Army Regulation 40–350
AFR 168-11
BUMEDINST 6320.1E
(PHS) CCPM 60
COMDTINST M6320.8B
NOAAR 56-52C

Medical Administration

Patient Regulating To and Within the Continental United States

Headquarters
Departments of the Army, the Air Force, the Navy, the US Public Health Service, the US Coast Guard, and the National Oceanic and Atmospheric Administration
Washington, DC
30 March 1990

UNCLASSIFIED

SUMMARY of CHANGE

AR 40–350/AFR 168–11/BUMEDINST 6320.1E/(PHS) CCPM 60/COMDTINST M6320.8B/NOAAR 56–52C

This is a complete revision of the directive. Changes are made throughout, including provisions for reporting to ASMRO all member and nonmember patients of the uniformed services transferred to and between MTFs within the CONUS, and revision of regulating procedures and expansion of medical codes to include additional medical specialties (attachment 2).

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Effective 30 April 1990

Medical Administration

Patient Regulating To and Within the Continental United States

BY ORDER OF THE SECRETARIES OF THE AIR FORCE, THE ARMY, AND THE NAVY; THE SECRETARY OF HEALTH; THE COMMANDANT, US COAST GUARD; AND THE DIRECTOR, NOAA CORPS OPERATIONS

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History. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This directive prescribes uniform procedures and establishes responsibilities during peacetime and contingencies for regulating the transfer of patients from overseas to the continental United States (CONUS); the transfer of patients between uniformed services, Veterans Affairs (VA), or civilian medical treatment facilities (MTF) within the CONUS; and the assignment of beds in Veterans Affairs Medical Centers (VAMC) for members of the uniformed services who will require further hospitalization or nursing home care after separation or retirement from all military services. This directive implements Department of Defense (DOD) Directive 5154.6, 23 December 1985.

Applicability. The provisions of this directive apply to the DOD and its field activities; all uniformed services (including their National Guard and reserve components); the Office of the Joint Chiefs of Staff (OJCS); the Unified and Specified Commands; and the defense agencies (hereafter referred to collectively as "DOD components") and, under mutual agreement, to the VA. This directive is mandatory for use by all DOD components.

Proponent and exception authority. Not applicable.

Army management control process. Not applicable.

Supplementation. Heads of DOD components may issue supplementary instructions only when necessary to provide for unique requirements within their respective components. Local limited supplementation of this directive is permitted, but not required. If supplements are issued, major Army commands will furnish one copy of each to The Surgeon General, DASG-HCZ; major Navy commands will furnish one copy of each to HQ USAF/SGH. Other commands will furnish one copy of each to the next higher headquarters. Send recommended changes to this directive through channels to: The Armed Services Medical Regulating Office (ASMRO), Scott AFB IL 62225–5000.

Interim changes. Not applicable.

Suggested Improvements. Not applicable.

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* This regulation supersedes AR 40-350/BUMEDINST 6320.1D/AFR 168-11/(PHS) BMS CIR NO. 75-15/CG COMDT INST 6320.8A, 24 April 1975.

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RESERVED

Chapter 1
GENERAL PROVISIONS

1–1. Abbreviations and Terms Defined.

Attachment 1 lists the abbreviations used in this directive. Some of the terms used in this directive are explained below:

a. ASMRO. Armed Services Medical Regulating Office (ASMRO) is a joint agency operated by the Chief of Staff, US Air Force, as Executive Agent for the Joint Chiefs of Staff and subject to the direction, control, and authority of the Joint Chiefs of Staff.

b. Codes. Alphabetical and numerical characters used to report patients to ASMRO for medical regulating. Codes identify the patient's department or civilian status, sex, etc., and the medical specialty requirements and specific diagnosis for each patient.

c. Continental United States (CONUS). The United States territory, including the adjacent territorial waters, located within the North American continent between Canada and Mexico.

d. CONUS Patient. A member of a uniformed service or other eligible beneficiary hospitalized in a CONUS medical treatment facility (MTF).

e. Disabled Member. A member of a uniformed service who is medically unfit for service and requires further hospitalization or nursing home care in a VAMC after separation or retirement from active duty.

f. Joint Medical Regulating Office (JMRO). A joint agency responsible for patient evacuation coordination within and from a unified or specified command area.

g. Member Patient. A person serving on active duty in one of the uniformed services of the United States. Active duty means full–time duty in the active uniformed service of the United States. It includes duty on the active list; full–time training duty; annual training duty; and attendance, while in active uniformed service, at a school designated as a service school by law or by the secretary of the department concerned.

h. Nonmember Patient. Any eligible person other than a member of a uniformed service as defined above.

i. Overseas Patient. A member or nonmember of a uniformed service outside the CONUS who requires evacuation to the CONUS for further treatment or disposition.

j. Place of Residence (POR). This is normally the location (city and state) of the patient's selected residence and not necessarily home of record (HOR) of the service member. This information should be obtained by interview with the patient, whenever possible, rather than from medical or personnel records.

k. Priority. Classification used for patients requiring prompt medical care not available locally. Such patients must be picked up within 24 hours and delivered with the least possible delay.

l. Prisoner Patient. A patient needing care who is confined under the provisions of the Uniform Code of Military Justice (UCMJ).

m. Regulating. The process of designating an MTF by matching reported uniformed services MTF medical specialty capabilities with reported patient needs.

n. Repatriated Prisoner–of–War (RPW) Patient. A member of a uniformed service of the United States or a United States citizen who has been a prisoner of war (POW) and has been returned to United States control and who requires evacuation to the CONUS for medical disposition.

