

Frequently Asked (Data) Questions

VA Access and Community Care Engagement Network Team (ACCENT)

This document presents answers to questions frequently asked about access and community care data. Users should assess whether the answers provided align with their particular study needs. Please consult with the study principal investigator (PI), Access and Community Care Engagement Network Team (ACCENT), Health Economics Resource Center (HERC) and/or VA Information Resource Center (VIREC) regarding study-specific questions as appropriate.

Revision History

Author(s)	Date	Description
Erin Beilstein-Wedel	2025September15	Added Questions (updates identified by “[Added/Updated: 2025September15]”)
Erin Beilstein-Wedel Megan Vanneman	2025May15	Original

Contents

How can I identify the principal diagnosis on a claim? [Added: 2025September15]	1
What is the difference between diagnosis in CDS_Claim_Diagnosis vs CDS_Claim_Line_Diagnosis?.....	1
Where can I find pharmacy claims?	2
<i>Additional Data Sources for Operations</i>	2
How do I get more information about providers?	2
<i>Accessing NPPES Data</i>	3
<i>NPPES fields of interest</i>	3
<i>Notes about NPPES data</i>	3
How can I know where the service on a claim took place?	3
<i>Type of Location</i>	3
<i>Address</i>	3
Which patient identifier should I use— SSN or PatientICN?.....	4
De-duplication	4
What community care data set should I use?.....	5
<i>Differentiating MISSION vs Choice Claims</i>	5
<i>Based on study time period and data needs</i>	5

When are IVC_CDS data updated?.....	5
How can I calculate the cost? [Updated: 2025September15]	6
<i>Inpatient</i>	6
<i>General Tips</i>	6
<i>Notes about IsCurrent and Claim_Status_ID</i>	6
How can I identify inpatient and/or outpatient claims?	6
Is the National Plan and Provider Enumeration System (NPPES) data available in CDWork?	6
How should claims be selected when creating an analytic file? Our Analysis requires... [Added: 2025September15].....	6
<i>Diagnoses for a set of patients</i>	7
<i>Patients with Specific Procedures</i>	7
<i>Claims based on Dates</i>	8
<i>Standardized Episodes of Care (SEOCs)</i>	8
<i>Calculating Cost</i>	8
What is the relationship between consult, standardized episodes of care (SEOC), referral, and claim? [Added: 2025September15].....	8
What are standardized episodes of care (SEOCs) & how can they be leveraged for analysis? [Added: 2025September15].....	9
<i>SEOC Resources</i>	9
Which dates should I use to select data for my study? [Added: 2025September15].....	9
How can I identify emergency room (ER) visits? [Added: 2025September15]	9
Appendix A. SQL: Community Care Prescriptions in RxOut	11
Appendix B. SQL: Community Care Prescriptions in CCRS	15
Appendix C. SQL: Community Care Prescriptions in eCAMS	17
Appendix D. List Procedure Codes with a 'BO' or 'BP' (CPT/HCPCS) Procedure_Qualifier in CDS_Claim_Procedure [Added: 2025September15]	18
<i>Only found in CDS_Claim_Procedure</i>	18
<i>Found in CDS_Claim_Procedure and CDS_Claim_Line</i>	18

How can I identify the principal diagnosis on a claim? [Added: 2025September15]

Information about the primary/principal/discharge diagnosis for a claim submission appears in both CDS_Claim_Header (Primary_ICD) and CDS_Claim_Diagnosis. In CDS_Claim_Diagnosis primary ICDs can be identified by using Primary_Ind='P' (for both ICD-9 and ICD-10 codes) or ICD_Qualifier='ABK' (for ICD-10 diagnosis codes) or ICD_Qualifier='BK' (for ICD-9 diagnosis codes).^{1, 2, 3, 4}

Note: if your analysis requires constructing a dataset of one row per patient-day you may need to create an algorithm for resolving instances where a patient had more than one visit within a day with different primary diagnoses (e.g., multiple emergency room visits in a day). Some possible solutions to consider are:

- Randomly select one diagnosis
- Create a hierarchy of diagnoses and choose the highest
- Select the most frequently appearing diagnosis
- Select the diagnosis that appears most often as the reason for visit [qualifier ='APR']
- Exclude these cases

What is the difference between diagnosis in CDS_Claim_Diagnosis vs CDS_Claim_Line_Diagnosis?

Diagnoses listed in the CDS_Claim_Diagnosis table come from the claim header, while diagnoses listed in CDS_Claim_Line_ICD_Detail are the diagnoses from the header linked to the specific line (i.e., the diagnosis associated with the line-specific procedure or revenue code).

Because IVC_CDS combines data from different sources, how diagnosis information is presented varies by data source. For professional claims from VistA, the data in CDS_Claim_Diagnosis will match the data in CDS_Claim_Line_ICD_Detail because the data was pulled from the Fee.FeeServiceProvided table, which is one row per current procedural terminology (CPT). However, for Community Care Reimbursement System (CCRS), electronic Claims Administration and Management System (eCAMS), Fee Basis Claims System (FBCS) and PLEXIS Claims Management (PCM) System claims, CDS_Claim_Diagnosis only contains duplicate diagnoses if the said diagnosis appeared on the claim with more than one qualifier (e.g., admitting and principal diagnosis).⁵

¹ In a small handful of claim submissions the value of Primary_ICD may contain a ' ' [space] while the value in CDS_Claim_Diagnosis does not or the value in CDS_Claim_Diagnosis may contain a ' ' [space] while the value of Primary_ICD does not. This is the case for FBCS and eCAMS claims in CDS_Claim_Header and CCRS and eCAMS claims in

² In a handful of cases there is a non-null value for CDS_Claim_Header.Primary_ICD, but no corresponding line for a primary diagnosis (i.e. Primary_Ind = 'P') in CDS_Claim_Diagnosis.

³ Currently, *ins tu onal* claims with a Source_System of 'VISTA' have a 'Y' for Primary_Ind, instead of 'P'; non-primary diagnoses have an 'N' or a NULL value

⁴ Claims with a Source_System of 'VISTA' have a NULL value for Primary_Ind

⁵ There are multiple source claims systems due 1) changes in how VA manages claims and 2) systems associated with specific programs. The different community care data sources and what they contain can be found on the [Community Care Data page](#) in the VHA Data Portal; VIREC's "[History of Selected Community Care Systems, Acts, and Programs](#)" provides additional historical information.

In terms of data overlap, CDS_Claim_Diagnosis *contains 99.9967%* of the diagnoses contained in CDS_Claim_Line_ICD_Detail.

