

DoD 6010.13-M



MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM
FOR
FIXED MILITARY MEDICAL AND DENTAL TREATMENT FACILITIES
MANUAL

April 7, 2008

Incorporating Change 2, Effective April 15, 2014

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE HEALTH AFFAIRS

FOREWORD

This manual is issued under the authority of Department of Defense (DoD) Directive 6000.12E (Reference (a)). It prescribes the procedures for the uniform reporting of expense and labor hour data for fixed military medical and dental treatment facilities.

DoD 6010.13-M, “Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities,” November 21, 2000 (Reference (b)), is hereby canceled.

This manual applies to the Office of the Secretary of Defense, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense agencies, the DoD Field Activities, and all other organizational entities in DoD (hereafter referred to collectively as the “DoD Components”).

This manual does not apply to DoD facilities that are not involved in direct patient care (e.g., medical research facilities), DoD facilities for field service (e.g., force combat support and evacuation hospitals), facilities afloat (e.g., hospital ships and sick bays aboard ships), and tactical casualty staging facilities (e.g., medical advance base staging facilities and medical advance base components contained within mobile-type units).

This manual is effective April 7, 2008 and is mandatory for use by all the DoD Components. It must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoD Instruction 5025.01 (Reference (s)). If not, it will expire effective April 7, 2018 and be removed from the DoD Issuances Website.

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REFERENCES

- (a) DoD Directive 6000.12E, "Health Services Support," January 6, 2011, *as amended*
- (b) DoD 6010.13-M, "Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities," November 21, 2000 (hereby canceled)
- (c) DoD 6015.1-M, "Glossary of Healthcare Terminology," January 13, 1999
- (d) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition
- (e) DoD 7000.14-R, "Department of Defense Financial Management Regulations (FMRs)," Glossary, and Volumes 1, 2A, 3, 4, 6A, 10, 11A, and 11B, current edition
- (f) TRICARE Management Activity, Office of the Chief Financial Officer, Business and Economic Analysis Division, "Military Health System Coding Guidance: Professional Services and Specialty Coding" current edition
- (g) Sections 1101, 1341 and 1517 of title 31, United States Code
- (h) DoD Instruction 5000.64, "Accountability and Management of DoD Equipment and Other Accountable Property," May 19, 2011
- (i) DoD Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," April 11, 2005
- (j) Chapter 47 and sections 2801-2813 of title 10, United States Code
- (k) Medical Group Management Association Guide, "RVUs: Applications for Medical Practice Success," 2nd Edition, January 2003
- (l) Office of Management and Budget Circular A-123, "Management's Responsibility for Internal Control," December 21, 2004
- (m) DoD 8910.1-M, "Department of Defense Procedures for Management of Information Requirements," June 30, 1998
- (n) DoD ~~Directive~~ Instruction 8320.02, "~~Data Sharing in a Net-Centric Department of Defense~~ *Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense,*" ~~December 2, 2004~~ *August 5, 2013*
- (o) Section 1400 of title 20, United States Code
- (p) Under Secretary of Defense (Comptroller) Web Site, "Military Personnel Composite Standard Pay and Reimbursement Rates," <http://www.defenselink.mil/comptroller/rates/>
- (q) DoD Instruction 6040.40, "Military Health System Data Quality Management Control Procedures," November 26, 2002
- (r) Joint Federal Travel Regulations, Volumes 1 and 2, "Uniformed Service Members," and "Department of Defense Civilian Personnel," current editions
- (s) DoD Instruction 5025.01, "DoD Directives Program," ~~October 28, 2007~~ *September 26, 2012*, as amended

DEFINITIONS

DL1. The following terms are defined in DoD 6015.1-M (Reference (c)).

- DL1.1. Admission.
- DL1.2. Aeromedical Staging Facility.
- DL1.3. Ambulatory Care.
- DL1.4. Ambulatory Procedure Unit (APU).
- DL1.5. Ancillary Services.
- DL1.6. Assignment Factor.
- DL1.7. Average Daily Patient Load (ADPL).
- DL1.8. Average Length of Stay (ALOS).
- DL1.9. Bassinet Day.
- DL1.10. Borrowed Labor.
- DL1.11. Clinic.
- DL1.12. Clinician.
- DL1.13. Complete Physical Examination.
- DL1.14. Continuing Education (CE).
- DL1.15. Convalescent Leave.
- DL1.16. Cost Assignment.
- DL1.17. Cost Pool.
- DL1.18. Death.
- DL1.19. Delivery.
- DL1.20. Dental Clinic.

- DL1.21. Facility.
- DL1.22. FTE.
- DL1.23. FTE Work-Month.
- DL1.24. Graduate Medical Education (GME).
- DL1.25. Healthcare Professional.
- DL1.26. Hospital.
- DL1.27. Hours or Minutes of Service or Treatment.
- DL1.28. Inpatient Care.
- DL1.29. Inpatient Visit.
- DL1.30. Length of Patient Stay.
- DL1.31. Live Birth.
- DL1.32. Loaned Labor.
- DL1.33. Maintenance.
- DL1.34. Manpower Requirement.
- DL1.35. Medical Center.
- DL1.36. Investment Equipment.
- DL1.37. Modernization and Replacement Equipment.
- DL1.38. Non-Available Time.
- DL1.39. Non-Reportable Time.
- DL1.40. Occasion of Service.
- DL1.41. Occupational Medical Examination.
- DL1.42. Occupied Bed Day (OBD).
- DL1.43. Operating Expenses.

DL1.44. Operating Room Minutes of Service.

DL1.45. Outpatient Visit.

DL1.46. Plant Equipment.

DL1.47. Plant Property.

DL1.48. Real Property Installed Equipment.

DL1.49. Recovery Room Minutes of Service.

DL1.50. Repair.

DL1.51. Training and CE of Non-Student Personnel.

DL1.52. Transient Patient.

DL1.53. Transient Patient's Bed.

DL2. The following terms are defined in Joint Publication 1-02 (Reference (d)).

DL2.1. Mobilization.

DL2.2. Readiness.

DL3. The following terms are defined in the Glossary of DoD 7000.14-R (Reference (e)).

DL3.1. Depreciation.

DL3.2. Real Property.

DL3.3. Tangible Assets.

DL4. The following terms are defined in volume 4, Chapter 6, of Reference (e).

DL4.1. Depreciation, Method of.

DL4.2. Capitalization Threshold.

DL5. The following terms are defined in the references cited below.

DL 5.1. Ambulatory Procedure Visit (APV). Defined in "Military Health System Coding Guidance: Professional Services and Specialty Coding Guidelines" (Reference (f)).

DL5.2. Appropriation. Defined in sections 1101, 1341 and 1517 of title 31, United States Code (U.S.C.) (Reference (g)).

DL5.3. Capitalize. Defined in DoDI 5000.64 (Reference (h)).

DL5.4. Individualized Education Plan (IEP). Defined in DoDI 1342.12 (Reference (i)).

DL5.5. Initial Outfitting. Defined in sections 2801-2813 of title 10, U.S.C. (Reference (j)).

DL6. The following terms are unique to this Manual.

DL6.1. Ambulatory Nursing Services. Provides a centralized program of nursing assessment and care for outpatients. (See Ambulatory Nursing Services (DGE sub-account) for more details.)

DL6.2. Ambulatory Nursing Services Minutes of Service. Minutes of service are counted from the time the patient arrives in the ambulatory nursing services unit until the patient leaves the unit. The patient receives care, assessment, pre-operative interview, and processing while in the unit. Ambulatory nursing services minutes of service shall not include time that the patient is out of the unit, such as for radiology or laboratory services.

DL6.3. APU Minutes of Service. Calculated as the time elapsed between the patient's arrival at the APU and their departure to the ambulatory surgical procedure (known as an APV) and the time elapsed between the patient's return from the APV and disposition time. APU minutes of service shall not include time that the patient is out of the unit for the APV.

DL6.4. Assigned FTE. Personnel on the facility's manning or staffing document.

DL6.5. Available Time. Those hours worked or expensed in support of the healthcare and readiness missions regardless of the type of personnel. (See Appendix 3 for procedures for charging available time.)

DL6.6. Capitalized Equipment. Tangible assets (excluding real property and the plant) that exceed the established capitalization threshold and is depreciated in the Medical Expense and Performance Reporting System (MEPRS). This includes investment and expense equipment that exceed the capitalization threshold.

DL6.7. Contract Personnel. Those personnel who are employed and paid under a contract. These individuals are not Federal, non-appropriated fund, or military employees. For MEPRS purposes, both contract labor hours and expenses shall be recorded to the appropriate work center.

DL6.8. Cost Center. A logical or physical grouping of one or more similar services for the purpose of identifying obligations or developing the cost identification for services. Services

are grouped into cost codes to identify expended resources to produce a unit of work and segregate costs for management to assess efficiency and usage, examine trends, etc.

DL6.9. Cost Finding. A process of determining costs by sample or study rather than by detailed transaction recording in the cost accounts. Procedures for cost finding are designed to accomplish an end result that approximates the result that would be obtained if a formal cost accounting system were in operation. Expense assignment in MEPRS used for determining the expenses of the final operating expense accounts is not the same as cost finding.

DL6.10. Cost of Supplies Expended. Total costs of items classified as “Supplies” in the work center.

DL6.11. Day-To-Day Proficiency Training. The third type of training requirement is the day-to-day proficiency training conducted to impart knowledge and improve technical skills, which will increase the efficiency and effectiveness of workers. This would include in-service, safety, security, and on-the-job training. This type of training is not always performed within the medical facility. Often short courses are sponsored by the military services and civilian associations that do not qualify as “CE.” Conferences, conventions, and factory-conducted repair and operator courses fall into this category. The salary expenses of military and civilian personnel undergoing this type of training, wherever conducted, shall be charged to their primary work center and distributed as if they had not been engaged in training. Any locally funded travel, per diem, incidental expenses, and registration fees incurred in support of this training, as well as any personnel and non-personnel expenses of staff authorizations for conducting and directing this training, shall be charged to the work center of primary assignment.

DL6.12. Direct Care Paraprofessional. Individuals who are skilled to provide technical assistance or follow-up to direct patient care (e.g., Licensed Practical Nurses (LPN), Licensed Vocational Nurses (LVN), medical specialists, X-ray specialists, dental lab specialists, dental hygienists, and medical technicians). For labor hour collection purposes, these individuals are coded as Skill Type 4. (See Table C3.T1.)

DL6.13. Direct Care Professional. Individuals, other than clinicians, licensed or certified to deliver healthcare (e.g., physical and occupational therapists, podiatrists, psychologists, social workers, physician assistants, and advanced practice nurses who are privileged). Direct care professionals consult with other healthcare professionals to assess, plan, and implement an effective treatment program. For labor hour collection purposes, these individuals are coded as Skill Type 2. (See Table C3.T1.)

DL6.14. Direct Operating Expense. An expense identified specifically with a particular work center.

DL6.15. Disposition. The removal of a patient from the census of a medical center or hospital by reason of discharge to duty, to home, transfer to another medical facility, death, or other termination of inpatient care. The day of discharge is the day on which the medical center or hospital formally terminates the period of inpatient hospitalization.

DL6.16. Expense Allocation. Also referred to as “stepdown.” The reassignment of expenses of intermediate operating expense accounts to the final operating expense accounts on the basis of assignment procedures that measure the amount of services rendered by intermediate work centers to the other work centers. The expense allocation methodology distributes expenses by using a rigid hierarchy of intermediate accounts to allocate operating costs to the final accounts.

DL6.17. EAS. A standard automated data processing capability used by the military services for the calculations required to produce the MEPRS data.

DL6.18. FCC. A standard cost accounting element that uniformly labels a work/cost center in the DoD Military Health System (MHS) with a four-digit alphanumeric code. All workload, expense, and FTE data reported in MEPRS is aligned to an FCC. An FCC shows aggregated workload, expenses, and FTEs at the functional category (first level), summary account (second level), and work/cost center (third level). Fourth-level FCCs are assigned for cost centers or work centers that meet the criteria of a valid work center and as determined and/or standardized by the Service MEPRS Program Office. Only the Military Service headquarters can determine and approve the use of site-specific fourth-level codes.

DL6.19. Final Operating Expense Account. The final expense accumulation point in the system. All Inpatient Care (A), Ambulatory Care (B), Dental Care (C), Special Programs (F), and Readiness (G) accounts are final operating expense accounts.

DL6.20. Free Receipts. See the definition of “non-reimbursables.”

DL6.21. Health and Medical Services. All professional, technical, and related functions performed by the three military medical departments, such as general and special medical treatment, dental care including prosthetic laboratory service, nursing care, veterinary service, medical laboratory service, patient evacuation, preventive medicine (including physical examinations), nutrition management, education, training, and reporting procedures.

DL6.22. Health Promotion. Any combination of health information, education, diagnostic screening, and healthcare interventions designed to facilitate behavioral alteration that will improve or protect health. It includes those activities intended to influence and support individual lifestyle modification and self-care.

DL6.23. Housekeeping Square Feet. To determine this statistic, the number of square feet in each department, service, and division of the healthcare facility that are cleaned under housekeeping services must be determined. Floor area measurements should be taken from the center of walls to the center of adjoining corridors if a hallway services more than one department. Stairwells, elevators, and commonly used areas (lobbies) should be charged to the appropriate housekeeping account. Hallways, waiting rooms, and other areas serving only one department should be included in that department. The effect of measuring only cleaned space will allocate the space (commonly used areas) among the departments in the ratio of space cleaned. When changes in assigned areas have been made during the year as the result of new construction, departmental relocation, expansion, or curtailment of service or changes in

housekeeping requirements, sufficient data should be maintained to allow for the development of “weighted” areas for the fractional part of the year.

DL6.24. Indirect Operating Expense. An expense identified with two or more work centers, but not identified specifically with any particular work center.

DL6.25. Individualized Family Service Plan (IFSP). A written document for an infant or toddler, from birth through 2 years of age, with a disability, and the family of such infant or toddler, based on a multi-disciplinary assessment of the unique needs of the child and the concerns and priorities of the family. The IFSP identifies early intervention and other services appropriate to meet the needs, concerns, and priorities of the child and family.

DL6.26. Intermediate Operating Expense Accounts. An operating expense account that is further assigned to final operating expense accounts. Ancillary Services (D) and Support Services (E) accounts are intermediate operating expense accounts.

DL6.27. Labor and Delivery Suite Minutes of Service. See the definition of “Hours or Minutes of Service.”

DL6.28. Medical Treatment Facility (MTF). A military facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

DL6.29. Minor Plant Equipment. An item of plant equipment having a unit value of less than \$1,000, and other plant equipment, regardless of cost, when so designated by the Government.

DL6.30. Minutes of Service or Treatment. See “Ambulatory Nursing Services Minutes of Service,” “APU Minutes of Service,” “Post-Anesthesia Care Unit Minutes of Service,” and “Surgical Suite Minutes of Service.”

DL6.31. Mixed Ward or Clinic. A work center that is composed of more than one subspecialty account and where an indirect cost pool is usually established to collect appropriate expenses for subsequent distribution to the appropriate sub-accounts. The expenses collected in a cost pool will normally be distributed on the basis of each receiving account’s ratio of work performed (OBDs or visits) to the total work performed in the mixed ward or clinic.

DL6.32. Non-Reimbursables. Sometimes referred to as free receipts. Non-reimbursables are goods, services, or equipment provided to an activity (or MTF) and not financed from that activity’s operating budget. Free receipts are recorded in the ED accounts when a base provides logistical services to an MTF free of charge. Non-reimbursables do not result in an issuance of an SF 1080, “Voucher for Transfer Between Appropriations or Funds,” or other similar fund transfer document by the providing activity or in a decrease in available obligation authority of the receiver.

DL6.33. Obligation. Any act that legally binds the Government to make a payment. An obligation is a legal reservation of funds and is properly recordable only when supported by documentary evidence.

DL6.34. Other Personnel. Includes volunteers, Red Cross personnel, prisoners, service club personnel, visiting students, and civilian students, residents, interns, or persons not enrolled in DoD training programs.

DL6.35. Pounds of Laundry Processed. Includes the weight of linen after being processed and dried.

DL6.36. Post-Anesthesia Care Unit Minutes of Service. The period of time beginning when the patient enters the post-anesthesia care unit and ending when the patient leaves the post-anesthesia care unit.

DL6.37. Program Element Code (PEC). A code that represents a program that reflects a force mission or a support function of the Department of Defense and contains the resources allocated to achieve an objective or plan.

DL6.38. Readiness Training. Training that is unique to the medical mission of the Services because they operate with and in support of combat units. Examples would include maneuvers, field training, contingency training, local exercises, and exercises conducted by the Chairman of the Joint Chiefs of Staff. The salary expenses of military and civilian personnel while away from the MTF, as well as any locally funded travel, per diem, and incidental expenses shall be charged to the appropriate medical readiness account.

DL6.39. Registered Nurse. All registered nurses (Skill Type 3), except those who are being used as advanced nurses, such as practitioners, nurse anesthetists, and nurse midwives who are accounted for in the direct-care professional's category (Skill Type 2). LPNs and LVNs are classified as direct-care paraprofessionals (Skill Type 4), not registered nurses. (See Table C3.T1.)

DL6.40. Reimbursable. A reimbursable transaction occurs when one activity, known as the "provider," accomplishes work or provides goods or services to another activity or individual, known as the "receiver." In the process of accomplishing this work for the receiver, the provider generates an account receivable due from the receiving individual or activity and bills the receiver using Intragovernmental Payment and Collection; a Standard Form (SF) 1080, "Voucher for Transfers Between Appropriations and or Funds;" or similar billing document. The transfer of funds on the SF 1080 from the receiver to the provider liquidates the account receivable.

DL6.41. Reimbursable Indicator. Also referred to as source of funds in MEPRS that indicates an appropriation classification to show the obligations financed by reimbursements, direct or resource sharing funds.

DL6.42. Relative Value Unit (RVU). Relative value units are non-monetary, relative units of measure that indicate the value of healthcare services and relative difference in resources consumed when providing different procedures and services. RVUs assign relative values or weights to medical procedures primarily for the purpose of reimbursement of services performed. They are used as a standardized method of analyzing resources involved in the provision of services or procedures. (See Medical Group Management Association Guide (Reference (k))).

DL6.43. Reportable Time. Total available and non-available hours. (See Appendix 3 for charging reportable time.)

DL6.44. Square Feet. To determine this statistic, the number of square feet in each department, service, and division of the healthcare facility must be determined either by a physical measurement of the facility or by a measurement from blueprints. Floor area measurements should be taken from the center of walls to the center of adjoining corridors if a hallway services more than one department. Exclude stairwells, elevators, other shafts, and idle area. Idle areas are those areas closed off or unused for a period of time. Hallways, waiting rooms, and storage areas serving only one department should be included in that department. Commonly used areas, such as lobbies, shall be divided equitably among the users of those areas. The effect of measuring only usable space will allocate the space (commonly used and idle area) among the departments in the ratio of space used. When changes in assigned areas have been made during the year as the result of new construction, departmental relocation, expansion, or curtailment of service, sufficient data should be maintained to allow for the development of “weighted” areas for the fractional part of the year.

DL6.45. Standard Element Expense Code (SEEC). Synonymous with object classes, these are the MEPRS standard financial categories that represent the expenses reported from obligations for items or services purchased by the Government such as labor, supplies, equipment, contracted services, and others. Each military service has a unique object code referred to as Service-Unique Element Expense that maps to a related SEEC to facilitate comparison among the Services.

DL6.46. Surgical Suite Minutes of Service. The elapsed time of an operation performed in the surgical suite multiplied by the number of hospital time and the ending time. Starting time begins with the start of surgical suite personnel participating in each operation. Elapsed time is the difference between the starting preparation and ending time is when clean-up of the surgical suite following an episode of surgery is complete. It is meant to include only those personnel who are directly assigned to the surgical suite. (Surgeons, anesthesiologists, and nurse anesthetists are excluded from this work center.) It also includes student nurses and trainees when replacing individuals in the surgical suite team.

DL 6.47. Travel Expense Accounting. Travel expenses as used herein include the costs of transportation of people and authorized excess baggage, per diem, incidental fees such as taxi fare, automobile rentals, locker fees, tolls, and registration fees.

DL 6.48. Visit. Healthcare characterized by the professional examination or evaluation of a patient and the delivery or prescription of a care regimen.

DL 6.49. Weighted Patient Nutrition Procedure. Weighted patient nutrition procedures are based on weighted values, which reflect the resource intensity of the various procedures rendered to patients.

DL 6.50. Work Center

DL6.50.1. A discrete functional or organizational subdivision of an MTF for which provision is made to collect and measure its expenses and determine its workload performance. The minimum work centers for a facility are established by meeting specific criteria and using the prescribed FCCs as described in Chapter 2 of this Manual. MTFs are not authorized to create new FCCs for work centers without coordination and approval from the Service MEPRS Program Office. A work center shall be established when the MEPRS reporting facility requires the performance of a function that is assigned or authorized by higher medical authority, manpower (staffing) is assigned, physical space is designated to accomplish the function, and workload is generated. Generally, the following criteria should be considered for establishing a work center.

DL 6.50.1.1. Normally operates 16 hours or more each month.

DL 6.50.1.2. Has identifiable expenses.

DL 6.50.1.3. Is allocated physical space.

DL 6.50.1.4. Is allocated or assigned manpower. Such staffing may or may not be authorized on the facility manning or staffing documents. In the areas of inpatient, ambulatory, and dental care, this means that the medical or dental specialty or subspecialty is assigned.

DL 6.50.1.5. Has a valid work output.

DL 6.50.1.6. Uses a valid workload measure.

DL 6.50.1.7. Service provided or expenses incurred are unique when compared to other established work centers.

DL 6.50.1.8. Is compatible with the MTF organizational structure.

DL 6.50.1.9. Facilitates the management decision-making process.

DL 6.50.2. A work center shall be established and expenses identified and reported when the aforementioned criteria are established. EXCEPTIONS to the criteria above are FCCs established to accumulate expenses only, such as depreciation accounts, reimbursement accounts, base operations accounts, holding or variance accounts, and indirect cost pools. Work

center expenses shall be identified and reported only if they are considered to be significant by the MTF Commander, even if physical space is allocated and utilized for the performance of a function.

DL 6. 51. Working at Home. Work performed at home in support of the MTF mission that is normally performed in the individual's assigned work center.

DL 6.52. Workload. The amount of work produced in a functional activity or work center. (See Chapter 2 for the Uniform Chart of Accounts (UCA) and Chapter 3 for accounting for workload.)

ABBREVIATIONS AND ACRONYMS

AARC	American Association for Respiratory Care
ACLS	Advanced Cardiac Life Support
ADPL	Average Daily Patient Load
AHLTA	Armed Forces Health Longitudinal Technology Application
ALOS	Average Length of Stay
AMA	American Medical Association
APU	Ambulatory Procedure Unit
APV	Ambulatory Procedure Visit
ASD	Account Subset Definition
ASN	Assignment Sequence Number
ATLS	Advanced Trauma Life Support
AWOL	Absent Without Leave
AWOP	Absent Without Pay
C4	Combat Casualty Care Course
CE	Continuing Education
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHCS	Composite Healthcare System
CLV	Composite Lab Value
CONUS	Continental United States
CPR	Cardiopulmonary Resuscitation
CPT	Current Procedural Terminology
CSC	Case Study Committee
CSP	Contingency Support Plan
CTIM	Cooked Therapeutic In-flight Meal
DES	Disability Evaluation System
<i>DHA</i>	<i>Defense Health Agency</i>
DMHRSi	Defense Medical Human Resources System Internet
DMIS ID	Defense Medical Information System Identifier
DNA	Deoxyribonucleic Acid
DoDDS	DoD Dependents Schools
DoDI	DoD Instruction
DTF	Dental Treatment Facility
EAS	Expense Assignment System
EIS	Early Intervention Services
FAM-D	Functional Area Model-Data
FCC	Functional Cost Code
FMF	Fleet Marine Force
FTE	Full-Time Equivalent

GDE	Graduate Dental Education
GME	Graduate Medical Education
HBO	Hyperbaric Oxygen
HCP	Hearing Conservation Program
HIV	Human Immunodeficiency Virus
I.V.	Intravenous
ICU	Intensive Care Unit
ID	Identification
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IM	Information Management
IT	Information Technology
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
LWOP	Leave Without Pay
MEB	Medical Evaluation Board
MEPRS	Medical Expense and Performance Reporting System
MHS	Military Health System
MMART	Mobile Medical Augmentation Readiness Team
MMIG	MEPRS Management Improvement Group
MRS	Medically Related Services
MTF	Medical Treatment Facility
MTS	Multi-Disciplinary Team Services
Na	Sodium
NBC	Nuclear, Biological, and Chemical
NDMS	National Disaster Medical System
NICU	Neonatal Intensive Care Unit
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
OBD	Occupied Bed Day
Ob-Gyn	Obstetrical and Gynecological
OCONUS	Outside the Continental United States
PCS	Permanent Change of Station
PEBLO	Physical Evaluation Board Liaison Officer
PEC	Program Element Code
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement

RDMF	Rapidly Deployable Medical Facility
RMSC	Resource Management Steering Committee
RVU	Relative Value Unit
RWP	Relative Weighted Product
SCR	System Change Request
SEEC	Standard Element Expense Code
SIR	System Incident Report
SIQ	Sick in Quarters
SME	Subject Matter Expert
SUEE	Service Unique Expense Element
TAD	Temporary Additional Duty
TDY	Temporary Duty
TMA	TRICARE Management Activity
TRO	TRICARE Regional Office
UA	Unauthorized Absence
UCA	Uniform Chart of Accounts
USD(C)	Under Secretary of Defense (Comptroller)
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USM	Uniform Staffing Methodologies
VA	Department of Veterans Affairs
WRM	War Readiness Materiel
WTB	Warrior Transition Brigade
WTU	Warrior Transition Unit

C1. CHAPTER 1

GENERAL INFORMATION

C1.1. INTRODUCTION

C1.1.1. Purpose

C1.1.1.1. The purpose of the MEPRS is to provide a uniform system of healthcare managerial accounting for the MHS. MEPRS provides detailed uniform performance indicators, common expense classification by work center/cost center, uniform reporting of personnel utilization data by work centers, and a labor cost assignment methodology.

C1.1.1.2. The MEPRS methodology provides consistent performance data to managers responsible for healthcare delivery in support of dual Warfighter Support Operations and integrated tri-Service healthcare missions.

C1.1.1.3. MEPRS defines a set of functional work centers/cost centers, applies a uniform performance measurement system, prescribes a cost assignment methodology, and obtains reported information in standard formats for fixed MTF and dental treatment facilities (DTF). Resource and performance data must reflect the resources used in delivering healthcare services and also comply with MEPRS functional work/cost center requirements. Data must be complete, accurate, and timely, and in sufficient detail to permit review and audit by management.

C1.1.2. Responsibilities. The responsibilities for policy guidance and MEPRS implementation, issuance, and maintenance are as follows.

C1.1.2.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), shall exercise management, direction, and maintenance of the MEPRS program within the Department of Defense.

C1.1.2.1.1. The TRICARE Management Activity Defense Health Agency (TMADHA) MEPRS Program Office, under the authority, direction, and control of the ASD(HA), shall be responsible for overall program management, oversight, and administration of the MEPRS Management Improvement Group (MMIG).

C1.1.2.1.2. The MMIG, as the functional proponent for the DoD MEPRS program, shall be responsible for the development, implementation, management, and integration of MEPRS policies, procedures, business practices, and system requirements. The MMIG operates under the auspices of the TMADHA Resource Management Steering Committee (RMSC) and, through the MMIG charter, is empowered to jointly resolve tri-Service issues in favor of a single, standard, and binding MHS solution.

C1.1.2.2. The Under Secretary of Defense (Comptroller) (USD(C)) shall provide policy guidance and instruction to DoD healthcare and readiness resources within the Department of Defense.

C1.1.2.3. The USD(P&R) shall provide general policy guidance and instruction on manpower management to DoD Components.

C1.1.2.4. The DoD Components shall implement the provisions of this Manual and collect and report uniform, comparable data.

C1.1.2.5. All principals mentioned in this section shall coordinate their efforts to ensure that MEPRS is consistently implemented and integrated into existing management systems.

C1.1.3. Objectives

C1.1.3.1. MEPRS provides the Department of Defense with a uniform system for managerial cost accounting and reporting on the fixed military healthcare DHP funded programs and supporting activities, such as non-reimbursables (free receipts) and external resource sharing.

C1.1.3.2. The MEPRS Manual provides guidance to ensure consistent identification, recording, and reporting of expense and performance data from fixed MTFs. MEPRS information assists in measuring productivity and management effectiveness, developing performance standards, developing program estimating equations, and business planning opportunities.

C1.1.3.3. In accordance with Managerial Cost Accounting Concepts and Standards for the Federal Government Statement of Federal Financial Accounting Standards Number 4, MEPRS supports MTFs and all entities within the MHS in approximating and reporting full cost of resources used to produce output by responsibility segments/functional cost centers. The full cost data derived from MEPRS may be used by the department in developing the actuarial liability estimates for the Military Retirement Health Benefits Liability in the Other Defense Organization General Funds. This information is included in the department's annual agency-wide audited financial statements.

C1.1.3.4. Office of Management and Budget Circular A-123 (Reference (1)) defines management controls as the organization's, policies, and procedures used to reasonably ensure that programs achieve their intended results, resources are used consistent with the mission of the agency, and reliable and timely information is obtained, maintained, reported, and used for decision-making (Reference (1)). The systems that provide data for MEPRS should meet the standards for this regulation through the implementation of detailed guidance, compliance metrics, and reconciliation procedures.

C1.1.4. Interpretations and Recommendations. Requests for information, clarification or interpretation, or changes to this Manual shall be submitted to the Office of the Assistant

Secretary of Defense for Health Affairs (OASD(HA)) **TMADHA**. Deviations from this Manual must be submitted for approval to OASD(HA) **TMADHA** after coordinating the overall effect of the deviation with the Military Services. Other issues, such as proposed modifications to this Manual, should be submitted in accordance with Chapter 4.

C1.1.5. Information Requirements. Data transmitted from the DoD MEPRS to the EAS IV Repository described in Chapter 3, are exempt from licensing in accordance with paragraph C4.4.6. of DoD 8910.1-M (Reference (m)).

C1.1.6. Standardization Compliance. In accordance with DoD **Directive Instruction** 8320.02 (Reference (n)), EAS IV adheres to MHS Functional Area Model-Data (FAM-D) and DoD Data Element Standardization Procedures which are published in a federated DoD metadata registry. OASD(HA)-**TMADHA** is responsible for ensuring that MEPRS data elements comply with DoD Directives.

C1.2. ORGANIZATION OF THE MEPRS MANUAL

This manual is divided into front matter (definitions and acronyms), four chapters, and four appendices, as follows.

C1.2.1. Front matter

C1.2.1.1. Definitions. Defines those terms considered essential to the understanding and implementation of MEPRS. Many definitions have been written with certain subtle constraints or changes to accommodate tri-Service understanding and use. Users are cautioned to read this appendix with particular care.

C1.2.1.2. Acronyms and Abbreviations. Defines the acronyms used in this Manual.

C1.2.2. Chapter 1 – General Information. Provides an overview of the MEPRS system.

C1.2.3. Chapter 2 – Chart of FCC Accounts

C1.2.3.1. Functional Categories. The subparagraphs of this chapter are arranged in functional categories, based on the hierarchy of accounts in which all expenses and corresponding workload data are collected. The functional categories are:

- A Inpatient Care
- B Ambulatory Care
- C Dental Care
- D Ancillary Services
- E Support Services
- F Special Programs
- G Readiness

C1.2.3.2. Summary and Sub-Accounts. Each of the functional categories is further divided into summary accounts and sub-accounts. The sub-accounts are collected into their corresponding summary account. An example of this hierarchical arrangement follows.

A	Inpatient Care	(functional category)
AA	Medical Care	(summary account)
AAA	Internal Medicine	(sub-account)
AAB	Cardiology	(sub-account)

C1.2.3.3. Final and Intermediate Accounts. Inpatient Care (A), Ambulatory Care (B), Dental Care (C), Special Programs (F), and Readiness (G) are final operating expense accounts. (See the definitions section of this Manual.) Ancillary Services (D) and Support Services (E) are intermediate operating accounts. (See Appendix 1 for summary list.)

C1.2.4. Chapter 3 – MEPRS Guidelines and Reporting Requirements. This chapter defines the basis for distributing salaries and expenses to the final operating expense accounts (Inpatient Care (A), Ambulatory Care (B), Dental Care (C), Special Programs (F), and Readiness (G)). It also sets forth the requirements for preparation and submission of the EAS data from DoD MEPRS by designated reporting MTFs. There are basic EAS reports; however, EAS can generate other reports as defined by the user.

C1.2.5. Chapter 4 – MEPRS Issue Process. The MEPRS Manual is subject to change, refinement, and clarification over time. The issue resolution system discussed in Chapter 4 is designed to keep the Manual current with developments and techniques and to ensure uniformity of interpretation and application by MTFs.

C1.2.6. Appendix 1 – Standard FCC Accounts. This appendix summarizes the standard FCC accounts used in MEPRS. Except for changes made by the Department of Defense, these account codes may not be altered or modified at the first, second, or third levels. Costs pools, which may be created locally, are the only exception to this rule. Account codes with a “Z” in the third position (e.g., AAZ and ABZ) are used, for a limited time only, to collect data for special circumstances while new permanent codes are established. The Military Service headquarters, in coordination with the **TMADHA** MEPRS Program Office, must approve the use of “Z” codes. Coordination with **TMADHA** shall include a brief description of the specialty or service, and the expected or projected time frame for “Z” code usage.

C1.2.7. Appendix 2 – MEPRS Data Elements. This appendix lists MEPRS/EAS IV data elements, which have been registered and standardized in the MHS FAM-D.

C1.2.8. Appendix 3 – Specific Rules for Reporting Available and Non-Available Time/Hours for MEPRS/EAS. This appendix provides guidelines for collecting and reporting available and non-available time.

C1.2.9. Appendix 4 – MEPRS Issue Paper Resolution Format. This appendix contains the suggested format the DoD Components may use to report and resolve MEPRS issues.

C2. CHAPTER 2

CHART OF FUNCTIONAL COST CODE (FCC) ACCOUNTS

C2.1. INPATIENT CARE: A

C2.1.1. Function. Inpatient Care provides for the examination, diagnosis, treatment, and prompt disposition of inpatients receiving care at the MTF. In accomplishing this mission, the highest standards of clinical practice are maintained. Every effort is made to keep the quality of healthcare at the optimal level. Standards for delivery of healthcare conform to the generally accepted standards of hospital operations as practiced in the United States. Supervision and control are exercised over assigned inpatient care and treatment areas. The CE and training of professional and paraprofessional medical personnel are promoted. Participation in staff conferences and provision of consultant services, as required, are ensured. The formulation of clinical policies and standards is maintained. Collaboration between clinical and administrative services is promoted to further patient comfort, welfare, speedy recovery, and proper disposition. Additionally, depending upon the relative size and organizational complexity of the MTF, the following functions may be performed: conduct approved residency-training programs in accordance with the requirements of the Council on Medical Education of the American Medical Association or other accreditation bodies; conduct training, as directed, for interns, externs, medical students from affiliated medical schools, and other healthcare providers, including orientation, observation, refresher, and familiarization training; confer with consultants on professional matters including the education and training of interns; initiate, conduct, and participate, as authorized, in clinical or research studies to enhance professional growth and development.

C2.1.2. Costs. The Inpatient Care functional account shall include all expenses in the following summary accounts: Medical Care, Surgical Care, Ob-Gyn Care, Pediatric Care, Orthopedic Care, Psychiatric Care, and Family Medicine Care, as outlined in paragraphs C2.1.9. through C2.1.15.

C2.1.3. Service Units for Inpatient Final Account Codes

C2.1.3.1. Admissions.

C2.1.3.2. Dispositions.

C2.1.3.3. OBDs with Ancillary Costs and Professional Fees.

C2.1.3.4. OBDs without Ancillary Costs and Professional Fees.

C2.1.3.5. OBDs with Ancillary Costs and without Professional Fees.

C2.1.4. Service Unit(s) for Cost Pools. Not applicable.

C2.1.5. Allocation Factor for Inpatient Final Account Codes. Not applicable.

C2.1.6. Allocation Factor for Cost Pools. Minutes of service.

C2.1.7. Assignment Procedure for Inpatient Final Account Codes. Not applicable for final account inpatient specialties. These final operating expense accounts shall not be reassigned during the expense allocation process described in Chapter 3.

C2.1.8. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing specialties shall be reassigned during allocation based on workload. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.1.9. Medical Care: AA

C2.1.9.1. Function. Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

C2.1.9.2. Costs. Medical Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient specialties and subspecialties described in subparagraphs C2.1.9.3. through C2.1.9.23.

C2.1.9.3. Internal Medicine: AAA

C2.1.9.3.1. Function. Internal Medicine provides inpatient care and consultative services to patients suffering from disease, injury, and illness (appropriate to the specialty); maintains communicable disease facilities to provide for the specialized care of contagious and infectious diseases; maintains close liaison with Federal, State, and local authorities on matters relating to incidence and control of communicable diseases; provides subspecialty assistance in medical areas where trained sub-specialists are not assigned; and performs those functions described in paragraph C2.1.9.1., "Medical Care," as appropriate.

C2.1.9.3.2. Costs. The Internal Medicine work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Internal Medicine activities.

C2.1.9.4. Cardiology: AAB

C2.1.9.4.1. Function. Cardiology provides for specialized treatment and consultative evaluation of patients with cardiovascular disease diagnosis; provides specialized

treatment and diagnostic specialized cardiovascular studies such as the precise techniques of cardiac catheterization, coronary arteriography, and exercise-stress testing; and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.4.2. Costs. The Cardiology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Cardiology activities.

C2.1.9.5. Inactive: AAC

C2.1.9.6. Dermatology: AAD

C2.1.9.6.1. Function. Dermatology provides for specialized treatment and consultative evaluation of patients suffering from dermatological conditions, provides superficial X-ray therapy and ultraviolet therapy, prepares and examines cultural materials having to do with superficial mycotic diseases, reviews slides on specimens submitted by the pathology service that pertain to pathology of the skin (e.g., tissue freezing and laser therapy), and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.6.2. Costs. The Dermatology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Dermatology activities.

C2.1.9.7. Endocrinology: AAE

C2.1.9.7.1. Function. Endocrinology provides specialized treatment and consultative evaluation of patients with diseases of the endocrine system and with endocrinologic diagnosis, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.7.2. Costs. The Endocrinology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Endocrinology activities.

C2.1.9.8. Gastroenterology: AAF

C2.1.9.8.1. Function. Gastroenterology provides specialized treatment and consultative evaluation to patients with disease or injury to the gastrointestinal tract, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.8.2. Costs. The Gastroenterology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as

expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Gastroenterology activities.

C2.1.9.9. Hematology: AAG

C2.1.9.9.1. Function. Hematology provides for specialized treatment and consultative evaluation of patients suffering from diseases of the blood and blood forming tissues, coagulation disorders, and hematologic complications of other systemic diseases. Hematology, in conjunction with other clinical services, provides specialized studies of the blood and bone marrow in support of inpatient care, and performs those functions described in paragraph C2.1.9.1. “Medical Care,” as appropriate.

C2.1.9.9.2. Costs. The Hematology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Hematology activities.

C2.1.9.10. Inactive: AAH

C2.1.9.11. Nephrology: AAI

C2.1.9.11.1. Function. Nephrology provides for specialized care, testing, and consultative evaluation of patients suffering from renal diseases, disorders, and injury; provides interpretation of tests relating to such disorders and diseases; provides the care and management of patients with renal failure including hemodialysis; and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.11.2. Costs. The Nephrology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Nephrology activities.

C2.1.9.12. Neurology: AAJ

C2.1.9.12.1. Function. Neurology provides for the specialized care and consultative evaluation of patients with neurological disorders, provides for diagnostic examinations, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.12.2. Costs. The Neurology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Neurology activities.

C2.1.9.13. Oncology: AAK

C2.1.9.13.1. Function. Oncology provides for the specialized care, treatment, consultative evaluation, and follow-up of patients suspected of or diagnosed as having a benign or malignant tumor; coordinates patient care functions with surgery, radiology, and other clinical services, as appropriate, and performs those functions described in paragraph C2.1.9.1. “Medical Care,” as appropriate.

C2.1.9.13.2. Costs. The Oncology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Oncology activities.

C2.1.9.14. Pulmonary and Upper Respiratory Disease: AAL

C2.1.9.14.1. Function. Pulmonary and Upper Respiratory Disease provides specialized care, treatment, and consultative evaluation (non-surgical) of patients with disease, disorders, and injuries of the pulmonary system, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.14.2. Costs. The Pulmonary and Upper Respiratory Disease work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Pulmonary and Upper Respiratory Disease.

C2.1.9.15. Rheumatology: AAM

C2.1.9.15.1. Function. Rheumatology provides specialized care, treatment, and consultative evaluation (non-surgical) of patients with disease and disorders of the joints, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.15.2. Costs. The Rheumatology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Rheumatology activities.

C2.1.9.16. Physical Medicine: AAN

C2.1.9.16.1. Function. Physical Medicine provides consultation, diagnosis, and referral primarily for patients with neuromusculoskeletal disorders, evaluates and prescribes orthotics and assistive devices, performs electroneuromyographic testing, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.16.2. Costs. The Physical Medicine work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as

expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Physical Medicine activities.

C2.1.9.17. Clinical Immunology: AAO

C2.1.9.17.1. Function. Clinical Immunology provides specialized care, treatment, and consultative evaluation (non-surgical) for patients with disorders of the immune system, including hypofunction, hyperfunction, and misdirected activities of both the acquired and inherited modes of transmission, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate. Treatments include replacement therapy for immunodeficiencies, suppressive therapy for hyperfunction, and active immunization of patients to arm the immune system against infections.

C2.1.9.17.2. Costs. The Clinical Immunology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Clinical Immunology activities.

C2.1.9.18. Inactive: AAP

C2.1.9.19. Bone Marrow Transplant: AAQ

C2.1.9.19.1. Function. The Bone Marrow Transplant program is responsible for bone marrow transplantation management within the Department of Defense. This includes all inpatient medical care, outpatient follow-up, and management of patients referred to a civilian facility for bone marrow transplantation. Bone marrow transplants have become the standard of care for many bone marrow diseases such as leukemia, aplastic anemia, and immunologic disorders.

C2.1.9.19.2. Costs. The Bone Marrow Transplant work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Bone Marrow Transplant.

C2.1.9.20. Infectious Disease: AAR

C2.1.9.20.1. Function. Infectious Disease examines, diagnoses, treats, and performs research on patients with infectious diseases, performs full medical evaluations on patients including neurological and psychological exams, provides primary care for patients with Human Immunodeficiency Virus (HIV) and related infectious diseases, provides specific treatments such as intravenous (I.V.) and intramuscular antibiotics and inhaled pentamidine, performs the full range of diagnostic tests required for the evaluation of infectious diseases including sputum induction and specimen sampling for patients with respiratory tract disease, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.20.2. Costs. The Infectious Disease work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Infectious Disease activities.

C2.1.9.21. Allergy: AAS

C2.1.9.21.1. Function. Allergy provides specialized care for and consultative evaluation of patients with asthma and allergies including, but not limited to, drug reactions, anaphylaxis, rhinitis, food allergy, and hypersensitive lung disease, and performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.9.21.2. Costs. The Allergy work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Allergy activities.

C2.1.9.22. Cost Pool: AAX

C2.1.9.22.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific specialty because two or more specialty services share the same ward, physical space, personnel, equipment, and supplies. Physicians shall not charge their time to cost pools.

C2.1.9.22.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the ward.

C2.1.9.23. Medical Care Not Elsewhere Classified: AAZ

C2.1.9.23.1. Function. Medical Care Not Elsewhere Classified includes inpatient specialties and subspecialties that are not described in subparagraphs C2.1.9.3. through C2.1.9.22.

C2.1.9.23.2. Costs. Any sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.1.10. Surgical Care: AB

C2.1.10.1. Function. Surgical Care provides inpatient care and consultative evaluation in the surgical specialties and subspecialties described in this subsection; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

C2.1.10.2. Costs. Surgical Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient surgical specialties and subspecialties described in subparagraphs C2.1.10.3. through C2.1.10.21.

C2.1.10.3. General Surgery: ABA

C2.1.10.3.1. Function. General Surgery provides diagnostic, pre-operative, surgical, and post-operative care for general surgery patients; provides consultative evaluation for referral patients; provides subspecialty assistance in surgical areas where trained sub-specialists are not assigned; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.3.2. Costs. The General Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of General Surgery activities.

C2.1.10.4. Cardiovascular and Thoracic Surgery: ABB

C2.1.10.4.1. Function. Cardiovascular and Thoracic Surgery provides diagnostic, pre-operative, surgical, and post-operative care for patients with diseases and injuries of the cardiovascular system and of the chest, and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.4.2. Costs. The Cardiovascular and Thoracic Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Cardiovascular and Thoracic Surgery activities.

C2.1.10.5. Inactive: ABC

C2.1.10.6. Neurosurgery: ABD

C2.1.10.6.1. Function. Neurosurgery provides diagnostic, pre-operative, surgical, and post-operative care for patients with injuries or mass lesions of the skull, brain, spinal cord, or peripheral nerves, and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.6.2. Costs. The Neurosurgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Neurosurgery activities.

C2.1.10.7. Ophthalmology: ABE

C2.1.10.7.1. Function. Ophthalmology provides for specialized treatment, care, and consultative evaluation of patients with disease, injury, or disorder of the eye; performs ophthalmologic surgery with pre-operative and post-operative care; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.7.2. Costs. The Ophthalmology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Ophthalmology activities.

C2.1.10.8. Oral Surgery: ABF

C2.1.10.8.1. Function. Oral Surgery provides for the specialized diagnosis, care, and treatment of oral infections, facial bone fractures, and other abnormalities of the mouth and jaw; performs oral maxillofacial surgery involving dental and associated facial structure; diagnoses and treats oral and jaw lesions; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.8.2. Costs. The Oral Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Oral Surgery activities.

C2.1.10.9. Otolaryngology: ABG

C2.1.10.9.1. Function. Otolaryngology provides for specialized treatment, care, and consultative evaluation of patients with injuries, disease, or disorders of the ear, nose, and throat and the general anatomic area of the head and neck (exclusive of neurosurgical, dental, and ophthalmologic conditions); provides bronchoscopic, esophoscopic, and laryngoscopic examinations and performs advanced tests of auditory and vestibular functions and neurotologic disorders; performs surgical procedures for facial nerve disease, trauma, and diseases of the ear and corrective cosmetic surgery for acquired or congenital deformities; performs microsurgery of the temporal bone, maxillofacial surgery, and surgery of the sinuses, tonsils, adenoids, and vocal cords; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.9.2. Costs. The Otolaryngology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Otolaryngology activities.

C2.1.10.10. Pediatric Surgery: ABH

C2.1.10.10.1. Function. Pediatric Surgery provides general surgical procedures for infants and children, provides post-operative care for these patients, maintains close liaison with the pediatric service, and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.10.2. Costs. The Pediatric Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Pediatric Surgery activities.

C2.1.10.11. Plastic Surgery: ABI

C2.1.10.11.1. Function. Plastic Surgery provides diagnostic, pre-operative, surgical, and post-operative care for patients with plastic and reconstructive problems; provides surgery to restore or aid in healing wounded, disfigured, or unsightly parts of the body; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.11.2. Costs. The Plastic Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Plastic Surgery activities.

C2.1.10.12. Proctology: ABJ

C2.1.10.12.1. Function. Proctology provides diagnostic, pre-operative, surgical, and post-operative care for patients with diseases and injuries of the anus, rectum, and colon and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.12.2. Costs. The Proctology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Proctology activities.

C2.1.10.13. Urology: ABK

C2.1.10.13.1. Function. Urology provides diagnostic, pre-operative, surgical, and post-operative care and treatment to eligible patients suffering from genitourinary disease or disorders; provides cystoscopic examinations, urograms, pyleograms, cystometrograms, lymphangiograms, retroperitoneal carbon dioxide studies, function studies, and other urological studies; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.13.2. Costs. The Urology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Urology activities.

C2.1.10.14. Organ Transplant: ABL

C2.1.10.14.1. Function. Organ Transplant provides for replacement therapy for patients with end-stage organ failure confined to the abdominal cavity; provides vascular and peritoneal access for patients with end-stage renal disease; provides general surgical care to patients with end-stage organ failure confined to the abdominal cavity; provides instruction to surgical resident in training and nephrology fellows in training in the pre-operative, operative, and post-operative care of the transplant recipient; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.14.2. Costs. The Organ Transplant work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Organ Transplant activities.

C2.1.10.15. Burn Unit: ABM

C2.1.10.15.1. Function. The Burn Unit investigates problems of mechanical and thermal injuries with complications arising from such trauma, cares for patients with such injuries, teaches and trains other personnel in the management of injured patients, conducts investigative studies at both the basic and clinical level, and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.15.2. Costs. The Burn Unit work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Burn Unit activities.

C2.1.10.16. Peripheral Vascular Surgery: ABN

C2.1.10.16.1. Function. Peripheral Vascular Surgery provides diagnostic, pre-operative, surgical, and post-operative care for patient with diseases and injuries of arteries, veins, and lymphatics that are outside the cranium and the thorax, and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.16.2. Costs. The Peripheral Vascular Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Peripheral Vascular Surgery activities.

C2.1.10.17. Inactive: ABO

C2.1.10.18. Inactive: ABP

C2.1.10.19. Vascular and Interventional Radiology: ABQ

C2.1.10.19.1. Function. Vascular and Interventional Radiology provides specialized care and evaluation for eligible inpatients including vascular disease urologic disease, fluid collections of diverse origin, infertility, and malignancy; provides placement of extended-use venous access devices for multiple indications and specialized diagnostic procedures; and performs those functions described in paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.10.19.2. Costs. The Vascular and Interventional Radiology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Vascular and Interventional Radiology activities.

C2.1.10.20. Cost Pool: ABX

C2.1.10.20.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.1.10.20.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.1.10.21. Surgical Care Not Elsewhere Classified: ABZ

C2.1.10.21.1. Function. Surgical Care Not Elsewhere Classified includes inpatient surgical specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.1.10.3. through C2.1.10.20.

C2.1.10.21.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.1.11. Obstetrical and Gynecological (OB-GYN) Care: AC

C2.1.11.1. Function. OB-GYN Care provides specialized inpatient care, treatment, and consultative evaluation in the specialties described in this subsection; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the OB-GYN care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

C2.1.11.2. Costs. OB-GYN Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient specialties and subspecialties described in subparagraphs C2.1.11.3. through C2.1.11.6.

C2.1.11.3. Gynecology: ACA

C2.1.11.3.1. Function. Gynecology provides specialized gynecological care, treatment, and consultative evaluation to eligible inpatients and performs those functions described in paragraph C2.1.11.1., “OB-GYN Care,” as appropriate.

C2.1.11.3.2. Costs. The Gynecology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Gynecology activities.

C2.1.11.4. Obstetrics: ACB

C2.1.11.4.1. Function. Obstetrics provides for specialized care, treatment, and consultative evaluation to eligible inpatients; provides antepartum, delivery, and postpartum care to maternity patients; and operates and maintains the labor and delivery suite. The labor and delivery suite provides labor and delivery care by specially trained personnel to eligible patients, including prenatal care during labor, assistance during delivery, post-natal care, and minor gynecological surgery, if it is performed in the suite. Additional activities may include preparing sterile set-ups for deliveries, preparing patients for transportation to the delivery suite and the post-anesthesia care unit, and monitoring patients while they are in the post-anesthesia care unit. Obstetrics performs those functions described in paragraph C2.1.11.1., “Ob-Gyn Care,” as appropriate.

C2.1.11.4.2. Costs. The Obstetrics work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Obstetrics activities.

C2.1.11.5. Cost Pool: ACX

C2.1.11.5.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.1.11.5.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.1.11.6. OB-GYN Care Not Elsewhere Classified: ACZ

C2.1.11.6.1. Function. OB-GYN Care Not Elsewhere Classified includes inpatient specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.1.11.3. through C2.1.11.5.

C2.1.11.6.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.1.12. Pediatric Care: AD

C2.1.12.1. Function. Pediatric Care provides specialized inpatient care, treatment, and consultative evaluation of infants and children; maintains close liaison with the other professional services; coordinates healthcare delivery relative the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares medical records; and submits required reports. The organization of the pediatric function may vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

C2.1.12.2. Costs. Pediatric Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient specialties and subspecialties described in subparagraphs C2.1.12.3. through C2.1.12.9.

C2.1.12.3. Pediatrics: ADA

C2.1.12.3.1. Function. Pediatrics provides or ensures comprehensive diagnostic evaluation, specialized care and treatment, including prophylactic measures, for infants, children, and adolescents; provides full consultative services to the other professional services; appraises children's health and development status; and performs those functions described in paragraph C2.1.12.1., "Pediatric Care," as appropriate.

C2.1.12.3.2. Costs. The Pediatrics work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Pediatrics activities.

C2.1.12.4. Newborn Nursery: ADB

C2.1.12.4.1. Function. The Newborn Nursery provides specialized inpatient care, treatment, and consultative evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn including those born prematurely; provides for or otherwise ensures appropriate diagnostic evaluation and care of all inpatients in the neonatal age group; prepares medical records; submits required reports; and performs those functions described in paragraph C2.1.12.1., "Pediatric Care," as appropriate. The Newborn Nursery functional work center may vary according to patient load, staffing, and facilities.

C2.1.12.4.2. Costs. The Newborn Nursery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Newborn Nursery activities.

C2.1.12.5. Inactive: ADC

C2.1.12.6. Adolescent Pediatrics: ADD

C2.1.12.6.1. Function. Adolescent Pediatrics provides treatment for acute and chronic pediatric medical illnesses and diseases affecting youths 13 to 21 years of age; addresses overt and covert problems involving pubertal change, psychosocial adjustment, cognitive development, and emotional maturation; and performs those functions described in paragraph C2.1.12.1., Pediatric Care, as appropriate.