o. Routine. Classification used for patients who can wait up to 72 hours from the time reported as ready to move before pick up. These patients will normally be moved on routine or scheduled flights. Because of the routing of the air evacuation system, these patients may be required to fly for more than 1 day and remain overnight in an aeromedical staging facility (ASF) or holding ward.

p. Specialty Curtailment (Blocking). Temporary curtailment in a specialty capability within an MTF which precludes further regulating of patients to that MTF for a specified period.

q. Surgeon General. The chief medical officer of a branch of the armed services or of a federal health service (e.g. Chief, Office of Health and Safety of the U.S. Coast Guard).

r. Transfer Diagnoses. The diagnosis provided by an attending physician which necessitates transfer of patient, plus any associates additional diagnoses requiring continuation of treatment.

s. Transportation Agency. An agency responsible to the DOD for patients; i.e., Military Airlift Command (MAC), Military Traffic Management Command (MTMC), and Military Sealift Command (MSC).

t. Uniformed Services. The Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

u. Urgent. Classification used for patient who must be moved immediately to save life or limb or eyesight, or to prevent complication of a serious illness. Psychiatric or terminal cases with a short life expectancy are, therefore, not considered urgent.

1–2. Policy on Regulating Patients:

a. Peacetime. During peacetime, patients are regulated to the closest MTF capable of providing the required care

and disposition. Patients originating outside CONUS who are not expected to return to duty and patients being separated from the service by reason of disability are regulated to an MTF or VAMC nearest the patient's selected POR. Member patients who are expected to return overseas are regulated to the closest MTF to port of entry. Hospitalized patients who are away from their duty station may be returned to an MTF nearest the duty station.

(1) Exceptions to Regulating Policy. Requests for exception to the above regulating policy are made via the Defense Medical Regulating Information System (DMRIS), when available. When DMRIS is not available, the requests are submitted to ASMRO by priority message with an information copy to the appropriate service surgeon general's office (of the member's service if active duty or of the MTF for all other categories of patients). All patients for whom an exception is requested must have an accepting physician at the proposed destination MTF. ASMRO approval or disapproval of the request is transmitted via either DMRIS or return message. If approved, an approval authority number will be issued, accompanied by the proper code identifying the reason for granting the exception. Requests for exception to regulating policy must include all of the information outlined below. (If an item does not apply to a particular patient, indicate "none" or "N/A. " Figure 1–1 gives the format for a message request.)

(a) Name of requesting MTF.

(b) Date of request or reference number if using DMRIS.

(c) Patient's name.

(d) Sponsor's Social Security account number (SSAN).

(e) Status.

(f) Grade.

(g) Sex.

(h) Age.

(i) Medical specialty required; indicate secondary and tertiary specialties if appropriate. (See attachment 2 for Medical Specialty Codes.)

(j) Diagnosis (indicate secondary and tertiary diagnoses if appropriate).

(k) Place of residence.

(l) Duty station (active duty only).

(m) Destination MTF desired.

(n) Name of accepting physician.

(o) Telephone number of accepting physician

(p) Narrative justification.

(q) Name of requesting physician.

(r) Requesting physician telephone number.

(s) Reported by.

(t) Telephone number (of person doing the reporting).

(2) Approval Criteria. The following criteria are used by ASMRO to determine if an exception to regulating policy will be granted:

(a) Continuity of Treatment. Applies when the attending physician deems it medically necessary that the patient be regulated to a specific MTF or physician for follow–up care. The patient must be returning for the same condition as previously treated and, normally, to the same health care provider. Justification must include the date of the last visit or period of hospitalization or the ASMRO cite number of the last move.

(b) Teaching Case. Applies when the patient has a condition deemed by the attending physician to have value for educational purposes. This criterion is not meant as a means to supplement formalized teaching programs; rather the nature of the patient's condition would be of educational interest to another clinical provider or provider staff, regardless of teaching hospital affiliation.

(c) Other Clinical Reasons. Applies when the attending physician has determined that, for clinical reasons other than continuity of care or as a teaching case, it is in the patient's best interest to be transferred to a specific MTF or treated by a specific physician. Requests are not approved based on the personal desires of the attending physician, but must be substantiated by objective clinical reasons to support the exception. In essence, the specific care required must be of a nature that is not available at the MTF to which the patient would be regulated under basic regulating policy.

(d) Board Action. Applies when the patient is being regulated for a "service–directed" formal physical evaluation board. Justification must include reference (message, letter, or memorandum) that "directs" the patient to a specific MTF to have the board evaluation accomplished.

(e) Humanitarian. Applies when it is deemed appropriate that special consideration should be given for transfer of a patient to a specific MTF for humanitarian or compassionate reasons.

(f) Administrative or Other. Applies when special, nonclinical, nonhumanitarian consideration should be given to regulating a patient to a specific MTF. Generally these patients are service–directed, special interest patients and may include certain types of disciplinary cases. If so, justification will include appropriate reference "directing" the patient to the MTF location.

(3) Prisoner Cases. Fitzsimons Army Medical Center (FAMC) is designated as the receiving hospital for prisoners

requiring hospitalization. Prisoner patients are regulated by ASMRO to FAMC only after coordination has been accomplished by the transferring MTF with the chief of the specialty service to which the patient is being referred and the FAMC Director of Security. Depending on the size of the prisoner population at the time of the request, medical evacuation of prisoner patients to FAMC may be delayed except under bonafide emergency circumstances.

