Research Guide to Decision Support System National Cost Extracts

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Terms

AITC	Austin Information Technology Center
ALB	Account Level Budgeter
ALBCC	Account Level Budget Cost Center
API	Application Programmer Interface
BOC	Budget Object Code
CCM	Clinical Cost Manager
CMOP	Consolidated Mail Outpatient Pharmacy
CUPS	Customer User Provisioning System
DCM	Department Cost Manager
DISCH	Inpatient Discharge Extract files
DFN	Patient's internal entry number
DRG	Diagnosis Related Group
DSS	Decision Support System
FMS	Financial Management System
FY	Fiscal Year
HERC	Health Economics Resource Center
IPD	Inpatient Treating Specialty Utilization
ISO	Information Security Officer
JCL	Job Control Language
NDEs	National Data Extracts
NPCD	National Patient Care Database
OBT	Observation Treating Specialty files
OPAT	Outpatient files
PAID	VA payroll system
PTFs	Patient Treatment files
RVU	Relative Value Unit
TRT	Treatment Specialty files
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration
VIReC	VA Information Resource Center
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

1. Overview

The U. S. Department of Veterans Affairs (VA) uses the Decision Support System (DSS) for fiscal management and to determine the cost of patient care. National Data Extracts (NDEs) have been created to facilitate access to workload and cost information. These extracts report costs of inpatient and outpatient encounters provided by VA.

This document reports on the four NDEs that the DSS Decision Support Office refers to as the core NDEs: the inpatient discharge (DISCH), inpatient treating specialty (TRT), observation treating specialty (OBT), and outpatient (OPAT) files. The goal of this handbook is to describe the contents of the DSS core NDEs and to provide instructions on how they may be used. Unlike a typical data dictionary or technical manual, this handbook provides task-oriented directions for using the core DSS NDE's. It focuses on four major topics:

1) Accessing NDE data files
2) The types of cost data that are included
3) Characterization of records, variables, and facilities included in the NDEs
4) Linking cost information in the DSS databases to clinical information in the VA and utilization databases.

The four core NDEs are structured differently. The outpatient NDE consists of one record for each unique clinic encounter. If a patient has multiple encounters at a single clinic within the same day at the same VA station number, the outpatient NDE will consolidate those encounters and report only one record for that clinic. If a patient receives services from multiple clinics, there is a separate record for each clinic the patient visits. The outpatient data consist of nearly 100 million records, a data set so large that it must be distributed among several files.

There are two views of the inpatient data: discharge and treating specialty. The discharge view has one record for each hospital discharge. This discharge file includes the entire cost of these stays, even if they began before the beginning of the fiscal year.

The second view is by treating specialty (TRT). This view separates the inpatient stay into segments based on treating specialty (the type of unit where care was provided, also known as the bed section). A separate record represents each segment of the stay. The treating specialty extract includes only utilization from a single fiscal year. It includes costs incurred by patients who have not yet been discharged. The TRT NDE is a cost report produced quarterly with monthly records. If a patient stays in the hospital more than one month (called a fiscal period in this extract), the treating specialty NDE will include multiple records, one for cost incurred in each month.

The observation treating specialty (OBT) NDE contains observation records in the TRT format (with a layout very similar to the inpatient treating specialty file). Observation records represent care in observation units that provide extensive services that should not exceed a 24-hour period. These are considered outpatient services by DSS, but the PTF has records for this care. As observation records are also included in the OPAT file, they should not be counted twice.

Each NDE contains the total cost of the encounter and fields to identify the patient, the location of service, and the date it occurred. In the inpatient extracts, subtotals are provided for different categories of cost: laboratory, pharmacy, surgery, radiology, nursing and all other care. Each of these subtotals is further subdivided into fixed direct, variable direct and indirect costs. In the outpatient NDE, cost subtotals are absent due to the creation of the outpatient intermediate product department (OIPD) extract. Instead, the outpatient NDE, contains total cost variables such as the total fixed direct and total fixed indirect costs and the grand total costs, which sums the total costs of all cost categories.

These extracts are stored as SAS files at the Austin Information Technology Center (AITC). They may be accessed using SAS batch programs, or by using the features of the DSS Reports website, a web-based interactive system developed for non-programmers. This manual focuses on the contents of the SAS files. For more information on using and accessing the DSS Reports website, see VIReC Insights, Volume 3, Issues 2 and 3 and HERC Bulletin, Volume 7, Issue 3. **Note**: These links direct you to internal VA websites and are not available to the public. To access the DSS Reports website, you must be on the VA private network and obtain permission by requesting an account with the AITC (formerly, Austin Automation Center).

Proc contents of the core NDEs (OPAT, DISCH, TRT, OBT) since FY00 are available on the HERC website page on DSS located on the private VA network.

Because the DSS NDEs do not contain detailed clinical information such as ICD-9 diagnosis, researchers often need to merge the NDEs to the VA health care encounter files, including the Patient Treatment Files (PTFs) and National Patient Care Database (NPCD) outpatient files. This handbook describes the methods of merging each type of NDE file to the associated encounter file and presents some of the problems in merging these databases. These reconciliations for subsequent years are contained in HERC Technical Reports available at the same website under the heading 'Technical Reports.'

The National Data Extracts were first developed in FY98, but the FY98 and FY99 are often considered incomplete. Researchers who use the FY98 and FY99 NDEs *should be very careful*.

DSS fixed many of the problems identified in the FY98 and FY99 data in the FY00 national extracts. Since FY00, the DSS national data extracts can be linked almost perfectly with the VA discharge and outpatient data sets after adjustments in database design are made. For example, with the adjustments noted in preceding sections in this chapter, inpatient stays in the FY04 DSS NDEs matched almost perfectly with corresponding records in the FY04 PTF. In addition, in a comparison of the FY04 DSS treating specialty file with the FY04 DSS discharge file, discrepancies decreased sharply for stays contained in both the discharge and treating specialty files but with costs that differed by more than each of $100, $1000 and $5000. For outpatient services, the two databases differed largely in design. More than 90% of the records in the FY04 NPCD event file were linked to the FY04 DSS for cost information whereas DSS allocated 21% of outpatient cost to services other than those recorded in NPCD. The correspondence between the DSS and NPCD databases (particularly for records but also for patients) sharply improved when DSS records consisted of normal cost and low cost data. The significance of this finding is that by including low cost DSS encounters in the FY2004 comparison between the DSS and

NPCD databases, outpatient utilization thought to be missing from DSS was found, and almost all outpatient care was found to be reported in DSS. Additional information on the reconciliation between the DSS cost NDEs and the PTF and NPCD are available in HERC technical reports http://vaww.herc.research.va.gov/publications/technical_reports.asp. **Note**: This is an internal VA website and is not available to the public.

There are also NDEs for account level budgeter financial reporting (ALB), and labor hours and costs within each direct department (ALB Hours). These ALB files are documented in a separate HERC guidebook, see *Researchers' Guide to the Account Level Budget Cost Centers (ALBCC)*. **Note**: This is an internal VA website and is not available to the public. Additionally, there are clinical NDEs with information on medications dispensed (PHA), laboratory tests (LAB), results of selected laboratory tests (LAR), diagnostic imaging (RAD), and all DSS products where the record was input in the VistA Event Capture System (ECS). These are not included in this handbook; they are covered by VIReC Research User Guide: VHA Decision Support System (DSS) Clinical National Data Extracts, http://www.virec.research.va.gov/References/RUG/RUG.htm

Department-level extracts containing outpatient utilization (OIPD) and inpatient treating specialty utilization (IPD) are not covered in this edition of the guidebook. The IPD extract will be documented in a future HERC guidebook. It should be noted that with the addition of the IPD and OIPD files, some variables were dropped from the core NDEs to allow the inclusion of other variables not in the older versions of the files.

The RAI NDE contains Community Living Center, formerly known as nursing home care unit, encounters in the TRT format with segments by Resident Assessment Instrument (RAI) score. Additionally, the WARD NDE contains inpatient encounters in the TRT format with segments by ward and NOSHOW contains no-show records.

DSS added five new NDEs for FY09. The ATTEND NDE creates a record for each admission, discharge and bedday for each patient/Attending MD combination. The DDC NDE creates a separate record for each prosthetic item shipped to individual patients by the Denver Acquisition and Logistics Center (DALC), formerly known as the Denver Distribution Center (DDC). The SUR NDE includes all VistA Surgery package products with cost at the product level and excludes cancellations and aborted cases. The SUA NDE includes all surgery cancellations and aborted cases. The OCRED NDE sums all CHGDTL records into each Credit Stop value resulting in one record for each Credit Stop value. The file structures for these NDEs are summarized below.

NDE	File Structure
ATTEND	RMTPRD.MED.DSS.SAS.FY##.VISN**.ATTEND
DDC	RMTPRD.MED.DSS.SAS.FY##.VISN**.DDC
SUR	RMTPRD.MED.DSS.SAS.FY##.VISN**.SUR
SUA	RMTPRD.MED.DSS.SAS.FY##.VISN**.SUA
OCRED	RMTPRD.MED.DSS.SAS.FY##.VISN**.OCRED

**Takes on the values 1,2,3…23
##Takes on the values 99,00,01,08,09 (denotes FY)

2. Permission to Use DSS National Extracts

Only VA employees with permission can access the DSS national extracts. Users must complete a "Time Sharing Request Form." Users who wish to work with true Social Security Numbers must also complete a "Privacy Act Statement." Non-VA users must obtain additional approval. Users should also read the DSS data disclosure agreement intended to ensure proper handling and confidentiality of DSS cost data. The Data Disclosure Agreement and the access forms are included in this manual in Appendix A. Additional information regarding the DSS access policy is found at http://klfmenu.med.va.gov/dss/access/access%20policy.htm.

The VA Information Resource Center (VIReC) may provide information on accessing VA datasets. Visit the VIReC website http://www.virec.research.va.gov/ for additional information.

2.1 Time Sharing Request Form

The user must complete standard form VA Form 9957 to obtain permission to use VA files at the Austin Automation Center. A copy of this form is included in Appendix A. Form 22 must be signed by the applicant's first-level supervisor as the "Requesting Official." It is then filed with the local information security officer, who assigns the task codes. The applicant must provide his or her name, Austin account number, and one of the functional tasks codes listed below. Most users will use the second task code, which provides access to the files that use scrambled Social Security Numbers as the patient identifier. **The special permission to access the file with true Social Security Numbers is described below.**

Task code	Access level
110TT10	DSS extracts with scrambled Social Security Numbers only
110TT11	DSS extracts and access to real Social Security Numbers for a particular medical center
110TT12	DSS extracts and access to real Social Security Numbers for a particular VISN
110TT13	DSS extracts and access to all real Social Security Numbers
110TT10_DSS	DSS extracts, modified by HERC, with scrambled Social Security Numbers only

2.2 True Social Security Numbers

VA uses the true Social Security Number (SSN) as the patient medical record number. For some studies, the researcher may know the true SSNs of study participants, and would like to learn the cost of care. This requires access to data identified by true SSNs. Access to the true SSNs of patients from a single station or a single network may be granted by the local ISO. Access to true SSN on a national level requires is granted by the VHA Privacy Office. Facility specific costs must be kept confidential.

The VA procedure to obtain access to the national datasets with true SSNs is described in FAQ number 2 on the DSS Reports website on the VA Intranet. In general, the local information security officer is the first point of contact. The request must be accompanied by a completed

privacy act statement. Researchers must also obtain permission from a Human Subjects Review panel, obtain local approvals, and then the approval of the national office of the Research and Development Service. The request is then reviewed by the privacy office in VA headquarters. The DSS Reports website notes that access to real SSNs at the national level is a very restricted access; you will need a compelling reason to be granted nation-wide access.

Access to crosswalk between true and encrypted SSNs for NPCD outpatient and PTF files may be sufficient for most researchers. Access to the DSS crosswalk will allow researchers to encrypt Social Security Numbers of a few additional patients not found in the NPCD or PTF crosswalks.   These are records of individuals who did not have a VA visit or a stay, but did have some other type of utilization recorded in DSS, such as a dispensed prescription or a laboratory test. Because patients enrolled in clinical trials are likely to have a VA visit or a stay, few additional patients will be found in the DSS crosswalk. Even if an individual is not found in the PTF or NPCD in a given year, their scrambled social security number may be found in the crosswalk files from previous or subsequent years.

An alternative approach to crosswalk patients with their SCRSSN is to identify records from the VA Vital Status files. The Vital Status files contain one record per person who has received care, compensation or pension benefits, or enrolled in the VHA. Therefore, instead of accessing multiple files, like described above using the NPCD or PTF crosswalks, researchers need only access one file in this case to obtain a patient's SCRSSN. For more information on the Vital Status files, please visit the VIReC website at http://www.virec.research.va.gov/DataSourcesName/VitalStatus/VitalStatus.htm.

2.3 DSS Reports website

Reports generated from the NDE files are available from the DSS Reports website http://vssc.med.va.gov/. Researchers can also customize the reports for a specific medical condition, facility, or both. The website must be accessed with Microsoft Internet Explorer; other web browsers may not be fully compatible. To access any product on the DSS Reports website, the researcher must have one of the access levels described in Section 2.1 or the Financial Patient Data Task Code (FPD – 110AL99) which is the minimum requirement to access these reports. Task codes are obtained by completing VA form 9957.

2.4 Non-VA Users

The above permissions apply to VA employees and individuals who work for VA without compensation (WOC status). Individuals not employed by or affiliated with the U.S. Department of Veterans Affairs who wish to DSS data including the DSS Reports website and DSS National Data Extracts (NDEs) either residing in Austin, Texas, or sent to a computer outside the VA should first contact the Customer User Provisioning System (CUPS) (formerly known as ACRS) Point of Contact at the VA Medical Center or VA Program Office with whom they are working.

To access DSS web-based reports, the individual will first need to gain access to the VA Intranet. After VA RESCUE VPN access is granted, the individual may apply to access the web-based reports by following the directions on the DSS Reports Intranet website.

To access DSS NDEs that reside on a mainframe computer in Austin, Texas the individual must apply using VA form 9957. The local CUPS point of contact will guide the applicant through the process.   Those who would like to receive DSS NDEs through a data transfer from the VA to a computer outside the VA will need to apply for an Interconnection Security Agreement (ISA). The point of contact for this agreement is the local facility Information Security Officer (ISO).

3. Cost Data in the National Extract

3.1 How DSS Estimates Cost

DSS extracts data from the VA accounting system, Financial Management System (FMS), and the VA payroll system (PAID). FMS and PAID track expenditures by Budget Object Code (BOC). The Budget Object Codes distinguish the type of expense, identifying specific job categories (e.g., physicians, nurses, etc), or type of supplies or equipment. These systems also track expenditures by the service, an administrative entity such as nursing, laboratory, or medicine. Neither the Budget Object Code nor the service corresponds to a particular location where patient care is provided. Data must be entered into DSS to allocate costs to cost centers defined by their function.

This allocation of cost from FMS and PAID is done by the Account Level Budgeter (ALB). Costs are assigned to Account Level Budget Cost Centers (ALBCC). These cost centers consist of patient care departments such as primary care clinics, intensive care wards, or psychiatric units, as well as overhead departments, such as administration or environmental services. For the payroll data, DSS maintains a table that allocates each employees time to specific ALBCCs on a percentage basis. Employees can be allocated to more than one ALBCC. This is a "living" table and DSS uses current allocations when it assigns costs. The frequency of how often this table is updated varies by medical center, and by labor type and cost center within medical centers.

Data on employee activities are used to allocate expenses. The payroll expense of physicians is allocated using individual time reports completed by each physician. Some medical centers use time reports for all employees. At other medical centers, the allocation of the non-physician labor cost is based on periodic reports made by managers. The ALBCC report includes detail on each type of cost, including the Budget Object Code (BOC). This code distinguishes the labor type, such as physicians versus nurses. The costs of nursing labor are allocated based on the unit or clinic where the nurse usually works. For inpatient units, these costs are adjusted by the average amount of time that the nurses on each unit float to other units.

In the next step, costs are distributed to patient care departments and then to intermediate products. This is carried out in the DSS Department Cost Manager (DCM).

The costs of a few ALB cost centers, called Exempt Accounts, are not carried from ALBCC to DCM. Exempt accounts represent costs that have no corresponding workload. An example is work costs from care that is purchased from non-VA providers where workload is not collected.

Costs of overhead are distributed to direct departments in a "step down" method. The DSS step down restricts the cost of some overhead departments so that they are only distributed to the corresponding patient care departments.

DCM tracks labor costs using three categories for employee labor and one category for contract labor. The variable labor categories include VL1 (technicians, social workers, and trainees),

VL2 (nursing), VL4 (providers including physicians, dentists, psychologists, and residents), and VL5 (contracted labor).

DCM also extracts information on the workload produced by each department. This workload is a count of the number of units of each intermediate product produced by that department. An intermediate product is a specific service or product used in a hospital stay or outpatient visit. Examples include: a chest x-ray, a day in the medical ward, or a 15-minute block of time in the operating room.

As many as 13 different types of costs are tracked by DSS. For each type of cost, a separate Relative Value Unit (RVU) is used to distribute each type of department cost to the intermediate products made by that department. DSS computes two different intermediate product costs: a standard cost, based on expected department cost and workload, and an actual cost, based on the department's actual cost and workload. VA provides sites with a national template of RVUs that medical centers may modify to reflect local conditions.

Relative values for labor costs are expressed in minutes. For example, the relative value for registered nursing labor is the number of minutes of nursing labor ordinarily required to make that product. Non-RN nursing labor is computed separately. Because of differences in operating structure, service volume, and management methods, the number of minutes allocated to the same service varies across medical centers.

To find the nursing labor cost in a product, DSS multiplies the expected minutes of nursing labor (the relative value) by the mean cost of nursing labor per relative value unit. This mean cost is found by dividing the department's nursing labor cost by its nursing labor workload. The workload is the sum of the expected minutes of nursing labor required to produce all of intermediate products of the department. These costs are calculated monthly and will fluctuate based on patient census and nurse workload.

The Clinical Cost Manager (CCM) finds the number of intermediate products used in each health care encounter (e.g., in an outpatient visit or hospital stay). It multiplies the number of products used in the encounter by the cost of each product. The cost of all products is summed to find the total cost of the encounter.

3.2 Cost Data Reported in the NDEs

DSS National Data Extracts report the total actual cost of each encounter. Inpatient NDEs also report cost sub-totals or the costs incurred in a group of departments. The designers of the NDE assigned DSS departments to six mutually exclusive groups: bedday of care (nursing ward or residential), surgery, laboratory, radiology, pharmacy, and all others. Prior to FY04, cost sub totals were also reported in outpatient NDEs. Table 1 lists the departments associated with each of these cost categories. Individual product records that do not match any in the table are assigned to the "All Other" category.

Surgery cost includes costs such as pre-op, recovery, the operating suite and the recovery room only on the day of surgery. It does not include the cost of surgical clinics (for outpatient care) or

the daily cost of surgical wards (for inpatient care). The bedday of care costs (formerly known as nursing costs) include the cost of operating regular acute-care wards and long term care units, but should not include any physician costs. These costs also include the bedday costs for Psychiatric Residential Rehabilitation Treatment Programs (PRRTP) and other residential treatment programs where nursing staff may not be assigned. The sum of the costs reported in the six department groups is equal to the total cost of the encounters.

Table 1: Cost Categories and Corresponding Intermediate Product Departments

Cost Category	Intermediate Product Department	DSS Code for Intermediate Product Department
Laboratory	All Laboratory departments	L***
Pharmacy	All Pharmacy departments	D***
Radiology	General Radiology	X***
	Nuclear Medicine	H***
	Radiation Therapy	ZT**, Z0**, Z6U*
Bedday	Wards-Nursing (including polytrauma)	UE**, UF**, UG**, UH**, UJ**, U2**, RG**
	Observation Wards	BU2*, CU2*, MU2*, NU2*, PU2*, RU2*, SU2*
	Psychiatry Residential Rehab	P4A*, P4B*, P4C*, P4D*, P4E*, P4F*, P4G*
	RRTP, PTRP	4L**, 40**, 45**
Surgery	Surgery	SS**, S3**
	Anesthesiology	GSJ*, G3S*, G31
	SCI OR & SCI Urological Unit	C31*, C8Q1
	Outpatient Surgery	ASX
	Procedures performed by Medicine MDs	M3**

Each cost sub-total is divided into three categories: fixed direct costs, variable direct costs, and indirect costs. Direct costs are those that are directly attributable to a patient care department. Costs that are incurred regardless of the volume of services provided are considered fixed costs. Costs that vary with the volume of services provided are variable costs. Variable costs consist of supplies and the cost of labor that might be released if workload decreased. Indirect costs are the costs of overhead departments such as housekeeping, engineering, and administration. Because indirect costs are fixed in the short-term, the category of variable indirect costs does not exist.

3.3 Cost Information in Current Year File

NDEs for the current year include information from the beginning of the fiscal year up to the current month. For example, the March extract contains cost information from October 1st to March 31st. Because a new cumulative extract is created each month, the accuracy of the cost estimate increases as the fiscal year progresses. Cost estimates for earlier months in the fiscal year are less accurate because DSS does not revisit previous months to reassign costs.

There may be some change in costs as new cumulative extracts are created during the fiscal year. DSS finds the actual cost of intermediate products by dividing the total cost of a department by its total workload. Each cost type for each workload product is expressed in relative value units. Since cost and workload change as the year progresses, the unit cost of an intermediate product may change monthly as the year progresses. A particular intermediate product reported with one cost in the February extract may have a slightly different cost in the March extract.

A final extract is created at the end of the federal fiscal year representing the period from October 1st through September 30th. The final extract reflects the year-to-date average costs of the fiscal year.

3.4 Costs for Prior Years Utilization

DSS costs are based on unit costs of intermediate products computed in the same fiscal year as the year of the file. For example, costs in the FY09 file would be based on FY09 costs, *not FY08 costs*. The discharge file contains information on hospital stays that ended in the current fiscal year. Some of these stays began in a previous fiscal year. The cost of utilization that is from a prior fiscal year is computed using the respective fiscal year's unit costs.

3.5 Cost Information for Integrated Facilities

When two facilities are integrated, the legacy facility becomes a division of the primary facility. The new legacy facility's station number is the primary facility's station number followed by a suffix. For example, the medical center identification number (the variable called "STA3N") only contains 3 digits of a station number. Cost information for the legacy facility is under the old station number before the integration and under the primary facility's STA3N number after the integration. If integration occurs at the beginning of a fiscal year (i.e. October 1), the legacy facility's old station number will disappear from the new fiscal year and its cost information will be under the primary facility's station number. However, if two facilities integrate in the middle of a fiscal year, encounters that occurred *before* the integration will be recorded under the legacy facility's old station number and encounters that occurred *after* the integration will be under the primary facility's station number. In this case, the legacy facility's old station number in the NDE files appears until the month of the integration. Facility integrations that have taken place since 1998 are reported in Table 2.

Table 2: Facility Integration Records

Date of Integration	Integrated Facility (primary facility/legacy facility)	Old STA3N	New STA3N
JAN 1998	Eastern Kansas Health Care System (Topeka/Leavenworth)	686	677
JUL 1998	VA Montana Health Care System (Fort Harrison/Miles City)	617	436
OCT 1998	North Florida/South Georgia Veterans Health Care System (Gainesville/Lake City)	594	573
	VA Greater Los Angeles Health Care System (West Los Angeles/Southern California System of Clinics)	752,665	691
JUL 1999	VA Boston Health Care System (Boston/Brockton/West Roxbury)	525,690	523
OCT 1999	New York Harbor Health Care System (New York/Brooklyn)	527	630
	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Canandaigua)	532	528
APR 2000	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Syracuse)	670	528
	VA Central Plains Health Network –VISN 14 (Omaha/Greater Nebraska Health Care System)	597	636
JUL 2000	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Albany)	500	528
	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Bath)	514	528
	VA Central Plains Health Network –VISN 14 (Omaha/Central Iowa Health Care System)	555	636
OCT 2000	VA Tennessee Valley Health Care System (Nashville/Murfreesboro)	622	626
	VA Central Plains Health Network –VISN 14 (Omaha/Iowa city)	584	636
APR 2001	Harry S. Truman Memorial, VA Medical Center (Kansas City/Columbia)	543	589
	John J. Pershing VA Medical Center (St. Louis/Poplar Bluff)	647	657
JUL 2001	VA Eastern Kansas Health Care System – Colmery Medical Center (Kansas City/Topeka)	677	589
	St. Louis VA Medical Center – John Cochran Division (St. Louis/Marion)	609	657
OCT 2001	Robert J. Dole Dept. of Veterans Affairs Medical Center (Kansas City/Wichita)	452	589
	Eastern Colorado Health Care System (Denver/Pueblo)	567	554

There have been no facility integrations since October 2001.