This means that if one wants diagnoses associated with a claim, or to know what diagnoses a patient has, it is more efficient (due to there being fewer rows) to query CDS_Claim_Diagnosis than to look in CDS_Claim_Line_ICD_Detail. However, if you want diagnoses attached to specific CPT procedures or revenue codes, one must look in CDS_Claim_Line_ICD_Detail.

Where can I find pharmacy claims?

Post-MISSION Act, most community care prescriptions (i.e. those written by community providers) are filled through VA Consolidated Mail Outpatient Pharmacy (CMOP); the RxOut schema in CDWork contains CMOP data. Only urgent, up to 14-day, prescriptions may be filled at a community pharmacy (e.g., CVS, Walgreens).⁶ This means most prescriptions written by community providers end up in the CDWork.RxOut schema as they are required to be filled via VA CMOP.

The query in [APPENDIX A. SQL: COMMUNITY CARE Prescriptions in RxOut](#) shows how to identify community care prescriptions in the RxOut schema.⁷ Researchers must select the ePrescribing domain on the “CDW Production Domain Checklist” included in their DART submission to have the necessary data provisioned to the project.

Additional Data Sources for Operations

Community care prescriptions not filled by VA CMOP are available for operations users in the CCRS and eCAMS schemas on A06. For CCRS see the query in [APPENDIX B](#). [APPENDIX C](#) contains a starter script for eCAMS.

How do I get more information about providers?

You can use the National Provider Identifier (NPI) fields found in the IVC_CDS data to join to the National Plan and Provider Enumeration System (NPPES) data from CMS.

The specific NPI fields in the IVC_CDS datasets are listed below. Please review the [Data Dictionary](#) in the [Integrated Veteran Care \(IVC\) Consolidated Data Set \(CDS\)](#). [VIREC Data Review; no. 8](#) for a description of the listed fields.

- CDS_Claim_Header
 - Billing_Provider_NPI
 - Service_Provider_NPI
- CDS_Claim_Line
 - Attending_Prov_NPI
 - Operating_Prov_NPI
 - Rendering_Prov_NPI

⁶ <https://www.va.gov/COMMUNITYCARE/providers/Pharmacy-Requirements.asp>

⁷ If on a research project, you need to have approvals for the ePrescribing domain on your CDW Domain checklist.

Accessing NPPES Data

A yearly copy of the NPPES data can be found in the VINCI SAS Grid under the 'cms_pblc' libname (maintained by VIREC). NPPES data on the SAS Grid go back to October 2009.

[Access the remote desktop containing VINCI SAS Grid.](#)

If you are an operations project and have not used the VINCI SAS Grid before, you may need to [set up a user profile](#) or request a workspace (email vinci@va.gov asking for a SAS workspace).

OR

[Download the most recent version of the NPPES data.](#) Only the most recent version is available from CMS (if historical data is wanted, do not use this version). This file is large, and it is not recommended to download and upload to a project database.

NPPES fields of interest

The file layout for NPPES data can be found in the Downloads section ([Data Dissemination File – Readme \(PDF\)](#)); descriptions of fields and their values can be found in the Downloads section ([Data Dissemination File – Code Values \(PDF\)](#)).

Provider Taxonomy (Specialty). Information about provider specialty is contained in the Healthcare Provider Taxonomy Code 1-15 variables (PTAXCODE1-PTAXCODE15 in SAS dataset). These variables hold values of the taxonomies for the provider. [Look up provider taxonomies.](#)

Provider Primary Taxonomy. Healthcare Provider Primary Taxonomy Switch (1-15) variables contain the values 'Y' (Yes), 'N' (No), and 'X' (Not Answered). These values are contained in the PPRIMTAX1-PPRIMTAX15 variables in the SAS dataset. The Provider Taxonomy associated with Taxonomy Switch value of 'Y' is the primary taxonomy for the NPI record. Some NPI records have more than one taxonomy with a 'Y' taxonomy switch value.

Notes about NPPES data

- Facilities can have more than one NPI.
- There is no mandate requiring entities update data in NPPES.

How can I know where the service on a claim took place?

Type of Location

If you are wanting to know what setting (e.g. inpatient, skilled nursing facility (SNF), emergency room (ER)) the services for the claim were performed in, a combination of bill type, place of service, and revenue codes can be used. See table 1 in the [Categorizing Inpatient and Outpatient Records in CDS](#) document.

Address

If the address of service is needed, this information can be retrieved based on the NPI number(s) associated with the claim. See the [HOW DO I GET MORE INFORMATION](#) about providers? section in this document. We would suggest using the variables for the provider business practice address associated with the Service_Facility_NPI from IVC_CDS.CDS_Claim_Header first, and then Billing_Provider_NPI (if it is not TriWest, Optum, or HealthNet), then Rendering_Prov_NPI, Attending_Prov_NPI, and Operating_Prov_NPI in that order. Not all NPI fields are filled on every claim.

Rendering_Prov_NPI, Attending_Prov_NPI, and Operating_Prov_NPI are all individual-level NPIs (represent individuals) and therefore the associated practice address in the NPPES data may not be where the care took place as providers can practice at multiple addresses.

Which patient identifier should I use— SSN or PatientICN?

One should use the PatientICN field over the SSN field. This is for the following reasons. PatientICN is the main VHA identifier. The Office of Integrated Veteran Care may move away from having SSN on the IVC_CDS tables.

De-duplication

De-duplication (or “de-duping”) is often necessary when using data from datasets containing VA claims. Some reasons are: multiple submissions per claim, claims being submitted to different systems, research requirements.

Duplicates of claims (same claims found in more than one database) may be found within these source system groups:

- FBCS + Fee
- FBCS + eCAMS
- eCAMS (rejected/denied) + CCRS

Data in CCRS and some data in the Program Integrity Tool (PIT) represent claim submissions, where the same claim has been submitted multiple times to correct coding issues (e.g. changes to get payment) or administrative changes; this is an additional cause of duplication.

Additionally, sometimes multiple stations will pay for the same claim, making it look as if there are duplicate claims.

Because IVC_CDS combines data across multiple source systems and some of these source systems contain records at the submission (rather than overall claim) level, “duplicates” often appear when creating analytic files at the PatientICN x service date level (i.e., if one pulls all claims for a PatientICN on a specific date of service, the same information may appear multiple times).

The “simplest” way to de-duplicate is to use the IsCurrent flag in CDS_Claim_Header (where IsCurrent='Y'); this will return the most recent submission for a claim. However, please see the [“HOW CAN I CALCULATE THE COST?”](#) section of this FAQ for a discussion on using the IsCurrent flag while calculating cost.

Another “simple” way to de-duplicate is by using the Original_ClaimID field which groups submissions of claims together.

