment may include: vital signs, self-care, pain management, wound management, medication management, health and/or social assessment, etc. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not limited to HBPC. (Primary stopcode only)

TABLE F, FY2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	684++	N/A	HOME TELEHEALTH INTERVENTION/ NONVIDEO	Records intervention resulting from a clinical change in the patient's condition revealed via Home Health Monitor: stopcode 683 necessitating contact with the provider for resolution. This intervention constitutes a clinical encounter must be electronically documented in CPRS. Assessment and care include: vital signs, self-care, pain management, wound management, medication management, health/social assessment, etc. VA medical centers providing this care will have made significant investment in the staffing and technological infrastructure required to support such complex care provision in the home environment. Not limited to HBPC. MAS Count. <i>(Secondary Stopcode use only.)</i>
	690 ^ψ +	N/A*	TELEMEDICINE	Records, at the patient's site (originating site), telemedicine care provided to patients. Telemedicine is the use of electronic communications and information technology to provide and support health care when distance separates the participants. This secondary code can be attached to any primary stop code related to the workgroup that provides telemedicine consultations for many types of patient populations, (e.g., tele-dermatology for wound care management, tele-mental health for medication management, tele-geriatric and extended care for vital sign monitoring, etc.) If telemedicine is provided into patient's home use 179 (if real-time video) or 684 (if non-video intervention) instead of 690 as the secondary code and/or credit pair.

TABLE F, FY2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	691	2110.00	PRE-EMP PHYS MILITARY PERSONNEL	Includes patient encounter with inter-disciplinary team, or health care clinician who is accountable for addressing the majority of health care needs and developing a sustained partnership with patients as required. This credit pair is specifically for special pre-employment physicals for Peace Corps and Active Duty Military Personnel. <i>691 may be used as a credit pair with other primary stops such as 102 and 301, as required.</i>
	692++	N/A	TELEMED CONSULT SAME STATION	Records, at the <u>provider</u> site, telemedicine care provided to patients where the site of the patient and the site of the provider share the <u>same</u> STA3 (Company Code) such as in the case of a Community-based Outpatient Clinic (CBOC) and it's parent station. <i>(Secondary Stopcode use only.)</i>
	693++	N/A	TELEMED CONSULT NOT SAME STATION	Records, at the <u>provider</u> site, telemedicine care provided to patients where the site of the patient and the site of the provider have <u>different</u> STA3 (Company Code). For example, VA medical center to VA medical center, or CBOC of VA medical center #1 and VA medical center #2. <i>(Secondary Stopcode use only.)</i>
	701 thru 711	N/A	DSS Credit Pairs	Generally used as secondary stop code for modifier to collect special statistics (with a primary stop code like 301 or 323).
	701+	N/A*	BLOOD PRESSURE CHECK	Records outpatient visit for the purpose of measurement, consultation, and/or education relating to controlling high blood pressure. Includes clinical and administrative services
	702 -	N/A*	CHOLESTEROL SCREENING	Inactivated – Do Not Use
703 χ		2612.00*	MAMMOGRAM	Records outpatient visit for the purpose of mammary gland x-ray. Includes clinical and administrative services. (Age restriction eliminated.)
	704 **	N/A*	PAP TEST	Patient encounter in women's clinic for pap smear only. <i>(Secondary Stopcode use only.)</i>
	705 -	N/A*	FOBT - GUIAC SCREENING	Inactivated – Do Not Use

TABLE F, FY2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	706	N/A*	ALCOHOL SCREENING	Records outpatient visit for the purpose of screening veterans for potential admission into the alcohol treatment unit or program. Includes clinical and administrative services
	707	N/A*	SMOKING CESSATION	Records outpatient visit for the purpose of counseling and/or instruction in various methods to stop smoking. Includes clinical and administrative services.
	708 -	N/A*	NUTRITION	Inactivated – Do Not Use. NOTE: For Nutritional Counseling Use 123 (or 124 if group.)
	709 -	N/A*	PHYSICAL FITNESS/ EXERCISE COUNSELING	Inactivated – Do Not Use
	710+	N/A*	INFLUENZA IMMUNIZATION	Records outpatient visit for the purpose of influenza immunization injection. Includes clinical and administrative services. May be used with any primary care or employee health stopcode (322, 323, 350, 531, 999) to indicate Flu Shot Clinic. Is not restricted to veterans.
	711 -	N/A*	INJURY COUNSEL/ SEAT BELT USE	Inactivated – Do Not Use
	712 ^ψ	N/A*	HEP C REGISTRY PATIENT	Used as a secondary stop. Indicates clinic care was provided for patients who had a previously confirmed Hepatitis C diagnosis. May be used with relevant primary codes such as 307.
	713		GAMBLING ADDICTION	Treatment for gambling addiction in non-mental health setting. The primary stop would be the clinic providing the treatment.
	714++	N/A	OTHER EDUCATION	Use as secondary stop only. Records outpatient visit for the purpose of only providing patient training and education (individual or group) and used only with primary stopcodes which do not have education as part of their definition. Not to be used with Primary Care stopcode 323 (where education is part of the description). (Secondary Stopcode use only.)

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
	715++	N/A	ONGOING TREATMENT (Non-MENTAL HEALTH)	Ongoing scheduled treatment or (non-Mental Health) Counseling (do not use with primary stops in the 500 series). For example: could use with primary stopcode for Speech Therapy 204 (204715). (<i>Secondary Stopcode use only.</i>)
	716++	N/A	POST SURG ROUTINE AFTERCARE	Uncomplicated post-surgical aftercare and/or uncomplicated routine post-op follow-up, such as suture removal. (<i>Secondary Stopcode use only.</i>)
725		5115.00	DOMICILIARY OUTREACH SERVICES	Records visit made by VA domiciliary staff relating to case-finding and/or contract services to homeless veterans. Includes clinical and administrative services.
726		5115.00	DOMICILIARY AFTERCARE - COMMUNITY	Records visit made by VA domiciliary staff for care to discharged domiciliary patients being followed in the community as part of a domiciliary discharge plan. Includes clinical and administrative services.
727		2750.00	DOMICILIARY AFTERCARE-VA	Records outpatient visit of discharged domiciliary patients to a VA domiciliary follow-up clinic for care as part of a domiciliary discharge plan. Includes clinical and administrative services.
728		2111.00‡	DOMICILIARY ADMISSION SCREENING SERVICES	Records all activities associated and involved in the admitting and screening process of patients applying for Domiciliary care. This includes administrative, physician, nursing, and ancillary services.
729 ^w		2780.00	TELEPHONE/ DOMICILIARY	Records patient consultation or medical care management, advice, and/or referral provided by telephone contact between patient or patient's next-of-kin and/or the person(s) with whom the patient has a meaningful relationship, and the clinical and/or professional staff assigned to the VA Domiciliary staff. **Provisions of 38 U.S.C. Section 7332 requires that records which reveal the identity, diagnosis, prognosis, or treatment of VA patients which relate to drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia, are strictly confidential and may not be released or discussed unless there is written consent from the individual.