C2.1.12.6.2. Costs. The Adolescent Pediatrics work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Adolescent Pediatrics activities.

C2.1.12.7. Inactive: ADE

C2.1.12.8. Cost Pool: ADX

C2.1.12.8.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.1.12.8.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.1.12.9. Pediatric Care Not Elsewhere Classified: ADZ

C2.1.12.9.1. Function. Pediatric Care Not Elsewhere Classified includes inpatient specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.1.12.3. through C2.1.12.8.

C2.1.12.9.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.1.13. Orthopedic Care: AE

C2.1.13.1. Function. Orthopedic Care provides inpatient care and consultative evaluation in the specialties described in this paragraph; coordinates healthcare delivery relative to the examination, diagnosis, care and treatment, rehabilitation, and proper disposition of eligible patients requiring orthopedic treatment, especially the preservation and restoration of the

functions of the skeletal system, its articulation, and associated structures; prepares medical records; and submits required reports. The organization of the orthopedic care function is divided into subspecialty areas that shall provide the specialized techniques and practices related to those subspecialty areas using all available, modern diagnostic procedures, studies, and therapies.

C2.1.13.2. Costs. Orthopedic Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient specialties and subspecialties described in subparagraphs C2.1.13.3. through C2.1.13.7.

C2.1.13.3. Orthopedics: AEA

C2.1.13.3.1. Function. Orthopedics provides for the specialized care, treatment, and consultative evaluation of patients with diseases, disorders, and injuries of the musculoskeletal system; performs surgery for abnormal conditions of bones, joints, muscles, fasciae, and tendons; provides care and treatment of bone infections and other infected orthopedic cases; provides care and treatment of fractures and associated soft tissue injuries; operates a cast room with facilities for application, alteration, and removal of plaster casts, splints, and various forms of traction required; and performs those functions described in paragraph C2.1.13.1., “Orthopedic Care,” as appropriate.

C2.1.13.3.2. Costs. The Orthopedic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Orthopedics activities.

C2.1.13.4. Podiatry: AEB

C2.1.13.4.1. Function. Podiatry is responsible for the diagnosis, treatment, and prevention of foot disorders; provides inpatient consultations when requested by other professional services; assists with or performs inpatient surgical procedures on the foot; provides related follow-up care; and performs those functions described in paragraph C2.1.13.1., “Orthopedic Care,” as appropriate.

C2.1.13.4.2. Costs. The Podiatry work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Podiatry activities.

C2.1.13.5. Hand Surgery: AEC

C2.1.13.5.1. Function. Hand Surgery provides diagnostic, pre-operative, surgical, and post-operative care for patients with all affiliations related to the hand and upper extremity. Hand Surgery also provides care to patients requiring peripheral reconstruction, including microvascular and microneural techniques and brachial plexus reconstruction, and

performs those functions described in paragraph C2.1.13.1., “Orthopedic Care,” and paragraph C2.1.10.1., “Surgical Care,” as appropriate.

C2.1.13.5.2. Costs. The Hand Surgery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Hand Surgery activities.

C2.1.13.6. Cost Pool: AEX

C2.1.13.6.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.1.13.6.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.1.13.7. Orthopedic Care Not Elsewhere Classified: AEZ

C2.1.13.7.1. Function. Orthopedic Care Not Elsewhere Classified includes inpatient specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.1.13.3. through C2.1.13.6.

C2.1.13.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.1.14. Psychiatric Care: AF

C2.1.14.1. Function. Psychiatric Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic, neurotic, or other mental disorders; and maintains protective custody of patients with psychiatric disorders when required to prevent injury to themselves or to others. It establishes therapeutic regimens, conducts individual or group therapy sessions, and provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs. The function also maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients, prepares medical records, and submits required reports. The organization of the Psychiatric Care function is divided into subspecialty areas that shall provide the specialized techniques and practices related to those subspecialty areas using all available, modern diagnostic procedures, studies, and therapies.

C2.1.14.2. Costs. Psychiatric Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient specialties and subspecialties described in subparagraphs C2.1.14.3. through C2.1.14.6.

C2.1.14.3. Psychiatric: AFA

C2.1.14.3.1. Function. Psychiatric provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic neurotic or other mental disorder; maintains protective custody of patients psychologically or physically dependent upon alcohol or drugs; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment to patients; prepares medical records; submits required reports; and performs those functions described in paragraph C2.1.14.1., "Psychiatric Care," as appropriate.

C2.1.14.3.2. Costs. The Psychiatric work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Psychiatric activities.

C2.1.14.4. Substance Abuse Rehabilitation: AFB

C2.1.14.4.1. Function. Substance Abuse Rehabilitation provides specialized care and consultative evaluation for eligible inpatients undergoing rehabilitation for substance abuse. It coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients undergoing therapy for alcohol and drug abuse. The function also maintains protective custody of patients when required to prevent injury to themselves or to others, establishes therapeutic regimens, conducts individual or group therapy sessions, and provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs. Substance Abuse Rehabilitation also maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients, prepares medical records, submits required reports, and performs those functions described in paragraph C2.1.14.1., "Psychiatric Care," as appropriate.

C2.1.14.4.2. Costs. The Substance Abuse Rehabilitation work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Substance Abuse Rehabilitation activities.

C2.1.14.5. Cost Pool: AFX

C2.1.14.5.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.1.14.5.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.1.14.6. Psychiatric Care Not Elsewhere Classified: AFZ

C2.1.14.6.1. Function. Psychiatric Care Not Elsewhere Classified includes the expenses of inpatient specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.1.14.3. through C2.1.14.5.

C2.1.14.6.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.1.15. Family Medicine Care: AG

C2.1.15.1. Function. Family Medicine Care provides comprehensive specialty inpatient care to patients suffering from disease and illness; coordinates and provides healthcare relative to the examination, diagnosis, treatment, and proper disposition of inpatients; and provides a comprehensive plan of care for inpatients, including counseling and guidance, health education, rehabilitation, and prevention of disease. The organization of the Family Medicine care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

C2.1.15.2. Costs. Family Medicine Care shall be a summary account that includes all expenses incurred in operating and maintaining the inpatient specialties and subspecialties described in subparagraphs C2.1.15.3. through C2.1.15.12.

C2.1.15.3. Family Medicine: AGA

C2.1.15.3.1. Function. Family Medicine:

C2.1.15.3.1.1. Provides specialized inpatient care and treatment to general surgery, obstetrics, pediatric, gynecology, psychiatric and orthopedic patients.

C2.1.15.3.1.2. Provides diagnostic, pre-operative, and post-operative care for general surgery patients and antepartum, delivery, and postpartum care to maternity patients.

C2.1.15.3.1.3. Provides consultative and diagnostic evaluations to patients, including prophylactic measures for infants, children, and adolescents and appraises children's health and development status.

C2.1.15.3.1.4. Coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with neurotic or other mental disorders and establishes therapeutic regimens.

C2.1.15.3.1.5. Provides initial short-term treatment for patients psychologically or physically dependent upon alcohol or drugs.

C2.1.15.3.1.6. Provides inpatient care and coordinates healthcare delivery relative to the examination, diagnosis, care, treatment, rehabilitation, and proper

disposition of eligible patients requiring orthopedic treatment, especially for the preservation and restoration of the skeletal system, its articulation, and associated structures.

C2.1.15.3.1.7. Performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.1.15.3.2. Costs. The Family Medicine work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Family Medicine activities.

C2.1.15.4. Inactive: AGB

C2.1.15.5. Inactive: AGC

C2.1.15.6. Inactive: AGD

C2.1.15.7. Inactive: AGE

C2.1.15.8. Inactive: AGF

C2.1.15.9. Inactive: AGG

C2.1.15.10. Family Medicine Newborn Nursery: AGH

C2.1.15.10.1. Function. Family Medicine Newborn Nursery provides specialized inpatient care, treatment, and evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; and performs those functions described in subparagraph C2.1.12.4.1., “Newborn Nursery (ADB),” as appropriate.

C2.1.15.10.2. Costs. The Family Medicine Newborn Nursery work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Family Medicine Newborn Nursery activities.

C2.1.15.11. Cost Pool: AGX

C2.1.15.11.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.1.15.11.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.1.15.12. Family Medicine Care Not Elsewhere Classified: AGZ

C2.1.15.12.1. Function. Family Medicine Care Not Elsewhere Classified includes inpatient specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.1.15.3. through C2.1.15.11.

C2.1.15.12.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.2. AMBULATORY CARE: B

C2.2.1. Function. Ambulatory Care provides comprehensive primary medical care; diagnostic services, care, and treatment; ambulatory surgical procedures; medical examinations; mental health consultation; and proper medical disposition of inpatients and outpatients who are authorized beneficiaries. It provides a comprehensive plan for care for patients including monitoring and maintenance of their state of health, health education, individual and group counseling and guidance testing; psychiatric evaluation; rehabilitation; and prevention of disease. Ambulatory Care provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. Ambulatory Care also provides follow-up care for selected post-operative patients, refers patients to specialty clinics, admits or refers patients to the MTF, and provides specialized aviation medicine and underseas medicine care and support.

C2.2.2. Costs. The Ambulatory Care functional account shall include all expenses in the following summary accounts: 3 Medical Care, Surgical Care, OB-GYN Care, Pediatric Care, Orthopedic Care, Psychiatric and Mental Healthcare, Family Medicine Care, Primary Medical Care, Emergency Medical Care, Flight Medicine Care, Underseas Medicine Care, and Rehabilitative Ambulatory Services, as outlined in paragraphs C2.2.9. through C2.2.20.

C2.2.3. Service Unit(s) for Ambulatory Final Account Codes

C2.2.3.1. Ambulatory Weighted Procedures.

C2.2.3.2. APVs.

C2.2.3.3. OBS.

C2.2.3.4. Total Outpatient and Inpatient Visits With Ancillary (excludes APV and OBS).

C2.2.3.5. Total Outpatient and Inpatient Visits Without Ancillary (excludes APV and OBS).

C2.2.4. Service Unit(s) for Cost Pools. Not applicable.

C2.2.5. Allocation Factor for Ambulatory Final Account Codes. Not applicable.

C2.2.6. Allocation Factor for Cost Pools. Total visits.

C2.2.7. Assignment Procedure for Ambulatory Final Account Codes. Not applicable for final account ambulatory specialties. These final operating expense accounts shall not be reassigned during the expense allocation process described in Chapter 3.

C2.2.8. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing specialties shall be reassigned during allocation based on workload. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.2.9. Medical Care: BA

C2.2.9.1. Function. Medical Care provides diagnostic services, care, treatment, and proper medical disposition of inpatients and outpatients referred to medical clinics. It provides a comprehensive plan of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation, and prevention of disease. Medical Care also provides professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of the Medical Care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Internal Medicine (BAA) sub-account.

C2.2.9.2. Costs. Medical Care shall be a summary account that includes all expenses incurred in operating and maintaining the medical clinics described in subparagraphs C2.2.9.3. through C2.2.9.26. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Internal Medicine Clinic (BAA) sub-account.

C2.2.9.3. Internal Medicine: BAA

C2.2.9.3.1. Function. The Internal Medicine Clinic examines, diagnoses, and treats internal disease, and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.3.2. Costs. The Internal Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Internal Medicine Clinic activities.

C2.2.9.4. Allergy Clinic: BAB

C2.2.9.4.1. Function. The Allergy Clinic examines, diagnoses, and treats disorders of allergenic origin; prepares and reviews case histories; obtains data through

interviews and testing; interprets findings and determines types and duration of therapy; prepares allergy treatment extracts and serum kits; administers routine and prescribed allergenic injections; and performs the functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.4.2. Costs. The Allergy Clinic work center shall be a sub-account that includes expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Allergy Clinic activities.

C2.2.9.5. Cardiology Clinic: BAC

C2.2.9.5.1. Function. The Cardiology Clinic examines, diagnoses, and treats diseases and injuries (non-surgical) of the cardiovascular system; directs specialized diagnostic procedures; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.5.2. Costs. The Cardiology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Cardiology Clinic activities.

C2.2.9.6. Inactive: BAD

C2.2.9.7. Diabetic Clinic: BAE

C2.2.9.7.1. Function. The Diabetic Clinic examines, diagnoses, and treats diabetic diseases; provides health education counseling; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.7.2. Costs. The Diabetic Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Diabetic Clinic activities.

C2.2.9.8. Endocrinology Clinic: BAF

C2.2.9.8.1. Function. The Endocrinology Clinic examines, diagnoses, and treats diseases and injuries of the endocrine glands and internal secretions of the body, and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.8.2. Costs. The Endocrinology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Endocrinology Clinic activities.

C2.2.9.9. Gastroenterology Clinic: BAG

C2.2.9.9.1. Function. The Gastroenterology Clinic examines, diagnoses, and treats diseases and injuries (non-surgical) of the gastrointestinal tract; directs specialized diagnostic procedures; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.9.2. Costs. The Gastroenterology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Gastroenterology Clinic activities.

C2.2.9.10. Hematology Clinic: BAH

C2.2.9.10.1. Function. The Hematology Clinic examines, diagnoses, and treats diseases of the blood; operates and maintains a hematology laboratory in support of the hematology clinic; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.10.2. Costs. The Hematology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Hematology Clinic activities.

C2.2.9.11. Hypertension Clinic: BAI

C2.2.9.11.1. Function. The Hypertension Clinic examines, diagnoses, and treats hypertension disease; provides health education counseling; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.11.2. Costs. The Hypertension Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Hypertension Clinic activities.

C2.2.9.12. Nephrology Clinic: BAJ

C2.2.9.12.1. Function. The Nephrology Clinic examines, diagnoses, and treats organic diseases and disorders of the renal system. (See the Hemodialysis (DGB) sub-account in paragraph C2.4.15.9.2. for services performed in the Hemodialysis work center.) The Nephrology Clinic also performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.12.2. Costs. The Nephrology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as

expenses for personnel, supplies, travel, and any other expenses identified directly in support of Nephrology Clinic activities.

C2.2.9.13. Neurology Clinic: BAK

C2.2.9.13.1. Function. The Neurology Clinic examines, diagnoses, and treats organic diseases and disorders of the nervous system, and performs those functions described in paragraph C2.2.9.1., Medical Care, as appropriate.

C2.2.9.13.2. Costs. The Neurology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Neurology Clinic activities.

C2.2.9.14. Nutrition Care Clinic: BAL

C2.2.9.14.1. Function. The Nutrition Care Clinic represents a physical location and clinic that provides comprehensive nutritional care to both inpatients and outpatients including scheduling appointments and assessing and planning nutrition care. It provides diagnostic services, care, and treatment to inpatients and outpatients including counseling and guidance, and consultations, which include the calculation and development of special diets. It also provides health and dietary education to patients, instructs groups and individuals on nutrition, consults patients by telephone, documents follow-up care and medical records, prepares required medical reports, and monitors and maintains a patient's state of health. The Nutrition Care Clinic also performs those functions described in paragraph C2.2.9.1., "Medical Care," as appropriate.

C2.2.9.14.2. Costs. The Nutrition Care Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Nutrition Care Clinic activities.

C2.2.9.15. Oncology Clinic: BAM

C2.2.9.15.1. Function. The Oncology Clinic examines, diagnoses, and treats tumors, and performs those functions described in paragraph C2.2.9.1., "Medical Care," as appropriate.

C2.2.9.15.2. Costs. The Oncology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Oncology Clinic activities.

C2.2.9.16. Pulmonary Disease Clinic: BAN

C2.2.9.16.1. Function. The Pulmonary Disease Clinic examines, diagnoses, and treats pulmonary disease and other diseases of the chest cavity; prepares and reviews case histories and clinical records; directs specialized diagnostic procedures and may supervise the pulmonary function laboratory; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.16.2. Costs. The Pulmonary Disease Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Pulmonary Disease Clinic activities.

C2.2.9.17. Rheumatology Clinic: BAO

C2.2.9.17.1. Function. The Rheumatology Clinic examines, diagnoses, and treats disease and injuries (non-surgical) of the joints and muscles, and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.17.2. Costs. The Rheumatology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Rheumatology Clinic activities.

C2.2.9.18. Dermatology Clinic: BAP

C2.2.9.18.1. Function. The Dermatology Clinic examines, diagnoses, and treats patients with benign and malignant disorders of the skin, mouth, external genitalia, hair, and nails. The Clinic conducts diagnoses and treatment of skin cancers, melanomas, moles, and other tumors of the skin, manages contact dermatitis and other allergic and non-allergic skin disorders, and recognizes the skin manifestation of system (including malignancy) and infectious diseases. Dermatologists have special training in dermapathology and in the surgical techniques used in dermatology. The management of cosmetic disorders of the skin such as hair loss and scars, and the skin changes associated with aging. The Dermatology Clinic also performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.18.2. Costs. The Dermatology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Dermatology Clinic activities.

C2.2.9.19. Infectious Disease Clinic: BAQ

C2.2.9.19.1. Function. The Infectious Disease Clinic examines, diagnoses, and treats infectious diseases and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.19.2. Costs. The Infectious Disease Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Infectious Disease Clinic activities.

C2.2.9.20. Physical Medicine Clinic: BAR

C2.2.9.20.1. Function. The Physical Medicine Clinic provides consultation, diagnoses, and referrals primarily for patients with neuromusculoskeletal disorders; evaluates and prescribes orthotics and assistive devices; performs electroneuromyographic testing; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.20.2. Costs. The Physical Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Physical Medicine Clinic activities.

C2.2.9.21. Radiation Therapy Clinic: BAS

C2.2.9.21.1. Function. The Radiation Therapy Clinic examines clinical evaluation and selection of patients, treatment of isolated tumors and supervision of treatment course, and planning follow-up care and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate. Radiation Therapy is exercised as the sole therapeutic modality in the care of the cancer patient or in combination with surgery or chemotherapy or both. Various means of this modality include external beam therapy (primary teletherapy) and brachytherapy (intracavitary, interstitial, and surface applications). Also provided are necessary support functions such as treatment planning and dosimetry, calibration of radiation sources, and storage of radioactive material.

C2.2.9.21.2. Costs. The Radiation Therapy Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Radiation Therapy Clinic activities.

C2.2.9.21.3. Service Unit Additional Information. Radiation is usually given once a day in a dose that is based on the type and location of the tumor. When the daily dose is divided into smaller doses that are given more than once a day (usually separated by 4 to 6 hours), the therapy must be reported as one visit.

C2.2.9.22. Bone Marrow Transplant Clinic: BAT

C2.2.9.22.1. Function. The Bone Marrow Transplant Clinic provides pre-admission screening and procedures and post-procedure follow-up for bone marrow transplant patients, and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.22.2. Costs. The Bone Marrow Transplant Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Bone Marrow Transplant Clinic activities.

C2.2.9.23. Genetic Clinic (Keesler Only): BAU

C2.2.9.23.1. Function. The Genetic Clinic examines, evaluates, diagnoses, and treats genetic disease and conditions; prepares and reviews case histories and clinical records; obtains clinical data and family histories through interviews and testing; constructs pedigrees; counsels on recurrence risks and availability of prenatal diagnosis; interprets findings and determines need for laboratory or other testing; and performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.23.2. Costs. The Genetic Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Genetic Clinic activities.

C2.2.9.24. Hyperbaric Medicine Clinic: BAV

C2.2.9.24.1. Function

C2.2.9.24.1.1. The Hyperbaric Medicine Clinic is staffed with specially trained personnel who treat decompression illness and diving accident cases using Hyperbaric Oxygen (HBO) therapy. The Clinic treats conditions such as air or gas embolism, carbon monoxide poisoning, smoke inhalation, clostridial myonecrosis, crush compartment syndrome, gas gangrene, and other traumatic ischemias. It also treats decompression sickness, non-healing wounds, tissue damage from radiation and burns and bone infections, enhancement healing of selected problem wounds, exceptional blood loss, necrotizing soft tissue infections, refractory osteomyelitis, compromised skin grafts and flaps, thermal burns, and intracranial abscess.

C2.2.9.24.1.1.2. HBO therapy is the intermittent administration of 100 percent oxygen at a pressure greater than sea level. Treatment is provided in a pressurized chamber. The Hyperbaric Medicine Clinic service provides consultation to other clinical departments and accepts worldwide referrals through attending physicians, selecting those patients who would benefit from HBO therapy. This work center provides medical and technical expertise for coordinated and comprehensive care, including transcutaneous oxygen testing, pain management, and daily wound care. The service serves as a center of medical expertise, acting as consultants for the management of decompression sickness and gas embolism resulting from operational flying and diving. They conduct oxygen tolerance tests and pressure tests necessary for potential submarine or diving personnel. Certain clinical hyperbaric facilities conduct research to determine the efficacy of HBO therapy in certain diseases for which the medical literature does not adequately support HBO treatment. Ancillary capabilities of fully equipped

clinical hyperbaric facilities include cardiac monitoring and ventilatory support for the critically ill patient. The Hyperbaric Medicine Clinic also performs those functions described in paragraph C2.2.9.1., “Medical Care,” as appropriate.

C2.2.9.24.2. Costs. The Hyperbaric Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Hyperbaric Medicine Clinic activities.

C2.2.9.25. Cost Pool: BAX

C2.2.9.25.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.9.25.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.9.26. Medical Care Not Elsewhere Classified: BAZ

C2.2.9.26.1. Function. Medical Care Not Elsewhere Classified includes ambulatory care specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.9.3. through C2.2.9.25.

C2.2.9.26.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.10. Surgical Care: BB

C2.2.10.1. Function. Surgical Care provides diagnostic services, care, treatment, minor surgical procedures, proper medical disposition of inpatients and outpatients referred to surgical clinics, and provides follow-up care for selected post-operative patients. It provides a comprehensive plan of care for patients, including counseling, guidance, and rehabilitation, and provides clinical consultation services, surgical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the General Surgery Clinic (BBA) sub-account.

C2.2.10.2. Costs. Surgical Care shall be a summary account that includes all expenses incurred in operating and maintaining the surgical clinics described in subparagraphs C2.2.10.3. through C2.2.10.18. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the General Surgery Clinic (BBA) sub-account.

C2.2.10.3. General Surgery Clinic: BBA

C2.2.10.3.1. Function. The General Surgery Clinic examines, diagnoses, and treats diseases, injuries, and disorders by surgical means, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.3.2. Costs. The General Surgery Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of General Surgery Clinic activities.

C2.2.10.4. Cardiovascular and Thoracic Surgery Clinic: BBB

C2.2.10.4.1. Function. The Cardiovascular and Thoracic Surgery Clinic examines, diagnoses, and surgically treats diseases and injuries of the heart, circulatory system, and chest and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.4.2. Costs. The Cardiovascular and Thoracic Surgery Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Cardiovascular and Thoracic Surgery Clinic activities.

C2.2.10.5. Neurosurgery Clinic: BBC

C2.2.10.5.1. Function. The Neurosurgery Clinic examines, diagnoses, and surgically treats organic diseases, injuries, and disorders of the skull, brain, spinal cord, and peripheral nerves, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.5.2. Costs. The Neurosurgery Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Neurosurgery Clinic activities.

C2.2.10.6. Ophthalmology Clinic: BBD

C2.2.10.6.1. Function. The Ophthalmology Clinic examines, diagnoses, and treats diseases and injuries of the eye, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.6.2. Costs. The Ophthalmology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Ophthalmology Clinic activities.

C2.2.10.7. Organ Transplant Clinic: BBE

C2.2.10.7.1. Function. The Organ Transplant Clinic examines, diagnoses, and treats diseases and injuries of organs that require transplant, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.7.2. Costs. The Organ Transplant Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Organ Transplant Clinic activities.

C2.2.10.8. Otolaryngology Clinic: BBF

C2.2.10.8.1. Function. The Otolaryngology Clinic examines, diagnoses, and treats injuries and disorders of the ear, nose, and throat, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.8.2. Costs. The Otolaryngology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Otolaryngology Clinic activities.

C2.2.10.9. Plastic Surgery Clinic: BBG

C2.2.10.9.1. Function. The Plastic Surgery Clinic performs examinations and makes diagnoses to determine whether plastic or reconstructive surgery is required or feasible, examines and removes sutures on surgical follow-up patients, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.9.2. Costs. The Plastic Surgery Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Plastic Surgery Clinic activities.

C2.2.10.10. Proctology Clinic: BBH

C2.2.10.10.1. Function. The Proctology Clinic examines, diagnoses, and treats diseases and injuries of the anus, rectum, and colon, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.10.2. Costs. The Proctology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Proctology Clinic activities.

C2.2.10.11. Urology Clinic: BBI

C2.2.10.11.1. Function. The Urology Clinic examines, diagnoses, and treats diseases, injuries, and disorders of the genitourinary tract, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.11.2. Costs. The Urology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Urology Clinic activities.

C2.2.10.12. Pediatric Surgery Clinic: BBJ

C2.2.10.12.1. Function. The Pediatric Surgery Clinic examines, diagnoses, and treats diseases, injuries, and disorders of infants and children, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.12.2. Costs. The Pediatric Surgery Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Pediatric Surgery Clinic activities.

C2.2.10.13. Peripheral Vascular Surgery Clinic: BBK

C2.2.10.13.1. Function. The Peripheral Vascular Surgery Clinic examines, diagnoses, and surgically treats peripheral venous and arterial diseases, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.13.2. Costs. The Peripheral Vascular Surgery clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Peripheral Vascular Surgery Clinic activities.

C2.2.10.14. Pain Management Clinic: BBL

C2.2.10.14.1. Function. The Pain Management Clinic examines, diagnoses, and treats patients suffering from chronic pain or acute post-operative pain, and patients who have been through a treatment program but need some ongoing support and additional treatment. A comprehensive evaluation incorporates the physical, psychological, cognitive and socio-cultural contributions to pain. Outpatient treatment involves pain assessment, classification of pain, and establishment of treatment techniques, objectives, and evaluation. Classification of pain may include head, neck, and whiplash pain; temporomandibular joint pain; pain of the spine and hip; tic douloureux and facial pain; shingles pain; post-surgical pain; myofascial pain; reflex sympathetic dystrophy; chest wall pain; low back pain; shoulder and arm pain; phantom limb pain; arthritis pain; peripheral nerve pain; nerve root damage and arachnoiditis; multiple sclerosis pain; work-related injury; and central pain.

Pain management techniques may include patient-controlled analgesia, continuous epidural analgesia, and subcutaneous infusion pumps and catheters. They also include nerve blocks, cryanalgesia, spinal cord stimulation, relaxation techniques, biofeedback, hypnosis, psychological therapy, manipulative therapy, acupuncture, spinal infusion devices, and continuing patient counseling and education. Treatment and evaluation of painful conditions require the implementation, coordination, and maximization of pharmacological and non-pharmacological modalities. The Pain Management Clinic also performs those functions described in paragraph C.2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.14.2. Costs. The Pain Management Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Pain Management activities. When the above functions are performed outside of the Pain Management Clinic, the applicable clinical work center sub-account shall be charged.

C2.2.10.15. Vascular and Interventional Radiology Clinic: BBM

C2.2.10.15.1. Function. The Vascular and Interventional Radiology Clinic examines, diagnoses, and provides treatment for diverse disorders including vascular disease, urologic disease, fluid collections of diverse origin, infertility, and malignancy. It also provides placement of extended-use venous access devices for multiple indications and specialized diagnostic procedures, and performs those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.10.15.2. Costs. The Vascular and Interventional Radiology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Vascular and Interventional Radiology Clinic activities.

C2.2.10.16. Burn Clinic: BBN

C2.2.10.16.1. Function. The Burn Clinic provides consultative and follow-up care to eligible outpatients to promote optimal health in burn patients. A burn patient is any patient with a partial or full thickness burn, exfoliate disease, or other wound requiring specialized care that cannot be managed by a primary care provider. The Burn Clinic can be staffed with credentialed providers in multiple specialties such as general surgery, urology, anesthesiology, nutrition care, physical therapy, occupational therapy, social services, and behavioral health. The Burn Clinic specialty providers can submit referrals from one specialty to another specialty, working internal or external to the Burn Clinic, and perform those functions described in paragraph C2.2.10.1., “Surgical Care,” as appropriate. Research and clinical trials are not authorized to be reported in this account since this account is designated for direct patient care.

C2.2.10.16.2. Costs. The Burn Clinic work center will be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for

personnel, supplies, equipment, travel and any other expenses identified directly in support of Burn Clinic activities.

C2.2.10.16.3. FCC/MEPRS code BBN*. This code is approved only for use at Brooke Army Medical Center.

C2.2.10.17. Cost Pool: BBX

C2.2.10.17.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.10.17.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.10.18. Surgical Clinics Not Elsewhere Classified: BBZ

C2.2.10.18.1. Function. Surgical Clinics Not Elsewhere Classified includes surgical specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.10.3. through C2.2.10.17.

C2.2.10.18.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.11. OB-GYN Care: BC

C2.2.11.1. Function. OB-GYN Care provides diagnostic services, care, treatment, minor surgical procedures, and proper medical disposition of inpatients and outpatients referred to OB-GYN clinics. It also provides follow-up care for selected post-operative patients; provides a comprehensive plan of care for patients including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation, and prevention of diseases; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of OB-GYN care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Family Planning Clinic (BCA) sub-account.

C2.2.11.2. Costs. OB-GYN Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.11.3. through C2.2.11.8. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Family Planning Clinic (BCA) sub-account.

C2.2.11.3. Family Planning Clinic: BCA

C2.2.11.3.1. Function. The Family Planning Clinic plans and conducts individual and group conferences for patients and families; provides counseling and education for the promotion and maintenance of health; identifies healthcare services, agencies, and resources available to the family and makes necessary referrals; and performs those functions described in paragraph C2.2.11.1., “OB-GYN Care,” as appropriate.

C2.2.11.3.2. Costs. The Family Planning Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic. If this work center is not established separately, family planning expenses shall be charged to the work center performing the function.

C2.2.11.4. Obstetrics and Gynecology Clinic: BCB

C2.2.11.4.1. Function. The Obstetrics and Gynecology Clinic examines, diagnoses, and treats obstetrical and gynecological patients. It also treats diseases and injuries of the female reproductive system; performs such procedures as diagnostic suction curettages, culdoscopies, cryosurgery, tubal cauterization, and insertion of intrauterine devices; provides conferences for patients; and performs those functions described in paragraph C2.2.11.1., “OB-GYN Care,” as appropriate.

C2.2.11.4.2. Costs. The Obstetrics and Gynecology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Obstetrics and Gynecology Clinic activities.

C2.2.11.5. Inactive: BCC

C2.2.11.6. Breast Care Clinic: BCD

C2.2.11.6.1. Function. The Breast Care Clinic offers beneficiaries direct access for asymptomatic screening, problem solving, and routine breast cancer follow-up; examines, diagnoses, and treats diseases of the breast; provides counseling about breast diseases and education on self-examination; makes referrals to other health professionals; and performs those functions described in paragraph C2.2.11.1., “OB-GYN Care,” as appropriate. This account includes mobile educational units providing breast health screening and education.

C2.2.11.6.2. Costs. The Breast Care Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Breast Care Clinic activities.

C2.2.11.7. Cost Pool: BCX

C2.2.11.7.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.11.7.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.11.8. OB-GYN Care Not Elsewhere Classified: BCZ

C2.2.11.8.1. Function. OB-GYN Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.11.3. through C2.2.11.7.

C2.2.11.8.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.12. Pediatric Care: BD

C2.2.12.1. Function. Pediatric Care provides diagnostic services, care, treatment, and proper medical disposition of inpatients and outpatients referred to pediatric care clinics; provides a comprehensive plan of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation, and prevention of disease; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of pediatric care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Pediatric Clinic (BDA) sub-account.

C2.2.12.2. Costs. Pediatric Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.12.3. through C2.2.12.7. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Pediatric Clinic (BDA) sub-account.

C2.2.12.3. Pediatric Clinic: BDA

C2.2.12.3.1. Function. The Pediatric Clinic examines, diagnoses, and treats diseases and injuries of infants and children; implements a plan of care for children with minor illnesses, accidents, and developmental problems; assists and participates in programs for parent and child education on disease and accident prevention, nutrition, and family relationships; and performs those functions described in paragraph C2.2.12.1., "Pediatric Care," as appropriate.

C2.2.12.3.2. Costs. The Pediatric Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Pediatric Clinic activities.

C2.2.12.4. Adolescent Clinic: BDB

C2.2.12.4.1. Function. The Adolescent Clinic examines, diagnoses, and treats diseases and injuries of adolescents, and performs those functions described in paragraph C2.2.12.1., “Pediatric Care,” as appropriate.

C2.2.12.4.2. Costs. The Adolescent Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Adolescent Clinic activities.

C2.2.12.5. Well-Baby Clinic: BDC

C2.2.12.5.1. Function. The Well-Baby Clinic examines, diagnoses, and refers newborn patients for treatment; assists and participates in programs for parent and child education and counseling in child rearing, healthcare practices, growth and development, disease and accident prevention, nutrition, and family relationships; and performs those functions described in paragraph C2.2.12.1., “Pediatric Care,” as appropriate.

C2.2.12.5.2. Costs. The Well-Baby Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Well-Baby Clinic activities.

C2.2.12.6. Cost Pool: BDX

C2.2.12.6.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.12.6.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.12.7. Pediatric Care Not Elsewhere Classified: BDZ

C2.2.12.7.1. Function. Pediatric Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.12.1. through C2.2.12.6.

C2.2.12.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.13. Orthopedic Care: BE

C2.2.13.1. Function. Orthopedic Care provides diagnostic services, care, treatment, minor surgical procedures, and proper medical disposition of inpatients and outpatients referred to orthopedic clinics; provides follow-up care for selected post-operative ambulatory patients; provides a comprehensive plan of care for patients, including monitoring and maintaining their state of health, counseling and guidance, health education, rehabilitation, and prevention of disease; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of the Orthopedic Care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Orthopedic Clinic (BEA) sub-account.

C2.2.13.2. Costs. Orthopedic Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.13.3. through C2.2.13.10. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Orthopedic Clinic (BEA) sub-account.

C2.2.13.3. Orthopedic Clinic: BEA

C2.2.13.3.1. Function. The Orthopedic Clinic examines, diagnoses, and treats diseases, injuries, and abnormalities of the musculoskeletal system, and performs those functions described in paragraph C2.2.13.1., “Orthopedic Care,” as appropriate.

C2.2.13.3.2. Costs. The Orthopedic Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Orthopedic Clinic activities

C2.2.13.4. Inactive: BEB

C2.2.13.5. Hand Surgery Clinic: BEC

C2.2.13.5.1. Function. The Hand Surgery Clinic examines, diagnoses, and surgically treats diseases and injuries of the hand, and performs those functions described in paragraph C2.2.13.1., “Orthopedic Care,” and paragraph C2.2.10.1., “Surgical Care,” as appropriate.

C2.2.13.5.2. Costs. The Hand Surgery Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Hand Surgery Clinic activities.

C2.2.13.6. Chiropractic Clinic: BED

C2.2.13.6.1. Function. The Chiropractic Clinic examines and treats active duty patients with spine-related neuromusculoskeletal conditions who have passed a standard screening to rule out potentially serious medical conditions and/or have been referred by a physician on a consultative basis for chiropractic treatment. Treatment is performed by a contracted, licensed Doctor of Chiropractic according to privileges assigned under the Chiropractic Healthcare Demonstration Program. Treatment consists of patient history, chiropractic physical exam, and the performance of standard osseous and soft tissue procedures consistent with chiropractic care.

C2.2.13.6.2. Costs. The Chiropractic Clinic work center account shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of the Chiropractic Clinic activities.

C2.2.13.7. Orthotic Laboratory: BEE

C2.2.13.7.1. Function. The Orthotic Laboratory constructs orthopedic appliances such as braces, casts, splints, supports, and shoes from impressions, forms, molds, and other specifications; measures, assembles, fits, and adjusts appliances, prostheses, and shoes to patients; repairs, replaces, and refits worn or broken appliances; and performs those functions described in paragraph C2.2.13.1., “Orthopedic Care,” as appropriate.

C2.2.13.7.2. Costs. The Orthotic Laboratory work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Orthotic Laboratory Clinic activities.

C2.2.13.8. Podiatry Clinic: BEF

C2.2.13.8.1. Function. The Podiatry Clinic is responsible for the medical and surgical treatment of the foot and ankle and related soft tissue structures and deformities. They perform medical, surgical, and other operative procedures, prescribe corrective devices, and prescribe and administer drugs and physical therapy in addition to those functions described in paragraph C2.2.13.1., “Orthopedic Care,” as appropriate.

C2.2.13.8.2. Costs. The Podiatry Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Podiatry Clinic activities.

C2.2.13.9. Cost Pool: BEX

C2.2.13.9.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.13.9.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.13.10. Orthopedic Care Not Elsewhere Classified: BEZ

C2.2.13.10.1. Function. Orthopedic Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.13.3. through C2.2.13.9.

C2.2.13.10.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.14. Psychiatric and Mental Healthcare: BF

C2.2.14.1. Function. Psychiatric and Mental Healthcare provides diagnostic services, mental health consultation, care, treatment, and proper medical disposition of inpatients and outpatients referred to psychiatric and mental health clinics. It provides a comprehensive plan of care for patients, including monitoring and maintenance of their state of health, individual and group counseling and guidance testing, psychiatric evaluation, health education, rehabilitation, and prevention of disease. Psychiatric and Mental Healthcare also provides clinical and consultation services, medical care and evaluation, professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of the Psychiatric and Mental Healthcare function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Psychiatry Clinic (BFA) sub-account.

C2.2.14.2. Costs. Psychiatric and Mental Healthcare shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.14.3. through C2.2.14.10. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Psychiatry Clinic (BFA) sub-account.

C2.2.14.3. Psychiatry Clinic: BFA

C2.2.14.3.1. Function. The Psychiatry Clinic provides and coordinates psychiatric and medical services relative to the examination, consultation, diagnosis, treatment, and proper disposition of patients who require psychiatric care. It also conducts educational discussions with patients and their relatives to secure cooperation in the care and treatment of psychiatric disorders and in the prevention of recurrences. The Psychiatry Clinic maintains

records on observations, evaluations, and treatments, and provides both individual and group therapy. The Clinic also performs those functions described in paragraph C2.2.14.1., “Psychiatric and Mental Healthcare,” as appropriate.

C2.2.14.3.2. Costs. The Psychiatry Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Psychiatry Clinic activities.

C2.2.14.4. Psychology Clinic: BFB

C2.2.14.4.1. Function. The Psychology Clinic provides psychological evaluations; administers psychometric tests and measurements, including tests of intellectual ability, projective tests, examination of attitudes and aptitudes, and group and individual situational tests; interprets and records the findings of these tests in relation to available psychiatric, social, and education data, and the patient’s problems of personality adjustment; conducts individual and group therapy; provides consultative services as requested; and performs those functions described in paragraph C2.2.14.1., “Psychiatric and Mental Healthcare,” as appropriate.

C2.2.14.4.2. Costs. The Psychology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Psychology Clinic activities.

C2.2.14.5. Child Guidance Clinic: BFC

C2.2.14.5.1. Function. The Child Guidance Clinic provides specialized evaluation counseling and treatment services for preadolescents and their families, evaluative work, and other services as required; provides limited psychotherapeutic services; and performs those functions described in paragraph C2.2.14.1., “Psychiatric and Mental Healthcare,” as appropriate.

C2.2.14.5.2. Costs. The Child Guidance Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Child Guidance Clinic activities.

C2.2.14.6. Mental Health Clinic: BFD

C2.2.14.6.1. Function. The Mental Health Clinic provides those functions described in subparagraphs C2.2.14.3. through C2.2.14.5. and C2.2.14.7., when they are not separately established, and performs those functions described in paragraph C2.2.14.1., “Psychiatric and Mental Healthcare,” as appropriate. The Mental Health Clinic is responsible for providing psychiatry, clinical psychology, and clinical social work as necessary to maintain the mental health of active duty military personnel. It also provides mental health consultation

services to the command including advice on moral issues and motivation of military personnel, evaluation of command policies impact on the psychological effectiveness of military personnel, and technical advice on developing policies for the selection, utilization, and proper disposition of military personnel, and recommends clearance for separation from military service for those individuals who cannot function adequately because of marital, emotional, or behavioral factors. It provides diagnosis and proper medical disposition of patients, evaluation of medical care, preparation and completeness of medical records and reports, and liaison with civilian mental health agencies.

C2.2.14.6.2. Costs. The Mental Health Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Mental Health activities.

C2.2.14.7. Social Work Clinic: BFE

C2.2.14.7.1. Function. The Social Work Clinic provides psychosocial and socioeconomic evaluation and consultation; individual and group services, patient care, information, referral, and follow-up services to facilitate medical diagnosis, care, treatment; and proper disposition of patients (inpatient and outpatient) referred to the Social Work Clinic, which includes self-referred patients and those seen automatically on the basis of diagnosis (e.g., suspected child abuse or attempted suicide). It provides a comprehensive plan of service to patients and their families including counseling and guidance, therapy, information and referral, and discharge planning. The Clinic also provides clinical and consultative services to patients and families, MTF staff, and the military community; social service delivery evaluation; and professional training of assigned and contractually affiliated personnel. It prepares and submits reports, maintains medical and social service records, and performs those functions described in paragraph C2.2.14.1., “Psychiatric and Mental Healthcare,” as appropriate.

C2.2.14.7.2. Costs. The Social Work Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Social Work Clinic activities.

C2.2.14.8. Substance Abuse Clinic: BFF

C2.2.14.8.1. Function. The Substance Abuse Clinic provides diagnostic services, mental health consultation, care, treatment, and proper medical disposition of inpatients and outpatients referred to the Substance Abuse clinic. The Clinic provides a comprehensive plan of care for patients, including monitoring and maintenance of their state of health, individual and group counseling and guidance testing, psychiatric evaluation, health education, rehabilitation, and prevention of diseases. It provides clinical and consultation services, medical care and evaluation, professional training of assigned personnel, preparation and submission of reports, maintenance of medical records, and monitors drug and alcohol abuse control. It also performs those functions described in paragraph C2.2.14.1., “Psychiatric and Mental Healthcare,” as appropriate.

C2.2.14.8.2. Costs. The Substance Abuse Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Substance Abuse Clinic activities.

C2.2.14.9. Cost Pool: BFX

C2.2.14.9.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.14.9.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.14.10. Psychiatric and Mental Healthcare Not Elsewhere Classified: BFZ

C2.2.14.10.1. Function. Psychiatric and Mental Healthcare Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.14.3. through C2.2.14.9.

C2.2.14.10.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.15. Family Medicine Care: BG

C2.2.15.1. Function. Family Medicine Care provides comprehensive examination, diagnosis, and treatment of inpatients and outpatients. It assists, provides, and evaluates the care of patients with a healthcare problem including history and physical, assessment and treatment of illnesses, maintenance of chronic diseases, and counseling and teaching. The organization of Family Medicine Care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Family Medicine Clinic (BGA) sub-account.

C2.2.15.2. Costs. Family Medicine Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.15.3. through C2.2.15.5. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Family Medicine Clinic (BGA) sub-account.

C2.2.15.3. Family Medicine Clinic: BGA

C2.2.15.3.1. Function. The Family Medicine Clinic provides comprehensive primary medical care, diagnostic services, treatment, and proper medical disposition of inpatients and outpatients referred to the Family Medicine Clinic. It provides a comprehensive plan of care for patients including monitoring and maintenance of their state of health, counseling and guidance, health education, rehabilitation and prevention of disease; provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports; and performs those functions described in paragraph C2.2.15.1., “Family Medicine Care,” as appropriate.

C2.2.15.3.2. Costs. The Family Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Family Medicine Clinic activities.

C2.2.15.4. Cost Pool: BGX

C2.2.15.4.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.15.4.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.15.5. Family Medicine Care Not Elsewhere Classified: BGZ

C2.2.15.5.1. Function. Family Medicine Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in paragraphs C2.2.15.3. through C2.2.15.4.

C2.2.15.5.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.16. Primary Medical Care: BH

C2.2.16.1. Function. Primary Medical Care includes examination, diagnosis, treatment, health education, counseling, and proper medical disposition of ambulatory patients. The organization of the Primary Medical Care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Primary Care Clinic (BHA) sub-account.

C2.2.16.2. Costs. Primary Medical Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.16.3. through C2.2.16.13. Clinic expenses shall be collected if the clinic

normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Primary Care Clinic (BHA) sub-account.

C2.2.16.3. Primary Care Clinic: BHA

C2.2.16.3.1. Function. The Primary Care Clinic examines, diagnoses, and treats ambulatory patients, giving continuity and coordination to their total healthcare, including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. The Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching. It also performs those functions described in paragraph C2.2.16.1., “Primary Medical Care,” as appropriate. The Primary Care Clinic includes non-specialized clinics such as the general outpatient clinic, walk-in (triage) clinic, acute minor illness clinic, chronic care clinic, dispensaries, general medicine clinic (when used as a primary care clinic), attending surgeon’s office, convenience clinics (all types) and military sick call.

C2.2.16.3.2. Costs. The Primary Care Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinics, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Primary Care Clinic activities. Expenses for occupational health tests and services provided for civilian employees shall be identified and reported under the Environmental Health Program (FBE) sub-account.

C2.2.16.4. Medical Examination Clinic: BHB

C2.2.16.4.1. Function. The Medical Examination Clinic conducts active duty periodic reenlistment and separation medical exams and non-occupational medical examinations including all school entrance, insurance, premarital, and appropriated and non-appropriated fund occupational categories. It processes all administrative work incidents to such examinations; collects and labels specimens, requests and evaluates laboratory, X-ray, EKG, and dental reports for patients; takes and records vital signs; refers patients for medical care as appropriate; and performs those functions described in paragraph C2.2.16.1., “Primary Medical Care,” as appropriate. Air Force facilities perform these functions under the Flight Medicine Clinic (BJA) sub-account.

C2.2.16.4.2. Costs. The Medical Examination Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Medical Examination Clinic activities.

C2.2.16.5. Optometry Clinic: BHC

C2.2.16.5.1. Function. The Optometry Clinic examines, diagnoses, treats, and manages diseases, injuries, and disorders of the visual system, the eye, and associated

structures as well as identifies related systemic conditions affecting the eye. Optometric providers will prescribe medications, spectacle lenses, contact lenses, as well as refer patients to other providers for diagnosis and treatment of suspected disease. Optometry clinics will counsel patients regarding surgical and non-surgical options that meet their visual needs related to their occupations, avocations, and lifestyle.

C2.2.16.5.2. Costs. The Optometry Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Optometry Clinic activities.

C2.2.16.6. Audiology Clinic: BHD

C2.2.16.6.1. Function. The Audiology Clinic provides comprehensive audiologic support for active duty and eligible beneficiaries for the determination of etiology, pathology, and magnitude of hearing loss and potential for remediation and rehabilitation. It also assists in the evaluation of auditory and vestibular systems. Specific services include pure tone threshold audiometry; basic and advanced clinical testing; pediatric evaluations; neonatal hearing testing as part of the early hearing loss identification program; hearing aid evaluation, fittings, and repairs; ear mold fittings; vestibular evaluations; dispensing of hearing protection devices (fitting, education, and motivation); and determination of proper referral and disposition. Additional support includes healthcare education and counseling on hearing, inpatient audiologic evaluations, auditory monitoring of hearing thresholds following medical and surgical intervention, intraoperative monitoring of cranial nerves, assistive listening device guidance, and aural rehabilitation classes.

C2.2.16.6.2. Costs. The Audiology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Audiology Clinic activities.

C2.2.16.7. Speech Pathology Clinic: BHE

C2.2.16.7.1. Function. The Speech Pathology Clinic administers medically prescribed therapeutic and rehabilitative services to speech defective patients. Additional activities may include, but are not limited to, the provision of clinical and consultative services.

C2.2.16.7.2. Costs. The Speech Pathology Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Speech Pathology Clinic activities.

C2.2.16.8. Community Health Clinic: BHF

C2.2.16.8.1. Function. The Community Health Clinic identifies health needs and implements health services programs based on assessments of the health status of the military community, and provides health education and counseling for active duty and retired Service members and their beneficiaries. The Clinic participates in patient discharge planning; provides health guidance to the installation's child care centers and preschools; makes home visits to high-risk families for disease prevention and health promotion including newborn, handicapped, and chronic illness visits; and coordinates child health services with area high school nurses. It also maintains a tuberculosis screening and surveillance program, including monitoring of patients on chemoprophylaxis; participates in epidemiological investigations; participates in family advocacy case management with emphasis on prevention and health promotion; provides counseling on child care; and participates in management of the wellness and fitness program.

C2.2.16.8.2. Costs. The Community Health Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Community Health Clinic activities.

C2.2.16.9. Occupational Health Clinic: BHG

C2.2.16.9.1. Function. The Occupational Health Clinic supports the evaluation of health conditions in potentially health-hazardous job environments, especially regarding, but not limited to industrial settings. It provides clinical services for non-acute job-related illnesses and injuries that may occur as a result of exposure to work environment, and performs those functions described in paragraph C2.2.16.1., "Primary Medical Care," as appropriate.

C2.2.16.9.2. Costs. The Occupational Health Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Occupational Health Clinic activities.

C2.2.16.10. Inactive: BHH

C2.2.16.11. Immediate Care Clinic: BHI

C2.2.16.11.1. Function. The Immediate Care Clinic provides reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes referrals to the nearest facility that has the capability of providing the needed services. At least one physician will be available within 30 minutes or less. Ambulance service is provided at least during normal clinic duty hours and generally 24 hours per day.

C2.2.16.11.2. Costs. The Immediate Care Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Immediate Care Clinic activities.

C2.2.16.12. Cost Pool: BHX

C2.2.16.12.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.16.12.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.16.13. Primary Medical Care Not Elsewhere Classified: BHZ

C2.2.16.13.1. Function. Primary Medical Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.16.3. through C2.2.16.12.

C2.2.16.13.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.17. Emergency Medical Care: BI

C2.2.17.1. Function. Emergency Medical Care provides emergency services, support, and treatment of an emergency nature and refers and admits patients as needed. It also provides various services, evaluations, and training.

C2.2.17.2. Costs. Emergency Medical Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.17.3. through C2.2.17.5. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Emergency Medical Clinic (BIA) sub-account.

C2.2.17.3. Emergency Medical Clinic: BIA

C2.2.17.3.1. Function. The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients to the MTF, as needed. It also provides clinical consultation services and professional training of assigned personnel, supports mass casualty and fire drills, and prepares reports.

C2.2.17.3.2. Costs. The Emergency Medical Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Emergency Medical Clinic activities.

C2.2.17.4. Cost Pool: BIX

C2.2.17.4.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.17.4.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.17.5. Emergency Medical Care Not Elsewhere Classified: BIZ

C2.2.17.5.1. Function. Emergency Medical Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.17.3. through C2.2.17.4.

C2.2.17.5.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.18. Flight Medicine Care: BJ

C2.2.18.1. Function. Flight Medicine Care provides primary care for all aviation personnel, their dependents, and other authorized personnel. The function conducts medical examination for all active duty personnel requiring flight physicals; provides specialized aviation medicine, education, and staff advice to the installation commander; participates in the aviation safety and accident investigation program; and ensures accomplishment of proper administrative actions involving change in flying status for medical reasons. The Air Force performs routine periodic physicals in the Flight Medicine Clinic.

C2.2.18.2. Costs. Flight Medicine Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.18.3. through C2.2.18.5. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Flight Medicine Clinic (BJA) sub-account.

C2.2.18.3. Flight Medicine Clinic: BJA

C2.2.18.3.1. Function. The Flight Medicine Clinic provides diagnostic services, care, and proper medical disposition of all aviation personnel, their dependents, and other authorized personnel. The Clinic conducts medical examinations for all flying personnel, missile duty personnel, air traffic controllers, physiological training unit personnel, pilot and navigator training applicants, and applicants for Federal Aviation Administration certification (classes 2 and 3). It also provides specialized aviation medicine to the installation and geographical area, participates in the aviation safety and accident investigation programs, provides aeromedical staff advice and aeromedical education, and ensures accomplishment of proper administrative actions in all cases involving change in flying status for medical reasons.

C2.2.18.3.2. Costs. The Flight Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Flight Medicine activities. It excludes the cost of organizational equipment, such as flight clothing for physicians, nurses, and described technicians; travel to support proficiency flying; accident prevention and investigation; and repair, maintenance, and operation of field ambulances. The organizational equipment expenses shall be identified and reported in the applicable Readiness (section C2.7.) account.

C2.2.18.4. Cost Pool: BJX

C2.2.18.4.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.18.4.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.18.5. Flight Medicine Care Not Elsewhere Classified: BJZ

C2.2.18.5.1. Function. Flight Medicine Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.18.3. through C2.2.18.4.

C2.2.18.5.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.19. Underseas Medicine Care: BK

C2.2.19.1. Function. Underseas Medicine Care provides primary care for all ambulatory submarine and diving personnel, conducts medical examinations of submarine and diving personnel and for occupational exposure to ionizing and non-ionizing radiation, coordinates studies in support of underseas medicine, monitors medical boards ensuring proper disposition of personnel, and ensures accomplishment of proper administrative actions in all cases involving changes in rating for medical reasons.

C2.2.19.2. Costs. Underseas Medicine Care shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.19.3. through C2.2.19.5. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Underseas Medicine Clinic (BKA) sub-account.

C2.2.19.3. Underseas Medicine Clinic: BKA

C2.2.19.3.1. Function. The Underseas Medicine Clinic provides diagnostic services, care, treatment, and proper medical disposition of ambulatory submarine and diving personnel. The Clinic conducts medical examinations of submarine and diving personnel for occupational radiographic, laboratory, pulmonary function, audiometric, and ophthalmologic studies in support of underseas medicine, and monitors results of medical boards to ensure that timely and accurate qualification or disqualification procedures are carried out in regard to submarine and diving personnel and occupational radiation workers. It also provides undersea medical staff advice and education; acts as a consultant for the management of diving and hyperbaric casualties, diseases, and cases that may be amenable to hyperbaric oxygenation treatment; and ensures accomplishment of rating for medical reasons.