If comparing utilization between VA-direct and VA-purchased community care, one way to de-duplicate is to consider using one visit per patient day.

Other possibilities to consider when de-duping are:

- Limiting claims pulled to those with a Status_Description of 'APPROVED', 'PENDING', 'BILL SENT', 'PAID', 'CREDIT', 'TO BE PAID', 'CANCELLED' or 'SUSPENDED'

- If the project is limited to inpatient or SNF care, only pulling institutional (instead of institutional + professional claims)

What community care data set should I use?

Differentiating MISSION vs Choice Claims

The distinction between MISSION and Choice is defined as a date cut off: June 6th, 2019.

Claims with a service date of November 2014 through June 5th, 2019, or earlier should be associated with Choice. HERC has assessed [methods using information on the claim authorization](#) that projects may also want to consider for identifying Choice claims.

Claims with a service date of June 6th, 2019 or later should be associated with MISSION.

For hospitalizations/SNF claims use the admission date to determine which time period the claim falls under.

Based on study time period and data needs

Data Type	Time period	Data Source	Operations/Research
Pharmacy [‡]			
	n/a	PIT_Archive + Fee	Research
	n/a	Fee + CCRS/eCAMS ^⓪	Operations
Cost or utilization			
	FY19 or later	IVC_CDS	Research & Operations
	Earlier than FY19 — present	Fee + FBCS + IVC_CDS	Operations
	Earlier than FY19 – January 2023 only	Fee + PIT_Archive*	Research
	Earlier than FY19 – present	Fee + PIT_Archive + IVC_CDS	Research

[‡] See the “[WHERE CAN I FIND PHARMACY CLAIMS?](#)” section in this document
[‡] PIT data is not currently available for operations projects
^⓪ CCRS and eCAMS data are only available on A06 and are not available for provisioning
* The Office of Integrity and Compliance (owner of PIT) does not want researchers using PIT_Archive data past FY19. However, given differences between PIT_Archive, Fee, and IVC_CDS, we have found it best not to use multiple datasets when using pre-FY19 to January 2023 data, and thus have recommended only using PIT_Archive and Fee. One must use IVC_CDS data starting in February 2023 as PIT_Archive data is not currently available during this period.

When are IVC_CDS data updated?

Data on the research server (RB03) update monthly around the 7th. The latest update date can be found on the [VINCI ETL Schedule page](#).

Data on the operations server (A06) updates nightly:

- Some fields update on existing submissions
- New claims added

- New submissions for existing claims added

How can I calculate the cost? [Updated: 2025September15]

Guidance may change as IVC updates the CDS datasets.

Inpatient

The [Health Economics Resource Center \(HERC\) has documented one way to calculate cost for inpatient claims.](#)

General Tips

Source system information:

- For eCAMs claims (source_system='eCAMs'), use Claim_Status_ID='71'. Do not use IsCurrent='Y'; using IsCurrent='Y' on claim submissions from eCAMs will result in an inaccurately low-cost estimate.
- For all other source systems use Claim_Status_ID='71' and IsCurrent='Y'

Available fields

- Claim_Total_Amount: sum across Original_Claim_ID
- Amount_Allowed: take from most recent claim submission

ACCENT suggests analyses use allowed amount either at the claim submission level or at the claim line level (depending on analytic needs) because of how CCRS claims account for overpayments (i.e., offsets for overpayments are not necessarily attributed to the original claim).

Notes about IsCurrent and Claim_Status_ID

Specific IsCurrent and Claim_Status_ID values should be used when calculating the amount the VA paid for services. In particular, IsCurrent='Y' and Claim_Status_ID='71' should be used for all source systems except eCAMs, which only requires Claim_Status_ID='71' when calculating the amount the VA paid for services on the claim. This algorithm does not perfectly capture costs, but it is what the Office of Integrated Veteran Care is currently using, and the cost of other methods is significant in terms of effort and complication.

How can I identify inpatient and/or outpatient claims?

See ACCENT's [Categorizing Claims in the Consolidated Dat Set \(CDS\): Inpatient vs Outpatient](#) document.

Is the National Plan and Provider Enumeration System (NPPES) data available in CDWork?

See the "[How do I get more information about providers?](#)" section.

How should claims be selected when creating an analytic file? Our Analysis requires... [Added: 2025September15]

Various criteria may be used when selecting claims to make a dataset for analysis or reporting. This section covers some of the most common ways investigators may wish to choose claims based on their study criteria.

Diagnoses for a set of patients⁸

If all diagnoses are wanted, pull data from CDS_Claim_Diagnosis, keeping in mind it contains both ICD-9 and ICD-10 diagnoses which may need to be sorted to correctly align with analytic needs.

If diagnoses within a certain time frame are wanted, start by limiting claim submissions via dates on either the CDS_Claim_Header or CDS_Claim_Line tables. Use of CDS_Claim_Line can be particularly useful if diagnoses for specific revenue or current procedural terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code is needed. See [ACCENT's A Guide to Date Fields in IVC CDS](#) document, and [WHAT IS THE DIFFERENCE BETWEEN DIAGNOSIS IN CDS_Claim_Diagnosis vs CDS_Claim_Line_Diagnosis?](#) section. IVC recommends including diagnoses on all claim submissions regardless of Claim_Status_ID and IsCurrent values. Information from CDS_Claim_Diagnosis can be linked to CDS_Claim_Header to get patient information.

Patients with Specific Procedures

Most CPT/HCPCS procedure data can be found in CDS_Claim_Line, while ICD-9 and ICD-10 procedures and some additional CPT/HCPCS procedure information is found in CDS_Claim_Procedure. There are ~ 3,000 distinct CPT/HCPCS values in CDS_Claim_Procedure (CDS_Claim_Procedure.Qualifier = 'BP' identifies HCPCS – Principal Procedure Codes while 'BO' identifies HCPCS – Other Procedure Codes); 67 HCPCS values are only found in CDS_Claim_Procedure (see [APPENDIX D. LIST PROCEDURE CODES WITH a 'BO' or 'BP' \(CPT/HCPCS\) Procedure_Qualifier in CDS_Claim_Procedure](#) [Added: 2025September15]).

Both CDS_Claim_Line and CDS_Claim_Procedure contain dates that can be used to identify when the procedure took place (Service_Start_Date and Service_End_Date in CDS_Claim_Line and Procedure_Date in CDS_Claim_Procedure).