TABLE F, FY 2003 Outpatient DSS Identifier Definitions (Effective on VistA Software)

DSS ID NUMBER	DSS ID PAIR	CDR ACCT	DSS ID NAME	DESCRIPTION
730			DOMICILIARY-GENERAL CARE	The use of this code is <u>optional</u> and should <u>only</u> be used for those facilities which desire to identify inpatient products via Event Capture. NOTE: Do not use for scheduling or cost purposes.
731		N/A*	PSYCHIATRIC RESIDENT REHABILITATION TREATMENT PROGRAM (PRRTP)-GENERAL CARE	The use of this code is <u>optional</u> and should <u>only</u> be used for those facilities who desire to identify residential care products via ECS. NOTE: Do not use for scheduling or cost purposes.
999 ^W		2610.00	EMPLOYEE HEALTH	Records visit of an employee to a designated employee health service. Includes physician services and clinical services and administrative services.
	999510		PSO-EAP	Optional

ATTACHMENT K

**ANCILLARY STOP CODES AND HEALTH ADMINISTRATION SERVICE (HAS)
 EXEMPT STOP CODES**

***NOTE:** Other lists of value in analyzing Department of Veterans Affairs (VA) medical center Decision Support System (DSS) Identifiers use Attachment L, or in creating detailed DSS outpatient clinic feederkeys use Attachment M.*

DSS IDENTIFIER		DESCRIPTION
Ancillary	Exempt♦	
104	104	PULMONARY FUNCTION
105	105	X-RAY
106	106	Electroencephalogram (EEG)
107	107	Electrocardiogram (EKG)
108	108	LABORATORY
109	109	NUCLEAR MEDICINE
115	115	ULTRASOUND
116		RESPIRATORY THERAPY
126	126	EVOKED POTENTIAL
127	127	TOPOGRAPHICAL BRAIN MAPPING
128	128	PROLONGED VIDEO-EEG
	144	RADIONUCLIDE THERAPY
145	145	PHARMACOLOGY/PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION STUDIES
146	146	Positron Emission Tomography (PET)
	149	RADIATION THERAPY TREATMENT
150	150	COMPUTERIZED TOMOGRAPHY (CT)
151	151	MAGNETIC RESONANCE IMAGING (MRI)
152	152	ANGIOGRAM CATHETERIZATION
153	153	INTERVENTIONAL RADIOGRAPHY
154		Magnetoencephalography (MEG)
155		INFO ASSISTS TECHNOLOGY
	303115	ECHOCARDIOGRAM
538		PSYCHOLOGICAL TESTING

♦**Exempt:** This condition is set-up by Health Administration Service (HAS) software when these codes are used without credit pairs that are non-exempt. When the HAS software does not automatically make these exempt, local VA medical centers can use the “Other” International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) code.

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DSS IDENTIFIER		DESCRIPTION
Ancillary	Exempt♦	
	170	Hospital Based Home Care (HBHC) - PHYSICIAN
212		ELECTROMYOGRAM (EMG)
	323160	PHARMACIST CONSULTS
	421	VASCULAR LABORATORY
423		PROSTHETIC SUPPLY DISPENSED SERVICES
	703	MAMMOGRAM
	999	EMPLOYEE HEALTH

***NOTE:** Caution should be used when pairing exempt DSS identifiers with non-exempt, as the use of these types of pairings could result in rejects being generated when transmitting workload to the Austin Automation Center (AAC).*

♦Exempt: This condition is set-up by HAS software when these codes are used without credit pairs that are non-exempt. When the HAS software does not automatically make these exempt, local VA medical centers need to use the ICD-9 CM code, as appropriate.

ATTACHMENT L

TELEPHONE STOP CODE LIST

NOTE: Work from these stop codes is always non-billable in Veterans Health Administration (VHA) Medical Care Cost Fund (MCCF) (see Att. M).

DSS ID NUMBER	DSS ID PAIR	DSS ID NAME
103		TELEPHONE TRIAGE
	103801	IN-Veterans Integrated Service Network (VISN) PHONE TRIAGE – NOT Department of Veterans Affairs (VA) Medical Center
	103802	OUT OF VISN, VA PHONE TRIAGE
	103803	COMMERCIAL PHONE TRIAGE
147		TELEPHONE/ANCILLARY
	147209	TELEPHONE Visual Impairment Service Team (VIST)
148		TELEPHONE/DIAGNOSTIC
169		TELEPHONE/CHAPLAIN
178		Home-based Primary Care (HBPC)/TELEPHONE
179		TELE-HOME CARE
181		TELEPHONE/DENTAL
216		TELEPHONE/REHABILITATION (REHAB) AND SUPPORT
	216203	TELEPHONE AUDIOLOGY REHAB SERVICE SUPPORT
	216204	TELEPHONE SPEECH REHAB SUPPORT
324		TELEPHONE/MEDICINE
325		TELEPHONE/NEUROLOGY
326		TELEPHONE/GERIATRICS
424		TELEPHONE/SURGERY
425		TELEPHONE/PROSTHETICS/ORTHOTICS
428		TELEPHONE/OPTOMETRY
527		TELEPHONE/GENERAL PSYCHIATRY
	527564	TELEPHONE Intensive Community Case Management (ICCM)
528		TELEPHONE/HOMELESS MENTALLY ILL
530		TELEPHONE/ Department of Housing and Urban Development – VA Shared Housing (HUD-VASH)
536		TELEPHONE/MENTAL HEALTH VOCATIONAL ASSISTANCE
537		TELEPHONE/ PSYCHOSOCIAL REHABILITATION
542		TELEPHONE/Post-traumatic Stress Disorder (PTSD)
545		TELEPHONE/SUBSTANCE ABUSE
	545461	TELEPHONE/SUBSTANCE ABUSE-ALCOHOL DEPENDENCE
	545469	TELEPHONE SUBSTANCE ABUSE-DRUG DEPENDENCE
546		TELEPHONE/ Mental Health Intensive Case Management (MENTAL HEALTHICM)
579		TELEPHONE/ PSYCHOGERIATRICS
611		TELEPHONE/DIALYSIS
729		TELEPHONE/DOMICILIARY

