Defense Health Agency

PROCEDURES MANUAL

NUMBER 6010.13, Volume 2
September 27, 2018

SUBJECT: Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities (DTFs): Uniform Chart of Accounts

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (d), establishes the Defense Health Agency's (DHA) procedures to:

a. Provide a uniform and standardized system of healthcare managerial cost accounting for the Military Health System (MHS) and MEPRS. MEPRS:

(1) Provides detailed uniform performance indicators, common expense classification by work/cost center, uniform reporting of personnel utilization data by work centers, and a labor cost assignment methodology.

(2) Methodology provides consistent performance data to managers responsible for healthcare delivery in support of dual Warfighter Support Operations and integrated Tri-Service healthcare missions.

(3) Defines a set of functional work/cost centers, applies a uniform performance measurement system, prescribes a cost assignment methodology, and obtains reported information in standard formats for fixed Military Medical Treatment Facilities (MTFs) and DTFs. Resource and performance data must reflect the resources used in delivering healthcare services and 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.

b. Prescribes detailed functional information for the standardized MEPRS Uniform Chart of Accounts Operational Functional Cost Codes (FCCs).

c. Cancels and along with DHA Procedures Manual "Medical Expense and Performance Reporting System (MEPRS) Procedures Manual for Fixed Military Medical and Dental

Treatment Facilities: Business Rules, Volume 1," September 27, 2018 (Reference (e)) reissues DoD 6010.13-M, "Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities," April 7, 2008 (hereby canceled) (Reference (f)).

2. APPLICABILITY. This DHA-PM:

a. Applies to:

(1) OSD, 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 DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities in DoD (referred to collectively in this DHA-PM as the "DoD Components").

(2) Fixed MTFs and DTFs that are funded by the Defense Health Program (DHP) and produce direct patient care workload that transmit MEPRS data. Waiver requests from MEPRS reporting should be sent by the Service Medical Chief Financial Officer and approved by the DHA Administration and Management Directorate (J1), Trust Fund and Revenue Cycle Management Division and the Assistant Secretary of Defense for Health Affairs (ASD(HA))/Health Budgets and Financial Policy Office.

b. Does not apply to:

(1) DoD facilities that are not involved in direct patient care performed at fixed MTFs and DTFs; such as, medical research facilities, installation line unit battalion aide stations, 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 components contained within mobile-type units).

(2) DoD facilities that are not part of the fixed MTF/DTF direct patient care mission and organizations should not report any data in the unique fixed MTF/DTF identifiers; (i.e., Defense Medical Information System Identification (DMIS ID) codes, MEPRS codes, financial Fund Centers, etc.).

3. POLICY IMPLEMENTATION. The MHS must have budgetary accounting, and cost management policies and practices that ensure the DHP is compliant with References (a), (b), and (d). MEPRS provides a uniform and standard labor, and expense reporting system for all fixed military MTFs and DTFs (see Reference (d)).

a. In accordance with, Reference (k) MEPRS supports fixed MTFs/DTFs 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.

b. MEPRS Management Cost Accounting shall be in accordance with Reference (m). It explains:

> "Essential to any discussion regarding cost information collection understands the difference between budgetary accounting and cost accounting. In any given year, the obligations and outlays incurred may be less than, equal to, or greater than the costs recognized for that period. Costs represent resources used or consumed to accomplish a given cost objective. The types of resources consumed may include period outlays for labor and material, while costs may be recognized for the facility at which the work is performed. For example, depreciation costs related to the facility represent a cost to the accounting period and should be allocated to appropriate products/services even though depreciation costs have no impact to the budgetary accounts. Costing is not concerned with the funds used to execute an action, but with the resources (people, supplies, equipment, and so forth) used to complete the action. In budgetary accounting, organizations use allocated funds to acquire inventory and fund employee salaries plus benefits as well as record budgetary obligations to account for the use of the appropriated and allotted funding" (see References (j) through (p)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. INFORMATION REQUIREMENTS

a. MEPRS data transmitted to the Expense Assignment System (EAS), Version IV Repository as described in Reference (e), Enclosure 3, Paragraphs 1.j. through o., are exempt from licensing in accordance with Reference (g), Enclosure 3, Paragraph 1.b.(10).

b. Standardization Compliance. In accordance, with Reference (h), EAS IV adheres to applicable standards and specifications as cited in the DoD Information Technology (IT) Standards Registry (accessible at: https://gtg.csd.disa.mil), or any future DoD-designated registry for IT and data sharing standards. Authoritative data sources are registered in the DoD Data Services Environment (accessible at: https://metadata.ces.mil/dse). The DHA Solutions Delivery Division, EAS IV Program Office will ensure data, information, and IT services interoperability by making data assets understandable and enabling the reuse of business and mission processes in compliance with established technical, data, and services standards in accordance with Reference (i).

7. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

8. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-Procedural Instruction 5025.01 (Reference (c)).

for R. C. BONO
VADM, MC, USN
Director

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 21, 2015, as amended
(d) DoD Directive 6000.12E, "Health Service Support," January 6, 2011, as amended
(e) DHA Procedures Manual 6010.13, "Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities: Business Rules, Volume 1," September 27, 2018
(f) DoD 6010.13-M, "Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities," April 7, 2008 (hereby canceled)
(g) DoD 8910.1-M, Volume 1, "DoD Information Collections Manual: Procedures for DoD Internal Information Collections," June 30, 2014
(h) DoD Instruction 8320.02, "Sharing Data, Information, and Information Technology (IT) Services in the Department of Defense," August 5, 2013
(i) DoD Chief Information Officer Memorandum, "Department of Defense Information Enterprise Architecture," Version 2.0, August 10, 2012
(j) DoD 6015.1-M, "DoD Glossary of Healthcare Terminology," current edition
(k) DHA-Technical Manual 7220.01, "Defense Health Program (DHP) Common Cost Accounting (CCAS) Guidance," April 29, 2016
(l) DoD Instruction 4000.19, "Support Agreements," current edition
(m) DoD 7000.14-R, "Department of Defense Financial Management Regulation (FMR)," Volume 4, Chapter 19, current edition
(n) United States Code, Title 10, Chapter 169 (sections 2801-2814)
(o) United States Code, Title 20, Section 1400, "Individuals with Disabilities Education Act"
(p) DoD Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," April 11, 2005
(q) DoD 7000.14-R, "Department of Defense Financial Management Regulation (FMR)", Volume 3, Chapter 17, current edition
(r) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition
(s) DoD 7000.14-R, "Department of Defense Financial Management Regulations (FMRs)", Volume 4, Chapter 6, current edition
(t) United States Code, Title 31, Sections 1101, 1341 and 1517
(u) DoD Instruction 5000.64, "Accountability and Management of DoD Equipment and Other Accountable Property," current edition

ENCLOSURE 2

RESPONSIBILITIES

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

2. UNDER SECRETARY OF DEFENSE (COMPTROLLER) (USD(C)). The USD(C) will provide policy guidance and instruction to DoD healthcare and readiness resources within the DoD.

3. ASD(HA). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), the ASD(HA), will issue MHS-level guidance to the DHA and provide oversight to ensure that fixed MTF/DTF direct patient care operations comply with existing federal laws and regulations.

4. DIRECTOR, DHA. Under the authority, direction, and control of the ASD(HA), the Director, DHA, will:

a. Issue supplemental MHS-level guidance to the DHA and exercises management responsibility to ensure that fixed MTF/DTF direct care operations are cost-effective and comply with existing federal laws and regulations.

b. Facilitate effectiveness and efficiency by providing automated information systems (AIS) that support successful management and reporting of MEPRS by fixed MTFs/DTFs.

c. Establish a systematic process by which the Military Departments and DHA can jointly evaluate and implement policy recommendations, program changes, and AIS thereby reducing inconsistency and facilitating standardization.

d. Maintain a database of all Military Departments and DHA-specific guidance issued to implement and ensure that such guidance is consistent with the provisions set forth in this DHA-PM.

e. Ensure MHS business practice standardization guidance and policy issued for Common Cost Accounting Structure, to include procedural compliance for accurate and full managerial cost accounting and cost allocation for standardized MEPRS reporting.

f. Exercise management, direction, and maintenance of the MEPRS program within DoD.

5. DHA MEPRS PROGRAM MANAGER. Under the authority, direction, and control of the ASD(HA), the DHA MEPRS Program Manager will be responsible for overall program management, oversight, and administration of the Financial and Performance Reporting System (FPRS) Improvement Group and MHS MEPRS reporting for fixed MTFs/DTFs.

6. FPRS GROUP. As the functional proponent, the DoD MEPRS program will be responsible for the development, implementation, management, and integration of MEPRS policies, procedures, business practices, and system requirements. The FPRS operates under the auspices of the DHA Medical Business Operations Group and, through the FPRS charter, which is empowered to jointly resolve Tri-Service issues in favor of a single, standard, and binding MHS solution.

7. SECTIONS 1–6. All principals mentioned in this section will coordinate their efforts to ensure that MEPRS is consistently implemented and integrated into existing management systems. The DoD Components will implement the provisions of this DHA-PM and collect and report uniform, comparable data.

ENCLOSURE 3

PROCEDURES

MEPRS FCC CHART OF ACCOUNTS FUNCTIONAL DESCRIPTIONS

1. INPATIENT CARE FCC ACCOUNTS: A. The function of Inpatient Care FCC Accounts 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 Inpatient Care functional account will include only direct operational expenses for inpatient care (see Reference (e), Enclosure 3, Appendices 3 and 4, Tables 3 and 4: Business Rules for Man-hour Reporting, and Table 4 for the EAS IV Assignment Sequence Number (ASN) for Allocation of the Inpatient Ward Cost Pool FCCs). Inpatient Ward Cost Pool FCCs are allocated before the Intermediate 'D' and 'E' FCCs (Reference (e), Enclosure 3, Paragraph 5, and Appendix 5 and Table 5 for data set, service unit, and allocation factor requirements for all FCCs (Reference (e), Enclosure 3, and paragraph 2.f. for procedural guidance on the use of third level 'Z' FCCs that require Service and DHA approval prior to use and Appendix 6, Table 6 for unique and specific business rules for reporting the service units and/or allocation factors for 'A' FCCs for Inpatient Care)).

a. Inpatient Medical Care: AA. The function of Inpatient Medical Care provides inpatient care and evaluation in the medical specialties and subspecialties as described in this paragraph; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients appropriate to the specialty or subspecialty and 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 will provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

(1) Inpatient Internal Medicine: AAA. The function of Inpatient Internal Medicine provides inpatient care and evaluation 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; and provides subspecialty assistance in medical areas where trained sub-specialists are not assigned. Inpatient specialties and subspecialties that may be reported in this FCC include Inpatient Internal Medicine, Dermatology, Endocrinology, Nephrology, Rheumatology, Immunology, Infectious Disease, and Allergy.

(2) Inpatient Cardiology: AAB. The function of Inpatient Cardiology provides for specialized treatment and evaluation of patients with cardiovascular disease diagnosis; provides

specialized treatment and diagnostic cardiovascular studies such as the precise techniques of cardiac catheterization, coronary arteriography, and exercise-stress testing.

(3) Inpatient Gastroenterology: AAF. The function of Inpatient Gastroenterology provides specialized treatment and evaluation to patients with disease or injury to the gastrointestinal tract.

(4) Inpatient Neurology: AAJ. The function of Inpatient Neurology provides for the specialized care and evaluation of patients with neurological disorders, and diagnostic examinations.

(5) Inpatient Hematology and Oncology: AAK. The function of Inpatient Hematology and Oncology provides for the specialized care, treatment, 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; provides for specialized treatment and evaluation of patients suffering from diseases of the blood and blood forming tissues, coagulation disorders, and hematologic complications of other systemic diseases. Hematology/Oncology, in conjunction with other clinical services, provides specialized studies of the blood and bone marrow in support of inpatient care.

(6) Inpatient Pulmonary/Upper Respiratory Disease: AAL. The function of Inpatient Pulmonary/Upper Respiratory Disease provides specialized care, treatment, and evaluation (non-surgical) of patients with disease, disorders, and injuries of the pulmonary system.

(7) Inpatient Physical Medicine: AAN. The function of Inpatient Physical Medicine provides diagnosis, treatment, and referral primarily for patients with neuromusculoskeletal disorders; evaluates and prescribes orthotics and assistive devices; and performs electroneuromyographic testing.

(8) Inpatient Medical Ward: AAX. The function of the Inpatient Medical Ward Cost Pool is to report time and expenses for an inpatient ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies. Physicians and Dentists are not authorized to report Full Time Equivalents (FTEs) in an Inpatient Ward Cost Pool FCC. The AAX Inpatient Ward Cost Pool FCCs are normally used for wards that predominately support Medical specialty and sub-specialty inpatients, but outpatients and other specialties can be placed on these inpatient mixed wards.

(9) Inpatient Medical Care Not Elsewhere Classified: AAZ. The function of Inpatient Medical Care Not Elsewhere Classified includes inpatient medical specialties and subspecialties that are not described elsewhere in paragraph 1.a. of this Enclosure. This FCC requires DHA and Service approval prior to use.

b. Inpatient Surgical Care: AB. The function of Inpatient Surgical Care provides inpatient care and evaluation in the surgical specialties and subspecialties described in paragraph 1.b. of this Enclosure; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients appropriate to the specialty or subspecialty; and

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 will provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

(1) Inpatient General Surgery: ABA. The function of Inpatient General Surgery provides diagnostic, pre-operative, surgical, and post-operative care for general surgery patients, evaluation for referral patients and provides sub-specialty assistance in surgical areas where trained sub-specialists are not assigned.