⁸ Also refer to the [HOW CAN I IDENTIFY THE PRINCIPAL DIAGNOSIS ON A CLAIM?](#) [ADDED: 2025SEPTEMBER15]

INFORMATION ABOUT THE PRIMARY/PRINCIPAL/DISCHARGE DIAGNOSIS FOR A CLAIM SUBMISSION APPEARS IN BOTH CDS_CLAIM_HEADER (PRIMARY_ICD) AND CDS_CLAIM_DIAGNOSIS. IN CDS_CLAIM_DIAGNOSIS PRIMARY ICDs CAN BE IDENTIFIED BY USING PRIMARY_IND='P' (FOR BOTH ICD-9 AND ICD-10 CODES) OR ICD_QUALIFIER='ABK' (FOR ICD-10 DIAGNOSIS CODES) OR ICD_QUALIFIER='BK' (FOR ICD-9 DIAGNOSIS CODES),, ,

NOTE: IF YOUR ANALYSIS REQUIRES CONSTRUCTING A DATASET OF ONE ROW PER PATIENT-DAY YOU MAY NEED TO CREATE AN ALGORITHM FOR RESOLVING INSTANCES WHERE A PATIENT HAD MORE THAN ONE VISIT WITHIN A DAY WITH DIFFERENT PRIMARY DIAGNOSES (E.G., MULTIPLE EMERGENCY ROOM VISITS IN A DAY). SOME POSSIBLE SOLUTIONS TO CONSIDER ARE:

- **RANDOMLY SELECT ONE DIAGNOSIS**
- **CREATE A HIERARCHY OF DIAGNOSES AND CHOOSE THE HIGHEST**
- **SELECT THE MOST FREQUENTLY APPEARING DIAGNOSIS**
- **SELECT THE DIAGNOSIS THAT APPEARS MOST OFTEN AS THE REASON FOR VISIT [QUALIFIER ='APR']**
- **EXCLUDE THESE CASES**

WHAT IS THE DIFFERENCE BETWEEN DIAGNOSIS IN CDS_CLAIM_DIAGNOSIS vs CDS_CLAIM_LINE_DIAGNOSIS? and [HOW CAN I IDENTIFY THE PRINCIPAL DIAGNOSIS ON A CLAIM?](#) [ADDED: 2025SEPTEMBER15] sections.

Claims based on Dates

See [ACCENT's A Guide to Date Fields in IVC_CDS](#) document.

Standardized Episodes of Care (SEOCs)

See the [WHAT ARE STANDARDIZED EPISODES OF CARE \(SEOCs\) & how can they be leveraged for analysis?](#) [Added: 2025September15] section.

Calculating Cost

See [HOW CAN I CALCULATE THE COST?](#) section, and the [Health Economics Resource Center's web page on IVC_CDS cost data](#).

What is the relationship between consult, standardized episodes of care (SEOC), referral, and claim? [Added: 2025September15]

While “consult” can have a few meanings, in the context of community care data a consult is created when a VA provider requests a patient be seen by another provider. Consult data is contained in Con.Consult (and related tables). As part of the consult process, if it is possible the patient may be receiving care in the community, the Consult Toolbox is used to track patient preferences, the community care process, and patient experience in community care (this data ends up in Con.ConsultFactor).

If the patient meets eligibility criteria to receive care from a provider in the community the patient is authorized to go out to community care and a referral is created that contains the medical information necessary for the community care provider, and the standardized episode of care (SEOC) for which the patient is being referred to community care. The relationship between referral and SEOC should be 1:1. See the [WHAT ARE STANDARDIZED EPISODES OF CARE \(SEOCs\) & how can they be leveraged for analysis?](#) [Added: 2025September15] section for more information on SEOCs.

After a patient is seen by a community provider, the provider submits a claim, billing the VA for given care; the claim appears in the corresponding claims system (e.g., Community Care Reimbursement System (CCRS), Electronic Claims Adjudication Management System (eCAMS), Fee Basis Claims System (FBCS), VistA Fee Basis Package (Fee), or PLEXIS Claims Management (PCM)) and is pulled into the IVC_CDS database.

Not all consults have a referral because a consult may be entered without a referral being made. All referrals after FY2019 “should” have a SEOC. Referrals do not necessarily result in a claim (the patient may decide to receive care within the VA, the provider may bill health insurance outside VA, the claim may be connected to a different referral, etc.). See [WHAT ARE STANDARDIZED EPISODES OF CARE \(SEOCs\) & how can they be leveraged for analysis?](#) [Added: 2025September15] section. Not all claims will have a referral, SEOC, or consult (e.g., emergency room claims). Additionally, even if the episode complete date (CDS_Referrals_Fact.HSRM_DateSetToEOCComplete) is filled, it does not mean there are corresponding claims due to the source field from the Health Share Referral Manager (HSRM) being manually entered.

What are standardized episodes of care (SEOCs) & how can they be leveraged for analysis? [Added: 2025September15]

See [WHAT IS THE RELATIONSHIP BETWEEN CONSULT](#), standardized episodes of care (SEOC), referral, and claim? [Added: 2025September15] for a description of the relationship between SEOCs, claims, and referrals.

The Veterans Health Administration's standardized episodes of care (SEOC) are different than Medicare's bundled payments/episodes of care. SEOCs are prescriptive lists of procedures and provider types circumscribing the type of care a patient may receive in the community. SEOCs often also have a prescriptive time frame. VA SEOCs do not have a set payment amount.

When a patient is referred to the community, the respective referral is assigned a SEOC correlating to the type of care the patient should be receiving. A patient can have multiple active referrals at a time and therefore multiple active SEOCs at a time.

SEOCs can be useful for understanding utilization from a referral perspective (i.e., how many referrals of a specific type and the number that are approved). However, because SEOCs are prescriptive, there can be care (claims) linked to a SEOC that does not align with the SEOC (e.g., a current procedural terminology (CPT) code on a claim may not be on the attached SEOC but may be paid for by VA). Additionally, the link between claim and referral/SEOC is often made by the third-party administrator, with few checks. Thus, one must be careful if using SEOCs to assess utilization or the cost of care.

SEOC Resources

- The [list of all SEOCs \(active and discontinued\)](#)
- [Chapter 3, Section 10 of the IVC Community Care Field Guidebook](#) discusses SEOC-related processes
- [The SEOC Resource Center has a list of FAQs](#)

Which dates should I use to select data for my study? [Added: 2025September15]

See [ACCENT's A Guide to Date Fields in IVC_CDS](#) document

How can I identify emergency room (ER) visits? [Added: 2025September15]

Claims for emergency room (ER) visits can appear on both professional and institutional claims; ResDAC describes why ER claims can be found on multiple claim forms on [How to Identify Hospital Claims for Emergency Room Visits in the Medicare Claims Data](#) page.