ATTACHMENT M

ALWAYS NON-BILLABLE DECISION SUPPORT SYSTEM (DSS) IDENTIFIERS

Telephone ♦ ♦		
DSS ID NUMBER	DSS ID PAIR	DSS ID NAME
103		TELEPHONE TRIAGE
147		TELEPHONE/ANCILLARY
148		TELEPHONE/DIAGNOSTIC
169		TELEPHONE/CHAPLAIN
178		Hospital-based Home Care (HBHC)/TELEPHONE
181		TELEPHONE/DENTAL
	208466	Domiciliary (DOM) Compensated Work Therapy (CWT) (not billable)
	213466	Veterans Education and Training at a Domiciliary (VETS ED/TRNG DOM) (not billable)
216		TELEPHONE/Rehabilitation (REHAB) AND SUPPORT
	216210	SPINAL CORD INJURY TELEPHONE SUPPORT
324		TELEPHONE/MEDICINE
325		TELEPHONE/NEUROLOGY
326		TELEPHONE/GERIATRICS
424		TELEPHONE/SURGERY
425		TELEPHONE/PROSTHETICS/ORTHOTICS
428		TELEPHONE/OPTOMETRY
527		TELEPHONE/GENERAL PSYCHIATRY
	527654	TELEPHONE MENTAL HEALTH TEAM CASE MANAGEMENT
528		TELEPHONE/HOMELESS MENTALLY ILL (HMI)
530		TELEPHONE/Department of Housing and Urban Development (HUD) – Department of Veterans Affairs (VA) Shared Housing (VASH)
536		TELEPHONE/ Mental Health (MENTAL HEALTH) VOCATIONAL ASSISTANCE
537		TELEPHONE/PSYCHOSOCIAL REHABILITATION
542		TELEPHONE/Post-traumatic Stress Disorder (PTSD)
545		TELEPHONE/SUBSTANCE ABUSE
546		TELEPHONE/MENTAL HEALTHICM
	545461	TELEPHONE SUBSTANCE ABUSE TREATMENT – ALCOHOL DEPENDENCE
	545469	TELEPHONE SUBSTANCE ABUSE TREATMENT – DRUG DEPENDENCE
579		TELEPHONE/PSYCHOGERIATRICS
611		TELEPHONE/DIALYSIS
	690	TELEMEDICINE
729		TELEPHONE/DOMICILIARY

♦ ♦ Telephone is not billable to the insurance carrier, nor to the veteran for an Outpatient Therapy (OPT) copay; however, if the call results in a new prescription being written, prescription copayment charges are applicable.

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OTHER		
DSS ID NUMBER	DSS ID PAIR	DSS ID NAME
	174202	HBPC RECREATION THERAPY
	174205	HBPC PHYSICAL THERAPY
	174206	HBPC OCCUPATIONAL THERAPY
524		ACTIVE DUTY SEX TRAUMA
525		WOMEN'S STRESS DISORDER TREATMENT TEAMS
650		CONTRACT NURSING HOME DAYS
651		STATE NURSING HOME DAYS
652		STATE DOMICILIARY HOME DAYS
653		STATE HOSPITAL CARE
680		HOME and/or COMMUNITY HEALTH CARE (HCHC) ASSESSMENT
681		VA-paid HCHC
682		VA-REFERRALS TO HCHC
	712	Hepatitis C (HEP C) REGISTRY PATIENT
999		EMPLOYEE HEALTH
	999510	Psychology (PSO) - Employee Assistance Program (EAP)
	510474	PSYCHOLOGY RESEARCH

ATTACHMENT N

SOMETIMES NON-BILLABLE CLINICS WITH THESE STOPS MAY NEED TO BE SET UP AS “NOT BILLABLE” ON HEALTH ADMINISTRATION SERVICE (HAS) AUTOBILLER

SCREENINGS		
DSS ID NUMBER	DSS ID PAIR	DSS ID NAME
120		HEALTH SCREENING
	701	BLOOD PRESSURE CHECK
	706	ALCOHOL SCREENING
NUTRITION		
123		NUTRITION/DIETETICS/INDIVIDUAL
124		NUTRITION/DIETETICS/GROUP
175		Home Based Primary Care (HBPC) – DIETICIAN
CHAPLAIN		
165		BEREAVEMENT COUNSELING χ
166		CHAPLAIN SERVICE – INDIVIDUAL χ
167		CHAPLAIN SERVICE – GROUP χ
168		CHAPLAIN SERVICE – COLLATERAL χ
SOCIAL WORK		
125		SOCIAL WORK SERVICE
173		HBPC – SOCIAL WORKER
THERAPY		
174		HBPC – THERAPIST (also 174202, 174206, 174207)
202		RECREATION THERAPY SERVICE
206		OCCUPATIONAL THERAPY
207		Physical Medicine and Rehabilitation Service (PM&RS) INCENTIVE THERAPY
208		PM&RS COMPENSATED WORK THERAPY
574		Mental Health (MENTAL HEALTH) COMPENSATED WORK THERAPY (CWT) GROUP
	574513	MENTAL HEALTH CWT/SUBSTANCE ABUSE
PHARMACY		
	323160	PHARMACIST CONSULTS

χ In general these services are not billed. However, when chaplain professionals provide in-depth substance abuse counseling, co-lead mental health groups, perform specific family, unemployment, or crisis counseling roles, such work may be billable. States vary in their rules regarding reimbursement of clergy health professionals without mental health (non-clergy counseling) certifications. Each Veterans Integrated Service Network (VISN) and Department of Veterans Affairs (VA) medical center will need to find out the rules in the relevant State and bill clinic work for those stops accordingly. As a safety measure, clinics in these stops should all be

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set as “not billed” and Medical Care Cost Funding (MCCF) Program can review specific care for billable status.

SCREENINGS		
DSS ID NUMBER	DSS ID PAIR	DSS ID NAME
EDUCATION		
	306714	DIABETIC EDUCATION
	604	HOME/SELF HEMODIALYSIS TRAINING TREATMENT
	608	HOME/SELF PERITONEAL DIALYSIS TRAINING
	707	SMOKING CESSATION
OTHER		
	117	NURSING
	323473	PPD Clinic
	323710	FLU SHOT
121		RESIDENTIAL CARE PROGRAM FOLLOW-UP
	710	INFLUENZA IMMUNIZATION τ
176		HBPC – CLINICAL PHARMACIST
177		HBPC – OTHER
423		PROSTHETIC SERVICES
	450 to 485	These stop codes are used at the discretion of each facility and may be established for a variety of reasons.
	510474	PSYCHOLOGY RESEARCH
603		LIMITED SELF CARE HEMODIALYSIS TREATMENT
607		LIMITED SELF CARE PERITONEAL DIALYSIS

τ Not billable if the only reason for attending the clinic was to receive the flu shot. If a flu shot is received in connection with another clinic visit, then the flu shot is billable.