(2) Inpatient Cardiovascular and Thoracic Surgery: ABB. The function of Inpatient 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.

(3) Inpatient Neurosurgery: ABD. The function of Inpatient 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.

(4) Inpatient Ophthalmology: ABE. The function of Inpatient Ophthalmology provides for specialized treatment, care, and evaluation of patients with disease, injury, or disorder of the eye; and performs ophthalmologic surgery with pre- and post-operative care.

(5) Inpatient Oral Surgery: ABF. The function of Inpatient 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 and treat oral and jaw lesions.

(6) Inpatient Otolaryngology: ABG. The function of Inpatient Otolaryngology provides for specialized treatment, care, and evaluation of patients with injuries, disease, or disorders of the ear, nose, and throat and the general Anatomical area of the head and neck (exclusive of neurosurgical, dental, and ophthalmologic conditions). Inpatient Otolaryngology also provides bronchoscopic, esophoscopic, and laryngoscopic examinations and performs advanced tests of auditory and vestibular functions and neurootologic disorders; performs surgical procedures for facial nerve disease, trauma, and diseases of the ear and corrective cosmetic surgery for acquired or congenital deformities and microsurgery of the temporal bone, maxillofacial surgery, and surgery of the sinuses, tonsils, adenoids, and vocal cords.

(7) Inpatient Plastic Surgery: ABI. The function of Inpatient Plastic Surgery provides diagnostic, pre-operative, surgical, and post-operative care for patients with plastic and reconstructive problems; and provides surgery to restore or aid in healing wounded, disfigured, or unsightly parts of the body.

(8) Inpatient Urology: ABK. The function of Inpatient Urology provides diagnostic, pre-operative, surgical, and post-operative care and treatment to eligible patients suffering from genitourinary disease or disorders; and provides cystoscopic examinations, urograms, pyleograms, cystometrograms, lymph angiograms, retroperitoneal carbon dioxide studies, function studies, and other urological studies.

(9) Inpatient Organ Transplant: ABL. The function of Inpatient 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 and provides general surgical care to patients with end-stage organ failure confined to the abdominal cavity.

(10) Inpatient Burn Unit Care: ABM. The function of the Inpatient Burn Unit provides inpatient care related to problems of mechanical and thermal injuries with complications arising from such trauma, cares for patients with such injuries, and teaches and trains other personnel in the management of injured patients. Research and clinical trials are not authorized to be reported in this account since this account is designated for direct patient care. This FCC is authorized only for Brooke AMC-San Antonio MMC JBSA FSH, and will not be used to report the Inpatient Burn Unit ward.

(11) Inpatient Peripheral Vascular Surgery: ABN. The function of Peripheral Vascular Surgery provides diagnostic, pre-operative, surgical, and post-operative care for patients with diseases and injuries of arteries, veins, and lymphatics that are outside the cranium and the thorax.

(12) Inpatient Vascular and Interventional Radiology: ABQ. The function of 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; and provides placement of extended- use venous access devices for multiple indications and specialized diagnostic procedures.

(13) Inpatient Surgical Ward: ABX. The function of the Inpatient Surgical Ward Cost Pool FCC is to report time and expenses for an inpatient ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies. Physicians and Dentists are not authorized to report FTEs in an Inpatient Ward Cost Pool FCC. The ABX Inpatient Ward Cost Pool FCCs are normally used for wards that predominately support Surgical specialty and sub-specialty inpatients, but outpatients and other specialties can be placed on these inpatient wards.

(14) Inpatient Surgical Care Not Elsewhere Classified: ABZ. The function of Surgical Care Not Elsewhere Classified includes inpatient surgical specialties and subspecialties that are not described elsewhere in paragraph 1.b. of this Enclosure. This FCC requires DHA and Service approval prior to use.

c. Inpatient Obstetrical and Gynecological (OB/GYN) Care: AC. The function of Inpatient OB/GYN Care provides specialized inpatient care, treatment, and evaluation in the specialties

described in paragraph 1.c. of this Enclosure; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients appropriate to the specialty or subspecialty; and 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 will provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies. This FCC summary category is also used to capture consolidated Labor, Delivery, Recovery, and Postpartum (LDRP) units and consolidated Mother and Baby Inpatient Wards that provide postpartum and newborn patient care (see ACX Inpatient OB/GYN/Newborn Ward FCC below).

(1) Inpatient OB/GYN: ACB. The function of Inpatient OB/GYN provides for specialized OB/GYN care, treatment, evaluation for eligible inpatients, gynecological, antepartum, delivery, and postpartum care for inpatients. The ACB FCC is not intended to report a physical work center; such as, an Inpatient Ward, LDRP, etc., (see ACX Inpatient OB/GYN/Newborn Ward FCC below).

(2) Inpatient OB/GYN/Newborn Ward: ACX. The function of the Inpatient OB/GYN/Newborn Ward Cost Pool is to report time and expenses for an Inpatient Ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies. The ACX Inpatient Ward Cost Pool FCC sub-accounts will be used to report physical inpatient wards; such as a consolidated LDRP unit, consolidated Mother-Baby Ward. Physicians and Dentists are not authorized to report FTEs in an Inpatient Ward Cost Pool FCC. The ACX Inpatient Ward Cost Pool FCCs are normally used for wards that predominately support OB/GYN, and Newborn specialty and sub-specialty inpatients, but outpatients and other specialties can be placed on these inpatient mixed wards.

(3) Inpatient OB/GYN Care Not Elsewhere Classified: ACZ. The function of Inpatient OB/GYN Care Not Elsewhere Classified includes inpatient specialties and subspecialties that are not described elsewhere in paragraph 1.c. of this Enclosure. This FCC requires DHA and Service approval prior to use.

d. Inpatient Pediatric Care: AD. The function of Inpatient Pediatric Care provides specialized inpatient care, treatment, and 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; and 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 will provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

(1) Inpatient Pediatric Care: ADA. The function of Inpatient Pediatrics Care 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; and appraises children's health and development status.

(2) Inpatient Newborn Nursery Care: ADB. The function of Inpatient Newborn Nursery Care provides specialized inpatient care, treatment, and evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn including those born prematurely; and provides for or otherwise ensures appropriate diagnostic evaluation and care of all inpatients in the neonatal age group; prepares medical records; submits required reports. Due to changes in the delivery of patient care, newborns are often placed on a consolidated LDRP ward or consolidated Mother & Baby Inpatient Ward (see 1.c. (2) above).

(3) Inpatient Pediatric Ward: ADX. The function of the Inpatient Pediatric Care Ward Cost Pool is to report time and expenses for an Inpatient Ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies. The ADX Inpatient Ward Cost Pool 4th level FCC sub-accounts are normally used for wards that predominately support pediatric sub-specialty inpatients, but other outpatient and inpatient specialties can be placed on these wards.

(4) Inpatient Pediatric Care Not Elsewhere Classified: ADZ. The function of Inpatient Pediatric Care Not Elsewhere Classified includes inpatient specialties and subspecialties are not described elsewhere in paragraph 1.d. of this Enclosure. This FCC requires DHA and Service approval prior to use.

e. Inpatient Orthopedic Care: AE. The function of Inpatient Orthopedic Care provides inpatient care and evaluation in the specialties as 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; and prepares medical records; and submits required reports. The organization of the Inpatient Orthopedic Care function is divided into subspecialty areas that will provide the specialized techniques and practices related to those subspecialty areas using all available, modern diagnostic procedures, studies, and therapies.

(1) Inpatient Orthopedics: AEA. The function of Inpatient Orthopedics provides for the specialized care, treatment, and 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 and associates soft tissue injuries; operates a cast room with facilities for application, alteration, and removal of plaster casts, splints, and various forms of traction required.

(2) Inpatient Podiatry: AEB. The function of Inpatient Podiatry is responsible for the diagnosis, treatment, and prevention of foot disorders; assists with or performs inpatient surgical procedures on the foot; and provides related follow-up care.

(3) Inpatient Orthopedic Ward: AEX. The function of the Inpatient Orthopedic Care Ward Cost Pool is to report time and expenses for an Inpatient Ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies.

The AEX Inpatient Ward Cost Pool FCC sub-accounts are normally used for inpatient wards that predominately support orthopedic sub-specialty inpatients, but other outpatient and inpatient specialties can be placed on these wards.

(4) Inpatient Orthopedic Care Not Elsewhere Classified: AEZ. The function of Orthopedic Care Not Elsewhere Classified includes inpatient specialties and subspecialties that are not described elsewhere in paragraph 1.e. of this Enclosure 3. This FCC requires DHA and Service approval prior to use.

f. Inpatient Psychiatric Care: AF. The function of Inpatient Psychiatric Care provides specialized care and 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; 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 Inpatient Psychiatric Care function is divided into subspecialty areas that will provide the specialized techniques and practices related to those subspecialty areas using all available, modern diagnostic procedures, studies, and therapies.

(1) Inpatient Psychiatry: AFA. The function of Psychiatry provides specialized care and 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; and submits required reports.

(2) Inpatient Substance Abuse Rehabilitation Care: AFB. The function of Substance Abuse Rehabilitation provides specialized care and 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, and submits required reports. The AFB FCC is not intended for reporting the Inpatient Ward where inpatient substance abuse care is performed. See Inpatient Psychiatric Ward AFX FCC.

(3) Inpatient Psychiatric Ward: AFX. The function of the Inpatient Psychiatric Care Ward Cost Pool is to report time and expenses for an Inpatient Ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies.

The AFX Inpatient Ward Cost Pool FCC sub-accounts are normally used for wards that predominately support psychiatric and/or substance abuse specialty and sub-specialty inpatients, but other outpatient and inpatient specialties can be placed on these wards.

(4) Inpatient Psychiatric Care Not Elsewhere Classified: AFZ. The function of Inpatient Psychiatric Care Not Elsewhere Classified includes the expenses of inpatient specialties and subspecialties that are not described elsewhere in paragraph 1.f. of this Enclosure. This FCC requires DHA and Service approval prior to use.

g. Inpatient Family Medicine Care: AG. The function of Inpatient 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 Inpatient Family Medicine care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they will provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

(1) Inpatient Family Medicine: AGA. The function of Inpatient Family Medicine care is to provide specialized inpatient care and treatment to Family Medicine inpatients for general surgery, obstetrics, pediatric, gynecology, psychiatric and orthopedic patients; provides diagnostic, pre-and post-operative care for general surgery patients and antepartum, delivery, and postpartum care to maternity patients. It also provides consultative and diagnostic evaluations to patients, including prophylactic measures for infants, children, and adolescents and appraises children's health and development status. Inpatient Family Medicine coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with neurotic or other mental disorders and establishes therapeutic regimens; provides initial short-term treatment for patients psychologically or physically dependent upon alcohol or drugs, 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.

(2) Inpatient Family Medicine Newborn Nursery: AGH. The function of Inpatient Family Medicine Newborn Nursery provides specialized inpatient care, treatment, and evaluation of newborn infants; and coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible newborn inpatients.

(3) Inpatient Family Medicine Ward: AGX. The function of the Inpatient Family Medicine Ward Cost Pool is to report time and expenses for an Inpatient Ward because two or more sub-specialty services can share the same ward, physical space, personnel, equipment, and supplies. The AGX Inpatient Ward Cost Pool FCC sub-accounts are normally used for wards that predominately support family medicine sub-specialty inpatients, but other outpatient and inpatient specialties can be placed on these wards. Use of the AGX Inpatient Family Medicine

Ward FCC is restricted, and use of this FCC requires prior approval. Must have DHA and FPRS approval to use the AGX Inpatient Family Medicine Ward Cost Pool.

(4) Inpatient Family Medicine Care Not Elsewhere Classified: AGZ. The function of Inpatient Family Medicine Care Not Elsewhere Classified includes inpatient specialties and subspecialties that are not described elsewhere in paragraph 1.g. of this Enclosure. This FCC requires DHA and Service approval prior to use.

2. OUTPATIENT FCC ACCOUNTS: B. The function of Outpatient Care provides comprehensive primary medical care; diagnostic services, care, and treatment; outpatient surgical procedures; medical examinations; mental health consultation; and proper medical disposition of 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. Outpatient Care provides clinical and consultation services, medical care evaluation, professional On-the-Job Training (OJT) of assigned personnel, preparation and submission of reports, and maintenance of medical records. Outpatient Care also provides follow-up care for selected post-operative patients, refers patients to specialty clinics, and provides specialized aviation medicine and underseas medicine care and support. The Outpatient Care functional account will include only direct operational expenses for outpatient care (see Reference (e), Enclosure 3, Appendices 3 and 4, Tables 3 and 4: Business Rules for Man-hour Reporting and Table 4 for the EAS IV ASN for Allocation of the Outpatient Cost Pool FCCs. Outpatient Cost Pool FCCs are allocated before the Intermediate 'D' and 'E' FCCs, paragraph 5, and Appendix 5, Table 5 for data set, service unit, and allocation factor requirements for all FCCs, paragraph 2.f. for procedural guidance on the use of third level 'Z' FCCs that require Service and DHA approval prior to use and Appendix 6, and Table 7 for Unique and specific business rules for reporting the service units and/or allocation factors for 'B' FCCs for Outpatient Care).

a. Outpatient Medical Care: BA. The function of Outpatient 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. Outpatient Medical Care also provides professional training of assigned personnel, preparation and submission of reports, and maintenance of medical records. The organization of the Outpatient Medical Care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they will 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 below, the functions will be located and reported in the Internal Medicine (BAA) sub-account.