On professional claim submissions specific place of service, CPT, or revenue codes indicate if care was received in a freestanding ER⁹ or for services received from individual providers during an ER visit. On institutional claim submissions, revenue codes or place of service values indicate care received in a hospital-related ER. Note: a revenue code or CPT code associated with a visit to the ER must be present at the line level, both fields do not need to indicate ER.

⁹ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCler08-08.pdf>

There are no specified bill type code values for identifying claims for ER visits; a large majority of lines on institutional claims with a revenue code or CPT indicating care in the ER have a Bill_Type value like '11%' (inpatient hospital part A), '13%' (outpatient hospital part A), or '85%' (critical access hospital) in CDS_Claim_Header.

- Place of Service codes (professional claims)
 - 23: Emergency Room – Hospital
- Revenue Center Codes 0450-0459, 0981 (institutional and professional claims)
 - 0450: Emergency room - general classification
 - 0451: Emergency room - Emergency Medical Treatment and Labor Act (EMTALA) emergency medical screening services
 - 0452: Emergency room - ER beyond Emergency Medical Treatment and Labor Act (EMTALA) screening
 - 0456: Emergency room-urgent care
 - 0459: Emergency room-other
 - 0981: Professional fees-emergency room
- CPT codes (institutional and professional claims)
 - 99281-99285: New or Established Patient Emergency Department Services
 - 99288: Other Emergency Department Services

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Appendix A. SQL: Community Care Prescriptions in RxOut

```
/*
    QUERY Purpose: parse out whether a prescription (RX) originated from a community
    care (CITC) doctor vs a VHA doctor

    This code is written based on the documentation for the
    VHACDWA01.PBM_Analytics.DOEx.CCNRx_Prescriptions and
    VHACDWA01.PBM_Analytics.DOEx.CCNRx_PrescriptionFills DOExs
    (https://vaww.pbi.cdw.va.gov/PBI\_RS/api/v2.0/Resources\(80080f7f-f640-4f92-95d9-d7cf572a8dff\)/Content/\$value)
    Link received from Robert Leonard [RL] (Pharmacy Benefits Management)
*/
```

```
Use ORD_XXX;
GO

/* 1 )-----
           Set dates of interest
           edit these start and end dates to match your period of interest
*/
declare @period_start date;
declare @period_end date;
declare @fill_end date;

/* start of period you are interested in prescriptions from */
set @period_start = '2023-10-01';
/* end of period you are interested in prescriptions from */
set @period_end = '2024-10-01';
/* pulls 1 year of refill records following @period_end; sometimes CITC text is on
refill record */
set @fill_end = dateadd(year,1, @period_end);

/****
    Create table with flag for each RxOut (original prescription) record indicating
    whether it is considered CITC based on available data points
****/

drop table if exists #CITC_source_flags

;WITH CTE_eRxHoldingQueue AS (
/* Any row in this table indicates the prescription originated from an inbound
ePrescribing (IEP) message (de facto CITC) */
    SELECT A.RxOutpatSID
           ,A.eRxHoldingQueueSID
           ,A.MessageDateTime
           ,Row_Number() OVER
           (
               PARTITION BY A.RxOutpatSID
               ORDER BY
               CASE
               WHEN A.MessageType IN ('N', 'RE', 'CX') THEN 1
               ELSE 2
               END
           ,A.MessageDateTime
           ) AS RowNumber
    FROM SRC.RxOut_eRxHoldingQueue AS A
```

```

Where
    /* table partition column */
    a.messagedatetime >= convert(datetime2(0),@period_start)
    and a.MessageDateTime < convert(datetime2(0), @period_end)
)
, rxoutfill as (
    select RxOutpatSID, RxOutpatFillSID, FillRemarks, LoginDate, IssueDate, filltype
    from SRC.RxOut_RxOutpatFill AS fill
    where (
        /* table partition column for RxOut.RxOutpatFill */
        fill.ReleaseDateTime >= convert(datetime2(0),@period_start)
        and fill.ReleaseDateTime < convert(datetime2(0), @fill_end)
    )

UNION

    select RxOutpatSID, RxOutpatFillSID, FillRemarks, LoginDate, IssueDate, FillType
    from SRC.RxOut_RxOutpatFill AS fill
    where fill.releasedatetime is null
)
, make_flags as (
    select RxOut.RxOutpatSID
    --, A.rxoutpatfillsid, e.RowNumber, e.messagedatetime
    , min( /* Flag for records from CTE_eRxHoldingQueue CTE */
        case when CTE_RX.RxOutpatSID is not null
            then '1. CC: Inbound ePrescribing Message'
            else '2. not IEP CC'
        end
    ) as IEP_flg
    , min( /* A record in RxOut.RxOutpatExt with a non-null
        externalplacernumber indicates CITC origins (see join criteria) */
        case when roe.rxoutpatsid is not null
            then '1. CC: ExternalPlacerOrderNumber'
            else '2. no ExternalPlacerOrderNumber'
        end
    ) as external_order_flg
    , min(
        case when fill.IssueDate >= CONVERT(DATE, '11/5/2014')
        /* From RL: FillRemarks for paper CITC Rx are populated on the original
        fill record (i.e. FillType = "O") only (not FillType "R" = refill).
        Therefore, care should be taken when reviewing Refill or Partial records
        as they will not have FillRemarks defined despite being present for the
        prescription.
        EBW note: When pulling this query together I found CITC fill remarks on
        refills (FillType='R') and in some of these cases the FillRemarks on the
        initial script (FillType='O') did not indicate CITC. i.e. "RENEWED FROM
        RX #####" on the refill
        PBM does not include fill remarks from FillType='R', but this is up to
        the research project's discretion */
        AND fill.FillType in ('O', 'R', 'P')
        /*Remove "R" if you only want to include original prescription fill, not
        refill; see note above */
        AND (
            fill.FillRemarks LIKE '%CH[IO][IO]CE%'
            OR fill.FillRemarks LIKE '%CNRX%'
            OR fill.FillRemarks LIKE '%CCRX%'
            OR fill.FillRemarks LIKE '%CCN%'
            OR fill.FillRemarks LIKE '%CRN%'