(4) Local Agreements. Patients may be transferred between MTFs, without regard to regulating policy, if a formally approved local agreement is in effect. Such agreements must be approved by Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)). Local agreements in effect prior to the effective date of this directive and agreements developed in the future must be reviewed by the Tri–Service Regional Committee of the affected regions and the respective surgeon general's office and forwarded through the ASMRO and the ASMRO executive agent to OASD(HA). If moved by other than the aeromedical evacuation system, patients transferred under a local agreement must be reported to ASMRO within 48 hours of the transfer.

b. Wartime. During wartime, patients are regulated according to chapter 5 of this directive.

c. Categories of Patients Regulated by ASMRO. ASMRO regulates the transfer of all member and nonmember patients of the uniformed services from overseas areas to CONUS and between MTFs within CONUS, except for patients transferred as urgent or priority. See paragraph 1–2k, below, for specific instructions regarding urgent or priority movement.

d. One–Step Patient Reporting. Offshore and CONUS MTFs will report all patients to ASMRO for regulating and movement, when appropriate, to and within the CONUS. ASMRO will immediately make this information available to transportation agencies for clinical coordination and movement scheduling. Subsequent direct communication between transportation agencies and MTFs is authorized as required for specific information not gathered by ASMRO.

e. Eligibility Status. Determination of eligibility for admission to the MTF or for aeromedical evacuation is the responsibility of the reporting uniformed service MTF and is accomplished prior to reporting a patient to ASMRO. DOD Regulation 4515.13 provides guidance in this area.

f. Reporting Requirement. Except in those instances covered by the provisions of paragraph 1–2c, all overseas patients and all CONUS patients requiring care in a uniformed service MTF who are transferred to or within CONUS for medical reasons are reported to ASMRO. Patients regulated by ASMRO are not transferred to other than the designated MTF without approval of ASMRO.

(1) Overseas Patients. Patients who are to be evacuated from overseas to CONUS are reported to ASMRO for bed designations by the hospitalizing MTF unless the facility has been specifically directed by the unified or specified command to report such patients to a JMRO for consolidated reporting to ASMRO. A request for a specific CONUS MTF is submitted according to paragraph 1–2a(1). In cases where prior arrangements have been made by sponsors, patient, or originating MTF for transfer of a patient to a civilian facility or VAMC within CONUS for inpatient care, the following information must be included in the request to ASMRO: name and address of the civilian facility or VAMC; name and telephone number of the accepting physician; name and telephone number of agent providing local transportation to destination MTF; and the statement, "ACCEPTANCE: CONFIRMED." All members not requiring hospitalization or active medical supervision while in transit are returned to CONUS through regular administrative channels and are reported to ASMRO in accordance with chapter 3.

(2) CONUS Patients. Member patients who must be transferred for medical reasons to another MTF and who are expected to return to duty are regulated to the closest uniformed service MTF having the capability to provide the necessary medical care. Member patients who must be transferred for medical reasons to another MTF and who are not expected to return to duty are regulated to a uniformed service MTF which is nearest the patient's selected POR for humanitarian reasons with approval from ASMRO (paragraph 1–2a(1)). Nonmember patients requiring further hospitalization and care beyond the capability of the admitting facility and who desire continued care in a uniformed service MTF are reported to ASMRO. These nonmember patients are normally regulated to the closest uniformed service MTF providing the required care. Requests for specific hospital designations are submitted according to the instructions contained in paragraph 1–2a(1). The transferring MTF is responsible for furnishing the receiving MTF patient information necessary to ensure advanced planning (see chapter 2).

g. Administrative Notifications. ASMRO notifies the Army or Air Force MTF, the Navy Office of Medical Affairs, or the Coast Guard district having administrative responsibility for members of the uniformed services regulated to an MTF other than the patient's own service. The transferring and receiving MTFs are also notified. The uniformed services are responsible for providing ASMRO with information concerning area responsibility.

h. Transfer of Patients From CONUS to an Overseas Area. Members and nonmembers of the uniformed services are not normally transferred for continued care and treatment to an overseas area except upon prior approval of the overseas theater surgeon. Requests outlining circumstances requiring such transfers, along with the names of the accepting and attending physicians, are submitted by DMRIS or message to ASMRO. ASMRO coordinates with the appropriate overseas surgeon through the JMRO. If approval is granted, the patient is reported for transfer.

i. Enlistees Under the Medical Remedial Enlistment Program. Enlistees under this program who require transfer to correct their remedial physical defects are reported to ASMRO for hospital designation.

j. Transmission of Regulating Requests. Requests for regulating may be made by DMRIS, message, telephone, or

facsimile transmitting equipment, as deemed appropriate by the Director, ASMRO. Requests for designation of VAMC will be by DMRIS, message, or facsimile transmitting equipment, except as authorized in chapter 4.

k. Emergency Transfer of Patients. An MTF may transfer bonafide emergency cases (urgent or priority) to another MTF at any time without prior coordination with ASMRO. However, the transferring MTF must first determine that the receiving MTF has the capability to provide the required medical care and obtain acceptance. Urgent and priority cases reported from overseas for transfer to CONUS are normally evacuated to the MTF that is nearest the CONUS port of entry and has the required medical capabilities. An after–the–fact report of all such transfers via other than the USAF aeromedical evacuation system is submitted to ASMRO by the transferring MTF within 48 hours of transfer. CONUS urgent and priority patients transferred via the USAF aeromedical evacuation system are reported directly to the 375th Aeromedical Airlift Wing's Patient Airlift Center (PAC) at Scott AFB IL 62225–5436, by the most expeditious means possible, preferably telephone, as soon as the need for transfer is identified.

l. Transfer of Special Types of Patients:

(1) Burn Patients. Patients with severe burns are transferred to the US Army Institute of Surgical Research (USAISR), Brooke Army Medical Center, Ft Sam Houston TX, for observation, treatment, and study when it is determined by competent medical authority that they are appropriate patients for treatment at USAISR and are sufficiently stable for movement.