C2.2.19.3.2. Costs. The Underseas Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Underseas Medicine Clinic activities.

C2.2.19.4. Inactive: BKK

C2.2.19.5. Underseas Medicine Care Not Elsewhere Classified: BKZ

C2.2.19.5.1. Function. Underseas Medicine Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.19.3. through C2.2.19.4.

C2.2.19.5.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.2.20. Rehabilitative Ambulatory Services: BL

C2.2.20.1. Function. Rehabilitative Ambulatory Services performs activities such as direct patient care, testing, evaluation, consultation, counseling, supervision, teaching, administration, research, and community service for inpatients and outpatients. Professionally qualified personnel provide services with periodic reports regarding evaluation and progress being submitted to cognizant physicians. The organization of rehabilitative ambulatory service function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the functions shall be located and reported in the Physical Therapy Clinic (BLA) sub-account.

C2.2.20.2. Costs. Rehabilitative Ambulatory Services shall be a summary account that includes all expenses incurred in operating and maintaining the clinics described in subparagraphs C2.2.20.3. through C2.2.20.7. Clinic expenses shall be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) shall be reported in the Physical Therapy Clinic (BLA) sub-account.

C2.2.20.3. Physical Therapy Clinic: BLA

C2.2.20.3.1. Function. The Physical Therapy Clinic develops, coordinates, and uses special knowledge and skills in planning, organizing, and managing programs for the care of inpatients and outpatients whose ability to function is impaired or threatened by disease or injury. It incorporates activities such as direct patient care, evaluation, testing, consultation, counseling, teaching, administration, research, and community services. Physical therapy primarily serves patients whose actual impairment is related to neuromusculoskeletal, pulmonary, and cardiovascular systems. It evaluates the function and impairment of these systems including testing and evaluating muscle and range of motion, and selects and applies therapeutic procedures to maintain, improve, or restore these functions. Therapeutic procedures include therapeutic exercises, application of physical modalities (heat and cold), gait training, including prosthetics, training in activities of daily living, and home visits to advise or give therapy. The Physical Therapy Clinic provides instructions for special exercise programs related to pre-partum and post-partum care, weight reduction, physical reconditioning, and therapeutic pool activities.

C2.2.20.3.2. Costs. The Physical Therapy Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Physical Therapy Clinic activities.

C2.2.20.4. Occupational Therapy Clinic: BLB

C2.2.20.4.1. Function. The Occupational Therapy Clinic, under medical referral, uses tasks and activities for the remediation and restoration of physical and psychosocial functions, assessment and improvement of daily life skills, health maintenance, and prevention of disability. Occupational Therapy Clinic activities may include, but are not limited to, treatment for sensory integrative dysfunction, evaluation of work adjustment, development of vocational skills, fabrication of orthotic and assistive devices, and rehabilitative counseling with patients and families. Occupational therapy may be extended to provide home visits and consultation services to community agencies supporting the Uniformed Services.

C2.2.20.4.2. Costs. The Occupational Therapy Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Occupational Therapy Clinic activities.

C2.2.20.5. Inactive: BLC

C2.2.20.6. Cost Pool: BLX

C2.2.20.6.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.2.20.6.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the clinic(s).

C2.2.20.7. Rehabilitative Ambulatory Services Not Elsewhere Classified: BLZ

C2.2.20.7.1. Function. Rehabilitative Ambulatory Services Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described in subparagraphs C2.2.20.3. through C2.2.20.6.

C2.2.20.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the clinic.

C2.3. DENTAL CARE: C

C2.3.1. Function. Dental Care provides comprehensive dental care in MTFs for active duty members. Subject to the availability of space and facilities and the capabilities of the dental staff care, Dental Care also provides comprehensive dental care for active duty dependents and certain former members. Comprehensive dental care includes emergency dental care worldwide; dental care as a necessary adjunct of medical, surgical, or preventive treatment, worldwide; routine dental care in and out of the United States where adequate civilian facilities are unavailable; diagnostic tests and services; and laboratory and X-ray examinations.

C2.3.2. Costs. The Dental Care functional account shall include all expenses in the Dental Services and Dental Prosthetics summary accounts as outlined in paragraphs C2.3.9. and C2.3.10. (For Area Dental Prosthetic Laboratory (Type 1), see the FAB sub-account (subparagraph C2.6.9.4.) under Special Programs (F).)

C2.3.3. Service Unit(s) for Dental Final Account Codes. See second-level FCC descriptions.

C2.3.4. Service Unit(s) for Cost Pools. Not applicable.

C2.3.5. Allocation Factor for Dental Final Account Codes. Not applicable.

C2.3.6. Allocation Factor for Cost Pools. See second-level FCC descriptions.

C2.3.7. Assignment Procedure for Dental Final Account Codes. Not applicable for final account ambulatory specialties. These final operating expense accounts shall not be reassigned during the expense allocation process described in Chapter 3.

C2.3.8. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of weighted procedures

performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.3.9. Dental Services: CA

C2.3.9.1. Function. Dental Services provides dental care to eligible dental patients.

C2.3.9.2. Costs. Dental Services shall be a summary account that includes all expenses incurred in operating and maintaining the function at an installation or a dental command as described in subparagraphs C2.3.9.5. through C2.3.9.7.

C2.3.9.3. Service Unit(s) for Dental Final Account Codes

C2.3.9.3.1. Dental Weighted Procedures. Weighted values have been developed for dental clinical procedures based on the American Dental Association weighted procedure codes. These values are furnished by the MHS dental community on a periodic basis.

C2.3.9.3.2. Dental Ambulatory Procedures. These procedures are raw, unweighted counts representative of the dental workload.

C2.3.9.4. Allocation Factor for Cost Pools: Dental Weighted Procedures. Weighted values have been developed for dental clinical procedures based on the ADA weighted procedure codes. These values are furnished by the MHS dental community on a periodic basis.

C2.3.9.5. Dental Care: CAA

C2.3.9.5.1. Function. Dental Care provides oral examination, patient education, diagnosis, treatment, and care including all phases of restorative dentistry, oral surgery, prosthodontics, oral pathology, periodontics, orthodontics, endodontics, oral hygiene, preventive dentistry, and radiodontics to eligible dental patients.

C2.3.9.5.2. Costs. The Dental Care work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Dental Care clinic activities.

C2.3.9.6. Cost Pool: CAX

C2.3.9.6.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.3.9.6.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.3.9.7. Dental Care Not Elsewhere Classified: CAZ

C2.3.9.7.1. Function. Dental Care Not Elsewhere Classified includes dental services that satisfy the criteria for a work center and are not described in subparagraphs C2.3.9.5. through C2.3.9.6.

C2.3.9.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.3.10. Dental Prosthetics: CB

C2.3.10.1. Function. Dental Prosthetics are services required to support the daily practice of dentistry; prepare casts and models; repair dentures; fabricate transitional, temporary, or orthodontic appliances; and finish dentures.

C2.3.10.2. Costs. The Dental Prosthetics shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in subparagraphs C2.3.10.5. through C2.3.10.7. at an installation or a dental command.

C2.3.10.3. Service Unit(s) for Dental Final Account Codes: Dental Weighted Procedures. Composite Lab Values (CLVs) are used for dental laboratory procedures.

C2.3.10.4. Allocation Factor for Cost Pools: Weighted Procedures. CLVs are used for dental laboratory procedures.

C2.3.10.5. Dental Laboratory: CBA

C2.3.10.5.1. Function. The Dental Laboratory is required for the support of a comprehensive dental practice at a specific facility and is essential to the daily practice of dentistry. Equipment and dental technician availabilities vary, but are there to prepare casts and models; repair dentures; fabricate transitional, temporary, or orthodontic appliances; finish dentures; stain and glaze porcelain restoration; and polish metal and metal ceramic restoration.

C2.3.10.5.2. Costs. The Dental Laboratory work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Dental Laboratory activities.

C2.3.10.6. Cost Pool: CBX

C2.3.10.6.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.3.10.6.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.3.10.7. Dental Prosthetics Not Elsewhere Classified: CBZ

C2.3.10.7.1. Function. Dental Prosthetics Not Elsewhere Classified includes dental prosthetics services that satisfy the criteria for a work center and are not described in subparagraphs C2.3.10.5. through C2.3.10.6.

C2.3.10.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.4. ANCILLARY SERVICES: D

C2.4.1. Function

C2.4.1.1. Ancillary Services participate in the care of patients principally by assisting and augmenting the attending physicians, dentists, and non-physician privileged providers in diagnosing and treating human ills. Ancillary Services generally do not (although under certain circumstances may) have primary responsibility for the management of patients. Rather, patient services are provided on the orders of cognizant physicians, dentists, Independent Duty Corpsmen, and non-physician privileged providers. Ancillary Services comprise and apply various forms of therapy that are frequently administered through intricate techniques and require competent, expert, and qualified specialists and technical staff.

C2.4.1.2. In accomplishing the mission, the highest professional standards are maintained. Every effort is made to retain optimal quality of healthcare support. Standards for the delivery of healthcare are state-of-the-art and conform to requirements set by the generally accepted standards of hospital operations as practiced in the United States. Proper supervision and control are exercised over assigned areas of responsibility. The CE and training of professional and paraprofessional medical personnel are promoted. Participation in staff conferences and provision of consultant services are ensured. The formulation of clinical policies and standards is maintained. Collaboration between clinical and administrative services is promoted to further patient comfort, welfare, speedy recovery, and proper disposition.

C2.4.1.3. Depending on the size and organizational complexity of the MTF, Ancillary Services functions may include conducting approved residency training programs in accordance with the requirements of the Council on Medical Education of the American Medical Association or other accrediting bodies; conducting, as directed, orientation, indoctrination, observer, refresher, and familiarization training for interns, externs, medical students from affiliated medical schools, clinical clerks, and others; conferring with professional consultants; and initiating, conducting, and participating in, as appropriate and authorized clinical or research studies to enhance professional growth and development.

C2.4.2. Costs. The Ancillary Services functional account shall include all expenses in the following summary accounts: Pharmacy Services, Pathology, Radiology, Special Procedure Services, Central Sterile Supply, Surgical Services, Ambulatory Nursing Services, Rehabilitative

Services, Nuclear Medicine, and Intensive Care, as outlined in paragraphs C2.4.9. through C2.4.18. When MTF resources provide an ancillary service to their child Defense Medical Information System Identifier (DMIS ID), personnel expenses shall be distributed on the time spent in the DMIS ID, and personnel expenses shall be prorated on time spent in each work center or function. When an ancillary service is purchased by the MTF, the expense may be assigned directly to the work center sub-account that requested the service or to the ancillary work center sub-account that performs the service in the MTF. Ancillary expenses are assigned according to the assignment procedures governing Ancillary Services (D) intermediate accounts. The order of accounts in this section is different from the order of expense allocation. (See Table C3.T3. for the alignment of intermediate operating expense accounts.)

C2.4.3. Service Unit. Each summary and sub-account has a discrete unit of service that is not common among all accounts. In no instance should a visit be recorded as a workload indicator in any of the Ancillary Services sub-accounts when the patient is seen solely for the purpose of having a procedure performed as defined under “occasion of service” in the definitions section of this Manual. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.4. Service Unit(s) for Cost Pools. Not applicable.

C2.4.5. Allocation Factor for Ancillary Services Intermediate Non-Cost Pool Account Codes. See second-level FCC descriptions.

C2.4.6. Allocation Factor for Cost Pools. See second-level FCC descriptions.

C2.4.7. Assignment Procedure for Ancillary Services Account Codes. See second-level FCC descriptions.

C2.4.8. Assignment Procedure for Cost Pools. See second-level FCC descriptions.

C2.4.9. Pharmacy Services: DA

C2.4.9.1. Function. Pharmacy Services plans, supervises, and is accountable for all pharmaceuticals, including I.V. solutions, and all pharmaceutical activities of the MTF.

C2.4.9.2. Costs. The Pharmacy Services shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.9.3. Service Unit for Intermediate (Non-Cost Pool) Account Codes. Pharmacy weighted procedure. (See Table C2.T1.)

C2.4.9.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Pharmacy weighted procedure. (See Table C2.T1.)

C2.4.9.5. Allocation Factor for Cost Pools. Weighted procedure.

C2.4.9.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

Table C2.T1. Pharmacy Weighted Procedures

Pharmacy Procedures	Weighting Factor
Prescription	1.00
Clinic Issue	0.60
Sterile Product	2.00
Unit Dose	0.15
Bulk Issue	2.00
Prescription. Count written order for a medication or device prescribed for an individual patient A refill is counted the same as a prescription.	
Prescription Types	Weighting Factor
Original Prescription (New, Modified, Renewed) (Rx)	1.00
Edit Prescription (EAP)	0.00
Partial Action (PQD)	1.00
Remove a Refill (RRE)	1.00
Forward a Prescription (FAP)	1.00
Decrement at forwarding	1.00
Incremented at accepting	1.00
Clinic Issue. Count each handout or prepared issue to a clinic for subsequent issue to individual patients by non-pharmacy personnel. A weighted value of 0.6 for each unit of issue is counted.	
Sterile Product. Count each parenteral bottle, bag, or syringe that is prepared by the pharmacy, i.e., that has any number of additive parenterals and is ready for administration. A weighted value of 2.0 for each unit of sterile product.	
Unit Dose. Count each dose. A weighted value of 0.15 for each dose.	
Bulk Issue. Count each line item issued to clinics or wards to be used within the clinic or ward. Each line item will have a weighted value of 2.0.	

C2.4.9.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification, based on the ratio of weighted procedures performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.9.8. Pharmacy: DAA

C2.4.9.8.1. Function. Pharmacy procures, preserves, stores, compounds, manufactures, packages, controls, assays, dispenses, and distributes medications (including I.V. solutions) for inpatients and outpatients. It also plans and technically supervises all pharmaceutical activities of the MTF; advises and makes recommendations on policies,

standards, and practices; informs professional personnel of new medicinal and biological preparation; and establishes safeguards for storing and issuing poisons, narcotics, and alcoholic drugs. Other Pharmacy services include maintaining separate stocks of commonly used items in designated areas, developing and maintaining formularies and patient drug profiles, and adding drugs to I.V. solutions. Pharmacy also determines incompatible drug combinations, administers unit dose drug combinations, administers unit dose drug distribution system, and stocks floor or ward drugs and satellite pharmacies.

C2.4.9.8.2. Costs. The Pharmacy work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Pharmacy activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.9.9. Cost Pool: DAX

C2.4.9.9.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.9.9.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.9.10. Pharmacy Not Elsewhere Classified: DAZ

C2.4.9.10.1. Function. Pharmacy Not Elsewhere Classified includes pharmacy services that satisfy the criteria for a work center and are not described in subparagraphs C2.4.9.8. through C2.4.9.9.

C2.4.9.10.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.10. Pathology: DB

C2.4.10.1. Function. Pathology includes the functions organized under the designated work centers described in subparagraphs C2.4.10.8. through C2.4.10.15.

C2.4.10.2. Costs. Pathology shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.10.3. Service Unit for Intermediate (Non-Cost Pool) Account Codes. Laboratory weighted procedures. (See Table C2.T2.)

C2.4.10.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Weighted Procedure. (See Table C2.T2.)

C2.4.10.5. Allocation Factor for Cost Pools. Weighted procedure.

C2.4.10.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.10.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of weighted procedures performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

Table C2.T2. Laboratory Weighted Values

Pathology Procedures Weighted Values. All clinical pathology and anatomical pathology workload performance shall be weighted and reported in accordance with the EAS IV Current Procedural Terminology (CPT) Table as defined by the American Medical Association (AMA). Users can print the table from EAS.

Clinical Pathology. Count, as defined in the CHCS/AHLTA, each test, specimen, patient, smear, tube, bottle, plate, slide, or antigen (pool) performed on or for an inpatient, outpatient, clinic, ward, treatment area, or other requesting authority. Count all procedures or tests performed for Quality Control (QC) purposes and standardization purposes and distribute based on the ratio of weighted procedures provided to each receiving account to the total weighted procedures performed by the clinical pathology function.

Anatomical Pathology. Count, as defined in the CHCS/AHLTA, the number of autopsies, frozen sections, cytology smears, special stains, and paraffin blocks performed on or for an inpatient or an outpatient.

Genetic Laboratories. Count, as defined in the CHCS/AHLTA, each separate test or procedure performed under the type of genetic laboratory.

C2.4.10.8. Clinical Pathology: DBA

C2.4.10.8.1. Function. Clinical Pathology operates the clinical laboratories and conducts studies, investigations, analyses, and examinations, including diagnostic and routine tests and systems. Additional activities may include, but are not limited to, transportation of specimens from the nursing floors and surgical suites (only credited when performed by clinical pathology staff), preparation of samples for testing, and care of laboratory animals and equipment.

C2.4.10.8.2. Costs. The Clinical Pathology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Clinical Pathology. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.10.9. Anatomical Pathology: DBB

C2.4.10.9.1. Function. Anatomical Pathology conducts the histopathology and cytopathology laboratories; directs studies, examinations, and evaluations including diagnostic and routine procedures; provides referrals and consultations; performs post-mortem examinations; and operates the morgue.

C2.4.10.9.2. Costs. The Anatomical Pathology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Anatomical Pathology activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.10.10. Inactive: DBC

C2.4.10.11. Cytogenetic Laboratory: DBD

C2.4.10.11.1. Function. Cytogenetic Laboratory performs cell culture of body fluids (peripheral blood, amniotic fluid, bone marrow, solid tumors, tissues), cell harvest procedures, microscopic chromosome analysis, C-banding, silver staining, and fluorescent in situ hybridization.

C2.4.10.11.2. Costs. The Cytogenetic Laboratory work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Cytogenetic Laboratory activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.10.12. Molecular Genetic Laboratory: DBE

C2.4.10.12.1. Function. The Molecular Genetic Laboratory extracts Deoxyribonucleic Acid (DNA) from body fluids and analyzes the DNA by a variety of specialized procedures including polymerase chain reaction, southern blotting, single strand conformational polymorphism, and DNA sequencing to diagnose hereditary genetic disease.

C2.4.10.12.2. Costs. The Molecular Genetic Laboratory work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Molecular Genetic Laboratory. Total expenses shall ultimately be assigned through

an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.10.13. Inactive: DBF

C2.4.10.14. Cost Pool: DBX

C2.4.10.14.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.10.14.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.10.15. Pathology Not Elsewhere Classified: DBZ

C2.4.10.15.1. Function. Pathology Not Elsewhere Classified includes pathology services that satisfy the criteria for a work center and are not described in subparagraphs C2.4.10.8. through C2.4.10.14.

C2.4.10.15.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.11. Radiology: DC

C2.4.11.1. Function. Radiology includes the functions organized under the designated work centers as described in subparagraphs C2.4.11.8. through C2.4.11.11.

C2.4.11.2. Costs. The Radiology shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this paragraph.

C2.4.11.3. Service Unit For Intermediate (Non-Cost Pool) Account Codes. Radiology weighted procedures. (See Table C2.T3.)

C2.4.11.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Weighted procedure. (See Table C2.T3.)

C2.4.11.5. Allocation Factor for Cost Pools. Weighted procedure. (See Table C2.T3.)

C2.4.11.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures

performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.11.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of weighted procedures performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

Table C2.T3. Radiology Weighted Procedures

Radiology Procedures Weighted Values. All diagnostic radiology workload performance will be weighted and reported in accordance with the CHCS/AHLTA CPT Table. Raw count for radiology procedures shall be the number of procedures.

Diagnostic Radiology. Count, as defined in the CHCS/AHLTA CPT table, depending on site licensing, each procedure or test performed on or for an inpatient or outpatient, including procedures performed on portables.

Radiation Therapy Clinic. A clinical service with a workload performance of a visit.

C2.4.11.8. Diagnostic Radiology: DCA

C2.4.11.8.1. Function. Diagnostic Radiology provides diagnostic radiologic services to inpatients and outpatients. Activities include, but are not limited to, processing, examining, interpreting, storing, and retrieving radiographs and fluorographs; directing a radiological safety program; and consulting with physicians and patients.

C2.4.11.8.2. Costs. The Diagnostic Radiology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Diagnostic Radiology activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.11.9. Inactive: DCB

C2.4.11.10. Cost Pool: DCX

C2.4.11.10.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.11.10.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.11.11. Radiology Not Elsewhere Classified: DCZ

C2.4.11.11.1. Function. Radiology Not Elsewhere Classified includes radiology services that satisfy the criteria for a work center and are not described in subparagraphs C2.4.11.8. through C2.4.11.10.

C2.4.11.11.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12. Special Procedure Services: DD

C2.4.12.1. Function. Special Procedure Services includes the functions organized under the designated work centers as described in subparagraphs C2.4.12.8. through C2.4.12.14.

C2.4.12.2. Costs. Special Procedure Services shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.12.3. Service Unit for Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.4.12.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.4.12.5. Allocation Factor for Cost Pools. Weighted procedure.

C2.4.12.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. See third-level FCC descriptions.

C2.4.12.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of weighted procedures performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.12.8. Electrocardiography: DDA

C2.4.12.8.1. Function. Electrocardiography services include the operations and maintenance of specialized equipment that records electromotive variations in the movements of the heart on an electrocardiograph to facilitate diagnosis of heart disease. Additional activities may include, but are not limited to, wheeling portable equipment to patients' bedsides, explaining test procedures to patients, operating electrocardiograph equipment, and inspecting, testing, and maintaining special equipment.

C2.4.12.8.2. Costs. The Electrocardiography work center sub-account shall be charged with all expenses included in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Electrocardiography activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12.8.3. Service Unit. ECG weighted procedure.

C2.4.12.8.4. Allocation Factor. Weighted procedure is equal to raw procedure. Each electrocardiogram, vectorcardiogram, phonocardiogram or other similar functional activity counts as one procedure.

C2.4.12.8.5. Assignment Procedure. Total expenses shall be assigned based on the ratio of procedures performed for each receiving account to the total procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.12.9. Electroencephalography: DDB

C2.4.12.9.1. Function. The Electroencephalography services include the operations and maintenance of specialized equipment that records electromotive variations in brain waves on an electroencephalograph for use in diagnosis.

C2.4.12.9.2. Costs. The Electroencephalography work center sub-account shall be charged with all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Electroencephalography activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12.9.3. Service Unit. EEG weighted procedure.

C2.4.12.9.4. Allocation Factor. Weighted procedure is equal to raw procedure. Each electroencephalogram or other similar functional activity counts as one procedure.

C2.4.12.9.5. Assignment Procedure. Total expenses shall be assigned based on the ratio of procedures performed for each receiving account to the total procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.12.10. Electroneuromyography: DDC

C2.4.12.10.1. Function. The Electroneuromyography services include the operations and maintenance of specialized equipment that records electrical potential variations in muscles on an electroneuromyograph to facilitate diagnosis of muscular and nervous disorders. Additional activities may include, but are not limited to, nerve conduction velocity

testing, wheeling portable equipment to patients' bedsides, explaining test procedures to patients, operating electroneuromyograph equipment, inspecting, testing, and maintaining special equipment.

C2.4.12.10.2. Costs. The Electroneuromyography work center sub-account shall be charged with all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Electroneuromyography activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12.10.3. Service Unit. EMG weighted procedure.

C2.4.12.10.4. Allocation Factor. Weighted procedure is equal to raw procedure. Each electroneuromyogram or other similar functional activity counts as one procedure.

C2.4.12.10.5. Assignment Procedure. Total expenses shall be assigned based on the ratio of procedures performed for each receiving account to the total procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.12.11. Pulmonary Function: DDD

C2.4.12.11.1. Function. The Pulmonary Function tests and evaluates the patient's ability to exchange oxygen and other gases through measurement of inhaled and exhaled gases and analysis of blood. Other activities include initiating, monitoring, and evaluating patient performance, cooperation, and ability during the test procedure.

C2.4.12.11.2. Costs. The Pulmonary Function work center sub-account shall be charged with all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Pulmonary Function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12.11.3. Service Unit. Respiratory therapy/pulmonary function weighted procedure.

C2.4.12.11.4. Allocation Factor. Weighted procedure.

C2.4.12.11.5. Respiratory Therapy, Pulmonary Function, and Cardiovascular Procedures Weighted Values. Respiratory therapy, pulmonary function, and cardiovascular procedures use the weights of the American Association for Respiratory Care (AARC) Uniform Reporting Manual for time standards. Respiratory therapy and cardiovascular weighted values are included in pulmonary functions. Users can print the table from EAS.

C2.4.12.11.6. Assignment Procedure. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.12.12. Cardiac Catheterization: DDE

C2.4.12.12.1. Function. Cardiac Catheterization services include the operations and maintenance of specialized equipment that displays and records the condition of the heart and circulatory system. Other activities include explaining test procedures to patients; performing invasive procedures using catheters and other techniques; retrieving and analyzing test results; and inspecting, testing, calibrating, and maintaining special equipment.

C2.4.12.12.2. Costs. The Cardiac Catheterization work center sub-account shall be charged with all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Cardiac Catheterization. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12.12.3. Service Unit. Cardiac catheterization weighted procedure.

C2.4.12.12.4. Allocation Factor. Weighted procedure.

C2.4.12.12.5. Cardiac Catheterization Procedures Weighted Values. See the CHCS/AHLTA CPT Table. For cardiac catheterization laboratory, CPT codes cannot be entered through the Radiology module in CHCS.

C2.4.12.12.6. Assignment Procedure. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.12.13. Cost Pool: DDX

C2.4.12.13.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.12.13.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.12.14. Special Procedure Services Not Elsewhere Classified: DDZ

C2.4.12.14.1. Function. Special Procedure Services Not Elsewhere Classified includes special procedure services that satisfy the criteria for a work center and are not described in subparagraphs C2.4.12.8. through C2.4.12.13.

C2.4.12.14.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.12.14.3. Service Unit. Special procedure services weighted procedure.

C2.4.12.14.4. Allocation Factor. Raw or weighted procedure.

C2.4.12.14.5. Assignment Procedure. Total expenses shall be assigned based on the ratio of raw or weighted procedures performed for each receiving account to the total raw or weighted procedures performed.

C2.4.13. Central Sterile Supply: DE

C2.4.13.1. Function. Central Sterile Supply include the functions organized under the work centers described in subparagraphs C2.4.13.9. through C2.4.13.12. Each work center sub-account shall be directly charged with the expenses incurred in performing its particular functions and activities.

C2.4.13.2. Costs. Central Sterile Supply shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.13.3. Service Unit. Hours of service or cost of supplies and minor plant equipment issued.

C2.4.13.4. Service Unit for Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.4.13.5. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.4.13.6. Allocation Factor for Cost Pools. Weighted procedure.

C2.4.13.7. Assignment Procedure for intermediate Non-Cost Pool Account Codes. See third-level FCC descriptions.

C2.4.13.8. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on like service units. Cost

pools are purified in alphabetical order before the expense allocation process described in Chapter 3. Expenses for supplies and equipment not maintained as shelf stock shall be assigned directly to the receiving account.

C2.4.13.9. Central Sterile Supply: DEA

C2.4.13.9.1. Function. Central Sterile Supply prepares, maintains, and issues medical and surgical sterile supplies, packs, trays, gloves, syringes, needles (non-disposable), equipment, instruments, and solutions to surgical and delivery suites, emergency rooms, dental activities, nursing units, and clinics for the treatment of inpatients and outpatients and receives used and outdated materiel from them. Additional activities may include, but are not limited to, preparing sterile irrigating solutions; collecting, assembling, sterilizing, and redistributing reusable items; and cleaning, assembling, maintaining, and issuing portable apparatus.

C2.4.13.9.2. Costs. The Central Sterile Supply work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Central Sterile Supply activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.13.9.3. Service Unit. Central sterile supply hours of service.

C2.4.13.9.4. Allocation Factor. Hours of service.

C2.4.13.9.5. Assignment Procedure. Total expenses shall be assigned based on the ratio of hours of service rendered to each receiving account to the total hours of service rendered. Expenses for supplies and equipment not maintained as shelf stock shall be assigned directly to the receiving account.

C2.4.13.10. Inactive: DEB

C2.4.13.11. Cost Pool: DEX

C2.4.13.11.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.13.11.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.13.12. Central Sterile Supply and Materiel Service Not Elsewhere
Classified: DEZ

C2.4.13.12.1. Function. Central Sterile Supply Not Elsewhere Classified includes the expenses of these services that satisfy the criteria for a work center and are not described in subparagraphs C2.4.13.9. through C2.4.13.11.

C2.4.13.12.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.13.12.3. Service Unit. Hours of service or cost of supplies and minor plant equipment issued.

C2.4.13.12.4. Allocation Factor. Hours of service or cost of supplies and minor plant equipment issued.

C2.4.13.12.5. Assignment Procedure. Total expenses shall be assigned based on the ratio of hours of service rendered or expenses incurred for each receiving account to the total hours of service rendered or expenses incurred. Expenses for supplies and equipment not maintained as shelf stock shall be assigned directly to the receiving account.

C2.4.14. Surgical Services: DF

C2.4.14.1. Function. Surgical Services includes the functions organized under the designated work centers described in subparagraphs C2.4.14.8. through C2.4.14.12. Each work center sub-account shall be specifically charged with the expenses incurred in performing its particular functions and activities.

C2.4.14.2. Costs. Surgical Services shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.14.3. Service Unit For Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.4.14.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Minutes of service.

C2.4.14.5. Allocation Factor for Cost Pools. Minutes of service.

C2.4.14.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of minutes of service performed for each receiving account to the total minutes of service performed. Ancillary services performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.14.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of minutes of

service performed for each shared work center to the total minutes of service performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.14.8. Anesthesiology: DFA

C2.4.14.8.1. Function. Anesthesiology determines, in consultation with the operating surgeon, the type of anesthetic to be used; administers anesthetics; maintains complete records of each anesthetic administered; provides consultative services and evaluations; maintains resuscitative equipment; provides training programs in resuscitation; supervises the oxygen therapy program; provides pre-operative and post-operative interviews; and supervises recovery of patients in the post-anesthesia care unit.

C2.4.14.8.2. Costs. The Anesthesiology work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Anesthesiology activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.14.8.3. Service Unit. Anesthesiology minutes of service. Anesthesiology minutes of service is defined as the elapsed time during any direct interaction with patients involving an anesthesiologist and/or anesthesiologist multiplied by the number of anesthesiologists and/or anesthesiologists, including residents and student nurse anesthesiologists (when replacing a person trained in anesthesia) participating in the procedure. Examples of direct interaction with patients can include patient interviews in the Preadmission Unit, acute pain management rounds for patients on a ward, emergency intubations (wards/ICU/emergency room), emergency room procedures (spinal taps), and I.V. access procedures (wards/ICU). Raw count is the number of patients.

C2.4.14.9. Surgical Suite: DFB

C2.4.14.9.1. Function. Surgical Suite assists in pre-operative preparation of the patient and transportation of the patient to and from the surgical suite. Surgical Suite ensures maintenance, cleanliness, and care of the surgical suite; provides general assistance during all surgical procedures; and provides special instruments, devices, and equipment, as required by the surgical specialties and subspecialties.

C2.4.14.9.2. Costs. The Surgical Suite work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Surgical Suite activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.14.9.3. Service Unit. Surgical suite minutes of service. Raw count is the number of patients.

C2.4.14.10. Post-Anesthesia Care Unit: DFC

C2.4.14.10.1. Function. The Post-Anesthesia Care Unit provides post-anesthesia care to the patient, records unfavorable sequelae, advises and consults with the surgical staff, and monitors the patient until free from anesthetic sequelae.

C2.4.14.10.2. Costs. The Post-Anesthesia Care Unit work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Post-Anesthesia Care Unit activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.14.10.3. Service Unit. Post-anesthesia care unit minutes of service. Raw count is the number of patients.

C2.4.14.11. Cost Pool: DFX

C2.4.14.11.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.14.11.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s) in Chapter 3.

C2.4.14.12. Surgical Services Not Elsewhere Classified: DFZ

C2.4.14.12.1. Function. Surgical Services Not Elsewhere Classified includes the expenses of surgical services that satisfy the criteria for a work center and are not described in subparagraphs C2.4.14.8. through C2.4.14.11.

C2.4.14.12.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.14.12.3. Service Unit. Minutes of service.

C2.4.15. Ambulatory Nursing Services: DG

C2.4.15.1. Function. Ambulatory Nursing Services include the functions organized under the designated work centers described in subparagraphs C2.4.15.8. through C2.4.15.14. Each work center sub-account shall be specifically charged with the expenses incurred in performing its particular functions and activities.

C2.4.15.2. Costs. The Ambulatory Nursing Services shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.15.3. Service Unit For Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.4.15.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Minutes of service.

C2.4.15.5. Allocation Factor for Cost Pools. Minutes of service.

C2.4.15.6. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of minutes of service performed for each receiving account to the total minutes of service performed.

C2.4.15.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of minutes of service performed for each shared work center to the total minutes of service performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.15.8. Ambulatory Procedure Unit (APU): DGA

C2.4.15.8.1. Function. The APU provides pre-procedure and post-procedure care, observation, and assistance for patients requiring short-term care of less than 24 hours. Same-day surgeries, also known as APVs, are performed in a specialized area such as an APU, surgical suite, or extended care area. (See Reference (f) for further guidance.) An APU is a location where the staff provides a centrally managed and coordinated program of nursing assessment and care planning, hospital or unit orientation, pre-procedure and discharge teaching, post-procedure monitoring, clinical and administrative interviews, initiation of procedural records and physician orders, and other functions as appropriate. Therapies and functions include nursing assessment, case management, pre-operative teaching, providing necessary written instructions to the patient by registered nurses, parenteral fluid support, administering pre-procedure and post-procedure medications, discharge teaching, obtaining ordered pre-operative laboratory tests and radiology results, and scheduling patients for arrival time for surgery.

C2.4.15.8.2. Costs. The APU work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of APU activities. Total expenses shall ultimately be assigned through an expense allocation process to an A*** or B*** account associated with an Inpatient (A) or Ambulatory Care (B) final operating account. Physician expenses will be charged directly to the appropriate A*** or B*** account.

C2.4.15.8.3. Service Unit. Minutes of service. Raw count is the number of patients. Interface from source system.

C2.4.15.9. Hemodialysis: DGB

C2.4.15.9.1. Function. Hemodialysis is the purification of the patient's blood through use of an artificial kidney machine or similar device. Specially trained personnel operate, maintain, and monitor the hemodialysis equipment and other specialized support equipment for patients who are undergoing hemodialysis treatment in the unit.

C2.4.15.9.2. Costs. The Hemodialysis work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Hemodialysis activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.15.9.3. Service Unit. Dialysis minutes of service.

C2.4.15.10. Inactive: DGC

C2.4.15.11. Peritoneal Dialysis: DGD

C2.4.15.11.1. Function. Peritoneal Dialysis is purification of the patient's blood using the patient's own peritoneal membrane, located in the abdomen, as the filter to remove excess water and toxins. Specially trained personnel teach all patients or family members through an intense training program how to perform these same functions in the home setting. After training is completed, patients are followed routinely and emergently for clinic visits, re-training, infections, and other medical problems. Based on the dialysis prescription by the nephrologist, certified nursing personnel working in this area operate, maintain, and monitor various specialized equipment depending on which type of peritoneal dialysis has been prescribed for each patient.

C2.4.15.11.2. Costs. The Peritoneal Dialysis work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Peritoneal Dialysis activities. Home patient peritoneal dialysis supplies are funded in accordance with Medicare laws and individual secondary insurance policies. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.15.11.3. Service Unit. Dialysis minutes of service.

C2.4.15.12. Ambulatory Nursing Services: DGE

C2.4.15.12.1. Function. Ambulatory Nursing Services provides a centralized program of nursing assessment and care for outpatients. Therapies include teaching,

short-term observation, medication and fluid administration (such as I.V. antibiotic administration for ambulatory clinics), treatment intervention (chemotherapy), and nursing assessment. Ambulatory Nursing Services also prepares necessary records to document care provided and coordinates with various clinics, services, designated wards, third-party reimbursement coordinators, and admissions and discharge staff for pre-admission and pre-procedure processing. The Ambulatory Nursing Services work center may also designate beds for observation services that are necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. When pre-procedure processing is not performed by the APU, the DGE work center shall provide the services and coordinate with the clinic or APU for processing.

C2.4.15.12.2. Costs. The Ambulatory Nursing Services work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Ambulatory Nursing Services activities. When performing services in support of the APU, total expenses shall ultimately be assigned through an expense allocation process to a A*** or B*** account associated with an Inpatient (A) or Ambulatory Care (B) final operating account. Otherwise, total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.15.12.3. Service Unit. Minutes of service (NOT multiplied by the number of staff). Raw count is the number of patients.

C2.4.15.13. Cost Pool: DGX

C2.4.15.13.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.15.13.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.15.14. Ambulatory Nursing Services Not Elsewhere Classified: DGZ

C2.4.15.14.1. Function. Ambulatory Nursing Services Not Elsewhere Classified includes the expenses of ambulatory procedures that satisfy the criteria for a work center and are not described in paragraphs C2.4.15.8. through C2.4.15.13.

C2.4.15.14.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. When performing services in support of an APU, APV, observation, and/or inpatient preadmission, the total expenses shall ultimately be assigned through an expense allocation process to a B*** account associated with an Ambulatory Care (B) final operating account or A*** associated with an Inpatient (A) final operating account. Otherwise, total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.15.14.3. Service Unit. Minutes of service.

C2.4.16. Rehabilitative Services: DH

C2.4.16.1. Function. Rehabilitative Services include direct patient care, testing evaluation, consultation, counseling, supervision, teaching, administration, research, and community service for inpatients and outpatients. Professionally qualified personnel provide these services and report periodically on the patient's evaluation and progress to the cognizant physician(s).

C2.4.16.2. Costs. The Rehabilitative Services shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this subsection.

C2.4.16.3. Service Unit For Intermediate (Non-Cost Pool) Account Codes. Respiratory therapy/pulmonary function weighted procedures.

C2.4.16.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Weighted procedure. Respiratory therapy, pulmonary function, and cardiovascular procedures use the weights of the AARC Uniform Reporting Manual for time standards. Respiratory therapy and cardiovascular weighted values are included in pulmonary functions. Users can print the table from EAS.

C2.4.16.5. Allocation Factor for Cost Pools. Weighted procedure. Respiratory therapy, pulmonary function, and cardiovascular procedures use the weights of the AARC Uniform Reporting Manual for time standards. Respiratory therapy and cardiovascular weighted values are included in pulmonary functions. Users can print the table from EAS.

C2.4.16.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.16.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of weighted procedures performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.16.8. Inhalation and Respiratory Therapy: DHA

C2.4.16.8.1. Function. Inhalation and Respiratory Therapy administers oxygen, humidification, aerosol, and certain potent drugs through inhalation or positive pressure

and provides other forms of rehabilitative therapy including initiating, monitoring, and evaluating patient performance and reactions to therapy and performing blood gas analysis.

C2.4.16.8.2. Costs. The Inhalation and Respiratory Therapy work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Inhalation and Respiratory Therapy activities. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.16.9. Cost Pool: DHX

C2.4.16.9.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.16.9.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.16.10. Rehabilitative Services Not Elsewhere Classified: DHZ

C2.4.16.10.1. Function. Rehabilitative Services Not Elsewhere Classified includes the expenses of rehabilitative services that satisfy the criteria for a work center and are not described in paragraphs C2.4.16.8. through C2.4.16.9.

C2.4.16.10.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to other ancillary services and to the final operating expense accounts.

C2.4.17. Nuclear Medicine: DI

C2.4.17.1. Function. Nuclear Medicine services include interpreting nuclear medicine studies and performing treatment in conformance with licensure regulations.

C2.4.17.2. Costs. Nuclear Medicine shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this paragraph.

C2.4.17.3. Service Unit For Intermediate (Non-Cost Pool) Account Codes. Nuclear medicine weighted procedures weighted values. (See the DoD MHS CPT table for weighted values on the host CHCS/AHLTA database.)

C2.4.17.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Nuclear medicine weighted procedures weighted values. (See the DoD MHS CPT table for weighted values.)

C2.4.17.5. Allocation Factor for Cost Pools. Nuclear medicine weighted procedures weighted values. (See the DoD MHS CPT table for weighted values.)

C2.4.17.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of weighted procedures performed for each receiving account to the total weighted procedures performed. Ancillary procedures performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.17.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of weighted procedures performed for each shared work center to the total weighted procedures performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.17.8. Nuclear Medicine Clinic: DIA

C2.4.17.8.1. Function. The Nuclear Medicine Clinic provides diagnostic nuclear medicine studies, interprets such studies, and performs therapeutic nuclear medicine treatment through the use of injectable or ingestible radioactive isotopes in conformance with licensure regulations. Functions and activities of the work center include, but are not limited to, performing clinical investigative studies, providing whole blood counting, evaluating patients suspected of being contaminated with gamma-emitting radio nuclides, consulting with patients and attending physicians, and maintaining radioactive waste disposal and storage of radioactive materials.

C2.4.17.8.2. Costs. The Nuclear Medicine Clinic work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Nuclear Medicine Clinic activities. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.17.9. Cost Pool: DIX

C2.4.17.9.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.17.9.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.17.10. Nuclear Medicine Not Elsewhere Classified: DIZ

C2.4.17.10.1. Function. Nuclear Medicine Not Elsewhere Classified includes the expenses of nuclear medicine services that satisfy the criteria for a work center and are not described in paragraphs C2.4.17.8. through C2.4.17.9.

C2.4.17.10.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.18. ICUs: DJ

C2.4.18.1. Function. ICUs are staffed with specially trained personnel and contain monitoring equipment and other specialized support equipment for treating patients who require intensified, comprehensive observation and care because of shock, trauma, or other life-threatening conditions. The organization of the ICUs function may vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. If patient loads do not justify establishing any or all of the clinical subspecialties indicated, the function shall be located and reported in the Medical ICU (DJA) sub-account. The ICUs include the functions as described in subparagraphs C2.4.18.10. through C2.4.18.16.

C2.4.18.2. Costs. The Intensive Care shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in this section. The attending physician's time and expenses are charged directly to the referring clinical service.

C2.4.18.3. Service Unit for Intermediate (Non-Cost Pool) Account Codes. ICU hours of service.

C2.4.18.4. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. ICU hours of service.

C2.4.18.5. Allocation Factor for Cost Pools. Hours of service.

C2.4.18.6. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of hours of service performed for each receiving account to the total hours of service performed. Ancillary services performed in support of Special Programs (F) must be assigned to the proper F sub-account. (See section C2.6.)

C2.4.18.7. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers shall be reassigned during purification based on the ratio of hours of service performed for each shared work center to the total hours of service performed. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.4.18.8. DJ MEPRS/CHCS/AHLTA A Level ICU Code Relationship. The DJ MEPRS codes are associated to "A" level ICU codes (not MEPRS codes) in CHCS/AHLTA. (See Table C2.T4.) The Worldwide Workload Report and the Standard Inpatient Data Record

report admissions, dispositions, bed days, and live births by the “A” level codes. The MEPRS reports ICU hours of service by the referring MEPRS code.

Table C2.T4. DJ MEPRS/CHCS/AHLTA A Level ICU Code Relationship

<u>DJ** MEPRS Code</u>	<u>A Level ICU Code</u>
DJAA	AAHA
DJBA	ABCA
DJCA	AACA
DJDA	ADCA
DJEA	ADEA

C2.4.18.9. Service Unit. Hours of service.

C2.4.18.10. Medical ICU: DJA

C2.4.18.10.1. Function. The Medical ICU is staffed with specially trained personnel and contains monitoring equipment and other specialized support equipment for treating patients (not to include coronary care patients) who require intensified, comprehensive observation and care because of shock, acute, or other life-threatening medical conditions. The Medical ICU also performs those functions described in paragraph C2.1.9.1., “Medical Care,” as appropriate.

C2.4.18.10.2. Costs. The Medical ICU work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of ICU activities. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.18.11. Surgical ICU: DJB

C2.4.18.11.1. Function. The Surgical ICU is staffed with specially trained personnel and contains monitoring and other specialized support equipment for treating patients who require intensified, comprehensive observation and care because of a major surgical procedure, pre-operative or post-operative conditions, shock, trauma, or other life-threatening conditions. The Surgical ICU also performs those functions described in paragraph C2.1.10.1., as appropriate.

C2.4.18.11.2. Costs. The Surgical ICU work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of

Surgical ICU activities. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.18.12. Coronary Care Unit: DJC

C2.4.18.12.1. Function. The Coronary Care Unit is staffed with specially trained personnel and equipped with specialized monitoring and support capabilities for treating patients during the acute stages of myocardial infarction and certain other clinical situations involving life-threatening cardiac arrhythmias or conduction disturbances. The primary objectives of coronary care are anticipation, early detection, and prompt progressive treatment of complications of coronary disease, including arrhythmias, cardiogenic shock, cardiac arrest, and cardiac decompensation.

C2.4.18.12.2. Costs. The Coronary Care Unit work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of coronary Care Unit activities. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.18.13. Neonatal Intensive Care Unit (NICU): DJD

C2.4.18.13.1. Function. The NICU is staffed with specially trained personnel and contains specialized support equipment for treating newborn infants who require intensified, comprehensive observation and care. NICU provides specialized care, treatment, and coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn.

C2.4.18.13.2. Costs. The NICU work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of NICU activities. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.18.14. Pediatric ICU: DJE

C2.4.18.14.1. Function. The Pediatric ICU is staffed with specially trained personnel and contains specialized support equipment for treating infants, children, and adolescent patients who require intensified, comprehensive observation and care. The Pediatric ICU provides specialized care, treatment, and coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of pediatric patients.

C2.4.18.14.2. Costs. The Pediatric ICU work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Pediatric ICU activities. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.4.18.15. Cost Pool: DJX

C2.4.18.15.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.4.18.15.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.4.18.16. Intensive Care Not Elsewhere Classified: DJZ

C2.4.18.16.1. Function. Intensive Care Not Elsewhere Classified includes the expenses of ICUs that satisfy the criteria for a work center and are not described in subparagraphs C2.4.18.10. through C2.4.18.15.

C2.4.18.16.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Total expenses shall ultimately be assigned through an expense allocation process to the final operating expense accounts.

C2.5. SUPPORT SERVICES: E

C2.5.1. Function. The Support Services accounts collect expenses necessary to direct and support the missions assigned to the MTF. An account is included for prorating certain depreciable property expenses to each MTF.

C2.5.2. Costs. The Support Services functional account shall include all expenses in the following summary accounts: Depreciation; Command, Management and Administration; Support Services; Materiel Services; Housekeeping Service; Biomedical Equipment Repair; Laundry Service; Nutrition Management; Inpatient Care Administration; Ambulatory Care Patient Administration; and Managed Care Administration, as outlined in paragraphs C2.5.8. through C2.5.19. When a Support Service is received by the MTF, whether performed by the MTF or provided by installation support services or contract, the expense may be identified directly to the work center that benefited from or caused the expense. In such cases, the expense may either be assigned directly to the benefiting work center sub-account or initially charged to the MTF Support Service work center sub-account that performed the service. The Support Service expenses are assigned according to the assignment procedures governing the Support Services intermediate accounts. When such expenses have been consistently and directly assigned, the remaining expenses can only be assigned to accounts that will be subsequently assigned in the expense allocation process to a final operating expense account. The order of accounts in this section is different from the order of expense allocation. (See Table C3.T3. for the alignment of intermediate operating expense accounts.)

C2.5.3. Service Unit For Intermediate (Non-Cost Pool) Account Codes. Not applicable, since this functional account exists only to identify and report the costs of the inclusive accounts.

C2.5.4. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. See second-level FCC descriptions.

C2.5.5. Allocation Factor For Cost Pools. Not applicable.

C2.5.6. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. See second-level FCC descriptions.

C2.5.7. Assignment Procedure For Cost Pools. Not applicable.

C2.5.8. Depreciation: EA

C2.5.8.1. Function. The Depreciation account summarizes the expenses associated with the costs incurred for depreciable properties in use. Depreciable properties will only include costs for modernization and replacement equipment. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to the final operating expense accounts within each period. This account will not collect costs during the fiscal year in which the equipment is purchased and does not collect expenses for equipment below the DoD Capitalization Threshold level. (See the definitions section of this Manual.) Acquisitions below the capitalization dollar threshold shall be charged to the receiving accounts as operating expenses. The equipment capitalization threshold is established by the USD(C). The Military Service headquarters MEPRS representative can provide the current threshold amount. The capitalization equipment thresholds that apply as of fiscal year 1999 is \$100,000. The Depreciation summary account includes the functions as described in subparagraphs C2.5.8.6. through C2.5.8.11.

C2.5.8.2. Costs. Depreciation shall be a summary account that includes only capitalized equipment depreciation expenses of the MTF that are in-use replacement and modernization capitalized equipment. Specifically excluded are expenses associated with plant equipment necessary for new and expanded facilities, and real property installed equipment (such as environmental control units and elevators). Also excluded are support of any DoD PEC other than “Defense Medical Centers, Station Hospitals and Medical Clinics – CONUS;” “Defense Medical Centers, Station Hospitals and Medical Clinics Outside the Continental United States (OCONUS);” “Dental Care Activities – CONUS;” “Dental Care Activities – OCONUS;” “Other Health Activities – CONUS;” and “Visual Information Activities – Healthcare.”

C2.5.8.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.5.8.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. See third-level FCC descriptions.

C2.5.8.5. Depreciation Methodology. The methodology reflects the depreciation expense of capitalized equipment acquisitions to MTF accounts. Each Military Service shall ensure that a set of records is established for each fixed MTF (medical or dental) under its control. Each MTF’s records must show the original dollar value of acquisitions of modernization and replacement equipment for each of the last 5 fiscal years. Each fiscal year’s acquisitions shall be classified into one of the four categories as follows. (1) All capitalized equipment (other than dental, special programs and readiness) in support of Inpatient Care (A), Ambulatory Care (B), Ancillary Services (D), and Support Services (E); (2) Dental Care (C); (3) Special Programs (F); and (4) Readiness (G).

C2.5.8.5.1. At the end of each fiscal year, the cost of the capitalized item acquisitions by the four categories for that year shall be added to the present category totals and the totals prior to the last 5 fiscal years, as well as the dollar value of any equipment transferred out (no longer owned by the MTF) or surveyed due to theft, disappearance, or destruction shall be subtracted. This subtraction may also pertain to equipment affected by operations that are no longer performed by the MTF. The new total for each category shall be divided by five for inclusion in the respective cost assignment methodology as the current fiscal year’s depreciation expense. To obtain a monthly figure, divide the fiscal year expense by 12. The cost assignment of inpatient and outpatient depreciation expenses is based on workload generated each month by the “A” and “B” final MEPRS accounts. (See Table C2T5.) The assignment for dental, special programs, and medical readiness is based on the dollar value of equipment to the “C,” “F,” and “G” accounts as described in subparagraphs C2.5.8.8. through C2.5.8.10. MTF shall use the percentages to distribute depreciation expenses between Inpatient Care (A) and Ambulatory Care (B) accounts as outlined in Table C2.T5.

C2.5.8.5.2. The following guidelines also apply when calculating depreciation. Equipment salvage value is zero. Post acquisition cost adjustments shall not be considered. Reciprocal acquisition cost adjustments will be made for transfer of equipment among MTFs or inpatient closures.

Table C2.T5. Depreciation Distribution Percentages

<u>ADPL</u>	<u>Inpatient / Ambulatory</u>	
Greater than 99 ADPL	40%	60%
Less than 100 ADPL	20%	80%
Clinics	100%	

C2.5.8.6. Inpatient Depreciation: EAA

C2.5.8.6.1. Function. The Inpatient Depreciation includes the expenses associated with the costs incurred for depreciable properties used in supporting inpatient work centers. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to Inpatient Care (A) final operating expense accounts within each period.

C2.5.8.6.2. Cost. As computed from the cost Assignment Procedure described in paragraph C2.5.8.5.1.

C2.5.8.6.3. Allocation Factor. OBDs.

C2.5.8.6.4. Assignment Procedure. Assignment of the depreciation expense during the reporting period shall be based on the ratio of OBDs for each Inpatient Care (A) account to the total OBDs in the MTF. This will reflect the depreciation expense of investment equipment acquisitions to Inpatient Care (section C2.1.) final operating accounts of the MTF.

C2.5.8.7. Ambulatory Depreciation: EAB

C2.5.8.7.1. Function. Ambulatory Depreciation includes the expenses associated with the costs incurred for depreciable properties used in supporting ambulatory work centers. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to Ambulatory Care (section C2.2.) final operating expense accounts within each period.

C2.5.8.7.2. Cost. As computed from the cost Assignment Procedure described in paragraph C2.5.8.5.1.

C2.5.8.7.3. Allocation Factor. Total visits.

C2.5.8.7.4. Assignment Procedure. Assignment of the depreciation expense during the reporting period shall be based on the ratio of each Ambulatory Care (section C2.2.) account's total visits to the total number of visits (inpatient and outpatient) to the MTF. This will reflect the depreciation expense of capitalized equipment acquisitions to Ambulatory Care (section C2.2.) final operating accounts of the MTF.

C2.5.8.8. Dental Depreciation: EAC

C2.5.8.8.1. Function. Dental Depreciation includes the expenses associated with the costs incurred for depreciable properties used in supporting dental work centers. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to Dental Care (section C2.3.) final operating expense accounts within each period.

C2.5.8.8.2. Cost. As computed from the cost Assignment Procedure described in paragraph C2.5.8.5.1.

C2.5.8.8.3. Allocation Factor. Dental equipment cost.

C2.5.8.8.4. Assignment Procedure. Assignment of the depreciation expense during the reporting period shall be based on the ratio of dollar value of inventory of

depreciable dental equipment for each Dental Care (section C2.3.) sub-account to the total value of dental depreciable equipment in the MTF. This will reflect the depreciation expense of capitalized equipment acquisitions to Dental Care (section C2.3.) final operating accounts of the MTF.