```

```

    )
    then '1. CITC remarks'
    when fill.FillRemarks LIKE '%CNN%'
    then '2. possible CITC remarks--misspell'
    else '3. no CITC remarks'
    end
  ) as fillremark_flg
/* define prescription as being in Choice or MISSION era */
, case when min(fill.LoginDate) >= CONVERT(DATE, '6/6/19') THEN 'MISSION'
/* earliest login date */
ELSE 'Choice'
end as program_type
FROM SRC.RxOut_RxOutpat as RxOut
LEFT JOIN rxoutfill AS fill
on RxOut.RxOutpatSID=fill.RxOutpatSID
LEFT JOIN CTE_eRxHoldingQueue AS CTE_RX
ON RxOut.RxOutpatSID = CTE_RX.RxOutpatSID
/*limiting to one (first) record per RxOutpatSID */
and CTE_RX.RowNumber=1
LEFT JOIN SRC.RxOut_RxOutpatExt as roe
on RxOut.RxOutpatSID=roe.RxOutpatSID
/* Indicates the prescription originated from IEP and is CITC-based */
and externalplacerordernumber is not null
/* table partition column for RxOut.RxOutpatExt*/
and issuedatetime >= convert(datetime2(0),@period_start)
and IssueDateTime < convert(datetime2(0), @period_end)
where
/* table partition column for RxOutpat */
RxOut.IssueDate >= convert(datetime2(0),@period_start)
and RxOut.IssueDate < convert(datetime2(0), @period_end)
/* CITC Rx is assigned at the prescription, not refill, level */
group by RxOut.RxOutpatSID
)
/****
Final CITC flag
****/
, CITC_flag as (
select *
, case
/* Has an inbound eprescribing message ( de facto CITC)*/
when IEP_flg = '1. CC: Inbound ePrescribing Message'
or external_order_flg = '1. CC: ExternalPlacerOrderNumber'
then 'CITC Rx'
else case
/* grouping the kinds of fillremark values */
when fillremark_flg='3. no CITC remarks'
then 'VA Rx'
when fillremark_flg='1. CITC remarks'
then 'CITC Rx'
when fillremark_flg = '2. possible CITC remarks--misspell'
then 'likely CITC Rx'
end
end as CITC_final_flg
from make_flags
)
/****
Categorize into Choice or MISSION for CITC claims (only)

```

```

****/
select RxOutpatSID, CITC_final_flg, IEP_flg, external_order_flg, fillremark_flg
,case
    when CITC_final_flg <> 'VA RX'
        then program_type
    else 'None'
    end as CITC_period
into #CITC_source_flags
from CITC_flag

/****
Summarize flags if needed
****/
select
    count(rxoutpatsid) as n
    , CITC_final_flg, CITC_period
    ,IEP_flg, external_order_flg, fillremark_flg
from #CITC_source_flags
group by CITC_final_flg, CITC_period, fillremark_flg, external_order_flg, IEP_flg
order by IEP_flg, external_order_flg, fillremark_flg

```

Appendix B. SQL: Community Care Prescriptions in CCRS

/* Code for identifying community care prescription claims in CCRS */

```
DROP TABLE IF EXISTS #CCRS_RX
SELECT TOP 80
    clm.claim_key
    ,cast(det.claim_detail_key AS VARCHAR(100)) AS sourcekey
    ,paydet.line_amount
    ,line_status = CASE
        WHEN det.claim_status = 'Paid'
            THEN 71
        WHEN det.claim_status = 'Rejected'
            THEN 84
        WHEN det.claim_status = 'Reversed'
            THEN 107
        WHEN det.claim_status = 'Adjusted'
            THEN 80
        ELSE NULL
    END
    ,ndc.ndc_product_code
    ,cast(det.prescription_fill_date AS DATE) AS service_date
    ,cast(det.prescription_fill_date AS DATE) AS prescription_fill_date
    ,cast(det.cycle_end_date AS DATE) AS cycle_end_date
    ,month(det.prescription_fill_date) AS DOSmonth
    ,CASE
        WHEN month(det.prescription_fill_date) IN (10,11,12)
            THEN year(det.prescription_fill_date) + 1
        ELSE year(det.prescription_fill_date)
    END AS DOSFY
    ,det.rx_number AS prescription_number
    /*HIPAA D.0 Reference Number assigned by the provider for the service provided*/
    ,det.service_code
    ,det.pharmacy_bill_type
    ,det.product_name AS productname
    ,det.service_name
    ,det.generic_name AS genericname
    ,description
    ,det.total_amount_paid
    ,ccn_region
    ,[quantity_dispensed]
INTO #CCRS_RX
FROM cdwork.ccrs.dim_va_claim clm
JOIN cdwork.ccrs.f_pharmacy_claim_details det
    ON det.claim_key = clm.claim_key
OUTER APPLY (
    SELECT TOP 1 *
    FROM cdwork.ccrs.decision decis
    WHERE clm.claim_key = decis.claim_key
        AND det.claim_detail_key = decis.claim_detail_key
    ) decis
OUTER APPLY (
    SELECT TOP 1 *
    FROM cdwork.ccrs.payment_document_details paydet
    WHERE paydet.claim_key = clm.claim_key
    ) paydet
LEFT JOIN cdwork.ccrs.claim_provider svc
    ON svc.claim_key = clm.claim_key
    AND svc.provider_type = 'Dispensing'
```

```
LEFT JOIN cdwork.ccrs.claim_provider svc1
        ON svc.claim_key = clm.claim_key
        AND svc.provider_type = 'Prescribing'
LEFT JOIN CDWWork.ccrs.DIM_NDC_PRODUCT AS ndc
        ON ndc.ndc_product_key = det.ndc_product_key
WHERE det.prescription_fill_date >= '01jan2023'
        AND det.prescription_fill_date < '01jan2024'
        AND det.claim_status = 'paid'
        AND det.product_name IS NOT NULL
        /* National Drug Code (NDC) values without spaces or hyphens of interest */
        -- and ndc.ndc_product_code IN ('xxxxx')
```

Appendix C. SQL: Community Care Prescriptions in eCAMS

/* Code for identifying community care prescription claims in eCAMS */

```
SELECT CLAIM_HEADER_SID
      ,tcn
      ,PARENT_TCN
      ,ORIGINAL_TCN
      ,INVOICE_TYPE_LKPCD
      ,FACILITY_TYPE_CODE
      ,bill_type
      ,CLM_TYPE_CID
      ,drug.*
INTO #ecams_rx
FROM [CDWork].[ecams_replica].[ad_claim_header] AS h
LEFT OUTER JOIN CDWork.ecams_replica.ad_claim_line AS ln
      ON h.CLAIM_HEADER_SID = ln.CLAIM_HEADER_SID
LEFT OUTER JOIN CDWork.ecams_replica.ad_clm_ln_drug_identification AS drug
      ON ln.CLAIM_LINE_SID = drug.CLAIM_LINE_SID
WHERE h.claim_type_cid = 2
      OR drug.CLAIM_LINE_SID IS NOT NULL
```

Appendix D. List Procedure Codes with a 'BO' or 'BP' (CPT/HCPCS) Procedure_Qualifier in CDS_Claim_Procedure [Added: 2025September15]