3.6 Utilization Not Reported

HERC evaluated whether utilization was recorded for all stations for each fiscal period in the PTF and DSS files. In 2001 and 2002, DSS did not report utilization for a few stations during the last months of the fiscal year, suggesting that processing at these sites was incomplete. Since 2003, DSS has consistently reported utilization for every station for every month of the fiscal year, with two exceptions. The DSS treating specialty file reported stays for Salisbury, NC only during the first month of FY03. This station reported inpatient care in every month in the PTF and DSS discharge files during that year. No stays were reported for New Orleans, LA in the last month of FY05 since this medical center was shut down because of Hurricane Katrina in late August 2005. Caution is urged in analyzing data from New Orleans after hurricane Katrina. As of FY08, station 629 is still closed but community based nursing homes associated with station 629 post data on occasion.

3.7 Non-VA Costs

Analysts often want to compare VA costs to non-VA costs. A common source of non-VA cost estimates is Medicare, and comparisons must consider differences in what is reported between DSS and Medicare. VA hospitals include the costs of physician services while Medicare does not since they are reimbursed separately from hospitals. VA physician services costs, however, do not include the cost of physician malpractice liability as these costs are covered by the U.S. Justice Department settlement payments. In calculating indirect costs, DSS includes VA central office and national centers operating costs in addition to hospital administrative costs while Medicare hospitals use only hospital administrative costs. Also, the VA does not include financing costs related to capital acquisitions since these expenses are covered by the U.S. Treasury while Medicare adds in these costs.

Differences in Cost Determination Between VA and Medicare Hospitals

Cost Type	VA	Medicare
Physician services	Included in hospital costs	Excluded from hospital costs
Indirect costs	VA central office and national center operating costs plus hospital administrative costs	Only hospital administrative costs
Capital acquisitions	Financing costs excluded	Financing costs included

Moreover, a recent analysis comparing the costs of hospital discharges from VA hospitals versus Medicare national average costs for the same discharges adjusted for differences in capital, physician costs, and wage differentials by geographic area and found higher costs among a majority of VA hospitals. Another analysis limited to care for acute myocardial infarction found lower costs in VA hospitals compared to Medicare hospitals. These cost differences at VA hospitals may reflect differences in provider practice patterns, patients' disease severity, the large amount of care provided by medical residents in VA hospitals, and other structural differences between VA and non-VA hospitals.

3.8 Data Changes to Key Variables in FY 2008 DSS Core NDEs

Decision Support Office (DSO) recognized that several key variables (e.g., total cost, length of stay, etc.) were missing from the FY08 National Data Extracts (NDEs). They are currently working on putting these variables back into the data. If researchers need these variables in the interim, they can easily compute them. Please see below:

Total Cost Variable in the DSS Discharge (DISCH) NDE
The total cost variable, DCST_TOT, is the sum all the fixed direct (variable names end in "_FD"), fixed indirect (variable names end in "_FI"), and variable direct (variable names end in "_VD") subtotals. For convenience, the following SAS code may be copied and pasted into the program.

```
DCST_TOT=sum(DAO_FD, DLAB_FD, DNUR_FD, DPHA_FD, DRAD_FD, DSUR_FD,
             DAO_FI, DLAB_FI, DNUR_FI, DPHA_FI, DRAD_FI, DSUR_FI,
             DAO_VD, DLAB_VD, DNUR_VD, DPHA_VD, DRAD_VD, DSUR_VD);
```

Total Cost Variable in the DSS Treating Specialty (TRT) NDE
The total cost variable, TCST_TOT, in the Treating Specialty NDE can be derived using the following SAS code.

```
TCST_TOT=sum(TAO_FD, TLAB_FD, TNUR_FD, TPHA_FD, TRAD_FD, TSUR_FD,
             TAO_FI, TLAB_FI, TNUR_FI, TPHA_FI, TRAD_FI, TSUR_FI,
             TAO_VD, TLAB_VD, TNUR_VD, TPHA_VD, TRAD_VD, TSUR_VD);
```

Length of Stay Variable in the Treating Specialty File
To derive the Treating Specialty length of stay variable, TRT_LOS, use the following SAS code.

```
        if TRTIN ne . then TRT_LOS=max(TRTOUT-TRTIN,1);
```

If a record consists of a non-missing value in the TRTIN variable (date of entry into a treating specialty segment), then the treating specialty length of stay is the difference between TRTOUT (date of exit from treating specialty segment) and TRTIN. If this difference is zero, then TRT_LOS will equal one because an inpatient stay is at least one day.

Budget Object Code (BOC) in the DSS Account Level Budget Cost Centers (ALBCC) Report
The Account Level Budget Cost Centers (ALBCC) report includes detail on each type of cost, including the Budget Object Code (BOC). This code distinguishes the labor type, e.g., physicians from nurses. In FY 2008, this variable was dropped from the ALBCC. However, it can be derived by taking the first four characters of the ALB account variable, ALBACCT, using the following SAS code:

```
        BOC=substr(ALBACCT,1,4)
```

Cost Center Variable in the ALBCC Report
The Cost Center variable, CC, was also been dropped in the FY 2008 ALBCC. Cost centers consist of patient care departments, such primary care clinics, intensive care wards, or

psychiatric units, as well as overhead departments, such as administration or environmental services. To derive this variable, use the following SAS code:

```
     CC=substr(ALBACCT,5,3);
```

Changes to the Diagnosis Related Group (DRG) Variable
Effective October 1, 2007, the Centers for Medicare and Medicaid Services (CMS) adopted a new Diagnosis Related Group (DRG) classification system called MS-DRG. In response to this new system, DSO has replaced variables such as DRG and ADMITDRG with DRGMS and ADDRGMS, respectively. This makes DSS consistent with the FY2008 PTF, which also uses the MS-DRG system

4. Outpatient Cost Extract

The outpatient cost (OPAT) National Data Extract consists of information on all VA outpatient visits, as well as the cost of outpatient laboratory, pharmacy, ancillary services, and other care not tied to a specific outpatient visit.

4.1 Outpatient Extract Files

Outpatient cost data are grouped in one file per each VA network (VISN). For example, VISN 22 outpatient data for FY09 are found in the file named RMTPRD.MED.DSS.SAS.FY09.VISN22.OPAT. Before FY04, data from several networks were put into a single large file. For example, FY03 data for VISN 22 are found in a file named RMTPRD.MED.DSS.SAS.V17TO22.FY03.OPAT, which also includes data from five other VISNs (17-21). OPAT data continue to consolidate (into a single record) multiple visits having the same clinic stop on the same day at the same station number. That is, DSS OPAT allows only one record for a unique station-patient-day-clinic stop combination. For additional information regarding the change in file structure, consult FAQ G11 located on the HERC Intranet site. File names and number of records from FY98 to FY09 are presented in Table 3.

The low cost outpatient NDE files (OPAT2) contain information on outpatient encounters that were assigned low cost by DSS. "Low cost" data refer to those outpatient encounters that are either not assigned costs or assigned costs between -$1 and $1. The low cost files, which have supplemented DSS outpatient extracts since FY02, are important in identifying VHA outpatient encounters.

Records with the daily cost of outpatient pharmacy are kept in the same extract as other OPAT records. That is, all clinic stops (including pharmacy pseudo clinic stops 160 and 161), encounters and outpatient costs (including pharmacy costs) are included in the OPAT file. Outpatient cost files prior to FY04 retain the old convention, which appends the letter "P" to some outpatient cost files (e.g., RMTPRD.MED.DSS.SAS.V17TO22P.FY04.OPAT) to indicate that the data are limited to pharmacy clinic pseudo stops 160 and 161.

Records with pseudo clinic stops 160 and 161 include medications dispensed in the outpatient clinics, medications dispensed by the outpatient pharmacy, and medications mailed to the patient by the Consolidated Mail Outpatient Pharmacy (CMOP). The total cost of a pharmacy record includes the total cost of all medications dispensed, but does not include any information about what medications were dispensed. Prescription-level pharmacy data are found in the PHA NDE, one of the clinical NDEs.

Table 3: Outpatient Extracts and Number of Records

Fiscal Year	File Group	Location	No. of Records
FY98	Group 1	RMTPRD.MED.DSS.SAS.FY98FRST.KLFOPAT1	26,045,057
		RMTPRD.MED.DSS.SAS.FY98LAST.KLFOPAT1	27,567,984
	Group 2	RMTPRD.MED.DSS.SAS.FY98FRST.KLFOPAT2	14,870,977
		RMTPRD.MED.DSS.SAS.FY98LAST.KLFOPAT2	15,649,569
FY99	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY99.OPAT	11,915,619
		RMTPRD.MED.DSS.SAS.V1TO5P.FY99.OPAT♦	6,347,887
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY99.OPAT	14,691,337
		RMTPRD.MED.DSS.SAS.V6TO10P.FY99.OPAT♦	10,279,671
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY99.OPAT	14,207,103
		RMTPRD.MED.DSS.SAS.V11TO16P.FY99.OPAT♦	9,795,129
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY99.OPAT	14,112,262
		RMTPRD.MED.DSS.SAS.V17TO22P.FY99.OPAT♦	8,597,002
FY00	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY00.OPAT	12,500,003
		RMTPRD.MED.DSS.SAS.V1TO5P.FY00.OPAT♦	7,475,266
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY00.OPAT	15,216,734
		RMTPRD.MED.DSS.SAS.V6TO10P.FY00.OPAT♦	11,751,257
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY00.OPAT	15,162,257
		RMTPRD.MED.DSS.SAS.V11TO16P.FY00.OPAT♦	11,431,268
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY00.OPAT	14,719,212
		RMTPRD.MED.DSS.SAS.V17TO22P.FY00.OPAT♦	9,654,656
FY01	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY01.OPAT	13,159,928
		RMTPRD.MED.DSS.SAS.V1TO5P.FY01.OPAT♦	8,902,298
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY01.OPAT	17,492,448
		RMTPRD.MED.DSS.SAS.V6TO10P.FY01.OPAT♦	14,174,557
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY01.OPAT	16,063,267
		RMTPRD.MED.DSS.SAS.V11TO16P.FY01.OPAT♦	13,404,763
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY01.OPAT	16,199,274
		RMTPRD.MED.DSS.SAS.V17TO22P.FY01.OPAT♦	11,480,365
FY02	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY02.OPAT	13,396,491
		RMTPRD.MED.DSS.SAS.V1TO5P.FY02.OPAT♦	10,088,030
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY02.OPAT	18,134,665
		RMTPRD.MED.DSS.SAS.V6TO10P.FY02.OPAT♦	15,956,380
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY02.OPAT	17,133,529
		RMTPRD.MED.DSS.SAS.V11TO16P.FY02.OPAT♦	14,916,937
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY02.OPAT	16,588,568
		RMTPRD.MED.DSS.SAS.V17TO22P.FY02.OPAT♦	12,501,456
FY03	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY03.OPAT	13,577,745
		RMTPRD.MED.DSS.SAS.V1TO5P.FY03.OPAT♦	10,672,868
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY03.OPAT	19,440,469
		RMTPRD.MED.DSS.SAS.V6TO10P.FY03.OPAT♦	17,196,345
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY03.OPAT	18,040,875
		RMTPRD.MED.DSS.SAS.V11TO16P.FY03.OPAT♦	16,126,706

Fiscal Year	File Group	Location	No. of Records
FY03	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY03.OPAT	17,408,920
		RMTPRD.MED.DSS.SAS.V17TO22P.FY03.OPAT♦	13,674,861
FY04	VISN**	RMTPRD.MED.DSS.SAS.FY04.VISN**.OPAT	74,147,244
		RMTPRD.MED.DSS.SAS.FY04.VISN**.OPAT2	9,164,742
FY05	VISN**	RMTPRD.MED.DSS.SAS.FY05.VISN**.OPAT	76,763,861
		RMTPRD.MED.DSS.SAS.FY05.VISN**.OPAT2	10,546,148
FY06	VISN**	RMTPRD.MED.DSS.SAS.FY06.VISN**.OPAT	75,116,695
		RMTPRD.MED.DSS.SAS.FY06.VISN**.OPAT2	13,327,530
FY07	VISN**	RMTPRD.MED.DSS.SAS.FY07.VISN**.OPAT	76,225,391
		RMTPRD.MED.DSS.SAS.FY07.VISN**.OPAT2	10,223,391
FY08	VISN**	RMTPRD.MED.DSS.SAS.FY08.VISN**.OPAT	79,906,697
		RMTPRD.MED.DSS.SAS.FY08.VISN**.OPAT2	10,132,698
FY09	VISN**	RMTPRD.MED.DSS.SAS.FY09.VISN**.OPAT	86,532,528
		RMTPRD.MED.DSS.SAS.FY09.VISN**.OPAT2	10,078,039

♦ Pharmacy records
** Takes on the values 1,2,3…23

4.1.1   Negative Values in DSS Pharmacy Data

DSS PHA NDE consists of information from three VistA data sources: Outpatient, IV and Unit Dose packages. Some records in the inpatient and outpatient DSS pharmacy data may contain negative quantity and/or cost values for prescriptions. All three packages allow returns thereby creating transactions with negative balances. The following are a few explanations of why negative balances exist in the DSS pharmacy data:

- Records with negative values in the VistA IV and Unit Dose packages may appear as outpatient records in the NDE. This explains why there is a large number of negative values in the DSS Outpatient Pharmacy record. The DSS VistA extracts check all records against the Patient Movement File (#405) as they are created. The Application Program Interface (API) obtains the patient's internal entry number (DFN) and date/time of the occurrence and checks to see if the patient was admitted at the time. If so, the DSS extracts mark that record as an inpatient record, otherwise they mark it as an outpatient record. If either IV or Unit Dose returns from a ward are recorded in their respective VistA Pharmacy packages after the patient has been discharged, DSS will mark the record as outpatient.

- DSS outpatient pharmacy records with negative balances may also emerge from Pharmacy IV and Unit Dose returns made on a different date than the date the prescriptions were issued. DSS creates a separate encounter for each combination of SSN + Date + Primary Stop Code. Since returns are processed at a date or time after discharge, DSS records them as an outpatient transaction. This is assuming that at large hospitals, there are separate inpatient and outpatient sections of the pharmacy. For instance, if a patient receives multiple prescriptions on a given day and one of them is

returned on a different day, DSS will create two separate encounters: one from the multiple issues on the first day and a separate one for the return because the return was made on a different day.

- Medications that are issued in individual-dose amounts to patients for consumption on the same day, such as those from the ward, are pulled a day in advance. Given that a large hospital will have large quantities of prescriptions to fill and will have to allow time for quality control, the pharmacy technician has to prepare a day's supply of prescriptions prior to the day of patients' consumption. Many of the ward medications are returned after the patient has been discharged. Since they process at a date/time after discharge, DSS records them as an outpatient transaction.

- Consolidated Mail Outpatient Pharmacy (CMOP) undeliverable medications that are returned and turned back into stock also contribute to negative quantities in the DSS pharmacy data.

4.2 Accessing Files: MVS Name vs. SAS File Name

One of the MVS file names listed in Table 3 must be included in the DD statement in the user's Job Control Language (JCL). The following example illustrates use of the MVS and SAS file names for pre FY04 data. The DD statement tells the system what file is being used. The SAS statement (PROC CONTENTS) references the file as IN1.OPAT.

```
//* THE FOLLOWING IS A SAMPLE FOR VISN 1 TO 5 FACILITIES (FY03)

000001 //S640PGBX JOB  XXXUNKA9,S640PGB,
000002 //     NOTIFY=&SYSUID,MSGCLASS=I
000003 //STEP1 EXEC SAS
000004 //IN1  DD DSN=RMTPRD.MED.DSS.SAS.V1TO5.FY03.OPAT,DISP=SHR
000005 //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6,DISP=SHR
000006 //SYSIN DD *

OPTIONS NOCENTER LS=80  PS=56 NOFMTERR;

PROC CONTENTS DATA = IN1.OPAT;
RUN;
```

The next example illustrates use of the MVS and SAS file names for fiscal years subsequent to 2003.

```
//* THE FOLLOWING IS A SAMPLE FOR VISN 1 (FY04)

000001 //S640PGBX JOB  XXXUNKA9,S640PGB,
000002 //     NOTIFY=&SYSUID,MSGCLASS=I
000003 //STEP1 EXEC SAS
000004 //IN1  DD DSN=RMTPRD.MED.DSS.SAS.FY04.VISN01.OPAT,DISP=SHR
```

```
000005 //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6,DISP=SHR
000006 //SYSIN DD *

OPTIONS NOCENTER LS=80  PS=56 NOFMTERR;

PROC CONTENTS DATA = IN1.OPAT;

RUN;
```

4.3 Variables

Flag Variables

The DSS outpatient National Data Extract is based on a sequential extraction of outpatient services from the VA electronic medical record (VistA). DSS uses flag variables to identify the primary source of information. Data from the NPCD are indicated by setting the variable NPCD to "Y". Other sources are indicated with flags suggesting data came from clinic appointments (CLI), the prosthetics database (PROS), or other types of utilization that could not be assigned to an encounter (UTIL).

Due to the creation of the No-Show NDE the no-show flag field will be removed from the outpatient and outpatient intermediate product department (OIPD) NDE, effective FY08. Flag variables are presented in Table 4.

Table 4: Encounter Flag Variables by Fiscal Year

Variable	Label	98	99	00	01	02	03	04	05	06	07	08	09
CLI	CLI flag	X	X	X	X	X	X	X	X	X	X	X	X
CMOP_FLAG	CMOP flag								X	X	X	X	X
COMP	Compensation pension flag						X	X	X	X	X	X	X
CONTRACT	Contract CBOC flag								X	X	X	X	X
DDC	Denver distribution flag	X	X	X	X	X	X	X					
ENCFLAG	Encounter flag	X	X	X	X	X	X	X					
NOSHOW	No show flag	X	X	X	X	X	X	X	X	X	X		
NPCD	NPCD database flag	X	X	X	X	X	X	X	X	X	X	X	X
NPRF	National patient record flag								X	X	X	X	X
OBS	OBS flag								X	X	X	X	X
OEFOIF	OEFOIF flag											X	X
PRE	PRE flag	X	X	X	X	X	X	X	X	X	X	X	X
PROS	Prosthetics flag	X	X	X	X	X	X	X	X	X	X	X	X
PROS_TYPE	Prosthetics type flag								X	X	X	X	X
REFER	Refer lab flag								X	X	X	X	X

Variable	Label	98	99	00	01	02	03	04	05	06	07	08	09
TELEMED	Telemed flag								X	X	X	X	X
UTIL	Utility-built flag	X	X	X	X	X	X	X	X	X	X	X	X
VAST	Vast CBOC flag								X	X	X	X	X
VISTA	VistA CBOC flag								X	X	X	X	X

Cost Variables

The outpatient extract contains cost variables that total fixed direct (OCST_FD) and fixed indirect (OCST_FI) costs. The sum of the total costs of all categories equals the grand total cost (OCST_TOT). OPAT cost variables are summarized in Table 5. For years prior to FY05, DSS also includes variables with sub-totals of the outpatient cost incurred in groups of departments: laboratory (OLAB), nursing (ONUR), pharmacy (OPHA), radiology (ORAD), surgery (OSUR), and all other (AO). These cost sub-total fields were dropped from FY05 and subsequent years because they were made unnecessary by the outpatient intermediate product department (OIPD) extract. Analysts may use the OIPD extract to find the cost incurred in each department during any outpatient visit. The OIPD extract will be documented in future HERC guidebook.

Also contained in this extract are variable direct costs. These include variable labor categories 4 and 5 (VL4 and VL5) in the surgery (SUR), radiology (RAD), and all other (OTH) departments. These are the costs of providers, including physicians, psychologists, residents, dentists, etc. Variable labor category 4 (VL4) represents the cost for employee providers and VL5, the cost for contracted services. For information on calculating VL4 and VL5, see the variable description located in Appendix C.

In the initial versions of the DSS outpatient NDE, the nursing cost category (see Table 1) was not included. This was because the nursing category in DSS was designed to capture all of the regular daily costs associated with inpatient units, of which nurses are a major component. In FY02, nursing (ONUR) was added to the outpatient files. The DSS NDE Technical Guidebook indicates that the purpose of the nursing cost category in the outpatient NDE is to capture the costs associated with contract nursing homes and state veterans homes and observation cases.

Table 5: Outpatient Cost Variables by Fiscal Year

Variable	Label	98	99	00	01	02	03	04	05	06	07	08	09
DD_SUP	Denver distribution center supplies			X	X	X	X	X	X	X	X		
HOME_OX	Home oxygen cost			X	X	X	X	X	X	X	X	X	X
*OAO_FD	All other fixed direct	X	X	X	X	X	X	X					
*OAO_FI	All other fixed indirect	X	X	X	X	X	X	X					
*OAO_TOT	All other total	X	X	X	X	X	X	X					
*OAO_VD	All other variable direct	X	X	X	X	X	X	X					
OCST_FD	Fixed direct total cost								X	X	X	X	X
OCST_FI	Fixed indirect total cost								X	X	X	X	X
OCST_TOT	Grand total cost	X	X	X	X	X	X	X	X	X	X	X	X

Variable	Label	98	99	00	01	02	03	04	05	06	07	08	09
*OLAB_FD	Laboratory fixed direct	X	X	X	X	X	X	X					
*OLAB_FI	Laboratory fixed indirect	X	X	X	X	X	X	X					
*OLAB_TOT	Laboratory total	X	X	X	X	X	X	X					
*OLAB_VD	Laboratory variable direct	X	X	X	X	X	X	X					
*ONUR_FD	Nursing fixed direct					X	X	X					
*ONUR_FI	Nursing fixed indirect					X	X	X					
*ONUR_TOT	Nursing total					X	X	X					
*ONUR_VD	Nursing variable direct					X	X	X					
*OPHA_FD	Pharmacy fixed direct	X	X	X	X	X	X	X					
*OPHA_FI	Pharmacy fixed indirect	X	X	X	X	X	X	X					
*OPHA_TOT	Pharmacy total	X	X	X	X	X	X	X					
*OPHA_VD	Pharmacy variable direct	X	X	X	X	X	X	X					
*OPHA_VS	Variable cost of pharmacy supply	X	X	X	X	X	X	X					
*ORAD_FD	Radiology fixed direct	X	X	X	X	X	X	X					
*ORAD_FI	Radiology fixed indirect	X	X	X	X	X	X	X					
*ORAD_TOT	Radiology total	X	X	X	X	X	X	X					
*ORAD_VD	Radiology variable direct	X	X	X	X	X	X	X					
*OSUR_FD	Surgery fixed direct	X	X	X	X	X	X	X					
*OSUR_FI	Surgery fixed indirect	X	X	X	X	X	X	X					
*OSUR_TOT	Surgery total	X	X	X	X	X	X	X					
*OSUR_VD	Surgery variable direct	X	X	X	X	X	X	X					
OTH_VL4	All other variable labor category 4				X	X	X	X	X	X	X	X	X
OTH_VL5	All other variable labor category 5				X	X	X	X	X	X	X	X	X
PROS_LAB	Prosthetics labor				X	X	X	X	X	X	X		
PROS_SUP	Prosthetics supply				X	X	X	X	X	X	X		
RAD_VL4	Radiology variable labor category 4				X	X	X	X	X	X	X	X	X
RAD_VL5	Radiology variable labor category 5				X	X	X	X	X	X	X	X	X
SURG_IMP	Surgery implants				X	X	X	X	X	X	X	X	X
SURG_VL4	Surgery variable labor category 4				X	X	X	X	X	X	X	X	X
SURG_VL5	Surgery variable labor category 5				X	X	X	X	X	X	X	X	X

*Department sub-totals subsequent to FY04 exist in the outpatient intermediate product department (OIPD).

<u>Utilization and Diagnostic Variables</u>
The national extract includes basic information about the quantity of health services utilized by patients during their encounter. These variables are summarized in Table 6. The unit for each cost category is defined differently.