C2.5.8.9. Special Programs Depreciation: EAD

C2.5.8.9.1. Function. Special Programs Depreciation includes the expenses associated with the costs incurred for depreciable properties used in supporting Special Programs work centers. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to Special Programs (section C2.6.) final operating expense accounts within each period.

C2.5.8.9.2. Cost. As computed from the cost Assignment Procedure described in paragraph C2.5.8.5.1.

C2.5.8.9.3. Allocation Factor. Special program equipment cost.

C2.5.8.9.4. Assignment Procedure. Assignment of the depreciation expense during the reporting period shall be based on the actual records of equipment used by the various Special Programs accounts.

C2.5.8.10. Readiness Depreciation: EAE

C2.5.8.10.1. Function. Readiness Depreciation includes the expenses associated with the costs incurred for depreciable properties used in supporting Medical Readiness work centers. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to Medical Readiness (section C2.7.) final operating expense accounts within each period.

C2.5.8.10.2. Costs. As computed from the cost Assignment Procedure described in paragraph C2.5.8.5.1.

C2.5.8.10.3. Allocation Factor. Readiness equipment cost.

C2.5.8.10.4. Assignment Procedure. Assignment of the depreciation expenses during the reporting period shall be based on the actual records of investment equipment used by the various Medical Readiness accounts.

C2.5.8.11. Depreciation Not Elsewhere Classified: EAZ

C2.5.8.11.1. Function. This account is provided to collect expenses associated with the costs incurred for depreciable properties used in supporting work centers other than those described in subparagraphs C2.5.8.6. through C2.5.8.10. The purpose of this account is to facilitate assignment of the depreciable cost of property to accounting periods and to the final operating expense accounts within each period.

C2.5.8.11.2. Costs. As totaled from the cost of capitalized equipment used by work centers under this account.

C2.5.8.11.3. Allocation Factor. Equipment cost.

C2.5.8.11.4. Assignment Procedure. Assignment of the depreciation expense during the reporting period shall be based on the actual records of capitalized equipment used by the various work centers under this account.

C2.5.9. Command, Management, and Administration: EB

C2.5.9.1. Function. The Command, Management, and Administration account summarizes expenses incurred as a result of providing overall command, policy, management, and operation of the MTF. The summarized accounts are: Command; Special Staff; Administration; Clinical Management; GME/GDE Support; Education and Training Program Support; Third Party Collection Administration and Service IM/IT.

C2.5.9.2. Costs. The Command, Management, and Administration account shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in subparagraphs C2.5.9.5. through C2.5.9.16. The total of expenses in the Command, Management, and Administration account shall be assigned through an expense allocation process to other support services, ancillary services, and the final operating expense accounts.

C2.5.9.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.5.9.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. See third-level FCC descriptions.

C2.5.9.5. Command: EBA

C2.5.9.5.1. Function. Command refers to the functional activities performed by the MTF Commander. The MTF Commander organizes, administers, and supervises all professional and administrative aspects of the facility; exercises command jurisdiction over all personnel assigned or attached to the facility; and determines medical capabilities related to available medical service officers, support staff, and facilities. The MTF Commander implements directed programs, and is responsible for the care, treatment, and welfare of all patients, in compliance with the requirements set by generally accepted standards of hospital operations as practiced in the United States. The commander delegates authority to the immediate staff to assist in performing these responsibilities. The functional elements by Military Service include the following.

C2.5.9.5.1.1. Army

C2.5.9.5.1.1.1. Commander.

C2.5.9.5.1.1.2. Deputy Commander for Clinical Services.

C2.5.9.5.1.1.3. Deputy Commander for Administration.

C2.5.9.5.1.1.4. Deputy Commander for Nursing Services.

C2.5.9.5.1.1.5. Command Sergeant Major.

C2.5.9.5.1.1.6. The immediate secretarial and administrative staff of the above.

C2.5.9.5.1.1.7. Commanders, Army Health Clinics (when so designated, excluding United States Army Dental Activity Commanders).

C2.5.9.5.1.2. Navy

C2.5.9.5.1.2.1. Commanding Officer.

C2.5.9.5.1.2.2. Executive Officer.

C2.5.9.5.1.2.3. Command Master Chief.

C2.5.9.5.1.2.4. The immediate secretarial and administrative staff of the above.

C2.5.9.5.1.3. Air Force

C2.5.9.5.1.3.1. Medical Wing or Group Commander.

C2.5.9.5.1.3.2. Deputy Commander (when authorized).

C2.5.9.5.1.3.3. The immediate secretarial and administrative staff of the above.

C2.5.9.5.2. Costs. The Command work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Command activities.

C2.5.9.5.3. Allocation Factor. Available FTE work-months.

C2.5.9.5.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's available FTE work-months (excluding patients) to the total available FTE work-months in all receiving accounts.

C2.5.9.6. Special Staff: EBB

C2.5.9.6.1. Function. Special Staff provides specialized staff services to command, command staff, assigned or attached personnel, and the patient population of the MTF. Establishment of discrete special staff work centers shall vary depending on scope, size, complexity, and the Military Service of the MTF. Examples of work centers to be included in this expense account include the following.

C2.5.9.6.1.1. Army

C2.5.9.6.1.1.1. Infection Control.

C2.5.9.6.1.1.2. Inspector General.

C2.5.9.6.1.1.3. Internal Review.

C2.5.9.6.1.1.4. Legal Services.

C2.5.9.6.1.1.5. Public Affairs.

C2.5.9.6.1.1.6. Quality Assurance (QA) and Risk

Management.

C2.5.9.6.1.1.7. Religious Activities.

C2.5.9.6.1.2. Navy

C2.5.9.6.1.2.1. Comptroller and Staff.

C2.5.9.6.1.2.2. Equal Employment Opportunity.

C2.5.9.6.1.2.3. Health Promotion Officer.

C2.5.9.6.1.2.4. Infection Control.

C2.5.9.6.1.2.5. Internal Review.

C2.5.9.6.1.2.6. Public Affairs Officer.

C2.5.9.6.1.2.7. QA Coordinator.

C2.5.9.6.1.2.8. Religious Activities.

C2.5.9.6.1.3. Air Force

C2.5.9.6.1.3.1. Administrator.

C2.5.9.6.1.3.2. Chaplain Services (when authorized on the manning document).

C2.5.9.6.1.3.3. Chief of the Medical Staff.

C2.5.9.6.1.3.4. Dental Advisor and Biomedical Advisor (when functioning as Group Staff).

C2.5.9.6.1.3.5. Health Promotion Program.

C2.5.9.6.1.3.6. Infection Control.

C2.5.9.6.1.3.7. Medical Law Consultant (when authorized on the manning document).

C2.5.9.6.1.3.8. Nurse Executive.

C2.5.9.6.1.3.9. QA and Risk Management Programs.

C2.5.9.6.2. Costs. The Special Staff work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Special Staff activities.

C2.5.9.6.3. Allocation Factor. Available FTE work-months.

C2.5.9.6.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's available FTE work-months (excluding patients) to the total available FTE work-months under each sub-account.

C2.5.9.7. Administration: EBC

C2.5.9.7.1. Function. Administration is responsible for financial management and treasurer office/cashier management (except Navy), personnel management, manpower management services, administration, and management of all MTF Patient Administration Division/Department personnel who support both the inpatient and ambulatory care mission, to include but not limited to the chief/head of patient administration, secretary, correspondence clerk, and transcription personnel. Includes personnel who prepare and submit biometric reports and who prepare correspondence to physicians, lawyers, hospitals, insurance companies, civilian health agencies, and public safety departments. Administration receives telephone calls and visitors and provides patient information for all inpatients and outpatients, prepares data for monthly committee meetings and data quality meetings, and prepares research study lists and compiles statistical data; operates dictating machines, transcribes medical data from dictated recordings and drafts for inpatients and outpatients, types summaries, maintains

control system of documents received and completed, transcribes documents for members of the medical staff, prepares data for monthly committee meetings and other data, as required, and proofreads typed forms and documents.

C2.5.9.7.1.1. Establishment of discrete special work centers will vary depending on scope, size, and complexity of the MTF mission. For Air Force facilities, this sub-account includes Squadron Commanders accountable for operational performance and accomplishment of all aspects of their squadron's mission when performing military command functions within their statutory authority according to Chapter 47 of Reference (j).

C2.5.9.7.1.2. For maintenance of death ledgers, correspondence for deceased patients, preparation of death certificates, furnishing death lists to the Vital Statistics Office, news media, Public Affairs Office, or Casualty Officer, see FDD, Decedents Affairs (except Air Force). For Third Party Collections Administration/UBO office, see EBH, Third Party Collection Administration. For medical and physical evaluation boards, to include participation in the medical board process and physician review of the medical records of Medical Hold patients, see FED, Military Patient Personnel Administration. For Treasurer Office/Cashier, see EBC, Administration. For Chief/Head of Patient Administration Division/Department, see EBC. For Inpatient Administration, see EJA. For Patient Ambulatory Care Administration, see EKA.

C2.5.9.7.2. Costs. The Administration work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and any other expenses identified directly in support of Administration activities.

C2.5.9.7.3. Allocation Factor. Available FTE work-months.

C2.5.9.7.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's available FTE work-months (excluding patients) to the total available FTE work-months under each sub-account.

C2.5.9.8. Clinical Management: EBD

C2.5.9.8.1. Function. A Clinical Management Department is responsible for planning, directing, and coordinating direct patient care for multiple clinical work centers. Establishment of discrete special work centers will vary depending on the scope, size, and complexity of the MTF mission, but a Clinical Management Department Head shall have oversight of several clinical work centers and report directly to a Deputy Commander or MTF Commander/Commanding Officer. A Clinical Management Department shall include secretarial and immediate administrative support personnel. The Clinic Chief/Head of a single clinical specialty/work center is not authorized to use this account. To prevent a distortion in the cost allocation process and patient care costing, this account excludes Chiefs of Departments for Ancillary Services such as Radiology and Operating Room. Clinical Management Department includes the following.

C2.5.9.8.1.1. Army

C2.5.9.8.1.1.1. Chief, Department of Behavioral Health/Mental Health.

C2.5.9.8.1.1.2. Chief, Department of Nursing.

C2.5.9.8.1.1.3. Chief, Department of Primary Care.

C2.5.9.8.1.1.4. Chief, Department of Surgery.

C2.5.9.8.1.1.5. Excludes all Ancillary (D) Departments and Special Program (F) Departments.

C2.5.9.8.1.2. Navy

C2.5.9.8.1.2.1. Director, Nursing Services.

C2.5.9.8.1.2.2. Director, Medical Services.

C2.5.9.8.1.2.3. Director, Surgical Services.

C2.5.9.8.1.2.4. Heads of Departments (where more than one work center is managed).

C2.5.9.8.1.3. Air Force. Department Chairman and immediate support staff (when the FCC account is authorized).

C2.5.9.8.2. Costs. The Clinical Management work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, and any other expenses identified directly in support of Clinical Management activities.

C2.5.9.8.3. Service Unit. Available FTEs.

C2.5.9.8.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's available FTEs to the total available FTEs under each sub-account. Clinical Management should only allocate to those clinical services within that respective department.

C2.5.9.9. GME Support Expenses – Physicians Only: EBE

C2.5.9.9.1. Function. GME Support Expenses – Physicians Only includes expenses incurred to conduct and support the in-house, organized clinical GME physician programs currently authorized at the MTF. A GME program provides long-term physician training in a specialty. It comprises a series of graduated learning experiences designed to

conform to the requirements of a particular specialty. MTFs designated as GME training sites for active duty trainees primarily sponsored this program. This sub-account specifically excludes salaries of trainees receiving GME physician training. (See the MEPRS FAM and FAO sub-accounts.) This function is normally supported by military and civilian personnel staff authorizations including program director, faculty staff, preceptors, secretary, and other members of administrative support organized into an office of the chief or director of training and education.

C2.5.9.9.2. Costs. GME Support Expenses – Physicians Only shall be a sub-account that includes all expenses incurred in operating and maintaining the organized training and educational functions defined by the controlling Military Service to be conducted at the MTF. These functions may include, but are not limited to, attending rounds, precepting residents in clinic (when the patients being attended are not patients of the preceptor), educational committee meetings, preparation and presentation of educational lectures, and counseling of residents. These expenses also include the military and civilian personnel costs of staff authorizations for conducting and directing clinical GME programs for physicians. However, training time and expenses associated with readiness or emergency operations must be charged to the applicable sub-account. In-service training conducted by work center personnel (within their primary work center) to maintain or expand individual professional standards shall be charged to the individual's primary work center. Costs not associated with GME functional activities shall be reported under the corresponding work center.

C2.5.9.9.3. Allocation Factor. GME trainee available FTEs.

C2.5.9.9.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each GME benefiting work center sub-account's available trainee FTEs to the total available GME FTEs. GME benefiting work centers are defined as clinical sub-accounts—specifically, Inpatient Care (section C2.1.), Ambulatory Care (section C2.2.), Dental Care (section C2.3.) and Ancillary Services (section C2.4.) supported by GME trainees, and Special Programs (section C2.6).

C2.5.9.10. Education and Training Program Support: EBF

C2.5.9.10.1. Function. The Education and Training Program Support includes expenses incurred to conduct and support authorized in-house, organized training and education programs (other than GME or Graduate Dental Education (GDE)) assigned to the MTF. This sub-account specifically excludes salaries of trainees receiving the training. (See the sub-account FAK). Programs included are continuing training and education for physicians, dentists, veterinarians, nurses, medical specialists, allied health scientists, administrators, other enlisted direct-care paraprofessionals, and assigned non-medical personnel. Post-graduate training programs for nurses, allied health scientists, and administrators are also included (for the Navy, post-graduate training programs for nurses, allied health scientists, and administrators are centrally funded and are not utilized at the MTF level). The following lists are not all inclusive.

C2.5.9.10.1.1. Nursing

C2.5.9.10.1.1.1. Anesthetic.

C2.5.9.10.1.1.2. Healthcare Administration.

Medical Service

C2.5.9.10.1.2. Biomedical Science, Allied Health Science, and

C2.5.9.10.1.2.1. Audiology.

C2.5.9.10.1.2.2. Biochemistry.

C2.5.9.10.1.2.3. Dietetics.

C2.5.9.10.1.2.4. Entomology.

C2.5.9.10.1.2.5. Environmental Health.

C2.5.9.10.1.2.6. Healthcare Administration.

C2.5.9.10.1.2.7. Industrial Hygiene.

C2.5.9.10.1.2.8. Medical Technology.

C2.5.9.10.1.2.9. Microbiology.

C2.5.9.10.1.2.10. Occupational Therapy.

C2.5.9.10.1.2.11. Optometry.

C2.5.9.10.1.2.12. Pharmacy.

C2.5.9.10.1.2.13. Physical Therapy.

C2.5.9.10.1.2.14. Physiology Podiatry.

C2.5.9.10.1.2.15. Psychology.

C2.5.9.10.1.2.16. Radiation Health/Spec.

C2.5.9.10.1.2.17. Social Work.

C2.5.9.10.1.3. Enlisted Personnel Training and Education Programs. These include the Navy's Class C schools and the Army and Air Force Phase II training of practitioners and technicians described below. The following lists are not all-inclusive.

C2.5.9.10.1.3.1. Army

C2.5.9.10.1.3.1.1. Phase II training.

C2.5.9.10.1.3.1.2. Cardiopulmonary Resuscitation (CPR) training (instructors only).

C2.5.9.10.1.3.1.3. Advanced Cardiac Life Support (ACLS) training.

C2.5.9.10.1.3.1.4. Advance Trauma Life Support (ATLS) training.

C2.5.9.10.1.3.2. Navy

C2.5.9.10.1.3.2.1. CPR training (instructors only).

C2.5.9.10.1.3.2.2. ACLS training.

C2.5.9.10.1.3.2.3. ATLS training.

C2.5.9.10.1.3.3. Air Force

C2.5.9.10.1.3.3.1. Phase II training.

C2.5.9.10.1.3.3.2. CPR training (instructors only).

C2.5.9.10.1.3.3.3. ACLS training.

C2.5.9.10.1.3.3.4. ATLS training.

C2.5.9.10.2. Costs. Education and Training Program Support shall be a sub-account that includes all expenses incurred in operating and maintaining the function of conducting the organized training and education programs (other than GME and GDE) at the MTF. These expenses include the military and civilian personnel costs of staff supporting the officer and enlisted training and educational programs; audio-visual services, to include medical illustration and medical photography; medical library costs; and other costs identified in support of approved training and education programs. Military and civilian personnel who are organized into an office of the chief or director of GME or GDE may assign a portion of their time to this sub-account, if they conduct or support the training programs under this sub-account. MTF personnel who are assigned to other work centers and conduct or support the training programs under this account may assign a portion of their time to this sub-account. Personnel attending in-service training conducted by their work centers shall report time to their respective work centers. However, individuals tasked to conduct in-service training for other than their assigned work center shall be charged to this sub-account. Training time and expenses associated with readiness or peacetime operations must be charged to the applicable sub-accounts.

C2.5.9.10.3. Allocation Factor. Available FTEs.

C2.5.9.10.4. Assignment Procedure. Total expenses shall be assigned based on the ratio of each receiving account's available work-hours to the total available work-hours in all receiving accounts.

C2.5.9.11. Inactive: EBG

C2.5.9.12. Third Party Collection Administration: EBH

C2.5.9.12.1. Function. Third Party Collection Administration implements administrative procedures to maximize net recovery of healthcare delivery costs from third-party payers. It identifies DoD beneficiaries that have other health insurance, and reviews all aspects of accounts receivable management that includes the participation of many offices within the MTF, including admissions, medical records, utilization review, ancillary departments, data processing, and finance offices. Third Party Collection Administration also identifies Uniformed Services beneficiaries with third-party payer plan coverage and complies with third-party payer requirements; submits all claims to third-party payers; follows up to ensure that collections are made; and documents and reports collection activities.

C2.5.9.12.2. Costs. Third Party Collection Administration shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Third Party Collection Administration activities. The total of the expenses shall be assigned through an expense allocation process to inpatient, ambulatory, and ancillary accounts.

C2.5.9.12.3. Allocation Factor. Total number of claims billed by work center.

C2.5.9.12.4. Assignment Procedure. Total expenses shall be assigned to inpatient, ambulatory, and ancillary accounts based on the ratio of claims billed by each account to the total claims billed.

C2.5.9.13. GDE Support Expenses – Dentists Only: EBI

C2.5.9.13.1. Function. GDE Support Expenses – Dentists Only include expenses incurred to conduct and support the in-house, organized clinical GDE dental programs currently authorized at the MTF (medical or dental). A GDE program provides long-term dental specialty training. It comprises a series of graduated learning experiences designed to conform to the requirements of a particular specialty. MTFs designated as GDE training sites for active duty trainees primarily sponsor this program. This sub-account specifically excludes salaries of trainees receiving GDE training. (See Special Programs FAN and FAQ sub-accounts.) Military and civilian personnel staff authorizations organized into an office of the chief or director of training and education normally supports this function.

C2.5.9.13.2. Costs. GDE Support Expenses – Dentists Only shall be a sub-account that includes all expenses incurred in operating and maintaining the organized training and educational functions defined by the controlling Military Service to be conducted at the MTF. These functions may include, but are not limited to, attending rounds, precepting residents in clinic (when the patients being attended are not patients of the preceptor), educational committee meetings, preparation and presentation of educational lectures, and counseling of residents. These expenses also include the military and civilian personnel costs of staff authorizations for conducting and directing clinical GDE programs for dentists. However, training time and expenses associated with readiness or emergency operations must be charged to the applicable sub-account. In-service training conducted by work center personnel (within their primary work center) to maintain or expand individual professional standards shall be charged to the individual's primary work center. Costs not associated with GDE functional activities shall be reported under the corresponding work center.

C2.5.9.13.3. Allocation Factor. GDE trainee available FTEs.

C2.5.9.13.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each GDE benefiting work center sub-account's available trainee FTEs to the total available GDE FTEs. GDE benefiting work centers are defined as clinical (specifically, dental, and ancillary) sub-accounts supported by GDE trainees, and special programs.

C2.5.9.14. Service Medical IM/IT: EBJ

C2.5.9.14.1. Function. This account includes Information Management (IM) and Information Technology (IT) functions performed and funded by the MTF/DTF to meet their local automation needs. It includes the operation of IM Departments that provide facility-wide information services; Internet/Intranet services provided to required customers and locations database and knowledge management; Web development/maintenance; system administration; network administration; software/application maintenance and support services; end-user devices and peripheral support; information assurance to include firewall and intrusion detection systems; and system testing/training.

C2.5.9.14.2. Costs

C2.5.9.14.2.1. This MEPRS code will accumulate the associated costs to include labor, equipment purchase/rental (such as hardware or software, custom and commercial off-the-shelf software), leases and contractual services (such as technical service to implement commercial off-the-shelf software products and IT consulting services) incident to the management of automated information processing operations; procurement/lease of computers and peripheral equipment, purchase of supplies and materials peculiar to data processing (such as manuals, data storage media (CD-ROM, diskettes, digital tape), and toner cartridges for laser printers or fax machines. The complete guidance on what to report for IT costs is contained in Chapter 18 of Volume 2 B of Reference (e).

C2.5.9.14.2.2. This MEPRS Code excludes the costs of audio, visual, and video teleconferencing (VTC) services that are captured under Visual Information

Services. It also excludes Base Communications costs that are captured under MEPRS code EDJ. Centrally managed/funded IM/IT items will not be included in this code as an encumbered cost. These costs will be reported as a direct cost by **TMADHA** under PEC 87793 “Central IM/IT.”

C2.5.9.14.3. Allocation Factor. Available FTE work-months.

C2.5.9.14.4. Assignment Procedure. Total expenses shall be assigned based on a ration of each receiving account’s available FTEs to the total available FTEs in all receiving accounts of the MTF/DTF.

C2.5.9.15. Inactive: EBX

C2.5.9.16. Command, Management, and Administration Not Elsewhere
Classified: EBZ

C2.5.9.16.1. Function. This account includes the expenses of Command, Management, and Administration that satisfy the criteria for a work center and are not described in subparagraphs C2.5.9.5. through C2.5.9.14.

C2.5.9.16.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.9.16.3. Allocation Factor. Available FTE work-months.

C2.5.9.16.4. Assignment Procedure. Total expenses shall be assigned based on the ratio of available FTE work-months of the receiving accounts to the total available FTE work-months of all receiving accounts.

C2.5.10. Inactive: EC

C2.5.10.1. Inactive: ECA

C2.5.10.2. Inactive: ECB

C2.5.10.3. Inactive: ECC

C2.5.10.4. Inactive: ECD

C2.5.10.5. Inactive: ECE

C2.5.10.6. Inactive: ECF

C2.5.10.7. Inactive: ECG

C2.5.10.8. Inactive: ECH

C2.5.10.9. Inactive: ECI

C2.5.10.10. Inactive: ECJ

C2.5.10.11. Inactive: ECK

C2.5.10.12. Inactive: ECX

C2.5.10.13. Inactive: ECZ

C2.5.11. Support Services: ED

C2.5.11.1. Function. Support Services includes services provided to the MTF by the host installation on a reimbursable or non-reimbursable basis or through contracted services for base operations services, Sustainment of real property, restoration and modernization of real property, and facility operations. Base Operations may include personnel support services, communications, and transportation. The accounts described in subparagraphs C2.5.11.5. through C2.5.11.17. may be established depending on facility requirements.

C2.5.11.2. Costs

C2.5.11.2.1. Support Services shall be a sub-account that includes only those expenses that are chargeable to expense accounts of the MTF for services received in support of the medical mission as described on subparagraphs C2.5.11.5. through C2.5.11.17. Examples of expenses that are not chargeable to the MTF are those that are incurred to support clubs and messes, unaccompanied personnel housing, military family housing, exchanges, tactical units including tactical medical units, and commissaries.

C2.5.11.2.2. When services are received as free receipts without direct expense to the MTF, an estimate of the MTF's pro-rata share of the cost of services shall be made.

C2.5.11.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.5.11.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. See third-level FCC descriptions.

C2.5.11.5. Real Property Management: EDA

C2.5.11.5.1. Function. Real Property Management includes the MTF Facility Management Branch and Administration and Installation Engineering Services. Facility Management includes public works management costs, contract management, material procurement, facility data management, and real estate management. Installation Engineering Services includes annual inspection of facilities, master planning, overhead of planning and

design, overhead of construction management, and non-Sustainment and Restoration Modernization service calls. It includes all MTF Facility Management Branch FTEs, and all authorized and assigned FTEs who perform this function. It excludes installation personnel who provide services in the MTF/DTF, but are funded by a Base Operations agreement. Other examples of duties reported in this account are facility sustainment activities, design engineering, project management, and construction inspection.

C2.5.11.5.2. Costs. Real Property Management shall be a sub-account that includes expenses incurred by the MTF on a funded or reimbursable basis to provide Facility Management and administration and engineering services.

C2.5.11.5.3. Allocation Factor. Square footage.

C2.5.11.5.4. Assignment Procedure. Total expenses are assigned based on a ratio of each receiving account's square footage to the total square footage in the MTF.

C2.5.11.6. Operation of Utilities: EDB

C2.5.11.6.1. Function. Operation of Utilities includes operations of utility systems for the generation and distribution of all energy and source fuels, pneumatics, other gases, heated water, chilled water, potable and non-potable water, and ice. It includes purchase of all water, electricity, natural gas, sewage disposal, and other utilities (utility fuels, coal, coke, etc.). It also includes issues of motor fuel, diesel fuel, distillates, and residuals from installation fuel supplies for heating and power production for real property facilities equipment.

C2.5.11.6.2. Costs. Operation of Utilities shall be a sub-account that includes all of the MTF's share of utility expenses incurred in operating the MTF facilities and utilities on a funded or reimbursable basis. Expenses for utilities provided to other base organizations that are not reimbursed shall be charged to the Base Operations – Medical Installations (FDB) sub-account.

C2.5.11.6.3. Allocation Factor. Square footage.

C2.5.11.6.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's square footage to the total square footage in the MTF. Expenses for utilities provided to other base organizations that are not reimbursed shall be charged to the Base Operations – Medical Installations (FDB) sub-account.

C2.5.11.7. Facility Sustainment: EDC

C2.5.11.7.1. Function. Sustainment provides resources specifically for the routine maintenance, minor repair, and major scheduled repair of category 500 and certain non-category 500 buildings to the five-foot line. This includes regularly scheduled adjustments and inspections, preventive maintenance tasks, and emergency response and service calls for minor repairs. It also includes major repairs or replacement of facility components (usually accomplished by contract) that are expected to occur periodically throughout the life cycle of

facilities. It does not include repairing or replacing equipment in place: e.g., small refrigerators or X-ray machines, furniture, building components that typically last more than 50 years (such as foundation and structural members), or housekeeping contracts.

C2.5.11.7.2. Costs. Sustainment shall be a sub-account that includes only those expenses applicable to the MTF that are financed from DoD PECs, “Sustainment CONUS – and Sustainment CONUS – Healthcare.” Sustainment excludes installation personnel who provide services in the MTF/DTF but are funded by a Base Operations agreement.

C2.5.11.7.3. Allocation Factor. Square footage.

C2.5.11.7.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account’s square footage to the total square footage in the MTF.

C2.5.11.8. Facility Restoration and Modernization: EDD

C2.5.11.8.1. Function. Restoration and Modernization provide resources for improving facilities. Restoration includes repair and replacement work to restore facilities damaged by excessive age, natural disaster, fire, accident, or other causes. Modernization includes alteration of facilities solely to implement new or higher standards (including regulatory changes), to accommodate new functions, or to replace building components that typically last more than 50 years (such as foundations and structural members).

C2.5.11.8.2. Costs. Restoration and Modernization shall be a sub-account that includes only those expenses applicable to the MTF that are financed from the operations and maintenance appropriation. This does not include expenses of sub-account Urgent Minor Construction (FDF).

C2.5.11.8.3. Allocation Factor. Square footage.

C2.5.11.8.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account’s square footage to the total square footage in the MTF.

C2.5.11.9. Other Facility Operations Support: EDE

C2.5.11.9.1. Function. Other Facility Operations Support includes the other miscellaneous engineering support furnished on a funded, reimbursable basis. They are collection of trash, refuse and garbage; grass cutting; tree and shrub services; insect and rodent control; and snow, sand, and ice removal.

C2.5.11.9.2. Costs. Other Facility Operations Support shall be a sub-account that includes all expenses for the furnished services described above on a funded or reimbursable basis.

C2.5.11.9.3. Allocation Factor. Square footage.

C2.5.11.9.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's square footage to the total square footage in the MTF.

C2.5.11.10. Leases of Real Property: EDF

C2.5.11.10.1. Function. Leases of Real Property includes lease and rental services obtained on a funded, or reimbursable.

C2.5.11.10.2. Costs. Leases of Real Property shall be a sub-account that includes lease and rental charges incurred to provide additional facilities for routine services to the MTF on a funded, reimbursable basis. It excludes rental of equipment and rental or lease of facilities in emergency or contingency operations.

C2.5.11.10.3. Allocation Factor. Square footage.

C2.5.11.10.4. Assignment Procedure. Total expenses shall be assigned to the accounts receiving the benefit and shall be based on the ratio of each receiving account's square footage used to the total square footage leased or rented by the MTF.

C2.5.11.11. Transportation: EDG

C2.5.11.11.1. Function. Transportation includes all the expenses incurred for automotive operation and maintenance and the administration of garage and dispatching activities in support of the medical mission on a funded, reimbursable, or free receipt basis.

C2.5.11.11.2. Costs. Transportation shall be a sub-account that includes personnel expenses of drivers assigned to this function; maintenance of vehicles (including contracts); petroleum, oils, and lubricants; vehicle rental and leases; and bridge, tunnel, and highway tolls incurred by the MTF on funded, reimbursable or free receipt basis.

C2.5.11.11.3. Allocation Factor. Number of Miles Driven.

C2.5.11.11.4. Assignment Procedure. Transportation expenses, except those for emergency medical vehicles, ambulances, and patient transportation and shuttle vehicles, shall be assigned based on a ratio of miles driven in vehicles serving each receiving account to the total miles driven in all vehicles serving the MTF on a funded, reimbursable, or free receipt basis. An exception would be where the expenses can be specifically identified to an account such as a full time use of a vehicle or vehicles by only one account. In that instance, cost of maintenance and operation of those vehicles is assigned to the accounts responsible for the vehicles.

C2.5.11.12. Fire Protection: EDH

C2.5.11.12.1. Function. Fire Protection is responsible for the services of inspection and testing of fire alarm and suppression devices in the MTF; telecommunications connecting the MTF with fire fighters; procurement, testing and servicing fire extinguishers; and conducting fire drills in the MTF on a funded or reimbursable basis.

C2.5.11.12.2. Costs. Fire Protection shall be a sub-account that includes all expenses incurred in operating and maintaining the function on a funded or reimbursable basis. It excludes the cost of standby fire-fighting capability (personnel, facilities, and vehicles). Those expenses that are not appropriately charged to patient care shall be charged to the Base Operations – Medical Installations (FDB) sub-account or to other Special Programs (section C2.6.) accounts. The functional elements, from whatever source, are those mentioned in this paragraph and other personnel and services necessary to support the military and civilian personnel of the military command, such as those in DoD PECs, “Base Operations – CONUS – Healthcare;” “Base Operations – OCONUS – Healthcare;” “Real Property Services – CONUS – Healthcare;” and “Real Property Services – OCONUS – Healthcare.”

C2.5.11.12.3. Allocation Factor. Square footage.

C2.5.11.12.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account’s square footage to the total square footage of the MTF.

C2.5.11.13. Police Protection: EDI

C2.5.11.13.1. Function. Police Protection is responsible for the safety and well being of hospital patients, visitors, and personnel (while at the hospital), and protects the MTF’s buildings and other facilities on a funded, reimbursable, or free receipt basis. It includes physical security of parking lots, surrounding grounds, and interiors of the MTF.

C2.5.11.13.2. Costs. Police Protection shall be a sub-account that includes all expenses incurred in operating and maintaining the function on a funded, reimbursable, or free receipt basis. Exclude the costs of all law enforcement activities, other than those described in the function statement. The total expenses shall be assigned through an expense allocation process to other support services, ancillary services, and to the final operating expense accounts. When services are received as free receipts without direct expense to the MTF, an estimate of the MTF’s pro-rata share of the cost of services shall be made.

C2.5.11.13.3. Allocation Factor. Square footage.

C2.5.11.13.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account’s square footage to the total square footage of the MTF.

C2.5.11.14. Communications: EDJ

C2.5.11.14.1. Function. Communications includes all expenses for communications service provided on a funded, reimbursable, or free receipt basis.

C2.5.11.14.2. Costs. Communications shall be a sub-account that includes all expenses incurred in operating and maintaining the function on a funded, reimbursable, or free receipt basis. When services are received as free receipts without direct expense to the MTF, an estimate of the MTF's pro-rata share of the cost of services shall be made. This specifically excludes Service IM/IT programs.

C2.5.11.14.3. Allocation Factor. Available FTE work-months.

C2.5.11.14.4. Assignment Procedure. Total expenses shall be assigned based on a ratio of each receiving account's available FTE work-months (excluding patients) to the total available FTE work-months in all receiving accounts of the MTF.

C2.5.11.15. Other Base Support Services: EDK

C2.5.11.15.1. Function. Other Base Support Services includes all expenses for other base support activities, such as personnel support services (civilian and military personnel offices) provided on a funded, reimbursable or free receipt basis.

C2.5.11.15.2. Costs. Other Base Support Services shall be a sub-account that includes all expenses incurred in operating and maintaining the function on a funded, reimbursable or free receipt basis. Include that portion of the expense of providing such services that is attributable to the MTF and its primary mission of healthcare delivery. Therefore, charges to this sub-account must be carefully reviewed to determine the expense assignable to the MTF. In turn, these expenses must again be screened to determine patient care and non-patient care expenses. The patient care expenses shall be assigned to Inpatient Care (section C2.1.), Ambulatory Care (section C2.2.), Dental Care (section C2.3.), Ancillary Services (section C2.4.), and Support Services (section C2.5.) accounts. All expenses that are not appropriate charges to the MTF are charged to Special Programs accounts. If a complex public works organization exists, use the Base Operations – Medical Installations (FDB) sub-account. When services are received as free receipts without direct expense to the MTF, an estimate of the MTF's pro-rata share of the cost of services shall be made.

C2.5.11.15.3. Allocation Factor. Available FTE work-months.

C2.5.11.15.4. Assignment Procedure. Total expenses are assigned based on a ratio of each receiving account's available FTE work-months (excluding patients) to the total available FTE work-months in all receiving accounts of the MTF.

C2.5.11.16. Inactive: EDX

C2.5.11.17. Support Services: EDZ

C2.5.11.17.1. Function. Includes the expenses of Support Services that satisfy the criteria for a work center and are not described in subparagraph C2.5.11.5. through C2.5.11.15.

C2.5.11.17.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.11.17.3. Allocation Factor. Square footage or available FTE work-months.

C2.5.11.17.4. Assignment Procedure. Total expenses shall be assigned based on the ratio of each receiving account's square footage to the total square footage in the MTF, or based on a ratio of each receiving account's available FTE work-months (excluding patients) to the total available FTE work-months in all receiving accounts of the MTF.

C2.5.12. Materiel Services: EE

C2.5.12.1. Function. Materiel Services provides or arranges for the supplies, equipment, and certain services necessary to support the mission of the MTF and management of the installation medical War Readiness Materiel (WRM) program. Also, this function acts as a chargeable account for overhead charges from the base operations accounts for the general support stock fund and subsistence stock fund management functions. The accounts described in subparagraphs C2.5.12.5. through C2.5.12.7. may be established depending on facility.

C2.5.12.2. Costs. Materiel Services shall be a summary account that includes all expenses incurred in operating and maintaining the materiel services function. Total expenses shall ultimately be assigned through an expense allocation process to other support services, ancillary services, and to the final operating expense accounts.

C2.5.12.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. Cost of supplies (except subsistence) and minor plant equipment issued.

C2.5.12.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. Expenses not directly charged shall be assigned based on a ratio of each receiving account's combined expenses for supplies issued (except subsistence) and minor plant equipment issued to the total combined expenses for supplies (except subsistence) and minor plant equipment issued from Materiel Management Services.

C2.5.12.5. Materiel Management Services: EEA

C2.5.12.5.1. Function. Materiel Management Services provides or arranges for the supplies, equipment, and certain services necessary to support the mission of the MTF. Basic responsibilities include procurement, inventory control, receipt, storage, quality assurance, issue, turn in, disposition, property accounting, and reporting actions for designated medical and non-medical supplies and equipment required in support of the medical mission. They also include installation management of the medical stock fund; management and control

of medical organization in-use property through authorization, property accounting, reporting and budgetary procedures; and planning, pre-positioning, and managing the installation medical WRM program. Also, this function acts as a chargeable account for the general support stock fund and subsistence stock fund management functions.

C2.5.12.5.2. Costs. Materiel Management Services shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Materiel Management activities. Total expenses shall be assigned through the expense allocation process to other support services, ancillary services, and to the final operating expense accounts, except contract (or installation provided) maintenance of equipment expenses, which shall be charged to the benefiting work center sub-account responsible for the repairable equipment. Expenses incurred in direct support of the WRM and pre-positioned war reserve programs and TOE Medical Units shall be identified and reported to the appropriate Readiness (section C2.7.) account. Also, expenses incurred in support of regional and area medical and non-medical activities shall be identified and reported to the appropriate Readiness (section C2.7.) account. The exception is contract (or installation provided) maintenance of equipment expenses, which shall be charged to the benefiting work center sub-account responsible for the repairable equipment.

C2.5.12.6. Inactive: EEX

C2.5.12.7. Materiel Services Not Elsewhere Classified: EEZ

C2.5.12.7.1. Function. Includes the expenses of Materiel Services that satisfy the criteria for a work center and are not described in subparagraph C2.5.12.5.

C2.5.12.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. The exception is contract (or installation provided) maintenance of equipment expenses, which shall be charged to the benefiting work center sub-account responsible for the repairable equipment.

C2.5.13. Housekeeping Service: EF

C2.5.13.1. Function. The Housekeeping Service is responsible for maintaining the interior of the MTF at the highest level of cleanliness and sanitation achievable. Also, the service is responsible for snow and debris removal from entrances and walks adjacent to buildings and trash removal from buildings. The accounts described in subparagraphs C2.5.13.5. through C2.5.13.8. may be established depending on facility.

C2.5.13.2. Costs. The Housekeeping Service shall be a summary that includes all expenses incurred in operating and maintaining the function. Total expenses shall be assigned through the expense allocation process to other support services, ancillary services, and to the final operating expense accounts. These expenses include those for personnel and materiel for providing custodial and janitorial services to the MTF, either by contract or by in-house personnel who are authorized and assigned to this function as a primary duty. It excludes any

personnel or materiel expenses incurred in support of unaccompanied personnel housing or family housing or any other non-medical organizations or functions.

C2.5.13.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. Square footage cleaned.

C2.5.13.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. Expenses not directly charged shall be assigned based on the ratio of each receiving account's square footage cleaned to the total square footage cleaned in the MTF.

C2.5.13.5. Housekeeping Service: EFA

C2.5.13.5.1. Function. The Housekeeping Service is responsible for maintaining the interior of the MTF at the highest level of cleanliness and sanitation achievable by in-house and contract services. Also, the service is responsible for snow and debris removal from entrances and walks adjacent to buildings and trash removal from buildings.

C2.5.13.5.2. Costs. The Housekeeping Service shall be sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, services, and any other expenses identified directly in support of Housekeeping activities. Total expenses shall be assigned through the expense allocation process to other support services, ancillary services, and to the final operating expense accounts. The assignable expenses include those for personnel and materiel for providing custodial and janitorial services to the MTF personnel who are authorized and assigned to this function as a primary duty as well as contracted personnel. It excludes any personnel or materiel expenses incurred in support of unaccompanied personnel housing or family housing or any other non-medical organizations or functions.

C2.5.13.6. Inactive: EFB

C2.5.13.7. Inactive: EFX

C2.5.13.8. Housekeeping Not Elsewhere Classified: EFZ

C2.5.13.8.1. Function. Housekeeping Not Elsewhere Classified includes the expenses of Housekeeping that satisfy the criteria for a work center and are not described in subparagraph C2.5.13.5.

C2.5.13.8.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.14. Biomedical Equipment Repair: EG

C2.5.14.1. Function. Biomedical Equipment Repair provides preventive maintenance, inspection, and repair of medical and dental equipment. It conducts a systematic inspection of equipment to determine operational status, and assigns serviceability condition

codes to equipment; and performs scheduled preventive maintenance of medical and dental equipment. It also repairs or replaces worn or broken parts; rebuilds and fabricates equipment or components; modifies equipment and installs new equipment; inspects and tests contractor-installed equipment; disassembles, packs, receives, and inspects equipment; maintains audio and video equipment; tests the ground contact alarm of the surgical suite electrical service and the conductivity of surgical suite floors; tests and performs preventive maintenance on WRM and pre-positioned war reserve; and monitors contract maintenance. The accounts described in subparagraphs C2.5.14.5. through C2.5.14.8. may be established depending on facility.

C2.5.14.2. Costs. Biomedical Equipment Repair shall be a summary account that includes all expenses incurred in operating and maintaining the function. Excluded are directly identifiable medical and non-medical equipment maintenance and repair services or contracts, which shall be charged directly to the account receiving the benefit of the services or contract. Total expenses shall be assigned through an expense allocation process to other support services, ancillary services, and to the final operating expense accounts. Expenses incurred in regional and area support to other medical and non-medical activities shall be identified and reported to the appropriate Special Programs (section C2.6.) account.

C2.5.14.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. Biomedical equipment hours of service.

C2.5.14.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. Personnel and overhead costs (bench stock, equipment, assigned costs from others) not directly charged shall be assigned based on a ratio of hours of service rendered to each receiving account to the total hours of service rendered to the MTF.

C2.5.14.5. Biomedical Equipment Repair: EGA

C2.5.14.5.1. Function. Biomedical Equipment Repair provides preventive maintenance, inspection, and repair of medical and dental equipment. It conducts a systematic inspection of equipment to determine operational status, and assigns service ability condition codes to equipment; performs scheduled preventive maintenance of medical and dental equipment; repairs or replaces worn or broken parts; rebuilds and fabricates equipment or components; and modifies equipment and installs new equipment. It also inspects and tests contractor-installed equipment; disassembles, packs, receives, and inspects equipment; maintains audio and video equipment; tests the ground contact alarm of the surgical suite electrical service and the conductivity of surgical suite floors; tests and performs preventive maintenance on WRM and pre-positioned war reserve; and monitors contract maintenance.

C2.5.14.5.2. Costs. Biomedical Equipment Repair shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Biomedical Equipment Repair activities. Expenses should include any incurred due to contract services as well. Exclude directly identifiable medical and non-medical equipment maintenance and repair expenses, which shall be charged directly to the account receiving the benefit of the services. Total expenses shall be assigned through an expense allocation process to other

support services, and to the final operating expense accounts. Expenses incurred in regional and area support to other medical and non-medical activities shall be identified and reported to the appropriate Special Programs (section C2.6.) account. Costs of parts not maintained as bench stock shall be directly assigned to the receiving account responsible for the end item of equipment in which the supplies were used.

C2.5.14.6. Inactive: EGB

C2.5.14.7. Inactive: EGX

C2.5.14.8. Biomedical Equipment Repair Not Elsewhere Classified: EGZ

C2.5.14.8.1. Function. Includes the expenses of Biomedical Equipment Repair that satisfy the criteria for a work center and are not described in subparagraph C2.5.14.5.

C2.5.14.8.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function. Costs of parts not maintained as bench stock shall be directly assigned to the receiving account responsible for the end item of equipment in which the supplies were used.

C2.5.15. Laundry Service: EH

C2.5.15.1. Function. Laundry Service is responsible for picking up, sorting, issuing, distributing, mending, washing, and processing in-service linens including uniforms and special linens. Dry cleaning services are also included. The accounts described in subparagraphs C2.5.15.5. through C2.5.15.8. may be established depending on facility.

C2.5.15.2. Costs. Laundry Service shall be a summary account that includes all expenses incurred in operating and maintaining the function. Total expenses shall be assigned through an expense allocation process to other support services, ancillary services, and to the final operating expense accounts. Those expenses associated with the support of unaccompanied personnel housing or other non-medical organizations or functions are charged to base operations accounts. (See the Base Operations – Medical Installations (FDB) sub-account, and the DoD PECs, “Base Operations – CONUS – Healthcare” and “Base Operations – OCONUS – Healthcare.”) The expenses to be assigned include all linen, laundry, and dry cleaning expenses associated with a contract or a Government-operated facility, including personnel costs required for the storage, issue, and repair of textiles used in the MTF and costs of initial and replacement hospital linen items and personal retention clothing items. Personal retention clothing items include white trousers and shirts for technicians and food service personnel, nurses’ uniforms, dentists’ smocks, and physicians’ coats.

C2.5.15.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. Pounds of laundry processed.

C2.5.15.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. Expenses not directly charged shall be assigned based on a ratio of pounds of dry

laundry processed for each receiving account to the total pounds of dry laundry processed for the MTF. Pieces of laundry may be used as an alternate performance factor and assignment basis only if to convert to pounds of laundry processed is not feasible. Pounds of laundry processed are the preferred measure and should be used whenever possible.

C2.5.15.5. Laundry Service: EHA

C2.5.15.5.1. Function. Laundry Service is responsible for picking up, sorting, issuing, distributing, mending, washing, and processing in-service linens including uniforms and special linens. Dry cleaning services are also included. This includes contract services.

C2.5.15.5.2. Costs. Laundry Service shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Laundry Service activities. Total expenses shall be assigned through an expense allocation process to other support services, ancillary services, and to the final operating expense accounts. Those expenses associated with the support of unaccompanied personnel housing or other non-medical organizations or functions are charged to base operations accounts. (See the Base Operations – Medical Installations (FDB) sub-account, and the DoD PECs “Base Operations – CONUS – Healthcare” and “Base Operations – OCONUS – Healthcare.”) The expenses to be assigned include all linen, laundry, and dry cleaning expenses associated with a Government-operated facility, including personnel costs required for the storage, issue, and repair of textiles used in the MTF and costs of initial and replacement hospital linen items and personal retention clothing items. Personal retention clothing items include white trousers and shirts for technicians and food service personnel, nurses’ uniforms, dentists’ smocks, and physicians’ coats.

C2.5.15.6. Inactive: EHB

C2.5.15.7. Inactive: EHX

C2.5.15.8. Laundry Service Not Elsewhere Classified: EHZ

C2.5.15.8.1. Function. Includes the expenses of Laundry Service that satisfy the criteria for a work center and are not described in subparagraph C2.5.15.5.

C2.5.15.8.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.16. Nutrition Management: EI

C2.5.16.1. Function. Nutrition Management provides services for patients and staff. Services provided include operation and management of food production and service activities; preparation and service of food; clinical nutrition management services; nutrition education; subsistence management; cost accounting; sanitation; and QA/Quality Improvement (QI) and QC. Nutrition management shall include the work centers as described in

subparagraphs C2.5.16.5. through C.2.5.16.9. Each of the work centers shall be specifically charged with the expenses incurred in the performance of its individual functions and activities.

C2.5.16.2. Costs. The Nutrition Management shall be a summary account that includes all expenses incurred in operating and maintaining this function. It excludes the expense of nursing service personnel who assist in the serving of food to patients. The total of expenses in the Nutrition Management account shall be assigned through an expense allocation process.

C2.5.16.2.1. The expenses incurred to operate a Nutrition Care Clinic shall be assigned to BAL (Nutrition Care Clinic). Expenses related to the Dining Facility for Non-Patient Meal Service shall be assigned to FDC (Dining Facility – Non-Patient Food Operations). Expenses incurred in the Nutrition Care Food Operations that cannot be directly attributed to the Dining Facility will be charged to EIB (Combined Food Operations).

C2.5.16.2.2. There are two types of meal service: Traditional Meal Service where diners pay a flat rate without regard to the menu items taken, and A la carte Meal Service where diners pay for only the selected food items. Workload comparisons should not be done between the two types of meal service.

C2.5.16.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. See third-level FCC descriptions.

C2.5.16.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. See third-level FCC descriptions.

C2.5.16.5. Patient Food Operations: EIA

C2.5.16.5.1. Function. Patient Food Operations is an output measure for the meal service provided to patients. This includes providing meal service to inpatients, outpatients, transient patients, etc. Since EIA is an output measurement, and is not a physical work center within the Nutrition Care Food Operations, no personnel should be assigned to this account. No square footage, no work hours, and no expenses of any type should be charged to this output measurement since it is not a physical location.

C2.5.16.5.2. Costs. Patient Food Operations should exclude the expense of nursing service personnel who assist in the serving of food to patients. EIA should not have any direct costs. The expense related to the Nutrition Care Clinic will be assigned to BAL. The direct cost of operating the Dining Facility – Non-Patient Food Operation will be assigned to FDC. The remaining Nutrition Care Food Operations which cannot be identified as dedicated Dining Facility – Non-Patient Food Operations will be assigned to EIB, Nutrition Care Combined Food Operations. The direct cost of operating the Nutrition Care Combined Food Operations will be assigned to EIB, and EIA and FDC will receive an allocation from EIB based on the Raw – Number of Meals Served.

C2.5.16.5.3. Service Unit. Number of Meals Served.

C2.5.16.5.3.1. Number of Meals Served includes all meals served to outpatients, APVs, inpatients, observation patients, transient patients, Cooked Therapeutic In-flight Meals (CTIM), etc. Transient Number of Meals Served are those served to transient patients, either on inpatient units or in the dining room, as reported in the FEC account in Special Programs, plus CTIMs as reported in the FEF account.

C2.5.16.5.3.2. There are two types of meal service: Traditional Meal Service where diners pay a flat rate without regard to the menu items taken, and A la carte Meal Service where diners pay for the only selected food items. Workload comparisons should not be done between the two types of meal service.

C2.5.16.5.4. Assignment Procedure. Total expenses shall be assigned based on the ratio of the Number of Meals Served to each receiving account to the total Number of Meals Served by the Nutrition Care Food Operation.

C2.5.16.6. Combined Food Operations: EIB

C2.5.16.6.1. Function. The Nutrition Care Combined Food Operations is a physical location and work center that includes all direct costs for the Nutrition Care Combined Food Operations for subsistence, food preparation, personnel, overhead, department management, etc. that cannot be directly attributed to the Dining Facility – Non-Patient Food Operations in FDC. Examples may include the meal tray operation; services that are used for inpatients, outpatients, APVs, observation patients, and transient patients; menu and recipe development for regular menu items; sanitation of combined areas (e.g., cooking island, and pots and pans); related QA/QI and QC; and subsistence accounting.

C2.5.16.6.2. Costs. Only costs, square footage, personnel, etc., that are not “dedicated” to the Dining Facility – Non-Patient Food Operations should be charged to EIB, Combined Food Operations work center. The Combined Food Operations account of EIB shall be a sub-account that includes all in-house expenses incurred in purchasing and maintaining subsistence and operating and maintaining the meal preparation and service function that provides meals used for inpatient tray assembly, outpatients, or transient patients. Activities performed may include, but are not limited to, routine inpatient rounds/screenings to determine food acceptability, menu slip preparation, therapeutic menu development, patient tray assembly, and nourishment preparation and service. They also include CTIM preparation, therapeutic diet cooking, related QA/QI and QC activities, sanitation of tray carts, patient tray assembly areas, patient tray components, food preparation area, kitchen, dishwashing area, and any tasks that support both the patient and non-patient feeding.

C2.5.16.6.2.1. The Combined Patient Food Operations should exclude the expense of nursing service personnel who assist in the serving of food to patients. The expense related to the Nutrition Care Clinic will be assigned to BAL. The direct cost of operating the Dining Facility Non-Patient Food Operation will be assigned to FDC. The remaining Nutrition Care Food Operations which cannot be identified as dedicated Dining Facility – Non-Patient Food Operations will be assigned to EIB, Nutrition Care Combined Food

Operations. The direct cost of operating the Nutrition Care Combined Food Operations will be assigned to EIB, and EIA and FDC will receive an allocation from EIB based on Raw – Number of Meals Served.

C2.5.16.6.2.2. There are two types of meal service. Traditional Meal Service where diners pay a flat rate without regard to the menu items taken and A la carte Meal Service, where diners pay for the only selected food items. Workload comparisons should not be done between the two types of meal service.

C2.5.16.6.3. Service Unit. Number of Meals Served. Should include the total count for EIA, Patient Number of Meals Served and FDC, Dining Facility – Non-Patient Number of Meals Served.

C2.5.16.6.4. Assignment Procedure. Total expenses shall be assigned based on the ratio of patient number of meals served (EIA) and non-patient number of meals served (FDC) in each receiving account to the total Number of Meals Served (EIB) in the MTF. The square footage reported for EIB will generate an allocation from the ED** FCC overhead accounts to EIB, based on the pro rata share of the MTF square footage. Square footage and direct costs reported in EIB, Combined Food Operations will then be distributed to either EIA or FDC based on pro rata share of the number of meals served. Square footage and direct costs reported in FDC, Dining Facility – Non-Patient Food Operations will not generate an allocation to either EIA or EIB.

C2.5.16.7. In-patient Clinical Nutrition Management: EIC

C2.5.16.7.1. Function. Inpatient Clinical Nutrition Management and comprehensive nutritional care for inpatients. Activities include coordination of change in diet requirements; dietary kardex maintenance; developing nutrition care plans; nutritional assessment and reassessment; diet and nutrient calculations; providing basic nutrition care recommendations and documentation; interdisciplinary healthcare activities; nutrition counseling for inpatients; discharge planning; QA/QI and QC activities; and management of clinical nutrition management activities.

C2.5.16.7.2. Costs. Inpatient Clinical Nutrition Management shall be a sub-account that includes all expenses incurred for providing inpatient clinical nutrition care. The expense of nutrition management personnel will be included in Patient Food Operations (EIA) when distributing and collecting menus, preparing menu slips, tallies, and conducting routine inpatient rounds to determine patient satisfaction and food preference.