Only found in CDS_Claim_Procedure

0195T, 0530T, 08RK3JZ, 0DB78ZX, 0DBH8ZX, 0DBK8ZZ, 0DBN8ZZ, 0DJD8ZZ, 0JC83ZZ, 0TC78ZZ, 0TCB8ZZ, 0V908ZZ, 29902, 30233N1, 33824, 33951, 33965, 35512, 3606, 3E033FZ, 42325, 731253, 733858, 733871, 738531, 749013, 749014, 764912, A11042, A11044, A11750, A26951, A27236, A27245, A27447, A27590, A28800, A28810, A28820, A28825, A30140, A33208, A33533, A35206, A35301, A36830, A36833, A42415, A43235, A43249, A43264, A44970, A45378, A46320, A49505, A49507, A52332, A58541, A58563, A59409, A59514, A61697, A63030, A66984, A92960, A93312, A93313

Found in CDS_Claim_Procedure and CDS_Claim_Line

33745, 43113, 47381, 0234T, 27519, 54308, 61556, 63307, 33250, 33506, 33969, 45120, 61151, 43771, 43843, 44137, 58960, 27003, 33460, 33610, 59121, 26587, 32850, 43825, 47700, 50320, 58240, 61253, 33940, 33981, 50065, 54328, 61703, 22812, 35521, 36860, 42825, 61705, 61710, 65125, 0395T, 21150, 27151, 31370, 69320, 21431, 61563, 23520, 33516, 59325, 22862, 26479, 43328, 53431, 57292, 65140, 41805, 65273, 27441, 33237, 49580, 51065, 59350, 22548, 15838, 22319, 27465, 32604, 44157, 61333, 15935, 56632, 32665, 33364, 43123, 47712, 61120, 63302, 19298, 25905, 47142, 15944, 21510, 43121, 59830, 65272, 23200, 35533, 50365, 21146, 21720, 15941, 25431, 35013, 42830, 48145, 25145, 61570, 38101, 50562, 69552, 15934, 21193, 29843, 33255, 47133, 50728, 31580, 44401, 63185, 63287, 50040, 61450, 61684, 64732, 15920, 22847, 27409, 35531, 53000, 35506, 35276, 27290, 36100, 61340, 35540, 62164, 69970, 19367, 35539, 61545, 61640, 23920, 26428, 27268, 36557, 57700, 24930, 34841, 43310, 50130, 61321, 28107, 57270, 34490, 35525, 36585, 24077, 55860, 58200, 62146, 41251, 62200, 21385, 24587, 26492, 28173, 28546, 35663, 43263, 55870, 61571, 01782, 24538, 43846, 44370, 48152, 53270, 34830, 61698, 23100, 31395, 31578, 33514, 59897, 61546, 20956, 21935, 25100, 43770, 56805, 0201T, 28307, 33271, 44211, 68420, 21454, 31612, 46706, 35570, 50225, 55810, 0654T, 61615, 23101, 28046, 30118, 34421, 42300, 58145, 62000, 22114, 33203, 61215, 62162, 15135, 15940, 32851, 39200, 45123, 50250, 28130, 35637, 61305, 62220, 69604, 00924, 29907, 35694, 01490, 21485, 24360, 23077, 44605, 51570, 67909, 20975, 34001, 42408, 42820, 69636, 26372, 54670, 55842, 58600, 22808, 22861, 33254, 45562, 65091, 33240, 24370, 32035, 50650, 61582, 47539, 60600, 63251, 28675, 43305, 40527, 62361, 33230, 33548, 43198, 49540, 57300, 22586, 50551, 59870, 61537, 32310, 60545, 00322, 23190, 27407, 43848, 69910, 33406, 41007, 54420, 68510, 15824, 35001, 55705, 26117, 27215, 31300, 59150, 68816, 43333, 63285, 65101, 24365, 35103, 60254, 27500, 00561, 62147, 28055, 35251, 34831, 21032, 21451, 23031, 24164, 27329, 43605, 21421, 34845, 54522, 54861, 20250, 21360, 33256, 33910, 35281, 93583, 33545, 43772, 44212, 46257, 51575, 59120, 59525, 15050, 21208, 24066, 43520, 61597, 65275, 33212, 35565, 27232, 57065, 59620, 64605, 21440, 27332, 28605, 52342, 54015, 27323, 43194, 44055, 62360, 65270, 43112, 64569, 01654, 35341, 62161, 15931, 43334, 33211, 33991, 01832, 27090, 35092, 62192, 69501, 49590, 27604, 38520, 42815, 26070, 27240, 43285, 45560, 61501, 67570, 46750, 23107, 27455, 49323, 0569T, 28406, 44025, 35331, 39540, 62258, 52647, 27040, 27257, 33366, 33322, 34702, 21249, 27165, 34704, 35671, 00222, 37616, 43227, 93317, 24620, 40525, 41155, 63301, 45000, 59840, 21347, 58674, 01958, 31825, 32654, 42892, 21813, 26110, 27295, 35881, 25685, 45397, 49215, 23180, 32670, 35131, 45020, 59300, 58210, 58541, 63200, 24346, 26844, 61516, 67420, 68330, 21330, 23140, 32815, 38740, 64835, 28072, 32800, 54111, 21346, 24371, 30600, 58548, 22905, 56630, 25660, 27503, 51525, 47122, 58940, 61519, 66930, 26545, 27437, 21406, 25900, 39000, 69635, 41009, 23480, 42426, 21465, 28635, 29860, 32096, 59612, 54411, 54660, 00848, 52346, 56740, 21344, 28312, 42725, 27253, 29840, 45005, 64786, 27066, 27613, 28240, 63050, 27445, 33681, 27356, 27616, 35266, 61156, 01933, 53451, 33272, 35638, 50234, 00756, 61680, 27889, 54125, 55120, 69716, 34844, 63280, 69662, 33300, 51596, 01780, 62201, 11471, 27005, 52700, 25574, 35216, 31614, 47125, 63064, 25635, 58800, 65785, 43832, 26135, 33315, 50785, 54440, 67930, 92019, 33305, 38564, 54164, 64836, 27269, 40801, 33870, 37217, 61700, 63272, 27756, 38381, 43192, 43257, 52007, 41018, 27881, 44650, 56440, 00474, 33226, 37218, 43415, 47554, 64886, 65770, 01212, 24675, 28150, 55831, 58740, 66940, 36836, 27510, 41135, 24102, 28024, 31515, 24310, 52325, 54110, 61314, 61323, 45910, 44312, 27826, 19100, 32440, 34502, 35190, 61140, 25151, 39545, 52282, 62010, 35304, 24344, 31820, 35558, 33463, 21336, 21386, 23066, 30110, 36578, 37615, 40831, 72159, 21356, 49250, 43647, 26686, 44155, 26842, 44021, 53215, 27033, 43621, 58572, 15936, 28446, 42720, 50780, 58953, 67413, 15946, 33214, 44800, 00218, 67808, 47362, 33995, 49622, 25446, 32853, 31291, 32998, 33916, 67316, 30400, 31561, 43130, 16035, 01842, 27198, 43210, 27846, 61584, 59871, 25445, 35045, 42870, 63011, 15937, 27580, 27638, 53449, 21196, 27848, 33218, 33977, 63300, 27892, 61514, 78811, 36160, 65850, 49572, 54435, 26715, 32994, 43201, 01960, 21047, 44020, 61595, 65286, 01150, 26025, 38542, 46045, 23078, 51550, 67101, 27552, 45389, 30410, 33390, 52334, 55920, 21030, 27222, 27450,