(1) Outpatient Internal Medicine: BAA. The function of the Outpatient Internal Medicine Clinic examines, diagnoses, and treats internal disease.

(2) Outpatient Allergy Clinic: BAB. The function of the Outpatient 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; and administers routine and prescribed allergenic injections.

(3) Outpatient Cardiology Clinic: BAC. The function of the Outpatient Cardiology Clinic examines, diagnoses, and treats diseases and injuries (non-surgical) of the cardiovascular system; directs specialized diagnostic procedures.

(4) Outpatient Diabetic Clinic: BAE. The function of the Outpatient Diabetic Clinic examines, diagnoses, treats diabetic diseases; and provides health education counseling.

(5) Outpatient Endocrinology Clinic: BAF. The function of the Outpatient Endocrinology Clinic examines, diagnoses, and treats diseases and injuries of the endocrine glands and internal secretions of the body.

(6) Outpatient Gastroenterology Clinic: BAG. The function of the Outpatient Gastroenterology Clinic examines, diagnoses, treats diseases and injuries (non-surgical) of the gastrointestinal tract; and directs specialized diagnostic procedures.

(7) Outpatient Nephrology Clinic: BAJ. The function of the Outpatient Nephrology Clinic examines, diagnoses, and treats organic diseases and disorders of the renal system (see the Hemodialysis (DGB) FCC sub-account in paragraph 4 of this Enclosure for services performed in the Hemodialysis work center).

(8) Outpatient Neurology Clinic: BAK. The function of the Outpatient Neurology Clinic examines, diagnoses, and treats organic diseases and disorders of the nervous system.

(9) Outpatient Nutrition Care Clinic: BAL. The function of the Outpatient 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.

(10) Outpatient Hematology and Oncology Clinic: BAM. The function of the Outpatient Hematology and Oncology Clinic examines, diagnoses, and treats tumors and diseases of the blood. It provides specialized studies of the blood and bone marrow; operates and maintains a hematology laboratory in support of the Hematology and Oncology clinic.

(11) Outpatient Pulmonary Disease Clinic: BAN. The function of the Outpatient 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.

(12) Outpatient Rheumatology Clinic: BAO. The function of the Outpatient Rheumatology Clinic examines, diagnoses, and treats disease and injuries (non-surgical) of the joints and muscles.

(13) Outpatient Dermatology Clinic: BAP. The function of the Outpatient 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.

(14) Outpatient Infectious Disease Clinic: BAQ. The function of the Outpatient Infectious Disease Clinic examines, diagnoses, and treats infectious diseases.

(15) Outpatient Physical Medicine Clinic: BAR. The function of the Outpatient Physical Medicine Clinic provides consultation, diagnoses, and referrals primarily for patients with neuromusculoskeletal disorders; evaluates and prescribes orthotics and assistive devices; and performs electroneuromyographic testing.

(16) Outpatient Radiation Therapy Clinic: BAS. The function of the Outpatient Radiation Therapy Clinic examines clinical evaluation and selection of patients, treatment of isolated tumors, supervision of treatment course, and planning follow-up care. 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 (see Reference (e), Enclosure 3, Appendix 6, Table 7 and Paragraph 7) for specific guidance on reporting a Radiation Therapy visit.

(17) Outpatient Genetic Clinic (Authorized for Keesler AFB Only): BAU. The function of the Outpatient 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.

(18) Outpatient Hyperbaric Medicine Clinic: BAV. The function of the Outpatient 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.

(a) 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.

(b) 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. Additional capabilities of fully equipped clinical hyperbaric facilities include cardiac monitoring and ventilator support for the critically ill patient.

(19) Outpatient Medical Care Cost Pools: BAX. The function of the Outpatient Medical Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific outpatient work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Medical Care Cost Pool FCC sub-accounts are normally used by outpatient medical clinics that predominately support medical sub-specialty outpatients, but can be used for other outpatient specialties.

(20) Outpatient Medical Care Not Elsewhere Classified: BAZ. The function of Outpatient Medical Care Not Elsewhere Classified includes outpatient care specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.a. of this Enclosure. This FCC requires DHA and Service approval prior to use.

b. Outpatient Surgical Care: BB. The function of Outpatient 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 will 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 will be located and reported in the

General Surgery Clinic (BBA) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the General Surgery Clinic (BBA) sub-account.

(1) Outpatient General Surgery Clinic: BBA. The function of the Outpatient General Surgery Clinic examines, diagnoses, and treats diseases, injuries, and disorders by surgical means.

(2) Outpatient Cardiovascular and Thoracic Surgery Clinic: BBB. The function of the Outpatient Cardiovascular and Thoracic Surgery Clinic examines, diagnoses, and surgically treats diseases and injuries of the heart, circulatory system, and chest.

(3) Outpatient Neurosurgery Clinic: BBC. The function of the Outpatient Neurosurgery Clinic examines, diagnoses, and surgically treats organic diseases, injuries, and disorders of the skull, brain, spinal cord, and peripheral nerves.

(4) Outpatient Ophthalmology Clinic: BBD. The function of the Outpatient Ophthalmology Clinic examines, diagnoses, and treats diseases and injuries of the eye.

(5) Outpatient Organ Transplant Clinic: BBE. The function of the Outpatient Organ Transplant Clinic examines, diagnoses, and treats diseases and injuries of organs that require transplant.

(6) Outpatient Otolaryngology Clinic: BBF. The function of the Outpatient Otolaryngology Clinic examines, diagnoses, and treats injuries and disorders of the ear, nose, and throat.

(7) Outpatient Plastic Surgery Clinic: BBG. The function of the Outpatient 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.

(8) Outpatient Urology Clinic: BBI. The function of the Outpatient Urology Clinic examines, diagnoses, and treats diseases, injuries, and disorders of the genitourinary tract.

(9) Outpatient Peripheral Vascular Surgery Clinic: BBK. The function of the Outpatient Peripheral Vascular Surgery Clinic examines, diagnoses, and surgically treats peripheral venous and arterial diseases.

(10) Outpatient Pain Management Clinic: BBL. The function of the Outpatient 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.

(a) Pain management techniques may include patient-controlled analgesia, continuous epidural analgesia, and subcutaneous infusion pumps and catheters. They also include nerve blocks, cryanalgesis, spinal cord stimulation, relaxation techniques, biofeedback, hypnosis, psychological therapy, manipulative therapy, acupuncture, spinal infusion devices, and continuing patient counseling and education.

(b) Treatment and evaluation of painful conditions require the implementation, coordination, and maximization of pharmacological and non- pharmacological modalities.

(c) When pain management functions are performed outside of the Pain Management Clinic, the applicable clinical work center sub-account will be charged.

(11) Outpatient Vascular and Interventional Radiology Clinic: BBM. The function of the Outpatient Vascular and Interventional Radiology Clinic examines, diagnoses, and provides treatment for diverse disorders including vascular disease, urologic disease, and fluid collections of diverse origin, infertility, and malignancy. It provides placement of extended-use venous access devices for multiple indications and specialized diagnostic procedures.

(12) Outpatient Burn Clinic: BBN. The function of the Outpatient 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.

(a) Research and clinical trials are not authorized to be reported in this account since this account is designated for direct outpatient care.

(b) The FCC/MEPRS code of BBN* is approved only for Brooke AMC San Antonio MMC JBSA FSH.

(13) Outpatient Surgical Care Cost Pool: BBX. The function of the Outpatient Surgical Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Surgical Care Cost Pool FCC sub-accounts are normally used by outpatient surgical clinics that predominately support surgical sub-specialty outpatients, but can be used for other outpatient specialties.

(14) Outpatient Surgical Care Not Elsewhere Classified: BBZ. The function of Outpatient Surgical Care Not Elsewhere Classified includes outpatient care specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.b. of this Enclosure. This FCC requires DHA and Service approval prior to use.

c. Outpatient OB/GYN Care: BC. The function of Outpatient 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; 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 will 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 will be located and reported in the Outpatient OB/GYN Clinic (BCB) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Outpatient OB/GYN Clinic (BCB) sub-account.

(1) Outpatient Family Planning Clinic: BCA. The function of the Outpatient 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; and identifies healthcare services, agencies, and resources available to the family and makes necessary referrals.

(2) Outpatient OB/GYN Clinic: BCB. The function of the Outpatient OB/GYN Clinic examines, diagnoses, and treats OB/GYN patients. It also treats diseases and injuries of the female reproductive system; performs such procedures as diagnostic suction curettages, culdoscopies, cryosurgery, tubal cautery, and insertion of intrauterine devices; and provides conferences for patients.

(3) Outpatient Breast Care Clinic: BCD. The function of the Outpatient 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. This account includes mobile educational units providing breast health screening and education.

(4) Outpatient OB/GYN Care Cost Pools: BCX. The function of the Outpatient OB/GYN Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient OB/GYN Care Cost Pool FCC sub-accounts are normally used by outpatient OB/GYN clinics that predominately support OB/GYN sub-specialty outpatients, but can be used for other outpatient specialties.

(5) Outpatient OB/GYN Care Not Elsewhere Classified: BCZ. The function of Outpatient OB/GYN Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.c. of this Enclosure. This FCC requires DHA and Service approval prior to use.

d. Outpatient Pediatric Care: BD. The function of Outpatient 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 will 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 will be located and reported in the Pediatric Clinic (BDA) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Pediatric Clinic (BDA) sub-account.

(1) Outpatient Pediatric Clinic: BDA. The function of the Outpatient 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.

(2) Outpatient Pediatric Subspecialty Clinic: BDB. The function of the Outpatient Multi-Disciplinary Pediatric Subspecialty Clinic includes the examination, diagnosis, and treatment of pediatric patients in an established Outpatient Pediatric Subspecialty Clinic that meets the criteria of a work center. The Multi-Disciplinary Pediatric Sub-specialist providers may include Pediatric Neonatology, Pediatric Developmental/Behavioral Health, Pediatric Hematology/Oncology, Pediatric Cardiology, Pediatric Adolescent Medicine, Pediatric Gastroenterology, Pediatric Endocrinology, Pediatric Infectious Disease, Pediatric Neurology, Pediatric Allergy/Immunology, Pediatric Intensivist/Critical Care, Pediatric Child Sexual Abuse Specialist, Pediatric Pulmonology, Pediatric Nephrology, and/or any other Pediatric Subspecialty identified by the American Board of Pediatrics Council of Pediatric Subspecialties.

(a) The Outpatient Pediatric Subspecialty Clinic will be established only when the criteria of a work center have been met per the guidelines in Reference (e), Enclosure 3, paragraph 2. This Pediatric subaccount will include all expenses, manpower, available hours, workload, related statistical measurements, etc. incurred in operating and maintaining the clinic.

(b) If a Pediatric Subspecialist does not perform patient care in an established Pediatric Subspecialty Clinic, then all available hours, salary expenses, workload, statistical measurements, etc. will be reported in the FCC where the patient care was actually performed.

(3) Outpatient Pediatric Care Cost Pool: BDX. The function of the Outpatient Pediatric Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Pediatric Care Cost Pool FCC sub-accounts are normally used by outpatient pediatric clinics that predominately support pediatric sub-specialty outpatients, but can be used for other outpatient specialties.

(4) Outpatient Pediatric Care Not Elsewhere Classified: BDZ. The function of Outpatient Pediatric Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center are not described elsewhere in paragraph 2.d. in this Enclosure. This FCC requires DHA and Service approval prior to use.

e. Outpatient Orthopedic Care: BE. The function of Outpatient 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 outpatient 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; provides cast and orthotic services; 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 will 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 will be located and reported in the Orthopedic Clinic (BEA) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Orthopedic Clinic (BEA) sub-account.

(1) Outpatient Orthopedic Clinic: BEA. The function of the Outpatient Orthopedic Clinic examines, diagnoses, and treats diseases, injuries, and abnormalities of the musculoskeletal system which includes cast and orthotic services.

(2) Outpatient Chiropractic Clinic: BED. The function of the Outpatient 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.

(3) Outpatient Podiatry Clinic: BEF. The function of the Outpatient 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.

(4) Outpatient Orthopedic Care Cost Pools: BEX. The function of the Outpatient Orthopedic Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Orthopedic Care Cost Pool FCC sub-accounts are normally used by outpatient orthopedic clinics that predominately support orthopedic sub-specialty outpatients, but can be used for other outpatient specialties.

(5) Outpatient Orthopedic Care Not Elsewhere Classified: BEZ. The function of Outpatient Orthopedic Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.e. of this Enclosure. This FCC requires DHA and Service approval prior to use.

f. Outpatient Psychiatric and Mental Health Care: BF. The function of Outpatient 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 Outpatient Psychiatric and Mental Healthcare function varies according to patient load, staffing, and facilities. When subspecialty services are established, they will 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 will be located and reported in the Mental Health (BFD) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Mental Health Clinic (BFD) sub-account.

(1) Outpatient Psychiatry Clinic: BFA. The function of the Outpatient 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 Outpatient Psychiatry Clinic maintains records on observations, evaluations, and treatments, and provides both individual and group therapy.

(2) Outpatient Psychology Clinic: BFB. The function of the Outpatient 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; and provide consultative services as requested.

(3) Outpatient Child Guidance Clinic: BFC. The function of the Outpatient Child Guidance Clinic provides specialized evaluation counseling and treatment services for preadolescents and their families, evaluative work, and other services as required; and provides limited psychotherapeutic services.

(4) Outpatient Mental Health Clinic: BFD. The function of the Mental Health Clinic provides those functions described in Volume 2, Enclosure 3, Paragraph 2.f. when they are not separately established. In addition, 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.