ATTACHMENT O

**FISCAL YEAR 2003 NATIONAL ALPHA CODE DESCRIPTION
DECISION SUPPORT SYSTEM (DSS) NATIONAL SUFFIXES FOR USE
WITH DSS IDENTIFIER CREDIT PAIRS AS FEEDER KEYS FOR
DSS INTERMEDIATE PRODUCTS**

CODE	SHORT DESCRIPTION
AAAA	GENERAL PURPOSE 1
ABLU	BLUE TEAM A
ACBC	Complete Blood Count (CBC) A
ACPX	Compensation and Pension (C&P) CLINIC PROFILE A
AETC	AMBULATORY EVALUATION AND TREATMENT CENTER
AFCC	Ambulatory Family Counseling (AFC) CLINIC
AGTO	AGENT ORANGE
ANUR	Registered Nurse (RN) MANAGED CLINIC A
AOTH	A OTHER
APRI	A PRIMARY CARE
ARED	RED TEAM A
ASAT	SATELLITE A
ASOR	AMBULATORY SURGERY PERFORMED IN AN OR
ASOT	AMBULATORY SURGERY PERFORMED IN AREA OTHER
ATEM	A TEAM
AYEL	YELLOW TEAM A
BARA	BAR 203-450 AUDIO
BBBB	GENERAL PURPOSE 2
BBLU to HBLU	BLUE TEAM B BLUE TEAM H
BCBC to HCBC	CBC B CBC H
BCPX to HCPX	C&P CLINIC PROFILE B C&P CLINIC PROFILE H
BNUR to HNUR	RN MANAGED CLINIC B RN MANAGED CLINIC H
BOTH	B OTHER
BPRI to ZPRI	B PRIMARY CARE Z PRIMARY CARE
BRED to HRED	RED TEAM B RED TEAM H
BSAT to ZSAT	SATELLITE B SATELLITE Z
BTEM	B TEAM
BYEL to HYEL	YELLOW TEAM B YELLOW TEAM H
CASE	CASE MANAGEMENT
CHOL	CHOLESTEROL EDUCATION - DOUBLE PROVIDER
CMIO	CMI – CHRONICALLY MENTALLY ILL
COLL	COLLATERAL
COMN	COMMUNITY NURSING HOME

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CODE	SHORT DESCRIPTION
CONS	CONSULTATION
COOR	COORDINATOR
COTH	C OTHER
CPEX	COMPENSATION AND PENSION EXAMINATION
CTEM	C TEAM
DIAB	DIABETES EDUCATION
DIAG	DIAGNOSTIC PROCEDURES
DOMI	DOMICILIARY
DOTH	D OTHER
DPGP	DOUBLE PROVIDER - GROUP OF PATIENTS
DPIN	DOUBLE PROVIDER - INDIVIDUAL PATIENT
DPRO	DENTAL PROCEDURE
DTEM	D TEAM
EAPO	EMPLOYEE ASSISTANCE
EDUC	EDUCATION – NON-MD, i.e., non-physician
EOTH	E OTHER
ETEM	E TEAM
EXPX	EXPOSURE RADIATION
FAMI	FAMILY
FCAP	Family Centered Activities (FCA) 205-460 POOL (patient swimming pool)
FLUI	FLU INJECTION
FOLU	FOLLOW-UP
FOST	FOSTER CARE CLINIC
FOTH	F OTHER
FTEM	F TEAM
GIPR	Gastrointestinal (GI) PROCEDURE
GLCM	GLUCOMETER
GMED	MEDIC
GOTH	G OTHER
GTEM	G TEAM
GULF	PERSIAN GULF WAR
HCBC	CBC H
HCHV	Health Care for Homeless veterans (HCHV) IN 501 STOP
HCPX	C&P CLINIC PROFILE H
HEMP	HEMATOLOGY PROCEDURE
HNUR	RN MANAGED CLINIC H
HOME	RESIDENTIAL SCREENING
HOTH	H OTHER
HRED	RED TEAM H
HTEM	H TEAM
HYEL	YELLOW TEAM H
IACT	CLINIC (CLI) FEEDER KEYS INACTIVE PRIOR TO START OF CURRENT PROCESSING YEAR
INJX	INJECTION
INPT	INPATIENT

CODE	SHORT DESCRIPTION
INTE	INTERN
INVA	INVASIVE PROCEDURE
IOTH	I OTHER
ITEM	I TEAM
IVRX	Intervenous (IV) DRUGS/MEDICATION
JOTH to ZOTH	J OTHER Z OTHER
JTEM to ZTEM	J TEAM Z TEAM
KORE	KOREAN WAR
KTGR	Kinesiotherapy (KT) GROUP
KTIN	KT INDIVIDUAL
MATG	Manual Arts Therapy (MAT) GROUP
MATI	MAT INDIVIDUAL
MDPA	PHYSICIAN ASSISTANT
MISC	MISCELLANEOUS PROCEDURE
MNHM	MAIN HEALTH MAINTENANCE
NASS	NURSE ASSISTANT
NONC	NON-COUNT FOR DSS (USUALLY POINT TO STATES BUT USED TO AC6)
NPRN	NURSE PRACTITIONER
NURS	NURSE
OFFF	OFF
ONNN	ON
OPTC	OPHTHALMOLOGY TECHNICIAN
OTGR	OT GROUP
OTHA	OTHER 1
OTHB	OTHER 2
OTHC	OTHER 3
OTHD	OTHER 4
OTHE	OTHER 5
OTHF	OTHER 6
OTHG	OTHER 7
OTIN	Occupational Therapy (OT) INDIVIDUAL
OUTP	OUTPATIENT
PBED	PRE BED CARE
PHRM	CLINICAL PHARMACY
POWO	MEN Prisoner(s) of War (POWS)
POWW	WOMEN POWS
PREV	PREVENTION
PRIA	PRIMARY CARE TEAM 1
PRIB	PRIMARY CARE TEAM 2
PRIC	PRIMARY CARE TEAM 3
PRID	PRIMARY CARE TEAM 4
PRIE	PRIMARY CARE TEAM 5
PROC	PROCEDURE