C2.5.16.7.3. Service Unit. Weighted patient nutrition procedure. (See Table C2.T6.)

C2.5.16.7.4. Assignment Procedure. Total expenses shall be assigned based on the ratio of weighted inpatient nutrition procedures performed in each receiving account to the total weighted inpatient nutrition procedures performed in the MTF. Weighted inpatient nutrition procedures shall include all nutrition care activities documented by dietary progress notes and consultations in inpatient medical records within the scope of practice whether or not a specific request was initiated to dietary.

C2.5.16.8. Inactive: EIX

Table C2.T6. Inpatient Clinical Nutrition Weighted Procedures

Weighted Patient Nutrition Procedures are based on weighted factors, which reflect the resource intensity of the various procedures rendered to inpatients under Clinical Nutrition Management (EIC). Different weights are assigned when the procedure is completed by a dietitian or by an enlisted technician. Specific examples of medical record documentation that support each type of procedure are available from the Military Service headquarters MEPRS representative. The following are the basic guidelines.

1. Basic Nutrition Procedure. A medical record entry for a basic nutrition procedure includes references to services such as basic screening (height, weight, age, percent desirable body weight, percent usual body weight); diagnosis; initial sample notification of NPO/CL or inadequate intake more than 3 – 5 days; basic nutrition care follow-up and consultation to assess patient's progress on current nutrition therapy with basic recommendation (modification of diet order), brief re-evaluation, or limited assessments; basic discharge planning (including weekly rounds and simple medical record entries documenting discharge diet); basic diet-drug interaction counseling for antibiotics and gastrointestinal preparations.

Dietitian Weighted Value = 0.25

Technician Weighted Value = 0.20 (only tasks for which they are trained and authorized)

2. Intermediate Nutrition Procedure. A medical record entry for an intermediate nutrition procedure includes references to services such as notification of NPO/CL or inadequate intake with recommendation for oral nutrition support; expanded nutrition screening involving medical record review and items such as anthropometric measurement, laboratory values of nutritional significance, over-the-counter and prescription drugs, vitamin and mineral supplements, and hand grip strength; nutrition assessments that result in establishment of nutrition goals for disease management and prevention for patients at moderate nutritional risk or receiving intermediate diets; intermediate diet-drug interaction counseling for oral hypoglycemics, insulin, monoamine oxidase inhibitors, antalipemics, and psychotropic drugs; follow-up evaluation for medically stable patients receiving tube feeding and parenteral nutrition; and discharge summary and coordination with other agencies and specialties (e.g., Meals-On-Wheels, social services, and instructions on glucometers).

Intermediate diet examples are mechanical soft, mineral-restricted, single-nutrient restriction, no added salt (4 Gm Sodium (Na)), consistency modifications, gastric-stimulant restriction, and high-fiber.

Dietitian Weighted Value = 0.65

Technician Weighted Value = 0.45 (only tasks for which they are trained and authorized)

3. Complex Nutrition Procedure. A medical record entry documenting complex nutrition procedures include reference to services such as nutrition assessment evaluation consultation; re-evaluation for high-risk patients with multiple nutrition-related disease states; malnutrition diagnosis or multiple nutrient or complex nutrient alterations; pediatric nutritional assessments; initial nutritional work-up for tube feeding and enteral supplement or parenteral nutrition; follow-up for medically unstable patients receiving tube feeding or parenteral nutrition; calculation of individualized menu patterns and nourishment requirements for complex diets.

Examples of complex diets are vegetarian, special diets for cancer patients, diabetic, reactive hypoglycemia, weight-reduction, behavior-modification, prenatal weight control, galactose-restricted, renal, protein-restricted, gluten-restricted, leucine-restricted, Phenylketonuria, fat-controlled and cholesterol-restricted, ketogenic, less than 2 Gm Na, combined diets (two or more, e.g., 2 Gm Na and 1800 Cal), mineral-restriction (copper, calcium, phosphorus), vertical-banded gastroplasty, elimination diets, HIV diets, and calorie-counts diets.

Dietitian Weighted Value = 1.30

Technician Weighted Value = 0.75 (only tasks for which they are trained and authorized)

4. Extensive Nutrition Procedures. Extensive nutrition procedures include highly specialized nutritional care that requires extensive literature research, in-depth nutritional assessment of numerous clinical and biomedical findings, multi-disciplinary meetings or rounds (nutrition support

team) to discuss patient care for patients with metabolic complications.

Dietitian Weighted Value = 2.50 (No technician at this level)

C2.5.16.9. Nutrition Management Not Elsewhere Classified: EIZ

C2.5.16.9.1. Function. Nutrition Management Not Elsewhere Classified includes the expenses of nutrition management that satisfy the criteria for a work center and are not described in subparagraphs C2.5.16.5. through C2.5.16.7.

C2.5.16.9.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.16.9.3. Service Unit. Number of Meals Served or weighted inpatient nutrition procedures.

C2.5.16.9.4. Assignment Procedure. Assignment Procedure shall be based on the performance factor used. (See EIA through EIC.)

C2.5.17. Inpatient Care Administration: EJ

C2.5.17.1. Function. The Patient Administration Division/Department for Inpatient Care reviews and codes inpatient clinical records, exercises administrative control of inpatients and inpatient beds, and ensures inpatient clinical records are prepared and maintained. Initiates proper clearance of outgoing/discharged inpatients.

C2.5.17.2. Costs. Inpatient Care Administration shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in subparagraphs C2.5.17.5. through C2.5.17.7.

C2.5.17.3. Allocation Factor For Intermediate (Non-Cost Pool) Account Codes. Dispositions.

C2.5.17.4. Assignment Procedure For Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned to Inpatient Care (section C2.1.) accounts based on a ratio of dispositions in each receiving account to the total number of inpatient dispositions in the MTF.

C2.5.17.5. Inpatient Care Administration: EJA

C2.5.17.5.1. Function

C2.5.17.5.1.1. The Patient Administration Division/Department for Inpatient Care reviews and codes inpatient clinical records for completeness and accuracy, exercises administrative control of inpatients and inpatient beds, and ensures adequate clinical records are prepared and maintained for inpatients. Maintains inpatient control files, inpatient suspense files, and inpatient bed-status availability worksheet.

C2.5.17.5.1.2. Inpatient Care Administration reviews inpatient clinical records for completeness and conformity with military directives and standards of recognized accrediting agencies, places completed clinical inpatient records in permanent folders, provides administrative support for clinical inpatient records, prepares a checklist for missing elements or incomplete inpatient records and refers to responsible physician or ward for correction, types and processes inpatient clinical record cover sheets and maintains clinical inpatient record files and cross-reference cards, locates and files previous inpatient admission records in current folder for patients readmitted, maintains permanent indexes on inpatients, ensures adequate security of inpatient record data and files, and retires inpatient records and files in accordance with current directives.

C2.5.17.5.1.3. Inpatient Care Administration withdraws records from files for physicians, research studies, and committees; prepares the “Seriously Ill” and “Very Seriously Ill” inpatient lists; prepares documentation required for the inpatient admissions and disposition sheet; maintains inpatients’ clothing and baggage; advises appropriate organizations of inpatients admitted from duty, leave, liberty, pass, and permanent change of station (PCS) or absent without leave (AWOL); and ensures proper clearance of outgoing/discharged inpatients. For Air Force only, initiates third party actions for inpatients.

C2.5.17.5.1.4. For maintenance of death ledgers, correspondence for deceased patients, preparation of death certificates, furnishing death lists to the Vital Statistics Office, news media, Public Affairs Office, or Casualty Officer, see FDD, Decedents Affairs (except Air Force). For Third Party Collections Administration/UBO office, see EBH, Third Party Collection Administration. For medical and physical evaluation boards, to include participation in the medical board process and physician review of the medical records of Medical Hold patients, see FED, Military Patient Personnel Administration. For Treasurer Office/Cashier, see EBC, Administration. For Chief/Head of Patient Administration Division/Department, see EBC. For Patient Ambulatory Care Administration, see EKA.

C2.5.17.5.2. Costs. Inpatient Care Administration shall be a sub-account that includes all expenses incurred in operating and maintaining the inpatient function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Inpatient Care Administration activities. Total expenses shall be assigned through an expense allocation process to the final operating expense accounts.

C2.5.17.6. Inactive: EJX

C2.5.17.7. Inpatient Care Administration Not Elsewhere Classified: EJZ

C2.5.17.7.1. Function. Includes the expenses of Inpatient Care Administration that satisfy the criteria for a work center and are not described in subparagraph C2.5.17.5.

C2.5.17.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.18. Ambulatory Care Patient Administration: EK

C2.5.18.1. Function

C2.5.18.1.1. Patient Administration Division/Department for Ambulatory Care develops and implements administrative procedures used throughout the ambulatory care function, performs a variety of clerical duties pertaining to outpatients and outpatient records, and conducts technical review of requests for procurement of equipment for components of the ambulatory care function.

C2.5.18.1.2. For maintenance of death ledgers, correspondence for deceased patients, preparation of death certificates, furnishing death lists to the Vital Statistics Office, news media, Public Affairs Office, or Casualty Officer, see FDD, Decedents Affairs (except Air Force). For Third Party Collections Administration/UBO office, see EBH, Third Party Collection Administration. For medical and physical evaluation boards, to include participation in the medical board process and physician review of the medical records of Medical Hold patients, see FED, Military Patient Personnel Administration. For Treasurer Office/Cashier, see EBC, Administration. For Chief/Head of Patient Administration Division/Department, see EBC. For Inpatient Care Administration, see EJA. For Central Appointments, see ELA.

C2.5.18.2. Costs. Ambulatory Care Patient Administration shall be a summary account that includes all expenses incurred in operating and maintaining the functions as described in subparagraphs C2.5.18.6. through C2.5.18.8. Total expenses shall be assigned through an expense allocation process to all Ambulatory Care (section C2.2.) accounts.

C2.5.18.3. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Total visits.

C2.5.18.4. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned to Ambulatory Care (section C2.2.) accounts based on the ratio of outpatient visits to each receiving account to the total outpatient visits reported by the MTF.

C2.5.18.5. Ambulatory Care Patient Administration: EKA

C2.5.18.5.1. Function

C2.5.18.5.1.1. Patient Administration Division/Department for Ambulatory Care develops and implements administrative procedures used throughout the ambulatory care function, performs a variety of clerical duties pertaining to outpatients and outpatient records and conducts technical review of the ambulatory care function, establishes a new terminal digit outpatient treatment record on patients who have not previously received outpatient care, prepares outpatient recording cards as required, and maintains the locator media for outpatient records. Maintains the terminal digit filing system for outpatient treatment

records; files dictated outpatient treatment notes, special request forms (laboratory, X-ray, etc.), and related materials in the proper record jacket; reviews outpatient treatment records to ensure completeness and conformity with military directives and standards of recognized accrediting agencies; ensures the daily issue of outpatient treatment records to clinics in advance of scheduled appointments; and receives, transfers, and retires all outpatient records as required. For Air Force only, initiates third party actions for outpatients.

C2.5.18.5.1.2. EKA should only be used by personnel who are dedicated to the ambulatory care/outpatient care mission in the Patient Care Administration Division/Department. Since this account allocates to all Ambulatory “B” work centers based on total visits, all Ambulatory Care coders should be reported in this account, regardless of location. This includes Ambulatory Care coders who may be dedicated to specific clinics.

C2.5.18.5.2. Costs. Ambulatory Care Patient Administration shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Ambulatory Care Patient Administration. Total expenses shall be assigned through an expense allocation process to all ambulatory accounts.

C2.5.18.6. Inactive: EKX

C2.5.18.7. Ambulatory Care Patient Administration Not Elsewhere Classified:
EKZ

C2.5.18.7.1. Function. Includes the expenses of Ambulatory Care Patient Administration that satisfy the criteria for a work center and are not described in subparagraph C2.5.18.5.

C2.5.18.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.5.19. Managed Care Administration: EL

C2.5.19.1. Function. Managed Care Administration includes multiple functions and is titled differently among the Services and at the MTF level, such as Healthcare Operations Directorate/Division. This administrative division/department accomplishes a variety of services that support the medical group’s healthcare operation.

C2.5.19.2. Costs

C2.5.19.2.1. Managed Care Administration shall be a sub-account that includes all expenses incurred in operating and maintaining the functions as described in subparagraphs C2.5.19.4. through C2.5.19.6.

C2.5.19.2.2. The TRICARE Regional Office (TRO) and the Tricare Contractor activities in support of Managed Care Administration should not be captured in MEPRS.

C2.5.19.3. Allocation Factor for Intermediate (Non-Cost Pool) Account Codes. Available FTE work-months.

C2.5.19.4. Assignment Procedure for Intermediate Non-Cost Pool Account Codes. Total expenses shall be assigned based on the ratio of each receiving account's available FTE work-months to the total available FTE work-months in all receiving accounts.

C2.5.19.5. Managed Care Administration: ELA

C2.5.19.5.1. Function. Managed Care Administration includes multiple functions and is titled differently among the Services and at the MTF level, such as Healthcare Operations Directorate/Division. This administrative division/department accomplishes a variety of services that support the medical group healthcare operation. This function provides a range of services to support DoD beneficiaries to include health benefits counseling, plan enrollment, marketing and education, appointments outside the MTF, referrals (including aeromedical evacuation), utilization management and review, medical management, clinical support, central appointment service, patient appointment supervision, credentialing, case management, and clinic liaisons. It supports both internal and external providers to include network development, and prepares non-availability statements when appropriate. It also provides administrative support necessary for the movement of patients from one treatment facility to another.

C2.5.19.5.2. Costs. Managed Care Administration shall be a sub-account that includes all expenses incurred in operating and maintaining the functions as described in subparagraphs C2.5.19.6. through C2.5.19.8. Costs in ELA should only allocate to Inpatient "A" and Outpatient "B" accounts.

C2.5.19.6. Inactive: ELX

C2.5.19.7. Managed Care Administration Not Elsewhere Classified: ELZ

C2.5.19.7.1. Function. Managed Care Administration Not Elsewhere Classified includes the expenses of Managed Care Administration that satisfy the criteria for a work center and are not described in subparagraph C2.5.19.6.

C2.5.19.7.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.6. SPECIAL PROGRAMS: F

C2.6.1. Function. The Special Programs functional account summarizes the expenses incurred by an MTF resulting from performing those portions of its military mission other than

direct patient care. This account is necessary to prevent these expenses from aggregating into a non-descriptive “other” account and then being charged to the facility’s direct patient care accounts. The summary accounts included are Specified Health-Related Programs, Public Health Services, Healthcare Services Support, Military-Unique Medical Activities, and Patient Movement and Military Patient Administration.

C2.6.2. Costs. The Special Programs functional account shall include all expenses recorded by the summary accounts as described in paragraphs C2.6.9. through C2.6.13.

C2.6.3. Service Unit(s) for Special Programs Final Account Codes. Not applicable. (Exception: See C2.6.10.15. for FBN.)

C2.6.4. Service Unit(s) for Cost Pools. Not applicable.

C2.6.5. Allocation Factor For Special Programs Final Account Codes. Not applicable.

C2.6.6. Allocation Factor for Cost Pools. To be determined by the nature of the functions assigned and the expenses incurred (likely to be available FTE work-months).

C2.6.7. Assignment Procedure for Special Programs Final Account Codes. Not applicable for final account Special Programs. These final operating expense accounts shall not be reassigned during the expense allocation process described in Chapter 3.

C2.6.8. Assignment Procedure for Cost Pools. Expenses and FTEs of shared performing work centers are distributed to requesting work centers based on like performance factors. Cost pools are purified in alphabetical order before the expense allocation process described in Chapter 3.

C2.6.9. Specified Health-Related Programs: FA

C2.6.9.1. Function. The Specified Health-Related Programs summary account includes the expenses incurred by the MTF resulting from performing services prescribed or approved by the Department of Defense or the Military Services. The functions of the accounts are not established primarily for conduct of patient care, even though patient care may be necessary in the performance of the functions.

C2.6.9.2. Costs. The Specified Health-Related Programs account shall be a sub-account that includes all expenses incurred in operating and maintaining the functions as described in subparagraphs C2.6.9.3. through C2.6.9.21.

C2.6.9.3. Area Reference Laboratories: FAA

C2.6.9.3.1. Function. Area Reference Laboratories provide all types of clinical laboratory and forensic toxicology procedures and tests, as well as examination of meat, dairy products, and other foods for activities of the Military Services. (Excludes routine

laboratory procedures and tests performed for the MTF of which it is an integral part.) Area Reference Laboratories are at the following locations.

C2.6.9.3.1.1. Brooke Army Medical Center, Fort Sam Houston,
TX 78234.

C2.6.9.3.1.2. Dwight David Eisenhower Army Medical Center,
Fort Gordon, GA 30905.

C2.6.9.3.1.3. Fitzsimons Army Medical Center, Denver, CO
80240.

C2.6.9.3.1.4. Madigan Army Medical Center, Tacoma, WA
98431.

C2.6.9.3.1.5. Tripler Army Medical Center, APO San Francisco,
CA 96438.

C2.6.9.3.1.6. Walter Reed Army Medical Center, Washington, DC
20012.

C2.6.9.3.1.7. William Beaumont Army Medical Center, El Paso,
TX 79920.

C2.6.9.3.1.8. National Naval Medical Center, Bethesda, MD
20814-5011.

C2.6.9.3.1.9. USA Hospital, Landstuhl, APO New York 09180.

C2.6.9.3.2. Costs. The Area Reference Laboratories shall be a sub-account that includes all expenses incurred in operating and maintaining this function. When services are requested by another supported facility that requires travel by personnel assigned to this function, the incurred expenses shall be charged to the MTF requesting the service.

C2.6.9.4. Area Dental Prosthetic Laboratory (Type 1): FAB

C2.6.9.4.1. Function. The Area Dental Prosthetic Laboratory (Type 1) facility is an entity designated specifically to support other dental facilities on a regional basis. The capabilities of the Area Dental Prosthetic Laboratory (Type 1) facility include the assignment of a full time, board-certified, board-eligible, or trained prosthodontist; consultation for Uniformed Services dental officers; conducting CE programs for dental personnel; preparing and processing education bulletins; conducting user tests of new prosthetic materials and refinement of techniques; providing fixed prosthodontic capability; providing removable prosthodontic capability; providing all metal casting capability; and providing unique services, as required, such as orthodontic support and appliances, surgical implant appliances, maxillofacial appliances, teaching models, and aids.

C2.6.9.4.2. Costs. The Area Dental Prosthetic Laboratory (Type 1) shall be a sub-account that includes all expenses incurred in operating and maintaining the area dental prosthetic laboratory funded under DoD PECs, “Dental Care Activities – CONUS;” “Dental Care Activities – OCONUS;” “Defense Medical Centers, Station Hospitals and Medical Clinics – CONUS;” and “Defense Medical Centers, Station Hospitals and Medical Clinics – OCONUS.”

C2.6.9.5. Ophthalmic Fabrication and Repair: FAC

C2.6.9.5.1. Function. Ophthalmic Fabrication and Repair includes the fabrication and reparation of single and multi-vision spectacles for authorized DoD beneficiaries and other designated Federal beneficiaries.

C2.6.9.5.2. Costs. The Ophthalmic Fabrication and Repair shall be a sub-account that includes all expenses incurred in operating and maintaining military ophthalmic laboratories and units funded under DoD PECs, “Defense Medical Centers, Station Hospitals and Medical Clinics – CONUS” and “Defense Medical Centers, Station Hospitals and Medical Clinics – OCONUS.” Contract purchases by direct patient care accounts for items such as contact lenses, hearing aid spectacles, and safety spectacles shall be directly assigned to the receiving account.

C2.6.9.6. DoD Military Blood Program: FAD

C2.6.9.6.1. Function. An MTF may be required to perform certain tasks in support of the DoD Military Blood Program that do not contribute, or only partially contribute, to the patient care within the facility. These tasks may include collection, processing, storage, and distribution of whole blood and its fractions. (See your Service blood program guidance.)

C2.6.9.6.2. Costs. The DoD Military Blood Program shall be a sub-account that includes all expenses incurred by the MTF in the performance of specific tasks to support the DoD Military Blood Program.

C2.6.9.7. Inactive: FAE

C2.6.9.8. Screening and Testing Program: FAF

C2.6.9.8.1. Function. The Screening and Testing Program is a DoD-sponsored program, implemented by the Military Services requiring systematic screening and testing of certain categories of military and civilian personnel. Such programs include, but are not limited to, the Drug Abuse Testing Program and the Acquired Immune Deficiency Syndrome Testing Program.

C2.6.9.8.2. Costs. The Screening and Testing Program shall be a sub-account that includes all expenses incurred in operating and maintaining the function.

C2.6.9.9. Inactive: FAG

C2.6.9.10. Clinical Investigation Program: FAH

C2.6.9.10.1. Function. The Clinical Investigation Program encompasses those formally approved programs and activities of all MTFs that enhance teaching and the organized inquiry into clinical health problems, and promotes optimal healthcare delivery to the total military community. Exceptions are those research protocols that are unique to the operational missions of the individual services and are included within the respective service research and development programs. The specific objectives of the Clinical Investigation Program are to achieve continuous improvement in the quality of patient care; create and maintain a continuing atmosphere of inquiry into better healthcare delivery techniques, systems, and procedures; provide experience and new knowledge in healthcare delivery through organized clinical investigation; and contribute to maintaining high professional standing and accreditation of advanced healthcare, educational, and training programs.

C2.6.9.10.2. Costs. The Clinical Investigation Program shall be a sub-account that includes all expenses incurred in the direction and execution of the function. The incidental use of supplies and medical equipment that are routinely stocked or maintained for the primary purpose of supporting patient care functions and that have an insignificant total cost in a clinical investigation project may be excluded. Conversely, any special equipment or supplies purchased or procured primarily for the essential conduct of a clinical investigation project shall be included in the costs.

C2.6.9.11. Physiological Training and Support Program: FAI

C2.6.9.11.1. Function. The Physiological Training and Support Program teach flying personnel the stress of modern military aviation and space flight and prepare them to meet these stresses. The program includes operation of low-pressure chambers, operation of ejection seat trainers, and the management of all pressure suit activities. The program is also responsible for the operation of compression chambers used in HBO therapy.

C2.6.9.11.2. Costs. The Physiological Training and Support Program shall be a sub-account that includes all expenses incurred in operating and maintaining the function funded under DoD PECs, “Defense Medical Centers, Station Hospitals and Medical Clinics – CONUS” and “Defense Medical Centers, Station Hospitals and Medical Clinics – OCONUS.”

C2.6.9.12. Inactive: FAJ

C2.6.9.13. Trainee Expenses – Other Than GME or GDE Program: FAK

C2.6.9.13.1. Function. The Trainee Expenses – Other Than GME or GDE Program includes the portion of trainee salary expenses and work-hours represented by the time the trainee is in a pure learner role (classroom, work center training, etc.) under programs defined in the MEPRS EBF sub-account. This sub-account excludes trainees in the GME and

GDE programs as outlined in the MEPRS EBE and EBF sub-accounts. Trainee salary expenses related to time directly contributing to work center output must be charged to the receiving work center, as specified under costs.

C2.6.9.13.2. Costs. The Trainee Expenses – Other Than GME or GDE Program shall be a sub-account that includes all trainee salaries computed for the time the trainee is in a pure learner role in a training program other than GME or GDE. Labor distribution of trainee salaries are determined as follows.

C2.6.9.13.2.1. If the trainee's curricula require mainly classroom training and patient care or support is incidental, the labor shall be 50 percent chargeable to this sub-account and 50 percent chargeable to the work center(s) the trainee supports.

C2.6.9.13.2.2. If the trainee mainly performs clinical tasks that would normally be performed by permanently assigned personnel, the labor shall be 30 percent chargeable to this sub-account and 70 percent chargeable to the work center(s) the trainee supports.

C2.6.9.13.2.3. If the trainee's curricula are entirely classroom training, 100 percent of the trainee's time is chargeable to this sub-account. The local administrative office should assist in creating site-specific, work-hour templates or schedules to ensure accurate and timely reporting in MEPRS EAS.

C2.6.9.14. Continuing Education (CE): FAL

C2.6.9.14.1. Function. The CE Program includes the time and expenses incurred by the MTF in support of continuing health education requirements. It includes all continuing health education programs, regardless of location or source of instruction.

C2.6.9.14.2. Costs. The CE Program shall be a sub-account that includes all expenses incurred in support of continuing health education requirements. Costs may include tuition, Temporary Additional Duty (TAD) or Temporary Duty (TDY) expenses, salaries, fees, and contractual expenses.

C2.6.9.15. GME Intern and Resident Expenses – Physicians Program: FAM

C2.6.9.15.1. Function. The GME Intern and Resident Expenses – Physicians Program includes the portion of trainee salary expenses and work-hours represented by the time the physician participating in a GME program is in a pure learner role (classroom, work center training, etc.). GME programs are defined in the MEPRS EBE account. GME trainee salary expenses related to time spent directly contributing to work center output must be charged to the receiving work center.

C2.6.9.15.2. Costs. The GME Intern and Resident Expenses Program shall be a sub-account that includes GME trainee salary expenses computed for the time the trainee is in a pure learner role in a GME program. During the first year of GME, labor

distribution of the trainee's monthly salary shall be 50 percent chargeable to this sub-account and 50 percent chargeable to the work center(s) the trainee supports. For the trainee who has completed the first year, labor distribution during the second and later years of GME (in which the curricula require mainly performance of clinical tasks), shall be 30 percent chargeable to this sub-account and 70 percent chargeable to the work center(s) the trainee supports. The recommended procedure to capture this workload is using work-hour templates or schedules. The local GME administrative office should assist in creating site-specific templates or schedules to ensure accurate and timely reporting in MEPRS EAS.

C2.6.9.16. GDE Intern and Resident Expenses – Dentists Program: FAN

C2.6.9.16.1. Function. The GDE Intern and Resident Expenses – Dentists Program includes the portion of trainee salary expenses and work-hours represented by the time the trainee participating in a GDE program is in a pure learner role (classroom, work center training, etc.). GDE programs are defined in the MEPRS EBI sub-account. GDE trainee salary expenses related to time directly contributing to work center output must be charged to the receiving work center.

C2.6.9.16.2. Costs. The GDE Intern and Resident Expenses – Dentists Program shall be a sub-account that includes GDE trainee salary expenses computed for the time the trainee is in a pure learner role in a GDE program. During the first year of GDE, labor distribution of the trainee's monthly salary shall be 50 percent chargeable to this sub-account and 50 percent chargeable to the work center(s) the trainee supports. For the trainee who has completed the first year, labor distribution during the second and later years of GDE (in which the curricula require mainly performance of clinical tasks), shall be 30 percent chargeable to this sub-account and 70 percent chargeable to the work center(s) the trainee supports. The recommended procedure to capture this workload is using work-hour templates or schedules. The local GDE administrative office should assist in creating site-specific templates or schedules to ensure accurate and timely reporting in MEPRS EAS.

C2.6.9.17. GME Fellowship and Resident Expenses – Full-Time Research Program: FAO

C2.6.9.17.1. Function. The GME Fellowship and Resident Expenses – Full-Time Research Program includes the portion of trainee salary expenses and work-hours for fellows and residents performing full-time research and no patient care. GME programs are defined in the EBE sub-account. The period of time for which the fellow or resident is performing full-time research shall be charged to this sub-account.

C2.6.9.17.2. Costs. The GME Fellowship and Resident Expenses – Full-Time Research Program shall be a sub-account that includes fellow and resident trainee salary expenses when they are performing full-time research under the GME program. Fellow and resident trainees' monthly labor expenses shall be charged to this sub-account for the period they are performing full-time research, as specified by the GME program. The recommended procedure to capture this workload is work-hour templates or schedules. The local GME

administrative office should assist in creating site-specific templates or schedules to ensure accurate and timely reporting in MEPRS.

C2.6.9.18. GME Fellowship Expenses Program: FAP

C2.6.9.18.1. Function. The GME Fellowship Expenses Program includes the portion of fellowship trainee salary expenses and work-hours represented by the time the physician is in a GME fellowship program. GME programs are defined in the EBE account. Fellow trainee salary expenses related to time directly contributing to work center output must be charged to the receiving work center.

C2.6.9.18.2. Costs. The GME Fellowship Expenses Program shall be a sub-account that includes fellow trainee salary expenses for the time the physician is in a pure learner role in a GME fellowship program. Labor distribution of the fellow trainee shall be 10 percent chargeable to this account and 90 percent chargeable to the work center(s) the trainee supports. The recommended procedure to capture this workload is work-hour templates or schedules. The local GME administrative office should assist in creating site-specific templates or schedules to ensure accurate and timely reporting in MEPRS.

C2.6.9.19. GDE Fellowship Expenses Program: FAQ

C2.6.9.19.1. Function. The GDE Fellowship Expenses Program includes the portion of fellowship trainee salary expenses and work-hours represented by the time the dentist is in a GDE fellowship program. GDE programs are defined in the MEPRS EBI account. Fellow trainee salary expenses related to time directly contributing to work center output must be charged to the receiving work center.

C2.6.9.19.2. Costs. The GDE Fellowship Expenses Program shall be a sub-account that includes fellow trainee salary expenses for the time the physician is in a pure learner role in a GDE fellowship program. Labor distribution of the fellow trainee shall be 10 percent chargeable to this account and 90 percent chargeable to the work center(s) the trainee supports. The recommended procedure to capture this workload is work-hour templates or schedules. The local GDE administrative office should assist in creating site specific templates or schedules to ensure accurate and timely reporting in MEPRS.

C2.6.9.20. Inactive: FAX

C2.6.9.21. Specified Health-Related Programs Not Elsewhere Classified: FAZ

C2.6.9.21.1. Function. Includes the expenses of those Specified Health-Related Programs that satisfy the criteria for a work center and are not described in subparagraphs C2.6.9.3. through C2.6.9.19.

C2.6.9.21.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.6.10. Public Health Services: FB

C2.6.10.1. Function. The Public Health Services account summarizes the expenses of an MTF that are incurred as the result of performing health services necessary to the Military Service environment. The summarized accounts are. Preventive Medicine; Industrial Hygiene Program; Radiation Health Program; Environmental Health Program; Epidemiology Program; and Immunizations.

C2.6.10.2. Costs. The Public Health Services shall be a summary account that includes all expenses recorded by the accounts as outlined in subparagraphs C2.6.10.4. through C2.6.10.17.

C2.6.10.3. Inactive: FBA

C2.6.10.4. Preventive Medicine: FBB

C2.6.10.4.1. Function. Various terms are used by the Military Services to describe those functions constituting a program of medical service surveillance over human beings and their living and working environments, to ensure that potential hazards to individual and community health are identified, evaluated, eliminated, or controlled. Primary functions associated with this special program include monitoring activities that affect the community environment. These include monitoring of potable water sources, surveillance of public swimming areas, and verifying compliance with environmental pollution laws; evaluating workplace environment for such things as exposure to physical, chemical, or biological health risks; checking solid and liquid waste disposal operations; implementing and monitoring programs to protect against adverse effects of potentially toxic chemicals and harmful physical agents such as ionizing or non-ionizing radiation, noise, and extremes of heat, cold, and altitude; and limiting the acute community health and environmental effects of disasters. This account shall be used only when the functions described in the Industrial Hygiene Program (FBC) and in the Radiation Health Program (FBD) are not separately established.

C2.6.10.4.2. Costs. The Preventive Medicine shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Preventive Medicine activities.

C2.6.10.5. Industrial Hygiene Program: FBC

C2.6.10.5.1. Function. The Industrial Hygiene Program conducts surveys and inspections of workplaces to identify, evaluate, and recommend control of those health hazards arising in or from the workplace that may cause sickness, impaired health and well-being, or significant discomfort among civilian and military personnel.

C2.6.10.5.2. Costs. The Industrial Hygiene shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for

personnel, supplies, travel, and any other expenses identified directly in support of Industrial Hygiene activities.

C2.6.10.6. Radiation Health Program: FBD

C2.6.10.6.1. Function. The Radiation Health Program supports ionizing and non-ionizing radiation surveys, radiation medical examinations, personnel monitoring, recording and reporting of radiation exposure, and training in radiation health. This program is associated with nuclear propulsion; nuclear weapons; and industrial, medical, and dental radiation sources.

C2.6.10.6.2. Costs. The Radiation Health Program shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Radiation Health Program activities.

C2.6.10.7. Environmental Health Program: FBE

C2.6.10.7.1. Function. The Environmental Health Program assesses and reduces incidence of diseases and their effects on base operations and on neighboring communities; evaluates and maintains the occupational health of military and civilian personnel; protects the health of personnel by preventing food-borne procurement activities; and supports preventive medicine and occupational health programs and maintains liaison with other Agencies and communities. It also identifies disease vector populations; evaluates sanitation of food operating activities and public facilities such as gymnasiums, barber and beauty shops, and day care centers; and responds to disasters by controlling food-borne supplies and participating in Nuclear, Biological, and Chemical (NBC) decontamination procedures. The Environmental Health Program account includes those functions described in the Epidemiology Program (FBF) when not separately established.

C2.6.10.7.2. Costs. The Environmental Health Program shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Environment Health Program activities.

C2.6.10.8. Epidemiology Program: FBF

C2.6.10.8.1. Function. The Epidemiology Program implements programs and provides consultation and training on the prevention and necessary control measures for communicable diseases. The program administers troop pre-deployment and post-deployment disease surveillance programs; performs epidemiological investigations, evaluations, and provides reports; compiles routine data to monitor trends for disease (including heat and cold injuries) of significance to military populations; and compiles necessary morbidity on diseases not requiring hospitalization when such data are required for proper disease control. The Program administers sexually transmittable Disease Control Program and the Medical Wellness Program; ensures compliance with local, State, and DoD Directives and Instructions about the

reporting of reportable diseases, and provides professional consultation about immunization requirements. It provides consultation about prevention and control measures for chronic diseases of significance to military populations (e.g., cancer detection, hypertension screening, glaucoma, diabetes, and heart disease). The program establishes heat and cold injury prevention program, provides training, disseminates education materials, and provides information on the use of Wet Bulb Globe Temperature, Wet Globe Thermometer, and wind chill indices.

C2.6.10.8.2. Costs. The Epidemiology Program shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Epidemiology Program activities.

C2.6.10.9. Inactive: FBG

C2.6.10.10. Inactive: FBH

C2.6.10.11. Immunizations: FBI

C2.6.10.11.1. Function. Immunizations administer routine immunizations and parenteral medications to individuals and groups. It observes patients for untoward reactions to immunological agents and medications, and initiates emergency measures, as required. It also initiates, records, and maintains immunization records and reports, and gives post-immunization instructions about expected or possible adverse reactions and instructions for proper care of smallpox vaccinations.

C2.6.10.11.2. Costs. Immunizations work center shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, equipment, travel, and other expenses identified directly in support of Immunizations activities. The costs of immunizations given by direct-care functions (e.g., pediatric care and emergency medical care) shall not be included in this account.

C2.6.10.12. Early Intervention Services (EIS): FBJ

C2.6.10.12.1. Function. EIS are provided to infants and toddlers (from birth through 2 years of age) with disabilities, and their families, in accordance with section 1400 of title 20 United States Code (Reference (o)). These are developmental services that are provided by a multi-disciplinary team and include, but not limited to, the following services: family training, counseling, and home visits; special instruction; speech pathology and audiology; occupational therapy; physical therapy; psychological services; case management (service coordination); medical services for diagnostic or evaluation purposes; early identification, screening, and assessment services; health services; vision services; social work services; and assistive technology services. These services are provided to infants and toddlers who, but for their age, would be eligible to attend DoD Domestic Dependents Elementary and Secondary School arrangements located stateside or in U.S. territories or possessions or in DoD Dependents Schools (DoDDS) overseas. Services may be delivered in the infant's or toddler's home, childcare center, family childcare home, school facility, or the multi-disciplinary team

designated location. Evaluations, assessments, or treatments provided by caregivers other than the multi-disciplinary team are captured under the clinical specialty providing the service.

C2.6.10.12.2. Costs. EIS shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of EIS activities.

C2.6.10.13. Medically Related Services (MRS): FBK

C2.6.10.13.1. Function. MRS are provided in accordance with Reference (i). Children served are those 3 to 21 years of age with educational disabilities who are eligible to receive or are receiving special education overseas. These services include direct and indirect services that are required by a DoDDS Case Study Committee (CSC) to determine a student's eligibility for special education and, if eligible, the provision of MRS described on the child's IEP. These services are provided under professional medical supervision and may include medical services for diagnostic and evaluative purposes; social work; community health nursing; dietary; occupational therapy; physical therapy; audiology; ophthalmology; and psychological testing and therapy. These services are provided in the school facility, the multi-disciplinary team-designated location, or in other locations specified in the IEP by the CSC. Evaluations, assessments or treatments provided by other than the multi-disciplinary team are captured under the clinical specialty providing the service.

C2.6.10.13.2. Costs. MRS shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of MRS activities.

C2.6.10.14. Multi-Disciplinary Team Services (MTS): FBL

C2.6.10.14.1. Function. MTS includes assessments, evaluations and treatments provided by a multi-disciplinary team simultaneously or sequentially. These are general medical care services provided to children from birth to 21 years of age, who are not receiving these services under Reference (i). Pediatricians, occupational and physical therapists, speech-language pathologists, social workers, nurses, audiologists, psychologists, and psychiatrists perform the assessments and evaluations. The results of these evaluations or assessments are used to obtain consensus among the multi-disciplinary team, to produce reports (oral and written) for families as to the child's diagnosis; make recommendations as to the appropriate program or therapy for the child and, if necessary, to make referrals for further educational or medical evaluations. The site of service delivery is the multi-disciplinary, team-designated location. Evaluations, assessments or treatments provided by other than the multi-disciplinary team are captured under the clinical specialty providing the service. These services are provided on a space-available basis.

C2.6.10.14.2. Costs. MTS shall be a sub-account that includes all expenses incurred in operating and maintaining the function such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of MTS activities.

C2.6.10.15. Hearing Conservation Program (HCP): FBN

C2.6.10.15.1. Function

C2.6.10.15.1.1. The HCP provides hearing conservation surveillance for military and civilian personnel routinely exposed to hazardous noise. The program conducts routine and follow-up audiometric monitoring using the Defense Occupational Environmental Health Readiness System – Hearing Conservation in both fixed and mobile facilities (e.g., the Military Occupational Health Vehicle). It also conducts audiometric monitoring consisting of baseline (reference), periodic (annual, termination, or other), and all follow-up testing required to identify, confirm, and document hearing threshold shifts resulting from noise exposure.

C2.6.10.15.1.2. The program performs diagnostic audiology services including hearing loss evaluations for worker’s compensation, hearing fitness for duty evaluations, hearing profile evaluations for readiness, significant hearing threshold-shift evaluations, and evaluations for acoustic trauma injuries and for difficult-to-test patients (i.e., non-organic behavior or response).

C2.6.10.15.1.3. The HCP performs annual Hearing Protection Evaluation and Fittings for military and civilian personnel routinely exposed to hazardous noise, determines the appropriate selection of hearing protection style and earplug size based on user needs, performs otoscopic examination to rule out any contradiction for wearing earplugs, and performs ear mold impressions for custom-fitted earplugs. It conducts training classes on the effects of noise on hearing; the purpose, advantages, disadvantages, and attenuation of various hearing protectors; selection, fitting, care, and use of hearing protectors; and the purpose and procedures of audiometric monitoring. The program annually examines hearing protective devices during monitoring audiometry to ensure proper fit and condition, and monitors the proper wear and use of hearing protection during work site visits.

C2.6.10.15.1.4. The HCP Manager manages the program by providing supervision to hearing conservation technicians, reviewing audiometric monitoring tests, and conducting technician hearing conservation certification courses. The Manager ensures all monitoring audiometry tests meet all Federal, DoD, and Service-specific record keeping requirements and are maintained as a medical legal document in the noise-exposed individual’s medical record.

C2.6.10.15.2. Costs. The HCP shall be a sub-account that includes all operating expenses incurred in performing and maintaining this program.

C2.6.10.15.3. Service Unit

C2.6.10.15.3.1. Total Visits Without Ancillaries.

C2.6.10.15.3.2. Total Visits With Ancillaries.

C2.6.10.15.3.3. Ambulatory weighted procedures.

C2.6.10.15.4. Criteria to Define Hearing Conservation Visit. The criteria includes all active duty and those civilians who are enrolled in the HCP who present for their annual monitoring testing, significant threshold shift (STS) follow-up, and audiology diagnostic referrals excluding remediation and rehabilitation.

C2.6.10.16. Cost Pool: FBX

C2.6.10.16.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.6.10.16.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.6.10.17. Public Health Services Not Elsewhere Classified: FBZ

C2.6.10.17.1. Function. Includes the expenses of those Public Health Services that satisfy the criteria for a work center and are not described in paragraphs C2.6.10.4. through C2.6.10.16.

C2.6.10.17.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.6.11. Healthcare Services Support: FC

C2.6.11.1. Function. The Healthcare Services Support account summarizes the expenses of the MTF that are incurred as the result of performing services that are supportive of healthcare delivery rendered by another Federal treatment facility or Agency or by a civilian practitioner, as in the case of beneficiary support provided by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Also included are the total expenses incurred to purchase necessary supplemental materiel and professional and personal services from civilian sources. The summary accounts are: Purchased/Referred Care (previously Supplemental Care); Guest Lecturer and Consultant Program; Ancillary Support to non-DoD External Providers (previously CHAMPUS Beneficiary Support); Support to Other Military Activities; Support to Other Federal Agencies; Support to Non-Federal Activities; and Support to Non-MEPRS Reporting Activities; and Emergency and Active Duty Remote Area Care.

C2.6.11.2. Costs. The Healthcare Services Support account shall be a summary account that includes all expenses incurred in operating and maintaining the functions as outlined in subparagraphs C2.6.11.3. through C2.6.11.11.

C2.6.11.3. Purchased/Referred Care (previously Supplemental Care): FCA

C2.6.11.3.1. Function. The Purchased/Referred Care sub-account is provided to accumulate expenses incurred by a military MTF/DTF that procures from civilian sources the necessary materiel and professional and personal services required for the proper care and treatment of MTF-enrolled patients when such services are not available at the MTF/DTF, and the patient has been referred by the MTF/DTF. When services are not available in the MTF/DTF, enrolled patients may be sent to civilian facilities for specific treatment or services, provided they remain enrolled to the MTF during the entire period and clinical management responsibility of these patients' remains with the MTF/DTF. This includes all civilian care and ancillary services received by MTF-enrolled patients (active duty and CHAMPUS eligible) whether the bill is actually paid by the MTF or not. This also includes care purchased under the auspices of a Federal-sharing agreement and the Emergency and Active Duty Remote Area Care Program (OCONUS only). This excludes non-MTF referred care (e.g., emergency care for CONUS only, elective care) and Resource Sharing Agreement/Support costs.

C2.6.11.3.2. Costs. This sub-account shall be charged with all actual and free receipt expenses incurred in purchasing materiel and professional and personal services from civilian sources for the MTF enrollees to include purchased services rendered to MTF inpatients regardless of enrollment status. Contrary to previous supplemental care instructions, costs will not be expensed to the requesting work center. This excludes non-MTF referred care (e.g., emergency) and TRICARE Prime Remote. Also, note the change to inpatient coverage—non-enrolled members who are inpatients or outpatients in the MTF and require civilian ancillary or inpatient services will be responsible for deductibles and cost sharing in accordance with CHAMPUS policy.

C2.6.11.4. Guest Lecturer and Consultant Program: FCB

C2.6.11.4.1. Function. The Guest Lecturer and Consultant Program may include didactic lectures, bedside teaching, ward rounds, and demonstration of procedures and techniques to encourage and enhance academic and scientific stimulation, and to monitor standards of professional practice. The overall program is an integration of essentially two entities.

C2.6.11.4.1.1. Guest Lecturer and Consultant Program (Civilian). Persons certified and appointed under this phase of the program are normally diplomats of an American Specialty Board (for medicine or dentistry), recognized as outstanding specialists in their respective scientific disciplines (medicine, dentistry, veterinary medicine, and other healthcare fields), or recognized as noted scholars who enjoy high professional status in an accredited medical school or equivalent institution (visiting professor program). Such consultants assist in the maintenance of high standards of professional practice, further the educational program of the medical department, and provide liaison with leaders in related professions. Consultants provide advice on professional subjects and on new developments in prophylaxis, diagnosis, treatment, and teaching procedures. They also stimulate interest in professional problems and aid in their investigation, give research and development and educational and training programs, and encourage participation in programs such as clinical and pathological conferences, ward rounds, and journal clubs.

C2.6.11.4.1.2. In-Service Consultant and Lecturer Program (Military). Persons appointed as consultants or lecturers within the purview of this program are normally senior career specialists and mature clinicians that are board-certified, have broad experience in their specialty, and are fully knowledgeable about the organization and management of their respective medical department. Persons appointed may include, but are not limited to, medical and dental consultants, nurse consultants, biomedical sciences consultants, and forensic medicine consultants. This phase of the program may be further divided into three discrete aspects.

C2.6.11.4.1.2.1. Visits by expert professional military personnel (e.g., a visiting Chief of Service) in support of medical department research and development and education and training programs in the same capacity as those functions enumerated in the Civilian Lecturer and Consultant Program.

C2.6.11.4.1.2.2. Visits by assigned consultants from all corps of the medical departments who serve as advisors to the Surgeons General and other senior staff and operational commanders. Program objectives are to advise on major subjects and broad problems connected with policy and practice in the prevention of diseases, and the care of patients, health, and environmental activities. Other objectives include evaluation and maximum utilization of specialized personnel, medical research and development programs, GME, CE programs, and other important professional matters. The program also aims to provide onsite observations by experienced professional observers and to aid in the monitoring of the standards of professional practice in MTFs and activities; to provide consultation, advice, academic stimulation, and scientific presentation to professional colleagues; and to provide career assistance and motivational counseling to officers of the medical departments.

C2.6.11.4.1.2.3. Visits by inactive reserve medical department officers in inactive duty training status (drill) as consultants without pay. Eligible officers may, with their consent, be ordered on training and support duty orders without pay status to serve as consultants and to participate in staff conferences, clinical lectures, journal club meetings, clinical pathology conferences, formal ward rounds as clinical consultants to Chief of Service or Heads of Departments in unusual cases, and as consultant or lecturer to assist in educational and training programs.

C2.6.11.4.2. Costs. The Guest Lecturer and Consultant Program shall be a sub-account that includes all expenses incurred through participating in operating and maintaining the program. Distinction must be made between the expenses of this program and those to be charged to the Training and Educational Programs account. The principal point of distinction is the purpose of the visit. If it is teaching in one of the approved training and educational programs, then the Training and Educational Programs account shall be charged. If not, then the charge to this account is appropriate.

C2.6.11.5. Support to Non-Federal External Providers (previously CHAMPUS Beneficiary Support): FCC

C2.6.11.5.1. Function. The Support to non-Federal External Providers account is provided to accumulate expenses incurred by a military MTF in providing inpatient and ambulatory care and ancillary services support to all eligible beneficiaries, regardless of enrollment status, at the request of civilian providers external to the MTF. Such services would include augmentation for patient care support; training opportunities; external partnerships; emergency services; radiology, pathology, pharmacy, special procedures services, and nuclear medicine procedures; rehabilitative services visits; and central sterile supply and/or materiel service issues, provided none of the ambulatory care functions receives credit for a visit as the result of the patient's contact with the facility to receive the requested service. Ancillary and other support to the Department of Veterans Affairs (VA) providers will be included in FCE, Support to Other Federal Agencies.

C2.6.11.5.2. Costs. Support to Non-Federal External Providers shall be a sub-account that includes all expenses incurred in providing services to non-Federal activities and for the expenses associated with time away from the reporting MTF.

C2.6.11.6. Support to Other Military Medical Activities: FCD

C2.6.11.6.1. Function. The Support to Other Military Medical Activities includes the expenses incurred by an MTF in providing inpatient, ambulatory, and dental care support at other MTFs and performing regional and area ancillary or administrative services to other MTFs. Such services include augmentation for patient care support, regional and area medical materiel and biomedical equipment repair, pathology (other than that done by Area Reference Laboratories (FAA)), radiology, and pharmacy. This account will not collect any expenses generated as the result of visits to the reporting facility's ambulatory care functions or generated as the result of any patient who contributes an OBD to the reporting facility's workload.

C2.6.11.6.2. Costs. Support to Other Military Medical Activities shall be a sub-account that includes all expenses incurred in providing regional and area ancillary and administrative services to other military activities, and for the expenses associated with TDY or TAD temporary time away from the reporting MTF to provide inpatient and ambulatory care or services to other MTFs. A fixed MTF receiving "loaned" personnel support will record the "borrowed" labor in the appropriate work center sub-account.

C2.6.11.7. Support to Other Federal Agencies: FCE

C2.6.11.7.1. Function. Support to Other Federal Agencies includes the expenses incurred by an MTF in providing inpatient, ambulatory, and dental care support to other Federal Agencies and performing ancillary or administrative services to other Federal Agencies. Such services include augmentation for patient care support, medical materiel and biomedical equipment repair, pathology (other than that done by Area Reference Laboratories (sub-account FAA)), radiology, and pharmacy. This account shall not collect any expenses generated as the result of visits to the reporting facility's ambulatory care functions or generated as the result of any patient who contributes an OBD to the reporting facility's workload.

C2.6.11.7.2. Costs. Support to Other Federal Agencies shall be a sub-account that includes all expenses incurred in providing ancillary and administrative services to Federal Agencies other than military, and for the expenses associated with TDY or TAD or temporary time away from the reporting MTF to provide inpatient and ambulatory care or services to other Federal medical activities. This sub-account excludes purchased care from the VA under the auspices of a VA/DoD Sharing Agreement. (See sub-account FCA, paragraph C2.6.11.3.1.)

C2.6.11.8. Inactive: FCF

C2.6.11.9. Support to Non-MEPRS Reporting Activities: FCG

C2.6.11.9.1. Function. The Support to Non-MEPRS Reporting Activities includes the time and expenses incurred by a fixed MTF, when performing medical or non-medical-related services for, or loaning personnel to, non-MEPRS reporting activities. This includes time and expenses incurred in support of headquarters, regional, and base activities. This account shall not collect time or expense generated as a result of support to other MEPRS reporting MTFs. Such time and expense should be charged to FCD – Support to Other Military Medical Activities account.

C2.6.11.9.2. Costs. The Support to Non-MEPRS Reporting Activities shall be a sub-account that includes all expenses attributable to support non-MEPRS reporting medical activities.

C2.6.11.10. Inactive: FCH

C2.6.11.11. Healthcare Services Support Not Elsewhere Classified: FCZ

C2.6.11.11.1. Function. Healthcare Services Support Not Elsewhere Classified includes the expenses of those healthcare services support functions that satisfy the criteria for a work center and are not described in subparagraphs C2.6.11.3. through C2.6.11.9.

C2.6.11.11.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.6.12. Military-Unique Medical Activities: FD

C2.6.12.1. Function. The Military-Unique Medical Activities summary account includes all expenses of an MTF incurred because of its military mission. This is not to imply that certain other Special Programs accounts' functions would be found in a civilian hospital, but only that the accounts summarized to this account have little, if anything, to do with patient care or health services. Therefore, the expenses are necessary to meet "defense needs" or to comply with governmental systems' requirements. The accounts summarized are: Base Operations-Medical Installations; Non-patient Food Operations; Decedent Affairs; Initial Outfitting; Urgent Minor Construction; PCS/ETS Related Functions; Military-Funded Emergency Leave; In-place

Consecutive Overseas Tour Leave; and Military-Unique Medical Activities Not Elsewhere Classified.

C2.6.12.2. Costs. The Military Unique Medical Activities shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in subparagraphs C2.6.12.4. through C2.6.12.13.

C2.6.12.3. Inactive: FDA

C2.6.12.4. Base Operations – Medical Installations: FDB

C2.6.12.4.1. Function

C2.6.12.4.1.1. The Base Operation – Medical Installations includes expenses incurred by the MTF in providing services other than health services to military personnel and other authorized beneficiaries. The provided services may include, but are not limited to, a portion of the installation supply operations, installation transportation activities, laundry services, recreation services, operation of utilities, maintenance and repair of real property, minor construction, other engineering support, standby fire-fighting capability, installation headquarters administration, installation data processing activities, all of the unaccompanied personnel housing operations and furnishings, and military family housing operations and furnishings. These services may be provided for the benefit of both the effective operation of the MTF and the personnel support facilities located within, and occasionally even outside, the medical installation.

C2.6.12.4.1.2. The budgeting and expense accounting for these base operations services is necessarily found in Defense Health Program (DHP) because the services provided directly support the medical mission. However, to provide comparability among the MTFs within a Service as well as among those of the other Services, that portion of the cost of these services that does not contribute to the provision of care of patients or maintenance of MTF should be excluded from inpatient, ambulatory, and dental accounts. By using this method of shredding out the costs, an MTF that must rely on an installation commander to provide these services, whose base operations costs are contained in DoD appropriations other than the DHP, shall be comparable to a medical installations that must program all base operations costs in Major Force Program VIII Medical. (See Support Services accounts (section C2.5.) for an explanation of which base operations costs are considered appropriate charges to the Inpatient Care (section C2.1.), Ambulatory Care (section C2.2.), and Dental Care (section C2.3.) accounts. Also see the DoD PECs “Base Operations – CONUS – Healthcare” and “Base Operations – OCONUS – Healthcare.”)

C2.6.12.4.2. Costs. The Base Operations – Medical Installations shall be a sub-account that includes all expenses incurred in providing personnel support to activities that are not directly related to MTF patient care operations.

C2.6.12.5. Dining Facility – Non-Patient Food Operations: FDC

C2.6.12.5.1. Function. The Dining Facility – Non-Patient Food Operations is a physical location and work center. This account includes subsistence, food preparation, personnel, overhead, department management, square footage, and square footage cleaned that can be directly attributed to the Dining Facility – Non-Patient Food Operations in FDC. This account includes the dining room, cashiers, serving line, and any other area or expense directly attributed to the Dining Facility – Non-Patient Food Operations in support of staff and visitors, and is unrelated to Patient care.