(5) Outpatient Social Work Clinic: BFE. The function of the Outpatient 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, and maintains medical and social service records.

(6) Outpatient Substance Abuse Clinic: BFF. The function of the Outpatient 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.

(7) Outpatient Psychiatric/Mental Health Care Cost Pools: BFX. The function of the Outpatient Psychiatric/Mental Health Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Psychiatric/Mental Health Care Cost Pool FCC sub-accounts are normally used by outpatient

psychiatric/mental health clinics that predominately support psychiatric/mental health sub-specialty outpatients, but can be used for other outpatient specialties.

(8) Outpatient Psychiatric and Mental Health Care Not Elsewhere Classified: BFZ. The function of Outpatient Psychiatric and Mental Health Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2 of this Enclosure. This FCC requires DHA and Service approval prior to use.

g. Outpatient Family Medicine Care: BG. The function of Outpatient 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 will 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 will be located and reported in the Family Medicine Clinic (BGA) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Family Medicine Clinic (BGA) sub-account.

(1) Outpatient Family Medicine Clinic: BGA. The function of the Outpatient 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; and provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports.

(2) Outpatient Family Medicine Cost Pools: BGX. The function of the Outpatient Family Medicine Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Family Medicine Care Cost Pool FCC sub-accounts are normally used by outpatient family medicine clinics that predominately support family medicine sub-specialty outpatients, but can be used for other outpatient specialties.

(3) Outpatient Family Medicine Care Not Elsewhere Classified: BGZ. The function of Outpatient Family Medicine Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.g. of this Enclosure. This FCC requires DHA and Service approval prior to use.

h. Outpatient Primary Medical Care: BH. The function of Outpatient Primary Medical Care includes examination, diagnosis, treatment, health education, counseling, and proper medical

disposition of outpatient patients. The organization of the Outpatient Primary Medical Care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they will 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 will be located and reported in the Primary Care Clinic (BHA) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Primary Care Clinic (BHA) sub-account.

(1) Outpatient Primary Care Clinic: BHA. The function of the Outpatient Primary Care Clinic examines, diagnoses, and treats outpatient 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 Outpatient 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. The Outpatient 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 performed by the fixed MTF personnel.

(2) Outpatient Medical Examination Clinic: BHB. The function of the Outpatient 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, electrocardiogram (EKG), and dental reports for patients; takes and records vital signs; and refers patients for medical care as appropriate. Air Force facilities perform these functions under the Flight Medicine Clinic (BJA) sub-account.

(3) Outpatient Optometry Clinic: BHC. The function of the Outpatient 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.

(4) Outpatient Audiology Clinic: BHD. The function of the Outpatient 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.

(5) Outpatient Speech Pathology Clinic: BHE. The function of the Outpatient 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.

(6) Outpatient Community Health Clinic: BHF. The function of the Outpatient 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 and family advocacy case management with emphasis on prevention and health promotion; and provides counseling on child care; and participates in management of the wellness and fitness program.

(7) Outpatient Occupational Health Clinic: BHG. The function of the Outpatient 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.

(8) Outpatient Immediate Care Clinic: BHI. The function of the Outpatient 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. The BHI FCC is only authorized for sites that are not authorized an Emergency Room.

(9) Outpatient Primary Medical Care Cost Pools: BHX. The function of the Outpatient Primary Medical Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Primary Medical Care Cost Pool FCC sub-accounts are normally used by outpatient Primary Care clinics that predominately support primary care sub-specialty outpatients, but can be used for other outpatient specialties.

(10) Outpatient Primary Medical Care Not Elsewhere Classified: BHZ. The function of

Outpatient Primary Medical Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.h. of this Enclosure. This FCC requires DHA and Service approval prior to use.

i. Outpatient Emergency Medical Care: BI. The function of Outpatient 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 OJT. The resources, both personnel and facilities, that are available 24-hours-a-day to assess, treat, or refer for medical or dental treatment, an ill or injured person. The level of emergency service at a DoD Component MTF will be classified as Level I, II, or III following the Joint Commission Accreditation Manual (see Reference (e), Enclosure 3, Appendix 6, Table 7, and Paragraph 7, for more specifics on reporting an Emergency Room visit in the BIA FCC.

(1) Outpatient Emergency Medical Clinic: BIA. The function of the Outpatient Emergency Medical Clinic provides 24-hours a day 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 coordinates with other Physician/Dentist specialties and sub-specialties for the admission of patients to the MTF, as needed. It also provides clinical consultation services and professional OJT of assigned personnel, supports mass casualty and fire drills, and prepares reports. The resources, both personnel and facilities, that are available 24-hours-a-day to assess, treat, or refer for medical or dental treatment, an ill or injured person. The level of emergency service at a DoD Component MTF will be classified as Level I, II, or III following the Joint Commission Accreditation Manual. See below:

(a) A Level I Emergency department or service offers comprehensive emergency care 24-hours-a-day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetrical, gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency will be considered to exist for purposes of compliance with the requirement. Other specialty consultation must be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems on a definitive basis.

(b) A Level II Emergency department or service offers emergency care 24-hours-a-day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another facility when needed.

(c) A Level III Emergency department or service offers emergency care 24-hours-a-day, with at least one physician available to the emergency care area from within the hospital,

who is available immediately through two-way voice communication. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided.

(2) Outpatient Emergency Medical Care Cost Pools: BIX. The function of the Outpatient Emergency Medical Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Outpatient Emergency Medical Care Cost Pool FCC sub-accounts are normally used by Outpatient Emergency Medical Care Clinics that predominately support emergency care sub-specialty outpatients, but can be used for other outpatient specialties.

(3) Outpatient Emergency Medical Care Not Elsewhere Classified: BIZ. The function of Outpatient Emergency Medical Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.i. of this Enclosure. This FCC requires DHA and Service approval prior to use.

j. Outpatient Flight Medicine Care: BJ. The function of Outpatient 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. The Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Flight Medicine Clinic (BJA) sub-account.

(1) Outpatient Flight Medicine Clinic: BJA. The function of the Outpatient 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. This FCC 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. These types of transactions should be reported in the appropriate readiness (G) FCCs.

(2) Outpatient Flight Medicine Care Cost Pools: BJX. The function of the Outpatient Flight Medicine Care Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work

centers share physical space, personnel, or supplies. The Outpatient Flight Medicine Care Cost Pool FCC sub-accounts are normally used by flight medicine care clinics that predominately support flight medicine care sub-specialty outpatients, but can be used for other outpatient specialties.

(3) Outpatient Flight Medicine Care Not Elsewhere Classified: BJZ. The function of Outpatient Flight Medicine Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.j. of this Enclosure. This FCC requires DHA and Service approval prior to use.

k. Outpatient Underseas Medicine Care: BK. The function of Outpatient Underseas Medicine Care provides primary care for all outpatient submarine and diving personnel, conducts medical examinations of submarine and diving personnel 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. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Outpatient Underseas Medicine Clinic (BKA) sub-account.

(1) Outpatient Underseas Medicine Clinic: BKA. The function of the Outpatient Underseas Medicine Clinic provides diagnostic services, care, treatment, and proper medical disposition of outpatient 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.

(2) Outpatient Underseas Medicine Care Not Elsewhere Classified: BKZ. The function of Outpatient Underseas Medicine Care Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.k. of this Enclosure. This FCC requires DHA and Service approval prior to use.

l. Outpatient Rehabilitative Services: BL. The function of Outpatient Rehabilitative 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 Outpatient Rehabilitative Services function varies according to patient load, staffing, and facilities. When subspecialty services are established, they will 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 will be located and reported in the Physical Therapy Clinic (BLA) sub-account. Clinic expenses will be collected if the clinic normally operates 16 or more hours per month. Expenses for infrequently operated clinics (less than 16 hours per month) will be reported in the Physical Therapy Clinic (BLA) sub-account.

(1) Outpatient Physical Therapy Clinic: BLA. The function of the Outpatient 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, OJT 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 Outpatient 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.

(2) Outpatient Occupational Therapy Clinic: BLB. The function of the Outpatient 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. Outpatient 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.

(3) Outpatient Rehabilitative Services Cost Pools: BLX. The function of the Outpatient Rehabilitative Services Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies. The Rehabilitative Services Cost Pool FCC sub-accounts are normally used by Rehabilitative clinics that predominately support Rehabilitative sub-specialty outpatients, but can be used for other outpatient specialties.

(4) Outpatient Rehabilitative Services Not Elsewhere Classified: BLZ. The function of Outpatient Rehabilitative Services Not Elsewhere Classified includes specialties and subspecialties that satisfy the criteria for a work center and are not described elsewhere in paragraph 2.l. of this Enclosure. This FCC requires DHA and Service approval prior to use.

3. DENTAL CARE FCC ACCOUNTS: C. The function of Dental Care includes comprehensive dental care provided by fixed DTF personnel for active duty members. Subject to the availability of space and facilities and the capabilities of the fixed DTF, Dental Care also

provides comprehensive dental care for active duty dependents and certain former members. Comprehensive dental care includes emergency dental care; dental care as a necessary adjunct of medical, surgical, or preventive treatment; routine dental care at fixed DTFs (in and out of the United States) where adequate civilian facilities are unavailable; diagnostic tests and services; and laboratory and X-ray examinations (see Reference (e), Enclosure 3, Appendix 3, and Table 3 Business Rules for man-hour reporting; Appendix 5, paragraph 5, and Table 5 for data set, service unit, and allocation factor requirements for all FCCs; paragraph 2.f. of this PM for procedural guidance on the use of third level 'Z' FCCs that require Service and DHA approval prior to use; and Enclosure 3, Appendix 6, and Table 8 for Unique and specific business rules for reporting the service units and/or allocation factors for 'C' FCCs for Dental Care. For Area Dental Prosthetic Laboratory (Type 1), see the FAB FCC sub-account under Special Programs (F) below in this DHA-PM.

a. Dental Services: CA. Dental Services provides dental care to eligible dental patients.

(1) Dental Care: CAA. The function of the Dental Care clinic 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.

(2) Dental Care Not Elsewhere Classified: CAZ. The function of Dental Care Not Elsewhere Classified includes dental services that satisfy the criteria for a work center and are not described elsewhere in paragraph 3.a. of this Enclosure. This FCC requires DHA and Service approval prior to use.

b. Dental Prosthetics: CB. The function of 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.

(1) Dental Laboratory: CBA. The function of 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.

(2) Dental Laboratory Cost Pool: CBX. The function of the Dental Laboratory Cost Pool is to be used in situations where time and expenses cannot be assigned to any one specific Dental Laboratory clinic work center FCC sub-account because two or more work centers share physical space, personnel, or supplies.

(3) Dental Prosthetics Not Elsewhere Classified: CBZ. The function of Dental Prosthetics Not Elsewhere Classified includes dental prosthetics services that satisfy the criteria for a work center and are not described elsewhere in paragraph 3.b. of this Enclosure. This FCC requires DHA and Service approval prior to use.

4. ANCILLARY SERVICE FCC ACCOUNTS: D. The function of Ancillary Services FCC Accounts participates 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. Each ancillary summary and sub-account has a discrete unit of service that is not common among all accounts (see Reference (e), Enclosure 3, Appendices 3 and 5, Table 3: Business Rules for man-hour reporting, and paragraph 5, Table 5 for data set, service unit, and allocation factor requirements for all FCCs, Enclosure 3, paragraph 2.f. of this DHA-PM for procedural guidance on the use of third level 'Z' FCCs that require Service and DHA approval prior to use and Appendix 4 and Table 4 for the EAS IV ASN for Allocation of the Ancillary Intermediate FCCs. The Ancillary Services FCCs are not allocated in alphabetic order. Unique and specific business rules for reporting the service units and/or allocation factors for Ancillary Services in EAS IV/MEPRS is provided in Reference (e), Enclosure 3, Appendix 7, Tables 9 through 14.

a. Pharmacy Services: DA. The function of Pharmacy Services provides support to fixed MTF/DTF patients and/or work centers and to eligible patients who received direct care in an external civilian or other external institution and submit a request to the fixed MTF Pharmacy work center. Pharmacy plans, supervises, and is accountable for all pharmaceuticals, including I.V. solutions, and all pharmaceutical activities of the fixed MTF/DTF. Ancillary Pharmacy procedures performed in support of Special Programs (F) must be reported in a requesting 'F' FCC in the DA* Pharmacy FCC dataset so that the Pharmacy operating expenses will be allocated to the appropriate 'F' sub-account FCC. When direct patient care is performed outside of the fixed MTF/DTF by a civilian provider, etc., eligible beneficiaries can submit pharmacy prescriptions from these external providers to the fixed MTF pharmacy work center. In this scenario, it is important that the appropriate requesting FC* Healthcare Services Support FCC is reported in the DA* Pharmacy dataset so that Pharmacy operating expenses are not allocated to the internal fixed MTF/DTF patient care FCCs. Direct operational expenses for purchases made by Pharmacy work center and for prescriptions processed and issued by a Pharmacy work center will be reported only in the DA* Pharmacy FCC. Clinical Pharmacists working in outpatient clinics performing direct patient care as a credentialed provider should report their available man-hours and workload in the 'B' FCC work center where the patient care is performed (see Reference (e), Enclosure 3, Appendix 7, and Table 9 for unique criteria and business rules for reporting ancillary Pharmacy services.

(1) Pharmacy: DAA. The function of Pharmacy procures, preserves, stores, compounds, manufactures, packages, controls, assays, dispenses, and distributes medications (including Intravenous (I.V.) solutions. 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.