(a) Communications with USAISR. Direct communication with USAISR is authorized to determine if a bed is available and to verify that the individual is an appropriate patient for treatment at the Institute. After USAISR concurrence, the transfer is made without prior authority from ASMRO. A report of the transfer is submitted to ASMRO by the transferring MTF within 48 hours following transfer.

(b) Services of Special Burn Team. To aid in the early treatment of burn cases and to advise on the transportability of such cases, a special burn team is available at the USAISR for dispatch to the MTF. To request the services of this team, MTF commanders should telephone the USAISR and relay the following information:

1. Name and age of patient.

2. For members, grade and SSAN; for all others, identify the category; i.e., dependent, retired, civilian employee, etc.

3. Percentage of total body surface involvement (estimated).

4. Percentage of third–degree burn (estimated).

5. Major body involvement; i.e., face, hands, trunk (posterior or anterior), upper or lower extremities.

6. Type of burn; i.e., flame, steam, chemical, electrical, or other.

7. Associated injury or disease.

8. Special evacuation requirements; i.e., need for mechanical ventilator support, etc.

9. Treatment to date.

10. Laboratory and X–ray results to date.

11. Name and telephone number of attending physician.

(2) Evacuation of Spinal Cord Injury (SCI), Head Injury, Blind Rehabilitation, and Other DOD and VA Agreed Patients. Member patients requiring evacuation for spinal cord, head injuries, or blind rehabilitation services, may be transferred to the VAMC that is nearest the patient's selected POR and that has the space and capabilities to provide optimal treatment.

(a) Goal. The general goal is to transfer the patient within 3 days (4 days from overseas) and in no instance more than 12 days past injury. The ability to complete medical board processing is not a prerequisite for this type of transfer.

(b) Procedures. In addition to the information required in chapter 4, the following procedures apply for transfer of SCI, head injury, and blind rehabilitation patients:

1. Make initial notification to ASMRO by telephone as soon as a possible patient is identified.

2. Determine, in coordination with ASMRO, closest VAMC to patient's POR. (See attachment 3 for list of VA SCI Centers.)

3. Establish personal telephone contact with VAMC counterparts (both physician and administrative sections) to obtain acceptance of the patient and discuss, and make arrangements for, any special requirements.

4. When patients are ready for transfer, transfer is effected immediately without regard to holidays or weekends. Patients being transferred from MTFs outside CONUS are evacuated directly to the VAMC without passing through intervening military MTF in CONUS, except under extenuating circumstances.

5. Submit follow–up report of patient movement to ASMRO within 48 hours if moved via other than the aeromedical evacuation system.

(c) ASMRO Responsibilities:

1. Provides information and assistance as required by the transferring MTF to ensure the expeditious transfer of patients.

2. Contacts the VA Central Office (VACO) or the appropriate surgeon general's office when difficulties are encountered by the transferring MTF.

3. Provides cite number to the transferring MTF.

(d) Surgeons General Responsibilities:

1. Provide a 24–hour–a–day point of contact in case problems arise.

2. Provide necessary assistance to the VAMC in preparing medical boards.

(e) VA Responsibilities (by Agreement):

1. Accepts any patient at any time evacuation or transfer can be effected, after coordination with and acceptance by the VAMC.

2. Provides ASMRO with a current list, updated as necessary, of SCI centers, blind rehabilitation centers, and those VAMCs with head injury treatment capabilities.

3. Initiates medical board proceedings.

m. Medical Specialty Capabilities:

(1) Report Requirements. Each March and September, during peacetime, a report of medical specialties available at specified MTF is reviewed by the Surgeons General of the Army, Navy, and Air Force. ASMRO uses these reports to determine the destination MTF for patients reported for medical regulating. Any changes should be reported by the MTF concerned as they occur. (See attachment 4 for reporting instructions.) During contingencies, capabilities are reported as outlined in chapter 5.

(2) Definitions:

(a) General Capability. The capability to provide the full range of care normally provided within a particular medical specialty. ASMRO designates any MTF reporting general capability. An accepting physician is not required.

(b) Restriction Codes. A specific restriction placed on the type and number of patients which ASMRO may regulate into a particular MTF. Examples are active duty only, male or female only. If an MTF has any capability to provide service in a certain specialty, active duty shall have priority over other beneficiaries. MTFs routinely treating nonactive duty beneficiaries in any particular specialty must ensure that specialty is also available for ASMRO regulating of, at a minimum, active duty patients. Authorized restriction codes are listed in attachment 4.

(3) Distribution. ASMRO distributes copies of specialty capability reports to uniformed services MTF, JMROs, and other offices as required. Information on changes may be obtained from ASMRO or the MTF concerned.

n. Specialty Curtailment (Blocking). When it is necessary to curtail regulating in a particular specialty, Army MTF commanders notify US Army Health Services Command, Attention: HSHI–QR, Ft Sam Houston TX 78234–6070; Navy MTF Commanders notify Chief, Bureau of Medicine and Surgery, Attention: MED–33, Wash DC 20372–5120; and Air Force MTF commanders notify HQ US Air Force, Attention: SGPC, Bolling AFB DC 20332–5000. These notifications are sent using DMRIS or by message, with an information copy to ASMRO. Reporting Army facilities using messages will provide an information copy to HQ US Army, Attention: SGPS–CP, 5109 Leesburg Pike, Falls Church VA 22041–3258. The date of curtailment, reason for action, and expected date for restoration of capability are included. Indefinite dates are not given. Since at any given time there may be patients en route to an MTF in the curtailed specialty, temporary losses of specialty capabilities should be reported sufficiently in advance of the desired date of curtailment. Curtailments may not extend into the next semiannual capabilities reporting period since all MTF capabilities are automatically updated to reflect the new report.

o. ASMRO Control (Cite) Number. ASMRO assigns cite numbers to each regulating request. Cite numbers are valid for a 7–day period. An extension of up to 14 days may be requested. If the reporting MTF cancels a patient's transfer, ASMRO is notified, using the cite number and the name of the patient. In the case of transfers from overseas to CONUS, the designated MTF is included as an information addressee. The cite number is included on transfer orders and in requests for aeromedical evacuation. Reference is made to this cite number in all inquiries to ASMRO.