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CODE	SHORT DESCRIPTION
PROP	PREOPERATIVE
PSYC	PSYCHOLOGIST
PTGR	Physical Therapy (PT) GROUP
PTIN	PT INDIVIDUAL
RECR	RECREATION THERAPY
REHA	REHABILITATION
REPE	REPEAT
RESI	RESIDENTIAL CLINIC
RSCH	RESEARCH ACTIVITIES
RXMN	MEDICATION (SUCH AS COUMADIN) MONITORING
SATA	SATELLITE CLINIC A
SATB	SATELLITE CLINIC B
SATP	SUBSTANCE ABUSE TREATMENT PROGRAM
SCRE	SCREENING
SCVT	SERVICE CONNECTED
SIGO	SINGLE
SOCW	SOCIAL WORKER
SPEC	SPECIAL
SPGP	SINGLE PROVIDER - GROUP OF PATIENTS
SPIN	SINGLE PROVIDER - INDIVIDUAL PATIENT
SSFU	STOP SMOKE FOLLOW-UP - INDIVIDUAL PATIENT
SSGD	STOP SMOKING GROUP DOUBLE PROVIDER
STAT	POINT TO STATISTICS IN DSS
STRU	STRUCTURE LEARNING - GROUP OF PATIENTS
STUD	STUDENT PROVIDER - INDIVIDUAL PATIENT
TDIS	THOUGHT DISORDER - GROUP OF PATIENTS
TECH	TECHNICIAN
TENS	TENS CLINIC IN Physical Medicine and Rehabilitation Service (PM&RS)
TPGP	THREE OR MORE PROVIDERS - GROUP OF PATIENTS
TPIN	THREE OR MORE PROVIDERS - INDIVIDUAL PATIENT
TRAN	PRE- AND POST-TRANSPLANT CLINICAL ACTIVITIES
UNSC	UNSCHEDULED CLINIC
VIET	VIETNAM WAR
WCHR	WHEELCHAIR
XREC	CLI FEEDER KEYS TRANSMITTED FOR DEMOGRAPHIC INFORMATION TO CREATE MORE COMPLETE ENCOUNTER
XXXX	GENERAL PURPOSE 3
YYYY	GENERAL PURPOSE 4
ZOTH	Z OTHER
ZPRI	Z PRIMARY CARE
ZSAT	SATELLITE Z
ZTEM	Z TEAM
ZZZZ	NO LONGER ACTIVE

ATTACHMENT P

EVENT CAPTURE AND/OR TEXT INTEGRATION UTILITY (TIU)
MENU TEMPLATE

1. To enhance single-entry, and sign-on functionality for Department of Veterans Affairs (VA) medical centers using Text Integration Utility (TIU) (with Clinic Patient Record System (CPRS) and Event Capture System (ECS) data entry), Decision Support System (DSS)-Troy has provided guidelines on how to set-up a menu template to help you as a provider, set-up a TIU and/or ECS-combined menu so one can go directly from entry of a TIU progress note to entry of an ECS procedure. **NOTE:** For DSS users, this document is available electronically on the DSS national web site.

NOTE: Some sites have expressed a desire to enter Progress Notes for the same patients that they are entering into ECS. There are a couple of ways to accomplish this. One, obviously is to evoke each menu option within ECS and TIU independently. The other is using of a Menu Template.

2. The following explains generically the steps one can go through to create a Menu Template. A Menu Template in simple terms is a short cut path from one option to another. Because Menu Templates take one through several menu paths, there are a couple of things that one needs to do before this will work. If any of the options one is ultimately going to be using, or will go through in the Menu Template, have a Security Key, then one must have that security key assigned to one. **NOTE:** ECS menus require the ECALLU Security Key. For this to work correctly, one needs to have the menus one is going through (and ultimately going to be evoking) as a secondary menu option assigned to one, as well as being on one's Primary Menu Option. **NOTE:** The facility Information Resource Management Office can assist with the Security Key and assignment of the menu options.

NOTE: The menu options are likely to be quite different from what is being shown in the example. Because of all the steps one goes through to set up a Menu Template, this has been set to show cause and effect; i.e., what happens when this is done.

3. User responses in this example are shown bolded and underlined. What the user sees, once the Menu Template is created and is actually being used, has been provided. Comments to help you see where you are in this example (and what the steps mean) are noted in bold italics. In this example, you want to be able to Enter/Edit Patient Procedures (ECS option) and then enter a Progress Note (TIU option, actual name is Enter of Progress Note).

NOTE: If you experience difficulty setting this, contact the National Help Desk at 1-888-596-4357. Ask the person who answers the phone to log a problem and function for the Event Capture module. Explain that you are trying to set up a Menu Template and are having problems. For assistance with the TIU options, see the Clinical Coordinator or TIU Coordinator at your facility. A copy of these instructions will be provided to the Customer Support staff for Event Capture as well as to the Bedford Technical Services Help Desk.

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4. EXAMPLE

Good afternoon WILSON,TEST

You last signed on today at 12:50

ECS Event Capture Menu ...

TIU Progress Notes User Menu ...

Progress Notes/Discharge Summary [TIU] ...

Select LOCAL MENU FOR TRAINING Option: **TBOX User's Toolbox**

Display User Characteristics

Edit User Characteristics

Electronic Signature code Edit

Menu Templates ...

Spooler Menu ...

Switch UCI

TaskMan User

User Help

Select User's Toolbox Option: **MENU Templates**

Create a new menu template

Delete a Menu Template

List all Menu Templates

Rename a menu template

Show all options in a Menu Template

Select Menu Templates Option: **CREATE a new menu template**

Do you want some brief instructions? [Y/N] N// **Y**

Creating a Menu Template

A menu template is a set of menu options that can be called at any menu prompt. This list of options will be executed from the top of the list to the bottom and then the user will be asked if he/she wants to execute that set of options again. Each menu template is stored in the person file with a unique name associated with it. A menu template is evoked by typing a left, square bracket followed by the template name. To create a menu template you will be led step-by-step through your menu trees, selecting an option from each menu presented. No jumping is allowed during the creation of a template because how you got there may be as important as the target option. All templates begin execution with your primary (sign-on) menu.

At the "Select...Option" prompt you may respond by typing:

1. An option from the menu presented to include that option in the template you are creating,
2. '?' to get a brief help message,
3. '??' to get this help message again,
4. '+' to store the template in your Personal file, or
5. '^' to abandon the creation process and return to the regular menu system.