(2) Pharmacy Not Elsewhere Classified: DAZ. The function of the Pharmacy Not Elsewhere Classified includes Pharmacy services that satisfy the criteria for a work center and are not elsewhere in paragraph 4.a. of this Enclosure. This FCC requires DHA and Service approval prior to use.

b. Pathology: DB. The function of Pathology provides support to fixed MTF/DTF patients and/or work centers and to eligible patients who received direct care in an external civilian or other external institution and submit a request to the fixed MTF Pathology work center. Pathology includes those functions organized under the designated work centers described below in paragraph 4.b. of this Enclosure. Ancillary Pathology procedures performed in support of Special Programs (F) must be reported in a requesting 'F' FCC in the DB* Pathology FCC dataset so that the Pathology operating expenses will be allocated to the appropriate 'F' sub-account FCC. When direct patient care is performed outside of the fixed MTF/DTF by a civilian provider, etc., eligible beneficiaries can submit pathology requests from these external providers to the fixed MTF Pathology work center. In this scenario, it is important that the appropriate requesting FC* Healthcare Services Support FCC is reported in the DB* Pathology dataset so that Pathology operating expenses are not allocated to the internal fixed MTF/DTF patient care FCCs. Direct operational expenses for purchases made by Pathology work centers and for pathology requests processed by a Pathology work center will be reported only in the DB* Pathology FCC (see Reference (e), Enclosure 3, Appendix 7, and Table 10 for unique criteria and business rules for reporting ancillary Pathology services.

(1) Clinical Pathology: DBA. The function of Clinical Pathology operates the clinical laboratories and conducts studies, evaluations, analyses, consultations, 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.

(2) Anatomical Pathology: DBB. The function of 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.

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

(4) Molecular Genetic Laboratory: DBE. The function of 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.

(5) Pathology Not Elsewhere Classified: DBZ. The function of the Pathology Not Elsewhere Classified includes pathology services that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.b. of this Enclosure. This FCC requires DHA and Service approval prior to use.

c. Radiology: DC. Radiology provides support to fixed MTF/DTF patients and/or work centers and to eligible patients who received direct care in an external civilian or other external institution and submit a request to the fixed MTF Radiology work center. Radiology includes the functions organized under the designated work centers as described below in paragraph 4.c. of this Enclosure. Ancillary Radiology procedures performed in support of Special Programs (F) must be reported in a requesting 'F' FCC in the DC* Radiology FCC dataset so that the Radiology operating expenses will be allocated to the appropriate 'F' sub-account FCC. When direct patient care is performed outside of the fixed MTF/DTF by a civilian provider, etc., eligible beneficiaries can submit radiology requests from these external providers to the fixed MTF Radiology work center. In this scenario, it is important that the appropriate requesting FC* Healthcare Services Support FCC is reported in the DC* Radiology dataset so that Radiology operating expenses are not allocated to the internal fixed MTF/DTF patient care FCCs. Direct operational expenses for purchases made by Radiology work centers and for radiology requests processed by a Radiology work center will be reported only in the DC* Pathology FCC (see Reference (e), Enclosure 3, Appendix 7, and Table 11 for unique criteria and business rules for reporting ancillary Radiology services). See DI* Nuclear Medicine FCC functional description below since this is another type of radiology work center and function.

(1) Diagnostic Radiology: DCA. The function of the Diagnostic Radiology provides diagnostic radiologic services to fixed MTF/DTF patients and eligible patients receiving direct care in an external civilian or other institution who submit a request to the fixed MTF Radiology work center. 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.

(2) Radiology Not Elsewhere Classified: DCZ. The function of the Radiology Not Elsewhere Classified includes Radiology services that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.c. of this Enclosure. This FCC requires DHA and Service approval prior to use.

d. Special Procedure Services: DD. Special Procedure Services includes the functions organized under the designated work centers as described in paragraph 4.d. of this Enclosure (see Reference (e), Enclosure 3, Appendix 7, and Table 13 for unique criteria and business rules for reporting ancillary Special Procedure Services).

(1) Cardiac Catheterization: DDE. The function of the 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.

(2) Special Procedure Services Not Elsewhere Classified: DDZ. The function of the Special Procedure Services Not Elsewhere Classified includes special procedure services that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.d. of this Enclosure. This FCC requires DHA and Service approval prior to use.

e. Central Sterile Supply: DE. Central Sterile Supply includes the functions organized under the work centers described in paragraph 4.e. of this Enclosure. Each Central Sterile Supply work center sub-account DE FCC will be directly charged with the expenses incurred in performing its particular functions and activities (see Reference (e), Enclosure 3, Appendix 7, and Table 13 for unique criteria and business rules for reporting ancillary Central Sterile Supply).

(1) Central Sterile Supply: DEA. The function of 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.

(2) Central Sterile Supply Not Elsewhere Classified: DEZ. The function of the Central Sterile Supply Not Elsewhere Classified includes the expenses of these services that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.e. of this Enclosure. This FCC requires DHA and Service approval prior to use.

f. Surgical Services: DF. Surgical Services include the functions organized under the designated work centers described in Volume 2, Enclosure 3, and Paragraph 4.f. below. Each DF* Surgical Service work center sub-account FCC will be specifically charged with the expenses incurred in performing its particular functions and activities. Each Surgical Service summary and sub-account FCC is reported with minutes of service that has a discrete and unique methodology for calculation of the minutes of service (see Reference (e), Enclosure 3, Appendix 7, and Table 12 for unique criteria and business rules for reporting DF* Surgical Services).

(1) Anesthesiology: DFA. The function of 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.

(2) Surgical Suite: DFB. The function of the 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. Includes only those personnel who are directly assigned to the Surgical Suite DFB* work center. Physicians, Graduate Medical Education (GME) residents/interns, anesthesiologists, nurse anesthetists, etc. are excluded from reporting man-hours or minutes of service for this work center.

(3) Post-Anesthesia Care Unit: DFC. The function of 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. It includes only those personnel who are directly assigned to the Post-Anesthesia Care Unit work center. Physicians, GME residents/interns, anesthesiologists, nurse anesthetists, etc. are excluded from reporting man-hours or minutes of service for this work center.

(4) Surgical Services Not Elsewhere Classified: DFZ. The function of the Surgical Services Not Elsewhere Classified includes the expenses of surgical services that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.f. of this Enclosure. This FCC requires DHA and Service approval prior to use.

g. Ambulatory Nursing Services: DG. Ambulatory Nursing Services include the functions organized under the designated work centers described in paragraph 4.g. of this Enclosure. Each work center sub-account will be specifically charged with the expenses incurred in performing its particular functions and activities. It includes only those personnel who are directly assigned to the Ambulatory Nursing Services work center. Physicians, GME residents/interns, anesthesiologists, nurse anesthetists, etc. are excluded from reporting man-hours or minutes of service for this work center. Each Ambulatory Nursing Services summary and sub-account DG* FCC is reported with unique minutes of service (see Reference (e), Enclosure 3, Appendix 7, and Table 12 for unique criteria and business rules for reporting DG* Ambulatory Nursing Services).

(1) Ambulatory Procedure Unit (APU): DGA. The function of 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 Ambulatory Procedure Visits (APVs), are performed in a specialized area such as an APU, surgical suite, or extended care area (See References (e) and (j) 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.

(2) Hemodialysis: DGB. The function of 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.

(3) Peritoneal Dialysis: DGD. The function of the 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. Home patient peritoneal dialysis supplies are funded in accordance with Medicare laws and individual secondary insurance policies.

(4) Ambulatory Nursing Services: DGE. The function of 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 will provide the services and coordinate with the clinic or APU for processing. Ambulatory Nursing Services also provides nursing care for a standalone, independent Labor, Delivery, and Recovery (LDR) unit. The DGE FCC should not be used to report a LDRP unit (see Reference (e), Enclosure 3, Appendix 6, and Table 6 for guidance on reporting inpatient care and Appendix 7, Table 12 for LDR units). Based on staffing levels and workload, some MTFs may consolidate all APU and Ambulatory Nursing Services into one work center. When this occurs, the DGE FCC should be used for the consolidated nursing services.

(5) Ambulatory Nursing Services Not Elsewhere Classified: DGZ. The function of Ambulatory Nursing Services Not Elsewhere Classified includes the expenses of ambulatory procedures that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.g. of this Enclosure. This FCC requires DHA and Service approval prior to use.

h. Respiratory Therapy Services: DH. Respiratory Therapy Services include direct patient care, testing evaluation, consultation, counseling, supervision, teaching, administration, 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). The physician does not report man-hours or workload in the DH* FCC, and should report all man-hours and workload in the appropriate 'A' or 'B' FCC (see Reference (e),

Enclosure 3, Appendix 7, and Table 13 for unique criteria and business rules for reporting DH* Respiratory Therapy Services).

(1) Respiratory Therapy: DHA. The function of the Respiratory Therapy work center 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.

(2) Respiratory Therapy Services Not Elsewhere Classified: DHZ. The function of the Respiratory Therapy Services Not Elsewhere Classified includes the expenses of Respiratory Therapy Services that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.h. of this Enclosure. This FCC requires DHA and Service approval prior to use.

i. Nuclear Medicine: DI. Nuclear Medicine services include interpreting Nuclear Medicine studies and performing treatment in conformance with licensure regulations. Nuclear Medicine provides support to fixed MTF/DTF patients and/or work centers and to eligible patients who received direct care in an external civilian or other external institution and submit a request to the fixed MTF Nuclear Medicine work center. Nuclear Medicine includes the functions organized under the designated work centers as described in paragraph 4.i. of this Enclosure. Ancillary Nuclear Medicine procedures performed in support of Special Programs (F) must be reported in a requesting 'F' FCC in the DI* Nuclear Medicine FCC dataset so that the Nuclear Medicine operating expenses will be allocated to the appropriate 'F' sub-account FCC. When direct patient care is performed outside of the fixed MTF/DTF by a civilian provider, etc., eligible beneficiaries can submit nuclear medicine requests from these external providers to the fixed MTF Nuclear work center. In this scenario, it is important that the appropriate requesting FC* Healthcare Services Support FCC is reported in the DI* Nuclear Medicine dataset so that Nuclear Medicine operating expenses are not allocated to the internal fixed MTF/DTF patient care FCCs. Direct operational expenses for purchases made by Nuclear Medicine work centers and for Nuclear Medicine requests processed by a Nuclear Medicine work center will be reported only in the DI* Nuclear Medicine FCC (see Reference (e), Enclosure 3, Appendix 7, and Table 11 for unique criteria and business rules for reporting ancillary Nuclear Medicine services). See DC* Radiology Services FCC functional description above since these services are similar.

(1) Nuclear Medicine: DIA. The function of Nuclear Medicine work center 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.

(2) Nuclear Medicine Not Elsewhere Classified: DIZ. The function of Nuclear Medicine Not Elsewhere Classified includes the expenses of nuclear medicine services that

satisfy the criteria for a work center and are not described elsewhere in paragraph 4.i. of this Enclosure. This FCC requires DHA and Service approval prior to use.

j. Intensive Care Units (ICUs): DJ. 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 ICUs' function may vary according to patient load, staffing, and facilities. When subspecialty services are established, they will 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 will be located and reported in the Medical ICU (DJA) sub-account. The ICUs include the functions as described in paragraph 4.j. of this Enclosure. ICUs s are reported with a weighted value of nursing hours of service in EAS IV. Physicians and other personnel who are not assigned to the ICU wards are not authorized to report FTEs, workload, expenses, etc. in the DJ* ICU FCCs. Guidance for mapping the relationship of the EAS IV DJ* ICU MEPRS Code to the Composite Health Care System (CHCS) 'A' ICU Codes is provided in Reference (e), Enclosure 3, Appendix 7, and Table 14.

(1) Medical ICU: DJA. The function of 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.

(2) Surgical ICU: DJB. The function of 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.

(3) Coronary Care Unit: DJC. The function of 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.

(4) Neonatal Intensive Care Unit (NICU): DJD. The function of 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.

(5) Pediatric ICU: DJE. The function of 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.

(6) Intensive Care Not Elsewhere Classified: DJZ. The function of the Intensive Care Not Elsewhere Classified includes the expenses of ICUs that satisfy the criteria for a work center and are not described elsewhere in paragraph 4.j. in this Enclosure. This FCC requires DHA and Service approval prior to use.

5. SUPPORT SERVICES: E. The Support Services FCC accounts collect expenses necessary to support the MTF/DTF missions. The total of all expenses in the 'E' FCC Accounts will be assigned through an expense allocation process to other support services, ancillary services, and final operating expense accounts. The Support Service expenses are allocated according to the assignment procedures governing the Support Services intermediate accounts. The 'E' Support Services do not have any cost pools (see Reference (e), Enclosure 3, Appendix 3, and Table 3 for business rules for man-hour reporting). The stepdown sequence of the 'E' Support Services FCCs during expense allocation is not processed in alphabetic order (see Reference (e), Enclosure 3, Appendix 4 and Table 4 for the EAS IV ASN for Allocation of the Ancillary Intermediate FCCs, paragraph 5 and Appendix 5, Table 5 for data set and allocation factor requirements for all FCCs and paragraph 2.f. of this DHA-PM for procedural guidance on the use of third level 'Z' FCCs that require Service and DHA approval prior to use). The Support Services 'E' FCCs do not have any service units, and are measured and allocated based on allocation factors. Unique and specific business rules for reporting the allocation factors for Support Services in EAS IV/MEPRS is provided in Reference (e), Enclosure 3, Appendix 8, Tables 15 and 16.

a. Depreciation: EA. The function of 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. This account will not be used to report expenses during the fiscal year in which the equipment is purchased and will not be used for expenses for equipment below the DoD Capitalization Threshold level. Purchases made by the fixed MTF/DTF are automatically recognized as an expense in EAS IV in the month that the financial transaction interfaces into EAS IV. Acquisitions below the capitalization dollar threshold of $250,000 will be expensed to the receiving/requesting work center FCC accounts as a direct operating expense. The equipment capitalization threshold is established by the USD(C). The Depreciation calculation and reporting methodology is provided in Reference (e), Enclosure 3, Appendix 8, and Table 16. The Depreciation summary account includes the functions as described below in paragraph 5.a. in this DHA-PM.