1–3. Policy on Sending Message Requests and Reports.

When required to send messages, use the precedence and format indicated in the instructions. All messages in the instructions are critical for the proper regulating and movement of patients in peacetime and wartime. This meets the criteria for release when MINIMIZE is in effect. If MINIMIZE is in effect, each message will be annotated "MINIMIZE CONSIDERED" in the special instructions block of the message.

01 02 271900ZNOV 88 PP PP UUUU

USAFHOSP OSAN AB KOR//SGR/I

ASMRO SCOTT AFB IL

INFO (APPROPRIATE SERVICE SG'S OFFICE)

UNCLAS

SUBJ: REQUEST FOR EXCEPTION TO REGULATING POLICY

1. REQUESTING MTF: USAF HOSP OSAN AB ROK

2. DATE: 27 NOV 88

3. PT NAME: JAMES L. JONES

4. SSAN: 123-45-6789

5. STATUS: F11

6. GRADE: 002

7. SEX: M

8. AGE: 27Y

9. MED SPEC 1: SSOA

10. DIAG 1: 362.5. DEGENERATION OF MACULA AND POSTERIOR POLE

11. MED SPEC 2: MMA

12. DIAG 2: 477.0. ALLERGIC RHINITIS DUE TO POLLEN

13. MED SPEC 3: NONE

14. DIAG 3: NONE

15. PLACE OF RESIDENCE: WEED, CALIFORNIA 96094

16. DUTY STATION: MINOT AFB, ND

17. MTF DESIRED: WILFORD HALL MEDICAL CENTER

18. NAME OF ACCEPTING PHYSICIAN: MAJ DENISE JONES

19. TELEPHONE NUMBER OF ACCEPTING PHYSICIAN: AV 554-1234

20. JUSTIFICATION: PATIENT WILL REQUIRE 3 TO 4 MONTHS OF CARE AND CONVALESCENCE, CAN EXPECT A CONSIDERABLE AMOUNT OF STRESS OVER POSSIBLE LOSS OF SIGHT. PATIENT HAS IMMEDIATE FAMILY IN AREA WHO CAN PROVIDE MORAL SUPPORT.

21. REQUESTING PHYSICIAN: MAJ ANDREW S. SCOOTER

22. REQUESTING PHYSICIAN TELEPHONE NUMBER: AV 328-4444

23. REPORTED BY: AMN JAMES W. WILLIAM

24. TELEPHONE NUMBER: (For person doing reporting) AV 328-1111

Figure 1-1. Sample Message Request for Exception to Regulating Policy

Chapter 2
CONUS TRANSFERS

2–1. Purpose of This Chapter.
This chapter prescribes the procedures for requesting patient transfer for further care.

2–2. Request for Transfer.
A request includes the patient's name and grade or status, appropriate codes, and any special medical requirements. Any additional personal or administrative information that clarifies the need for special requirement of the patient is also included in the request (see attachments 5 through 9).

a. Member Patients. Include the duty station or homeport of ships for those patients expected to return to duty.

b. Nonmember Patients. Include the patient's POR.

c. Submitting Requests. Requests are submitted to ASMRO by DMRIS, message, telephone, or facsimile equipment for all patients requiring transfer for medical reasons. However, where available, reports are submitted via the DMRIS. ASMRO transmits the hospital designations to the requesting MTF by DMRIS, message, telephone, or facsimile transmission device, as appropriate.

d. MTF Notifications. When notified by ASMRO of the destination MTF, the transferring MTF must immediately notify the receiving MTF of the transfer and make necessary transportation arrangements. Information provided by the transferring MTF to the receiving MTF is by DMRIS, message, telephone, or facsimile transmission equipment. Notification by DMRIS is accomplished automatically when ASMRO validates the patient transfer request and issues a cite number. Required information to be reported to the receiving MTF if DMRIS is not used or the information is not available in the DMRIS file includes as a minimum:

(1) Name and grade or status of patient.

(2) Diagnosis and medical coding. Using the International Classification of Diseases, list diagnoses necessitating transfer, plus any associated or additional diagnoses requiring continuing treatment.

(3) Information for advanced planning:

(a) Any special medical equipment.

(b) Special procedures; i.e., renal biopsy. Give date and time scheduled.

(c) Identify general or flag officers, VIPs, cases that have congressional interest, or other matters with public information implications. If information is sent in these cases by other than message, a confirming message must be dispatched.

(d) Any personal or administrative considerations which have an impact on the receiving hospital.

(e) Physician to physician contact. Although there is no requirement for the referring physician to contact a physician at the receiving MTF, it is encouraged. Physician to physician contact is especially encouraged when the care required of the patient is not clearly indicated by the medical specialty or diagnoses reported. For patients reported within CONUS using DMRIS, the name and telephone number of the attending physician is contained in field 66 and 67 respectively on the DMRIS Patient Reporting/Regulating Screen (01).

(4) Mode of transportation.

2–3. Special Procedures for Certain Types of Patients:
a. For patients requiring emergency transfers (urgent or priority), certain burn patients requiring the services of USAISR, spinal cord injury, head injury, blind rehabilitation patient, and CONUS patients requiring transfer to an overseas MTF, refer to chapter 1 or chapter 4, as appropriate.

b. Member and nonmember patients in civilian hospitals requiring transfer to a uniformed service MTF are reported according to prescribed service policy to ASMRO for regulating.