C2.6.12.5.2. Costs

C2.6.12.5.2.1. The Dining Facility – Non-Patient Food Operations shall be a sub-account that includes all expenses of maintaining and operating the Dining Facility Non-Patient Food Operations in the dining room. This includes the personnel, square footage, and subsistence that can be directly attributed to the operation of the Dining Facility – Non-Patient Food Operations. That portion of the nutrition management account that is directly attributable to staff and visitors shall be assigned to this account.

C2.6.12.5.2.2. There are two types of meal service: traditional Meal Service where diners pay a flat rate without regard to the menu items taken and A la carte Meal Service where diners pay for the only selected food items. Workload comparisons should not be done between the two types of meal service.

C2.6.12.6. Decedent Affairs: FDD

C2.6.12.6.1. Function. The Decedent Affairs Program (normally performed under the supervision of the patient affairs officer) prepares official notification in accordance with current directives for transmission or delivery to the next of kin for all deaths occurring on the installation; makes necessary arrangements for disposition of remains of deceased personnel; carries out administrative procedures incident to administration of the Decedent Affairs Program and the annual care-of-the-dead contract; prepares documents and reports required by civil and military authorities; terminates and makes final disposition of personnel records of deceased military personnel; and ensures proper disposition of personal effects of all deceased persons.

C2.6.12.6.2. Costs. The Decedent Affairs Program shall be a sub-account that includes all local expenses incurred in operating and maintaining the function.

C2.6.12.7. Initial Outfitting: FDE

C2.6.12.7.1. Function. The Initial Outfitting includes expenses incurred for minor plant equipment and supplies needed to initially outfit newly constructed MTFs.

C2.6.12.7.2. Costs. The Initial Outfitting shall be a sub-account that includes all expenses of the equipment and supplies as well as storage, installation, and transportation costs incurred to initially outfit a newly constructed (to include expansion, extension, addition, and conversion) MTF.

C2.6.12.8. Urgent Minor Construction: FDF

C2.6.12.8.1. Function. Urgent Minor Construction includes the expenses incurred by an MTF to construct urgently needed permanent or temporary public works or public works that have been determined to result in savings in maintenance and operating costs in excess of the cost of the project within 3 years after completion. This applies to projects authorized under the provisions of section 2803 of Reference (j).

C2.6.12.8.2. Costs. The Urgent Minor Construction shall be a sub-account that includes all expenses as accrued of urgent and 3-year amortized minor construction projects.

C2.6.12.9. PCS/Estimated Termination of Service (ETS) Related Functions:
FDG

C2.6.12.9.1. Function. Work hours and/or financial expenses related to an individual who has permanently departed an MTF can be coded to this account. This includes work hours and costs incurred for the “losing” facility where the individual has permanently departed, and for work hours and costs incurred by the “gaining” MTF prior to the individual reporting to the gaining facility. Examples of work hours and costs that shall be coded to this account are TDY/TAD en route to PCS, civilian PCS costs, terminal leave for civilians and military, Unauthorized Absence (UA), assigned military and civilians who are sentenced to confinement or suspension (regardless of length of time), and AWOL for 1 to 30 days for assigned military only (assumption is made that if an assigned Military individual is AWOL beyond 30 days, it will result in confinement and suspension).

C2.6.12.9.2. Costs. This account is to be used for assigned personnel who have permanently departed the MTF, but have not been removed from the local manning documents. AWOL, or LWOP for civilians, will not be charged to this account since this does not result in a disciplinary action or termination. Military Personnel only report AWOL, and do not report time to LWOP.

C2.6.12.10. Military Funded Emergency Leave: FDH

C2.6.12.10.1. Function. The Military Funded Emergency Leave includes the travel expenses of military personnel in an emergency leave status where portions of the travel are funded by the activity.

C2.6.12.10.2. Costs. The Military Funded Emergency Leave is a sub-account that includes all expense with the travel expense borne by the activity for military personnel placed in an emergency leave status.

C2.6.12.11. In-Place Consecutive Overseas Tour Leave: FDI

C2.6.12.11.1. Function. The In-Place Consecutive Overseas Tour Leave includes the leave travel expenses in an overseas theater when military members and their immediate families are authorized funded leave in conjunction with an in-place consecutive overseas tour and the travel is funded by the activity.

C2.6.12.11.2. Costs. The In-Place Consecutive Overseas Tour Leave shall be a sub-account that includes all expenses with the leave travel expense borne by the activity for the military member and immediate family.

C2.6.12.12. Cost Pool: FDX

C2.6.12.12.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.6.12.12.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.6.12.13. Military-Unique Medical Activities Not Elsewhere Classified:
FDZ

C2.6.12.13.1. Function. Includes the expenses of those Military-Unique Medical Activities that satisfy the criteria for a work center and are not described in paragraphs C2.6.12.4. through C2.6.12.12.

C2.6.12.13.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.6.13. Patient Movement and Military Patient Administration: FE

C2.6.13.1. Function. The Patient Movement and Military Patient Administration account summarizes the expenses of an MTF that are incurred in moving patients to and between MTFs, providing minimum care and services while en route, and performing those personnel administrative functions for patients who are on active duty, including activities related to the Disability Evaluation System (DES). The functions summarized are Patient Transportation; Patient Movement Expenses; Transient Patient Care; Military Patient Personnel Administration; Military Patients (Salaries); and Aeromedical Staging Facilities.

C2.6.13.2. Costs. The Patient Movement and Military Patient Administration shall be a summary account that includes all expenses incurred in operating and maintaining the functions described in subparagraphs C2.6.13.3. through C2.6.13.10.

C2.6.13.3. Ambulance Services: FEA

C2.6.13.3.1. Function. Ambulance Services operates and maintains emergency medical vehicles (ambulances) and their associated equipment in accordance with

higher headquarters, State, national, and local policies. It provides rescue, basic and advanced life support at the accident site and en route to the MTF, and emergency services off the military installation at the discretion of the MTF Commander. Ambulance Services supports training missions such as firing range coverage, authorized community support activities such as Boy and Girl Scout jamborees, and base sporting events. It supports disaster and emergency preparedness plans such as the National Disaster Medical System (NDMS) and natural disasters, loads and unloads patients on vehicles, and checks, maintains, and stocks emergency equipment and supplies.

C2.6.13.3.2. Costs. Ambulance Services shall be a sub-account that includes all expenses incurred in operating and maintaining the function, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Patient Transportation activities.

C2.6.13.3.3. Workload Unit. Hours of service. (This is the total hours the vehicle is logged out.)

C2.6.13.4. Patient Movement: FEB

C2.6.13.4.1. Function. The Patient Movement includes the expenses incurred in moving patients to and between MTFs necessary to provide optimum care or determine fitness for active duty. Current regulations authorize transportation and per diem to patients and attendants in certain circumstances. Patient Movement operates and maintains Patient Transport Vehicles (PTVs) and passenger vans and buses for the movement of non-emergency patients or mass casualties and attendants to, from, and between MTFs.

C2.6.13.4.2. Costs. The Patient Movement shall be a sub-account that includes all expenses incurred by the MTF to move inpatients, outpatients, and attendants between MTFs to provide optimum care, or appear before medical and physical evaluation boards, and to support patients involved in education and research programs. Expenses in the movement of patients cover items such as litters, restraints, and blankets.

C2.6.13.5. Transient Patient Care: FEC

C2.6.13.5.1. Function. Transient Patient Care includes all expenses incurred by certain MTFs that have designated transient patient beds to provide care to transient patients. These facilities are usually located on air routes used by the aeromedical evacuation system, but do not generate or receive sufficient numbers of patients to necessitate establishment of an aeromedical staging facility.

C2.6.13.5.2. Costs. The Transient Patient Care shall be a sub-account that includes all expenses incurred by MTFs to operate and maintain designated transient patient beds.

C2.6.13.6. Military Patient Personnel Administration: FED

C2.6.13.6.1. Function. Military Patient Personnel Administration prepares and processes correspondence pertaining to military patients and prepares special orders for patients' TDY or reassignment to other MTFs for consultation, treatment, or disposition. It assists patients in shipment of personal effects; maintains military records and related documents for patients; assists patients on personal matters; and performs duties connected with evacuation and transfer of patients. Military Patient Personnel Administration requests reassignment instructions for patients through personnel channels; performs duties connected with personnel described on Temporary Disabled Retired List; and provides patients with statements of hospitalization. Due to frequently changing terminology and reorganizations, this function may have different titles and organizational structures within the Military Departments. Common titles for this function include Medical Holding Company, Medical Holdover Company (for Reservists), Warrior Transition Unit (WTU), Warrior Transition Brigade (WTB), and Patient Squadron Section, among others. This function will only be reported in MEPRS if the mission belongs to the fixed MTF/DTF or is performed by the fixed MTF.

Military Patient Personnel Administration supports the requirements of the DES and the Medical Evaluation Board (MEB). This account can include the labor-hours expended to complete the MEB Narrative Summary and all related documentation and coordination required to complete an assessment of the Service member's condition, fitness for duty, and ancillary services ordered specifically for the completion of the MEB Narrative Summary. This account also includes the processing of disability cases and counseling of Service members by the Physical Evaluation Board Liaison Officer (PEBLO).

C2.6.13.6.2. Costs. The Military Patient Personnel Administration shall be a sub-account that includes the salary expenses of personnel supporting this function. The account shall be charged with all other expenses incurred in operating and maintaining this function, including specific fourth level cost centers to report costs associated with MTF Medical Hold, Medical Holdover, WTU, WTB, PEBLO work center, and the DES/MEB administrative process required for the completion of the Narrative Summary. Time spent on the completion of the MEB Narrative Summary shall not be reported in the PEBLO function. The final operating expense cost center shall not be reassigned during the expense allocation process described in Chapter 3 of this Manual.

C2.6.13.7. Inactive: FEE

C2.6.13.8. Aeromedical Staging Facility: FEF

C2.6.13.8.1. Function. An Aeromedical Staging Facility is a medical unit that operates transient patient beds located on, or in the vicinity of an enplaning and deplaning air base or airstrip. It provides for the reception, administration processing, ground transportation, feeding and limited medical care for patients entering, en route, or leaving an aeromedical system.

C2.6.13.8.2. Costs. The Aeromedical Staging Facility shall be a sub-account that includes all expenses incurred by aeromedical staging facilities to operate and maintain designated transient patient beds.

C2.6.13.9. Cost Pool: FEX

C2.6.13.9.1. Function. Use the cost pool in situations where time and expenses cannot be assigned to any one specific work center sub-account because two or more work centers share physical space, personnel, or supplies.

C2.6.13.9.2. Costs. The cost pool sub-account shall be charged with all expenses incurred in operating and maintaining the function(s).

C2.6.13.10. Patient Movement and Military Patient Administration Not Elsewhere Classified: FEZ

C2.6.13.10.1. Function. Patient Movement and Military Patient Administration Not Elsewhere Classified includes the expenses of Patient Movement and Military Patient Administration that satisfy the criteria for a work center and are not described in subparagraphs C2.6.13.3. through C2.6.13.9.

C2.6.13.10.2. Costs. Any work center sub-account established hereunder shall be charged with all expenses incurred in operating and maintaining the function.

C2.6.14. Inactive: FF

C2.6.14.1. Inactive: FFA

C2.6.14.2. Inactive: FFB

C2.6.14.3. Inactive: FFC

C2.6.14.4. Inactive: FFD

C2.6.14.5. Inactive: FFE

C2.6.14.6. Inactive: FFF

C2.6.14.7. Inactive: FFG

C2.6.14.8. Inactive: FFH

C2.6.14.9. Inactive: FFX

C2.6.14.10. Inactive: FFZ

C2.7. READINESS: G

C2.7.1. Function. The Readiness account summarizes the expenses of an MTF that are incurred as a result of performing the readiness portion of its military mission rather than direct patient care. This section is necessary to prevent these expenses from being charged to the facility's direct-patient care accounts without aggregating them into a non-descriptive "other" account.

C2.7.2. Costs. The Readiness functional account shall include all expenses in the following summary accounts: Readiness Planning and Administration, Readiness Exercises, Readiness Training, Unit or Personnel Deployments, Readiness Logistics Management, Readiness Physical Training, Peacetime Disaster Preparedness Response, and NDMS, as outlined in paragraphs C2.7.9. through C2.7.15.

C2.7.3. Service Unit(s) Readiness Final Account Codes. Not applicable since this account exists only to summarize and report costs of the inclusive accounts.

C2.7.4. Service Unit(s) For Cost Pools. Not applicable.

C2.7.5. Allocation Factor For Readiness Final Account Codes. Not applicable.

C2.7.6. Allocation Factor For Cost Pools. Not applicable.

C2.7.7. Assignment Procedure For Readiness Final Account Codes. Not applicable for final account Special Programs. These final operating expense accounts shall not be reassigned during the expense allocation process described in Chapter 3.

C2.7.8. Assignment Procedure For Cost Pools. Not applicable.

C2.7.9. Readiness Planning and Administration: GA

C2.7.9.1. Function. The Readiness Planning and Administration summary account is provided to collect time and expenses involved with the planning and administrative requirements of implementing medical readiness activities at fixed MTFs. Included in this account are the time and expense involved with the planning and administration of unit and individual deployment requirements. These include security clearances; immunizations; preparation of orders; coordination with personnel transportation offices; deployment briefings; Identification (ID) tags; Geneva ID cards; DD Form 489, "Geneva Conventions Identity Card for Civilians Who Accompany the Armed Forces," and DD Form 1934, "Geneva Conventions Identity Card for Medical and Religious Personnel Who Serve In or Accompany the Armed Forces"; special clothing, equipment issue or field gear required for readiness or deployment, which is funded by the MTF; port calls; passport preparation; verifying personnel deployment checklists; medical records review; and power of attorney and will preparation. The account further includes such activities as scheduling, preparing and coordinating medical readiness exercises including their planning, evaluations, critiques and readiness and, alert status reporting. Included in this account are the planning and administrative activities associated with Reserve Forces integration and Host-Nation Support Program agreements.

C2.7.9.1.1. Army. Host-Nation Support Program.

C2.7.9.1.2. Navy

C2.7.9.1.2.1. Fleet Liaison.

C2.7.9.1.2.2. Medical Mobilization Planner.

C2.7.9.1.2.3. Reserve Liaison.

C2.7.9.1.3. Air Force. Host-Nation Support Program.

C2.7.9.2. Costs. Costs associated with the functional activities described are to be collected under this account.

C2.7.9.3. Deployment Planning and Administration: GAA

C2.7.9.3.1. Function. Deployment Planning and Administration is provided to collect the time and expenses involved in the planning and administration of individual or unit deployment requirements, such as security clearances, immunizations, preparation of orders, equipment issue, and port calls.

C2.7.9.3.2. Costs. Costs associated with the functional activities described are to be reported under this account.

C2.7.9.4. Other Readiness Planning and Administration: GAB

C2.7.9.4.1. Function. Other Readiness Planning and Administration is provided to collect time and expenses involved in the planning and administration requirements of implementing medical readiness activities other than those related to individual or unit deployment. Included in this account are the planning and administrative activities associated with Reserve Forces integration and Host-Nation Support Program agreements.

C2.7.9.4.2. Costs. Costs associated with the functional activities described are to be reported under this account.

C2.7.9.5. Inactive: GAX

C2.7.9.6. Inactive: GAZ

C2.7.10. Readiness Peacetime/Wartime/Disaster Preparedness Training/Exercises: GB

C2.7.10.1. Function. Readiness Training/Exercises summary account is provided to collect time and expenses incurred by fixed MTFs while participating in training individuals or units for their wartime and peacetime roles. This account includes all exercises and activities that practice or rehearse peacetime disaster and wartime operations. Included in this account are

recall and alert exercises, mobilization exercises, and contingency operation plan exercises. This account includes both classroom and field training of active duty and Reserve Component units or personnel assigned to the MTF, and the time and expenses associated with lectures, audiovisual aids, publications, transportation, and other material. This account also includes such activities as classes and training in wartime operations, combat medical training, wartime biological warfare, military skills classes and training, and readiness skill evaluation and testing. It includes expenses incidental to military personnel maintaining military operational proficiency (e.g., pay and allowances of personnel on flying status while maintaining proficiency to support operational mission). This account includes activities such as disaster casualty control, alternate medical facility, peacetime recall exercises, shelter management, major accident responses, and flight line response to potential or real emergencies. Planning and administration requirements associated with any of these activities shall also be reported in this account. This account includes such Service activities as:

C2.7.10.1.1. Army

C2.7.10.1.1.1. Army Training and Evaluation Program.

C2.7.10.1.1.2. Mobilization Exercises.

C2.7.10.1.1.3. Emergency Deployment Readiness Exercises.

C2.7.10.1.1.4. Recall Exercises.

C2.7.10.1.1.5. Table of Organization and Equipment and Temporary Duty Assignment Merge Exercises.

C2.7.10.1.1.6. Reserve Integration Exercises.

C2.7.10.1.1.7. Subversion and Espionage Directed Against the U.S. Army.

C2.7.10.1.1.8. Code of Conduct Survival, Evasion, Resistance and Escape Training Qualification and Instructional Firing with Weapons and Weapons Systems.

C2.7.10.1.1.9. Training in First Aid and Emergency Medical Treatment.

C2.7.10.1.1.10. Army Individual Training Evaluation Program.

C2.7.10.1.1.11. Common Task Testing.

C2.7.10.1.1.12. Skill Qualification Test.

C2.7.10.1.1.13. Training for NBC defense.

C2.7.10.1.1.14 Geneva and Hague Convention Training.

C2.7.10.1.1.15 Combat Environmental Transition Training.

C2.7.10.1.1.16. Combat Casualty Care Course (C4).

C2.7.10.1.1.17. Preventive Medicine Classes.

C2.7.10.1.1.18. Expert Field Medical Badge.

C2.7.10.1.1.19. Readiness Briefings and Classes.

C2.7.10.1.2. Navy

C2.7.10.1.2.1. Mobilization Exercises.

C2.7.10.1.2.2. Recall Exercises.

C2.7.10.1.2.3. Wartime Recall Exercises.

Amphibious Task Forces.

C2.7.10.1.2.5. Augmentation Exercises for Fleet Marine Force

(FMF) Elements, Afloat.

C2.7.10.1.2.6. Elements, Fleet Hospitals and Hospital Ships.

C2.7.10.1.2.7. Training in First Aid and Emergency Medicine.

C2.7.10.1.2.8. Training for NBC Defense.

C2.7.10.1.2.9. C4.

C2.7.10.1.2.10. Medicine in the Tropics Course.

C2.7.10.1.2.11. Medical Regulating Course.

C2.7.10.1.2.12. Cold Weather Medicine Course.

C2.7.10.1.2.13. Casualty Treatment for Dental Officers.

Course.

C2.7.10.1.2.15. Medical Management of Clinical Casualties.

- by the local MTF).
- C2.7.10.1.2.16. FMF School for Officers and Enlisted (if funded
- C2.7.10.1.2.17. Operational Entomology.
- C2.7.10.1.2.18. Radiation Health Indoctrination.
- Team (MMART) Training.
- C2.7.10.1.2.19. Local Mobile Medical Augmentation Readiness
- local MTF).
- C2.7.10.1.2.20. Orientation Visits to FMF and Fleet Units.
- C2.7.10.1.2.21. Shipboard Pest Management (if funded by the
- MTF).
- C2.7.10.1.2.22. Shipboard Fire Fighting (if funded by the local
- C2.7.10.1.2.23. Shipboard Damage (if funded by the local MTF).
- C2.7.10.1.2.24. 3M Course (if funded by the local activity).
- Course.
- C2.7.10.1.2.25. Rapidly Deployable Medical Facility (RDMF)
- C2.7.10.1.2.26. Fleet Hospital Training Course.
- C2.7.10.1.2.27. Surface Medicine.
- C2.7.10.1.2.28. Local Operational and Field Exercise Training.
- C2.7.10.1.2.29. Operational Readiness Training.
- C2.7.10.1.2.30. Hospital Ship Training Course.
- C2.7.10.1.2.31. Medical Mobilization Planner Course.
- C2.7.10.1.3. Air Force
- Exercises.
- C2.7.10.1.3.1. Attack Response.
- C2.7.10.1.3.2. Exercises Contingency Support Plan (CSP)
- C2.7.10.1.3.3. Recall Plan Exercises.

- C2.7.10.1.3.4. Alternate Medical Facility Exercises.
- C2.7.10.1.3.5. Disaster Casualty Control Plan Exercises.
- C2.7.10.1.3.6. Medical Contingency Response Plan Exercises.
- C2.7.10.1.3.7. Major Accident Response Exercises.
- C2.7.10.1.3.8. Natural Disaster Response Exercises.
- C2.7.10.1.3.9. Mobility Exercises.
- C2.7.10.1.3.10. Operational Readiness Inspection Exercises.
- C2.7.10.1.3.11. Unit Effectiveness Inspection Exercises.
- C2.7.10.1.3.12. Major Command Directed Exercises.
- C2.7.10.1.3.13. Chairman of the Joint Chiefs of Staff Exercises.
- C2.7.10.1.3.14. Training in First Aid and Emergency Medicine.
- C2.7.10.1.3.15. CSP Team Briefing.
- C2.7.10.1.3.16. Continuing Medical Readiness Training.
- C2.7.10.1.3.17. NBC Medical Defense.
- C2.7.10.1.3.18. Chemical Warfare Defense.
- C2.7.10.1.3.19. Combat Medicine.
- C2.7.10.1.3.20. Dental Corps Readiness.
- C2.7.10.1.3.21. Nurse Corps Readiness.
- C2.7.10.1.3.22. Biomedical Sciences Corps Readiness.
- C2.7.10.1.3.23. Medical Service Corps Readiness.
- C2.7.10.1.3.24. Chemical/Biological Warfare Defense
- C2.7.10.1.3.25. Combat Arms.

Qualification Training.

C2.7.10.1.3.26. Executive Management Team Readiness.

C2.7.10.1.3.27. Mobility Training.

C2.7.10.1.3.28. Formal TDY Readiness Courses.

C2.7.10.1.3.29. Wartime Medical.

C2.7.10.1.3.30. Armed Forces Staff College Skills Training.

C2.7.10.2. Costs. Costs associated with the functional activities described are to be summarized under this account.

C2.7.10.3. Readiness Peacetime/Wartime/Disaster Preparedness Training:
GBA

C2.7.10.3.1. Function. Readiness Peacetime/Wartime/Disaster Preparedness Training is provided to collect time and expenses incurred by the fixed MTFs while participating in exercises that practice or rehearse peacetime readiness or disaster training and operations. Such operations include training or exercises on medical readiness in the field or with the fleet, conducting local operational or field exercises or training carried out by the MTF to include Professional Military Education.

C2.7.10.3.2. Costs. Readiness Peacetime/Wartime/Disaster Preparedness Training shall be a sub-account that includes all expenses associated with the functional activities described under this account.

C2.7.10.4. Inactive: GBB

C2.7.10.5. Inactive: GBX

C2.7.10.6. Inactive: GBZ

C2.7.11. Inactive: GC

C2.7.11.1. Inactive: GCA

C2.7.11.2. Inactive: GCB

C2.7.11.3. Inactive: GCX

C2.7.11.4. Inactive: GCZ

C2.7.12. Unit or Personnel Deployments: GD

C2.7.12.1. Function. The Unit or Personnel Deployments summary account shall collect time and expenses incurred by the deployment of individuals or units from fixed MTFs when in support of military operations or disaster responses for which TDY or TAD orders are issued. It is specifically directed for accounting for the lost manpower resulting from personnel deployments and includes Service activities such as:

C2.7.12.1.1. Army

System. C2.7.12.1.1.1. Army Medical Department Professional Filler

C2.7.12.1.1.2. Proposed Operational Requirement Qualification.

C2.7.12.1.1.3. Designated Rapid Deployment Personnel.

C2.7.12.1.1.4. Special Missions Personnel.

C2.7.12.1.1.5. Combat Support Hospital.

C2.7.12.1.2. Navy

C2.7.12.1.2.1. Support of Fleet Hospital Ships.

C2.7.12.1.2.2. Augment of FMF.

C2.7.12.1.2.3. Augment of Afloat Forces.

C2.7.12.1.2.4. Support of Fleet Hospital.

C2.7.12.1.2.5. Augmentation of Hospital Ships.

C2.7.12.1.2.6. Surgical Teams.

C2.7.12.1.2.7. Surgical Support Teams.

C2.7.12.1.2.8. Augment of OCONUS MTFs.

C2.7.12.1.2.9. Spirit Teams.

C2.7.12.1.2.10. Neurosurgical Teams.

C2.7.12.1.2.11. Surgical Platoon Cadres.

C2.7.12.1.2.12. Medical Regulation Teams.

C2.7.12.1.2.13. OCONUS Disaster Relief and Humanitarian Relief.

C2.7.12.1.3. Air Force

C2.7.12.1.3.1. Transportable Clinic/Squadron Medical Element.

C2.7.12.1.3.2. Transportable Hospitals.

C2.7.12.1.3.3. Contingency Hospitals.

C2.7.12.1.3.4. Second Echelon Units.

C2.7.12.1.3.5. Aeromedical Evacuation Units.

C2.7.12.1.3.6. Hospital Surgery Expansion Units.

C2.7.12.2. Costs. Costs associated with the functional activities described are to be summarized under this account.

C2.7.12.3. Unit or Personnel Deployments: GDA

C2.7.12.3.1. Function. Unit or Personnel Deployments is provided to collect the time and the expense incurred by the deployment of individuals or units from fixed MTFs when in support of military operations or disaster responses for which TDY or TAD orders are issued. This account is specifically directed at accounting for the lost manpower resulting from personnel deployments.

C2.7.12.3.2. Costs. Costs associated with the functional activities described are to be reported under this account.

C2.7.12.4. Inactive: GDX

C2.7.12.5. Inactive: GDZ

C2.7.13. Readiness Logistics Management: GE

C2.7.13.1. Function. Readiness Logistics Management is provided to collect costs incurred in storing, maintaining, inventorying, sterilizing, rotating stock, packing, assembling, and positioning materiel for required WRM programs. Also included are expenses of maintaining wards, clinics, and other patient care areas within the medical installation that are required to be maintained in a readiness (standby) status only in support of contingency requirements. This account includes support to such Service WRM projects as:

C2.7.13.1.1. Army

C2.7.13.1.1.1. Pre-Designated Medical Contingency Stores.

C2.7.13.1.1.2. Contingency Equipment System.

C2.7.13.1.2. Navy

C2.7.13.1.2.1. Pre-Positioned War Reserves.

C2.7.13.1.2.2. Fixed MTF Readiness Maintenance.

C2.7.13.1.2.3. Maintenance and Refurbishment of Team and
MMART Supply Block.

C2.7.13.1.2.4. RDMF and Fleet Hospital Maintenance Costs
Incurred by the local MTF.

C2.7.13.1.3. Air Force

C2.7.13.1.3.1. WRM and Mobility Assets Assigned to the MTF
for Maintenance.

C2.7.13.1.3.2. WRM Assemblages.

C2.7.13.2. Costs. Costs associated with the functional activities described are to be summarized in this account. Costs paid for by the appropriate Service Stock Fund are NOT to be included.

C2.7.13.3. Pre-Positioned War Reserve: GEA

C2.7.13.3.1. Function. Pre-positioned war reserve is for the collection of time and expenses incurred in storing, maintaining, inventorying, sterilizing, rotating of stock, packing, and assembling and positioning of pre-positioned WRM when such costs are not absorbed by the Service's stock fund.

C2.7.13.3.2. Costs. Costs associated with the functional activities described are to be reported under this account.

C2.7.13.4. Contingency Patient Care Areas: GEB

C2.7.13.4.1. Function. Contingency Patient Care Areas is provided to collect the time and expenses incurred in maintaining wards, clinics, and other patient care areas and furnishings within the medical installation that are required to be maintained in a readiness (standby) status. Costs shall be assigned to this account ONLY when maintenance of the areas and furnishings are required to support contingency requirements.

C2.7.13.4.2. Costs. Costs associated with the functional activities described are to be reported under this account.

C2.7.13.5. Contingency Blocks: GEC

C2.7.13.5.1. Function. Contingency Blocks is provided to collect the time and expenses incurred in storing, maintaining, inventorying, sterilizing, rotating stock, packing, assembling, and positioning of surgical supply and re-supply blocks, disaster augmentation blocks, and other contingency supply blocks.

C2.7.13.5.2. Costs. Costs associated with the functional activities described are to be reported under this account.

C2.7.13.6. Inactive: GEX

C2.7.13.7. Inactive: GEZ

C2.7.14. Readiness Physical Training: GF

C2.7.14.1. Function. Readiness Physical Training is provided to collect time and expenses incurred at fixed MTFs for the physical training of personnel or subordinate units. Such training should be organized, scheduled, and carried out during normal duty hours when such training takes personnel away from their normal work center duties. This account includes the regulated testing and evaluation of unit or individual physical fitness, to include participant time and the time spent in organizing and supervising such testing.

C2.7.14.2. Costs. Costs associated with the functional activities described are to be summarized under this account, including the time, salary, and incidental expenses associated with this activity.

C2.7.14.3. Readiness Physical Training: GFA

C2.7.14.3.1. Function. Readiness Physical Training is provided to collect time and expenses incurred at fixed MTFs for the physical training of personnel or subordinate units. Such training should be organized, scheduled, and carried out during normal duty hours when such training takes personnel away from their normal work center duties. This account includes the regulated testing and evaluation of unit or individual physical fitness, to include participant time and the time spent in organizing and supervising such testing.

C2.7.14.3.2. Costs. Costs associated with the functional activities described are to be reported under this account, including the time, salary, and incidental expenses associated with this activity.

C2.7.14.4. Inactive: GFX

C2.7.14.5. Inactive: GFZ

C2.7.15. Peacetime Disaster Preparedness Response and NDMS: GG

C2.7.15.1. Function

C2.7.15.1.1. Peacetime Disaster Preparedness and Response account includes expenses incurred by fixed MTFs while participating in any peacetime disaster exercise, related training, or actual disaster. Disaster preparedness is concerned with natural disasters such as tornadoes, hurricanes, and floods, and with disasters such as chemical spills, fires, mass casualties, and responses to flight line emergencies.

C2.7.15.1.2. This account includes activities such as disaster casualty control, alternate medical facility, peacetime recall exercises, shelter management, major accident responses, and flight line response to potential or real emergencies. Planning and administrative requirements associated with any of these activities shall also be reported in this account. NDMS is provided to collect time and expenses involved in the planning and administration requirements of implementing the NDMS. NDMS is the backbone of the DoD CONUS healthcare facility base. NDMS is comprised of 72 designated areas enrolling more than 100,000 civilian beds throughout the United States. Of the 72 designated areas, 42 are managed by the Department of Defense. Included in this account are time and expenses involved with the development and maintenance of joint Federal operations plans; recruitment, establishment, and maintenance of memorandums of understanding with local hospitals for participation in NDMS; maintenance of liaison activities with civilian agencies; design, development, and maintenance of Military Patient Administration Teams; coordination of area NDMS CE modules; assisting in the development of Disaster Medical Assistance Teams; and preparation, coordination, and implementation of at least one NDMS area exercise annually.

C2.7.15.2. Costs. The Peacetime Disaster Preparedness Response and NDMS shall be a summary account that includes all expenses incurred in operating and maintaining the function.

C2.7.15.3. Peacetime Disaster Preparedness Response and NDMS: GGA

C2.7.15.3.1. Function. Disaster preparedness is concerned with natural disasters such as tornadoes, hurricanes, and floods, and with disasters such as chemical spills, fires, mass casualties, and responses to flight line emergencies. Disaster preparedness is concerned with natural disasters, such as tornadoes, hurricanes, floods, as well as chemical spills, fires, mass casualties, responses to flight line emergencies. This account includes activities such as disaster casualty control, alternate medical facility, peacetime recall exercises, shelter management, major accident responses, and flight line response to potential or real emergencies. NDMS Planning and Administration is provided to collect time and expenses involved in the planning and administration of the NDMS program at the DoD-managed NDMS designated areas, such as the development and maintenance of joint Federal operations plans; recruitment, establishment, and maintenance of memorandums of understanding with local hospitals for participation in NDMS; maintenance of liaison activities with civilian agencies; design,

development, and maintenance of Military Patient Administration Teams; coordination of area NDMS CE modules; assistance in the development and Disaster Medical Assistance Teams; and all other duties associated with NDMS, other than those directly associated with preparation, coordination, and implementation of NDMS exercises.

C2.7.15.3.2. Costs. Peacetime Disaster Preparedness and Response and the NDMS Planning and Administration shall be a sub-account that includes all expenses incurred in operating and maintaining the function. Medical readiness activities shall not be reported in this account. The GA, GB, GC, GD, GE, and GF accounts have been established to collect work-hours and expenses related to medical readiness activities for wartime scenarios.

C2.7.15.4. Inactive: GGB

C2.7.15.5. Inactive: GGX

C2.7.15.6. Inactive: GGZ

C3. CHAPTER 3

MEPRS GUIDELINES AND REPORTING REQUIREMENTS

C3.1. PURPOSE

This chapter describes the MEPRS guidelines and reporting requirements.

C3.2. EXPENSE ALLOCATION METHODOLOGY

Stepdown expense assignment is the cost allocation methodology used to determine total operating costs for each final account. The stepdown ensures that the full cost of providing a service is appropriately captured and reported. This method of cost assignment uses direct expenses, direct labor hours, and workload data to allocate indirect costs from intermediary accounts in determining the final operating cost for a specific work center/cost center. A work center is a discrete functional or organizational subdivision of an MTF for which provision is made to collect and measure its expenses and determine its workload performance. (See “workload” in the definitions section of this Manual.) The total operating cost of the MEPRS final account or average cost per output should be compared with previous processing periods to determine trends and validate anomalies. Identified cost variances should be investigated and documented.

C3.2.1. Labor Hour Reporting Methodology

C3.2.1.1. Accurate and timely collection and processing of labor hour data is essential to developing and evaluating manpower staffing, analyzing productivity, and making labor resource decisions at all management levels. In addition, many overhead accounts allocate expenses based upon available labor hours. Therefore, work center/cost center personnel, supervisors, and managers must understand and comply with the rules and principles of collecting and reporting labor-hour data contained in this Manual.

C3.2.1.2. MTF personnel, including military, civilian, contractor, and volunteer, must ensure their labor hours are distributed to the appropriate work center/cost center. Labor hours includes both available and non-available time. (See the definitions section of this Manual.) Non-available hours are reported for assigned military and civilian staff only. Possible sources of available time are assigned, attached (including students), detailed, borrowed, contracted, and volunteer personnel.

C3.2.1.3. Personnel categories (officer, enlisted, civilian, contractor, and volunteer) and skill types shall be used to report available and non-available time. (See Appendix 3 and Tables C3.T1. and C3.T.2.)

C3.2.1.4. Labor hours shall be reported as FTEs in MEPRS. (See Table C1.T2. and the definitions section of this Manual.)

Table C3.T1. Skill Types

SKILL TYPE (ST)	DESCRIPTION	ST/SUFFIX	SUBCATEGORY DESCRIPTION
1	Clinician Includes physicians, dentists, and veterinarians	1P 1D 1N 1F 1R 1S 1T 1U 1V	Physician Dentist Intern – Medical Fellow – Medical Resident – Medical Intern – Dental Fellow – Dental Resident – Dental Veterinarians
2	Direct Care Professional Individual licensed or certified, privileged providers other than a clinician, who consults with other healthcare professionals to assess, plan, and implement an effective treatment program. This personnel category includes physical and occupational therapists, podiatrists, psychologists, social workers, physician assistants, independent duty corpsmen, and advanced practice nurses.	2Z 2P 2N 2M 2A 2C 2H 2S 2W	All Others in ST 2 Physician Assistant Nurse Practitioner Nurse Midwife Nurse Anesthetist Community Health Nurse (Credentialed) Occupational Health Nurse (Credentialed) Clinical Nurse Specialist Student-Non GME/GDE
3	Registered Nurse Includes all registered nurses (except those utilized as advanced nurses, such as practitioners, nurse anesthetists, and nurse midwives, who are classified as Direct Care Professionals).	3Z 3C 3E 3H 3R 3W	All Others in ST 3 Community Health Nurse (Non-Credentialed) Nurse Case Manager Occupational Health Nurse (Non-Credentialed) Registered Nurse Student-Non GME/GDE
4	Direct Care Paraprofessional Skilled individuals who provide technical assistance or follow-up to direct patient care. Includes LPN and LVN, medical specialists, medical technicians, X-ray specialists, dental lab specialists, and dental hygienists.	4Z 4L 4A 4W	All Others in ST 4 LPV or LVN Nursing Assistant Student-Non GME/GDE
5	Administrative, Logistics, or Clerical All other personnel utilized at the facility who are not involved in direct patient care.	5Z 5A 5L 5C 5W	All Others in ST 5 Administrators Logisticians Clerical Student-Non GME/GDE

Table C3.T2. FTEs

ASSIGNED FTEs	Military & Civilian	Calculated by dividing the number of assigned days by the number of days in the month for those individuals counted as part of the MTF assigned strength.
AVAILABLE FTEs	Appendix 3 provides guidelines for	Calculated by dividing the total number of available hours by 168.

NON-AVAILABLE FTEs	differentiating between available and non-available time.	Calculated by dividing the total number of non-available hours by 168. Each category (sick, leave, and military other) should be computed separately.
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C3.2.1.5. The use of cost pools is necessary for an inpatient ward location. (See the definitions section of this Manual.) Ward locations provide clinical specialty services to inpatient, APV, and observation patients. The expenses and FTEs are apportioned to final accounts based on approved allocation factors reported in the CHCS clinical source system. In addition, cost pools may be used when multiple work/cost centers use shared resources that are not easily directly attributed to a particular work/cost center. In these cases, allocation factors are defined as well to apportion resources to the benefiting work/cost centers.

C3.2.1.6. Borrowed and loaned labor hours within one reporting facility in support of the healthcare mission shall be charged to the benefiting work center/cost center.

C3.2.1.7. Contract personnel labor hours shall be credited to the work center/cost center for which they provide service. Actual labor hours will be reported.

C3.2.1.8. Reservist labor hours shall be credited to the work center/cost center for which they provide service. Actual labor hours will be reported.

C3.2.1.9. The following rules apply for determining the number of assigned FTEs to be charged to each work center sub-account and the distribution of personnel (salary) expenses.

C3.2.1.9.1. Monthly personnel expenses for military members shall be the amount prescribed on the USD(C) Web Site (Reference (p)) for the member's grade and Military Service.

C3.2.1.9.2. Monthly personnel expenses for civilians shall be the actual salary provided in the Defense Civilian Personnel System file.

C3.2.1.9.3. Contractor personnel salary expenses are derived from the financial accounting system.

C3.2.2. EAS. The EAS IV system reports DoD workload expenses and FTEs as defined in this Manual.

C3.2.3. Purification. Purification is the redistribution of direct expenses and FTEs associated with a cost pool. Cost pools in MEPRS EAS are purified in alphabetical order as the first step during allocation. Each cost pool must have an assigned data set referenced on the Account Subset Definition (ASD), service units (workload), and expenses. The cost pool expenses and FTEs are distributed based on the common service unit ratio for each account described on the cost pool data set.

C3.2.4. Expense Allocation. Expense allocation is the redistribution of intermediate account (ancillary and support services) expenses to final MEPRS accounts (benefiting work center/cost center) as indirect expenses. Three essential components for the correct allocation of these expenses are the service units (workload), ASD, and expenses.

C3.2.4.1. Service Units. Service units are common measures of the outputs being produced by the MTFs, e.g., OBDs and admissions.

C3.2.4.1.1. Visit Criteria. The three following criteria must be met before a visit can be counted.

C3.2.4.1.1.1. There must be interaction between an authorized patient and a healthcare provider.

C3.2.4.1.1.2. Independent judgment about the patient's care must be used, assessment of the patient's condition must be made, and any one or more of the following must be accomplished.

C3.2.4.1.1.2.1. Examination.

C3.2.4.1.1.2.2. Diagnosis.

C3.2.4.1.1.2.3. Counseling.

C3.2.4.1.1.2.4. Treatment.

C3.2.4.1.1.3. Documentation must be made in the patient's authorized record of medical treatment. Documentation must include at least the date, name of clinic, reason for visit, assessment of the patient, description of the interaction between the patient and the healthcare provider, disposition, and signature of the provider of care. Repetitive clinic visits for prescribed treatment to specialty clinics (e.g., physical therapy and occupational therapy) shall not require full documentation after the initial visit unless there is a change in the prescribed treatment. There must be final documentation upon completion of prescribed treatment. In all instances, a clear and acceptable audit trail must be maintained.

C3.2.4.1.2. Classification. Classification of a visit shall not be dependent upon:

C3.2.4.1.2.1. Professional level of the person providing the service (e.g., physician, nurse, physician's assistant, medical technician or corpsman, or medical specialist).

C3.2.4.1.2.2. Physical location of the patient.

C3.2.4.1.2.3. Technique or methods of providing healthcare service (e.g., telephonic or direct patient contact) when the criteria in paragraph C3.2.4.1.1. are met.

C3.2.4.1.3. Types of Visits. The following types of visits are reportable when the criteria in paragraph C3.2.4.1.1. are met.

C3.2.4.1.3.1. Inpatient Visit. An inpatient visit shall be counted for the following situations.

C3.2.4.1.3.1.1. Each time an inpatient is seen within the admitting MTF on a consultative basis in an outpatient clinic, or in the physical examination and standards section for evaluation of profile changes.

C3.2.4.1.3.1.2. Each time contact is made by clinic or specialty service members (other than the healthcare provider from the treating clinic or specialty service) with patients on hospital units or wards, when such services are scheduled through the respective clinic or specialty service, e.g., when a physical therapist is being requested by the attending healthcare provider to initiate certain therapy regimens to a patient who is in traction and unable to go to the clinic. Conversely, a routine ward round made by a physical therapist or dietitian shall not be counted as a visit. (See paragraph C3.2.4.1.3.3. for second opinions requested by patients. See paragraph C3.2.4.1.4.2. for the handling of all ward and grand rounds.)

C3.2.4.1.3.2. Outpatient Visit. An outpatient visit can be counted for the following situations.

C3.2.4.1.3.2.1. All visits to a separately organized clinic or specialty service made by patients who are not currently admitted to the reporting MTF as an inpatient.

C3.2.4.1.3.2.2. Each time medical advice or consultation is provided to the patient by telephone if the criteria in paragraph C3.2.4.1.1. are met.

C3.2.4.1.3.2.3. Each time a patient's treatment or evaluation results in an admission and is not part of the preadmission or admission process.

C3.2.4.1.3.2.4. Each time all or part of a complete or flight physical examination, regardless of the type, is performed in a separately organized clinic or specialty service. Under this rule, a complete physical examination requiring the patient to be examined or evaluated in four different clinics is reported as a visit in each of the four clinics. (See paragraph C3.2.4.1.4. for exceptions.)

C3.2.4.1.3.2.5. Each time an examination, evaluation, or treatment is provided through an MTF-sanctioned healthcare program, in the home, school, work site, community center, or other location outside of a DoD MTF by a healthcare provider paid from appropriated funds.

C3.2.4.1.3.2.6. Each time one of the following tasks is performed when not a part of routine medical care, when the visit is associated with or related to the treatment of a patient for a specific condition requiring follow-up to a physical examination, and when the medical record is properly documented in accordance with the criteria of paragraph C3.2.4.1.1.

C3.2.4.1.3.2.6.1. Therapeutic or desensitization injections.

(e.g., PAP smears).

C3.2.4.1.3.2.6.2. Cancer detection tests
C3.2.4.1.3.2.6.3. Blood pressure measurements.

C3.2.4.1.3.2.6.4. Weight measurements.

C3.2.4.1.3.2.6.5. Prescription renewals (not including refills).

C3.2.4.1.3.3. Multiple Visits (Inpatient or Outpatient)

C3.2.4.1.3.3.1. Multi-Clinic Visits.

Multiple visits may be counted if a patient is provided care in different clinics or is referred from one care provider to another care provider for consultation and is documented; e.g., a patient seen at a primary care clinic and two other specialty clinics on the same day can be counted as three visits. A patient seen in clinic in the morning and again in the afternoon can be reported as two visits as long as the first visit was complete; i.e., the patient was evaluated, treated, dispositioned, and the visit was documented properly in the medical record. If the afternoon visit is merely a continuation of the morning visit, then only one visit can be counted; e.g., a patient seen in the orthopedic clinic in the morning is sent to radiology for X-rays and then returns to the orthopedic clinic in the afternoon for continued evaluation or treatment. These rules apply even if the patient is admitted to an inpatient status immediately following a clinic visit.

C3.2.4.1.3.3.2. Group Visits. Only the primary provider of group sessions may count one visit per patient if the criteria in paragraph C3.2.4.1.1. are met.

C3.2.4.1.3.3.3. Multi-Provider Visits.
When a patient is seen by more than one healthcare provider in the same clinic for the same

episode of care, only one visit is counted per patient. If the patient requests a second opinion, a visit can be counted provided the criteria in paragraph C3.2.4.1.1. are met.

C3.2.4.1.3.3.4. Telemedicine Visits

C3.2.4.1.3.3.4.1. Count. If a patient is present in a provider's office and another provider is contacted through telemedicine, both providers may count the visit in their clinic specialty. This is considered a valid medical consultation, and as such, it requires proper medical documentation by the consulted physician ensuring that the criteria of a visit are met (paragraph C3.2.4.1.1.).

C3.2.4.1.3.3.4.2. Workload. Workload should not be counted if the patient is not present during the consult.

C3.2.4.1.3.3.4.3. Teleradiology, Telecardiology, and Telepathology. FTEs, labor hours, and workload are captured in the appropriate clinical specialty for the MTF providing the procedure (exam or read) on the patient. The consulted provider performing the read shall capture his or her FTEs, labor hours in the applicable sub-account (Support to Non-Federal External Providers (FCC), Support to Other Military Medical Activities (FCD), or Support to Other Federal Agencies (FCE)) and workload in the applicable CPT or College of American Pathologists codes.

C3.2.4.1.3.3.4.4. Continuing Medical Education. Capture data according to current guidelines in the CE (FAL) sub-account (paragraph C2.6.9.14.).

C3.2.4.1.4. Services Not Reportable as Visits

C3.2.4.1.4.1. Occasion of Service. Without an assessment of the patient's condition or the exercise of independent judgment as to the patient's care, screening examinations, procedures, or tests are classified as an "occasion of service" because they do not meet the criteria of paragraph C3.2.4.1.1.

C3.2.4.1.4.2. Ward Rounds and Grand Rounds. Ward rounds and grand rounds are considered part of the inpatient care regimen and are not counted as inpatient visits. Visits by an inpatient to an outpatient clinic for the convenience of the provider, and instead of ward or grand rounds, shall not be counted.

C3.2.4.1.4.3. Group Education and Information Sessions. These sessions shall not be counted when they do not meet the criteria in paragraph C3.2.4.1.1.

C3.2.4.1.4.4. Care from Non-Appropriated Fund Providers. Care rendered by providers paid from non-appropriated funds is not reported as a visit.

C3.2.4.2. ASD. The most important component of the expense allocation process is the ASD. It is the roadmap for expense allocation and contains a list of FCC accounts, associated data sets, and assignment sequence numbers. Each FCC account represents a work center/cost center. (See Table AP1.T1.)

C3.2.4.2.1. Data Sets. Data sets collect outputs used in MEPRS EAS allocation processing to the final MEPRS accounts.

C3.2.4.2.2. Account Sequence Number (ASN) for Stepdown Allocation. The ASN (locally assigned at the MTF) is the order in which expenses are allocated. (See Table C3.T3.) Expense allocation starts with the lowest ASN first. The lowest ASN supports the most areas in the hospital and the highest supports the fewest. As each account's expenses are allocated, the account is closed. In other words, the stepdown expense allocation process will no longer charge expenses to a closed account. The stepdown methodology does not allow for the reciprocal nature of services. For instance, although housekeeping and commander support staff provide services for each other, allocation is only charged from the lower ASN to the higher ASN section.

C3.2.4.3. Allocation Factors. Allocation factors are used to allocate expenses from indirect intermediate accounts (e.g., FTEs, OBDs, visits) to final accounts. (See Appendix 1.)

C3.2.4.4. Expenses. Expenses for each work center/cost center are either captured via a financial/personnel source system or entered manually into the EAS IV system. Common work center expenses could be supplies, equipment, or a salary expense, including free receipts. (See the definitions section of this Manual.) Expenses that are merged into EAS from other financial systems should be validated with official reference documentation or with resource or budget personnel. (See paragraph C.3.3.4.)

C3.2.4.5. Travel Expenses. Locally funded travel expenses shall be reported as follows.

C3.2.4.5.1. Locally funded travel expenses connected with PCS orders shall be charged to the PCS/ETS Related Functions (FDG) sub-account under Special Programs (F).

C3.2.4.5.2. Locally funded travel connected with exercises that are directed and coordinated by the Chairman of the Joint Chiefs of Staff or Military Services shall be charged to the appropriate Readiness (G) account.

C3.2.4.5.3. Locally funded travel in connection with escorts for dependents of deceased or missing military members, supervisors of welfare and morale activities, and appearance before boards and courts martial or as a member of a board or courts martial (other than as a patient for appearance before medical and physical evaluation boards) shall be charged to the Military-Unique Medical Activities Not Elsewhere Classified (FDZ) sub-account.

C3.2.4.5.4. Locally funded travel of patients and attendants shall be charged to the Patient Movement Expenses (FEB) sub-account under Special Programs.

C3.2.4.5.5. Travel of temporarily retired military personnel is not to be charged to the medical facility; rather, it is a departmental personnel function and funding responsibility.

C3.2.4.5.6. Locally funded travel of personnel in support of the Guest Lecturer and Consultant Program shall be charged to that sub-account (FCB) under Special Programs.

C3.2.4.5.7. Locally funded travel of staff personnel to conferences, seminars, conventions, meetings, and courses (except those that meet the definition of “continuing health education”) will be charged to the work center to which the traveler is assigned.

C3.2.4.5.8. Locally funded travel in connection with a flight surgeon’s proficiency flying and accident prevention and investigation shall be charged to the appropriate Medical Readiness account under the Readiness (G) section.

C3.2.5. Reports. EAS IV is configured to generate both standard and ad hoc reports. These reports are valuable tools that can assist in both data quality efforts as well as management decision support.

C3.2.5.1. Management Reports. Numerous reports can be used to support management decision activities. The MEPRS coordinator can locally view and print the following standard management reports: Allocation Summary, Ambulatory Expense Analysis, Ancillary Expense Analysis, Dental Expense Analysis, Inpatient Expense Analysis, Cost Table (cost per unit), and Personnel Detail.

C3.2.5.2. System and Data Quality Reports. Numerous reports in EAS IV facilitate QC assessments of processed MEPRS data. These tools can be used to ensure data is processed correctly, reference tables are configured properly, and that the system is operating appropriately. For further information on these reports and on those listed below, refer to the current EAS user’s manual.

C3.2.5.2.1. Allocation Verification Reports. These reports show how a month’s data were allocated in EAS IV.

C3.2.5.2.2. Data Audit Reports. These reports show how data were changed in EAS IV within a date range or fiscal month.

C3.2.5.2.3. Error Correction Reports. These reports show existing warnings and errors for a source system in the Error Correction Unit.

C3.2.5.2.4. Financial Tables Reports. These reports display the tables that determine the financial business rules and master code tables.

C3.2.5.2.5. Personnel Tables Reports. These reports display the tables that determine the personnel business rules and master code tables.

C3.2.5.2.6. Workload Tables Reports. These reports display the tables that determine the workload business rules and master code tables.

C3.2.5.2.7. Site-Specific Tables Reports. These reports display the tables and the site-specific data used in EAS IV.

C3.2.5.2.8. Miscellaneous Standard Tables Reports. These reports display the tables that determine other business rules and master code tables.

C3.2.5.2.9. Table Maintenance Audit Reports. These reports show data changed on modifiable tables.

C3.2.5.2.10. Security Breach Report. This report shows when users logged on or off EAS IV and shows changes to the rights of a user or a user group.

C3.2.5.2.11. System Interfaces Reports. These reports are generated via system interfaces, such as the CHCS Miscellaneous Data Report, the Financial Pure Data Report and the Personnel Pure Data Report.

C3.2.5.11. Ad Hoc Reports. EAS IV permits the user to create unlimited ad hoc reports via Business Objects.

C3.3. REPORTING REQUIREMENTS

C3.3.1. Overview. The Service Surgeons General of the Army, the Navy, and the Air Force shall identify their respective MEPRS reporting facilities and ensure compliance with requirements of this chapter for preparation and submission of DoD MEPRS data by designated reporting MTFs to OASD(HA) ~~TMADHA~~.

C3.3.2. Reporting Facilities. Each medical center, hospital, and dental center is required to transmit EAS data on a monthly basis. Clinics that are subordinate organizational entities to a reporting medical center, hospital, or dental center are not required to submit separate reports since their workload, labor hours, and expense statistics will be included with the parent reporting facility's expense and workload data. Each fixed MTF will report data for their core child subordinate facilities as well as their external partnership agreements. External partnership agreement entities will be identified via a DMIS ID and will report specific data in accordance with OASD(HA) ~~TMADHA~~ requirements. Each clinic that is not a subordinate entity to a reporting activity shall separately submit their EAS data monthly. Each Military Service shall submit a memorandum to the OASD(HA) ~~TMADHA~~ when a DMIS ID changes or a base closes.

Six months before a base closes, the facility should submit a request through Military Service headquarters for consideration to terminate MEPRS reporting requirements.

C3.3.3. Frequency. Monthly, automated MEPRS/EAS data files shall be forwarded by each reporting facility to OASD(HA) ~~TMADHA~~ within 45 days of the end of the reported month. When changes to data in EAS affect the data previously reported, the changes (based on Service headquarters direction) shall be retransmitted to OASD(HA) ~~TMADHA~~.