(1) Inpatient Depreciation: EAA. The function of 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 FCC accounts within each period.

(2) Ambulatory Depreciation: EAB. The function of the 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 Outpatient Care (B) final operating expense FCC accounts within each period.

(3) Dental Depreciation: EAC. The function of the 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 (C) final operating expense FCC accounts within each period.

(4) Special Programs Depreciation: EAD. The function of the 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 (F) final operating expense FCC accounts within each period.

(5) Readiness Depreciation: EAE. The function of the 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 final operating expense FCC accounts within each period.

b. Command, Management, and Administration: EB. The function of the Command, Management, and Administration account summarizes expenses incurred as a result of providing overall command, policy, management, and operation of the MTF/DTF. The summarized accounts are: Command; Special Staff; Administration; Clinical Management; GME/Graduate Dental Education (GDE) Support; Education and Training Program Support; Third Party Collection Administration and Service Information Management (IM)/IT (see Reference (e), Enclosure 3, Appendix 8, and Table 15 for reporting guidelines for EB* FCCs).

(1) Command: EBA. The function of the Command refers to the functional activities performed by the MTF/DTF Commander. The MTF/DTF 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/DTF 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:

(a) Army:

1. MTF Commander

2. DTF Commander

3. Deputy Commander for Clinical Services

4. Deputy Commander for Administration

5. Deputy Commander for Nursing Services

6. Command Sergeant Major

7. The immediate secretarial and administrative staff of the above

(b) Navy:

1. Commanding Officer

2. Executive Officer

3. Command Master Chief

4. The immediate secretarial and administrative staff of the above

(c) Air Force:

1. Medical Wing or Group Commander

2. Deputy Commander (when authorized)

3. The immediate secretarial and administrative staff of the above

(2) Special Staff: EBB. The function of the 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 will 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:

(a) Army:

1. Infection Control

2. Inspector General

3. Internal Review

4. Legal Services

5. Public Affairs

6. Quality Assurance (QA) and Risk Management

7. Religious Activities

(b) Navy:

1. Comptroller and Staff

2. Equal Employment Opportunity

3. Health Promotion Officer

4. Infection Control

5. Internal Review

6. Public Affairs Officer

7. QA Coordinator

8. Religious Activities

(c) Air Force:

1. Administrator

2. Chaplain Services (when authorized on the manning document)

3. Chief of the Medical Staff

4. Dental Advisor and Biomedical Advisor (when functioning as Group Staff)

5. Health Promotion Program

6. Infection Control

7. Medical Law Consultant (when authorized on the manning document)

8. Nurse Executive

9. QA and Risk Management Programs

(3) Administration: EBC. The function of 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.

(a) 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.

(b) 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.

(4) Clinical Management: EBD. The function of 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 will have oversight of several clinical work centers and report directly to a Deputy Commander or MTF Commander/Commanding Officer. A Clinical Management Department will 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, Pharmacy, Pathology, Radiology, Anesthesia, Operating Room, etc., and this account excludes Chiefs of Special Program (F) Departments.

(5) GME Support for Physicians: EBE. The function of GME Support for Physicians 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 of 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, FAO, and FAP FCC sub-accounts functional descriptions in this DHA-PM). 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. Students are not authorized to report man-hours in the EBE FCC (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for business rules for reporting in the EBE GME FCC).

(6) Education and Training Program Support: EBF. The function of 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 GDE) assigned to the MTF. This sub-account specifically includes *only* the FTEs and salaries of personnel who are teaching and providing the in-house training and excludes FTEs and salaries of trainees, students, and all personnel who are receiving the training (see the FCC subaccounts of FAI, FAL, and FAK and Reference (e), Enclosure 3, Appendix 10, and Table 18 for the specific business rules for reporting in the EBF FCC).

(7) Third Party Collection Administration: EBH. The function of the 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 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. The EBH FCC is not authorized to capture and report the actual public or third party collections that represent revenue since MEPRS should only report expenses in accordance with Managerial Cost Accounting principles.

(8) GDE Support for Dentists: EBI. The function of the GDE Support includes expenses incurred to conduct and support the in-house, organized clinical GDE dental programs currently authorized at the MTF/DTF. 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/DTFs designated as GDE training sites for active duty trainees primarily sponsor this program. This FCC 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. Students are not authorized to report to

report man-hours in the EBI FCC (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for business rules for reporting in the EBI GME FCC).

(9) Service Medical IM/IT: EBJ. The function of this account includes Service Medical IM/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. The complete guidance on what to report for IM/IT costs by Program Element Code (PECs), Object Class Code, etc. is contained in Reference (k). This MEPRS Code also includes MTF audio, visual, and video teleconferencing (VTC) services provided by the MTF IM/ IT, but excludes the costs of audio, visual, and VTC services that are provided as part of Base Operations (BASOPS) Visual Information Services in the MEPRS code EDK. 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 or direct cost for the fixed MTFs/DTFs.

(10) Command, Management, and Administration Not Elsewhere Classified: EBZ. The function of this account includes the expenses of Command, Management, and Administration Not Elsewhere Classified that satisfy the criteria for a work center and are not described elsewhere in Enclosure 3, and paragraph 5.b. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

b. BASOPS Support Services: ED. The function of the BASOPS Support Services (BASOPS) includes services provided to the MTF by the host installation on a funded, reimbursement basis or through contracted services for BASOPS services, sustainment of real property, restoration and modernization of real property, and facility operations. BASOPS may include personnel support services, communications, and transportation. 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. It *excludes* installation personnel who provide services in the MTF/DTF, but are funded by a BASOPS agreement. Other examples of duties reported in this account are facility sustainment activities, design engineering, project management, and construction inspection. Support Services will 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 in Volume 2, Enclosure 3, and Paragraph 5.c. below. Free receipt entries should not be recorded in MEPRS for any BASOPS support provided by the Installation to the Tenant fixed MTFs/DTFs. Reference Volume 1, Enclosure 3, Appendix 8, and Table 15 for unique BASOPS allocation factors and reporting guidelines. References (k), (l), (m) and (n) for additional guidance on reporting BASOPS support to tenant fixed MTFs/DTFs. The accounts described in paragraph 5.c. below may be established depending on facility requirements in BAG 7 PECs.

(1) Facilities Operations–Health Care: EDA. The function of the Facilities Operations - Health Care includes the MTF In-House Facility Management Branch and the Installation BASOPS from the Installation Engineering Services to the tenant MTFs/DTFs. The BASOPS support to the Tenant MTFs/DTFs includes reimbursement to the installation/base for public works management, contract management, material procurement, facility data management, real estate management, and operation and management of the buildings and real estate. 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 also includes all MTF Facility Management Branch FTEs, and all MTF authorized and assigned FTEs who perform this function.

(2) Operation of Utilities: EDB. The function of the 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.

(3) Facility Sustainment: EDC. The function of Facility 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. This account *excludes* installation personnel who provide services in the MTF/DTF but are funded by a BASOPS agreement.

(4) Facility Restoration and Modernization: EDD. The function of 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). Restoration and Modernization will be a sub-account that includes only those expenses applicable to the MTF that are financed from the operations and maintenance appropriation. This FCC does not include expenses of sub-account Urgent Minor Construction FDF.

(5) Other Facility Operations Support: EDE. The function of Other Facility Operations Support includes the other miscellaneous engineering support furnished on a funded, reimbursement basis. This support includes collection of trash, refuse and garbage; grass cutting; tree and shrub services; insect and rodent control; and snow, sand, and ice removal

(6) Leases of Real Property: EDF. The function of Leases of Real Property includes lease and rental services obtained on a funded, reimbursement basis. Leases of Real Property will be a sub-account that includes lease and rental charges incurred to provide additional facilities for routine services to the MTF on a funded basis. It excludes rental of equipment and rental or lease of facilities in emergency or contingency operations.

(7) Transportation: EDG. The function of 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, reimbursement basis. 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/DTF on a funded, reimbursement basis.

(a) MTF/DTF personnel who drive the installation vehicles are not funded on a reimbursement basis so they should not report their available man-hours in this FCC, and should report their available man-hours in the FCC of the benefiting work center.

(b) If the MTF/DTF purchases a vehicle, then the cost of the vehicle will be charged directly to the FCC of the benefiting work center and will not be reported in the BASOPS Transportation EDG FCC.

(8) Fire Protection: EDH. The function of 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, reimbursement basis. It excludes the cost of standby fire-fighting capability (personnel, facilities, and vehicles).

(9) Police Protection: EDI. The function of 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, reimbursement basis. It includes physical security of parking lots, surrounding grounds, and interiors of the MTF/DTF. Exclude the costs of all law enforcement activities, other than those described in the function statement.

(10) Communications: EDJ. The function of Communications includes all expenses for communications service provided on a funded, reimbursement basis.

(11) Other Base Support Services: EDK. The function of Other Base Support Services includes all expenses for other base support activities, such as personnel support services (civilian and military personnel offices) installation visual information activities provided on a funded, reimbursement basis.

(12) BASOPS Support Services: EDZ. The function of this BASOPS Support Services sub-account includes Base Support that is not described elsewhere in Enclosure 3, paragraph 5.c. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

c. Materiel Services: EE. The function of the Materiel Services provides or arranges for the supplies, equipment, and certain services necessary to support the mission of the fixed MTFs/DTFs. Materiel Services will ensure that purchases of supplies and equipment will be charged directly to the FCC of the work center that ordered and received the supplies and equipment. It will ensure that the fixed MTF is not charged for purchases made for Installation organizations, War Reserve, or other non-MTF external organization. The accounts described in Enclosure 3, paragraph 5.d. below may be established depending on facility. See Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 7 for reporting guidelines.

(1) Materiel Management Services: EEA. The Function of the 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, QA, 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. Materiel Management Services will ensure that purchases of supplies and equipment will be charged directly to the FCC of the fixed MTF/DTF work center that ordered and received the supplies and equipment. The Materiel Management Services will ensure that the fixed MTF/DTF is not charged for purchases made for Installation organizations, War Reserve, or other external organizations. The EEA FCC should not be charged for supplies and equipment ordered and received by other work centers or organizations.

(2) Materiel Services Not Elsewhere Classified: EEZ. The function of this account includes the expenses of Materiel Services Not Elsewhere Classified that satisfy the criteria for a work center and are not described elsewhere in Enclosure 3, and paragraph 5.d. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

d. Housekeeping Service: EF. The function of 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 when performed by MTF In-house personnel. The accounts described in Enclosure 3, paragraph 5.e. below may be established depending on the facility. 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 (see Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 8 for reporting guidelines.

(1) Housekeeping Service: EFA. The function of 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 when performed by MTF In-house personnel. 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.

(2) Housekeeping Not Elsewhere Classified: EFZ. The function of Housekeeping Not Elsewhere Classified includes the expenses of Housekeeping that satisfy the criteria for a work center and are not described elsewhere in Enclosure 3, and paragraph 5.e. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

e. Biomedical Equipment Repair: EG. The function of 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, and monitors contract maintenance. Biomedical Equipment Hours of service for regional and area support to other medical and non-medical activities will be identified and reported to the appropriate Special Programs (F) account. The accounts are described in paragraph 5.f below.

(1) Biomedical Equipment Repair: EGA. The function of 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, and monitors contract maintenance. Biomedical Equipment Repair Hours of Service for regional and area support to other medical and non-medical activities shall be identified and reported to the appropriate Special Programs 'F' FCC account. See Volume 1, Enclosure 3, Appendix 8, Table 15, and Paragraph 9 for reporting guidelines.

(2) Biomedical Equipment Repair Not Elsewhere Classified: EGZ. The function of the Biomedical Equipment Repair Not Elsewhere Classified includes the expenses that satisfy the criteria for a work center and are not described elsewhere in Enclosure 3, and paragraph 5.f. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

f. Laundry Service: EH. The function of the 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 paragraph 5.g. in this DHA-PM below may be established depending on facility. See Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 10 for reporting guidelines.

(1) Laundry Service: EHA. The function of 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. Includes 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. Excludes expenses associated with the support of unaccompanied personnel housing or other non-medical organizations or functions.

(2) Laundry Service Not Elsewhere Classified: EHZ. The function of Laundry Service Not Elsewhere Classified includes the expenses of a Laundry Service that satisfy the criteria for a work center and are not described elsewhere in paragraph 5.g. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

g. Nutrition Management: EI. The function of 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 Quality Control (QC). Nutrition management will include the work centers as described in paragraph 5.h. below. Each of the work centers will be specifically charged with the expenses incurred in the performance of its individual functions and activities as defined in paragraph 5.h. below. 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 will be assigned through an expense allocation process. The expenses incurred to operate a Nutrition Care Clinic will be directly charged to BAL (Nutrition Care Clinic). Expenses related to the Dining Facility for Non-Patient Meal Service will be directly charged 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 directly charged to EIB (Combined Food Operations). The direct cost of operating the Nutrition Care Combined Food Operations will be directly charged to EIB FCC, and the EIA FCC and FDC FCC will receive an allocation from all EIB FCC expenses based on the Raw–Number of Meals Served. See Reference (e), Enclosure 3, Appendix 8, Table 15, paragraph 11 and Table 17 for reporting guidelines.