Chapter 3
OVERSEAS TO CONUS TRANSFERS

3–1. Purpose of This Chapter.
This chapter prescribes the procedures for requesting the transfer of an overseas patient to a CONUS MTF.

3–2. Scope.
The procedures prescribed in this chapter apply to:

a. Joint Medical Regulating Offices (JMRO) serving any overseas area.

b. Military MTFs which have not been specifically directed by unified or specified command to report patients to a JMRO for consolidated reporting to ASMRO.

c. Military MTFs located in any overseas area in which a JMRO has not been established.

3–3. Request for Transfer.

Requests for transfer of patients to CONUS from overseas and off–shore MTFs are normally sent either via DMRIS or message (see figure 3–1).

a. Members of Uniformed Services. A request for transfer of a member of a uniformed service to a CONUS MTF includes the patient's name, SSAN, status, grade, age, sex, weight, POR, classification code, originating MTF, medical specialty and diagnoses codes, accepting physician (if required), appointment or surgery date (if applicable), and approval authority number (if an exception to regulating policy has been granted by ASMRO). Information regarding special medical requirements and whether the patient will or will not return to duty must be included. Include age of dependent children, relationship, sex, and status of any accompanying nonmedical attendants (NMA). If the patient is reported via DMRIS, include inpatient or outpatient status, reason regulated, any special program required (e.g., alcohol, drug), VA code (if applicable), and name of person reporting the patient. Detailed information requirements are in attachment 5.

b. Nonmembers of the Uniformed Service. A request for transfer of a nonmember of a uniformed service to a CONUS MTF includes the patient's name, sponsor's SSAN, status, age, sex, weight, place of residence, classification code, originating MTF, medical specialty and diagnoses, accepting physician (if required), appointment or surgery date (if applicable), approval authority number (if exception has been approved), destination MTF (if outpatient or an exception has been granted), any special medical requirements, and whether or not the patient is expected to return overseas following treatment. Include age of dependent children and relationship, sex, and status of any accompanying nonmedical attendants. For nonmember psychiatric patients, also include complete information as to service required, prognosis, expected length of stay, and any complicating medical or personal considerations affecting continued care. In those cases where prior arrangements have been made for transfer of a nonmember patient to a civilian MTF, include name and telephone number of accepting physician, and the statement "ACCEPTANCE CONFIRMED" (figure 3–2). If the patient is being reported via DMRIS, include the reason regulated, inpatient or outpatient status, and name of individual reporting the patient. Non–member patients reported by message are included in the regular message text format for CONUS MTF designation immediately following the listing of member patients. Attachments 2 and 6 contain detailed instructions for coding the patient's medical classification and civilian status.

c. Foreign Nationals (FN). Foreign national patients are reported to ASMRO by name, country of citizenship, appropriate alphabetical and numerical coding, identification of the sponsoring agency (i.e., State Department; Secretary of the Army, Navy, Air Force), and any special medical requirements (figure 3–3).

d. Repatriated Prisoner–of–War (RPW) Patients. A request for a CONUS MTF for a RPW patient will include RPW following the alphabetical coding of the patient's departmental or civilian status (figure 3–3).

e. Submitting Request for Transfer:

(1) Unless specifically directed by the unified or specified command to report patients through a JMRO, commanders of overseas MTFs submit requests for CONUS MTF to ASMRO. When patients are reported to a JMRO for consolidated reporting to ASMRO, the JMRO is responsible for ensuring that coding is correct and compatible and that the patient's selected POR zip code is included as listed in the Directory of United States Post Offices. The JMRO, using DMRIS, submits a separate report for each patient. If message format is used, the it MRO submits a single consolidated message request for CONUS MTF designations to ASMRO. ASMRO transmits CONUS MTF designations to each reporting MTF, the JMRO, receiving CONUS MTF, and appropriate transportation agencies.

(2) For patients requiring emergency transfer (urgent or priority); certain burn patients requiring the services of USAISR; spinal cord injury; head injury; blind rehabilitation patients; and civilian patients, other than DOD civilians and their dependents, requiring other than ASMRO authorization for transfer to a CONUS MTF, see chapter 1 or chapter 4, as appropriate.

01 01 191300Z OCT 88 PP PP UUUU
NAVHOSP GUANTANAMO BAY CU
ASMRO SCOTT AFB IL

INFO 57 AES SCOTT AFB IL
NATNAVMEDCEN BETHESDA MD
NAVHOSP PORTSMOUTH VA
NAVHOSP NEWPORT RI

UNCLAS

SUBJ: ASMRO CITE AND MANIFEST REQ

1. STEWART, MATTHEW S; 123–45–6789; N11/E3;5A;SOO; ICDA 7171;M/190/20Y; WR; OUTPT APPT NAVHOSP BETHESDA ORTHO/0800 HRS 21 OCT 88.

2. ROBERT, JEFFREY R; 234–56–7890; N11/E6;5A;SOO; ICDA 7219;M/185/36Y;WR; OUTPT APPT) NAVHOSP BETHESDA ORTHO/0830 HRS 21 OCT 88.

3. JOHNSON, SUSAN J; 345–67–8901; M41/DW;5A;SSU; ICDA 7533;F/125/30Y;WR; OUTPT APPT NAVHOSP PORTSMOUTH UROLOGY/0800 HRS 20 OCT 88.

4. JOHNSON, JAMES D; 456–78–9012; A11/04;2A;SSR; ICDA 4740;M/160/38Y; WNR;POR–NEWPORT RI; NMA–MARLENE JOHNSON; WIFE; A41;38Y.