C3.3.4. Report Reconciliation and Data Quality

C3.3.4.1. Workload, financial, and personnel data shall be reconciled prior to submission of the data in accordance with Service and/or OASD(HA) ~~TMADHA~~ guidelines. MEPRS reconciliation shall be auditable to source system records for workload, financial, and personnel data. Manually entered data (e.g., depreciation) shall be auditable to source system records and other supporting documents. Information used in the reconciliation of MEPRS data shall be maintained for 5 years.

C3.3.4.2. The MEPRS reported data shall be reviewed under the guidelines of DoDI 6040.40 (Reference (q)) to support monthly completion of the MTF Commander's Data Quality Statement. Minimum support includes validation of financial and workload reconciliation, compliance with the reporting requirement identified in paragraph C4.2.2., and review of specified summary data outliers and expense allocation tests for accuracy.

Table C3.T3. Alignment of Intermediate Operating Expense Accounts

<u>ACCOUNT</u>	<u>FCC</u>
Depreciation of Equipment	
Inpatient Depreciation	EAA
Ambulatory Depreciation	EAB
Dental Depreciation	EAC
Special Programs Depreciation	EAD
Readiness Depreciation	EAE
Command, Management, and Administration Command	
Medical IM/IT	EBJ
Command	EBA
Special Staff	EBB
Administration	EBC
Clinical Management	EBD
GME Support Expenses – Physicians Only	EBI
GDE Support Expenses – Dentists Only	EBE
Education and Training Program Support	EBF
Third Party Collection Administration	EBH
Support Services ¹	
Real Property Management	EDA
Operations of Utilities	EDB
Facility Sustainment	EDC
Facility Restoration and Modernization	EDD
Other Facility Operations Support	EDE
Leases of Real Property	EDF
Transportation	EDG
Fire Protection	EDH
Police Protection	EDI
Communications	EDJ
Other Base Support Services	EDK
Materiel Management Services (except contract or installation provided)	EEA
Housekeeping ¹	
Housekeeping	EFA
Biomedical Equipment Repair ¹	
Biomedical Equipment Repair (Personnel, Bench Stock, and Shop Equipment Costs)	EGA
Laundry Service ¹	
Laundry Service	EHA
Nutrition Management ¹	
Combined Food Operations	EIB
Patient Food Operations	EIA
Inpatient Clinical Nutrition Management	EIC
Inpatient Care Administration	EJA
Ambulatory Care Patient Administration	EKA
Managed Care Administration	ELA
Central Sterile Supply and Materiel Service	
Central Sterile Supply	DEA

<u>ACCOUNT</u>	<u>FCC</u>
Pharmacy	DAA
Pathology	
Clinical Pathology	DBA
Anatomical Pathology	DBB
Radiology	
Diagnostic	DCA
Special Procedures Services	
Electrocardiography (EKG)	DDA
Electroencephalography (EEG)	DDB
Electroneuromyography (EMG)	DDC
Pulmonary Function	DDD
Cardiac Catheterization	DDE
Surgical Services	
Anesthesiology	DFA
Surgical Suite	DFB
Post-Anesthesia Care Unit	DFC
Ambulatory Nursing Services	
Ambulatory Procedure Unit	DGA
Hemodialysis	DGB
Peritoneal Dialysis	DGD
Ambulatory Nursing Services	DGE
Intensive Care	
Medical ICU	DJA
Surgical ICU	DJB
Coronary Care Unit	DJC
Neonatal ICU	DJD
Pediatric ICU	DJE
Inhalation and Respiratory Therapy	DHA
Nuclear Medicine	DIA

1. These accounts shall be moved between the Depreciation and Command, Management, and Administration accounts when the services are provided by contract or by an installation support service (other than one manned by the MTF). The relocated accounts must keep their relative alignment if more than one account is moved. In those instances when housekeeping is provided by both an in-house work force and by contract to the same reporting MTF, the account expenses for the housekeeping contract shall be moved up in the alignment. However, no portion of the contract expense shall be allocated to the in-house housekeeping account.

C4. CHAPTER 4

ISSUE RESOLUTION PROCESS

C4.1. PURPOSE

The issue resolution process provides a mechanism for organizing, maintaining, and tracking the outcome of MEPRS, EAS, and associated application issues that cannot be settled at the individual MTF/DTF levels and/or Service levels. The process includes both an established issue initiation, control, and monitoring mechanism as well as a defined process to identify, address, and prioritize System Incident Reports (SIR) and/or SCRs related to MEPRS policy, business rules, or procedures.

C4.2. POLICY

C4.2.1. The MMIG is the functional proponent for the tri-Service issue resolution process and responsible for the development, implementation, management, and integration of MEPRS policies, procedures, business practices, and system requirements.

C4.2.2. MEPRS end-users are encouraged to review these policies, procedures, and business practices and provide input to support data quality management, continuous process improvements, business process re-engineering, and change management. Issues associated with MEPRS should always be resolved at the lowest level within the organization and changes communicated throughout the Service command and across the MHS.

C4.2.3. Anyone who encounters problems or issues that arise from MEPRS/EAS review, implementation, or program requirements that cannot be resolved at the MTF/DTF level can submit an issue through the Service MEPRS Program Managers or the **TMADHA** MEPRS Program Manager using the suggested Issue Paper Resolution Format (Appendix 4) and policy.

C4.3. RESPONSIBILITIES FOR IDENTIFICATION AND RESOLUTION OF ISSUES

C4.3.1. MTF MEPRS Coordinator. The MTF MEPRS Coordinator generally serves as the initial point of contact for resolving MEPRS issues at the MTF level and in accordance with Service-level guidelines. If the question has only local implications and can be resolved within Service-level guidelines, the coordinator must ensure the question and its resolution are documented in accordance with Service guidance.

C4.3.2. Service Headquarters MEPRS Program Manager. The Service Headquarters MEPRS Program Manager provides Service-specific guidance on MEPRS policy implementation, business rules, and Service-level MEPRS issues. This individual receives, reviews, and submits to **TMADHA** all issues requiring resolution above the Service level. This individual also provides information related to the final resolution of the issue to the MEPRS Coordinators and/or the issue paper originator.

C4.3.3. MEPRS Program Office/TMADHA. The MEPRS Program Office generally serves as the initial point of contact for MEPRS users not affiliated with an MTF or Service. In conjunction with the MMIG, the office develops, administers, and maintains the tri-Service issue resolution process. The MEPRS Program Office coordinates appropriate subject matter expert (SME) input as needed to resolve issues, obtains tri-Service consensus on the issue(s) in favor of a single standard and binding MHS resolution, and refers all issues on which tri-Service agreement cannot be established to the TMADHA RMSC for final resolution

C4.3.4. MMIG. The MMIG is responsible for the review and resolution of any differences in favor of a single standard and binding MHS solution. The MMIG serves as the senior staff-level body responsible for the functional oversight of the MEPRS program. The MMIG is responsible for the development, implementation, and management of MEPRS policies, procedures and business practices, and for integrating the collection, processing, and reporting of standard workload, financial, and labor data in EAS.

C4.4. ISSUE IDENTIFICATION

C4.4.1. Issue. An issue is an important MEPRS question that is in dispute, may have tri-Service implications, and must be resolved in order to facilitate the submission of timely, accurate, and complete MEPRS/EAS data. An issue is any processing problem or improvement that impacts data quality or performance reporting whether functional, interpretational, or system-related. Functional issues include policy changes like the establishment of new FCCs. Interpretation issues necessitate clarification and application of business rules and requirements set forth in this Manual or supplemental Service guidance. System-related issues are issues that involve hardware or software changes to accommodate policy revisions or to correct errors.

C4.4.2. SCRs and SIRs. These types of issues include, but are not limited to, new requirements, changes to existing requirements, corrections during beta testing, and table maintenance. The requirements for new functionality or changes/enhancements to existing functionality are SCRs. An SIR is related to the requirements to fix corrections occurring when a system output fails to satisfy a previously established system requirement.

C4.5. ISSUE RESOLUTION PROCESS: GENERAL

The issue resolution process is divided into 4 phases as set forth in this chapter. Only issues that cannot be resolved at the Service level and that have a tri-Service impact should be forwarded to TMADHA.

C4.6. PHASE 1 – INITIATION PROCESS

The issue should be submitted in writing using the Issue Paper Resolution Format. Requested information includes information related to the originator of the issue, the issue title, systems affected, supporting documentation, and recommended solution.

C4.6.1. Actions and Responsibilities for MEPRS Users Affiliated with an MTF/DTF

C4.6.1.1. Service-level guidelines shall be followed for the origination and elevation of MEPRS questions.

C4.6.1.2. Technical system-related issues impacting the processing and transmission of data should always be submitted to the MHS Help Desk (800-600-9332).

C4.6.1.3. If the question(s) cannot be resolved at the local level or the issue(s) have Service-level implications, the Service MEPRS Program Manager shall forward a written statement to **TMADHA** detailing the issue, to include examples of the problem and a proposed solution where applicable. (See Appendix 4.) This issue paper must be coordinated with the other Service MEPRS Program Managers and should provide supporting objective documentation to include input for appropriate Service-level SMEs.

C4.6.1.4. Only the Service MEPRS Program Managers shall elevate an issue to the **TMADHA** MEPRS Program Office.

C4.6.1.5. The issue and subsequent analysis should be documented using the Issue Paper Resolution Format and elevated to the **TMADHA** MEPRS Program Office.

C4.6.2. Actions and Responsibilities for MEPRS Users Not Affiliated with an MTF/DTF or Service

C4.6.2.1. All users should first attempt to resolve the issue through the MHS Help Desk (800-600-9332).

C4.6.2.2. If the issue cannot be resolved to the satisfaction of the parties involved, the issue should be documented using at a minimum the Issue Paper Resolution Format and elevated to the **TMADHA** MEPRS Program Office.

C4.6.2.3. Depending on the complexity of the issue, a more detailed issue paper may be needed to provide sufficient information for review and analysis.

C4.7. PHASE 2 – INITIAL REVIEW AND TRACKING PROCEDURES

Phase 2 activities take place at the **TMADHA** MEPRS Program Office and include logging the issue paper into the issue paper database as well as initial review and analysis of the paper. Review and analysis of the issue at the **TMADHA**/MEPRS Program Office will be accomplished as follows.

C4.7.1. Upon receipt of an issue paper, the MEPRS Program Office will assign an issue number and enter the information into a tracking database.

C4.7.2. The MEPRS Program Office will conduct an initial review of the issue, validate the issue as one germane to all Services, request additional clarification and information as may be needed, and disseminate a complete issue paper packet to all Service MEPRS Program Managers for review, comment, and appropriate staffing.

C4.7.3. The issue paper packet will include the Issue Paper Resolution Format document and any other available pertinent information including a more detailed issue paper and additional impact summaries.

C4.7.4. The issue paper database will be updated on a bi-weekly basis with the latest actions and decisions related to the specific issue paper.

C4.8. PHASE 3 – ISSUE COORDINATION AND RESOLUTION

During Phase 3 of the issue resolution process, the issue paper package is distributed to the Service MEPRS Program Managers for their review and comment. If resolution cannot be obtained, a meeting is scheduled to discuss the issue and related recommendations. If necessary, the issue will be referred to higher levels as described in paragraph C.4.9.4. of this Manual.

C4.8.1. Issue paper/SCR meetings will be held to discuss outstanding issues and obtain consensus.

C4.8.2. The MMIG, which operates under the auspices of the ~~FMADHA~~ RMSC and through the MMIG charter, has been empowered to jointly resolve all such differences in favor of a single standard and binding MHS solution. The MMIG will be briefed on the status and impact of outstanding issue papers with the goal of achieving resolution of the issues. Outstanding issue papers are prioritized as: A – Critical Task, B – Important Essential Task, C – Value Added Task, D – Enhancement Task, and E – Non-Essential Task.

C4.8.3. If the MMIG is unable to reach a resolution on the issue, the issue will be forwarded to the OASD(HA) tri-Service RMSC for review and, if possible, resolution.

C4.8.4. Issues not resolved in favor of a single standard and binding tri-Service solution by the RMSC will be forwarded to the Executive Director of ~~FMADHA~~ and the Deputy Surgeons General for their assessment.

C4.8.5. Issues which still cannot be resolved in favor of a single, standard, and binding solution will then be forwarded to the OASD(HA) and the Surgeons General for resolution.

C4.8.6. Upon final resolution, the issue will be returned to the MMIG for MHS-wide implementation and oversight.

C4.9. PHASE 4 – FINAL DISPOSITION OF ISSUE AND PRIORITIZATION OF SCRs

Phase 4 includes the activities related to the final disposition of this issue. The Service MEPRS Program Manager and the issue paper originator are notified of the outcome. When required, the MEPRS Program Office will coordinate with the EAS Program Office and other automated information system representatives for preparation of the necessary SCR.

C4.9.1. Upon final resolution, the MEPRS Program Office will inform the Service-Level Program Manager. (See paragraph C4.3.2).

C4.9.2. Necessary changes will be made to this Manual and changes and updates will be announced on the MEPRS Web-Portal.

C4.9.3. SCRs are prioritized by the MMIG using the same criteria as used in prioritizing issues: A – Critical Task, B – Important Essential Task, C – Value Added Task, D – Enhancement Task, and E – Non-Essential Task. Implementation is coordinated with the EAS Program Office.

C4.9.4. Issues are considered resolved when any of the following conditions are met: the OASD(HA) ~~TMADHA~~ and the Military Services reach consensus and agree to move forward with a recommended solution, the originator of the issue withdraws the issue, the originating Service concedes to MMIG consensus to withdraw the issue, or the RMSC directs final resolution.

C4.10. PROCESSING PROCEDURES

If an issue cannot be resolved at the Service level, and the MEPRS representative of the sponsoring Military Service submits an issue paper to the ~~TMADHA~~ MEPRS program office, the following procedures shall be followed.

C4.10.1. Upon receipt of the issue paper, the MEPRS program office shall review, analyze, and distribute the Issue Paper to the Services for review and comment. (Recommended review period: 15 work days from receipt of issue to distribution to Services.)

C4.10.2. The Services shall provide comments to the MEPRS Program Office. (Recommended comment period: 15 work days from receipt of issue.)

C4.10.3. After receipt of comments and concurrence/nonconcurrence from the services, the MEPRS Program Office shall, if necessary, coordinate a meeting within 15 working days to resolve any outstanding issues. (Recommended coordination period: 15 work days from receipt of comments/decision from all three Services.)

C4.10.4. The MEPRS Program Office shall process the coordination and disposition of the issue. This includes, if necessary, forwarding the issue for resolution as set forth in paragraph C4.8. of this Manual. (Recommended disposition period: 30 work days after receipt of Service comments/decision or meeting with the Services.)

C4.10.5. Changes shall be documented for update to this Manual and coordination with the EAS Program Office shall be initiated. (Recommended resolution period: 10 work days after decision.)

C4.10.6. The MEPRS Program Office shall provide written notification of issue resolution and appropriate actions to the Service MEPRS Program Manager. (Recommended notification period: 15 work days after final resolution.)

AP1. APPENDIX 1STANDARD FCC ACCOUNTSAP1.1. PURPOSE

This appendix describes the standard FCC accounts. The basic coding framework provides orientation to the approach employed for all account codes in the UCA. Detailed coding methodologies and their potential utility to local commands are also discussed, along with some coding rules and special procedures that facilitate assignment of expenses that cannot be readily attributed to specific receiving accounts.

AP1.2. THE BASIC CODING APPROACH

AP1.2.1. All activities and associated costs within or relating to an MTF fall into one of seven functional categories. The functional categories are designated using an alphabetic coding structure, and all account codes contain one of these letters (A through G) as the first character (“at the first level”). The functional categories are:

- A – Inpatient Care
- B – Medical Care
- C – Dental Care
- D – Ancillary Services
- E – Support Services
- F – Special Programs
- G – Readiness

AP1.2.2. Each functional category contains one or more summary accounts that encompass general areas within the functional category. The second letter of the account code (“at the second level”) designates the summary accounts; e.g., the Inpatient Care functional category (first-level code “A”) contains the following seven summary accounts.

<u>FUNCTIONAL CATEGORY</u>	<u>SUMMARY ACCOUNT</u>	<u>UCA CODE</u>
Inpatient Care	Medical Care	A
	Surgical Care	AA
	Ob-Gyn Care	AB
	Pediatric Care	AC
	Orthopedic Care	AD
	Psychiatric Care	AE
	Family Practice Care	AF

AP1.2.3. Summary accounts are further refined into work center sub-accounts that collect the expenses incurred by the operations of the work centers or by programs maintained by the MTF.

AP1.2.4. The criteria for establishing a work center are defined in paragraph DL4.49.

AP1.2.5. The functional descriptions in Chapter 2 define each sub-account and describe the actual activities of an MTF. In accordance with the hierarchical structure, the sub-account designation is in the third position (“at the third level”) as shown in the following example.

<u>FUNCTIONAL CATEGORY</u> <u>FCC CODE</u>	<u>SUMMARY ACCOUNT</u>	<u>SUB-ACCOUNT</u>
Inpatient Care		A
	Medical Care	AA
	Internal Medicine	AAA
	Dermatology	AAD
	Neurology	AAJ

AP1.2.6. Fourth-level codes are assigned for site-specific workload assignments determined by the Military Services. The Department of Defense does not generally prescribe standard fourth-level codes. The fourth level is provided to enhance the utility and flexibility of the account structure and is available for local management use.

AP1.3. CATEGORIES OF EXPENSE ACCOUNTS

AP1.3.1. The functional categories summarize all the defined costs incurred in the operation of a fixed MTF. The system defines two of these functional categories as areas that provide services or support to other accounts for accounting purposes. These two categories are intermediate operating expense accounts, as follows:

- D Ancillary Services
- E Support Services

AP1.3.2. In the expense assignment process, all intermediate operating expense accounts are fully distributed to final operating expense accounts. The basis for this distribution is the allocation factor of each intermediate operating expense account. The number of this factor must be accumulated for all accounts receiving the benefits of an intermediate operating expense account. After the costs are fully assigned, the intermediate operating expense accounts contain zero dollar balances.

AP1.4. SPECIAL CODING METHODOLOGIES AND LOCAL ACCOUNTS

This section describes special MEPRS coding conventions and examples of local applications of fourth-level codes.

AP1.4.1. “Z” Coding Conventions. Occasionally an MTF will have a clinic or activity that does not fall into a standard FCC account. In such cases, interim, or “Z,” codes may be used at the third level. These codes are designed to allow the system to accommodate new specialties while new permanent codes are being established. By convention, codes that are “not elsewhere classified” are identified with a “Z” at the third level. The Military Service headquarters, in coordination with the **TMADHA** MEPRS Program Office, must approve the use of “Z” codes. Coordination with **TMADHA** shall include a brief description of the specialty or service, and the expected or projected time frame for “Z” code usage.

AP1.4.2. Cost Pools

AP1.4.2.1. In some situations, expenses cannot be assigned to specific accounts but are known to be incurred by a limited number of work centers. In those cases, a cost pool may be used. For example, the three specialties in Ward 3E shown below share a supply closet and the actual use of supplies from the closet cannot be practically determined. A cost pool is set up for the ward. Those costs that are assignable to individual codes are so assigned. However, those costs that are assignable to the ward, but not to specialties, flow into the cost pool. After all costs have been assigned to the ward, the cost pool is distributed among the specialties on a reasonable basis. In this case, the ratio of OBDs for each specialty compared to the total OBDs for the ward is used to distribute the cost pool.

<u>WARD 3E</u>	
<u>SPECIALTY</u>	<u>ACCOUNT CODE</u>
General Surgery	ABA
Plastic Surgery	ABI
Urology	ABK

AP1.4.2.2. By convention, cost pools are identified by an “X” at the third level followed by a letter. In the example above, the cost pool for Ward 3E may be identified by ABXA. Another ward, 4W, primarily a medical ward, may use cost pool AAXA; Ward 4E (also medical) uses AAXB, and so on. This is the only use of the letter “X” at the third level.

AP1.4.2.3. Workload may not be assigned to cost pools by ancillary services except for ward and clinic issues by Central Sterile Supply and Pharmacy.

AP1.4.3. Application of Fourth-Level Codes for Remote Facilities. Only the Military Service headquarters can determine and approve the use of site-specific fourth-level codes. The use and approval of fourth-level MEPRS codes for remote facilities are dictated and approved by the respective Service headquarters.

AP1.5. LIST OF STANDARD FCCs

Table AP1.T1. lists the standard FCC accounts. Except for changes authorized by the Department of Defense, these codes shall not be altered or added to on the first, second, or third levels. Only cost pools (“X” codes) may be created locally.

Table AP1.T1. Standard FCC Accounts

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
A	<i>INPATIENT CARE</i>					
AA	<i>MEDICAL CARE</i>					
AAA_	INTERNAL MEDICINE	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAB_	CARDIOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAD_	DERMATOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAE_	ENDOCRINOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAF_	GASTROENTEROLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAG_	HEMATOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAI_	NEPHROLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
AAJ_	NEUROLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAK_	ONCOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAL_	PULMONARY AND UPPER RESPIRATORY DISEASE	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAM_	RHEUMATOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAN_	PHYSICAL MEDICINE	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAO_	CLINICAL IMMUNOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAQ_	BONE MARROW TRANSPLANT	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAR_	INFECTIOUS DISEASE	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
AAS_	ALLERGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AAX_	INPATIENT MEDICAL CARE COST POOLS	AAX_/DMIS ID	NUMBER OF OBDS	MINUTES OF SERVICE	MINUTES OF SERVICE	
AAZ_	MEDICAL CARE NOT ELSEWHERE CLASSIFIED	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
<i>AB</i>	<i>SURGICAL CARE</i>					
ABA_	GENERAL SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABB_	CARDIOVASCULAR AND THORACIC SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABD_	NEUROSURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABE_	OPHTHALMOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABF_	ORAL SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
ABG_	OTOLARYNGOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABH_	PEDIATRIC SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABI_	PLASTIC SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABJ_	PROCTOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABK_	UROLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABL_	ORGAN TRANSPLANT	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABM_	BURN UNIT (BROOKE ARMY MEDICAL CENTER ONLY)	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABN_	PERIPHERAL VASCULAR SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
ABQ_	VASCULAR AND INTERVENTIONAL RADIOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ABX_	INPATIENT SURGICAL CARE COST POOLS	ABX_/DMIS ID	NUMBER OF OBDS	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
ABZ_	SURGICAL CARE NOT ELSEWHERE CLASSIFIED	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AC	<i>OB-GYN CARE</i>					
ACA_	GYNECOLOGY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ACB_	OBSTETRICS	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ACX_	INPATIENT OB-GYN CARE COST POOLS	ACX_/DMIS ID	NUMBER OF OBDS	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
ACZ_	OB-GYN CARE NOT ELSEWHERE CLASSIFIED	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AD	<i>PEDIATRIC CARE</i>					
ADA_	PEDIATRICS	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ADB_	NEWBORN NURSERY	OBD; ADM; DISP	NUMBER OF BASSINET DAYS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
ADD_	ADOLESCENT PEDIATRICS	OBD ; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
ADX_	INPATIENT PEDIATRIC CARE COST POOLS	ADX_/DMIS ID	NUMBER OF OBDS AND/OR BASSINET DAYs	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
ADZ_	PEDIATRIC CARE NOT ELSEWHERE CLASSIFIED	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
<i>AE</i>	<i>ORTHOPEDIC CARE</i>					
AEA_	ORTHOPEDICS	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AEB_	PODIATRY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AEC_	HAND SURGERY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AEX_	INPATIENT ORTHOPEDIC COST POOLS	AEX_/DMIS ID	NUMBER OF OBDS	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
AEZ_	ORTHOPEDIC CARE NOT ELSEWHERE CLASSIFIED	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
<i>AF</i>	<i>PSYCHIATRIC CARE</i>					
AFA_	PSYCHIATRY	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
AFB_	SUBSTANCE ABUSE REHABILITATION	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AFX_	INPATIENT PSYCHIATRIC CARE COST POOLS	AFX_/DMIS ID	NUMBER OF OBDS	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
AFZ_	PSYCHIATRIC CARE NOT ELSEWHERE CLASSIFIED	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AG	FAMILY PRACTICE CARE					
AGA_	FAMILY PRACTICE MEDICINE	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AGH_	FAMILY PRACTICE NEWBORN NURSERY	OBD; ADM; DISP	NUMBER OF BASSINET DAYS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
AGX_	INPATIENT FAMILY PRACTICE COST POOLS – MUST HAVE APPROVAL TO USE	AGX_/DMIS ID	NUMBER OF OBDS AND/OR BASSINET DAYs	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
AGZ_	FAMILY PRACTICE NOT ELSEWHERE CLASSIFIED – MUST HAVE APPROVAL TO USE	OBD; ADM; DISP	NUMBER OF OBDS; NUMBER OF ADMs; NUMBER OF DISPs	N/A	N/A	OBD W/ANC & W/PROF; OBD W/ANC & W/O PROF; OBD W/O ANC & W/O PROF; ADM; DISP
B	AMBULATORY CARE					
BA	MEDICAL CARE					
BAA_	INTERNAL MEDICINE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BAB_	ALLERGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAC_	CARDIOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAE_	DIABETIC CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAF_	ENDOCRINOLOGY (METABOLISM) CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAG_	GASTROENTEROLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAH_	HEMATOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAL_	HYPERTENSION CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BAJ_	NEPHROLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAK_	NEUROLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAL_	NUTRITION CLINIC – INCLUDES OUTPATIENT AND INPATIENT VISITS	OUTPT VISITS; INPATIENT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAM_	ONCOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAN_	PULMONARY DISEASE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAO_	RHEUMATOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAP_	DERMATOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BAQ_	INFECTIOUS DISEASE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAR_	PHYSICAL MEDICINE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAS_	RADIATION THERAPY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAT_	BONE MARROW TRANSPLANT CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAU_	GENETICS CLINIC (KEESLER ONLY)	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAV_	HYPERBARIC MEDICINE	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BAX_	AMBULATORY MEDICAL CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BAZ_	MEDICAL CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BB	SURGICAL CARE					
BBA_	GENERAL SURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBB_	CARDIOVASCULAR & THORACIC SURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBC_	NEUROSURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBD_	OPHTHALMOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBE_	ORGAN TRANSPLANT CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBF_	OTOLARYNGOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBG_	PLASTIC SURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BBH_	PROCTOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBI_	UROLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBJ_	PEDIATRIC SURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBK_	PERIPHERAL VASCULAR SURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBL_	PAIN MANAGEMENT CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBM_	VASCULAR AND INTERVENTIONAL RADIOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBN_	BURN CLINIC (BROOKE ARMY MEDICAL CENTER ONLY)	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BBX_	AMBULATORY SURGICAL CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BBZ_	SURGICAL CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
<i>BC</i>	<i>OB-GYN CARE</i>					
BCA_	FAMILY PLANNING CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BCB_	OBSTETRICS AND GYNECOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BCD_	BREAST CARE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BCX_	AMBULATORY OB-GYN CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BCZ_	OB-GYN CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
<i>BD</i>	<i>PEDIATRIC CARE</i>					
BDA_	PEDIATRIC CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BDB_	ADOLESCENT CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BDC_	WELL-BABY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BDX_	AMBULATORY PEDIATRIC CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BDZ_	PEDIATRIC CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BE	<i>ORTHOPEDIC CARE</i>					
BEA_	ORTHOPEDIC CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BEC_	HAND SURGERY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BED_	CHIROPRACTIC CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BEE_	ORTHOTIC LABORATORY	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BEF_	PODIATRY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BEX_	AMBULATORY ORTHOPEDIC CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BEZ_	ORTHOPEDIC CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BF	<i>PSYCHIATRIC/ MENTAL HEALTHCARE</i>					
BFA_	PSYCHIATRY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BFB_	PSYCHOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BFC_	CHILD GUIDANCE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BFD_	MENTAL HEALTH CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BFE_	SOCIAL WORK CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BFF_	SUBSTANCE ABUSE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BFX_	AMBULATORY PSYCHIATRIC/ MENTAL HEALTHCARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BFZ_	PSYCHIATRIC AND MENTAL HEALTHCARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BG	<i>FAMILY PRACTICE CARE</i>					
BGA_	FAMILY PRACTICE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BGX_	AMBULATORY FAMILY PRACTICE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BGZ_	FAMILY PRACTICE CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BH	PRIMARY MEDICAL CARE					
BHA_	PRIMARY CARE CLINICS	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHB_	MEDICAL EXAMINATION CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHC_	OPTOMETRY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHD_	AUDIOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHE_	SPEECH PATHOLOGY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHF_	COMMUNITY HEALTH CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHG_	OCCUPATIONAL HEALTH CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
BHI_	IMMEDIATE CARE CLINIC (FOR SITES NOT AUTHORIZED AN EMERGENCY ROOM)	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BHX_	AMBULATORY PRIMARY MEDICAL CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BHZ_	PRIMARY MEDICAL CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
<i>BI</i>	<i>EMERGENCY MEDICAL CARE</i>					
BIA_	EMERGENCY MEDICAL CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BIX_	AMBULATORY EMERGENCY MEDICAL CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BIZ_	EMERGENCY MEDICAL CLINIC NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
<i>BJ</i>	<i>FLIGHT MEDICINE CARE</i>					
BJA_	FLIGHT MEDICINE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BJX_	AMBULATORY FLIGHT MEDICINE CARE COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BJZ_	FLIGHT MED CARE NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
<i>BK</i>	<i>UNDERSEAS MEDICINE CARE</i>					
BKA_	UNDERSEAS MEDICINE CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BKX_	AMBULATORY UNDERSEAS MEDICINE CLINIC COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BKZ_	UNDERSEAS MEDICINE CARE NOT CLASSIFIED ELSEWHERE	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
<i>BL</i>	<i>REHABILITATIVE AMBULATORY SERVICES</i>					
BLA_	PHYSICAL THERAPY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BLB_	OCCUPATIONAL THERAPY CLINIC	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
BLX_	AMBULATORY REHABILITATIVE AMBULATORY SERVICES COST POOLS	TOTAL VISITS	NUMBER OF VISITS	N/A	TOTAL VISITS	N/A
BLZ_	REHABILITATIVE AMBULATORY SERVICES NOT ELSEWHERE CLASSIFIED	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	AMBULATORY WEIGHTED PROCS (ADM DATA ONLY)	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC; AMB WTD PROC (ADM ONLY); APV (B__5 ONLY); OBS (B__0 ONLY)
<i>C</i>	<i>DENTAL CARE</i>					
CA	<i>DENTAL SERVICES</i>					
CAA_	DENTAL CARE	DENTAL WTD PROC	N/A	WEIGHTED PROCEDURES	N/A	DENTAL WTD PROC DENTAL AP (C__5 ONLY)
CAX_	DENTAL CARE COST POOLS	DENTAL WTD PROC	N/A	WEIGHTED PROCEDURES	DENTAL WTD PROC	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
CAZ_	DENTAL SVC CARE NOT ELSEWHERE CLASSIFIED	DENTAL WTD PROC	N/A	WEIGHTED PROCEDURES	N/A	DENTAL WTD PROC; DENTAL AP (C__5 ONLY)
<i>CB</i>	<i>DENTAL PROSTHETICS</i>					
CBA_	DENTAL LABORATORY	DENTAL WTD PROC	N/A	WEIGHTED PROCEDURES	N/A	DENTAL WTD PROC DENTAL AP (C__5 ONLY)
CBX_	DENTAL LABORATORY COST POOLS	DENTAL WTD PROC	N/A	WEIGHTED PROCEDURES	DENTAL WTD PROC	N/A
CBZ_	DENTAL PROSTHETICS CARE NOT ELSEWHERE CLASSIFIED	DENTAL WTD PROC	N/A	WEIGHTED PROCEDURES	N/A	DENTAL WTD PROC; DENTAL AP (C__5 ONLY)
<i>D</i>	<i>ANCILLARY SERVICES</i>					
<i>DA</i>	<i>PHARMACY SERVICE</i>					
DAA_	PHARMACY	DAA_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	PHARM WTD PROC	PHARM WTD PROC
DAX_	PHARMACY COST POOLS	DAX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DAZ_	PHARMACY NOT ELSEWHERE CLASSIFIED	DAZ_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	PHARM WTD PROC	PHARM WTD PROC
<i>DB</i>	<i>PATHOLOGY</i>					
DBA_	CLINICAL PATHOLOGY	DBA_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	LAB WTD PROC
DBB_	ANATOMICAL PATHOLOGY	DBB_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	LAB WTD PROC
DBD_	CYTOGENETIC LABORATORY	DBD_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	LAB WTD PROC
DBE_	MOLECULAR GENETIC LABORATORY	DBE_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	LAB WTD PROC
DBF_	BIOCHEMICAL GENETIC LABORATORY	DBF_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	LAB WTD PROC
DBX_	PATHOLOGY COST POOLS	DBX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DBZ_	PATHOLOGY NOT ELSEWHERE CLASSIFIED	DBZ_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	LAB WTD PROC
<i>DC</i>	<i>RADIOLOGY</i>					
DCA_	DIAGNOSTIC RADIOLOGY	DCA_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	RAD WTD PROC
DCX_	RADIOLOGY COST POOLS	DCX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DCZ_	RADIOLOGY NOT ELSEWHERE CLASSIFIED	DCZ_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	RAD WTD PROC
<i>DD</i>	<i>SPECIAL PROCEDURES SERVICES</i>					
DDA_	ELECTROCARDIOGRAPHY	DDA_/DMIS ID	N/A	WEIGHTED PROCEDURES	WTD PROC	ECG WTD PROC
DDB_	ELECTROENCEPHALOGRAPHY	DDB_/DMIS ID	N/A	WEIGHTED PROCEDURES	WTD PROC	EEG WTD PROC
DDC_	ELECTRONEUROMYOGRAPHY	DDC_/DMIS ID	N/A	WEIGHTED PROCEDURES	WTD PROC	EMG WTD PROC
DDD_	PULMONARY FUNCTION	DDD_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	RT/PF WTD PROC
DDE_	CARDIAC CATHETERIZATION	DDE_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	CARD CATH WTD PROC
DDX_	SPECIAL PROCEDURES SERVICES COST POOLS	DDX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
DDZ_	SPECIAL PROCEDURES SERVICES NOT ELSEWHERE CLASSIFIED	DDZ_/DMIS ID	GENERIC AMOUNT	GENERIC AMOUNT	GENERIC AMOUNT IN WTD FIELD	SPEC WTD PROC
<i>DE</i>	<i>CENTRAL STERILE SUPPLY/ MATERIEL SERVICES</i>					
DEA_	CENTRAL STERILE SUPPLY	DEA_/DMIS ID	N/A	HOURS OF SERVICE	HRS OF SVC	CSS HRS OF SVC
DEX_	CENTRAL STERILE SUPPLY COST POOLS	DEX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DEZ_	CENTRAL STERILE SUPPLY NOT ELSEWHERE CLASSIFIED	DEZ_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
<i>DF</i>	<i>SURGICAL SERVICES</i>					
DFA_	ANESTHESIOLOGY	DFA_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	DFA MINUTES OF SERVICE
DFB_	SURGICAL SUITE	DFB_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	DFB MINUTES OF SERVICE
DFC_	POST ANESTHESIA CARE UNIT	DFC_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	DFC MINUTES OF SERVICE
DFX_	SURGICAL SERVICES COST POOLS	DFX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DFZ_	SURGICAL SERVICES NOT ELSEWHERE CLASSIFIED	DFZ_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
<i>DG</i>	<i>SAME DAY SERVICES</i>					
DGA_	AMBULATORY PROCEDURE UNIT	DGA_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	APU MINUTES OF SERVICE
DGB_	HEMODIALYSIS	DGB_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	DIALYSIS MINUTES OF SERVICE
DGD_	PERITONEAL DIALYSIS	DGD_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	DIALYSIS MINUTES OF SERVICE
DGE	AMBULATORY NURSING SERVICES	DGE_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	ANS MINUTES OF SERVICE
DGX_	SAME DAY SERVICES COST POOLS	DGX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DGZ_	SAME DAY SERVICES NOT ELSEWHERE CLASSIFIED	DGZ_/DMIS ID	NUMBER OF PATIENTS	MINUTES OF SERVICE	MINUTES OF SERVICE	N/A
<i>DH</i>	<i>REHABILITATIVE SERVICES</i>					
DHA_	INHALATION/RESPIRATORY THERAPY	DHA_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	RT/PF WTD PROC
DHX_	REHABILITATIVE SERVICES COST POOLS	DHX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DHZ_	REHABILITATIVE SERVICES NOT ELSEWHERE CLASSIFIED	DHZ_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	N/A
<i>DI</i>	<i>NUCLEAR MEDICINE</i>					
DIA_	NUCLEAR MEDICINE CLINIC	DIA_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	NUC MED WTD PROC
DIX_	NUCLEAR MEDICINE COST POOLS	DIX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DIZ_	NUCLEAR MEDICINE NOT ELSEWHERE CLASSIFIED	DIZ_/DMIS ID	NUMBER OF PROCEDURES	WEIGHTED PROCEDURES	WTD PROC	N/A
<i>DJ</i>	<i>INTENSIVE CARE</i>					
DJA_	MEDICAL ICU	DJA_/DMIS ID	NUMBER OF ICU HOURS OF SERVICE	N/A	ICU HRS OF SVC	ICU HRS OF SVC
DJB_	SURGICAL ICU	DJB_/DMIS ID	NUMBER OF ICU HOURS OF SERVICE	N/A	ICU HRS OF SVC	ICU HRS OF SVC

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
DJC_	CORONARY CARE UNIT	DJC_/DMIS ID	NUMBER OF ICU HOURS OF SERVICE	N/A	ICU HRS OF SVC	ICU HRS OF SVC
DJD_	NICU	DJD_/DMIS ID	NUMBER OF ICU HOURS OF SERVICE	N/A	ICU HRS OF SVC	ICU HRS OF SVC
DJE_	PEDIATRIC ICU	DJE_/DMIS ID	NUMBER OF ICU HOURS OF SERVICE	N/A	ICU HRS OF SVC	ICU HRS OF SVC
DJX_	INTENSIVE CARE COST POOLS	DJX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
DJZ_	ICU NOT ELSEWHERE CLASSIFIED	DJZ_/DMIS ID	NUMBER OF ICU HOURS OF SERVICE	N/A	ICU HRS OF SVC	ICU HRS OF SVC
E	SUPPORT SERVICES					
EA	DEPRECIATION					
EAA_	INPATIENT DEPRECIATION	OBD	NUMBER OF OBDS	N/A	OBD	N/A
EAB_	AMBULATORY DEPRECIATION	TOTAL VISITS	NUMBER OF TOTAL VISITS	N/A	TOTAL VISITS	N/A
EAC_	DENTAL DEPRECIATION	EAC_/DMIS ID	DENTAL EQUIP COST	N/A	DENTAL EQUIP COST	N/A
EAD_	SPECIAL PROGRAMS DEPRECIATION	EAD_/DMIS ID	SPEC PROG EQUIP COST	N/A	SPEC PROG EQUIP COST	N/A
EAE_	MEDICAL READINESS DEPRECIATION	EAE_/DMIS ID	READINESS EQUIP COST	N/A	READINESS EQUIP COST	N/A
EB	COMMAND, MANAGEMENT, AND ADMINISTRATION					
EBA_	COMMAND STAFF	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBB_	SPECIAL STAFF	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBC_	ADMINISTRATION	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBD_	CLINICAL MANAGEMENT	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBE_	GME SUPPORT EXPENSES	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBF_	EDUCATION & TRAINING PROGRAM SUPPORT	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBH_	THIRD PARTY COLLECTION ADMINISTRATION	CLAIMS BILLED	NUMBER OF CLAIMS BILLED	N/A	CLAIMS BILLED	N/A
EBI_	GDE SUPPORT EXPENSES	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBJ_	SERVICE MEDICAL IM/IT	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EBZ_	COMMAND, MANAGEMENT, AND ADMINISTRATION NOT ELSEWHERE CLASSIFIED	EBZ_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
ED	SUPPORT SERVICES					
EDA_	REAL PROPERTY MANAGEMENT	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDB_	OPERATION OF UTILITIES	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
EDC_	FACILITY SUSTAINMENT PROPERTY	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDD_	FACILITY RESTORATION AND MODERNIZATION	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDE_	OTHER FACILITY OPERATIONS SUPPORT	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDF_	LEASES OF REAL PROPERTY	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDG_	TRANSPORTATION	EDG_/DMIS ID	NUMBER OF MILES DRIVEN	N/A	MILES DRIVEN	N/A
EDH_	FIRE PROTECTION	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDI_	POLICE PROTECTION	SQ FT	NUMBER OF SQ FT	N/A	SQ FT	N/A
EDJ_	COMMUNICATIONS	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EDK_	OTHER BASE SUPPORT SERVICES	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
EDZ_	SUPPORT SVC-NOT ELSEWHERE CLASSIFIED	EDZ_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
EE	<i>MATERIEL SERVICES</i>		N/A			N/A
EEA_	MATERIEL MANAGEMENT SERVICES	EEA_DMIS ID	N/A	DOLLAR VALUE OF SUPPLIES AND/OR EQUIPMENT ISSUED	SUPPLY/EQUIP ISSUED	N/A
EEZ_	MATERIEL SVCS NOT ELSEWHERE CLASSIFIED	EEZ_DMIS ID	N/A	SUPPLY EQUIP ISSUED	SUPPLY/EQUIP ISSUED	N/A
EF	<i>HOUSEKEEPING</i>					
EFA_	HOUSEKEEPING	SQ FT CLEANED	NUMBER OF SQ FT CLEANED	N/A	SQ FT CLEANED	N/A
EFZ_	HOUSEKEEPING NOT ELSEWHERE CLASSIFIED	SQ FT CLEANED	NUMBER OF SQ FT CLEANED	N/A	SQ FT CLEANED	N/A
EG	<i>BIOMEDICAL EQUIPMENT REPAIR</i>					
EGA_	BIOMEDICAL EQUIP REPAIR	EGA_/DMIS ID	N/A	BIOMED EQUIP HRS	BIOMED EQUIP HRS	N/A
EGZ_	BIOMED RPR SVC NOT ELSEWHERE CLASSIFIED	EGZ_/DMIS ID	N/A	BIOMED EQUIP HRS	BIOMED EQUIP HRS	N/A
EH	<i>LAUNDRY SERVICE</i>					
EHA_	LAUNDRY SERVICE	EHA_/DMIS ID	NUMBER OF DRY LBS LAUNDRY	N/A	LBS LAUNDRY	N/A
EHZ_	LAUNDRY SVC NOT ELSEWHERE CLASSIFIED	EHZ_/DMIS ID	NUMBER OF DRY LBS LAUNDRY	N/A	LBS LAUNDRY	N/A
EI	<i>NUTRITION MANAGEMENT</i>					
EIA_	PATIENT FOOD OPERATIONS	EIA MEALS SERVED	NUMBER OF MEALS SERVED	N/A	NUMBER OF MEALS SERVED	N/A
EIB_	COMBINED FOOD OPERATIONS	EIB MEALS SERVED	NUMBER OF MEALS SERVED	N/A	NUMBER OF MEALS SERVED	N/A
EIC_	INPATIENT CLINICAL NUTRITION MANAGEMENT	WTD NUTR PROC	N/A	WTD NUTR PROC	WTD NUTR PROC	N/A
EIZ_	NUTRITION MANAGEMENT NOT ELSEWHERE CLASSIFIED	EIZ_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
<i>EJ</i>	<i>INPATIENT CARE ADMINISTRATION</i>					
EJA_	INPATIENT ADMINISTRATION	DISP	NUMBER OF DISPOSITIONS	N/A	DISP	N/A
EJZ_	INPATIENT ADMINISTRATION NOT ELSEWHERE CLASSIFIED	DISP	NUMBER OF DISPOSITIONS	N/A	DISP	N/A
<i>EK</i>	<i>AMBULATORY CARE PATIENT ADMINISTRATION</i>					
EKA_	AMBULATORY CARE PATIENT ADMINISTRATION	TOTAL VISITS	NUMBER OF TOTAL VISITS	N/A	TOTAL VISITS	N/A
EKZ_	AMBULATORY CARE PATIENT ADMINISTRATION NOT ELSEWHERE CLASSIFIED	TOTAL VISITS	NUMBER OF TOTAL VISITS	N/A	TOTAL VISITS	N/A
<i>EL</i>	<i>MANAGED CARE</i>					
ELA_	MANAGED CARE ADMINISTRATION	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
ELZ_	MANAGED CARE ADMINISTRATION NOT ELSEWHERE CLASSIFIED	FTES	N/A	AVAILABLE FTES	AVAILABLE FTES	N/A
<i>F</i>	<i>SPECIAL PROGRAMS</i>					
<i>FA</i>	<i>SPECIFIED HEALTH-RELATED PROGRAMS</i>					
FAA_	AREA REFERENCE LABORATORIES	F ACCT WTD PROC	N/A	WEIGHTED PROCEDURES	N/A	N/A
FAB_	AREA DENTAL PROSTHETIC LAB TYPE 1	F ACCT WTD PROC	N/A	WEIGHTED PROCEDURES	N/A	N/A
FAC_	OPHTHALMIC FABRICATION AND REPAIR	F ACCT RAW PROC	NUMBER OF SPECTACLES FABRICATED OR REPAIRED	N/A	N/A	N/A
FAD_	DOD MILITARY BLOOD PROGRAM	N/A	N/A	N/A	N/A	N/A
FAF_	DOD SCREENING AND TESTING PROGRAM	F ACCT RAW PROC	NUMBER OF TESTS	N/A	N/A	N/A
FAH_	CLINICAL INVESTIGATION PROGRAM	N/A	N/A	N/A	N/A	N/A
FAL_	PHYSIOLOGICAL TRAINING/SUPPORT PROGRAM	N/A	N/A	N/A	N/A	N/A
FAK_	MEDICAL TRAINEE EXPENSES OTHER THAN GME	N/A	N/A	N/A	N/A	N/A
FAL_	CONTINUING HEALTH EDUCATION	N/A	N/A	N/A	N/A	N/A
FAM_	GME INTERN/RESIDENT EXPENSES	N/A	N/A	N/A	N/A	N/A
FAN_	GDE INTERN/RESIDENCY EXPENSES	N/A	N/A	N/A	N/A	N/A
FAO_	GME FELLOWSHIP/ RESIDENT EXPENSE – FULL TIME RESEARCH	N/A	N/A	N/A	N/A	N/A
FAP_	GME FELLOWSHIP EXPENSES	N/A	N/A	N/A	N/A	N/A
FAQ_	GDE FELLOWSHIP EXPENSES	N/A	N/A	N/A	N/A	N/A
FAZ_	SPECIAL HEALTH-RELATED PROGRAMS NOT ELSEWHERE CLASSIFIED	N/A	N/A	N/A	N/A	N/A
<i>FB</i>	<i>PUBLIC HEALTH SERVICES</i>					
FBB_	PREVENTIVE MEDICINE	N/A	N/A	N/A	N/A	N/A
FBC_	INDUSTRIAL HYGIENE PROGRAM	N/A	N/A	N/A	N/A	N/A
FBD_	RADIATION HEALTH PROGRAM	N/A	N/A	N/A	N/A	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
FBE_	ENVIRONMENTAL HEALTH PROGRAM	N/A	N/A	N/A	N/A	N/A
FBF_	EPIDEMIOLOGY PROGRAM	N/A	N/A	N/A	N/A	N/A
FBI_	IMMUNIZATIONS	F ACCT RAW PROC	NUMBER OF IMMUNIZATIONS AND SCREENING TESTS	N/A	N/A	N/A
FBI_	EIS	F ACCT RAW PROC	NUMBER OF IFSPs	N/A	N/A	N/A
FBK_	MRS	F ACCT RAW PROC	NUMBER OF IEPs	N/A	N/A	N/A
FBL_	MTS	N/A	N/A	N/A	N/A	N/A
FBN_	HEARING CONSERVATION	OUTPT VISITS; TOTAL VISITS; AMB WTD PROC (ADM ONLY)	NUMBER OF VISITS	N/A	N/A	TOTAL VISITS W/ANC; TOTAL VISITS W/O ANC
FBX_	PUBLIC HEALTH SERVICES COST POOLS	FBX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
FBZ_	PUBLIC HEALTH SERVICES NOT ELSEWHERE CLASSIFIED	N/A	N/A	N/A	N/A	N/A
FC	<i>HEALTHCARE SERVICES SUPPORT</i>					
FCA_	PURCHASED/ REFERRED CARE	N/A	N/A	N/A	N/A	N/A
FCB_	GUEST LECTURER AND CONSULTANT PROGRAM	N/A	N/A	N/A	N/A	N/A
FCC_	SUPPORT TO NON-FEDERAL EXTERNAL PROVIDERS	N/A	N/A	N/A	N/A	N/A
FCD_	SUPPORT TO OTHER MILITARY ACTIVITIES	N/A	N/A	N/A	N/A	N/A
FCE_	SUPPORT TO OTHER FEDERAL AGENCIES	N/A	N/A	N/A	N/A	N/A
FCG_	SUPPORT TO NON-MEPRS REPORTING ACTIVITIES	N/A	N/A	N/A	N/A	N/A
FD	<i>MILITARY-UNIQUE MEDICAL ACTIVITIES</i>					
FDB	BASE OPERATIONS-MEDICAL INSTALLATIONS	N/A	N/A	N/A	N/A	N/A
FDC_	DINING FACILITY -NONPATIENT FOOD OPERATIONS	EIB MEALS SERVED	NUMBER OF NON-PATIENT MEALS SERVED	N/A	N/A	N/A
FDD_	DECEDENT AFFAIRS	N/A	N/A	N/A	N/A	N/A
FDE_	INITIAL OUTFITTING	N/A	N/A	N/A	N/A	N/A
PDF_	URGENT MINOR CONSTRUCTION	N/A	N/A	N/A	N/A	N/A
FDG_	TDY/TAD EN ROUTE TO PCS	N/A	N/A	N/A	N/A	N/A
FDH_	MILITARY FUNDED EMERGENCY LEAVE	N/A	N/A	N/A	N/A	N/A
FDI_	IN PLACE CONSECUTIVE OVERSEAS TOUR LEAVE	N/A	N/A	N/A	N/A	N/A
FDX_	MILITARY-UNIQUE MEDICAL ACTIVITIES COST POOLS	FDX_/DMIS ID	N/A	GENERIC AMOUNT	GENERIC AMOUNT	N/A
FDZ_	MILITARY UNIQUE MEDICAL ACTIVITIES NOT ELSEWHERE CLASSIFIED	N/A	N/A	N/A	N/A	N/A

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
<i>FE</i>	<i>PATIENT MOVEMENT AND MILITARY PATIENT ADMINISTRATION</i>					
FEA_	PATIENT TRANSPORTATION	F ACCT RAW PROC	NUMBER OF HOURS OF SERVICE	N/A	N/A	N/A
FEB_	PATIENT MOVEMENT EXPENSES	N/A	N/A	N/A	N/A	N/A
FEC_	TRANSIENT PATIENT CARE	F ACCT RAW PROC	NUMBER OF OBDS BY TRANSIENT PATIENT	N/A	N/A	N/A
FED_	MILITARY PATIENT PERSONNEL ADMINISTRATION	N/A	N/A	N/A	N/A	N/A
FEF_	AEROMEDICAL STAGING FACILITIES (ASF)	F ACCT RAW PROC	NUMBER OF PATIENT MOVEMENTS	N/A	N/A	N/A
G	READINESS					
<i>GA</i>	<i>DEPLOYMENT PLANNING & ADMINISTRATION</i>					
GAA_	DEPLOYMENT PLANNING & ADMINISTRATION	N/A	N/A	N/A	N/A	N/A
GAB_	OTHER READINESS PLANNING & ADMINISTRATION	N/A	N/A	N/A	N/A	N/A
<i>GB</i>	<i>READINESS EXERCISES</i>					
GBA_	READINESS PEACETIME/WARTIME/DISASTER PREPAREDNESS – TRAINING	N/A	N/A	N/A	N/A	N/A
<i>GD</i>	<i>UNIT OR PERSONNEL DEPLOYMENT</i>					
GDA_	UNIT OR PERSONNEL DEPLOYMENT	N/A	N/A	N/A	N/A	N/A
<i>GE</i>	<i>READINESS LOGISTICS MANAGEMENT</i>					
GEAA	PRE-POSITIONED WAR RESERVE	G ACCOUNTS	N/A	DOLLAR VALUE OF MATERIEL MAINTAINED	N/A	N/A
GEBA	CONTINGENT PATIENT CARE AREAS	G ACCOUNTS	N/A	DOLLAR VALUE OF MATERIEL MAINTAINED	N/A	N/A
GECA	CONTINGENCY BLOCKS	G ACCOUNTS	N/A	DOLLAR VALUE OF MATERIEL MAINTAINED	N/A	N/A
<i>GF</i>	<i>READINESS PHYSICAL TRAINING</i>					
GFA_	READINESS PHYSICAL TRAINING	N/A	N/A	N/A	N/A	N/A
<i>GG</i>	<i>PEACETIME DISASTER PREPAREDNESS RESPONSE AND NDMS</i>					
GGA_	PEACETIME DISASTER PREPAREDNESS RESPONSE AND NDMS	N/A	N/A	N/A	N/A	N/A
CHCS/AHLTA ONLY						
AAC	CORONARY CARE UNIT (See DJ FCCs)					
AAH	MEDICAL ICU (See DJ FCCs)					
ABC	SURGICAL INTENSIVE CARE (SEE DJ FCCS)					

FCC	TITLE	DATA SET ID(S)	RAW STATISTICAL AMOUNT	WEIGHTED STATISTICAL AMOUNT	ALLOCATION FACTOR	SERVICE UNIT
ADC	NICU (SEE DJ FCCs)					
ADE	PEDIATRIC ICU (SEE DJ FCCs)					
XXX	CARDED FOR RECORD ONLY					
YYY	ABSENT SICK					

AP2. APPENDIX 2EAS IV DATA ELEMENTS

DATA ELEMENT NAME	DESCRIPTION
activation_dt	Calendar date in MMDDYYYY format on which a particular data element becomes effective or active, e.g., activation of a FCC or accounting classification.
adjustment_ind	The indicator that identifies whether data has or has not been adjusted.
alloc_factor_cd	Defines the allocation factors for workload data that will be used to allocation expenses for the providing third level function cost code.
alloc_factor_data	Indicates if the allocation factor should use "Personnel" or "Datasets" to perform allocation.
alloc_factor_desc	Defines the description for the allocation factor code.
allocation_ind	The indicator that identifies an FCC for use in the allocation process where the first-level code of "D" (Ancillary) or "E" (Support Services) is indicated as true and any other FCC is indicated as false.
alos	Average stay counted by days of all or a class of inpatients discharged over a given period, calculated by dividing the number of inpatient days by the number of dispositions. Transfers and deaths are not included.
asn	The ASN ranging between "000" and "999" used to allocate expenses for support services and ancillary FCC accounts.
assigned_fte	Assigned FTEs represent those personnel who are on the facility's manning and/or staffing document. One FTE equals 168 work hours.
audit_event_cd	The code that identifies an internal audit event, e.g., 0 = add record, 1 = change record, 2 = delete a record, 3 = transfer, 4 = substitution, 5 = warning override, and 6 = error correction.
audit_event_desc	The description of the audit event code, e. g., add record, change record, delete record, transfer, substitution, warning override, and error correction.
audit_id	Unique internal serial number that identifies an audit log event.
avail_fte	Available FTE is the amount of labor available for personnel. One FTE equals 168 hours or one month.
avail_hrs	Available Work Hours is the amount of labor in hours available for personnel.
avail_salary_exp	Available Salary Expense for personnel.
avg_cmi	An index number that reflects the average Relative Weighted Products (RWP) per disposition. The case mix index is determined by the total RWPs for an MTF (or other level of aggregation) divided by the total dispositions for which the RWPs were determined. CMI includes short and long stay outliers. DRG 469 (Primary diagnosis invalid as a discharge diagnosis) and DRG 470 (Ungroupable) are excluded from the calculations since their relative weights are zero.