(1) Patient Food Operations: EIA. The function of 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. EIA should not have any direct costs. Patient Food Operations should exclude the expense of nursing service personnel who assist in the serving of food to patients. See Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 11 for reporting guidelines.

(2) Combined Food Operations: EIB. The function of 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. 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 will 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 Cooked Therapeutic In-Flight Meal 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. The Combined Patient Food Operations should exclude the expense of nursing service personnel who assist in the serving of food to patients. See Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 11 for reporting guidelines.

(3) Nutrition Management Not Elsewhere Classified: EIZ. The Nutrition Management Not Elsewhere Classified includes the expenses of nutrition management that satisfy the criteria for a work center and are not described elsewhere in paragraph 5.h. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

h. Inpatient Care Administration: EJ. The function of 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. Inpatient Care Administration will be a summary account that includes all expenses incurred in operating and maintaining the functions described in paragraph 5.i. below in this DHA-PM (see Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 12. for reporting guidelines).

(1) Inpatient Care Administration: EJA. The function of 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.

(a) 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.

(b) 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.

(c) 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.

(2) Inpatient Care Administration Not Elsewhere Classified: EJZ. The function of the Inpatient Care Administration Not Elsewhere Classified includes the expenses of Inpatient Care Administration that satisfy the criteria for a work center and are not described in paragraph 5.i. in this DHA-PM.

i. Ambulatory Care Patient Administration: EK. The function of the 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. 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. See Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 12 for reporting guidelines.

(1) Ambulatory Care Patient Administration: EKA. The function of 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.

(2) Ambulatory Care Patient Administration Not Elsewhere Classified: EKZ. The function of the Ambulatory Care Patient Administration Not Elsewhere Classified includes the expenses of Ambulatory Care Administration that satisfy the criteria for a work center and are not described in paragraph 5.j. in this DHA-PM.

j. Managed Care Administration: EL. The function of the 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. The TRICARE Regional Office and the Tricare Contractor activities in support of Managed Care Administration should *not* be captured in MEPRS (see Reference (e), Enclosure 3, Appendix 8, Table 15, and paragraph 1 for reporting guidelines).

(1) Managed Care Administration: ELA. The function of the 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. Centralized MTF Case Management may also be reported in the ELA FCC (see Reference (e), Enclosure 3, Appendix 8, Table 15, paragraphs 1 and 13 for reporting guidelines).

(2) Managed Care Administration Not Elsewhere Classified: ELZ. The function of 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 elsewhere in paragraph 5.k. in this DHA-PM.

6. SPECIAL PROGRAMS: F. The function of 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, Family Advocacy Programs, Behavioral Health Promotion and Prevention, Public Health Services, Healthcare Services Support, Military-Unique Medical Activities, and Patient Movement and Military Patient Administration.

a. Specified Health-Related Programs: FA. The function of the Specified Health-Related Programs summary account includes the expenses incurred by the MTF resulting from performing services prescribed or approved by the DoD 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.

(1) Area Reference Laboratories: FAA. The function of the Area Reference Laboratories provides 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). When services are requested by another supported facility that requires travel by personnel assigned to this function, the incurred expenses will be charged to the MTF requesting the service by reporting loaned man-hours to the appropriate 'F' FCC, and reporting borrowed man-hours to the borrowing MTF and work center by FCC. Area Reference Laboratories are at the following locations:

(a) Brooke Army Medical Center, Fort Sam Houston, TX 78234

(b) Dwight David Eisenhower Army Medical Center, Fort Gordon, GA 30905

(c) Madigan Army Medical Center, Tacoma, WA 98431

(d) Tripler Army Medical Center, APO San Francisco, CA 96438.

(e) William Beaumont Army Medical Center, El Paso, TX 79920

(f) USA Hospital, Landstuhl, APO New York 09180

(2) Area Dental Prosthetic Laboratory (Type 1): FAB. The function of 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.

(3) Ophthalmic Fabrication and Repair: FAC. The function of the Ophthalmic Fabrication and Repair includes the fabrication and reparation of single and multi-vision spectacles for authorized DoD beneficiaries and other designated Federal beneficiaries. Contract purchases by direct patient care accounts for items such as contact lenses, hearing aid spectacles, and safety spectacles will be directly assigned to the receiving account

(4) DoD Military Blood Program: FAD. 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.)

(5) Screening and Testing Program: FAF. The function of 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.

(6) Clinical Investigation Program: FAH. The function of 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 (see Reference (e), Enclosure 3, Appendix 3, and Table 3 for Business Rules for reporting research, clinical trials, etc.).

(7) Physiological Training and Support Program: FAI. The function of 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 (see Reference (e), Enclosure 3, Appendix 10, and Table 18).

(8) Student Trainee Programs–Other Than GME or GDE Program: FAK. The function of the Student Trainee Program - Other Than GME or GDE includes the portion of trainee salary expenses and man-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 (see Reference (e), Appendix 3, and Table 3 for man-hour business rules reporting, Appendix 10, and Table 18 for specific man-hour business rules reporting guidelines for the FAK sub-account FCC).

(9) Continuing Education (CE): FAL. The function of 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 (see Reference (e), Enclosure 3, Appendix 3, and Table 3 for man-hour reporting business rules for all FCCs, Appendix 10, and Table 18 for Business Rule Reporting for the FAL FCC).

(10) GME Intern and Resident–Physicians Program: FAM. The function of the GME Intern and Resident – Physicians Program includes the portion of trainee salary expenses and man-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 (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for Business Rule Reporting for the FAM FCC).

(11) GDE Intern and Resident–Dentists Program: FAN. The function of the GDE Intern and Resident – 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 (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for Business Rule Reporting for the FAN FCC).

(12) GME Fellowship and Resident–Full-Time Research Program: FAO. The function of 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 will be charged to this sub-account (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for Business Rule Reporting for the FAO FCC).

(13) GME Fellowship Program: FAP. The function of 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 (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for Business Rule Reporting for the FAP FCC).

(14) GDE Fellowship Expenses Program: FAQ. The function of the GDE Fellowship

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 (see Reference (e), Enclosure 3, Appendix 10, and Table 18 for Business Rule Reporting for the FAQ FCC).

(15) Behavioral Health Promotion and Prevention: FAS. The Behavioral Health Promotion and Prevention function incorporates a wide range of Behavioral Health programs that have various terms that are performed outside of a normal clinical setting. This function includes the identification, screening, education, health promotion, evaluation, investigation, assessment, determination, intervention, treatment, and/or prevention of any potential Behavioral Health issue for the military community and their families, and US Government civilians. There are several Behavioral Health Promotion and Prevention programs provided by individuals and/or multi-disciplinary teams that include, but are not limited to, MTF Family Advocacy Program (FAP), Behavioral Health Outreach and Prevention Services, and Suicide Prevention.

(a) The MTF Family Advocacy Program (FAP) personnel are dedicated to the prevention, education, prompt reporting, investigation, intervention, and/or treatment of partner abuse and child abuse and/or neglect. The FAP program provides a variety of services to active duty members, families and intimate partners of active duty members to enhance their relationship skills and improve their quality of life. This mission is accomplished through psychosocial assessments and a variety of groups, seminars, workshops, counseling, intervention, and treatment services.

(b) The Behavioral Health Outreach and Prevention Services promote healthy family relationships through education and support. Services include parenting education, anger management, couples' communication classes, special theme events for domestic violence awareness, child abuse prevention, unit briefings and trainings on family violence, and prevention of maltreatment in families.

(c) The Suicide Prevention programs focus on improving Individual Suicidal Risk Awareness as the foundation for all subsequent levels of Suicide Prevention Training. These programs improve readiness through the development and enhancement of Suicide Prevention Program policies designed to minimize suicide behavior; thereby, preserving mission effectiveness through individual readiness for the military community and their families, and U.S. Government civilians.

(16) Specified Health-Related Programs Not Elsewhere Classified: FAZ. The function of the Specified Health-Related Programs Not Elsewhere Classified includes the expenses of those Specified Health- Related Programs that satisfy the criteria for a work center and are not described in are not described elsewhere in paragraph 6.a. in this DHA-PM. This FCC requires DHA and Service approval prior to use.

b. Public Health Services: FB. The function of 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.

(1) Preventive Medicine: FBB. The function of the various terms is 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 will be used only when the functions described in the Industrial Hygiene Program (FBC) and in the Radiation Health Program (FBD) are not separately established.

(2) Industrial Hygiene Program: FBC. The function of 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.

(3) Radiation Health Program: FBD. The function of 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.

(4) Environmental Health Program: FBE. The function of the Environmental Health Program assesses and reduces incidence of diseases and their effects on BASOPS 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.

(5) Epidemiology Program: FBF. The function of 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.

(6) Immunizations: FBI. The function of the Immunizations administers 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. The costs of immunizations given by direct-care functions (e.g., pediatric care, allergy, emergency medical care, etc.) will not be included in this account.

(7) Early Intervention Services: FBJ. The function of the Early Intervention Services 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 (References (o) and (p)). Number of Individualized Family Service Plans prepared are required for reporting in MEPRS in the FBJ FCC. 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 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.

(8) Medically Related Services (MRS): FBK. The function of the MRS are provided in accordance with References (o) and (p). 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 DoD Dependents Schools Case Study Committee (to determine a student's eligibility for special education and, if eligible, the

provision of MRS described on the child's Individualized Education Plan (IEP). The number of IEPs prepared are required to be reported in MEPRS in the FBK FCC. 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 Case Study Committee. Evaluations, assessments or treatments provided by other than the multi-disciplinary team are captured under the clinical specialty providing the service.

(9) Multi-Disciplinary Team Services : FBL. The function of Multi-Disciplinary Team Services 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 References (o) and (p). 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.

(10) Hearing Conservation Program (HCP): FBN. The function of 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 (see Reference (e), Enclosure 3, Appendix 9, Table 17, and paragraph 1 for specific FBN criteria and service unit guidance).

(a) 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).

(b) 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.

(c) 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 HCP 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.

(11) Public Health Services Cost Pool: FBX. The function of the Public Health Services Cost Pool FCC is for 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.

(12) Public Health Services Not Elsewhere Classified: FBZ. The function of the Public Health Services Not Elsewhere Classified includes the expenses of those Public Health Services satisfy the criteria for a work center and are not described in paragraph 6.b. above. This FCC requires DHA and Service approval prior to use.

c. Healthcare Services Support: FC. The function of 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 TRICARE MHS. 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 Civilian Health and Medical Program of the Uniformed Services Beneficiary Support); Support to Other Military Activities and Federal Agencies, Non-Federal Activities, Non-MEPRS Reporting Activities, and Emergency and Active Duty Remote Area Care.

(1) Purchased/Referred Care (previously Supplemental Care): FCA. The function of 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 TRICARE 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 (Outside the Continental United States (OCONUS) only). This excludes non-

MTF referred care (e.g., emergency care for Continental United States (CONUS) only, elective care) and Resource Sharing Agreement/Support costs.

(2) Consultant and Guest Lecturer Program: FCB. The function of the Consultant and Guest Lecturer 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:

(a) The Consultant and Guest Lecturer Program will 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 one of 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 for continued education credit, then the consultant should report their man-hours in the appropriate Training and Educational Program EB* FCC. If the consultant performs any direct patient care while on-site at a fixed MTF/DTF, then the consultant should report their man-hours in the appropriate clinical FCC. If the consultant is not performing either of these functions, then their man-hours should be charged to FCB FCC (see Reference (e), Enclosure 3, Appendix 10, and Table 19 for Training FCCs and business rules).

(b) Consultant and Guest Lecturer 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.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

(3) Support to Non-Federal External Providers (previously Civilian Health and Medical Program of the Uniformed Services Beneficiary Support): FCC. The function of 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. Support to Non-Federal External Providers will 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.

(4) Support to Other Military Medical Activities: FCD. 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 to the

reporting facility's workload.

(a) Support to Other Military Medical Activities will 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 temporary duty (TDY) or temporary duty assignment, which is temporary time away from the reporting MTF to provide inpatient and ambulatory care or services to other MTFs.

(b) A fixed MTF receiving "loaned" personnel support will record the "borrowed" labor in the appropriate work center sub-account.

(5) Support to Other Federal Agencies: FCE. The function of the 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 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 Occupied Bed Day to the reporting facility's workload.

(a) Support to Other Federal Agencies will 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 Temporary Additional Duty (TAD) or temporary time away from the reporting MTF to provide inpatient and ambulatory care or services to other Federal medical activities.

(b) This sub-account excludes purchased care from the VA under the auspices of a VA/DoD Sharing Agreement (see sub-account FCA, paragraph 6.c.(1) above).

(6) Support to Non-MEPRS Reporting Activities: FCG. The function of 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 will 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.

(7) Healthcare Services Support Not Elsewhere Classified: FCZ. The function of the 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 elsewhere in paragraph 6.c. in this DHA-PM. This FCC requires and Service approval prior to use.

d. Military-Unique Medical Activities: FD. The function of 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: BASOPS-Medical Installations; Non-patient Food Operations; Decedent Affairs; Initial Outfitting; Urgent Minor Construction; PCS/Estimated Termination of Service (ETS) Related Functions; Military-Funded Emergency Leave; In-place Consecutive Overseas Tour Leave; and Military-Unique Medical Activities Not Elsewhere Classified.