Additional OPAT variables that were not previously listed are summarized in Table 7; variable descriptions are located in Appendix C.

Table 6: Utilization and Diagnostic Variables by Fiscal Year

Type	Variable	Label	00	01	02	03	04	05	06	07	08	09
Utilization												
	OAO_UNT	All other utilization units	X	X	X	X	X					
	OLAB_UNT	Laboratory utilization units	X	X	X	X	X					
	ONUR_UNT	Nursing utilization units			X	X	X					
	OPHA_UNT	Pharmacy utilization units	X	X	X	X	X					
	ORAD_UNT	Radiology utilization units	X	X	X	X	X					
	OSUR_UNT	Surgery utilization units	X	X	X	X	X					
Treatment and Diagnosis												
	PRIMCPT4	Primary CPT codes	X	X	X	X	X	X	X	X		
	PRIMDX	Primary diagnosis	X	X	X	X	X	X	X	X	X	X

Table 7: Additional Outpatient Variables by Fiscal Year

Variable	Label	98	99	00	01	02	03	04	05	06	07	08	09
A_PCP	Associate primary care provider			X	X	X	X	X					
A_PCPTYP	Associate primary care provider type			X	X	X	X	X					
AGE	Age			X	X	X	X	X	X	X	X	X	X
AGGABS	Aggregate absence day			X	X	X	X	X					
AGO_ENC	Encounter agent orange								X	X	X	X	X
AGOIND	Agent orange								X	X	X	X	X
AGOLOC	Agent orange location								X	X	X	X	X
APP_TYPE	Appointment type								X	X	X	X	X
CLC	Credit stop								X	X	X	X	X
CLIN_NAME	DSS clinic name						X	X	X	X	X	X	X
CLSNUM	Clinic stop code (numeric)	X	X	X	X	X	X	X					
CLSTOP	Clinic stop code (character)	X	X	X	X	X	X	X	X	X	X	X	X
COMBAT	Combat veteran								X	X	X	X	X
COUNTY	County											X	X
CR_PAIR	Clinic stop credit pair	X	X	X	X	X	X	X					
DSS_ID	DSS identifier						X	X	X	X	X	X	X
ELIG	Encounter eligibility								X	X	X	X	X
ELIGIBILITY	Eligibility								X	X	X	X	X
EN_CV	Encounter combat veteran								X	X	X	X	X
ENC_NUM	Encounter number						X	X	X	X	X	X	X
ENRL_LOC	Enroll location					X	X	X					
ENRLPRTY	Enrollment priority					X	X	X	X	X	X	X	X
ENV_CONTAM_ENC	Encounter environmental contamination								X	X	X	X	X
ENV_CONTAM_IND	Environmental contamination								X	X	X	X	X
ETHNICITY	Ethnicity								X	X	X	X	X
EXTDTE	Extract date			X	X	X	X	X					
FP	Fiscal period	X	X	X	X	X	X	X	X	X	X	X	X
FY	Fiscal year	X	X	X	X	X	X	X	X	X	X	X	X
HCUP	Hospital cost and utilization project			X	X	X	X	X	X	X			X
HEAD_NECK	Head and neck								X	X	X	X	X
MST	Military sexual trauma								X	X	X	X	X
MST_ENC	Encounter MST								X	X	X	X	X

Variable	Label	98	99	00	01	02	03	04	05	06	07	08	09
NPCD_PID	NPCD provider ID			X	X	X	X	X					
OEFOIFDTE	OEFOIF return date												X
PCP_DSS	Primary care provider	X	X	X	X	X	X	X	X	X	X	X	X
PCPT_DSS	Primary care provider type	X	X	X	X	X	X	X	X	X	X	X	X
PCTEAM	Primary care team								X	X	X	X	X
PID_DSS	Provider ID	X	X	X	X	X	X	X	X	X	X	X	X
PIDT_DSS	Provider type	X	X	X	X	X	X	X	X	X	X	X	X
POV	Purpose of visit								X	X	X	X	X
POW	Pow								X	X	X	X	X
POWLOC	POW location								X	X	X	X	X
PSEUDO	Pseudo								X	X	X		X
PT	Patient type								X	X	X	X	X
PURPLE_HEART	Purple heart								X	X	X	X	X
RACE_1	Race								X	X	X	X	X
RAD	Ionizing radiation								X	X	X	X	X
RAD_ENC	Encounter ionizing radiation								X	X	X	X	X
RUN_DATE	Run date								X	X	X	X	X
SCRSSN	Scrambled SSN	X	X	X	X	X	X	X	X	X	X	X	X
SEX	Sex			X	X	X	X	X	X	X	X	X	X
STA3N	Station	X	X	X	X	X	X	X	X	X	X	X	X
STA6A	Division				X	X	X	X	X	X	X	X	X
STOPS	Clinic visits	X	X	X	X	X	X	X	X	X	X		X
USER	User enrollee								X	X	X	X	X
VETERAN	Veteran								X	X	X	X	X
VISN	Visn	X	X	X	X	X	X	X	X	X	X	X	X
VIZDAY	Date of encounter	X	X	X	X	X	X	X	X	X	X	X	X
VOLUME	Volume								X	X	X	X	X
ZIP	Zip code								X	X	X	X	X

Outpatient for FY02 is sorted by: SCRSSN VIZDAY STA3N FP

4.4 Non-VA Long-term Care Records

The outpatient extract includes records representing the cost of care a non-VA long-term care facilities. In FY09, about $591.7 million in costs were reported under long-term care clinic stops in the DSS outpatient file in FY09 (see Table 8). This includes care provided by community nursing homes, state veterans homes, and residential facilities.

In FY10, DSS will begin posting Community Nursing Home (CNH) PTF records as uncosted ENCTR outpatient records using the value 'CNH'. The previous use of Stop Code 649 for CNH is discontinued. This is in line with other uses of alphabetic stop code values when those values are assigned solely within DSS, such as 'PHA' for prescription and 'PRO' for prosthetics items.

Table 8: Cost and Visits to Non-VA Long-Term Care Clinic Stops, FY09

Clinic Stop	Cost	Visits
650 Community Nursing Homes	$1,662,274	4,187
651 State Nursing Home Units	$537,616,486	213,401
653 State Hospital Care	$5,088,514	2,244
654 Non-VA Residential Care Days	$47,291,360	66,515
Total	$591,658,634	286,347

5. Inpatient Discharge Extracts

5.1 Discharge File

The discharge extract file (DISCH) provides one record for each hospital stay that ended during the fiscal year. If the hospital stay began in an earlier year, the DSS system finds the cost of a hospital stay by summing up the cost of all intermediate products and services provided during the stay. Unit costs of intermediate products are from the year of discharge, even if the stay began in a different fiscal year. When a stay crosses fiscal years, cost may differ from what is reported in the treating specialty file (described in Chapter 6). The treating specialty files use the unit cost of the year when care was provided.

DSS was implemented throughout VA in 1998. In the first few years of DSS data, cost day are incomplete for stays that began before DSS was implemented at the site. The locations and number of records of the discharge files are listed in Table 9.

Table 9: Discharge Files and Number of Records

Year	Location	No of Records
FY98	RMTPRD.S654HAW.MED.SAS.DSS.FY98.DISCH	678,458
FY99	RMTPRD.MED.DSS.SAS.FY99.DISCH	712,668
FY00	RMTPRD.MED.DSS.SAS.FY00.DISCH	696,603
FY01	RMTPRD.MED.DSS.SAS.FY01.DISCH	689,820
FY02	RMTPRD.MED.DSS.SAS.FY02.DISCH	630,955
FY03	RMTPRD.MED.DSS.SAS.FY03.DISCH	632,421
FY04	RMTPRD.MED.DSS.SAS.FY04.DISCH	643,403
FY05	RMTPRD.MED.DSS.SAS.FY05.DISCH	651,282
FY06	RMTPRD.MED.DSS.SAS.FY06.DISCH	635,475
FY07	RMTPRD.MED.DSS.SAS.FY07.DISCH	641,879
FY08	RMTPRD.MED.DSS.SAS.FY08.DISCH	658,255
FY09	RMTPRD.MED.DSS.SAS.FY09.DISCH	676,576

5.2 Variables

Cost variables in the inpatient discharge files (DISCH) are listed in Table 10. The inpatient files report costs using six core categories: laboratory (LAB), bedday (formerly nursing), pharmacy (PHA), radiology (RAD), surgery (SUR), and all others (AO). The bedday of care (nursing ward or residential) department represents the cost of nursing departments for inpatient stays (nursing staff), plus all of the regular operating costs of the inpatient units. These cost variables are described in detail in Chapter 3. Bedday of care costs are added for inpatient care. Variable direct costs such as variable labor categories 4 and 5 in the surgery (DSUR), radiology (DRAD), and all other (DAO) departments and the variable cost of pharmacy supply (DPHA_VS) are already included in one of the six core cost categories; adding these costs to the totals will double count them. Additionally, Table 11 lists the DISCH utilization and diagnosis variables and Table 12 summarizes additional variables located in this extract.

Table 10: Inpatient Discharge Cost Variables by Fiscal Year

Variable	Description	99	00	01	02	03	04	05	06	07	08	09
DAO_FD	All other fixed direct	X	X	X	X	X	X	X	X	X	X	X
DAO_FI	All other fixed indirect	X	X	X	X	X	X	X	X	X	X	X
DAO_TOT	All other total	X	X	X	X	X	X	X	X	X	X	X
DAO_VD	All other variable direct	X	X	X	X	X	X	X	X	X	X	X
DAO_VL4	All other variable labor category 4		X	X	X	X	X	X	X	X	X	X
DAO_VL5	All other variable labor category 5		X	X	X	X	X	X	X	X	X	X
DCST_FD	Fixed direct total cost							X	X	X		X
DCST_FI	Fixed indirect total cost							X	X	X		X
DCST_TOT	Grand total cost	X	X	X	X	X	X	X	X	X		X
DCST_VD	Variable direct total cost							X	X	X		X
DHOMEOX	Home oxygen		X	X	X	X	X	X	X	X		
DLAB_FD	Laboratory fixed direct	X	X	X	X	X	X	X	X	X	X	X
DLAB_FI	Laboratory fixed indirect	X	X	X	X	X	X	X	X	X	X	X
DLAB_TOT	Laboratory total	X	X	X	X	X	X	X	X	X		X
DLAB_VD	Laboratory variable direct	X	X	X	X	X	X	X	X	X	X	X
DNUR_FD	Nursing fixed direct	X	X	X	X	X	X	X	X	X	X	X
DNUR_FI	Nursing fixed indirect	X	X	X	X	X	X	X	X	X	X	X
DNUR_TOT	Nursing total	X	X	X	X	X	X	X	X	X		X
DNUR_VD	Nursing variable direct	X	X	X	X	X	X	X	X	X	X	X
DPHA_FD	Pharmacy fixed direct	X	X	X	X	X	X	X	X	X	X	X
DPHA_FI	Pharmacy fixed indirect	X	X	X	X	X	X	X	X	X	X	X
DPHA_TOT	Pharmacy total	X	X	X	X	X	X	X	X	X		X
DPHA_VD	Pharmacy variable direct	X	X	X	X	X	X	X	X	X	X	X
DPHA_VS	Variable cost of pharmacy supply	X	X	X	X	X	X	X	X	X	X	X
DPROLBR	Prosthetics labor		X	X	X	X	X	X	X	X		
DPROSUPL	Prosthetics supply		X	X	X	X	X	X	X	X		
DRAD_FD	Radiology fixed direct	X	X	X	X	X	X	X	X	X	X	X
DRAD_FI	Radiology fixed indirect	X	X	X	X	X	X	X	X	X	X	X
DRAD_TOT	Radiology total	X	X	X	X	X	X	X	X	X		X
DRAD_VD	Radiology variable direct	X	X	X	X	X	X	X	X	X	X	X
DRAD_VL4	Radiology variable labor category 4		X	X	X	X	X	X	X	X	X	X
DRAD_VL5	Radiology variable labor category 5		X	X	X	X	X	X	X	X	X	X
DSURGIMP	Surgical implant		X	X	X	X	X	X	X	X	X	X
DSUR_FD	Surgery fixed direct	X	X	X	X	X	X	X	X	X	X	X
DSUR_FI	Surgery fixed indirect	X	X	X	X	X	X	X	X	X	X	X
DSUR_TOT	Surgery total	X	X	X	X	X	X	X	X	X		X
DSUR_VD	Surgery variable direct	X	X	X	X	X	X	X	X	X	X	X
DSUR_VL4	Surgery variable labor category 4		X	X	X	X	X	X	X	X	X	X
DSUR_VL5	Surgery variable labor category 5		X	X	X	X	X	X	X	X	X	X

Table 11: Utilization and Diagnosis Variables by Fiscal Year

Type	Variable	Description	99	00	01	02	03	04	05	06	07	08	09
Utilization													
	AGGABS	Aggregate absence days		X	X	X	X	X	X	X	X	X	X
	DAO_UNT	Bed days of care	X	X	X	X	X	X	X	X			
	DAYS	Length of stay	X	X	X	X	X	X	X	X	X		X
	DLAB_UNT	Number of laboratory tests	X	X	X	X	X	X	X	X	X	X	X
	DNUR_UNT	Bed days of care	X	X	X	X	X	X	X	X	X	X	X
	DPHA_UNT	Pharmacy days	X	X	X	X	X	X	X	X			
	DRAD_UNT	Number of X-rays	X	X	X	X	X	X	X	X	X	X	X
	DSUR_UNT	Days in operating room	X	X	X	X	X	X	X	X	X	X	X
	FYDAYS	Length of stay of current fiscal year	X	X	X	X	X	X	X	X	X		X
	LOS	Total bed days of care					X	X	X	X	X		X
Diagnosis													
	ADMITDRG	Admitting DRG		X	X	X	X	X	X	X	X	X	X
	ADDRG	Admit DRGMS										X	X
	ADMITDX	Admitting diagnosis		X	X	X	X	X	X	X	X	X	X
	DRG	Discharge DRGMS	X	X	X	X	X	X	X	X	X	X	X
	DXLSF	Diagnosis for the full length of stay	X	X	X	X	X	X	X	X	X		X
	DXPRIME	Primary diagnosis	X	X	X	X	X	X	X	X	X		X
	PRINDX	Principal diagnosis		X	X	X	X	X	X	X	X	X	X
Treatment													
	A_PCP	Associate primary care provider		X	X	X	X	X	X	X			
	A_PCPTYP	Associate primary care provider type		X	X	X	X	X	X	X			
	DBEDSECT	Discharge bed section	X	X	X	X	X	X	X	X	X	X	X
	PCP	Primary care provider	X	X	X	X	X	X	X	X	X	X	X
	PCP_DSS	Primary care provider type		X	X	X	X	X	X	X	X	X	X

Table 12: Additional Inpatient Discharge Variables by Fiscal Year

Variable	Description	99	00	01	02	03	04	05	06	07	08	09
ADMITDAY	Admitting date of the stay	X	X	X	X	X	X	X	X	X	X	X
AG8R	Age group		X	X	X	X	X	X	X	X		X
AGE	Age (in years)	X	X	X	X	X	X	X	X	X	X	X
BORNDAY	Date of birth	X	X	X	X	X	X	X	X	X		X
DIS_DISPO	Discharge disposition					X	X	X	X	X	X	X
DIS_PLACE	Discharge place					X	X	X	X	X	X	X
DISCH	Number of discharges	X	X	X	X	X	X	X	X	X		X
DISDAY	Discharge date	X	X	X	X	X	X	X	X	X	X	X
DIVISION	Division			X	X	X						
ENC_NUM	Encounter number						X	X		X		X	X
ENRLPRTY	Enrollment priority						X	X	X	X	X	X	X
EXTDTE	Extract date		X	X	X	X	X	X	X			
FP	Fiscal Period (month)	X	X	X	X	X	X	X	X	X		X
FY	Fiscal year	X	X	X	X	X	X	X	X	X		X
OEFOIF	OEFOIF flag										X	X
OEFOIFDTE	OEFOIF last return date										X	X
PAT_TYPE	Patient type										X	X	X
SCRSSN	Scrambled social security number	X	X	X	X	X	X	X	X	X	X	X
SEX	Sex	X	X	X	X	X	X	X	X	X	X	X
STA3N	Medical Center Station No. (3 digit)	X	X	X	X	X	X	X	X	X	X	X
STA6A	Division	X	X	X	X	X	X	X	X	X	X	X
VISN	Network	X	X	X	X	X	X	X	X	X	X	X

Discharge for FY03 is sorted by: SCRSSN ADMITDAY DISDAY STA3N
*In FY09, this variable is called DRGMS.

5.3 Outliers

When analyzing VA DSS cost data, you will most likely encounter some numbers that appear unusually low or high compared to the rest of the data. These cases are often labeled as outliers for being at the extreme of the distribution. In our work, we have developed some simple methods for identifying outliers.

Identifying outliers is hard if you are looking at the distribution of heterogeneous products. For example, inpatient discharges are inherently heterogeneous: some hospital stays are short and others last a long time. Similarly, a heart bypass is likely to require more intensive services than an appendectomy. Normalization can help make products more homogenous and facilitate the identification of outliers. We often calculate the average cost per day or the average cost per clinic stop (for outpatient care). One can also divide the costs by a relative value unit (RVU),

which is a measure of resource intensity. Well-known RVUs include the Medicare DRG weight for inpatient care and the Current Procedure Terminology (CPT) weight for outpatient care. These RVUs are not part of the DSS data, and additional efforts are required to merge them to the DSS data.

Normalizing cost data can help you identify outliers. However, you might want to consider more complex methods and/or statistical models.

Points to consider when handling outliers:
1. Not all outliers are errors. Some outliers are just that—a combination of unusual circumstances that lead to unusually high or low costs. You might need to "drill down" to determine what is causing the outlier. DSS has created intermediate product datasets and these can be used to identity high or low cost products.

2. You might not be able to determine whether an outlier is an error or not.

3. DSS costs are based on local factor (input) prices. Labor costs can vary widely across the nation. You may need to adjust for wage differentials when analyzing outliers. Additional information on adjusting for wage differentials is available in a separate HERC guidebook, see *Medicare Wage Index for VA Facilities: 2000-2009*. **Note**: This is an internal VA website and is not available to the public.

4. You can compare DSS costs to the HERC Average Cost Dataset and identify differences in absolute or relative terms (%).

5. Your statistical results may be robust to outliers. You can compare the findings with and without the outliers, and perhaps the findings are not affected by the exclusion. In this case, it may not be worthwhile to determine what is causing the outlier.

6. Some people turn to methods, such as analyzing medians that are more robust to skewed distributions. However, economists generally prefer reporting the conditional mean as the high costs are often providing valuable information.

7. If you exclude some outliers from your results, you should consider reporting that in your paper.

6. Inpatient Treating Specialty File

6.1 Treating Specialty File

The treating specialty (TRT) file includes one to several records for each hospital stay. Each stay is divided into segments based on the month and treating specialty of the provider responsible for each part of the stay. The treating specialty is ordinarily associated with a location, such as a medical care or surgical ward, or a long-term care unit. It is also called a bed section. The treating specialty NDE is a monthly cost report. If a bed section stay crosses multiple fiscal periods (months), the TRT file will contain one record for each month of the same bed section stay. Records belonging to the same bed section stay can be linked by STA3N, SCRSSN, TRTIN, and TRTOUT, where TRTIN and TRTOUT are the bed section admission and discharge dates.

As a monthly cost report, the TRT file includes all care provided during that file's fiscal year. It does not include the cost of care provided in the previous fiscal year.

- If a patient has not yet been discharged from the hospital as of the last day (September 30) of the current fiscal year, a census flag is designed to be set to Y on those records having a bed section discharge date of September 30. Otherwise, if the patient was discharged from the hospital before the last day of the current fiscal year, the census flag is designed to be set to N.

- If a patient was admitted to the hospital prior to the beginning of the current fiscal year and is discharged from the hospital in the current fiscal year, the cost of care provided during the previous fiscal year will be reported in the previous year's treating specialty file. Only that care provided during the current fiscal year will be reported during the current fiscal year's file.

- The DSS treating specialty file often reports the cost of a single bed section stay in a single record. However, because the purpose of the DSS treating specialty file is to report the monthly cost of all inpatient stays, it reports the cost of a single bed section stay in two or more records if the start and end dates of the stay span across two or more months. For example, if a stay starts on January 20 and ends on February 5, the NDE treating specialty file would contain two records for the single stay; the first including the cost for the 11 days in January and the second for the four days in February.

TRT files contain data beginning in FY99. The file name, location, and records are listed in Table 13.

The TRT file includes the cost of all inpatient care that was provided during the fiscal year. The discharge file (Chapter 5) includes the cost of stays that ended during the fiscal year. The care reported in these files overlaps, but each file includes cost not included in the other.

The treating specialty file includes the cost of stays that were not yet over by the end of the fiscal year. The discharge file excludes these costs. The discharge file includes the total cost of stays that began before the beginning of the fiscal year. The treating specialty file includes only part of their cost – the cost that was incurred since the beginning of the fiscal year.

VA provides long-term care, and some patients have exceptionally long stays, of many years duration. Neither file reports the complete cost of stays that began before DSS was implemented at the site.

Table 13: Treating Specialty Files and Number of Records

Year	Location	No of Records
FY99	RMTPRD.MED.DSS.SAS.FY99.TRT	1,356,259
FY00	RMTPRD.MED.DSS.SAS.FY00.TRT	1,302,834
FY01	RMTPRD.MED.DSS.SAS.FY01.TRT	1,293,596
FY02	RMTPRD.MED.DSS.SAS.FY02.TRT	1,211,258
FY03	RMTPRD.MED.DSS.SAS.FY03.TRT	1,205,406
FY04	RMTPRD.MED.DSS.SAS.FY04.TRT	1,218,682
FY05	RMTPRD.MED.DSS.SAS.FY05.TRT	1,206,974
FY06	RMTPRD.MED.DSS.SAS.FY06.TRT	1,170,528
FY07	RMTPRD.MED.DSS.SAS.FY07.TRT	1,216,988
FY08	RMTPRD.MED.DSS.SAS.FY08.TRT	1,233,145
FY09	RMTPRD.MED.DSS.SAS.FY09.TRT	1,248,308

6.2 Variables

Costs in the treating specialty file are reported by the same groups of departments that are used in the discharge file. Cost variables are listed in Table 14.

The utilization and diagnosis variables for the inpatient treating specialty file are the same as those in the discharge extract. The treating specialty extract contains two variables with diagnoses: admitting Diagnosis Related Group (DRG) and admitting diagnosis and a variable identifying the treating specialty (see Table 15). Please note that the admitting DRG is not the bed section admitting DRG. It is the admitting DRG for the entire inpatient stay, which is the same as the admitting DRG in the discharge file for the same inpatient stay. Similarly, the admitting diagnosis is the same as that in the discharge file for entire inpatient stay.