DATA ELEMENT NAME DESCRIPTION

before_after_ind	The indicator that identifies whether an audit record represents the “Before” or “After” view when a record is modified, e.g., pre-migrated record, migrated record, or table maintenance.
bene_cat_cd	Beneficiary Category Code identifies a group of patients, i.e., 1= active duty, 2 = family member of active duty, 3 = retiree, 4 = family member of retiree, and 5 = other. Beneficiary Category Codes map to Patient Category Codes.
bene_cat_desc	The long description of the Beneficiary Category Code, i.e., active duty, family member of active duty, retiree, family member of retiree, and other.
bene_cat_ind	Indicates the data set uses Beneficiary Category codes.
business_day_ind	The indicator that identifies when a date is a business day.
cal_month	A month in numeric format (no leading zeros) ranging from 1 to 12 that represents the calendar month, i.e., 1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December.
cal_month_mm	A month in mm format ranging from 01 to 12 that represents the calendar month, i.e., 01 = January, 02 = February, 03 = March, 04 = April, 05 = May, 06 = June, 07 = July, 08 = August, 09 = September, 10 = October, 11 = November, 12 = December.
cal_year	The calendar year such as January through December represented in a YYYY format, i.e., 1999.
calendar_date	The calendar date represents time stated in terms of the day, month, and year.
caption_default	Default value of a caption on a Delphi form.
caption_user	The actual value of the caption in a Delphi form that can be changed by the user.
category	Contains the high byte of the Borland database engine error code in Delphi.
column_name	The name of the column associated with a table.
corrected_err_cnt	The total number of errors that were corrected in EAS IV for a specified month and year from a particular data source, i.e., workload, personnel, or financial. The corrected error count is based on the last validation run.
cost_pool_ind	The indicator that identifies if the third-level sub-account FCC is a cost pool account. The FCC will contain an “X” in the third position.
cpt_ama_short_name	The AMA short name for the CPT code.
cpt_cd	CPT code as defined by the AMA. CPT codes are used to report workload for ambulatory visits, radiology, laboratory, etc.
cpt_dod_name	The Health Affairs name given to a CPT code.
cpt_ind	Indicates that the dataset uses CPT codes.

DATA ELEMENT NAME	DESCRIPTION
cpt_modifier	The modifier used in conjunction with the CPT code to describe different types of radiology procedures (e.g., read, exam, or read and exam).
cpt_owner	The owner of a group of CPT codes (e.g., Radiology, Pathology, Ambulatory).
cpt_rvu_wt	The RVU weights for CPT codes for which a weight does not exist on the MHS' current CPT table. A weight is defined by Health Affairs.
cpt_wt	The weight of a CPT code as defined by Health Affairs.
current_err_cnt	The current count of the total uncorrected errors based on the last validation run.
current_value	The current value assigned to a system setting_key.
current_warn_cnt	The current count of the total unaddressed warnings based on the last validation run.
data_set_audit_id	The unique internal serial number that identifies a data set audit record.
data_set_br_desc	The data set business rule description.
data_set_br_id	The data set business rule identifier.
data_set_desc	Describes a data set.
data_set_id	Data set identifier associates the data set with the FCC and ranges from "000" and "999."
data_set_ind	Indicates if the workload is raw or weighted.
data_set_ind_incl	A list of data set indicator to include (raw or weighted).
data_src_compress	The indicator that identifies whether imported data is in a compressed format or not.
data_src_desc	The full name of an external source system that submits data to EAS IV (e.g., CHCS).
data_src_field_id	The identifier of specific data fields received from an external source system.
data_src_id	Identifier for source systems interfacing with EAS IV (e.g., CHCS-Work).
data_src_length	The field length of a record submitted by an external source system to EAS IV.
data_src_rec_type	The indicator that identifies the data source record type (i.e., HEADER, DETAIL, or TRAILER).
data_src_record_id	The identifier that indicates the type of record (e.g., H1 = Header 1, D2 = Detail 2, T1 = Trailer 1).
data_src_start_pos	The character position where the field begins in a record.
data_src_type	The indicator that identifies the method of file transport (e.g., Flat file, ODBC, Remote DB) from an external source system to EAS IV.

DATA ELEMENT NAME	DESCRIPTION
data_src_version	The indicator that identifies the version of EAS IV that is associated with a particular data source.
data_state	The state of data that indicates whether the file is “Clean” or “Dirty.” Dirty data is in a pre-migrated state, initially validated, and may contain errors. Clean data is migrated.
data_type	The type of data found in EAS IV. Valid values for data type are Financial, Personnel, Datasets, Enrollment, DRG, Patient, Acuity Workload, Ambulatory, and Dental Workload.
date_time	An internal date time stamp placed on a system event (i.e., an application error).
day_in_month	A day in the month.
day_in_year	A number, ranging from 1–365 in normal years and ranging from 1–366 in leap years, that represents how many days from the beginning of the year that the date occurs.
day_of_week	The name of the day of the week (i.e., Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, or Sunday).
day_of_week_abbreviation	The abbreviation of the name of the day of the week (i.e., Mon = Monday, Tue = Tuesday, Wed = Wednesday, Thu = Thursday, Fri = Friday, Sat = Saturday, and Sun = Sunday).
db_desc	The description of the database and its contents.
dbengine error id	The unique internal serial number that identifies a tb_dberror table record.
dberror msg id	The unique internal serial number that identifies a tb_dberror_msg table record.
dbname	The Informix system name of a database.
deactivation_dt	Calendar date in MMDDYYYY format on which a particular data element becomes deactivated (e.g., deactivation of an FCC or accounting classification).
default_flag	The indicator that identifies whether a record is the default record as it relates to other non-default records.
default_value	The default value assigned to a system setting_key.
delete_ind	The indicator that identifies if a record should be deleted during processing.
dental_cd	ADA or CLV procedure code used to report dental workload as provided Service HQs.
dental_cd_desc	The description of the ADA or CLV procedure code used to report dental workload.
dental_cd_owner	The owner of a group of dental codes. Valid owners are “ADA” for American Dental Association and “CLV” for Composite Laboratory Values.
dental_dod_wt	The weight of the ADA or CLV procedure code as defined by Health Affairs.

DATA ELEMENT NAME	DESCRIPTION
dir_indir_ind	The indicator that identifies a direct or indirect cost. Indirect costs are defined as those costs associated with support services (E FCCs) or with administrative or clerical skill type (skill type 5) salaries.
dirty_record_id	The pointer to a persistent financial, personnel, or workload record that triggers an exception upon import.
dispositions	The number of patients for whom inpatient care has been terminated. Reasons for termination of care include return to duty, return home, transfer to another medical facility, death, or other.
dmis_id	DMIS ID for reporting MTF.
dmis_id_excl	A list of DMIS IDs to exclude.
dmis_id_incl	A list of DMIS IDs to include.
dmis_name	The DMIS ID name represents a combination of the facility name and the installation name (e.g., 502nd Medical Group – Maxwell, USAF Dental Clinic – Maxwell).
documentation_cd	The documentation code that identifies corrections made to incoming data and adjustments made to invalid data in EAS IV. Documentation codes are developed by the Military Service representatives and distributed annually.
documentation_cmt	A free text, optional comment field that is entered by the user. It is associated with the documentation code assigned to the event that caused the audit log.
documentation_desc	The description of the documentation code that identifies corrections made to incoming data and adjustments made to invalid data in EAS IV. Documentation codes and their descriptions are developed by the Military Service representatives and distributed annually.
documentation_type	The type of documentation code that identifies corrections made to incoming data and adjustments made to invalid data (e.g., Add, Change, Delete).
dod_bsl_cd	The DoD Standard Basic Symbol/Limit Code (Appropriation) valid for a specified fiscal year and used for reporting purposes. It represents a high-level funding category for the federal budget.
dod_bsl_desc	The description of the DoD Standard Basic Symbol/Limit Code (Appropriation) valid for a specified fiscal year and used for reporting purposes.
dod_occupation_cd	The DoD Occupation Code prescribed by directive that uniquely identifies a vocation and is used in reporting personnel FTEs and work hours.
dod_occupation_desc	The description of a DoD Occupation Code prescribed by directive that uniquely identifies a vocation and is used in reporting personnel FTEs and work hours.
dod_pec	The DoD PEC that identifies an account which integrates a combination of personnel, equipment, and facilities constituting military or support capability and is used in reporting financial data.

DATA ELEMENT NAME	DESCRIPTION
dod_pec_desc	The description of the DoD PEC that identifies an account which integrates a combination of personnel, equipment, and facilities constituting military or support capability and is used in reporting financial data.
dod_region	DoD Region for MTF.
dod_seec	The DoD SEEC is used to total Service-level detailed expense and obligation data into a uniform format for Health Affairs.
dod_seec_ctgy	The category that identifies the DoD SEEC as one of the following: 1 – Military Personnel, 2 – Civilian Personnel, 3 – Supplies, 4 – Equipment, 5 – Contractual Services, 6 – Other Funded, 7 – Other Unfunded, 9 – Depreciation, 0 – Free Receipts, A – Reservist.
dod_seec_ctgy_desc	The description of the category that identifies the DoD SEEC as one of the following: 1 – Military Personnel, 2 – Civilian Personnel, 3 – Supplies, 4 – Equipment, 5 – Contractual Services, 6 – Other Funded, 7 – Other Unfunded, 9 – Depreciation, 0 – Free Receipts, A – Reservist.
dod_seec_desc	The description of the DoD SEEC used to total Service-level detailed expense and obligation data into a uniform format for Health Affairs.
dod_std_ind	Indicates whether the service unit code is a DoD standard.
drg_cd	The code that identifies a DRG which is an inpatient classification scheme that relates demographic, diagnostic, and therapeutic characteristics of patients to length of stay and amount of resources consumed. It is the basis to credit inpatient workload and allocate resources within the DoD MHS.
drg_ind	The indicator that identifies whether DRG costing runs as part of processing.
drg_wt	A value representing the average resource consumption of patients classified within a given DRG as compared to the average resource consumption of all patients in all DRGs. Weights are defined by CHAMPUS.
duty_ind	Indicates if an FTE is loaded, borrowed, or not applicable.
duty_ind_desc	The description of the duty indicator. Valid values are “Borrowed,” “Loaned,” and “Not Applicable.”
e_fiscal_month_mm	The end fiscal month of EAS IV processing, in MM format, the first of which is October. Valid values are: 01 = October, 02 = November, 03 = December, 04 = January, 05 = February, 06 = March, 07 = April, 08 = May, 09 = June, 10 = July, 11 = August, 12 = September.
e_fiscal_year	The end fiscal year of EAS IV processing.
eas_poc	Name of EAS point of contact.
eas_poc_dsn	EAS point of contact’s DSN.
eas_poc_email	Email address of EAS point of contact.
eas_poc_phone	Phone number of EAS point of contact.

DATA ELEMENT NAME	DESCRIPTION
eas3_stat_id	The legacy EAS III statistical identifier to maintain continuity with CHCS and legacy data with the new data sent to MEQS III.
editable_ind	Indicates if the data is editable by the user.
end_date	An end date and time of a processing event.
enrollment_type	The indicator that identifies the enrollment type of a patient to determine whether the patient was enrolled at the MTF or not when healthcare services were provided.
error code	The error code returned by the Borland database engine in Delphi.
error id	The unique internal serial number that identifies a tb_error table record.
error msg	An error message associated with a specific application error.
exception_audit_id	The unique internal serial number that identifies an exception audit record.
exception_cd	The exception code associated with a particular type of exception.
exception_desc	The generic description for an exception code that uniquely represents a specific violation to the business rules, e.g. an active definition for the record's DMIS ID was not found in the DMIS ID table.
exception_id	Unique number identifying each business exception raised during validation.
exception_override	For instances of this class representing "warnings," this attribute indicates that the user has chosen to accept the identified exception and continue processing. Default value is "False."
exception_text	A textual description of the exception that has been identified by a validation method. The description will contain specific values associated with the data being evaluated; e.g., DMIS ID "0909" is not defined in the DMIS ID Master table for fiscal year "1998."
exp_alloc_keys_id	Unique id number to identify expense allocation records with the keys Parent DMIS ID, Processing Job ID, Expense Indicator, Skill Type Code, Providing DMIS ID, Providing FCC, and Intermediate FCC.
expense	An expense defined by an indicator as either a year-to-date expense, a net month expense, or a 12-month rolling expense across 1 or 2 fiscal years.
expense_id	Unique serial key that represents the fiscal_year, dmis_id, functional_cost_cd, fiscal_month_mm, svc_ee, svc_bsl, and svc_pec.
expense_ind	The indicator that identifies expense type. Valid values are: 1 – Direct, 2 – Cost Pool, 3 – Support Services, 4 – Support Services Via Cost Pool, 5 – Ancillary, 6 – Ancillary Via Cost Pool, 7 – Expenses Contributed.
expense_ind_desc	The description of the expense indicator. Valid values are: 1 – Direct, 2 – Cost Pool, 3 – Support Services, 4 – Support Services Via Cost Pool, 5 – Ancillary, 6 – Ancillary Via Cost Pool.

DATA ELEMENT NAME	DESCRIPTION
expense_ind_excl	A list of Expense Indicators to exclude.
expense_ind_incl	A list of Expense Indicators to include.
expense_mth_net	The net month amount of expense of the data.
expense_ytd	The year-to-date (cumulative) expenses of the data. The year-to-date expenses equal the total of all net month expenses for the fiscal year.
facility_address1	Address 1 of MTF.
facility_address2	Address 2 of MTF.
facility_city	The city name where the facility is located.
facility_loc_cd	The code that identifies the facility state location or country location outside the United States.
facility_name	Defines name of a MTF.
facility_type_cd	This is the type of reporting facility such as a hospital, clinic, dental, inactive, administrative, ship, noncat, afloat, or flag. All fixed treatment facilities must have a facility type code of hospital, clinic, or dental.
facility_zip1_cd	The zip code where the MTF or DTF is located. Overseas facilities use the APO or FPO zip code.
facility_zip2_cd	The extension (4 digit) to the ZIP code where the facility is located. Overseas facilities use the APO or FPO ZIP code.
fcc_excl	A list of FCC to exclude.
fcc_incl	A list of FCC to include.
financial_audit_id	The unique internal serial number that identifies a financial audit record.
first_name	The first name of the system user.
fiscal_month_mm	The fiscal month, in MM format, the first of which is October. Valid values are: 01 = October, 02 = November, 03 = December, 04 = January, 05 = February, 06 = March, 07 = April, 08 = May, 09 = June, 10 = July, 11 = August, 12 = September.
fiscal_quarter	A number ranging from 1 to 4 that represents a range of three months within a fiscal year. Valid values are: 1 = October–December, 2 = January–March, 3 = April–June, 4 = July–September.
fiscal_year	The year associated with the record that triggered the warning or error.
fixed_cost_percent	The percentage of the expense associated with an Expense Element Code that is a fixed cost.
format_type	An indicator of record format, such as fixed format or delimited.

DATA ELEMENT NAME	DESCRIPTION
formatted_desc	The formatted text that Delphi uses to produce text that specifically describes an exception to the business rules. The text contains special characters that allow Delphi to substitute actual record values into the description.
fraction_of_total	Defines the fraction of the total.
from_func_cost_cd	A previously utilized FCC for a facility work center used to map to a new FCC.
from_svc_ee_cd	A previously utilized Service Unique Expense Element (SUEE) Code used to map to a new SUEE Code.
func_cost_cd	FCC for the MTF's work center.
func_cost_cd_avail	An identifier that indicates if an FCC is available for a fiscal month. If the FCC is not available, workload data is invalid and generates errors. All other data, such as personnel and financial, generates warnings.
func_cost_desc	The description of an FCC (fourth level) that identifies MTF and DTF work centers, e.g., BAAA = Internal Medicine Clinic, BABA = Allergy Clinic.
func_cost1_cd	The FCC (first level) that identifies MTF and DTF functional categories. Valid values are: A = Inpatient Care, B = Ambulatory Care, C = Dental Care, D = Ancillary Services, E = Support Services, F = Special Programs, G = Readiness.
func_cost1_desc	The description of an FCC (first level) that identifies MTF and DTF functional categories. Valid values are: A = Inpatient Care, B = Ambulatory Care, C = Dental Care, D = Ancillary Services, E = Support Services, F = Special Programs, G = Readiness.
func_cost2_cd	The FCC (second level) that identifies MTF and DTF summary accounts, e.g., AA = Medical Care AB = Surgical Care, AC = Ob-Gyn Care.
func_cost2_desc	The description of an FCC (second level) that identifies MTF and DTF summary accounts, e.g., AA = Medical Care, AB = Surgical Care, AC = Ob-Gyn Care.
func_cost3_cd	The FCC (third level) that identifies MTF and DTF sub-account work centers, e.g., AAA = Internal Medicine, AAB = Cardiology, ABA = General Surgery.
func_cost3_desc	The description of an FCC (third level) that identifies MTF and DTF sub-account work centers, e.g., AAA = Internal Medicine, AAB = Cardiology, ABA = General Surgery.
functional_area	The functional areas of the EAS IV application, e.g., Adjustments, Allocation Processing, Error Corrections, Online Help, Reports, System Interfaces, System Services, Table Maintenance, Transmissions, User Defined Corrections, Validation.
fund_type	The indicator that identifies the type of money selected, L or M; L is funded and M is reimbursed. For Air Force, a Fund Type maps to the Source of Funds. The SUEE may also be used in conjunction with the Fund Type to map to the Source of Funds.
gen_ind	Indicates that the data set will be generated.
grade_rank_desc	The description of grade/rank indicator.

DATA ELEMENT NAME	DESCRIPTION
grade_rank_ind	The indicator that identifies the grade or rank for military and civilian personnel.
group_desc	The description of a system security group key with associated rights to a Parent DMIS ID and an EAS IV database.
group_key	The system security group key with associated rights to a Parent DMIS ID and an EAS IV database.
health_svc_rgn	The code that identifies the Health Services Region which is a geographic designation for grouping MTFs.
high_cost_ind	The indicator that identifies high cost items. The user is allowed to assign a dollar value for supplies associated with high cost items. Each FCC is allowed up to 10 high cost procedures.
holiday_ind	The indicator that identifies whether or not a date falls on holiday.
host name	A host name is a domain, where a domain is a hierarchical, dot-separated list of sub-domains; e.g., the machine "mycomputer" in the "osd" sub-domain of the "mil" sub-domain of the Internet would be represented as "mycomputer.osd.mil" with no trailing dot.
imp_attempts	The number of times that a particular type of data has been imported.
import_exceptionid	The unique internal serial number that identifies an import error record.
import_ind	The indicator that identifies if the data has been imported.
import_record	The actual value of the import record in error.
inactivation_dt	Calendar date in MMDDYYYY format on which a particular action becomes temporarily inactive (e.g., inactivation of a work center or accounting classification).
initial_err_cnt	The initial count of the total errors upon data import.
initial_warn_cnt	The initial count of the total warnings upon data import.
installation_name	The name of the base or post where the facility is located.
int_func_cost_cd	Intermediate FCC such as an ancillary or cost pool account that may receive expenses from other accounts before attributing the expenses to a final operating account.
label_id	Name of Delphi form component association with a caption on a GUI form.
last_business_day_ind	A code that indicates whether or not a date falls on the last business day of the month.
last_name	The last name of the system user.
logonid	The user's logon identification as defined by the NT domain.
migrated_ind	The indicator that identifies if data has been migrated from dirty to clean.
modifiable	The flag used to determine if the system status variable is modifiable.

DATA ELEMENT NAME	DESCRIPTION
month_abbreviation	The abbreviation of the name of the month in MMM format (e.g., JAN = January, FEB = February).
month_desc	The full descriptive name of a month (e.g., January, February, March).
msg	Native Informix error message text.
new_svc_ee_cd	The field used to map a deactivated SUEE Code to an activate (new) SUEE Code.
new_svc_pec_cd	The field used to map a deactivated Service-Unique PEC to an activate (new) Service-Unique PEC.
nonavail_leave_fte	Non-available Leave FTE is the amount of actual hours expended in support of official leave unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.
nonavail_leave_hrs	Non-available Leave Hours are the amount of actual hours expended in support of official leave unrelated to the healthcare mission.
nonavail_other_fte	Non-available Other FTE is the amount of actual hours expended in support of other activities unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.
nonavail_other_hrs	Non-available Other Hours are the amount of actual hours expended in support of other activities unrelated to the healthcare mission (e.g., parades, PCS of Station processing, formations, details, non-healthcare related training, AWOL).
nonavail_salary_exp	Non-available Salary Expense is derived by dividing the total salary expense by the sum of available and non-available FTEs and then multiplying by the non-available FTEs.
nonavail_sick_fte	Non-available Sick FTE is the amount of actual hours expended in support of sick time or hospitalization unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.
nonavail_sick_hrs	Non-available Sick Hours are the amount of actual hours expended in support of sick time or hospitalization unrelated to the healthcare mission.
number_of_months	Indicates the number of months of data for a data set within the processing job.
nursing_hours	The total number if nursing hours reported in each patient acuity category.
object_altered	The object (Table, LoginID, Group, etc.) that was altered by the log event.
obl_fiscal_year	The fiscal year that the expense was obligated.
obl_mth_net	The month-net amount of obligation of the data.
obl_ytd	The year-to-date (cumulative) amount of obligation of the data. The year-to-date obligations equal the total of all net month obligations.
occupied_bed_day	A day in which a patient occupies a bed in the inpatient facility at the census-taking hour (normally midnight).

DATA ELEMENT NAME	DESCRIPTION
params	Corresponding values of parameter variables in a Structured Query Language (SQL) statement.
parent_dmis_id	DMIS ID for an MTF that is designated as the “parent” reporting facility.
pat_acuity_ctgy	Patient Acuity Category (0 through 6) represents the severity of patient condition related to the level of nursing care for a patient. 0 represents the lowest and 6 is the highest.
pat_acuity_desc	The description of Patient Acuity Category (0 through 6) which represents the severity of patient condition related to the level of nursing care for a patient. 0 represents the lowest and 6 is the highest. An example is “Patient Acuity Category 0.”
patient_cnt	The total number of patients reported monthly for specific categories such as patient acuity or beneficiary category enrollment in managed care.
patient_number	The total number of patients reported monthly for specific categories such as patient acuity or beneficiary category enrollment in managed care.
perf_dataset_id	The Performing Data Set Identifier associates the data set with the FCC and ranges from “000” and “999.”
personnel_ctgy	Personnel Category for personnel FTEs, e.g., C – Civilian; E – Enlisted; L – Local National; O – Officer; T – Other; V – Volunteer; and X – Contractor.
personnel_ctgy_desc	The description of a personnel category code, e.g., C = Civilian; E = Enlisted; L = Local; O = Officer; T = Other; V = Volunteer; W = Red Cross Volunteer; and X = Contractor.
prcs_job_id	The unique serial processing number created when a job is started or scheduled.
prcs_job_type_cd	Description: The code that identifies the processing job type, e.g., Net = Net Month Processing, Ytd = Fiscal Year-To-Date Processing, 12M = 12 Month Processing Across Fiscal Years.
prcs_job_type_desc	The description of the processing job type code, e.g., Net= Net Month Processing, Ytd = Fiscal Year-To-Date Processing, 12M = 12 Month Processing Across Fiscal Years.
prcs_months	The number of months processed in the processing job.
prcs_run_id	The unique serial processing number created when a one or more processing jobs are started or scheduled.
previous_value	The previous value assigned to a system setting_key.
process_id	Unique identifier for EAS IV functional processes such as Initialize New Year and Allocation.
prvd_dmis_id	The DMIS ID of the facility that provides services to another facility.
prvd_fcc_excl	A list of providing FCC to exclude.
prvd_fcc_incl	A list of providing FCC to include.

DATA ELEMENT NAME	DESCRIPTION
prvd_func_cost_cd	The FCC account used to identify work centers that provide services to other work centers such as ancillary services providing services to inpatient work centers.
pure_record_id	Unique record ID for Diagnosis-Related Group pure data.
raw_count	The unit of measure that identifies workload by the raw number.
rccc	Responsibility cost/center code (RC/CC) map to an FCC and are used by the Air Force to record expenses and obligations. The RC/CC includes a shred in the RC/CC value.
reactivation_dt	Calendar date in MMDDYYYY format on which a particular action becomes reactivated after a period of inactivation (i.e., reactivation of a work center that was temporarily closed down).
rec_type	The value of a record type designator in a source system file of fixed format type.
rec_type_start_pos	The starting position of the record type value of the source system file of fixed format type.
record_id	The generic record identifier from the source table.
release_num	The software release number in the format of ##.##.## (e.g., 09.01.01).
release_type	The type of software release classified as either major, minor, or maintenance.
repeating_ind	The indicator that identifies whether the record repeats in the file or occurs only once.
reporting_ctgy	The reporting category code of a pathology subsystem to which an FCC pertains. Codes range from 0 to 4. Valid values are: 0 – Invalid Requesting Center, 1 – Inpatient, 2 – Outpatient, 3 – QC, 4 – Other.
reporting_ctgy_desc	The description of a reporting category code of a pathology subsystem to which an FCC pertains. Codes range from 0 to 4. Valid values are 0 – Invalid Requesting Center, 1 – Inpatient, 2 – Outpatient, 3 – QC, 4 – Other.
resp_pulm_audit_id	The unique internal serial number that identifies a respiratory therapy/pulmonary function audit record.
resp_pulm_proc_cd	The code that identifies a Respiratory Therapy, Pulmonary Function, or Cardiovascular procedure as defined by the AARC Uniform Reporting Manual. It is the basis to credit respiratory/inhalation therapy workload and allocate resources within the DoD MHS.
resp_pulm_proc_wt	The weight of a Respiratory Therapy, Pulmonary Function, or Cardiovascular procedure code as defined by the AARC Uniform Reporting Manual. It is the basis to credit respiratory/inhalation therapy workload and allocate resources within the DoD MHS.
resp_pulm_procdesc	The description of a Respiratory Therapy, Pulmonary Function, or Cardiovascular procedure code as defined by the AARC Uniform Reporting Manual. It is the basis to credit respiratory/inhalation therapy workload and allocate resources within the DoD MHS.

DATA ELEMENT NAME	DESCRIPTION
right_desc	The description of a user's security rights that are used to determine system access privileges.
s_fiscal_month_mm	The start fiscal month of processing, in MM format, the first of which is October. Valid values are: 01 = October, 02 = November, 03 = December, 04 = January, 05 = February, 06 = March, 07 = April, 08 = May, 09 = June, 10 = July, 11 = August, 12 = September.
s_fiscal_year	The start fiscal year of an event or process.
schedule_type_cd	The code that identifies the schedule type which defines the source of the expense data (e.g., F – Financial, P – Personnel, or M – Manual).
schedule_type_desc	The description of the schedule type code that defines the source of the expense data (e.g., F – Financial, P – Personnel, or M – Manual).
sec_right	The security rights of the system user that determines access privileges.
severity	The classification of a business rule exception as either an error or warning.
sid	The user's security identifier.
skilltype_cd	Categorization of personnel FTEs by Skill Type (e.g., 1 – Clinician, 2 – Direct Care Professional, 3 – Registered Nurse, 4 – Direct Care Paraprofessional, 5 – Administrative/Clerical).
skilltype_desc	The description of the skill type code, e.g., 1 – Clinician, 2 – Direct Care Professional, 3 – Registered Nurse, 4 – Direct Care Paraprofessional, 5 – Administrative/Clerical).
skilltype_excl	Skill type codes to exclude to select records from another table.
skilltype_incl	Skill type codes to include to select records from another table.
skilltype_map_desc	The description of the skill type and skill type suffix mapping. Skill type suffixes are discrete in their mapping to a skill type. The first release in EAS IV, only skill type 1 codes will map to skill type suffixes. Skill types that do not map to a skill type suffix will contain the value "X" to indicate no mapping. Beginning fiscal year 1999, the following values are valid: 1P – Physician, 1D – Dentist, 1N – Intern, 1F – Fellow, 1R – Resident, 1V – Veterinarian, 2A – Nurse Anesthetist, 2C – Community Health Nurse, 2H – Occupational Health Nurse, 2M – Nurse Midwife, 2N – Nurse Practitioner, 2P – Physician Assistant, 2S – Clinical Nurse Specialist, 3R – Registered Nurse, 4A – Nursing Assistant, 4L – LPN/LVN, 5A – Administrators, 5L – Logistics, 5C – Clerical.
skilltype_suf_cd	Sub-categorization of personnel FTEs in relation to skill type. Valid values for skill subtype are: P – Physicians, D – Dentist, N – Intern, F – Fellow, R – Resident, V – Veterinarians. Skill type suffixes for skill types 2, 3, 4, and 5 are not allowed.
skilltype_suf_desc	The description of the skill type suffix code that identifies a sub-categorization of personnel, e.g., 1P – Physician, 1D – Dentist, 1N – Intern, 1F – Fellow, 1R – Resident, 1V – Veterinarian.

DATA ELEMENT NAME	DESCRIPTION
skilltype_suf_excl	Skill type suffix codes to exclude to select records from another table.
skilltype_suf_incl	Skill type suffix codes to include to select records from another table.
sof	The indicator that identifies the source of funds of the data (i.e., D – Direct or R – Reimbursable).
sof_desc	The description of the source of funds of the data (i.e., direct or reimbursable).
sql error	The native Informix error number.
start_date	The start date and time of a processing event.
stat_amt	Statistical amount for a data set.
status	The condition that identifies the a status of a job or step with values, e.g., Scheduled, Pending, Running, Completed, Completed With Errors, Aborted.
step_action	The step action or message that is displayed in message windows.
step_cd	The code that defines the steps performed in a function process.
step_desc	The description of the processing step codes. Valid values are: Lock: Lock Processing Tables Preallocval: Pre-Allocation Validation Acc_Datasets: Accumulate Data Sets Acc_Pers: Accumulate Personnel Data Pur_Pers: Purify Personnel Data Gen_Datasets: Generate Custom Data Sets Acc_Exp: Accumulate Expense Data Cp_Pers2exp: Copy Personnel Allocated To Expense Pur_Exp: Purify Expense Data Step_Exp: Stepdown Support Services Expense Data Dist_Anc_Exp: Distribute Ancillary Expense Data Upd_Svc_Unit_Map: Update Service Unit Cost Mappings Calc_Drg: Calculate Drg Cost Data
step_order	Indicates the order in which a processing step is performed relative to the other processes.
sub code	Contains the low byte of the Borland database engine error code in Delphi.
succ_alloc_ind	The indicator that identifies whether the allocation process was successful.
succ_alloc_val_ind	The indicator that identifies whether the pre-allocation validation process was successful.
succ_drg_ind	The indicator that identifies whether Diagnosis-Related Group processing was successful.
succ_sum_gen_ind	The indicator that identifies whether the summary table generation was successful.
succ_svc_unit_ind	The indicator that identifies whether the service unit costing process was successful.

DATA ELEMENT NAME	DESCRIPTION
succ_val_ind	The indicator that identifies if data has been successfully validated.
svc_bsl_cd	The Service-Unique Basic Symbol/Limit Code (Appropriation) valid for a specified fiscal year and used for reporting purposes. It represents a high-level funding category for each Military Service. Service-Unique basic symbol/limit codes map to DoD basic symbol/limit codes. The Air Force uses a fund code in place of a basic symbol/limit.
svc_bsl_desc	The description of the Service-Unique Basic Symbol/Limit Code (Appropriation) valid for a specified fiscal year and used for reporting purposes. It represents a high-level funding category for each Military Service. Service-Unique basic symbol/limit codes map to DoD basic symbol/limit codes. The Air Force uses a fund code in place of a basic symbol/limit.
svc_cd	Facility Service Code definitions are A (Army), N (Navy), F (Air Force), C (Coast Guard), J (Misc Admin), O (PHS/VA/NATL Guard), S (Non-Catchment Area), T (USTF – Uniform Services Treatment Facility), X (N/A).
svc_desc	The description for the branch of Service of the facility (i.e., Army, Air Force, and Navy).
svc_ee_cd	The SUEE code used in reporting financial data. The codes map to the Health Affairs Standard Expense Element Codes and represent an Expense Element Code for the Navy; an Element of Resource Code for the Army; and an Element of Expense and Investment Code for the Air Force.
svc_ee_desc	The description of the SUEE code used in reporting financial data. The codes map to the Health Affairs Standard Expense Element Codes and represent an Expense Element Code for the Navy; an Element of Resource Code for the Army; and an Element of Expense and Investment Code for the Air Force.
svc_occupation_cd	Service Unique Occupation Code for personnel FTEs.
svc_occupation_desc	The description of the Service Occupation Code prescribed by directive that uniquely identifies a vocation and is used in reporting personnel FTEs and work hours.
svc_pec	The Service-Unique PEC prescribed by directive that identifies an account which integrates a combination of personnel, equipment, and facilities constituting military or support capability and is used in reporting financial data (e.g., AMSCO = Army Management Structure Code).
svc_pec_desc	The description of the Service-Unique PEC prescribed by directive that identifies an account which integrates a combination of personnel, equipment, and facilities constituting military or support capability and is used in reporting financial data.
svc_unit_cd	The service unit code for EAS IV Service units such as OBDs with professional.
svc_unit_desc	The service unit description for EAS IV Service units such as OBDs with professional.
system_audit_id	The unique internal serial number assigned to a system audit event.

DATA ELEMENT NAME	DESCRIPTION
system_event_cd	The system audit event code uniquely represents a user event that requires an audit log entry. Examples of system event codes and their descriptions in the security database are: 1 – Successful Login, 2 – Accessed System Services, 3 – Added New User, 4 – Updated User Information, 5 – Added New Group, 6 – Changed Rights in a Group, 7 – Deleted Group, 8 – Copied Group, 9 – Renamed Group.
system_event_desc	The description of a system audit event code that uniquely represents a user event and requires an audit log entry. Examples of system event codes and their descriptions in the security database are: 1 – Successful Login, 2 – Accessed System Services, 3 – Added New User, 4 – Updated User Information, 5 – Added New Group, 6 – Changed Rights in a Group, 7 – Deleted Group, 8 – Copied Group, 9 – Renamed Group
time_stamp	The date and time of a logged event.
to_func_cost_cd	The FCC that is mapped from a previously utilized FCC.
to_svc_ee_cd	The SUEE Code that is mapped from a previously utilized SUEE Code.
tot_prvd_stat_amt	The total Statistical Amount from a Data Set relative to the Providing Function Cost Code only.
uic	The Unit Identification Code is a unique six-character alphanumeric code assigned to each reporting facility.
unit_name	The name of the reporting facility.
us_flag_cd	The code that identifies whether a reporting facility is located in the United States or not. Valid values are Y or N.
user_correct_desc	The description for a user correction record.
user_correction_id	The identifier for a user correction record.
user_id	User identifier derived from security.
val_attempts	The number of times validation has been run on the data.
val_job_id	The unique serial validation number created when a validation job is started.
validation_required_ind	The indicator that identifies whether or not the data needs to be validated. True = Data needs to be validated, False = Data does not need to be validated.
value	The amount of the expense.
warning_over_cnt	The total number of warnings that were overridden for a specified month/year for a particular data source.
weekday_ind	The indicator that identifies whether or not a date falls on a weekday such as Monday, Tuesday, Wednesday, Thursday, or Friday.
wt_value	The unit of measure that identifies workload by the weighted value.

AP3. APPENDIX 3

SPECIFIC RULES FOR REPORTING AVAILABLE AND
NON-AVAILABLE TIME/HOURS FOR MEPRS/EAS

AP3.1. PURPOSE

This section provides detailed guidelines for collecting and reporting available and non-available time/hours for personnel working in support of the Defense Health Program. In the first section, definitions that pertain to the business rule matrix are provided. These definitions should be consistent with other MHS documents and guidelines such as the DoD Healthcare Glossary. The business rules matrix includes the common scenarios or activities that occur at the MTF, the personnel types to which the rule applies, how the time should be classified and where the time should be captured.

AP3.2. PROCEDURES

AP3.2.1. Available Time/Hours. Those hours worked or expensed in support of the healthcare and readiness missions regardless of the type of personnel. Available hours are reported for all personnel types, assigned and borrowed, to include military, reservists, civilians, contractors, and volunteers. Available hours are charged to the assigned work center or benefiting work center(s). Available hours may not be charged to Special Program FCCs that accumulate expenses/cost only (e.g., FCA, FDA, and FDH).

AP3.2.1.1. The assigned work center is determined based on the facility's manpower documents or the assignment made by the commanding officer.

AP3.2.1.2. The benefiting work center is determined based on where the person's time contributes to accomplishing the overall operation and function of the work center regardless of the assigned work center.

AP3.2.1.3. Available time/hours for privileged providers (MEPRS/EAS skill types 1 and 2) includes clinical work time/hours (direct patient care time) and non-clinical or administrative work time/hours. (Skill types and suffixes can be found on the MEPRS/EAS IV occupational code table.)

AP3.2.1.3.1. Clinical work time/hours includes time/hours the provider devotes to patient care and supporting activities, such as medical records update, preparation for clinical and surgical procedures, and patient phone contact.

AP3.2.1.3.2. Non-clinical work time/hours includes teaching, research, writing, and management administration according to Medical Group Management Association guidelines. For MEPRS/EAS, teaching activities shall be reported in FCCs other than the clinical work center. (See Table AP3.T1.) Administration is management of the clinic, supervisory activities,

and similar activities. Non-clinical activities that are performed within a practice (specialty) should be excluded from the clinical work time calculation. (Source: RVUs Applications for Medical Practice Success, Kathryn P. Glass, 2003.)

AP3.2.2. Non-Available Time/Hours. Time/hours expensed not in direct support of the healthcare or readiness mission. Non-available hours include authorized leave (annual, sick, other) and UA (e.g., AWOL). Non-available hours are reported for assigned military and civilian staff only.

AP3.2.3. Non-Reportable Time/Hours. Those hours not accounted for by an MTF of assignment because another facility has reporting responsibility or such hours are already excluded by the use of the work month (168) used by MEPRS/EAS, such as regularly scheduled days off (e.g., Saturday and Sunday), meal breaks, and other breaks.

AP3.3. GENERAL RULES

AP3.3.1. An individual's hours may be recorded as either "Available" or "Non-Available" but not both for the same period of time at one facility. Likewise, the same hours cannot be recorded as available to different work centers; e.g., if a provider works on a Monday from 0800–1000 in the Cardiology Clinic, but is assigned to the Internal Medicine Clinic, the two productive hours cannot be reported as both non-available to the Internal Medicine Clinic and available to the Cardiology Clinic. If an individual works in the clinic from 0730–1630 and is also listed on the provider call roster for the ER for the same time period, the individual records only the time spent in the clinic or time spent in the ER as available time—not available time to both.

AP3.3.2. An individual's available hours can be reported in as many benefiting FCCs as applicable for the monthly reporting period.

AP3.3.3. Individuals should not report their time in overhead/administrative FCCs for the purpose of looking more productive. These salary expenses are spread across multiple FCCs. Overhead administrative accounts should be used appropriately based on their function descriptions.

Table AP3.T1. Specific Rules for Reporting Available and Non-Available Time in Fixed Medical and Dental Facilities

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
1	At work in the facility (including when on call at the facility (rule 3b below), approved telecommuting, pre-approved overtime, or earned comp time for civilians)	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Benefiting work center/FCC
2a	<p>Performing research during the normal duty day and by authorized and assigned MTF personnel who are hired by the MTF for this specific mission</p> <p>This type of research is not specific to a single patient as part of patient care delivery; e.g., this type of research is conducted during normal working hours or approved telecommuting hours.</p> <p>Research performed by GME/GDE or other formal student programs should be recorded in the respective student MEPRS code; i.e., FAK, FAM, FAN, FAO, FAP, and FAQ, and should not be recorded in FAH.</p> <p>Research performed during the official duty day by credentialed or licensed personnel to meet their annual professional requirement to earn CE units should be reported in FAL. This research is not normally performed as part of the normal duty day for credentialed providers, but if this type of research is performed during the official duty day, it should be considered CE.</p>	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	FAH*

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
2b	<p>Performing research at an MTF that has agreements with external organizations/agencies (e.g., Vaccine Healthcare Center, Jackson Foundation, ISR)</p> <p>This type of external research, which is performed “outside” the MTF mission, should not be reported in MEPRS. Specifically, the work hours, workload, and expenses for external research and external clinical trials should not be reported in MEPRS.</p> <p>Although the external work hours, workload, and expenses of the external research agencies should not be reported in MEPRS, support from the MTF to the external research agencies should be reported. If the MTF loans personnel, office space, or provides ancillary support to an external research agency, this support should be reported in the approved FBZ MEPRS code to record “support” to external research agencies.</p>	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	FBZ
2c	<p>From an external research agency working in the MTF to maintain his or her professional credentials/license</p> <p>The person should be reported as a volunteer and his or her work hours and workload should be reported in the benefiting work center.</p>	Volunteer	Available time	Benefiting work center/FCC
2d	<p>At an MTF with a formal agreement to borrow personnel from external research agencies to support the MTF mission</p> <p>The person should be reported as borrowed personnel and his or her work hours and workload should be reported in the benefiting work center.</p>	Contractor, volunteer, reservist, borrowed foreign national, or borrowed military	Available time	Benefiting work center/FCC

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
3a	A privileged provider (skill types 1 and 2) performing clinical (direct patient care) tasks	Assigned military or assigned civilian, contractor, reservist, foreign national, or borrowed military labor	Available time – clinical	Benefiting work center/FCC Hours/time is entered in the personnel system as clinical (direct patient care) time
3b	A privileged provider (skill types 1 and 2), on call within the facility when: 1. Performing clinical work. 2. Performing non-clinical work. Do not report the same time period twice to different work centers.	Assigned military or assigned civilian, contractor, reservist, foreign national, or borrowed military labor	Available time: 1. Clinical time/ hours spent providing patient care or associated patient care tasks shall be entered in the personnel system as clinical time. 2. Non-clinical time/ hours spent in the clinic performing management tasks shall be entered in the personnel system as non-clinical time.	Benefiting work center/FCC
3c	On call at home (not at the facility) and not working	Assigned military or assigned civilian, contractor, reservist, foreign national, or borrowed military labor	Non-reportable	Any salary costs incurred will be charged to the benefiting work center/FCC without charging the hours
4a	Performing command administrative duties in the facility (e.g., Command Duty Officer, Officer of the Deck, Non-Commissioned Officer of the Day, Field Officer of the Day, Administrative Officer of the Day) Collateral duty for military staff	Assigned military, reservist, or borrowed military labor	Available time	Appropriate EBC* FCC

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
4b	<p>Performing detailed internal management control functions (linen inventories, cash count, controlled substances inventories, destruction of classified material, etc.) in support of the MTF/DTF when conducted by an individual who is not assigned to the work center and who has been appointed to perform disinterested/independent inventory by MTF Commander</p> <p>Personnel who perform routine inventories in their work center should report their time to the benefiting work center FCC.</p>	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Appropriate EBC* FCC
4c	<p>Administering the medical board process, to include attendance at medical boards at the parent facility</p> <p>Direct patient care performed in a clinic to document a patient's condition should be recorded in the benefiting clinical work center FCC. Additionally, patient care administration associated with this rule should be charged to the assigned patient administration work center FCC. Personnel assigned to "E" overhead FCCs should report their work hours to their assigned "E" FCC work center.</p> <p>This rule applies to personnel assigned to clinical FCCs for all skill types.</p>	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	FED*
4d	Privileged providers (skill types 1 and 2) who are assigned to "A," "B," or "EBD" FCCs and who attend Clinical Department meetings such as Department Risk Management Committee, Department Utilization Management Committee, and department management meetings within the same department they are assigned	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Appropriate EBD* FCC

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
4e	Privileged providers (skill types 1 and 2) who are assigned to "A," "B," or "C" FCCs and who attend meetings outside their respective department (e.g., MTF Risk Management, MTF UM, MTF Morning Report)	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Appropriate EBC* FCC
4f	Assigned to an overhead administrative work center (e.g., RM, IMD, PAD) attending committee meetings	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Benefiting work center/FCC (typically the assigned work center)
4g	<p>Conducting or attending JCAHO activities</p> <p>This rule applies to personnel assigned to clinical FCCs for all skill types.</p> <p>Personnel assigned to "E" overhead FCCs should report their work hours to their assigned work center.</p>	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Appropriate EBB*
5	Attending wartime, peacetime, or disaster preparedness readiness training	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	GBA* (readiness-peacetime/wartime/disaster preparedness training)

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
6a	<p>1. TAD and/or TDY en route to PCS for civilians or military.</p> <p>2. Terminal leave for civilians or military. UA, AWOL 1 to 30 days or sentenced to confinement or suspension (regardless of the length of time).</p> <p>3. This account is to be used for assigned personnel who have permanently departed the MTF but have not yet been removed from the local manning documents.</p> <p>4. AWOL or absent without pay (AWOP) for civilians will not be charged to this account since this does not result in a disciplinary action or termination.</p>	Assigned military or assigned civilian (In accordance with Joint Travel Regulations (Reference (r)))	Available time	<p>FDG*</p> <p>DMHRSi WILL NOT ALLOW hours to be charged against FCC FDG* without calculating an associated expense</p>
6b	TAD and/or TDY en route to work at another MTF/DTF	Assigned military or assigned civilian	Available time	Appropriate support FCC (e.g., FCD*) at the losing/loaning facility
7	<p>1. Attending non-readiness related CE, educational/training board certification exams, mission-related conferences (e.g., resource management or patient administration conferences), or professional development courses related to primary duties outside the MTF/DTF and excluding readiness training.</p> <p>2. Attending in-house or local in-service and other proficiency training (e.g., CPR, ATLS, ACLS) outside the assigned work center.</p> <p>3. Attending locally conducted non-healthcare related training (e.g., equal employment opportunity, sexual harassment, risk management, safety).</p>	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	FAL* (CE)

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
8	Deployed from the fixed MTF in support of military operations or operations other than war.	Assigned military, assigned civilian, or foreign national	Available time	GDA* Account to be charged at rate of 8 hours/day (40 hours/week) regardless of number of hours worked/day while deployed
9	Conducting or attending in-service training or day-to-day proficiency training or performing on-the-job-training where they are working and in attendance for this training This rule excludes student or GME/GDE training program.	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	Benefiting work center where the individual is assigned or the work/cost center where the training is conducted
10	Providing administrative/overhead support for authorized in-house training/educational programs including in-service, proficiency training or clinical GME / GDE programs outside of the assigned work center	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	EBF* (Education and Training Support Program); EBE* (GME support expenses - physicians only), or EBI* (GDE support expenses - dentists only)
11	Conducting or supporting education and/or training in support of another organization outside of the assigned MTF/DTF	Assigned military, assigned civilian, contractor, volunteer, reservist, or foreign national	Available time	FCD* FCE* FCG*

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
12	Planning, administering, conducting, or attending NDMS exercises including SMART Teams; conducting or attending disaster preparedness exercises This rule does not include training.	Assigned military, assigned civilian, contractor, volunteer, reservist, foreign national, or borrowed military labor	Available time	GGA*
13	Participating in organized or approved readiness physical training or testing when conducted during scheduled duty hours	Assigned military, reservist, or borrowed military labor	Available time	GFA*
14	In official student status at assigned MTF/DTF for education and training or in-house GME/GDE (fellows, residents, and interns) and other students trained in the MTF as a result of agreements with local colleges, other MTFs, other Services, etc.	Assigned military or borrowed labor (GME/GDE officer), volunteer, or foreign national	Available time	FAM*, FAN*, FAO*, FAP* or FAQ* (GME/GDE officer only) and to the benefiting work center in accordance with fiscal guidelines for skill type 1 students only. All others (skill types 2 through 5) are appropriately charged to MEPRS code FAK.*
15	In official student status at assigned MTF/DTF (outside of the individual's assigned department) for education and training Rule excludes skill type 1 personnel.	Assigned military, assigned civilian, volunteer, borrowed labor, or foreign national	Available time	FAK* (trainee expenses other than GME/GDE program)
16	Providing support for internal promotion boards, military-related organizational activities, (i.e., parades and formations); loaned in support of external promotion boards, military courts, base/post details	All MTF/DTF personnel	Available time	FCG*

RULE	IF AN INDIVIDUAL IS	AND IS	THEN THAT PERIOD OF TIME IS CONSIDERED	AND IS CHARGED TO
17a	Earning compensatory time	Assigned civilian or foreign national direct hire	Available time	Benefiting work center/FCC
17b	Taking approved compensatory time	Assigned civilian or foreign national direct hire	Non-available time	Benefiting work center/FCC
18	Emergency leave, annual leave, sick leave, and furlough	Assigned military, assigned civilian, or foreign national direct hire	Non-available time	Assigned work center
19	On pass, furlough, special liberty, administrative leave, time off for awards, civilians on annual Reserve Component training, civilians that are in an AWOL or AWOP status	Assigned military, assigned civilian, or foreign national direct hire	Non-available time	Assigned work center
20	Participating in administrative activities associated with in/out processing, e.g., obtaining an ID badge or in orientation	Assigned military, assigned civilian, contractor, or foreign national direct hire	Available time	FCG*
21	Absent for medical and/or dental visits, treatment, SIQ, cure leave, on-the-job injury, family/maternity/sick leave	Assigned military, assigned civilian, or foreign national direct hire	Non-available time (sick)	Assigned work center
22	On meal or other breaks	Assigned military, assigned civilian, or foreign national direct hire	Non-reportable	

AP4. APPENDIX 4

MEPRS ISSUE RESOLUTION FORMAT

Below are instructions for using the sample issuance resolution paper format on the following pages to assist in submitting an issue for resolution. The format is recommended but not required.

AP4.1. DoD Issue #. Please leave this field blank. The MEPRS Program Office will assign a DoD issue number upon receipt of the issue resolution paper.

AP4.2. Date of Issue. Please insert the date on which the completed issue paper will be sent to the MEPRS Program Office.

AP4.3. Originator of Issue. Please insert your name, title, and phone number.

AP4.4. Issue/Problem Title. Please provide a short (one or two sentence) description of the issue. State the problem simply and what it affects in a quantifiable way; e.g.: “Currently, (this is happening), resulting in (these quantifiable symptoms).” Please identify the systems that are affected by this issue.

AP4.5. Supporting Documentation/Attachments. Please be sure to provide any supporting documentation that may assist in analysis of the issue.

AP4.6. Issue Type. Identify the appropriate type(s) of issue(s).

AP4.7. Description of Issue/Problem. Provide a detailed description of the problem that will allow an in-depth analysis and understanding of the issue.

AP4.8. Recommended Solution. Please provide your recommended solutions for the issue. If possible, also provide the pros and cons for the issue and, if multiple recommendations are provided, identify the solution that you feel is best. Provide workable improvements or recommendations and identify the expected outcomes and measurements.

AP4.9. Impact. Please provide any potential impacts of not resolving the issue.

AP4.10. Date Resolution Required. Please provide your best estimate of the date by which the issue must be resolved.

ISSUE PAPER RESOLUTION FORMAT

DoD Issue #: _____

Date of Issue:

Originator of Issue: _____

Phone Number: _____

Recommended Priority (Low, Medium, High): _____

Issue/Problem Title: _____

Systems Affected (EAS IV, ADS, CHCS, AHLTA, etc.): _____

Supporting Documentation / Attachments: _____

Issue Type (check one): **Functional** **Interpretational** **Systems**

Description of Issue/Problem:

Recommended Solution:

ISSUE PAPER RESOLUTION FORMAT

Impact If Not Resolved:

Date Resolution Required: _____

For *TMADHA*/MEPRS Program Office Use Only:

Reviewer: _____

Review Date: _____

Recommendation (check one):

Accept

Defer

Need Additional Information

Reject

Reviewer Comments:

Approvals:

Air Force Representative _____

Date: _____

Army Representative _____

Date: _____

Navy Representative _____

Date: _____

TMADHA *Representative* _____

TMADHA *Date:* _____