Figure 3-1. Sample Message Request for Transfer From Overseas

01 01 061300Z DEC 88 PP PP UUUU
CH USEUCOMJMRO RHEIN MAIN AB GE
ASMRO SCOTT AFB IL

UNCLAS

SUBJ: CONUS HOSP DESIG

FROM CDRUSARMC LANDSTUHL GE

BRYAN, BRITTANY; 567–89–0123; A41/DD;3A;MMC; ICDA 4139;F/67/1OY; WNR; POR–CLEVELAND OH; ACCEPT, CLEVELAND CLINIC, CLEVELAND OH, BY DR DOE; 405 456 7890; ALLSTAR AMBULANCE 405 567 8901; NMA–DANNIELLE BRYAN; MOTHER; A41;34Y. ACCEPTANCE CONFIRMED.

Figure 3-2. Sample Message Request for Nonmember Patient to Civilian MTF.

01 01 111300Z APR 88 PP PP UUUU
CH USEUCOMJMRO RHEIN MAIN AB GE
ASMRO SCOTT AFB IL

UNCLAS

SUBJ: CONUS HOSP DESIG

FROM NAVHOSP ROTA SP

1. JOHNSON, SUSAN C, X59/GERMANY;2B;SOO; ICDA 7222;F/150/45Y; SA DESIGNEE;WR; ACC/PHY DR GARCIA AT WRAMC.

2. JONES, JOHNNY; 678–90–1234; A11/RPW/2A;SSN; ICDA 7222;M/190/40Y;WNR; POR WASH DC.

Figure 3-3. Sample Message Request for Foreign National or Repatriated Prisoner of War (RPW).

Chapter 4
TRANSFER OF UNIFORMED SERVICES MEMBERS TO VETERANS AFFAIRS MEDICAL CENTERS

4–1. Purpose of This Chapter.
This chapter prescribes the procedures for requesting a VAMC for hospitalization of uniformed services members under the VA/DOD Memorandum of Understanding dated 10 June 1986, the VA/DOT Memorandum of Understanding dated 3 October 1979, and Public Law 97–174.

4–2. Preparation and Submission of Request for Bed Designation:
a. Service MTF provides notification to ASMRO (through JMRO for overseas) when seeking to transfer a routine or nonemergent active duty patient from either a uniformed services MTF or from a civilian hospital. (See paragraph 4–5 for special procedures for the transfer of spinal cord injury, head injury, blind rehabilitation, and other DOD and VA agreed diagnoses patients.) Notification is made by DMRIS, message, or the telephone.

b. Except for urgent and priority transfers, request must be submitted via DMRIS, message, or facsimile transmission to ASMRO for bed designations in VAMC. It is the responsibility of the reporting MTF to comply with service policies concerning the appearance of members before medical evaluation boards (MEB) or physical evaluation boards (PEB) and accomplishment of other administrative procedures associated with the member's separation or retirement from active duty. These actions are coordinated to ensure movement of the member to the designated facility within the prescribed bed availability period. See figure 4–1 for a sample message request to ASMRO. (See paragraph 1–2 for additional information required to transport the patient via the aeromedical evacuation system. For emergency patients only, this notification may be made after the fact.) Include the following information as appropriate:

(1) Patient's full name, SSAN, date of birth, branch of service, and sex.

(2) City and state the patient has selected as POR upon separation from the service. If the patient is incompetent, the selected POR should be obtained from the patient's next–of–kin or guardian. A patient will be regulated to the VAMC closest to POR whenever possible. However, in certain cases, VA policy requires that patients be initially admitted to a VAMC special treatment center (such as spinal cord, blindness, head injury, tuberculosis, psychiatric, or alcohol and drug) considered to be in the patient's best interest. This places the patient in a hospital specifically staffed and equipped to treat particular illnesses or injuries. In some instances, assignment to such a special treatment center will take precedence over assignment to a VAMC nearer the patient's selected POR.

(3) Complete written diagnoses with the International Classification of Diseases, 9th Revision (ICD–9) code, including all conditions requiring treatment by the VAMC. To ensure referral to the proper VAMC, the diagnoses requiring continued care should be in descending order of importance and the type of treatment required should be noted for each major diagnosis. In those cases where it is determined that the patient has received maximum hospital

benefits, but requires a protracted period (minimum of 30 days) of nursing home care, so state. Also, state if the patient is incompetent or in a terminal condition.

(4) The names and telephone numbers of the attending physician and patient administration point of contact.

(5) State whether a previous request for a VAMC has been submitted for the patient.

(6) Provide service entry date (if more than one period, so state).

(7) Narratively describe type of discharge. If other than honorable, under what conditions.

(8) Indicate anticipated mode of travel to the VAMC.

(9) Indicate the location of the patient.

(10) Indicate status of MEB/PEB.

(11) For patients with the following injuries or diagnoses, include the requested information:

(a) Amputations. Specify anatomical parts requiring prosthesis.

(b) Blindness. State degree of visual acuity in each eye, if not totally blind in both eyes. State whether patient is ready to participate in the blind rehabilitation program. State whether patient might respond to rehabilitation if blindness is due to, or associated with, a brain injury or disease. (MTFs may coordinate directly with VAMC. See paragraphs 1–21(2) and 4–5.)

(c) Head Injuries. Statement concerning mental condition and date of injury. Provide current Glasgow Rating, Rancho Rating, and type of medical services required. (MTFs may coordinate directly with VAMC. See paragraphs 1–21(2) and 4–5).

(d) Deafness. State degree of deafness in each ear.