Table 14: Inpatient Treating Specialty Cost Variables by Fiscal Year

Variable	Description	99	00	01	02	03	04	05	06	07	08	09
TAO_FD	All other fixed direct	X	X	X	X	X	X	X	X	X	X	X
TAO_FI	All other fixed indirect	X	X	X	X	X	X	X	X	X	X	X
TAO_TOT	All other total	X	X	X	X	X	X	X	X	X		X
TAO_VD	All other variable direct	X	X	X	X	X	X	X	X	X	X	X

Variable	Description	99	00	01	02	03	04	05	06	07	08	09
TAO_VL4	All other variable labor category 4		X	X	X	X	X	X	X	X	X	X
TAO_VL5	All other variable labor category 5		X	X	X	X	X	X	X	X	X	X
TCST_FD	Fixed Direct total							X	X	X		X
TCST_FI	Fixed Indirect total							X	X	X		X
TCST_TOT	Grand total	X	X	X	X	X	X	X	X	X		X
TCST_VD	Variable direct total							X	X	X		X
THOMEOX	Home oxygen		X	X	X	X	X	X	X	X		
TLAB_FD	Laboratory fixed direct	X	X	X	X	X	X	X	X	X	X	X
TLAB_FI	Laboratory fixed indirect	X	X	X	X	X	X	X	X	X	X	X
TLAB_TOT	Laboratory total	X	X	X	X	X	X	X	X	X		X
TLAB_VD	Laboratory variable direct	X	X	X	X	X	X	X	X	X	X	X
TNUR_FD	Nursing fixed direct	X	X	X	X	X	X	X	X	X	X	X
TNUR_FI	Nursing fixed indirect	X	X	X	X	X	X	X	X	X	X	X
TNUR_TOT	Nursing total	X	X	X	X	X	X	X	X	X		X
TNUR_VD	Nursing variable direct	X	X	X	X	X	X	X	X	X	X	X
TPHA_FD	Pharmacy fixed direct	X	X	X	X	X	X	X	X	X	X	X
TPHA_FI	Pharmacy fixed indirect	X	X	X	X	X	X	X	X	X	X	X
TPHA_TOT	Pharmacy total	X	X	X	X	X	X	X	X	X		X
TPHA_VD	Pharmacy variable direct	X	X	X	X	X	X	X	X	X	X	X
TPHA_VS	Pharmacy variable supply	X	X	X	X	X	X	X	X	X	X	X
TPROLBR	Prosthetics labor		X	X	X	X	X	X	X	X		
TPROSUPL	Prosthetics supply		X	X	X	X	X	X	X	X		
TRAD_FD	Radiology fixed direct	X	X	X	X	X	X	X	X	X	X	X
TRAD_FI	Radiology fixed indirect	X	X	X	X	X	X	X	X	X	X	X
TRAD_TOT	Radiology total	X	X	X	X	X	X	X	X	X		X
TRAD_VD	Radiology variable direct	X	X	X	X	X	X	X	X	X	X	X
TRAD_VL4	Radiology variable labor category 4		X	X	X	X	X	X	X	X	X	X
TRAD_VL5	Radiology variable labor category 5		X	X	X	X	X	X	X	X	X	X
TSUR_FD	Surgery fixed direct	X	X	X	X	X	X	X	X	X	X	X
TSUR_FI	Surgery fixed indirect	X	X	X	X	X	X	X	X	X	X	X
TSUR_TOT	Surgery total	X	X	X	X	X	X	X	X	X		X
TSUR_VD	Surgery variable direct	X	X	X	X	X	X	X	X	X	X	X
TSUR_VL4	Surgery variable labor category 4		X	X	X	X	X	X	X	X	X	X
TSUR_VL5	Surgery variable labor category 5		X	X	X	X	X	X	X	X	X	X
TSURGIMP	Surgical implant		X	X	X	X	X	X	X	X	X	X

Table 15: Utilization and Diagnosis Variables by Fiscal Year

Type	Variable	Description	99	00	01	02	03	04	05	06	07	08	09
Utilization													
	AGGABS	Aggregate absence days		X	X	X	X	X	X	X	X	X	X
	TAO_UNT	Bed days of care	X	X	X	X	X	X	X	X			
	TLAB_UNT	Number of laboratory tests	X	X	X	X	X	X	X	X	X	X	X
	TNUR_UNT	Bed days of care	X	X	X	X	X	X	X	X	X	X	X
	TPHA_UNT	Pharmacy days	X	X	X	X	X	X	X	X			
	TRAD_UNT	Number of X-rays	X	X	X	X	X	X	X	X	X	X	X
	TRT_LOS	Treating specialty length of stay									X	X	
	TSUR_UNT	Days in operating room	X	X	X	X	X	X	X	X	X	X	X
Diagnosis													
	ADMITDRG	Admit DRG	X	X	X	X	X	X	X	X	X	X	X
	ADDRGMS	Admit DRGMS										X	X
	ADMITDX	Admitting diagnosis	X	X	X	X	X	X	X	X	X	X	X
	DRGMS	Discharge DRGMS										X	X
Treatment													
	A_PCP	Associate primary care provider	X	X	X	X	X	X	X	X			
	A_PCPTYP	Associate primary care provider type	X	X	X	X	X	X	X	X			
	TRTSP	Treating specialty code	X	X	X	X	X	X	X	X	X	X	X
	TRTSP_C	Treating specialty label	X	X	X	X	X	X	X	X	X		
	PCP_DSS	Primary care provider	X	X	X	X	X	X	X	X	X	X	X
	PCPTYP	Primary care provider type	X	X	X	X	X	X	X	X	X	X	X

Table 16: Additional Inpatient Treating Specialty Variables by Fiscal Year

Variable	Description	99	00	01	02	03	04	05	06	07	08	09
ADMITDAY	Admitting date of the stay	X	X	X	X	X	X	X	X	X	X	X
AGE	Age (in years)					X	X	X	X	X		X
CENSUS	Census patient	X	X	X	X	X	X	X	X	X		
DISDAY	Discharge day									X	X	X
ENC_NUM	Encounter number					X	X		X	X	X	X
ENRLPRTY	Enrollment priority					X	X	X	X	X	X	X
EXTDTE	Extract date		X	X	X	X	X	X	X	X		X
FP	Fiscal Period (month)	X	X	X	X	X	X	X	X	X		X
FY	Fiscal year	X	X	X	X	X	X	X	X	X		X
OEFOIF	OEFOIF flag										X	X
OEFOIFDTE	OEFOIF return date										X	X
PATTYPE	Patient type									X	X	X
SCRSSN	Scrambled social security number	X	X	X	X	X	X	X	X	X	X	X
SEX	Sex (M/F)					X	X	X	X	X	X	X
STA3N	Medical Center Station Number (3 digit)	X	X	X	X	X	X	X	X	X	X	X
STA6A	Division			X	X	X	X	X	X	X	X	X
TRTIN	Bed section admitting date	X	X	X	X	X	X	X	X	X	X	X
TRTOUT	Bed section discharge date	X	X	X	X	X	X	X	X	X	X	X
*TIMEI	Bed section time in									X		X
*TIMEO	Bed section time out									X		X
VET	Veteran flag									X	X	X
VISN	Network	X	X	X	X	X	X	X	X	X	X	X

Treating Specialty for FY03 is sorted by: STA3N VISN SCRSSN ADMITDAY FP TRTIN TRTOUT
*Variable TIMEI was known as "TrtTimeI" in FY07. TIMEO was known as "TrtTimeO" in FY07.

6.3 Outliers

For information regarding extreme values in the inpatient NDEs, please see Chapter 5.3.

7. Merger of the DSS NDEs with the Austin Utilization Files

Because the DSS National Data Extracts (NDEs) do not contain detailed clinical information such as procedures and diagnosis, researchers often need to merge the NDEs to the VA health care encounter files, including the PTF and outpatient NPCD files. This chapter describes the methods of merging each of the NDE files to the associated encounter files and discusses some of the problems of merging these databases. Information on how well these databases compared in FY04 and prior years is contained in HERC Technical Reports. The documents are available in the publications section of the HERC Intranet website.

7.1 NDE and PTF Discharge Files

The DSS and PTF discharge files can be joined by the key variables, SCRSSN, ADMITDAY, STA3N and DISDAY. The inpatient data are organized differently in the two databases (DSS and PTF). Discharges from all VA facilities including hospitals, nursing homes, residential programs, and domiciliary, are recorded in a single file in the DSS national data extract. Discharge records in the PTF database are grouped into three files: 1) the PM file for discharges from hospital main bed sections, 2) the XM file for discharges from VA nursing homes, domiciliary and other residential health care bed sections, and 3) the PMO file for discharges from VA hospital observational bed sections. As DSS began classifying (in FY2002) all observational beds as outpatient encounters, discharge records from the PMO file should be excluded from the comparison process in the following sections that describe how the DSS and PTF discharge files were linked.

Merging variables
The DSS and PTF databases can be merged using the following four common variables: (1) scrambled Social Security Number (SCRSSN), (2) medical center identification number (3-digit numeric STA3N), (3) admission date (ADMITDAY), and (4) discharge date (DISDAY).

Community nursing home deletions
Before linking records from the two databases, one should first exclude discharges from community nursing homes that were recorded in the PTF XM file because the DSS inpatient files do not include discharges from community nursing homes.[1] The community nursing home stays are identified by the variable STATYP=42 in the XM file.

Deletion of duplicates
Records with the same values for the SCRSSN, STA3N, ADMITDAY and DISDAY variables should be considered to be duplicates. After removing the community nursing home stays from the XM file, one should check for (and delete) duplicate records within and between the PM and XM files.

Summary of the comparison between the DSS and PTF discharge files
As all but 0.02 percent of the DSS and PTF discharge file records could be matched in FY04, researchers should be able to link these two databases accurately in subsequent years for

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[1] However, DSS records community nursing home stay data in the outpatient cost (OPAT) file for each fiscal year.

inpatient discharges. Although PTF contained a few more discharges than the DSS NDE file in FY04, it is unlikely that the missed discharges will affect the results of most studies. Researchers could use the HERC average cost estimates to estimate the cost of the discharges that are found only in the PTF.

7.2 NDE Treating Specialty and PTF Bed section Files

The DSS treating specialty file reports the monthly cost of each bed section stay. It can be consolidated to give the total cost of each bed section stay and then combined with the PTF bed section files to create a file with cost and clinical information for each bed section stay.

Bed section stays in the DSS NDE treating specialty extract can be compared with those in the PTF bed section files. DSS includes all records classified by inpatient treating specialty (i.e., bed section) into a single file, whereas the PTF separates bed section records into three files: the main bed section file (PB), the extended bed section file (XB), and the observation bed section file (PBO). Effective FY03, DSS treated stays in observation bed sections as outpatient care. Therefore, records in observation bed sections should be excluded in a comparison of the DSS treating specialty NDE with the PTF bed section files.

The DSS treating specialty file often reports the cost of a single bed section stay in a single record. However, because the purpose of the DSS treating specialty file is to report the monthly cost of all inpatient stays, it reports the cost of a single bed section stay in two or more records if the start and end dates of the stay span across two or more months. For example, if a stay starts on January 20 and ends on February 5, the NDE treating specialty file would contain two records for the single stay; the first including the cost for the 11 days in January and the second for the four days in February. The PTF files, however, only include one record for each single stay. Also, the PTF has a census file that contains stays that are not discharged or transferred by the end of the fiscal year, whereas the NDE treating specialty file includes those records in the last month of a fiscal year.   Because of these structural differences between the two data sets in FY04, the number of records (not bed section stays) in the NDE treating specialty file is normally larger than the total number of records (bed section stays) in the three PTF files.

Methods
This section describes adjustments and methods that should be used for a comparison of the DSS treating specialty NDE with the PTF bed section files. We use the term bed section admission date for the date a patient is admitted or transferred to a bed section. The term bed section discharge date refers to the date a patient is discharged or transferred to another bed section.

Census records
Stays that were not discharged at the end of the fiscal year in the NDE Treating Specialty file (census stays) should be dropped, even though there is a PTF census file to match those census stays. Census stays in the NDE treating specialty extract may be excluded by eliminating all records with a value of "Y" (indicating that a patient was still in the hospital at the end of the fiscal year) for the census stay variable (CENSUS).

Consolidation of DSS treating specialty records
Monthly records in the DSS treating specialty file should be consolidated into one record for each unique bed section stay. As previously indicated, the DSS treating specialty file reports the cost of a single bed section stay in two or more records if the start and end dates of the stay span across two or more months. These multiple records have the same values for five variables (SCRSSN, STA3N, TRTIN, TRTOUT, and TRTSP). The treating specialty file therefore should be consolidated into one record per bed section stay using these variables.

Community nursing homes
Since the DSS NDE treating specialty extract does not contain data from community nursing homes, community nursing home stays from the PTF XB file should be excluded by eliminating records with "STATYP=42." The main and bed section files can be merged by STATYP to identify stays in community nursing homes.

Duplicated records
Records within a file with the same values in the five aforementioned variables (SCRSSN, STA3N, TRTIN, TRTOUT, and TRTSP) should be considered duplicates and removed before comparing the treating specialty and PTF files.

Variables used in the merge statement
The DSS treating specialty and PTF bed section files can be merged on the following five variables: (1) scrambled Social Security Number (SCRSSN), (2) medical center identification number (3-digit numeric STA3N), (3) bed section admission date, (4) bed section discharge or transfer date, and (5) bed section number.

Note that three pairs of variables have different names in the two databases. The bed section admission date is named as "BSINDAY" in the PTF and named as "TRTIN" in the treating specialty file. The bed section discharge or transfer date is named as "BSOUTDAY" in the PTF and is named as "TRTOUT" in the treating specialty file. The SAS name for bed section number is BEDSECN in the PTF and is TRTSP in the DSS file. Table 17 lists the equivalent variables in the two data sets.

Table 17: Correspondence between Variable Names in the PTF and DSS NDE

Variable	PTF Variable Name	DSS NDE Variable Name
Bed section Admission Date	BSINDAY	TRTIN
Bed section Discharge Date	BSOUTDAY	TRTOUT
Bed section (Treating Specialty)	BEDSECN	TRTSP

Summary of the comparison between the DSS treating specialty and PTF bed section file
The FY04 DSS treating specialty and FY04 PTF bed section files were merged on the five aforementioned variables (scrambled social security number, station number, inpatient bed section admission date, discharge date, and bed section number). Over 73% of the DSS bed section stays matched exactly by those five variables with the PTF database. These files have different rules for setting bed section admission and discharge dates, however. Admission or

discharge dates sometimes differ by one day; patients admitted in a prior fiscal year were sometimes assigned the first day of the fiscal year as their admission date. When these differences were adjusted for, the comparison attained was very high, as the PTF files included 97.8% of the stays in the DSS treating specialty file. The DSS treating specialty file included 99.7% of the stays recorded in the acute care (PB) PTF bed section file and 97.4% of the stays in the extended care (XB) PTF bed section file.

Recommendations to researchers
If researchers need to link bed section stays in the DSS and PTF data sets, they should first extract all bed section stays from the DSS and PTF databases for the study subjects using scrambled social security number regardless of other information. Then, researchers can adjust as explained above to conduct a match. If a small percentage of unmatched DSS stays remain, researchers may link them in the two data sets by matching on SCRSSN, bed section number and on any combination of two of the three remaining variables. For any few remaining unmatched records, manual examination is necessary.

7.3 Comparison Between DSS Treating Specialty and DSS Discharge File

To validate whether stays and costs reported in the DSS treating specialty file are consistent with stays reported in the DSS discharge file, these files may be compared. The DSS treating specialty file contains records for only that part of the bed section stay that took place during the fiscal year. If a stay began in a previous fiscal year, that part of the stay is not in the current fiscal year. Rather, it is in the earlier year's DSS treating specialty file. If a bed section stay lasts more than a single fiscal period (month), there will be multiple records for the same stay. The discharge file, however, provides one record for each hospital stay that ended during the fiscal year. Accordingly, the records in the treating specialty file should be summarized so that they would have the same format as the discharge file, with one record per hospital stay.

Stays that had not ended by the end of the fiscal year should be excluded (from the treating specialty file), because such stays are not reported in the discharge file. In addition, stays that began before the first day of the fiscal year should be excluded (from both the discharge and treating specialty files) because costs are included in the discharge file but not in the treating specialty file.

Summary of the comparison between the DSS treating specialty and DSS discharge file
When the FY04 DSS treating specialty file was compared with the DSS discharge file, some stays were contained in the discharge file but not in the treating specialty file. Between FY03 and FY04, differences of this type continued to decrease sharply (from 221 to 16). Another type of difference was stays contained in both the discharge and treating specialty files but with costs that differed by more than each of $100, $1000 and $5000. Between FY03 and FY04, differences of this type decreased sharply (e.g., from 2,367 in FY03 to 539 in FY04 for stays in both files and for costs that differed by more than $100).

7.4 Comparison Between the DSS Outpatient Extract and the NPCD Database

The DSS outpatient (OPAT) extract contains services recorded in the NPCD. The DSS outpatient file is also designed to include many outpatient services that are not recorded in the NPCD database. For example, DSS identified 21% more outpatient services in FY04 (such as prosthetics and addiction severity index tests) that were not recorded in the Austin NPCD. The NPCD outpatient event file (the SE file) includes all encounters to outpatient clinic stops. Linking records in the NPCD SE file with the DSS outpatient extract can generate a combined outpatient file with cost and clinical information, which is useful for VA healthcare studies.

To link records in the DSS outpatient extract with the NPCD, researchers should identify which records in the DSS outpatient extract used NPCD as their data source. Then these DSS records can be matched with records in the NPCD SE file. For more specific information about the methods to link the DSS outpatient extract with the NPCD, researchers are encouraged to consult HERC Technical Reports that are available in the publications section of the HERC Intranet website. Researchers should also note important information in section 4.1 of this Guidebook about the new naming convention that impacts most NDE data beginning with FY04, low cost DSS data as well as the grouping of outpatient pharmacy cost data with other outpatient (OPAT) records.

Summary of the comparison between the DSS outpatient extract with the NPCD
FY04 DSS outpatient extract records that were marked by the NPCD flag were matched with records in the NPCD SE file. Almost all records with an NPCD flag in the DSS outpatient file had corresponding records in the NPCD SE file. For example, in FY03, 9.4% of the records in the NPCD SE file did not have corresponding DSS records with the NPCD flag equal to "Y". In FY04, the analysis was expanded by using a file that contains outpatient encounters that were assigned low cost by DSS ("low cost" data refer to those outpatient encounters that are either not assigned costs or assigned costs between -$1 and $1). In FY04, the percentage of non-matched records decreased to 8.8% for normal cost data. However, when DSS records consisted of normal cost and low cost data, the percentage of non-matched NPCD SE records decreased sharply to 0.6%. The significance of this finding is that by including low cost DSS encounters in the FY04 comparison between the DSS and NPCD databases, outpatient utilization thought to be missing from DSS was found, and almost all outpatient care was found to be reported in DSS.

Outpatient cost outliers
Any outpatient clinic encounter with a total cost of more than $100,000 was identified as an outlier. In FY 2009, there were 132 outliers among outpatient pharmacy records, compared to 47 outliers identified in FY 2004. These account for an extremely small proportion (close to 0%) of the total number of pharmacy records. There were 174 records from the DSS outpatient file with total costs of more than $100,000. From these, 79% of the encounters involved prosthetics services, compared to 37% in FY 2004.

7.5 Summary of the Comparison Between the DSS NDEs and the VA NPCD

The DSS national data extracts can be linked almost perfectly with the VA discharge and outpatient data sets after adjustments in database design are made. For example, with the

adjustments noted in preceding sections in this chapter, inpatient stays in the FY04 DSS NDEs matched almost perfectly with corresponding records in the FY04 PTF. In addition, in a comparison of the FY04 DSS treating specialty file with the FY04 DSS discharge file, discrepancies decreased sharply for stays contained in both the discharge and treating specialty files but with costs that differed by more than each of $100, $1000 and $5000. For outpatient services, the two databases differed largely in design. More than 90% of the records in the FY04 NPCD event file were linked to the FY04 DSS for cost information whereas DSS allocated 21% of outpatient cost to services other than those recorded in NPCD. The correspondence between the DSS and NPCD databases (particularly for records but also for patients) sharply improved when DSS records consisted of normal cost and low cost data. The significance of this finding is that by including low cost DSS encounters in the FY2004 comparison between the DSS and NPCD databases, outpatient utilization thought to be missing from DSS was found, and almost all outpatient care was found to be reported in DSS.

Appendices

Appendix A   DSS Data Access Forms

VA Privacy Statement

I am aware of the regulations and facility automated information system (AIS) security policies designed to ensure the confidentiality of all sensitive information. I am aware that information about patients or employees is confidential and protected from unauthorized disclosure by law. Improper disclosure of information to anyone not authorized to receive it may result in criminal charges and a fine from $5,000 - $20,000 under the Privacy Act of 1974, 5 U.S.C. 552a, and 38 U.S.C. Sections 5701 (Confidential Nature of Claims) and 7332 (Confidentiality of Certain Medical Records). I understand that my obligation to protect VA information does not end with either the termination of my access to national databases or with the termination of my government employment.

_____
Requestor name and title–typed or printed – First and Last)

_____
(Company/Organization)

_____
(Street Address)

_____
(City, State and ZIP Code)

_____ / _____
(Phone Number–Including Area Code)

_____   _____
(Signature)   (Date)

VA 9957 ACRS Time Sharing Request

Department of Veterans Affairs

ACCESS FORM

PRIVACY ACT STATEMENT: The information is solicited under authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester, including establishing, modifying or deleting a Customer Account. Furnishing the information on this form is voluntary; however, if the information is not furnished, we will be unable to take further action on your request.

NOTE: Information from this form is used to establish VA Accounts or to grant access to VA resources.

ARE YOU CURRENT ON YOUR SIGNED RULES OF BEHAVIOR; CYBER SECURITY AND PRIVACY TRAINING?	TYPE OF ACCESS			TYPE OF ACTION REQUESTED
	☐ ZOS *(Mainframe)*	☐ WINDOWS	☐ EMAIL	☐ CREATE NEW CUSTOMER
	☐ UNIX	☐ DATABASE	☐ LAN ACCOUNT	☐ MODIFY EXISTING CUSTOMER
☐ YES ☐ NO	☐ USD	☐ OTHER *(Specify)*		☐ DELETE EXISTING CUSTOMER

2. CUSTOMER INFORMATION

A. NAME *(Last, First, Middle Initial)*	B. CUSTOMER ID	C. TELEPHONE NUMBER *(Include Area Code)*

D.STATION (FACILITY) NUMBER	E. MAIL ROUTING SYMBOL OR STOP CODE	F. JOB TITLE

G. CONTRACTOR, OR IF TEMPORARY ACCESS, SHOW EXPIRATION DATE *(Month, day, year)*

H. CONTRACTOR OR OTHER GOVERNMENT ORGANIZATION, NAME EMPLOYER

I. CONTRACTOR OR OTHER GOVERNMENT ORGANIZATION, OFFICE ADDRESS *(Street, City, State, Zip Code)*	J. ACTIVE DIRECTORY (AD) USERNAME	K. ACTIVE DIRECTORY (AD) DOMAIN
	L. E-MAIL ADDRESS	

NOTE: See reverse for instructions.

3. ACCESS REQUESTED

CHECK APPROPRIATE BOX		NAME OF FUNCTIONAL TASK CODES; PROFILES, WEB SERVERS; UNIX ACCOUNTS; DATABASE OR OTHER ACCESS	DEFINE LEVEL OF ACCESS REQUESTED OR CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE AND TITLE *(If required)*
ADD	DELETE		
☐	☐		
☐	☐		
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☐	☐		
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☐	☐		

4. SIGNATURES

A. REQUESTING OFFICIAL & TITLE	B.DATE
C. APPROVING OFFICIAL & TITLE	D. DATE
E. SECOND APPROVING OFFICIAL & TITLE *(If required)*	F. DATE

G. NAME AND TITLE OF FACILITY POINT OF CONTACT OR INFORMATION SECURITY OFFICER

VA FORM APR 2008 **9957**   All prior editions of VA Form 9957 are not acceptable for submission.   Adobe LiveCycle Designer 7.1

Data Disclosure Agreement

AGREEMENT TO NOT DISCLOSE DSS DATA
Department of Veterans Affairs Decision Support System Cost Data

In order to ensure the confidentiality of the DSS cost data collected and maintained by the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA) expects the requestors and recipients of its data to agree to observe the following conditions and to comply with these requirements. These requirements apply to the use of all Decision Support System (DSS) file(s) or any data derived from such files(s).

The Requestor shall neither publish nor release to the public any cost information that is derived from the file(s) that identifies a specific facility or Veterans Integrated Services Network (VISN) and describes the cost of a specific patient cohort, clinical classification group (Diagnosis Related Group (DRG), Ambulatory Care Group (ACG), International Classification of Disease, 9th edition, Clinical Modification (ICD-9-CM) etc.), or DSS intermediate product. This restriction includes total costs as well as average costs. Exceptions allowing the disclosure of this facility level cost data may be granted on a case-by-case base by the facility or VISN Director. These cost data may be distributed for internal VA use and management reporting.

Proper care should be exercised to prevent the unwanted disclosure of confidential cost data to potential private sector competitors. The requestor shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the DSS data covered by this Agreement. Appropriate administrative, technical, procedural, and physical safeguards shall be established by the Recipient to protect the confidentiality of the data and to prevent unauthorized access to it. In the event the Requestor makes an unauthorized disclosure of these data, VHA may revoke requestor's access to all VHA DSS data.

_____
(Requestor name and title–typed or printed – First and Last)

_____
(Company or Organization)

_____
(Street Address)

_____
(City, State, and ZIP Code)

_____   _____
(Area Code)   (Phone Number)

_____   _____
(Requestor's Signature)   (Date)

Appendix B   Values for Selected Variables/Codes

The variables used in DSS datasets are defined using the same value formats used in other VA datasets. For the readers' convenience, we include tables of variable values from VIREC guidebooks to the VA medical SAS extracts.