(1) BASOPS–Medical Installations: FDB. The function of the BASOPS–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. The FDB FCC is authorized only for fixed MTFs/DTFs located on a Medical Installation, and is not authorized for Tenant fixed MTFs/DTFs.

(a) The budgeting and expense accounting for these BASOPS services is necessarily found in 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.

(b) By using this method of shredding out the costs, an MTF that must rely on an installation commander to provide these services, whose BASOPS costs are contained in DoD appropriations other than the DHP, will be comparable to medical installations that must program all BASOPS costs in Major Force Program VIII Medical. (See Support Services accounts (Volume 2, Enclosure 3, Paragraph 5 for Support Services 'E' FCCs) for an explanation of which BASOPS costs are considered appropriate charges to the Inpatient Care (paragraph 1), Outpatient Care (paragraph 2), and Dental Care (paragraph 3) accounts. Also, see the DoD PECs "BASOPS–CONUS–Healthcare" and "BASOPS–OCONUS – Healthcare.")

(c) The BASOPS–Medical Installations will 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.

(2) Dining Facility–Non-Patient Food Operations: FDC. The function of 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. 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 will be assigned to this account (see Reference (e), Enclosure 3, Appendix 8, and Table 15 for business rules for reporting in the FDC FCC).

(3) Decedent Affairs: FDD. The function of 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.

(4) Initial Outfitting: FDE. The function of the Initial Outfitting includes expenses incurred for minor plant equipment and supplies needed to initially outfit newly constructed MTFs/DTFs. The Initial Outfitting will 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. Initial Outfitting includes the man-hours and salaries of fixed MTF/DTF personnel who are temporarily detailed to contribute man-hours in ordering supplies, stocking shelves, and arranging equipment needed for a newly constructed MTF/DTF or clinic.

(5) Urgent Minor Construction: FDF. The function of the 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 Reference (q). The Urgent Minor Construction will be a sub-account that includes all expenses as accrued of urgent and 3-year amortized minor construction projects and is allocated based on square footage.

(6) PCS/Estimated Termination of Service Related Functions: FDG. The function of the PCS/ Estimated Termination of Service Related Functions is to capture man-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.

(a) Examples of work hours and costs that will be coded to this account are TDY/TAD enroute 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).

(b) 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 Leave Without Pay 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 Leave Without Pay.

(7) Military Funded Emergency Leave: FDH. The function of 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. 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.

(8) In-Place Consecutive Overseas Tour Leave: FDI. The function of 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. The In-Place Consecutive Overseas Tour Leave will be a sub-account that includes all expenses with the leave travel expense borne by the activity for the military member and immediate family.

(9) Military-Unique Medical Activities Cost Pools: FDX. The function of the Military-Unique Medical Activities Cost Pools is for 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.

(10) Military-Unique Medical Activities Not Elsewhere Classified: FDZ. The function of the Military-Unique Medical Activities Not Elsewhere Classified that satisfy the criteria for a work center and are not described elsewhere in Reference (e), Enclosure 3, paragraph 6.d in this DHA-PM. This FCC requires DHA and Service approval prior to use.

e. Patient Movement and Military Patient Administration: FE. The function of 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 enroute, 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; Military Patient Personnel Administration; and Aeromedical Staging Facilities.

(1) Ambulance Services: FEA. The function of the 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 enroute 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.

(2) Patient Movement: FEB. The function of the Patient Movement account 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 and passenger vans and buses for the movement of non-emergency patients or mass casualties and attendants to, from, and between MTFs. 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.

(3) Military Patient Personnel Administration: FED. The function of the 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, Warrior Transition Brigade, 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.

(a) 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).

(b) The account will 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, Warrior Transition Unit, Warrior Transition Brigade, 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 will not be reported in the PEBLO function.

(c) The Services concurred to establishing unique fourth-level FCCs to track the MEB and PEBLO functions separately. Sites will report the MEB and PEBLO functions per Service 4th level reporting guidelines.

(4) Aeromedical Staging Facility: FEF. The function of the 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, enroute, or leaving an aeromedical system.

(5) Cost Pool: FEX. The function of this 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.

7. READINESS: G. The function of the Readiness account summarizes the expenses of an MTF/DTF 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.

a. Readiness Planning and Administration: GA. The function of 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 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. This account includes the planning and administrative activities associated with Reserve Forces integration, Host-Nation Support Program agreements, Fleet Liaison, Medical Mobilization Planner, and Reserve Liaison.

(1) Deployment Planning and Administration: GAA. The function of 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.

(2) Other Readiness Planning and Administration: GAB. The 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.

b. Readiness Peacetime/Wartime/Disaster Preparedness Training/Exercises: GB. The function of the 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 will also be reported in this account. This account includes such Service activities as:

(1) Readiness Peacetime/Wartime/Disaster Preparedness Training: GBA. The function of 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.

(a) Army:

1. Army Training and Evaluation Program

2. Mobilization Exercises

3. Emergency Deployment Readiness Exercises

4. Recall Exercises

5. Table of Organization and Equipment and Temporary Duty Assignment Merge Exercises

6. Reserve Integration Exercises

7. Subversion and Espionage Directed Against the U.S. Army

8. Code of Conduct Survival, Evasion, Resistance and Escape Training

9. Qualification and Instructional Firing with Weapons and Weapons Systems

10. Training in First Aid and Emergency Medical Treatment

11. Army Individual Training Evaluation Program

12. Common Task Testing

13. Skill Qualification Test

14. Training for NBC defense

15. Geneva and Hague Convention Training

16. Combat Environmental Transition Training

17. Combat Casualty Care Course (C4)

18. Preventive Medicine Classes

19. Expert Field Medical Badge

20. Readiness Briefings and Classes

(b) Navy:

1. Mobilization Exercises

2. Recall Exercises

3. Wartime Recall Exercises

4. Amphibious Landing Exercises as Part of Amphibious Task Forces

5. Augmentation Exercises for Fleet Marine Force (FMF) Elements, Afloat

6. Elements, Fleet Hospitals and Hospital Ships

7. Training in First Aid and Emergency Medicine

8. Training for NBC Defense

9. C4

10. Medicine in the Tropics Course

11. Medical Regulating Course

12. Cold Weather Medicine Course

13. Casualty Treatment for Dental Officers

14. Strategic Medical Readiness and Contingency Course

15. Medical Management of Clinical Casualties

16. FMF School for Officers and Enlisted (if funded by the local MTF)

17. Operational Entomology

18. Radiation Health Indoctrination

19. Local Mobile Medical Augmentation Readiness Team Training

20. Orientation Visits to FMF and Fleet Units

21. Shipboard Pest Management (if funded by the local MTF)

22. Shipboard Fire Fighting (if funded by the local MTF)

23. Shipboard Damage (if funded by the local MTF)

24. 3M Course (if funded by the local activity)

25. Rapidly Deployable Medical Facility Course

26. Fleet Hospital Training Course

27. Surface Medicine

28. Local Operational and Field Exercise Training

29. Operational Readiness Training

30. Hospital Ship Training Course

31. Medical Mobilization Planner Course

(c) Air Force:

1. Attack Response

2. Exercises Contingency Support Plan Exercises

3. Recall Plan Exercises

4. Alternate Medical Facility Exercises

5. Disaster Casualty Control Plan Exercises

6. Medical Contingency Response Plan Exercises

7. Major Accident Response Exercises

8. Natural Disaster Response Exercises

9. Mobility Exercises

10. Operational Readiness Inspection Exercises

11. Unit Effectiveness Inspection Exercises

12. Major Command Directed Exercises

13. Chairman of the Joint Chiefs of Staff Exercises

14. Training in First Aid and Emergency Medicine

15. Contingency Support Plan Team Briefing

16. Continuing Medical Readiness Training

17. NBC Medical Defense

18. Chemical Warfare Defense

19. Combat Medicine

20. Dental Corps Readiness

21. Nurse Corps Readiness

22. Biomedical Sciences Corps Readiness

23. Medical Service Corps Readiness

24. Chemical/Biological Warfare Defense Qualification Training

25. Combat Arms

26. Executive Management Team Readiness

27. Mobility Training

28. Formal TDY Readiness Courses

29. Wartime Medical

30. Armed Forces Staff College Skills Training

c Unit or Personnel Deployments: GD. The function of the Unit or Personnel Deployments summary account will 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:

(1) Unit or Personnel Deployments: GDA. The function of 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.

(a) Army:

1. Army Medical Department Professional Filler System

2. Proposed Operational Requirement Qualification

3. Designated Rapid Deployment Personnel

4. Special Missions Personnel

5. Combat Support Hospital

(b) Navy:

1. Support of Fleet Hospital Ships

2. Augment of FMF

3. Augment of Afloat Forces

4. Support of Fleet Hospital

5. Augmentation of Hospital Ships

6. Surgical Teams

7. Surgical Support Teams

8. Augment of OCONUS MTFs

9. Spirit Teams

10. Neurosurgical Teams

11. Surgical Platoon Cadres

12. Medical Regulation Teams

13. OCONUS Disaster Relief and Humanitarian Relief

(c) Air Force:

1. Transportable Clinic/Squadron Medical Element

2. Transportable Hospitals

3. Contingency Hospitals

4. Second Echelon Units

5. Aeromedical Evacuation Units

6. Hospital Surgery Expansion Units

d. Readiness Physical Training: GF. The function of the 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.

(1) Readiness Physical Training: GFA. The function of the 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.

Civilians are not authorized to report available time in the GFA* FCC account. Exceptions to this business rule should be forwarded through the Service Headquarters to the DHA MEPRS Program Office.

e. Peacetime Disaster Preparedness Response and NDMS: GG. The function of the 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.

(1) Peacetime Disaster Preparedness Response and NDMS: GGA. The function of the 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.

(a) 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 will also be reported in this account.

(b) 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 DoD.

(c) 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.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

APU	Ambulatory Procedure Unit
APV	Ambulatory Procedure Visit
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASN	Assignment Sequence Number
AWOL	Absent Without Leave
BASOPS	Base Operations
CE	Continuing Education
CONUS	Continental United States
DES	Disability Evaluation System
DHA	Defense Health Agency
DHA-PM	Defense Health Agency-Procedures Manual
DHP	Defense Health Program
DNA	Deoxyribonucleic Acid
DTF	Dental Treatment Facility
EAS	Expense Assignment System
FCC	Functional Cost Code
FMF	Fleet Marine Force
FPRS	Financial and Performance Reporting System
FTE	Full Time Equivalent
GDE	Graduate Dental Education
GME	Graduate Medical Education
HBO	Hyperbaric Oxygen
HCP	Hearing Conservation Program
ICU	Intensive Care Unit
ID	Identification
IEP	Individualized Education Plan
IM	Information Management
IT	Information Technology
I.V.	Intravenous
LDRP	Labor, Delivery, Recovery, and Postpartum

MEB	Medical Evaluation Board
MEPRS	Medical Expense and Performance Reporting System
MHS	Military Health System
MRS	Medically Related Services
MTF	Medical Treatment Facility
NBC	Nuclear, Biological, and Chemical
NICU	Neonatal Intensive Care Unit
OB/GYN	Obstetrical and Gynecological
OCONUS	Outside the Continental United States
OJT	On-the-Job Training
PCS	Permanent Change of Station
PEBLO	Physical Evaluation Board Liaison Officer
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement
TAD	Temporary Additional Duty
TDY	Temporary Duty
UA	Unauthorized Absence
USD(C)	Under Secretary of Defense (Comptroller)
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VA	Department of Veterans Affairs

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are provided for the purposes of this DHA-PM.

appropriation. (1) appropriated amounts; (2) funds; and (3) authority to make obligations by contract before appropriations and (4) other authority making amounts available for obligation or expenditure (Reference Section 1101 of (t)).

APV. A type of outpatient visit in which immediate pre-procedure and post-procedure care requires an unusual degree of intensity and is provided in an APU. Care is required in the facility for less than 24 hours (Reference (y)).

capitalization. To record and carry forward into one or more future periods any expenditure the benefits from which will then be realized. (Reference (u)).

capitalization threshold. The capitalization threshold is the dollar amount that determines the proper financial reporting of the asset. Asset acquisition costs that are below the threshold are to be expensed. Asset acquisition costs that are greater than the threshold are to be capitalized on the Balance Sheet and depreciated over the asset's useful life. (Reference (m)).

depreciation. Depreciation is the systematic and rational allocation of the acquisition cost of an asset, less its estimated salvage or residual value, over its estimated useful life. Estimates of useful life of military equipment must consider factors such as usage, physical wear and tear and technological change. (Reference (m)).

depreciation method of. DoD policy permits the use only of the straight-line method of depreciation, except for military equipment. For military equipment, an activity-based method of depreciation, which recognizes the change in an asset's value as a result of use rather than time, may also be used. (Reference (m)).

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.

IEP. Individualized Education Program. A written document defining specially designed instruction for a student with a disability, ages 3 through 21 years, inclusive. (Reference (p))

IFSP. Individualized Family Service Plan. A written document for an infant or toddler, age birth through 2 years, with a disability. (Reference (p))

initial outfitting. (Reference (q)).

mobilization. The act of assembling and organizing national resources to support national objectives in time of war or other emergencies. (Reference (r)).

readiness. The ability of military forces to fight and meet the demands of assigned missions (Reference (r)).

real property. Lands, buildings, structures, utilities systems, improvements, and appurtenances, thereto that includes equipment attached to and made part of buildings and structures, but not movable equipment. (Reference (u)).

tangible assets. Tangible assets that (1) have an estimated useful life of 2 or more years, (2) are not intended for sale in the ordinary course of business, and (3) are intended to be used or available for use by the entity. (Reference (m)).