Select HELP SYSTEM action or <return>:

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

Once you've reviewed the help text for creating a menu template, you will see your Primary Menu displayed.

ECS Event Capture Menu ...
TIU Progress Notes User Menu ...
Progress Notes/Discharge Summary [TIU] ...

Choose one of the LOCAL MENU FOR TRAINING Options: **EVENT Capture Menu**
Begin by selecting the first menu option in the patch. Remember that to get to the Enter/Edit Patient Procedures menu (in this example), you have to go through the menu path.

Event Capture Menu (ECMENU) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE *This is displayed throughout this process and lets you see where you are.*

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

MGR Event Capture Management Menu ...
E Event Capture Data Entry ...
R Event Capture Reports ...
O Event Capture Online Documentation

Choose one of the Event Capture Menu Options: **E Event Capture Data Entry** *This is the sub-menu to get the Enter/Edit Patient Procedures option.*

Event Capture Data Entry (ECENTER) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

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Enter/Edit Patient Procedures
Batch Enter Data by Patient
Data Entry (Batch) by Procedure
Multiple Dates/Multiple Procedures Data Entry

Choose one of the Event Capture Data Entry Options: **ENTER/Edit Patient Procedures** *Now I select the Enter/Edit Patient Procedures option. This (in my example) is the only menu option I wish to execute in Event Capture.*

Enter/Edit Patient Procedures (ECPAT) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

I am entering a return here to go up a level, my goal is to get back to the display of my Primary Menu option.

Enter/Edit Patient Procedures
Batch Enter Data by Patient
Data Entry (Batch) by Procedure
Multiple Dates/Multiple Procedures Data Entry

Choose one of the Event Capture Data Entry Options:

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

Entering a return to continue to go up a level.

Enter/Edit Patient Procedures
Batch Enter Data by Patient
Data Entry (Batch) by Procedure
Multiple Dates/Multiple Procedures Data Entry

Choose one of the Event Capture Data Entry Options:

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

Entering a return to continue to go up a level.

- MGR Event Capture Management Menu ...
- E Event Capture Data Entry ...
- R Event Capture Reports ...
- O Event Capture Online Documentation

Choose one of the Event Capture Menu Options:

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

Entered a return to get to this display. Okay, now we're back to the display of my Primary Menu option. Next I want to select the TIU option. The final menu that I will execute in TIU is the Entry of Progress Note option.

- ECS Event Capture Menu ...
- TIU Progress Notes User Menu ...
 - Progress Notes/Discharge Summary [TIU] ...

Choose one of the LOCAL MENU FOR TRAINING Options: **PROGRESS NOTES/Discharge Summary [TIU]**

Progress Notes/Discharge Summary [TIU] (TIU MAIN MENU CLINICIAN) This one?
[Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

- 1 Progress Notes User Menu ...
- 2 Discharge Summary User Menu ...
- 3 Integrated Document Management ...
- 4 Personal Preferences ...

Choose one of the Progress Notes/Discharge Summary [TIU] Options: **1 Progress Notes User Menu** *This is the menu path I must take to get to the Entry of Progress Notes option.*

Progress Notes (PNs) User Menu (TIU MAIN MENU PN CLINICIAN) This one? [Y/N] Y//
Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

- 1 Entry of Progress Note
- 2 Review Progress Notes by Patient
- 2b Review Progress Notes
- 3 All MY UNSIGNED Progress Notes
- 4 Show Progress Notes Across Patients
- 5 Progress Notes Print Options ...
- 6 List Notes By Title
- 7 Search by Patient AND Title
- 8 Personal Preferences ...

Choose one of the Progress Notes User Menu Options: **1 Entry of Progress Note.** *This is the option that you want to execute, Entry of Progress Notes.*

Entry of Progress Note (TIU ENTER/EDIT PN) This one? [Y/N] Y// Y

CREATING A MENU TEMPLATE

Choose an option, type RETURN to back up one level, '+' to store the completed template, or '^' to quit.

- 1 Entry of Progress Note
- 2 Review Progress Notes by Patient
- 2b Review Progress Notes
- 3 All MY UNSIGNED Progress Notes
- 4 Show Progress Notes Across Patients
- 5 Progress Notes Print Options ...
- 6 List Notes By Title
- 7 Search by Patient AND Title
- 8 Personal Preferences ...

Choose one of the Progress Notes User Menu Options: ±

Since you've finished putting the desired options in your Menu Template, you enter a plus sign. This will store the Menu Template for future use.

You have chosen the following options in this order:

You will note that all the options and menus are displayed, this is just to show you what options you selected on your journey through the Menu Template.

LOCAL MENU FOR TRAINING (LOCAL MENU)
Event Capture Menu (ECMENU)
Event Capture Data Entry (ECENTER)
Enter/Edit Patient Procedures (ECPAT)
Event Capture Data Entry (ECENTER)
Event Capture Menu (ECMENU)
LOCAL MENU FOR TRAINING (LOCAL MENU)
Progress Notes/Discharge Summary [TIU] (TIU MAIN MENU CLINICIAN)
Progress Notes User Menu (TIU MAIN MENU PN CLINICIAN)
Entry of Progress Note (TIU ENTER/EDIT PN)

Are we in agreement so far? [Y/N] Y// Y

Fine. Since all menu-type options will be processed in the background you will only be asked to respond to the following:

This means that even though you selected all those options and menus in the setting up of the Menu Template, these are the only two options that you will be seeing once you select your Menu Template.

Enter/Edit Patient Procedures (ECPAT)
Entry of Progress Note (TIU ENTER/EDIT PN)

Are these the functions you want when you invoke this template? [Y/N] Y// Y

Enter a name (6 characters or less in UPPER CASE)
for this template or '^' to quit: **TEST**

'TEST' it is. In the future you will start this template by typing 'TEST'

After you have finished using 'TEST' will you want it to repeat? [Y/N] N// Y *This means that after you've entered a Progress Note (in this example), you can continue on using the Menu Template, you would be taken to the Enter/Edit Patient Procedures option in Event Capture.*

ECS Event Capture Menu ...
TIU Progress Notes User Menu ...
Progress Notes/Discharge Summary [TIU] ...

Select LOCAL MENU FOR TRAINING Option: **TEST** *Here's an example of how the Menu Template will work. Don't forget the left bracket.*

Loading TEST...