Table B1: Values for the Treating Specialty (Bed section) Variable

Values for **DBEDSECT** (discharge bed section), **TRTSP** (treating specialty), and **TRTSP_C** (treating specialty label) all refer to the VA bed section codes, which can assume the following values:

Value	Description	Comments
1	Allergy	*Deleted in FY 2008*
2	Cardiology	
3	Pulmonary Tuberculosis (TB)	
4	Pulmonary Non-TB	
5	Gerontology	
6	Dermatology	
7	Endocrinology	*Deleted in FY 2007*
8	Gastroenterology	
9	Hematology/Oncology	
10	Neurology	
11	Epilepsy Center	
12	Medical Intensive Care Unit (ICU)	*Description/Name change in FY 2006*
13	Cardiac Intensive Care Unit	*New value added in FY 2008*
14	Metabolic	
15	General (Acute) Medicine	
16	Cardiac Step Down	
17	Telemetry	
18	Neurology Observation (OBS)	
19	Stroke	
20	Rehabilitation Medicine	
21	Blind Rehabilitation	
22	Spinal Cord Injury	
23	Spinal Cord Injury Observation	
24	Medical Observation	
25	Psychiatric Residence Rehabilitation Treatment (PSYC RES REHAB TRMT)	*Deleted in FY 2009*
26	Post Traumatic Stress Disorder Residence Rehabilitation Treatment (PTSD RES REHAB PGM)	*Deleted in FY 2009*
27	Substance Abuse Residence Rehabilitation (SUB ABUSE RES REHAB)	*Deleted in FY 2009*
28	Homeless Chronically Mentally Ill	*Deleted in FY 2010*

Value	Description	Comments
	Compensated Work Therapy Trans Residences (HCMI CWT/TR)	
29	Substance Abuse Compensated Work Therapy/Trans Residences (SA CWT/TR)	*Deleted in FY 2010*
30	Pediatrics	*New value added in FY 2008*
31	Geriatric Evaluation and Management (GEM) Acute Medicine	
32	GEM Intermediate Care	
33	GEM Psychiatry	
34	GEM Neurology	*Deleted in FY 2008*
35	GEM Rehabilitation	
36	Blind Rehabilitation Observation	*Deleted in FY 2010*
37	Domiciliary Care for Homeless Veterans (DCHV)	
38	Post Traumatic Stress Disorder Compensated Work Therapy Trans Residences (PTSD/CWT/TR)	*Deleted in FY 2010*
39	General Compensated Work Therapy Trans Residences (CWT/TR)	
40	Intermediate Medicine	
41	Rehabilitation Medicine Observation	
42	Nursing Home Long Stay (NH LS) Dementia	
43	Nursing Home Long Stay (NH LS) Skilled Nursing	
44	Nursing Home Long Stay (NH LS) Maintenance Care	
45	Nursing Home Long Stay (NH LS) Psychiatric Care	
46	Nursing Home Long Stay (NH LS) Spinal Cord Injury Care	
47	Respite Care Nursing Home Care Unit (NHCU)	
48	Cardiac Surgery	*New value added in FY 2008*
49	Transplantation	*New value added in FY 2008*
50	Surgery (General)	*Description/Name change in FY 2007*
51	Obstetrics OB/Gynecology GYN	*Description/Name change in FY 2007*
52	Neurosurgery	
53	Ophthalmology	
54	Orthopedic	
55	Ear, Nose, & Throat (ENT)	*Description/Name change in FY 2007*
56	Plastic Surgery	*Description/Name change in FY 2007*
57	Proctology	
58	Thoracic Surgery	*Description/Name change in FY 2007*
59	Urology	

Value	Description	Comments
60	Oral Surgery	*Description/Name change in FY 2007*
61	Podiatry	
62	Peripheral Vascular	*Deleted in FY 2010*
63	Surgical Intensive Care Unit (ICU)	
64	Nursing Home Short Stay (NH SS) Rehab	
65	Surgical Observation	
66	Nursing Home Short Stay (NH SS) Restorative	
67	Nursing Home Short Stay (NH SS) Maintenance	
68	Nursing Home Short Stay (NH SS) Psychiatric Care	
69	Nursing Home Short Stay (NH SS) Dementia Care	
70	Acute Psychiatry	*Deleted in FY 2006*
71	Long-Term Psychiatry	*Deleted in FY 2006*
72	Alcohol Dependency – High Intensity (HI INT)	
73	Drug Dependency – High Intensity (HI INT)	
74	Substance Abuse – High Intensity (HI INT)	
75	Halfway House	*Deleted in FY 2006*
76	Psychiatric Medically Infirm (PSYCH MED INFIRM)	*Deleted in FY 2006*
77	Psychiatric Residence Rehabilitation (PSYCH RES REHAB)	*Deleted in FY 2007*
78	Anesthesiology	*New value added in FY 2008*
79	Special Inpatient PTSD Unit (SPEC INP PTSD UNIT)	
80	Nursing Home Care	*Deleted in FY 2006*
81	GEM Nursing Home Care Unit (NHCU)	
82	Physical Medicine and Rehabilitation Transitional Rehab (PM&R TRANSITIONAL)	*New value added in FY 2008*
83	Respite Care (Medicine)	*Description/Name change in FY 2006*
84	Psychiatric Substance Abuse Intermediate Care (PSY SA INTER CARE)	*Deleted in FY 2006*
85	Domiciliary	
86	Domiciliary Substance Abuse	
87	GEM Domiciliary	
88	Domiciliary PTSD	
89	Sustained Treatment and Rehabilitation (STAR) I, II, & III Programs	
90	Substance Abuse Star I, II, & III	*Deleted in FY 2006*
91	Evaluation Brief Treatment PTSD	
92	Psychiatry – General Intervention	
93	High Intensity (HI INT) General Psychiatry –	

Value	Description	Comments
	Inpatient	
94	Psychiatric Observation OBS	
95	Nursing Home (NH) Short Stay Skilled Nursing	*Description/Name change in FY 2006*
96	Hospice	*Description/Name change in FY 2006*
97	Surgical Step-down	*New value added in FY 2008*
98	Non-Department of Defense (DOD) Beds	
99	DOD Beds	
1A	Short Stay Geriatric Research, Education, and Clinical Center Nursing Home Care Unit (SS GRECC-NHCU)	*New value added in FY 2008*
1B	Long Stay Geriatric Research, Education, and Clinical Center –Nursing Home Care Unit (LS GRECC-NHCU)	*New value added in FY 2008*
1C	Short Stay Geriatric Research, Education, and Clinical Center –GEM-Nursing Home Care Unit (SS GRECC-NHCU)	*New value added in FY 2008*
1D	Geriatric Research, Education, and Clinical Center – Geriatric Evaluation and Management –Rehab (GRECC-GEM-REHAB)	*New value added in FY 2008*
1E	Geriatric Research, Education, and Clinical Center –MED (GRECC-MED)	*New value added in FY 2008*
1F	Hospice for Acute Care	*New value added in FY 2010*
1G	Vascular	*New value added in FY 2010*
1H	Medical Step Down	*New value added in FY 2010*
1J	ED Observation	*New value added in FY 2010*
1K	Psychiatric Residence Rehabilitation Program	*New value added in FY 2010*
1L	Post Traumatic Stress Disorder Residence Rehabilitation Program	*New value added in FY 2010*
1M	Substance Abuse Residence Program	*New value added in FY 2010*
1N	Polytrauma Rehabilitation Unit	*New value added in FY 2010*

Table B2: Values for Discharge Disposition (DIS_DISPO)

Value	Description
1	REGULAR
2	NON-BED CARE
4	IRREG
5	TRANS TO HOSP
6	DEATH-AUTOPSY
7	DEATH NO AUTOP

Table B3: Values for Discharge Location (DIS_PLACE)

Variable Value	Description (Formatted Value)
0	VA HOSP
1	MIL HOSP
2	OTHER FED HOSP
3	OTHER GOVT HOSP
4	COMM HOSP
5	VA NURSING HOME
7	COMM NURS.HOME
-1	COMMUNITY
-2	DEATH
-3	IRREGULAR
11	STATE HOME NURS
12	VA DOMICILIARY
13	STATE HOME DOM
15	FOSTER HOME
16	HALFWAY HOUSE
17	BOARDING HOUSE
19	PENAL INSTITUTE
20	RES HOTEL/RESID
21	OTHER PLACEMENT
22	VA-PD HOME/COMM
25	HOM-BAS PRI CAR
27	SCI HCU PROGRAM
29	RESPITE
30	HOSPICE
34	MCARE HOME HLTH
35	OTH-AG HOM HLTH

Table B4: Values for Enrollment Priority (ENRLPRTY)

Value	Description
1	Veterans with service-connected disabilities rated 50 percent or more disabling
2	Veterans with service-connected disabilities rated 30% to 40% disabling.
3	Veterans with service-connected disabilities related 10% to 29% disabling.
	Veterans who are former POWs.
	Veterans awarded the Purple Heart.
	Veterans whose discharge was for a disability that began in the line of duty.
	Veterans, awarded special eligibility classification under 38 U.S.C., Section 1151, who are disabled because of VA treatment or participation in VA vocational rehabilitation program.
4	Veterans who are receiving aid and attendance or housebound benefits (or pension) from VA.
	Veterans who have been determined by VA to be catastrophically disabled.
5	Veterans receiving VA pension benefits.
	Veterans who are eligible for Medicaid benefits.
	Veterans who are nonservice-connected and noncompensable service-connected with a rating of 0% disabled, with income and assets below VA Means Test thresholds.
6	Veterans with 0% service-connected conditions, but receiving VA compensation.
	Veterans seeking care only for disorders relating to Ionizing Radiation and Project 112/SHAD.
	Veterans seeking care for Agent Orange Exposure during service in Vietnam.
	Veterans seeking care for Gulf War Illness or for conditions related to exposure to Environmental Contaminants during service in the Persian Gulf.
	Veterans of World War I or the Mexican Border War.
	Veterans who served in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.
7	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the Geographic Means Test Threshold.
	- Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in VA Health Care System on a specified date and who remained enrolled since that date.
	- Subpriority c: Nonservice-connected veterans who were enrolled in VA Health Care System on a specified date and who have remained enrolled since that date
	- Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above. VA is not currently using Subpriority e.
	- Subpriority g: Nonservice-connected veterans not included in Subpriority c above. VA is not currently using Subpriority g.
8	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the Geographic Means Test Threshold.
	- Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date.
	- Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date.
	- Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003.
	- Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003.
11	A non-veteran.
90	A veteran who is not enrolled and therefore, does not have a priority level.

Table B5: Values for Provider Type Variables

The type of providers is identified by codes. These same set of codes is used to identify provider type (PIDT_DSS), primary care provider type (PCPT_DSS), associate primary care provider type (A_PCPTYP), and primary care provider type (PCPTYP).

Value	Description
010000	Behavioral health and social services
010100	Behavioral health and social services; social worker; clinical
010200	Behavioral health and social services; counselors and therapists
010201	Behavioral health and social services; counselor; addiction (substance use disorder)
010202	Behavioral health and social services; marriage & family therapist
010203	Behavioral health and social services; counselor; mental health
010204	Behavioral health and social services; counselor; pastoral
010205	Behavioral health and social services; counselor; professional
010206	Behavioral health and social services; counselor; school
010300	Behavioral health and social services; psychoanalyst
010301	Behavioral health and social services; psychoanalyst; affiliate
010302	Behavioral health and social services; psychoanalyst; associate
010400	Behavioral health and social services; psychologist
010401	Behavioral health and social services; psychologist; behavioral
010402	Behavioral health and social services; neuropsychologist; clinical
010403	Behavioral health and social services; psychologist; clinical
010404	Behavioral health and social services; psychologist; counseling
010405	Behavioral health and social services; psychologist; family
010406	Behavioral health and social services; psychologist; forensic
010407	Behavioral health and social services; psychologist; health
010408	Behavioral health and social services; psychologist; school
010409	Behavioral health and social services; psychologist; addiction (substance use disorder)
010410	Behavioral health and social services; psychologist; adult development & aging
010411	Behavioral health and social services; psychologist; child, youth & family
010412	Behavioral health and social services; psychologist; educational
010413	Behavioral health and social services; psychologist; exercise & sports
010415	Behavioral health and social services; psychologist; mental retardation & developmental disability
010416	Behavioral health and social services; psychologist; psychotherapy
010418	Behavioral health and social services; psychologist; rehabilitation
010419	Behavioral health and social services; psychologist; women
010500	Behavioral health and social services; social worker; school
010600	Behavioral health and social services; social worker
020000	Chiropractor
020100	Chiropractor; internist
020200	Chiropractor; neurology
020300	Chiropractor; nutrition
020400	Chiropractor; occupational heal
020500	Chiropractor; orthopedics (OR)
020600	Chiropractor; orthopedics (RA)
020700	Chiropractor; sports physicians
020800	Chiropractor; thermography

Value	Description
030000	Dental services
030100	Dental services; dental assistant
030200	Dental services; dental hygienist
030300	Dental services; dental resident
030400	Dental services; dental laboratory technician
030500	Dental services; dentist
030501	Dental services; dentist; endodontics
030502	Dental services; dentist; general
030503	Dental services; dentist; surgery, oral pathology
030504	Dental services; dentist; surgery, oral & maxillofacial
030505	Dental services; dentist; orthodontics
030506	Dental services; dentist; pediatrics dentistry
030507	Dental services; dentist; periodontics
030508	Dental services; dentist; prosthodontics
030509	Dental services; dentist; dental public health
030600	Dental services; dentist; denturist
040000	Dietary and nutritional services
040100	Dietary and nutritional services; dietary manager; dietary management
040101	Dietary and nutritional services; certified dietary manager
040200	Dietary and nutritional services; dietary and nutritional services; dietetic, technician
040300	Dietary and nutritional services; nutritionist
040301	Dietary and nutritional services; nutritionist; nutrition education
040400	Dietary and nutritional services; dietary and nutritional services; dietician, registered
040401	Dietary and nutritional services; dietitian, registered; nutrition, metabolic
040402	Dietary and nutritional services; dietitian, registered; nutrition, pediatric
040403	Dietary and nutritional services; dietitian, registered; nutrition, renal
050000	Dietary and nutritional services; specialist; nutrition, pediatric
050100	Emergency medical services; emergency medical technician, basic
050200	Emergency medical services; emergency medical technician, intermediate
050300	Emergency medical services; emergency medical technician, paramedic
050400	Emergency medical services; emergency medical technician, first responder
060000	Eye and vision services
060100	Eye and vision services; technician/technologist; contact lens fitter
060200	Eye and vision services; technician/technologist; contact lens
060300	Eye and vision services; technician/technologist; ocularist
060400	Eye and vision services; technician/technologist; ophthalmic medical assistant
060500	Eye and vision services; technician/technologist; ophthalmic
060600	Eye and vision services; technician/technologist; optician
060700	Eye and vision services; optometric assistant/technician
060701	Eye and vision services; technician/technologist; optometric assistant
060702	Eye and vision services; technician/technologist; optometric technician
060800	Eye and vision services; optometrist
060801	Eye and vision services; optometrist; contact lens
060802	Eye and vision services; optometrist; low vision
060803	Eye and vision services; optometrist; occupational vision
060804	Eye and vision services; optometrist; pediatric
060805	Eye and vision services; optometrist; sports vision
060806	Eye and vision services; optometrist; vision therapy
060900	Eye and vision services; technician/technologist; orthoptist

Value	Description
070000	Nursing services
070100	Nursing services; clinical specialist
070101	Nursing services; registered nurse; psychiatric/mental health, adult
070102	Nursing services; registered nurse; psychiatric/mental health, child and adolescent
070103	Nursing services; registered nurse; community health nursing
070104	Nursing services; registered nurse; gerontological nursing
070105	Nursing services; clinical specialist; medical-surgical
070200	Nursing services; nurse anesthetist (CRNA)
070300	Nursing services; nurse massage therapist (NMT)
070400	Nursing services; nurse midwife (CNM)
070500	Nursing services; nurse practitioner
070501	Nursing services; nurse practitioner; adult nurse practitioner
070502	Nursing services; nurse practitioner; family nurse practitioner
070503	Nursing services; nurse practitioner; gerontological nurse practitioner
070504	Nursing services; nurse practitioner; neonatal nurse practitioner
070505	Nursing services; nurse practitioner; obstetrical/gynecological nurse practitioner
070506	Nursing services; nurse practitioner; obstetrical/gynecological pediatric nurse practitioner
070507	Nursing services; nurse practitioner; pediatric; school nurse practitioner
070600	Nursing services; nurse practitioner; pediatric; administrator
070800	Nursing services; other nursing services (non-RN's)
070801	Nursing services; other nursing services (non-RN's); Christian science nurse
070802	Nursing services; other nursing services (non-RN's); graduate nurse
070803	Nursing services; home health aide
070804	Nursing services; licensed practical nurse
070805	Nursing services; licensed vocational nurse
070806	Nursing services; other nursing services (non-RN's); nurse's aide
070900	Nursing services; registered nurse
070901	Nursing services; registered nurse; addiction (substance use disorder)
070902	Nursing services; registered nurse; post-anesthesia, ambulatory
070903	Nursing services; registered nurse; women health care, ambulatory
070904	Nursing services; registered nurse; cardiac rehabilitation
070905	Nursing services; registered nurse; case management
070906	Nursing services; registered nurse; college health
070907	Nursing services; registered nurse; community health
070908	Nursing services; registered nurse; continence care
070909	Nursing services; registered nurse; critical care medicine
070910	Nursing services; registered nurse; diabetes educator
070911	Nursing services; registered nurse; emergency
070912	Nursing services; registered nurse; enterstomal therapy
070913	Nursing services; registered nurse; flight nurse
070914	Nursing services; registered nurse; gastroenterology
070915	Nursing services; registered nurse; general practice
070916	Nursing services; registered nurse; gerontology
070917	Nursing services; registered nurse; hemodialysis
070918	Nursing services; registered nurse; high-risk obstetric
070919	Nursing services; registered nurse; home health
070920	Nursing services; registered nurse; hospice
070921	Nursing services; registered nurse; infection control
070922	Nursing services; registered nurse; inpatient obstetric

Value	Description
070923	Nursing services; registered nurse; intravenous therapy
070924	Nursing services; registered nurse; lactation consultant
070925	Nursing services; registered nurse; low-risk neonatal
070926	Nursing services; registered nurse; maternal newborn
070927	Nursing services; registered nurse; medical-surgical
070928	Nursing services; registered nurse; neonatal intensive care
070929	Nursing services; registered nurse; nephrology
070930	Nursing services; registered nurse; neuroscience
070931	Nursing services; registered nurse; continuing education/staff development
070932	Nursing services; registered nurse; nutrition support
070933	Nursing services; registered nurse; occupational health
070934	Nursing services; registered nurse; oncology
070935	Nursing services; registered nurse; operating room
070936	Nursing services; registered nurse; ophthalmic
070937	Nursing services; registered nurse; orthopaedic
070938	Nursing services; registered nurse; ostomy care
070939	Nursing services; registered nurse; otorhinolaryngology & head
070940	Nursing services; registered nurse; pain management
070941	Nursing services; registered nurse; pediatric
070942	Nursing services; registered nurse; pediatric oncology
070943	Nursing services; registered nurse; perinatal
070944	Nursing services; registered nurse; dialysis, peritoneal
070945	Nursing services; registered nurse; surgery, plastic
070946	Nursing services; registered nurse; post-anesthesia
070947	Nursing services; registered nurse; psychiatric/mental health
070948	Nursing services; registered nurse; rehabilitation
070949	Nursing services; registered nurse; reproductive endocrinology/infertility
070950	Nursing services; registered nurse; school
070951	Nursing services; registered nurse; urology
070952	Nursing services; registered nurse; wound care
080000	Other services
080100	Other services; acupuncturist
080200	Other services; driver
080201	Other services; driver; paid driver
080203	Other services; volunteer driver
080212	Other services; taxi driver
080300	Other services; electrologist
080400	Other services; home health aide
080500	Other services; contractor; home modifications
080600	Other services; homemaker
080700	Other services; homeopath
080800	Other services; medical record administrator
080900	Other services; medical record technician
081000	Other services; midwife, lay (non-nurse)
081100	Other services; naturopath
081200	Other services; nursing home administrator
081300	Other services; other (as specified)
081400	Other services; perfusionist
081500	Other services; personal care attendant

Value	Description
081600	Other services; phlebotomist (non-nurse)
081700	Other services; funeral director
081800	Other services; legal medicine
081900	Other services; specialist
081903	Other services; specialist; research data abstracter/coder
081904	Other services; specialist; research study
081905	Other services; specialist; prosthetics case management
082001	Other services; veterinarian; medical research
090000	Pharmacy services
090100	Pharmacy services; pharmacist
090101	Pharmacy services; pharmacist; general practice
090102	Pharmacy services; pharmacist; nuclear pharmacy
090103	Pharmacy services; pharmacist; nutrition support
090104	Pharmacy services; pharmacist; pharmacotherapy
090105	Pharmacy services; pharmacist; psychopharmacy
090200	Pharmacy services; technician; pharmacy
100000	Physician assistants & advanced practice nursing; physician assistant
100100	Physician assistants & advanced practice nursing; physician assistant; medical
100200	Physician assistants & advanced practice nursing; physician assistant; surgical
100300	Physician assistants & advanced practice nursing; clinical nurse specialist
100301	Physician assistants & advanced practice nursing; clinical nurse specialist; adult care
100302	Physician assistants & advanced practice nursing; clinical nurse specialist; adult health
100303	Physician assistants & advanced practice nursing; clinical nurse specialist; chronic care
100304	Physician assistants & advanced practice nursing; clinical nurse specialist; community health/public health
100305	Physician assistants & advanced practice nursing; clinical nurse specialist; critical care medicine
100306	Physician assistants & advanced practice nursing; clinical nurse specialist; emergency
100308	Physician assistants & advanced practice nursing; clinical nurse specialist; family health
100309	Physician assistants & advanced practice nursing; clinical nurse specialist; gerontology
100311	Physician assistants & advanced practice nursing; clinical nurse specialist; home health
100312	Physician assistants & advanced practice nursing; clinical nurse specialist; informatics
100313	Physician assistants & advanced practice nursing; clinical nurse specialist; long-term care
100314	Physician assistants & advanced practice nursing; clinical nurse specialist; medical
100317	Physician assistants & advanced practice nursing; clinical nurse specialist; neuroscience
100319	Physician assistants & advanced practice nursing; clinical nurse specialist; oncology
100321	Physician assistants & advanced practice nursing; clinical nurse specialist; pediatrics
100323	Physician assistants & advanced practice nursing; clinical nurse specialist; perioperative
100324	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health
100325	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, adult
100326	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health child & adult
100327	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, child & adult
100328	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, chronic illness
100329	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental

Value	Description
	health, communi
100330	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, geropsy
100331	Physician assistants & advanced practice nursing; clinical nurse specialist; rehabilitation
100333	Physician assistants & advanced practice nursing; clinical nurse specialist; school
100335	Physician assistants & advanced practice nursing; clinical nurse specialist; women's health
100400	Physician assistants & advanced practice nursing; midwife, certified
100500	Physician assistants & advanced practice nursing; nurse anesthetist, certified registered
100600	Physician assistants & advanced practice nursing; nurse practitioner
100601	Physician assistants & advanced practice nursing; nurse practitioner; acute care
100602	Physician assistants & advanced practice nursing; nurse practitioner; adult health
100603	Physician assistants & advanced practice nursing; nurse practitioner; community health
100604	Physician assistants & advanced practice nursing; nurse practitioner; critical care medicine
100605	Physician assistants & advanced practice nursing; nurse practitioner; family
100606	Physician assistants & advanced practice nursing; nurse practitioner; gerontology
100607	Physician assistants & advanced practice nursing; nurse practitioner; neonatal
100608	Physician assistants & advanced practice nursing; nurse practitioner; neonatal; critical care
100609	Physician assistants & advanced practice nursing; nurse practitioner; obstetrics & gynecology
100610	Physician assistants & advanced practice nursing; nurse practitioner; occupational health
100612	Physician assistants & advanced practice nursing; nurse practitioner; pediatrics: acute care
100613	Physician assistants & advanced practice nursing; nurse practitioner; pediatrics: critical care
100614	Physician assistants & advanced practice nursing; nurse practitioner; perinatal
100615	Physician assistants & advanced practice nursing; nurse practitioner; primary care
100616	Physician assistants & advanced practice nursing; nurse practitioner; psychiatric/mental health
100617	Physician assistants & advanced practice nursing; nurse practitioner; school
100618	Physician assistants & advanced practice nursing; nurse practitioner; women's health
110000	Physicians (MD and DO); physician/osteopath
110100	Physicians (MD and DO); physician/osteopath; addiction medicine
110200	Physicians (MD and DO); physician/osteopath; allergy
110300	Physicians (MD and DO); physician/osteopath; allergy & immunology
110301	Physicians (MD and DO); physician/osteopath; immunology, cli & lab, allergy & immunology
110400	Physicians (MD and DO); physician/osteopath; anesthesiology
110401	Physicians (MD and DO); physician/osteopath; critical care medicine; anesthesia
110402	Physicians (MD and DO); physician/osteopath; pain management
110500	Physicians (MD and DO); physician/osteopath; body imaging
110600	Physicians (MD and DO); physician/osteopath; cardiology
110700	Physicians (MD and DO); physician/osteopath; dermatology
110701	Physicians (MD and DO); physician/osteopath; immunology, clin & lab dermatological
110702	Physicians (MD and DO); physician/osteopath; dermatopathology; dermatology
110800	Physicians (MD and DO); physician/osteopath; emergency medicine
110801	Physicians (MD and DO); physician/osteopath; toxicology, medical; emergency medicine
110802	Physicians (MD and DO); physician/osteopath; pediatric; emergency medicine
110803	Physicians (MD and DO); physician/osteopath; sports medicine; emergency medicine
110900	Physicians (MD and DO); physician/osteopath; family practice
110901	Physicians (MD and DO); physician/osteopath; geriatric medicine; family practice
110902	Physicians (MD and DO); physician/osteopath; sports medicine; family practice
111000	Physicians (MD and DO); physician/osteopath; general practice
111100	Physicians (MD and DO); physician/osteopath; geriatric medicine; general practice
111200	Physicians (MD and DO); physician/osteopath; hematology & oncology

Value	Description
111300	Physicians (MD) and osteopaths (DO); intern, allopathic
111400	Physicians (MD) and osteopaths (DO); intern, osteopathic
111500	Physicians (MD and DO); physician/osteopath; internal medicine
111501	Physicians (MD and DO); physician/osteopath; adolescent medicine; internal medicine
111502	Physicians (MD and DO); physician/osteopath; cardiac electrophysiology
111503	Physicians (MD and DO); physician/osteopath; cardiovascular disease
111504	Physicians (MD and DO); physician/osteopath; immunology, clin & lab internal medicine
111505	Physicians (MD and DO); physician/osteopath; critical care medicine; internal medicine
111506	Physicians (MD and DO); physician/osteopath; endocrinology, diabetes and metabolism
111507	Physicians (MD and DO); physician/osteopath; gastroenterology
111508	Physicians (MD and DO); physician/osteopath; geriatric medicine; internal medicine
111509	Physicians (MD and DO); physician/osteopath; hematology; internal medicine
111510	Physicians (MD and DO); physician/osteopath; infectious disease
111511	Physicians (MD and DO); physician/osteopath; oncology, medicine
111512	Physicians (MD and DO); physician/osteopath; nephrology
111513	Physicians (MD and DO); physician/osteopath; pulmonary disease
111514	Physicians (MD and DO); physician/osteopath; pulmonary medicine
111515	Physicians (MD and DO); physician/osteopath; rheumatology
111516	Physicians (MD and DO); physician/osteopath; sports medicine; internal medicine
111520	Physicians (MD and DO); physician/osteopath; internal medicine; peripheral vascular
111600	Physicians (MD and DO); physician/osteopath; laboratory medicine
111700	Physicians (MD and DO); physician/osteopath; legal medicine
111800	Physicians (MD and DO); physician/osteopath; medical diseases of the chest
111900	Physicians (MD and DO); physician/osteopath; genetics, medical
111901	Physicians (MD and DO); physician/osteopath; genetics, clinical biochemical
111902	Physicians (MD and DO); physician/osteopath; molecular, clinical biochemical
111903	Physicians (MD and DO); physician/osteopath; cylogenetics, clinical
111904	Physicians (MD and DO); physician/osteopath; genetics, clinical (MD)
111905	Physicians (MD and DO); physician/osteopath; genetics, clinical molecular
112000	Physicians (MD and DO); physician/osteopath; neopathology
112100	Physicians (MD and DO); physician/osteopath; neurology
112200	Physicians (MD and DO); physician/osteopath; neurology, child
112300	Physicians (MD and DO); physician/osteopath; neuroradiology
112400	Physicians (MD and DO); physician/osteopath; nuclear cardiology
112500	Physicians (MD and DO); physician/osteopath; nuclear imaging & therapy
112600	Physicians (MD and DO); physician/osteopath; nuclear medicine
112601	Physicians (MD and DO); physician/osteopath; nuclear medicine, in vivo & vitro
112700	Physicians (MD and DO); physician/osteopath; nutrition
112800	Physicians (MD and DO); physician/osteopath; obstetrics
112900	Physicians (MD and DO); physician/osteopath; obstetrics & gynecology
112901	Physicians (MD and DO); physician/osteopath; critical care medicine; ob/gyn
112902	Physicians (MD and DO); physician/osteopath; oncology, gynecologic
112903	Physicians (MD and DO); physician/osteopath; maternal and fetal medicine
112904	Physicians (MD and DO); physician/osteopath; endocrinology, reproductive
113000	Physicians (MD and DO); physician/osteopath; ophthalmology
113100	Physicians (MD and DO); physician/osteopath
113200	Physicians (MD and DO); physician/osteopath; osteopathic manipulative medicine, special proficiency
113300	Physicians (MD and DO); physician/osteopath; otolaryngology

Value	Description
113301	Physicians (MD and DO); physician/osteopath; otology/neurotology
113302	Physicians (MD and DO); physician/osteopath; pediatric otolaryngology
113400	Physicians (MD and DO); physician/osteopath; otology
113500	Physicians (MD and DO); physician/osteopath; otorhinolaryngology
113600	Physicians (MD and DO); physician/osteopath; surgery, otorhinolaryngology & facial plastic surgery
113700	Physicians (MD and DO); physician/osteopath; pathology
113701	Physicians (MD and DO); physician/osteopath; pathology, anatomic & clinical
113702	Physicians (MD and DO); physician/osteopath; pathology, anatomic
113703	Physicians (MD and DO); physician/osteopath; pathology, anatomic & laboratory medicine
113704	Physicians (MD and DO); physician/osteopath; blood banking/transfusion medicine
113705	Physicians (MD and DO); physician/osteopath; pathology, chemical
113706	Physicians (MD and DO); physician/osteopath; pathology, clinical
113707	Physicians (MD and DO); physician/osteopath; cytopathology
113708	Physicians (MD and DO); physician/osteopath; dermatopathology
113709	Physicians (MD and DO); physician/osteopath; forensic pathology
113710	Physicians (MD and DO); physician/osteopath; hematology: pathology
113711	Physicians (MD and DO); physician/osteopath; immunopathology
113712	Physicians (MD and DO); physician/osteopath; medical microbiology
113713	Physicians (MD and DO); physician/osteopath; neuropathology
113714	Physicians (MD and DO); physician/osteopath; pediatric pathology
113800	Physicians (MD and DO); physician/osteopath; pediatric allergy & immunology
113900	Physicians (MD and DO); physician/osteopath; pediatric intensive care
114000	Physicians (MD and DO); physician/osteopath; pediatric neurology
114100	Physicians (MD and DO); physician/osteopath; psychiatry, pediatric
114200	Physicians (MD and DO); physician/osteopath; pediatric
114201	Physicians (MD and DO); physician/osteopath; adolescent medicine
114202	Physicians (MD and DO); physician/osteopath; clinical & laboratory immunology
114203	Physicians (MD and DO); physician/osteopath; medical toxicology
114204	Physicians (MD and DO); physician/osteopath; neonatal-perinatal medicine
114205	Physicians (MD and DO); physician/osteopath; pediatric cardiology
114206	Physicians (MD and DO); physician/osteopath; pediatric critical care medicine
114207	Physicians (MD and DO); physician/osteopath; pediatric emergency medicine
114208	Physicians (MD and DO); physician/osteopath; pediatric endocrinology
114209	Physicians (MD and DO); physician/osteopath; pediatric gastroenterology
114210	Physicians (MD and DO); physician/osteopath; pediatric hematology and oncology
114211	Physicians (MD and DO); physician/osteopath; pediatric infectious disease
114212	Physicians (MD and DO); physician/osteopath; pediatric nephrology
114213	Physicians (MD and DO); physician/osteopath; pediatric pulmonology
114215	Physicians (MD and DO); physician/osteopath; pediatric rheumatology
114216	Physicians (MD and DO); physician/osteopath; sports medicine: pediatrics
114300	Physicians (MD and DO); physician/osteopath; pediatric radiology
114400	Physicians (MD and DO); physician/osteopath; pharmacology, clinical
114500	Physicians (MD and DO); physician/osteopath; physical medicine & rehabilitation
114600	Physicians (MD and DO); physician/osteopath; preventive medicine, general
114601	Physicians (MD and DO); physician/osteopath; aerospace medicine; preventive medicine
114602	Physicians (MD and DO); physician/osteopath; toxicology, medical; preventive medicine
114603	Physicians (MD and DO); physician/osteopath; occupational medicine; preventive medicine
114604	Physicians (MD and DO); physician/osteopath; occupational medicine

Value	Description
114605	Physicians (MD and DO); physician/osteopath; public health and general preventive medicine
114606	Physicians (MD and DO); physician/osteopath; underseas medicine
114700	Physicians (MD and DO); physician/osteopath; proctology
114800	Physicians (MD and DO); physician/osteopath; psychiatry & neurology
114801	Physicians (MD and DO); physician/osteopath; psychiatry addiction
114802	Physicians (MD and DO); physician/osteopath; psychiatry child & adolescent
114803	Physicians (MD and DO); physician/osteopath; neurophysiology clinical
114804	Physicians (MD and DO); physician/osteopath; forensic psychiatry
114805	Physicians (MD and DO); physician/osteopath; psychiatry geriatric
114806	Physicians (MD) and osteopaths (DO); psychiatry and neurology; neurology
114807	Physicians (MD and DO); physician/osteopath; neurology, child
114808	Physicians (MD and DO); physician/osteopath; psychiatry
114900	Physicians (MD and DO); physician/osteopath; psychiatry, child
115000	Physicians (MD) and osteopaths (DO); psychoanalysis
115100	Physicians (MD and DO); physician/osteopath; radiation therapy
115200	Physicians (MD and DO); physician/osteopath; pathology, radioisotopic
115300	Physicians (MD and DO); physician/osteopath; radiology
115301	Physicians (MD and DO); physician/osteopath; radiology, diagnostic
115302	Physicians (MD and DO); physician/osteopath; nuclear radiology
115303	Physicians (MD and DO); physician/osteopath; pediatric radiology
115304	Physicians (MD and DO); physician/osteopath; radiation oncology
115305	Physicians (MD and DO); physician/osteopath; radiological physics
115306	Physicians (MD) and osteopaths (DO); radiology; radiology
115307	Physicians (MD and DO); physician/osteopath; radiology, vascular & interventional
115400	Physicians (MD and DO); physician/osteopath; rehabilitation medicine
115500	Physicians (MD) and osteopaths (DO); resident, allopathic
115600	Physicians (MD) and osteopaths (DO); resident, osteopathic
115700	Physicians (MD) and osteopaths (DO); surgery
115701	Physicians (MD and DO); physician/osteopath; surgery, general vascular
115702	Physicians (MD) and osteopaths (DO); surgery; oncology
115703	Physicians (MD and DO); physician/osteopath; pediatric surgery
115704	Physicians (MD and DO); physician/osteopath; surgery, hand
115705	Physicians (MD and DO); physician/osteopath; surgical critical care; surgery
115800	Physicians (MD and DO); physician/osteopath; surgery, cardiovascular
115900	Physicians (MD and DO); physician/osteopath; surgery, colon & rectal surgery
116000	Physicians (MD and DO); physician/osteopath; dermatology micrographic surgery
116100	Physicians (MD and DO); physician/osteopath; surgery, general
116200	Physicians (MD and DO); physician/osteopath; surgery, head & neck
116300	Physicians (MD) and osteopaths (DO); surgery, maxillofacial
116400	Physicians (MD and DO); physician/osteopath; surgery, neurological
116401	Physicians (MD and DO); physician/osteopath; critical care medicine
116500	Physicians (MD and DO); physician/osteopath; surgery, obstetric & gynecologic
116600	Physicians (MD and DO); physician/osteopath; surgery, orthopedic
116700	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, adult reconstructive
116800	Physicians (MD and DO); physician/osteopath; surgery, hand; orthopedic surgery
116900	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, musculoskeletal oncology
117000	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, pediatric
117100	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, spine
117200	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, sports medicine

Value	Description
117300	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, trauma
117400	Physicians (MD and DO); physician/osteopath; surgery, plastic
117401	Physicians (MD and DO); physician/osteopath; surgery, hand; plastic surgery
117500	Physicians (MD and DO); physician/osteopath; surgery, plastic & reconstructive
117600	Physicians (MD and DO); physician/osteopath; surgery, plastic facial
117700	Physicians (MD and DO); physician/osteopath; surgery, thoracic
117800	Physicians (MD and DO); physician/osteopath; surgery, thoracic cardiovascular
117900	Physicians (MD and DO); physician/osteopath; surgery, traumatic
118000	Physicians (MD and DO); physician/osteopath; surgery, urological
118100	Physicians (MD and DO); physician/osteopath; ultrasound, diagnostic
118200	Physicians (MD and DO); physician/osteopath; urology
118302	Physicians (MD and DO); physician/osteopath; adolescent medicine; family practitioner
118304	Physicians (MD and DO); physician/osteopath; allergy & immunology; internal medicine
118307	Physicians (MD and DO); physician/osteopath; age specific, greater than 1 year old
118310	Physicians (MD and DO); physician/osteopath; cardiac electrophysiology, clinical
118313	Physicians (MD and DO); physician/osteopath; endocrinology
118314	Physicians (MD and DO); physician/osteopath; geriatric medicine
118315	Physicians (MD and DO); physician/osteopath; gynecology
118316	Physicians (MD and DO); physician/osteopath; hematology
118318	Physicians (MD and DO); physician/osteopath; immunology, dermatological
118325	Physicians (MD and DO); physician/osteopath; pain medicine
118326	Physicians (MD and DO); physician/osteopath; radiology, angiography & interventional
118327	Physicians (MD and DO); physician/osteopath; radiology, therapeutic
118331	Physicians (MD and DO); physician/osteopath; roentgenology, diagnostic
118337	Physicians (MD and DO); physician/osteopath; occupational medicine
118339	Physicians (MD and DO); physician/osteopath; otorhinolaryngology & head
118340	Physicians (MD and DO); physician/osteopath; otorhinolaryngology & head
120000	Podiatric medicine and surgery
120100	Podiatric medicine and surgery services; assistant, podiatric
120200	Podiatric medicine and surgery services; podiatrist
120201	Podiatric medicine and surgery services; dermatology
120202	Podiatric medicine and surgery; podiatrist; foot and ankle orthopaedics/biomechanics
120203	Podiatric medicine and surgery; podiatrist; foot and ankle pediatrics
120204	Podiatric medicine and surgery services; podiatrist; surgery, foot & ankle
120205	Podiatric medicine and surgery services; podiatrist; surgery, foot
120206	Podiatric medicine and surgery services; podiatrist; general practice
120207	Podiatric medicine and surgery services; podiatrist; podiatric medicine/primary care
120208	Podiatric medicine and surgery; podiatrist; podiatric orthopedics
120209	Podiatric medicine and surgery services; podiatrist; primary podiatric medicine
120210	Podiatric medicine and surgery; public health/preventative medicine
120211	Podiatric medicine and surgery; radiology
120212	Podiatric medicine and surgery; sports medicine
130000	Respiratory, rehabilitative and restorative s
130100	Respiratory, rehabilitative and restorative services; occupational therapist
130101	Respiratory, rehabilitative and restorative services; occupational therapist assistant
130102	Respiratory, rehabilitative and restorative services; occupational therapist; hand
130103	Respiratory, rehabilitative and restorative services; occupational therapist; registered occupational therapist
130104	Respiratory, rehabilitative and restorative services; occupational therapist; case management

Value	Description
130105	Respiratory, rehabilitative and restorative services; occupational therapist; ergonomics
130106	Respiratory, rehabilitative and restorative services; occupational therapist; human factors
130107	Respiratory, rehabilitative and restorative services; occupational therapist; neurorehabilitation
130109	Respiratory, rehabilitative and restorative services; occupational therapist; rehabilitation, driver
130200	Respiratory, rehabilitative and restorative services; other
130201	Respiratory, rehabilitative and restorative services; art therapist
130202	Respiratory, rehabilitative and restorative services; specialist/technologist; athletic trainer
130203	Respiratory, rehabilitative and restorative services; dance therapist
130204	Respiratory, rehabilitative and restorative services; massage therapist
130205	Respiratory, rehabilitative and restorative services; music therapist
130206	Respiratory, rehabilitative and restorative services; specialist/technologist; rehabilitation, blind
130207	Respiratory, rehabilitative and restorative services; orthotics/prosthetics fitter
130208	Respiratory, rehabilitative and restorative services; other; orthotist
130209	Respiratory, rehabilitative and restorative services; recreation therapist
130210	Respiratory, rehabilitative and restorative services; other; rehabilitation coordinator
130211	Respiratory, rehabilitative and restorative services; rehabilitation counselor
130212	Respiratory, rehabilitative and restorative services; other; vocational specialist
130213	Respiratory, rehabilitative and restorative services; orthotist
130214	Respiratory, rehabilitative and restorative services; prosthetist
130300	Respiratory, rehabilitative and restorative services; physical therapist
130301	Respiratory, rehabilitative and restorative services; physical therapist; cardiopulmonary
130302	Respiratory, rehabilitative and restorative services; physical therapist; electrophysiology, clinical
130303	Respiratory, rehabilitative and restorative services; physical therapist; geriatric
130304	Respiratory, rehabilitative and restorative services; physical therapist; hand
130305	Respiratory, rehabilitative and restorative services; physical therapist; neurology
130306	Respiratory, rehabilitative and restorative services; physical therapist; orthopaedic
130307	Respiratory, rehabilitative and restorative services; physical therapist; pediatrics
130308	Respiratory, rehabilitative and restorative services; physical therapist assistant
130309	Respiratory, rehabilitative and restorative services; physical therapist; sports
130310	Respiratory, rehabilitative and restorative services; physical therapist; case management
130311	Respiratory, rehabilitative and restorative services; physical therapist; ergonomics
130400	Respiratory, rehabilitative and restorative services; rehabilitation practitioner
130401	Respiratory, rehabilitative and restorative services; associate rehabilitation practitioner
130402	Respiratory, rehabilitative and restorative services; professional rehabilitation practitioner
130403	Respiratory, rehabilitative and restorative services; rehabilitation coordinator
130404	Respiratory, rehabilitative and restorative services; rehabilitation counselor
130405	Respiratory, rehabilitative and restorative services; rehabilitation practitioner; rehabilitation intern
130406	Respiratory, rehabilitative and restorative services; rehabilitation counselor; assistive technology practitioner
130407	Respiratory, rehabilitative and restorative services; rehabilitation counselor; assistive technology supplier
130500	Respiratory, rehabilitative and restorative services; respiratory care practitioner
130501	Respiratory, rehabilitative and restorative services; respiratory care practitioner; certified respiratory therapy technologist
130502	Respiratory, rehabilitative and restorative services; respiratory care practitioner; graduate respiratory therapist
130503	Respiratory, rehabilitative and restorative services; respiratory care practitioner; graduate

Value	Description
	respiratory therapy technologist
130504	Respiratory, rehabilitative and restorative services; respiratory care practitioner; inhalation therapist
130505	Respiratory, rehabilitative and restorative services; pulmonary function technician
130506	Respiratory, rehabilitative and restorative services; pulmonary function technologist
130507	Respiratory, rehabilitative and restorative services; respiratory care practitioner; registered respiratory therapist
130508	Respiratory, rehabilitative and restorative services; respiratory therapist
130509	Respiratory, rehabilitative and restorative services; respiratory therapy assistant
130510	Respiratory, rehabilitative and restorative services; respiratory therapy technician
130511	Respiratory, rehabilitative and restorative services; respiratory therapist; perinatal
130513	Respiratory, rehabilitative and restorative services; respiratory therapist
130600	Respiratory, rehabilitative and restorative services; kinesiotherapist
140000	Speech, language and hearing services
140100	Speech, language and hearing services; audiologist
140101	Speech, language and hearing services; audiologist; assistive technology practitioner
140102	Speech, language and hearing services; audiologist; assistive technology supplier
140200	Speech, language and hearing services; audiologist
140300	Speech, language and hearing services; hearing instrument specialist
140400	Speech, language and hearing services; speech and hearing therapist
140500	Speech, language and hearing services; speech
140600	Speech, language and hearing services; specialist/technologist; speech/language assistant
140701	Speech, language and hearing services; specialist/technologist; audiology assistant
150000	Technologists, technicians & other technical
150100	Technologists, technicians & other technical; clinical pathology
150101	Technologists, technicians & other technical; clinical chemist
150102	Technologists, technicians & other technical; clinical chemistry technologist
150103	Technologists, technicians & other technical; cytotechnologist
150104	Technologists, technicians & other technical; specialist/technologist, pathology; laboratory management, diplomate
150105	Technologists, technicians & other technical; specialist/technologist, pathology; hemapheresis practitioner
150106	Technologists, technicians & other technical; technician, pathology; histology
150107	Technologists, technicians & other technical; specialist/technologist, pathology; histology
150108	Technologists, technicians & other technical; technician, pathology; medical laboratory
150109	Technologists, technicians & other technical; specialist/technologist, pathology; medical technologist
150110	Technologists, technicians & other technical; technician, pathology; phlebotomy
150111	Technologists, technicians & other technical; specialist, pathology; blood banking
150112	Technologists, technicians & other technical; specialist, pathology; chemistry
150113	Technologists, technicians & other technical; specialist, pathology; cytotechnology
150114	Technologists, technicians & other technical; specialist, pathology; hematology
150115	Technologists, technicians & other technical; specialist, pathology; microbiology
150116	Technologists, technicians & other technical; technologist, pathology; blood banking
150117	Technologists, technicians & other technical; technologist, pathology; chemistry
150118	Technologists, technicians & other technical; technologist, pathology; hematology
150119	Technologists, technicians & other technical; technologist, pathology; immunology
150120	Technologists, technicians & other technical; technologist, pathology; microbiology
150200	Technologists, technicians & other technical; clinical services

Value	Description
150201	Technologists, technicians & other technical; specialist/technologist, pathology; biomedical engineering
150202	Technologists, technicians & other technical; technician, other; biomedical engineering
150203	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiovascular: invasive technology
150204	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiology
150205	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiopulmonary
150206	Technologists, technicians & other technical; clinical services; cardiothoracic technician
150207	Technologists, technicians & other technical; specialist/technologist, cardiology; perfusionist
150208	Technologists, technicians & other technical; technician, cardiology; ECG
150209	Technologists, technicians & other technical; technician, other; EEG
150210	Technologists, technicians & other technical; specialist/technologist, other; EEG
150211	Technologists, technicians & other technical; specialist/technologist, other; electroneurodiagnostic
150212	Technologists, technicians & other technical; specialist/technologist, other; graphics methods
150213	Technologists, technicians & other technical; specialist/technologist, other; IV therapist
150214	Technologists, technicians & other technical; specialist/technologist, other; geneticist, medical (PhD)
150215	Technologists, technicians & other technical; clinical services; pulmonary clinician
150216	Technologists, technicians & other technical; technician, other; renal dialysis technician
150217	Technologists, technicians & other technical; technician, other; renal dialysis technologist
150218	Technologists, technicians & other technical; specialist/technologist, other; surgical
150219	Technologists, technicians & other technical; clinical services; ultrasound technologist
150220	Technologists, technicians & other technical; clinical services
150221	Technologists, technicians & other technical; clinical services
150300	Technologists, technicians & other technical; radiologic sciences
150301	Technologists, technicians & other technical; radiologic technologist; cardiovascular
150302	Technologists, technicians & other technical; radiologic sciences; computed tomography technologist
150303	Technologists, technicians & other technical; technician, other; darkroom
150304	Technologists, technicians & other technical; specialist/technologist, cardiology; sonography, diagnostic cardiac
150305	Technologists, technicians & other technical; radiologic sciences; diagnostic imaging operation tech
150306	Technologists, technicians & other technical; radiologic technologist; sonography, diagnostic medical
150307	Technologists, technicians & other technical; radiologic sciences; magnetic resonance technologist
150308	Technologists, technicians & other technical; radiologic technologist; mammography; radiography
150309	Technologists, technicians & other technical; radiologic technologist; nuclear medicine technician
150310	Technologists, technicians & other technical; radiologic technologist; nuclear medicine technologist
150311	Technologists, technicians & other technical; radiologic technologist; radiation physicist
150312	Technologists, technicians & other technical; radiologic technologist; radiation therapy
150313	Technologists, technicians & other technical; radiologic technologist; radiographer
150314	Technologists, technicians & other technical; radiologic sciences; radiologic technician