47380, 27700, 45905, 22318, 42650, 54901, 60540, 33971, 42335, 33267, 33886, 61711, 32141, 0266T, 28309, 28495, 42660, 61630, 25525, 38120, 69421, 61591, 58353, 25248, 26530, 35626, 44372, 43860, 63085, 49570, 31638, 30150, 39401, 63040, 00625, 27054, 32659, 69440, 63271, 47610, 22315, 27594, 42500, 42894, 61315, 28001, 31020, 65710, 01650, 33265, 42960, 31365, 63282, 35082, 26200, 29845, 38760, 41252, 27230, 21040, 21422, 27709, 44340, 69661, 28705, 66983, 22220, 26565, 31241, 01404, 26034, 35631, 42106, 43284, 26390, 47532, 21026, 33980, 35256, 28153, 28525, 57200, 62225, 26665, 26432, 50947, 27146, 60502, 63087, 01966, 42425, 45505, 47130, 0184T, 64575, 65280, 63281, 34151, 44210, 60521, 54430, 29804, 35883, 64856, 11462, 11450, 15850, 38780, 27605, 43631, 24615, 41008, 44364, 43332, 61623, 22900, 33513, 43845, 29867, 43610, 69637, 15200, 19361, 28062, 28606, 65750, 57135, 44345, 27619, 20102, 20200, 43107, 35236, 24579, 32854, 11620, 38232, 27122, 31634, 53400, 00870, 31730, 92018, 27745, 45400, 28295, 69632, 01340, 27612, 28585, 47780, 24586, 27372, 27816, 44346, 58925, 61592, 27025, 35907, 54437, 66762, 42120, 32097, 92961, 21243, 47361, 62256, 27860, 33410, 37700, 61526, 33465, 59841, 01932, 27420, 43611, 67414, 27218, 21615, 47350, 21248, 37600, 24435, 34718, 25652, 64776, 27540, 24006, 27598, 24363, 49060, 58180, 32673, 25101, 27824, 62100, 45342, 46288, 45333, 49010, 54416, 61590, 21210, 23075, 27365, 55180, 33954, 54055, 58679, 21558, 27607, 44373, 26852, 53450, 61108, 28126, 29837, 54057, 43289, 33883, 58550, 55500, 0483T, 28022, 22800, 24366, 24635, 67043, 25337, 33425, 35201, 42330, 01990, 26775, 67901, 27652, 49402, 43870, 27345, 27045, 54120, 60200, 61304, 25275, 34111, 48105, 32120, 54300, 44640, 26862, 11470, 27278, 33217, 58546, 33877, 50541, 52355, 26546, 27428, 19302, 32150, 26541, 27632, 22532, 35351, 40818, 61605, 21337, 27601, 00522, 24605, 21230, 21315, 25645, 26548, 32662, 57410, 23076, 58720, 01760, 38700, 38720, 45332, 22533, 32160, 35091, 15820, 58140, 35151, 0474T, 61880, 23455, 49204, 58559, 69620, 26989, 27355, 43195, 11006, 28476, 33416, 41017, 69642, 25040, 37617, 41250, 42962, 19101, 27592, 27626, 28800, 22556, 27884, 33536, 45999, 22802, 15574, 28140, 45110, 33956, 41110, 27472, 28505, 62380, 54505, 15773, 37216, 11600, 62355, 26235, 30450, 43196, 61520, 27618, 31631, 32110, 44385, 44603, 49618, 62303, 27676, 60210, 15760, 35303, 26230, 01730, 43232, 0075T, 61500, 27470, 28045, 61320, 27842, 27248, 33120, 32320, 28735, 57460, 63016, 19330, 33975, 62142, 20924, 33864, 15758, 01756, 32607, 32656, 34707, 25076, 31613, 69105, 00730, 43633, 44382, 46948, 27769, 61888, 24101, 36625, 66987, 51590, 54401, 27187, 34847, 21461, 49553, 23335, 27664, 39220, 19325, 19020, 41150, 49255, 49441, 27226, 41130, 60699, 24665, 35621, 61343, 43632, 28111, 44377, 44125, 25280, 20100, 45337, 93619, 51050, 29894, 33871, 35081, 12007, 24000, 27305, 27625, 44960, 57287, 27036, 49613, 52283, 26785, 31225, 26370, 52275, 27703, 25073, 33202, 27328, 35701, 66184, 00524, 65772, 39501, 41116, 50220, 00930, 46060, 58562, 69645, 63277, 57265, 45395, 43252, 50430, 69644, 36820, 43212, 27364, 27331, 27347, 00820, 54400, 53415, 42808, 38745, 24340, 25440, 50820, 01772, 32100, 65093, 61650, 40810, 42842, 31239, 47370, 60260, 28041, 24545, 44376, 58750, 62141, 33966, 33984, 48153, 69799, 24430, 65779, 27457, 35571, 47533, 61548, 35583, 62365, 21016, 67935, 54408, 63709, 24666, 34701, 45349, 21031, 33206, 21932, 35585, 25290, 31603, 36481, 43231, 26520, 42699, 00702, 24073, 32225, 63075, 31545, 35606, 34101, 55821, 23030, 00640, 50544, 44378, 43030, 31648, 64680, 01444, 31899, 57155, 69714, 43279, 21453, 23040, 69310, 27630, 46220, 21244, 28160, 35654, 53446, 26437, 29805, 45379, 56501, 0479T, 25800, 49421, 59160, 44208, 43117, 64713, 50240, 58999, 30560, 42831, 30100, 34834, 27705, 51860, 26075, 57420, 61458, 24149, 01502, 23630, 00906, 31540, 58671, 62140, 34846, 67025, 35207, 26755, 43180, 58660, 24147, 27724, 35665, 39010, 46230, 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