Enter/Edit Patient Procedures *Notice that it takes you to the Enter/Edit Patient Procedures option. You now proceed to enter the Event Capture data for this patient.*

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Event Capture Locations:

1. ALBANY
2. ALBANY OPC
3. HONOLULU OC, HI
4. MURFREESBORO, TN
5. TROY

Select Number: 1

Select DSS Unit: FRIDAY M010

Location: ALBANY

DSS Unit: FRIDAY

Select Patient: WILSON,MIKE 09-02-95 123459872 YES SC VETERAN
SMB SMB

Enter Date and Time of Procedure: NOW// (JAN 20, 1998@12:52) SINUSOIDAL VERTIC
AL AXIS ROTATION (#SP067)

Procedure: SINUSOIDAL VERTICAL AXIS ROTATION (#SP067)

ENTERING A NEW PROCEDURE FOR WILSON, MIKE ...

LOCATION: ALBANY

SERVICE: MEDICINE

SECTION: MEDICINE

CATEGORY: FRI-ONE

PROCEDURE: SINUSOIDAL VERTICAL AXIS ROTATION SP067

VOLUME: 1//

ORDERING SECTION: MEDICINE//

ASSOCIATED CLINIC: TEST

ICD-9 CODE: 401.9 401.9 HYPERTENSION NOS

...OK? Yes// (Yes)

IN/OUTPATIENT: O OUTPATIENT

AGENT ORANGE: N NO

RADIATION EXPOSURE: N NO

ENVIRONMENTAL CONTAMINANTS: N NO

SERVICE CONNECTED: N NO

Provider: WILSON, PATRICIA PLW 162 COMPUTER SPECIALIST

Occupation: Physician Assistant

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Saving CRISIS NOTE with changes...

Print this note? No// NO

You may enter another Progress Note. Press RETURN to exit.

Select PATIENT NAME:

Again? Y// Y If you type a YES here, you will go back to the Event Capture option. If you type a NO here, you will be exited from the Menu Template.

ATTACHMENT Q

HIGHLIGHTS OF DECISION SUPPORT SYSTEM (DSS) IDENTIFIER (ID) CHANGES

1. 100 SERIES OVERVIEW

a. **Decision Support Service (DSS) Identifier 117 – Nursing**

(1) This code has undergone a major change in terms of definition and usage. It may no longer be utilized in the primary position in a clinic set up. It is to be used for clinics staffed by health technicians, Registered Nurses (RNs) or Licensed Practical Nurses (LPNs). The primary stop code assignment for these clinics should be the code for the type of care the nursing staff is providing and/or the specialty that has oversight for the care provided.

(2) Where the nurse run clinic is providing specialty care to patients from several specialty areas, either pick the primary stop code associated with the largest patient population or if the RN-run clinic, serves many patients, as equally as possible, across many specialties. For predominantly surgery cases, use 401117 and, for medical specialties, use 323117.

b. **DSS Identifier 160 – Pharmacist Consults**

(1) In addition to no longer being utilized in the primary position in a clinic set up, this stop code underwent a name change (was previously called Clinical Pharmacy). Any clinics staffed by pharmacists must now have, in the primary stop code position, the stop code that reflects the purpose of the pharmacy clinic.

(2) Where the pharmacist is interfacing with the patient regarding all medications the patient is on, utilize either 323, 350, or 531 (as appropriate) in the primary position in the clinic setup. Where the pharmacist is seeing patients relating to a specific medication, a more specific stop code may be used in the primary position (such as anticoagulant (coumadin) management - use 317160).

c. **DSS Identifier 185 – Physician Extender (NP).** This secondary stop code is to be used to indicate that the provider in that clinic is a Nurse Practitioner (NP). Use the appropriate primary stop code that reflects the type of care provided by this physician extender in the primary position in the clinic set-up. *NOTE: If this clinic has a secondary stop code that defines the type of care provided (such as Compensation and Pension (C&P) = 450), then the physician extender code will not be used in the clinic set-up.*

d. **DSS Identifier 186 – Physician Extender (PA).** This secondary stop code is to be used to indicate that the provider in that clinic is a Physician Assistant (PA). Use the appropriate primary stop code that reflects the type of care provided by this physician extender in the primary position in the clinic set-up. *NOTE: If this clinic has a secondary stop code that defines the type of care provided (such as C&P = 450), then the physician extender code will not be used in the clinic set-up.*

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e. DSS Identifier 187 – Physician Extender (CNS)

(1) This secondary stop code is to be used to indicate that the provider in that clinic is a Clinical Nurse Specialist (CNS). Use the appropriate primary stop code that reflects the type of care provided by this physician extender in the primary position in the clinic set-up. **NOTE:** *If this clinic has a secondary stop code that defines the type of care provided (such as C&P = 450), then the physician extender code will not be used in the clinic set-up.*

(2) **Immunizations and Injections.** Clinics that are established for the sole purpose of administering injections and/or immunizations will utilize the appropriate DSS primary care identifier (323, 350, or 531) in the primary position in the clinic set-up. The secondary code for that clinic must reflect the specific test and/or immunization, if the DSS Identifier Directive has established one, or it may contain a 117 DSS ID in the secondary position. If the clinic being set up is for employees, 999 must be utilized in the primary position.

2. 300 SERIES OVERVIEW

a. **DSS Identifier 301 Versus 323.** With the change in definition for stop code 301, there may be some confusion regarding when to use which code. DSS ID 301 is to be used when a patient reports for a specific one-time purpose (like a C&P exam, Agent Orange, or Ionizing Radiation exam, pre-surgical exam (not done by primary care physician), etc.). These exams are not part of the primary care concept and the patient is not expected to return to see these providers on a follow-up basis.

b. On the other hand, if the patient is expected to return to see the medical provider and/or team, then the clinics the patient is seen in should be a 323 clinic where the provider has an established panel size.