Value	Description
150315	Technologists, technicians & other technical; radiologic sciences; radiologic technologist
150316	Technologists, technicians & other technical; radiologic technologist; treatment planning therapist
150317	Technologists, technicians & other technical; radiologic technologist; vascular technologist
150319	Technologists, technicians & other technical; radiologic technologist; computed tomography: radiography
150320	Technologists, technicians & other technical; radiologic technologist; magnetic resonance imaging (MRI):r
150321	Technologists, technicians & other technical; radiologic technologist; magnetic resonance imaging (MRI):r
150323	Technologists, technicians & other technical; radiologic technologist; quality management; radiographer
150324	Technologists, technicians & other technical; radiologic technologist
150401	Technologists, technicians & other technical; specialist/technologist, other; animal care technician
150402	Technologists, technicians & other technical; specialist/technologist, other; animal room attendant
150403	Technologists, technicians & other technical; specialist/technologist, other; biomedical photographer
150404	Technologists, technicians & other technical; specialist/technologist, other; biostatistician
150405	Technologists, technicians & other technical; specialist/technologist, other; graphic designer
150406	Technologists, technicians & other technical; specialist/technologist, other; art, medical
150407	Technologists, technicians & other technical; specialist/technologist, other; medical illustrator
150408	Technologists, technicians & other technical; specialist/technologist, other; medical media manager
150409	Technologists, technicians & other technical; research data abstracter/coder
150410	Technologists, technicians & other technical; research; research study specialist
150411	Technologists, technicians & other technical; research; research technician
150412	Technologists, technicians & other technical; research; research technologist
150413	Technologists, technicians & other technical; technician, other; veterinarian
150414	Technologists, technicians & other technical; technician, other; veterinary assistant
150601	Technologists, technicians & other technical; specialist/technologist, pathology
150701	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiovascular, noninvasive technologist
150702	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiovascular vascular technologist
150703	Technologists, technicians & other technical; specialist/technologist, cardiology; vascular
150801	Technologists, technicians & other technical; technician, cardiology; cardiographic
150901	Technologists, technicians & other technical; specialist/technologist, health information; coding specialist, hospital
150902	Technologists, technicians & other technical; specialist/technologist, health information; coding specialist, physician
150903	Technologists, technicians & other technical; specialist/technologist, health information; registered record administrator
151000	Technologists, technicians & other technical; specialist/technologist, other
151100	Technologists, technicians & other technical; technician, health information
151101	Technologists, technicians & other technical; technician, health information; assistant record technician
160101	Physicians (other roles); physician/osteopath; laboratory service provider

Value	Description
170100	Nursing service related; Christian science practitioner/nurse
170200	Nursing service related; home health aide
170300	Nursing service related; homemaker
170400	Nursing service related; nurses aide
170500	Nursing service related; nursing home administrator
170600	Nursing service related; technician; personal care attendant
170601	Nursing service related; technician

Table B6: VA Medical Center Identifiers (STA3N)

VA Medical Centers are identified by a three-digit code, the variable STA3N. This code can take the values listed in the table.

Value	Description
358	Manila, PI
402	Togus, ME
405	White River Junction, VT
436	Fort Harrison, Montana Health Care System (HCS), MT
437	Fargo, ND
438	Sioux Falls, SD
442	Cheyenne, WY
459	Honolulu, HI
460	Wilmington, DE
463	Alaska HCS & RO, Anchorage, AK
501	New Mexico HCS, Albuquerque, NM
502	Alexandria, LA
503	James E. Van Zandt VAMC, Altoona, PA
504	Amarillo HCS, Amarillo, TX
506	Ann Arbor, MI
508	Decatur, GA
509	Augusta, GA
512	Baltimore HCS, MD
515	Battle Creek, MI
516	Bay Pines, FL
517	Beckley, WV
518	Bedford, MA
519	West Texas HCS, Big Spring, TX
520	Gulf Coast HCS, Biloxi, MS
521	Birmingham, AL
523	VA Boston HCS, MA
526	Bronx, NY
528	Upstate New York HCS, Buffalo, NY
529	Butler, PA
531	Boise, ID
534	Charleston, SC

Value	Description
537	Chicago HCS, W. Side, IL
538	Chillicothe, OH
539	Cincinnati, OH
540	Clarksburg, WV
541	Cleveland-Wade Park, OH
542	Coatesville, PA
544	Columbia, SC
546	Miami, FL
548	West Palm Beach, FL
549	Dallas VAMC, TX
550	Illiana HCS, Danville, IL
552	Dayton, OH
553	Detroit, MI
554	Denver, Eastern Colorado HCS, CO
556	North Chicago, IL
557	Dublin, GA
558	Durham, NC
561	East Orange, New Jersey HCS, NJ
562	Erie, PA
564	Fayetteville, AR
565	Fayetteville, NC
568	Fort Meade, FL
570	Fresno, Central California HCS, CA
573	North Florida/South Georgia HCS, Gainesville, FL
575	Grand Junction, CO
578	Hines, IL
580	Houston, TX
581	Huntington, WV
583	Indianapolis, IN
585	Iron Mountain, MI
586	Jackson, G.V. (Sonny) Montgomery VAMC, MS
589	VAMC Heartland, Kansas City, MO
590	Hampton, VA
593	Las Vegas, Southern Nevada HCS, NV
595	Lebanon, PA
596	Lexington, KY
598	Little Rock, Central AR Veterans HCS, AR
600	Long Beach HCS, CA
603	Louisville, KY
605	Loma Linda VAMC, CA
607	Madison, WI
608	Manchester, NH
610	Northern Indiana HCS, Marion, IN
612	N. California, Martinez, CA
613	Martinsburg, WV

Value	Description
614	Memphis, TN
618	Minneapolis, MN
619	Montgomery-West, AL
620	Montrose, Hudson Valley HCS, NY
621	Mountain Home, TN
623	Muskogee, OK
626	Middle Tennessee HCS, TN
629	New Orleans, LA
630	New York Harbor HCS, NY
631	Northhampton, MA
632	Northport, NY
635	Oklahoma City, OK
636	Omaha Division, Central Plains Health Network, Nebraska-W Iowa, NE
637	Asheville, NC
640	Palo Alto, CA
642	Philadelphia, PA
644	Phoenix, AZ
646	Pittsburgh HCS, PA
648	Portland, OR
649	Northern Arizona HCS, Prescott, AZ
650	Providence, RI
652	Richmond, VA
653	Roseburg HCS, OR
654	Sierra Nevada HCS, Reno, NV
655	Saginaw, MI
656	St. Cloud, MN
657	St. Louis, MO
658	Salem, VA
659	W.G. (Bill) Hefner Salisbury VAMC, NC
660	Salt Lake City HCS, UT
662	San Francisco, CA
663	Puget Sound HCS, Seattle, WA
664	San Diego HCS, CA
666	Sheridan, WY
667	Shreveport, Overton Brooks VAMC, LA
668	Spokane, WA
671	San Antonio VAMC, TX
672	San Juan, PR
673	Tampa, FL
674	Temple VAMC, TX
675	Orlando, FL
676	Tomah, WI
678	S. Arizona HCS, Tucson, AZ
679	Tuscaloosa, AL
687	Walla Walla, WA

Value	Description
688	Washington, DC
689	West Haven, CT
691	Greater Los Angeles HCS, CA
693	Wilkes-Barre, PA
695	Milwaukee, WI
756	El Paso HCS, TX
757	Columbus, OH

Table B7: VA Regional Networks (VISNs)

The VA Regional Networks, called Veterans Integrated Service Networks (VISNs), are numbered as follows. VISN 13 and 14 were consolidated to form VISN 23 in FY02.

Value	Description
1	VA New England Healthcare System
2	VA Healthcare Network Upstate New York
3	VA NY / NJ Veterans Healthcare Network
4	VA Stars & Stripes Healthcare Network
5	VA Capitol Health Care Network
6	VA Mid-Atlantic Network
7	The Atlantic Network
8	VA Sunshine Healthcare Network
9	Mid South Veterans Healthcare Network
10	VA Healthcare System of Ohio
11	Veterans In Partnership
12	The Great Lakes Health Care System
13*	VA Upper Midwest Health Care Network
14*	Central Plains Health Network
15	VA Heartland Network
16	South Central VA Health Care Network
17	VA Heart of Texas Health Care Network
18	VA Southwest Healthcare Network
19	Rocky Mountain Network
20	Northwest Network
21	Sierra Pacific Network
22	Desert Pacific Healthcare Network
23	VA Midwest Health Care Network

*Beginning in FY02, VISN 13 and 14 merged into VISN 23

Appendix C   Variable Definitions

Variable Name	Variable Description	Data Type	Value Definitions
A_PCP	**Associate Primary Care Provider**. The patient's associate primary care provider (Resident PCP-Extender) from the PCMM module. The code information is the same as the Primary Care Provider. This variable was dropped from the DISCH, and TRT NDEs in FY07 and the OPAT in FY05.	C	
A_PCPTYP	**Associate Primary Care Provider Type**. The type of Associate PCP. The code information is the same as the Primary Care Provider. This variable was dropped from the DISCH, and TRT NDEs in FY07 and the OPAT in FY05.	C	See Appendix B for a list of provider types associated with each code.
ADMITDAY	**Admission Date**. The date the patient was admitted to the hospital	N	
ADMITDRG	**Diagnostic Related Group at Admission**. The admitting DRG for the entire inpatient stay. This variable was added in FY00, but has been consistently under-reported. This is not a required VistA field.	N	
ADDRG	**Diagnostic Related Group at Admission**. The admitting DRG for the entire inpatient stay. In FY08, this variable was created in the discharge bed section in response to CMS's adoption of a new DRG classification system called MS-DRG. This variable was also added in FY08 to the treating specialty bed section and is called ADDRGMS.	N	
ADMITDX	**Admitting Diagnosis**. The admitting diagnosis for the entire inpatient stay, obtained from the DSS database. Four percent (4%) of the records in FY00 have a missing value for this field and reporting of this field has remained a problem. This is not a required VistA field.	C	Refer to ICD-9 codes.

Variable Name	Variable Description	Data Type	Value Definitions	
AG8R	**Age Group**. This variable classifies patients into eight age groups. Age at discharge is used for the grouping. This variable is extracted from the Patient Treatment file (Variable: AGE8R). The label is automatically generated from the SAS format at Austin.	N	1 = Under 25 2 = 25-34 3 = 35-44 4 = 45-54 5 = 55-64	6 = 65-74 7 = 75-84 8 = 85+
AGE	**Age**. Patient's age in years. This variable is from the PTF file.	N		
AGGABS	**Aggregate Absence Days**. The total number of days absent during the entire stay; both pass days and unauthorized absence days. Patients may be authorized to leave the facility for a short time period during their stays. Authorized absence days are called pass days. Most pass days are given to nursing home, long-term psychiatric and domiciliary patients. There are also unauthorized absence days. This variable has no meaning for outpatient visits and was dropped from the OPAT file in FY05.	N		
AGO_ENC	**Encounter Agent Orange**. An indicator that the service provided during the patient encounter was related to exposure to Agent Orange.	C	Y = Yes N = No	
AGOIND	**Agent Orange**. An indicator that the visit was related to Agent Orange exposure.	C	Y = Yes N = No	
AGOLOC	**Agent Orange Location**. The location of the Agent Orange exposure.	C	U = Unknown K = Korean demilitarized zone V = Vietnam area	
APP_TYPE	**Appointment Type**. The VA appointment types for scheduling outpatient encounters.	C		
BORNDAY	**Date of Birth**. The patient's birth date.	N		
CENSUS	**Census Patient**. An indicator that a patient was not discharged at the end of the fiscal year.	C	Y = Yes N = No	
CLC	**Credit Stop.** The secondary or credit 3-character DSS identifier.	C		

Variable Name	Variable Description	Data Type	Value Definitions
CLI	**Clinic Flag**. A flag variable that indicates whether a record from the DSS VistA Scheduling extract or a NPCD record was used to build an encounter. NPCD processing within DSS changes the CLI Flag to "N".	C	Y = Record from the DSS VistA Scheduling extract was used to build the visit and no NPCD record was available N = NPCD record over-posted the scheduling extract add-based record
CLIN_NAME	**Clinic Name**. The Internal Entry Number (IEN) of the clinic associated with the patient encounter. It is derived from the Hospital Location File and is NOT the same as the DSS Identifier or Clinic Stop Number.	C	
CLSNUM	**Clinic Stop, Numeric**. This is the DSS clinic stop. Since it is a numeric variable, the letter codes do not appear. These codes are otherwise identical with the character DSS codes. Some records have this code set to missing in FY98 or zero in FY99. This variable is no longer available in OPAT for years subsequent to FY04.	N	
CLSTOP	**Clinic Stop, Character**. This is the DSS Identifier (stop code). Note that there are some non-standard codes used, including IVP, ASI, and 0 (zero).	C	A document that lists the current DSS Identifiers may be found at: http://vaww.herc.research.va.gov/files/NONH_211.pdf. **Note**: This is an internal VA website and is not available to the public.
CMOP_FLAG	**Consolidated Mail Outpatient Pharmacy (CMOP) Flag**. A flag variable that indicates whether the prescription fill or refill was completed by a CMOP.	C	Y = The prescription fill or refill was completed by a CMOP
COMBAT	**Combat Veteran Status**. An indicator of whether a veteran served on active duty in a theatre of combat operations during a period of war after the Persian Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998.	C	Y = Qualifies as combat veteran E = Eligibility expired Null = Does not qualify as combat veteran

Variable Name	Variable Description	Data Type	Value Definitions
COMP	**Compensation & Pension Flag**. A flag variable that indicates whether the visit was for a compensation or pension exam. Prior to FY05, the variable was labeled COMP_PEN.	C	Y = The visit was related to a compensation and pension examination
CONTRACT	**Contract CBOC Flag**. A flag variable that indicates the type of CBOC as recorded in the VAST database.	C	C = Contract-owned and staffed L = Leased space and VA staffed V = VA owned and staffed
COUNTY	**County.** Codes are unique only within each state.	C	
CR_PAIR	**Clinic Stop Credit Pair**. A modifier to the clinic stop code. This variable is no longer available for years subsequent to FY04.	C	
DAO_UNT	**Inpatient Discharge Units: All Other**. The number of days during which at least one other service was received. This variable was dropped from the DISCH extract in FY07.	N	
DAYS	**Length of stay**. The number of days of stay beginning with admission and ending with discharge.	N	
DBEDSECT	**Inpatient Discharge Bed section**. The treating specialty (bed section) code for the last segment of stay. This variable is from the PTF.	N	See Appendix B for a list of the bed section codes.
DCST_FD	**Inpatient Discharge Fixed Direct Total Cost.** The sum of the fixed direct costs across all departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
DCST_FI	**Inpatient Discharge Fixed Indirect Total Cost.** The sum of the fixed indirect costs across all departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
DCST_TOT	**Inpatient Discharge Grand Total Cost.** The sum of the total costs of all inpatient cost categories (FD, FI, VD, and TOT) across all departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	

Variable Name	Variable Description	Data Type	Value Definitions
DCST_VD	**Inpatient Discharge Variable Direct Total Cost.** The sum of the variable direct costs for all departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
DDC	**Denver Distribution Center Flag.** An indicator that the encounter was built from records from the DALC**.** The stop code value is 'DDC'. This variable is no longer available for years subsequent to FY04.	C	
DD_SUP	**Denver Distribution Center Supplies**. A cost variable that sums the fixed direct, fixed indirect and variable direct costs for Denver Distribution Supplies. For example, the cost of hearing aids, eyeglasses, prosthetic supplies and other items provided by the VA DDC. Prior to FY05, the variable was labeled ODDCSUPL. The department code for the Denver Distribution Center Supply cost is OSO* (O, S, letter O). This variable was dropped in FY08. *(* denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics.)*	N	
DHOMEOX	**Inpatient Discharge Home Oxygen Cost**. The cost of home oxygen in prosthetics departments. It is the sum of the fixed direct, fixed indirect, and variable direct costs for IPD's ATX*, QC3*, and QC4*. This variable was dropped in FY08. *(* denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics.)*	N	
DIS_DISPO	**Discharge Disposition**. The patient's discharged disposition. This variable is the same as the variable in the PTF Main files.	C	See Appendix B for a complete list of these codes.

Variable Name	Variable Description	Data Type	Value Definitions
DIS_PLACE	**Discharge Place**. A variable that specifies where a patient was discharged to. This variable is the same as the variable in the PTF Main files.	C	See Appendix B for a complete list of these codes.
DISCH	**Number of discharges.** The number of records for a patient for each hospital stay.	N	
DISDAY	**Discharge Date**. The date the patient was discharged from the hospital.	N	
DIVISION	**Division.** The medical substation value for the location of the patient's bed. This variable no longer exists for years subsequent to FY04.	N	
DLAB_UNT	**Inpatient Discharge Laboratory Units**. The number of tests for which there are costs reported in Laboratory DCM departments.	N	
DNUR_UNT	**Inpatient Discharge Nursing Units**. The number of days for which there are costs reported in Ward DCM departments. Pass days and unauthorized absence days may or may not be included, depending on the practice on the individual ward.	N	
DPHA_UNT	**Inpatient Discharge Pharmacy Units**. The number of days for which there are costs reported in Pharmacy DCM departments. Please note that this is the number of days that medications were received, not the number of prescriptions. The number of drugs and unit of drugs are not included in the national extracts. However, these data are available in the local DSS database. This variable was dropped from the DISCH extract in FY07.	N	
DPHA_VS	**Inpatient Discharge pharmacy variable supply**. The variable supply cost of a drug item.	N	

Variable Name	Variable Description	Data Type	Value Definitions
DPROLBR	**Inpatient Discharge Prosthetics Labor Cost.** A companion variable to the Prosthetics Supply Cost. It is no longer available in the OPAT, TRT, DISCH, OBSTRT, WARD, and RAI NDEs for years subsequent to FY07.	N	
DPROSUPL	**Inpatient Discharge Prosthetics Supply Cost**. The costs associated with modification and manufacture of prosthetics in VA Prosthetics laboratories. The variable became missing in the Denver Acquisition and Logistics Center (DALC) component in FY07 and is no longer available in the OPAT, TRT, DISCH, OBSTRT, WARD, and RAI NDEs for years subsequent to FY07.	N	
DRAD_UNT	**Inpatient Discharge Radiology Units**. The number of radiological procedures in the Diagnostic Radiology and Nuclear Medicine department.	N	
DRG	**DRG for discharge bed section**. The diagnostic related group (DRG) for the discharge bed section. This variable was added in FY00. While ten percent (10%) of the records for FY00 have a missing value for this field, this has improved markedly over time.	N	
DRGMS	**Discharge DRGMS**. The diagnostic related group (DRG) for the treating specialty bed section. In FY08, this variable was created in response to CMS's adoption of a new DRG classification system called MS-DRG.	N	
DSS_ID	**DSS Identifier**. The DSS code for each clinic stop. It consists of the Primary Stop Code plus the Secondary Stop Code.	C	A complete list of these codes is available from the DSS Intranet site: http://vaww.dss.med.va.gov/programdocs/pd_oident.asp. **Note**: This is an internal VA website and is not available to the public.

Variable Name	Variable Description	Data Type	Value Definitions
DSUR_UNT	**Inpatient Discharge Surgery Units**. The number of days for which there are costs reported in Operating Room DCM departments. For multiple visits in an operating room on a single day, only one day is counted.	N	
DSURGIMP	**Inpatient Discharge Cost of Surgical Implant**. The surgical prosthetic costs in surgery departments. It is the sum of the fixed direct, fixed indirect and variable direct costs for IPD department S36*. *(* denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics.)*	N	
DXLSF	**Primary Diagnosis -full stay**. The ICD-9 diagnosis for the full length of stay. This variable should be the same as DXLSF in the PTF.	C	Refer to ICD-9 codes.
DXPRIME	**Inpatient Discharge Principal Diagnosis.** The primary ICD-9 diagnosis for the patient.	C	Refer to ICD-9 codes.
D***_FD	**Inpatient Discharge Fixed Direct Cost.** A cost variable representing the fixed direct cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
D***_FI	**Inpatient Discharge Fixed Indirect Cost**. A cost variable representing the fixed indirect cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
D***_TOT	**Inpatient Discharge Total Cost**. The sum of the fixed direct, fixed indirect and variable direct costs for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	

Variable Name	Variable Description	Data Type	Value Definitions
D***_VD	**Inpatient Discharge Variable Direct Cost**. A cost variable representing the variable direct cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
D***_VL4 and VL5	**Inpatient Discharge Cost of Variable Labor Categories 4 and 5**. Variable labor category 4 (VL4) is the cost for employee providers and VL5 is the cost for contracted services, they are found using the following formulas: Variable Labor Cost (4) = Encounter Department Variable Direct Cost x (A/B) A = Total Department Variable Labor Cost (4) B = Total Department Direct Variable Cost (variable labor + variable supply + variable other). Variable Labor Cost (5) = Encounter Department Variable Direct Cost x (A/B) A = Total Department Variable Labor Cost (5) B = Total Department Direct Variable Cost (variable labor + variable supply + variable other). **** denotes a 2 or 3 digit code representing one of three departments, RAD, SUR, or AO.*	N	

Variable Name	Variable Description	Data Type	Value Definitions
ELIG	**Encounter Eligibility Code**. The eligibility code for the encounter based on the purpose of the encounter and the patient's eligibility.	C	10 = SC 50-100% 20 = Aid & Attendance 21 = Housebound 22 = Mexican Border War 23 = WWI 24 = POW 30 = SC 40-49% 31 = SC 30-39% 32 = SC 20-29% 33 = SC 10-19% 34 = SC less than 10% 40 = NSC - VA Pension 50 = NSC 60 = Catastrophic Disability 101 = ChampVA 102 = Collateral of Veteran 103 = Employee 104 = Other Federal Agency 105 = Allied Veteran 106 = Humanitarian Emergency 107 = Sharing Agreement 108 = Reimbursable Insurance 109 = Tricare/Champus

Variable Name	Variable Description	Data Type	Value Definitions
ELIGIBILITY	**Eligibility Code**. An indicator of the patient's primary eligibility. It is converted to the NPCD Eligibility Code from different VistA coding schemes.	C	10 = SC 50-100% 20 = Aid & Attendance 21 = Housebound 22 = Mexican Border War 23 = WWI 24 = POW 30 = SC 40-49% 31 = SC 30-39% 32 = SC 20-29% 33 = SC 10-19% 34 = SC less than 10% 40 = NSC - VA Pension 50 = NSC 60 = Catastrophic Disability 101 = ChampVA 102 = Collateral of Veteran 103 = Employee 104 = Other Federal Agency 105 = Allied Veteran 106 = Humanitarian Emergency 107 = Sharing Agreement 108 = Reimbursable Insurance 109 = Tricare/Champus
EN_CV	**Encounter combat veteran**. An indicator of whether a veteran served on active duty in a theater of combat operations during a period of war after the Persian Gulf War or in combat after November 11, 1998. The CV End Date determines CV status for this encounter.	C	Y = The vet was eligible on the specified date N = The vet was not eligible on the specified date

Variable Name	Variable Description	Data Type	Value Definitions
ENC_NUM	**Encounter Number**. A unique identifier for each encounter. In the Outpatient file, the variable contains the date of the encounter (VIZDAY) and the clinic stop code (CLSTOP) in the format *YYDDDCCC*. In the Inpatient Discharge and Treating Specialty files, the variable contains the date of encounter (ADMITDAY) followed by an "I" to indicate it was an inpatient encounter. The variable appears in the format *YYDDDI*.	C	
ENCFLAG	**All Encounter Flags**. This character string gives seven encounter flags in the order: NPCD, CLI, PROS, DDC, NOSHOW, PRE, UTIL, and All Other. For example, it takes the value "YNNNNNNN" if the NPCD flag is set to "Yes." For the "all other" group the value of this variable is equal to "NNNNNNNN". This variable is no longer available for years subsequent to FY04.	C	
ENRL_LOC	**Enrollment Location**. This is the facility that the patient chooses to designate as his/her preferred location for care (STA6A). This variable is no longer available for years subsequent to FY04.	C	
ENRLPRTY	**Enrollment Priority**. An indicator of enrollment priority based on the patient's eligibility status for VA health care.	C	See Appendix B for a complete list of the priority codes.
ENV_CONTAM_ENC	**Encounter Environmental Contamination**. An indicator that service provided during the patient encounter was related to exposure to environmental contaminants.	C	Y = Yes N = No
ENV_CONTAM_IND	**Environmental Contamination**. An indicator of whether the patient claims to have had exposure to environmental contaminants while serving in the Persian Gulf or Somalia.	C	Y = Yes N = No U = Unknown

Variable Name	Variable Description	Data Type	Value Definitions
ETHNICITY	**Ethnicity.** The ethnicity of a patient. Multiple entries are permitted.	C	D = Declined to answer H = Hispanic or Latino N = Not Hispanic or Latino U = Unknown by patient
EXTDTE	**Extract Date**. The date that the file was extracted. This variable was dropped in FY07.	N	
FP	**Fiscal Period, Month**. The number of the month in the fiscal year. This variable takes on an integer value from 1 to 12. Because the federal fiscal year is from October 1 to September 30; October is month 1, November is month 2, etc.	N	
FY	**Fiscal Year**. This variable has four digits representing the fiscal year. The fiscal year beginning October 1997 and ending September 1998 is denoted as 1998.	N	
FYDAYS	**Length of Stay in Current Fiscal Year**. The number of days between admission and discharge that occurred during the current fiscal year. If the stay began before the beginning of the fiscal year, it is the number of days between discharge and the beginning of the fiscal year. If the stay is not yet over, it is the number of days between admission and the date the report was run, or September 30 if this is the final report for the fiscal year.	N	
HCUP	**Hospital Cost and Utilization Project's Clinical Classification Software category**. A category assigned by the Agency for Healthcare Research and Quality's Hospital Cost and Utilization Project (HCUP) Clinical Classification Software. This a diagnosis and procedure categorization scheme that collapses the ICD-9 diagnoses and procedure codes into a smaller number of clinically meaningful categories.	C	For more information go to the Agency for Health Care Policy and Research (AHCPR) web page on HCUP: http://www.ahrq.gov/data/hcup.
HEAD_NECK	**Head and Neck Cancer Indicator**. Indicates whether the patient has head and/or neck cancer.	C	Y = Yes N = No

Variable Name	Variable Description	Data Type	Value Definitions
HOME_OX	**Outpatient Home Oxygen Cost**. An outpatient cost variable with department code ATX*, QC3*, QC4*. For years prior to FY05, this variable was labeled OHOMEOX. (* *denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics.)*	N	
LOS	**Length of Stay**. The total length of stay for the entire hospital stay. This is the same calculated length of stay that is transmitted to the PTF.	N	
MST	**Military Sexual Trauma Status**. The military sexual trauma status of the patient on the date of the encounter.	C	Y = Yes N = No D = Decline to answer U = Unknown
MST_ENC	**Military Sexual Trauma Encounter**. An indicator that the service provided during the patient encounter was related to Military Sexual Trauma (MST).	C	Y = Yes N = No
NOSHOW	**No Show Flag**. For FY98 to FY03, the flag was blanked out if a patient was seen in the same clinic at another time in the same day. For FY04 to FY06, no-show visits are separate visits. For FY07 and subsequent years, no show records are not longer included in the outpatient extract due to the creation of the no show NDE.	C	Y = No-show encounter
NPCD	**National Patient Care Database Flag**. A flag variable that indicates whether a NPCD record was used to build the encounter. NPCD processing within DSS changes the CLI Flag to 'N'.	C	Y = An NPCD record was used to build at least part of the visit N = No NPCD record was available to build the visit
NPCD_PID	**NPCD Provider ID**. A code that identifies the provider in the National Patient Care Database (NPCD). This variable is no longer available for years subsequent to FY04.	C	

Variable Name	Variable Description	Data Type	Value Definitions
NPRF	**National Patient Record Flag**. A flag variable that indicates whether the patient has a national record flag.	C	Y = Patient has at least one national record flag N = Patient does not have a national record flag
OAO_UNT	**Outpatient Units: All Other**. The number of primary encounters, days during which at least one other service was received. This variable is no longer available for years subsequent to FY04.	N	
OBS	**Observation Flag**. A flag variable that indicates whether or not the encounter was an observation case. Observation cases are outpatient records with stop code values 290-296.	C	Y = The encounter is an observation case N = The encounter is not an observation case
OCST_FD	**Outpatient Fixed Direct Total Cost**. The sum of the fixed direct costs across all six departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
OCST_FI	**Outpatient Fixed Indirect Total Cost**. The sum of the fixed indirect costs across all six departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
OCST_TOT	**Outpatient Grand Total Cost**. The sum of the total costs of the outpatient cost categories (FD, FI, VD, and TOT) across all six departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
OEFOIF	**OEF/OIF Flag.** Indicates whether the patient is a veteran who served in Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom (OIF).	C	Y = Yes (deployed in either or both operations) N = No
OEFOIFDTE	**OEF/OIF Return Date.** Most recent date of return from deployment for veterans of OEF and OIF. Date will be in YYYYMMDD format.	N	Null = veterans who did not serve in either of the operations

Variable Name	Variable Description	Data Type	Value Definitions
OLAB_UNT	**Outpatient Laboratory Utilization Units**. The number of tests in laboratory clinic tests for which there are costs reported in laboratory DCM departments. The variable was dropped after FY04 and is now available at the product level in the Laboratory (LAB) NDE.	N	
ONUR_UNT	**Outpatient Nursing Home Utilization Units**. The number of contract nursing home or state home bed days. The variable is no longer available for years subsequent to FY04 but it can be computed by subtracting the admission date (ADMITDAY) from the discharge date (DISDAY).	N	
OPHA_UNT	**Outpatient Pharmacy Utilization Units**. The number of encounters at the pharmacy clinic. This is the number of days for which there are costs reported in Pharmacy DCM departments, including when CMOPs dispense medical by mail. Please note that this is the number of days that medications were received, not the number of prescriptions. The number of drugs and unit of drugs are not included in the national extracts. However, these data are available in the local DSS database. This variable is no longer available for years subsequent to FY04.	N	

Variable Name	Variable Description	Data Type	Value Definitions
OPHA_VS	**Outpatient Variable Cost of Pharmacy Supply**. The Direct Variable Cost for this record is multiplied by a percentage factor to determine its Variable Supply Cost. Variable Cost of Pharmacy Supply = Pharmacy Direct Variable Cost x (A/B). A = the total variable supply cost of the pharmacy department B = the total direct variable cost of the pharmacy department (the sum of variable labor, variable supply, and all other variable costs). (A/B) is the same for all outpatient pharmacy records at this medical center for this year. It is the total Pharmacy Variable Supply Cost of the pharmacy department at this medical center, divided by the department's Direct actual economic variable supply cost is reported on the Outpatient Intermediate Product Department (OIPD) NDE. This variable was dropped from the OPAT extract in FY05.	N	
ORAD_UNT	**Outpatient Radiology Utilization Units**. The number of X-rays in the radiology clinic and radiological procedures in the Diagnostic Radiology and Nuclear Medicine. The variable was dropped after FY04 and is now available at the product level in the Radiology (RAD) NDE.	N	
OSUR_UNT	**Outpatient Surgery Utilization Units**. The number of encounters to outpatient surgical clinic days for which there are costs reported in Operating Room DCM departments. The variable is no longer available for years subsequent to FY04.	N	

Variable Name	Variable Description	Data Type	Value Definitions
O***_FD	**Outpatient Fixed Direct Cost**. A cost variable representing the outpatient fixed direct cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
O***_FI	**Outpatient Fixed Indirect Cost**. A cost variable representing the outpatient fixed indirect cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
O***_TOT	**Outpatient Fixed Total Cost**. The sum of the fixed direct, fixed indirect and variable direct costs for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
O***_VD	**Outpatient Variable Direct Cost**. A cost variable representing the outpatient variable direct cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	

Variable Name	Variable Description	Data Type	Value Definitions
***_VL4 and VL5	**Outpatient Variable Labor Cost Categories 4 and 5**. The Pharmacy Variable Supply Cost, VL4 and VL5 are found using the following formulas: Variable Labor Cost (4) = Encounter Department Variable Direct Cost x (A/B) A = Total Department Variable Labor Cost (4) B = Total Department Direct Variable Cost (variable labor + variable supply + variable other). Variable Labor Cost (5) = Encounter Department Variable Direct Cost x (A/B) A = Total Department Variable Labor Cost (5) B = Total Department Direct Variable Cost (variable labor + variable supply + variable other). *** denotes a 2 or 3 digit code representing one of three departments, RAD, SUR, or AO.*	N	
PCP_DSS	**Primary Care Provider**. The patient's primary care provider. This code identifies the provider to whom the patient is assigned in the VistA PCMM module. The variable's notation changed from PCP, effective FY99.	C, OPAT N, TRT N, DISCH	The Internal Entry Number (IEN) preceded by "2".
PCPT_DSS	**Primary Care Provider Type**. The provider type for the patient's primary care provider assigned to the patient in the VistA PCMM module. This variable's notation changed from PCPTYP, effective FY99.	C	See Appendix B for a list of the provider type associated with each code.
PCTEAM	**Primary Care Team**. The Internal Entry Number (IEN) of the primary care team assigned to this patient in the PCMM module.	C	Refer to IEN values.

Variable Name	Variable Description	Data Type	Value Definitions
PID_DSS	**Provider Identification**. The provider for an individual visit. For pharmacy encounters, it is the provider who wrote the prescription. For clinical encounters, it is the provider with whom the appointment was scheduled (including no-show records). The variable's notation changed from PROVID, effective FY99.	C	The IEN value preceded by "2".
PIDT_DSS	**Provider Type**. The provider type for the care provider in an individual visit. The variable's notation changed from PROVTYP, effective FY99.	C	See Appendix B for a list of the provider type associated with each code.
POV	**Purpose of Visit**. The purpose of the healthcare visit.	C	1 = C&P exam 2 = 10 – 10 3 = Scheduled appt 4 = Unscheduled visit
POW	**Prisoner of War**. An indicator that the veteran was a prisoner of war.	C	Y = Yes N = No
POWLOC	**Prisoner of War Location**. The time of service and location when the veteran was a prisoner of war.	C	1 = World War I 2 = World War II Europe 3 = WWII Pacific 4 = Korean 5 = Vietnam 6 = Other
PRE	**PRE Flag**. A flag variable that indicates whether a VistA outpatient pharmacy package was used to build the visit. For fiscal years prior to FY04, any visit to a clinical pharmacist in a clinic on the same day would have removed the flag. The DSS identifier or stop code is 160.	C	Y = DSS VistA extract from the Outpatient Pharmacy package was used in building the visit
PRIMCPT4	**Primary procedure**. This outpatient treatment variable is the first CPT code in the NPCD outpatient file. This variable was dropped in FY08.	C	Refer to CPT codes.

Variable Name	Variable Description	Data Type	Value Definitions
PRIMDX	**Primary diagnosis.** The outpatient diagnosis. This variable should be the same as the primary diagnosis in the NPCD OPC file and in VistA.	C	Refer to ICD-9 codes.
PRINDX	**Principal diagnosis**. The reason for admission. The ICD codes recorded for the principal diagnosis (PRINDX) are usually the same as those for the primary diagnosis (DXPRIME or DXLSF).	C	Refer to ICD-9 codes.
PROS	**Prosthetics Flag**. The flag value is not affected by the value in any other flags. The DSS Identifier or stop code is 423.	C	Y = Record from the DSS VistA prosthetics package extract was used to build at least part of the visit.
PROS_LAB	**Outpatient Prosthetics Labor**. A companion variable to the prosthetics supply cost (PROS_SUP). Prior to FY05, the variable was labeled OPROLBR. This variable was dropped in FY08.	N	
PROS_SUP	**Outpatient Prosthetics Supply**. The costs associated with modification and manufacture of prosthetics in VA Prosthetics laboratories. Prior to FY05, the variable was labeled OPROSUPL. This variable was dropped in FY08.	N	
PROS_TYPE	**Prosthetics Type Flag**. A flag variable that indicates the type of prosthetics service provided.	C	"I" = Surgery implants "O" = Home oxygen "S" = Prosthetics supplies "L" = Prosthetics labor "D" = DDC supplies "P" = Prosthetics supplies and labor "A" = Home oxygen and prosthetics labor "T" = Home oxygen and prosthetics supplies
PSEUDO	**Pseudo-SSN**. This variable indicates whether a pseudo SSN is recorded for the patient. The format is the scrambled SSN followed by the letter "P".	C	

Variable Name	Variable Description	Data Type	Value Definitions
PT	**Patient type**. Identifies the type of patient which may be seen at a VA facility. This variable is also labeled PATTYPE in the treating specialty extract and PAT_TYPE in the discharge extract.	C	AC = Active duty AL = Allied veteran CO = Collateral EM = Employee IN = Ineligible MI = Military retiree NO = Non-veteran NS = Non-service connected veteran SC = Service connected veteran TR = Tricare
PURPLE_HEART	**Purple Heart Indicator**. An indicator of whether the patient is a Purple Heart recipient.	C	Y = Yes N = No U = Unknown
RACE_1	**Race 1**. The self reported patient race as recorded in the VistA patient file. If multiple values are present, they are concatenated and sent in a single field.	C	3 = American Indian or Alaska Native 8 = Asian 9 = Black or African American A = Native Hawaiian or Other Pacific Islander B = White C = Declined to answer D = Unknown by patient
RAD	**Ionizing Radiation**. An indicator of whether the patient claims to have had exposure to ionizing radiation either through nuclear testing in the U.S. or Japan.	C	Y = Yes N = No
RAD_ENC	**Encounter Ionizing Radiation**. Indicates whether service provided during the patient encounter was related to exposure to ionizing radiation.	C	Y = Yes N = No U = Unknown

Variable Name	Variable Description	Data Type	Value Definitions
REFER	**Refer Lab Flag**. A flag variable that indicates if the lab test was performed by another VAMC reporting station and whether or not the patient's prescription was for an investigational drug.	C	Y = The laboratory test was performed by the reporting station for another VAMC I = At least one prescription filled within the encounter was for an investigational drug
RUN_DATE	**Run Date**. The date that the report was extracted from the DSS production files at the Corporate Data Franchise Center (CFD).	N	
SCRSSN	**Scrambled Social Security Number**. Unique patient identifier. Chapter 2 explains how to decode the encrypted number using a file. Special permission is required to do this.	N	
SEX	**Sex.** Indicator of the sex of the patient.	C	M = Male F = Female
STA3N	**Medical Center Station Number**. This is the standard 3-digit number used to identify VA medical centers.	N	See Appendix B for a table listing the numbers of each medical center.
STA6A	**Discharge Substation**. The discharge substation is the same as that in the PTF file. The first 3 digits are the patent station identifier (STA3N), followed by three characters that identify the substation or operational unit within the facility. Due to the large number of substations, they are not listed as an appendix of this guide.	C	See the VA Site Tracking (VAST) database of the VA Planning Systems and Support Group (PSSG) for information on substations. The PSSG maintains a web page on the VA private network with this information: http://vaww.pssg.med.va.gov/PSSG/pssg_vast_data.htm. **Note**: This is an internal VA website and is not available to the public.

Variable Name	Variable Description	Data Type	Value Definitions
STA6N	**Medical Center Substation/STA6N**. The substation is the same as that in the NPCD file. The first 3 digits are the patient station identifier (STA3N), followed by three characters that identify the substation or operational unit within the facility. Due to the large number of substations, they are not listed as an appendix of this guide.	C	See the VA Site Tracking (VAST) database of the VA Planning Systems and Support Group (PSSG) for information on substations. The PSSG maintains a web page on the VA private network with this information: http://vaww.pssg.med.va.gov/PSSG/pssg_vast_data.htm. **Note**: This is an internal VA website and is not available to the public.
STOPS	**Number of Clinic Stops**. This variable has a value of '1' for each record. It was created for counting the number of records (stops) at each level (e.g., running a SAS Proc Summary by facility).	N	
SURG_IMP	**Outpatient Cost of Surgical Implants.** The total implant cost for the encounter, if any. IPD Code = S36*. Prior to FY05, the variable was labeled OSURGIMP. *(* denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics.)*	N	
TAO_UNT	**Inpatient Treating Specialty, All Other Units**. The number of days during which at least one other service was received. This variable was dropped in FY07.	N	
TCST_FD	**Inpatient Treating Specialty Fixed Direct Total Cost.** The sum of the fixed direct costs across all six departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
TCST_FI	**Inpatient Treating Specialty Fixed Indirect Total Cost.** The sum of the fixed indirect costs across all six departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	

Variable Name	Variable Description	Data Type	Value Definitions
TCST_TOT	**Inpatient Treating Specialty Grand Total Cost**. The sum of the total costs of the treating specialty cost categories (FD, FI, and VD) for all departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
TCST_VD	**Inpatient Treating Specialty Variable Direct Total Cost.** The sum of the variable direct costs across all six departments (LAB, NUR, PHA, RAD, SUR, and AO).	N	
TELEMED	**Telemed Flag**. A flag that indicates a telehealth encounter.	C	The value of the variable could be either a stop code or other four character code.
THOMEOX	**Inpatient Treating Specialty Home Oxygen Cost**. The cost of home oxygen in prosthetics departments. It is the sum of the fixed direct, fixed indirect, and variable direct costs for IPD's ATX*, QC3*, and QC4*. *(* denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics.)*	N	
TLAB_UNT	**Inpatient Treating Specialty Laboratory Units**. The number of tests for which there are costs reported in Laboratory DCM departments.	N	
TNUR_UNT	**Inpatient Treating Specialty Nursing Units.** The number of days for which there are costs reported in Ward DCM departments. Pass days and unauthorized absence days may or may not be included, depending on the practice on the individual ward.	N	
TPHA_UNT	**Inpatient Treating Specialty Pharmacy Units**. The number of days for which there are costs reported in Pharmacy DCM departments. This variable reflects the number of days that medications were received, not the number of prescriptions. The number of drugs and unit of drugs are not included in the national extracts. However, these data are available in the local DSS database. This variable was dropped in FY07.	N	

Variable Name	Variable Description	Data Type	Value Definitions
TPHA_VS	**Inpatient Treating Specialty Variable Pharmacy Supply**. The variable supply cost of a drug item.	N	
TPROLBR	**Inpatient Treating Specialty Prosthetics Labor Cost**. A companion variable to the prosthetics supply cost.	N	
TPROSUPL	**Inpatient Treating Specialty Prosthetics Supply Cost**. The costs associated with modification and manufacture of prosthetics in VA prosthetics laboratories.	N	
TRAD_UNT	**Inpatient Treating Specialty Radiology Units**. The number of radiological procedures in the Diagnostic Radiology and Nuclear Medicine department.	N	
TRT_LOS	**Inpatient Treating Specialty Length of Stay.** The length of stay between each bed section during a hospital stay.	N	
TRTIN	**Bed section Admitting Date**. The date the patient was admitted or transferred to the treating specialty bed section.	N	
TRTOUT	**Bed section Discharge Date**. The date the patient was discharged or transferred from the treating specialty bed section.	N	
TRTSP	**Treating Specialty**. A code that comes from the PTF bed section file.	C	See Appendix B for a list of the bed section codes.
TRTSP_C	**Treating Specialty Label**. A label for the treating specialty code. It is from the PTF bed section file.	C	See Appendix B for a list of the bed section labels.
TIMEI	**Bed section time In.** The time the treating specialty segment began and corresponds with admit date (ADMITDAY). In FY07, this variable was called TRTTIMEI.	N	
TIMEO	**Bed section time Out**. The time the treating specialty segment ended and corresponds with the discharge date (DISDAY). In FY07, this variable was called TRTTIMEO.	N	

Variable Name	Variable Description	Data Type	Value Definitions
TSUR_UNT	**Inpatient Treating Specialty Surgical Units**. This is the number of days for which there are costs reported in Operating Room DCM departments. For multiple visits in an operating room on a single day, only one day is counted.	N	
TSURGIMP	**Inpatient Treating Specialty Surgical Implant Cost.** The surgical prosthetic costs in surgery departments. It is the sum of the fixed direct, fixed indirect, and variable direct costs for IPD department S36*** *(* denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics).*	N	
T***_FD	**Inpatient Treating Specialty Fixed Direct Cost**. A cost variable representing the fixed direct cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
T***_FI	**Inpatient Treating Specialty Fixed Indirect Cost**. A cost variable representing the inpatient treating specialty fixed indirect cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
T***_TOT	**Inpatient Treating Specialty Total Cost**. The sum of the fixed direct, fixed indirect, and variable direct for each cost department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	
T***_VD	**Inpatient Treating Specialty Variable Direct Cost**. A cost variable representing the inpatient treating specialty variable direct cost for a specific department. *(*** denotes a 2 or 3 digit code representing one of six departments, either LAB, NUR, PHA, RAD, SUR, or AO.)*	N	

Variable Name	Variable Description	Data Type	Value Definitions
T***_VL4 and VL5	**Inpatient Treating Specialty Variable Labor Categories 4 and 5**. Variable labor category 4 (VL4) is the cost for employee providers and VL5 is the cost for contracted services, they are found using the following formulas: Variable Labor Cost (4) = Encounter Department Variable Direct Cost x (A/B) A = Total Department Variable Labor Cost (4) B = Total Department Direct Variable Cost (variable labor + variable supply + variable other). Variable Labor Cost (5) = Encounter Department Variable Direct Cost x (A/B) A = Total Department Variable Labor Cost (5) B = Total Department Direct Variable Cost (variable labor + variable supply + variable other). *** *denotes a 2 or 3 digit code representing one of three departments, RAD, SUR, or AO.*	N	
USER	**User Enrollee Indicator**. An indicator that the veteran has user enrollee status for the current for future fiscal year.	C	U = Vet has user enrollee status Null = Does not have user enrollee status
UTIL	**Utilization-Built Flag**. A flag variable that indicates whether utilization processing was used to create the encounter.	C	Y = The visit was created by utilization processing
VAST	**VAST CBOC Flag**. A flag variable that indicates whether the location of the encounter is labeled CBOC in the VAST database. For CLI, NPCD, PRE, IVP, and UDP records only.	C	Y = The location of the encounter is labeled as a CBOC in the VAST database
VETERAN	**Veteran Flag**. This variable is also labeled VET in the treating specialty extract.	C	Y = Patient is a veteran

Variable Name	Variable Description	Data Type	Value Definitions
VISN	**Network**. The unique number for the regional network in which the medical center providing this care is located.	N	See Appendix B for a list of the names of each VISN.
VISTA	**VistA CBOC Flag**. A flag variable that indicates whether the encounter location is marked as a CBOC in the VistA institution file.	C	Y = The encounter location is marked as a CBOC in the VistA institution file
VIZDAY	**Date of Encounter**. The date of the encounter.	N	
VOLUME	**Volume**. The number of days, number of timed-specified units, or number of times the procedure was performed. It is recommended by the DSS Bedford office that this variable not be used.	C	
WARD	**Inpatient Ward.** Location of the patient when the service was provided. Internal entry number (IEN) for the ward in the VistA Hospital Location file (#44).	C	
ZIP	**Zip Code**. Zip + 4 is the zip code for where the patient resides. The 5-character zip code is provided if zip + 4 is not available.	C	Format = nnnnn-nnnn.