3. STOPCODE 547

DSS Identifier 547 (CDR Account 2316.00 – Substance Abuse Outpatient). *“Records group visits for intensive substance abuse services provided by substance abuse treatment program staff. The treatment program is usually an interdisciplinary outpatient program designed for substance abuse clients modeled on an inpatient substance abuse treatment program schedule. Patients are, generally, expected to participate in one or more of these groups for a total of 3 or more hours per day, 3 days a week minimum. For treatment modules that are not part of the intensive treatment program, yet provide outpatient substance abuse therapy, use either 513 (individual) or 560 (group).*

a. **Inpatient Treatment Program.** In an inpatient treatment program, the clients/patients are scheduled for several groups and/or treatment modalities (usually 1 – 2 hours each) and one or two individual therapy and/or educational sessions each day. “Programming” for each client and/or patient usually lasts 4-6 hours during the day, 5 days a week with maybe some sessions on the weekends also. These inpatient programs are usually time limited, perhaps 4-5 weeks in length.

b. **Outpatient Substance Abuse Programs.** Outpatient substance abuse programs (prior to a few years ago) were generally 2-4 hours a day, 2-3 days a week (usually evening programs or Saturdays) and ran for months. In both cases, these programs were multi- and/or interdisciplinary. In both programs, a variety of treatment modalities are utilized (group versus individual, lecture versus independent study versus video, etc.). Several years ago, most inpatient programs were converted to outpatient programs. In most cases, the treatment programs remained the same as formerly in the inpatient setting. The main difference was that the “inpatient groups” were now “outpatient groups.” Some programs melded the two into one, some programs retained two separate program “tracks.”

c. **Group Clinics.** Group clinics that are created primarily for the outpatient client who is expected to participate at least 3 days a week (usually more) and more than 3 hours each day they attend, should be assigned the DSS Identifier 547. These “core” clinics can be run by any specialty, but they are all Substance Abuse treatment services and, if warranted, the secondary code can indicate the type of provider running that clinic and/or modality.

4. DSS IDENTIFIER 513

a. DSS Identifier 513 should be used for individual sessions that are created as part of any substance abuse treatment program.

b. Group sessions that are specialized or focused on specific types of individuals (i.e., literacy problems, hearing problems, learning disabilities, co-existing psychiatric conditions, etc.) could be assigned DSS Identifier 560 to differentiate these group sessions from the “core” programs of the intensive outpatient program.

5. USAGE OF DSS IDENTIFIER 529 VERSUS 590

a. **DSS Identifier 529.** DSS Identifier 529 is for patients seen in a Health Care for Homeless Veterans (HCHV) Program whether or not funded by New England Psychiatric Evaluation Center (NEPEC) “Grant per Diem” (GPD) or other source.

b. **DSS Identifier 590.** DSS Identifier 590 is only to be used where the GPD program is located at a station that has no Department of Veterans Affairs (VA)-approved HCHV program at all.

6. STOPCODE 690

a. Records, at the patient’s site (originating site), telemedicine care provided to patients (use as suffix to the patient setup primary stop 323 or 502. Telemedicine is the use of electronic communications and information technology to provide and support healthcare when distance separates the participants.

b. For the non-Mental Health (MENTAL HEALTH) specialist consultant site work, use 692 or 693 as a secondary. This secondary code can be attached to any primary stopcode related to the workgroup that provides telemedicine consultants for many types of patient populations. (e.g., tele-dermatology for wound care management, tele-MENTAL HEALTH for medication

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management, tele-geriatric and extended care for vital sign monitoring, etc.) If telemedicine is provided into patient's home use 179 (if real-time video) or 684 (if non-video intervention) instead of 690 as the secondary code and/or credit pair.

7. 700 SERIES OVERVIEW

Several of the 700 series secondary codes were created as a means to collect data for special interest programs that either no longer require the data or have found another method of data collection. During a series of meetings held in VA Central Office, the Ambulatory Care Chief, the Revenue Office, and DSS jointly reviewed these codes in terms of their relevance and usefulness. As a result of that meeting, some codes were inactivated, some were redefined and some were added. The following provides guidance for FY 2003 concerning the 700 series secondary codes.

a. Inactivated Codes

- 702 – Cholesterol Screening
- 705 – FOBT – GUIAC Screening
- 708 – Nutrition Screening
- 709 – Physical Fitness and/or Exercise counseling
- 711 – Injury Counsel and/or Seat Belt Usage

b. Retained 700 Series Codes

- 703 – Mammogram (pulled into CDR starting FY 2002)
- 704 – Pap Test (see subpar. 7c(2) of this attachment)
- 706 – Alcohol Screening – retained for MENTAL HEALTH Strategic Healthcare Group (SHG)
- 707 – Smoking Cessation – retained for MENTAL HEALTH SHG
- 710 – Influenza Immunization
- 712 – Hepatitis C Registry
- 713 – Gambling Addiction – retained for MENTAL HEALTH SHG

c. Name and/or Description Changes

(1) DSS Identifier 701 - Blood Pressure Check

(a) The name of this secondary stop code was changed from “hypertension screening” to “blood pressure check”. Use this secondary code for the clinics that are set up strictly for blood pressure checks.

(b) Do not use this secondary code at a clinic where actual treatment and/or evaluation of hypertension is being performed.

(2) **DSS Identifier 704 – Pap Smear Only Women’s Clinic.** Only use this secondary code a clinic is set up specifically for the performance of pap smears. If a pelvic exam, breast exam,

or other exam is performed at the same time as a pap smear, 704 as a secondary code cannot be used.

(3) **DSS Identifier 710 – Influenza Immunization.** Records outpatient visit for the purpose of influenza immunization injection. Includes clinical and administrative services. It may be used with any primary care or employee health stopcode (322, 323, 350, 531, 999) to indicate Flu Shot Clinic. It is not restricted to veterans.

d. **New 700 Series Codes**

(1) **DSS Identifier 714 – Other Education**

(a) This secondary code is intended for those clinics where the sole purpose is to provide education regarding either the disease process or equipment usage. Examples would be Diabetes Education, Cardiac disease process, proper usage of glucometers, etc.

(b) Do not use this secondary code if the education is provided as part of a specialty care visit.

(2) **DSS Identifier 715 – Ongoing Treatment (non-MENTAL HEALTH)**

(a) This secondary code is intended for those Medical Specialty clinics where, after an initial evaluation, the patient is required to return on, at least, a weekly basis for ongoing therapy. Usage of this stop code requires the establishment of one clinic for the initial evaluation and a second clinic for all follow-up therapies.

(b) Usage of this code is intended to reduce the Priority 7 co-payment assessment for the therapy visits from the Specialty rate to the Basic rate. Do not assign this secondary code to the initial visit where an evaluation and treatment plan is formulated.

(3) **DSS Identifier 716 – Post-operation Routine Aftercare**

(a) Following many surgical procedures, there is a need for the patient to return for routine aftercare such as dressing changes or suture removals. This secondary code is intended only for those clinics where these minor procedures are performed. If the clinic is staffed by physicians and/or physician extenders, then assignment of this secondary code results in the reduction of the Specialty co-pay rate to a Basic rate.

(b) If the clinic where these activities are performed is staffed by nursing staff, usage of the secondary code 117 accomplishes the same result.