(e) Paralysis. Specify degree and extent of paralysis for paraplegics, hemiplegics, quadriplegics, and SCIs. Include date of injury, specify muscle or group of muscles, extent of paralysis and cause in cases of muscle paralysis, flaccid or spastic, and information as to bowel and bladder control. State whether patient requires care in a VA SCI center. See paragraphs 1–21(2) and 4–5 for procedures for transfer of SCI patient.

(f) Poliomyelitis:

1. Kind and type of respirator required. Specify number of hours needed per day.

2. Requirements for rocking bed and suction apparatus.

3. Requirements for braces.

4. Extent of physical or occupational therapy required.

5. Ambulatory or litter.

6. Ability to use wheel chair.

(g) Psychiatric. State whether patient will require open or closed ward psychiatric facilities, and whether or not member is considered competent.

(h) Spinal cord disease. Any residual effects (myelopathies), level of lesion.

(i) Nontraumatic brain anomalies; e.g., strokes and disease. Include dates, character of paralysis, rehabilitation potential, Glasgow Rating, Rancho Rating, and type of medical services required.

4–3. Notification of Patient Acceptance, Admission, or Transfer:

a. Following notification of the accepting VAMC by ASMRO, the originating MTF utilizes the most expeditious means to make contact (i.e., telephone or message) with their counterparts at the designated VAMC to make arrangements for transfer. The initial contact verifies acceptance, provides medical information regarding the patient, and coordinates transportation from point of origin to the destination VAMC. The originating MTF is also responsible for notifying the designated VAMC of the patient's departure time and mode of transportation, ensuring that required records accompany the patient, and for compliance with any other specific instructions included in ASMRO's notification of VA bed availability.

b. The VAMC provides immediate notification to the appropriate Army or Air Force MTF, the Navy Office of Medical Affairs, or the appropriate Coast Guard Maintenance and Logistics Command (Atlantic or Pacific) when a member is admitted, or when a member, on active duty, is to be released from a VA treatment or rehabilitation program.

c. The originating MTF provides notification, by telephone and in writing, to the receiving VAMC when an active duty member in that facility is discharged or released from active duty. This notification is made prior to the date of separation and includes the date and type or character of separation and the periods of active duty served.

4–4. Patient Transportation:

a. For intra–CONUS patient transfers by air, the originating service MTF coordinates ground transport from the airfield to the VAMC . Unless an agreement is already in effect that provides for local transportation, the originating MTF makes arrangements with any service MTF within a reasonable distance to provide needed transportation. If commercial transportation is required, the originating MTF makes arrangements at least 24 hours in advance with the VAMC to provide civilian transportation from the airfield, and reimburses the VA for any cost.

b. When the patient is being transferred directly from an overseas service MTF or when specifically requested by a

uniformed services medical authority, the destination VAMC is responsible for providing local ground transportation to VA facilities from local airfields. When possible, patients being transferred from an overseas MTF are transported directly to the destination VAMC without passing through an intervening CONUS MTF. When it is necessary to send patients to a service MTF prior to transfer to the VAMC, the accepting service MTF is responsible for arranging transportation of the patient to the destination VA facility.

4–5. Transfer of Spinal Cord Injury (SCI), Head Injury, Blind Rehabilitation, and Other DOD and VA Agreed Diagnoses Patients:

a. Procedures. To effect expeditious transfer of spinal cord injury, head injury, blind rehabilitation, and other DOD and VA agreed diagnoses patients, service MTFs make direct contact with VAMCs to obtain acceptance of these type patients and make arrangements for any special requirements. The following procedures apply

(1) Every effort is made to expedite transfer of these patients directly from uniformed services MTFs or civilian hospitals to VAMCs by contacting the VAMCs by telephone or DMRIS, without regard to holidays or weekends. ASMRO may be contacted to provide assistance in determining which VAMC has the capability to provide the required care and is closest to the member's selected POR. If the patient is incompetent or comatose, the selection of a POR is made by competent authority.

(2) The general goal for these patients is to transfer the patient within 3 days (4 days from overseas) and in no instance longer than 12 days.

(3) When possible, MTFs ensure that spinal cord injury, head injury, blind rehabilitation, and other DOD and VA agreed diagnoses patients arriving from overseas are transported directly to the VAMC without passing through intervening uniformed services MTFs. This also applies to patients transferred directly from civilian hospitals to a VAMC.

(4) Responsibility for transport of patients arriving from overseas from the destination airfield to the VAMC rests with the accepting VAMC, unless prior arrangements are made. For intra–CONUS transfers, the originating uniformed services MTF is responsible for ensuring that transportation has been arranged to the destination VAMC; this includes ground transportation from the destination airfield. This can be accomplished either by making arrangements with the closest uniformed services MTF to the VAMC or, if impossible, through prior arrangement with the accepting VAMC.

(5) After obtaining acceptance from the VAMC, a request for movement is made to ASMRO as required in paragraph 4–2. In addition, this report must include the name and telephone number of the accepting physician, the VAMC Medical Administration Services (MAS) point–of–contact, and, if required, the commercial ambulance used.

(6) MTFs submit a follow-up report of patient movement to ASMRO within 48 hours if the patient is moved as a priority or urgent patient.

b. ASMRO Responsibilities:

(1) Provides information and assistance as required by the transferring MTF to ensure expeditious transfer of SCI, head injury, and blind rehabilitation patients.

(2) Provides cite numbers to the transferring MTF for all routine patients once acceptance has been obtained at the destination VA facility.

(3) Notifies appropriate surgeon general's office of all SCI, head injury, and blind rehabilitation patients transferred to VAMC.

c. Surgeons General Responsibilities:

(1) Provide a 24–hour–a–day point of contact, should problems arise.

(2) Provide necessary assistance to VAMCs in the VA's conduct and preparation of medical boards.

d. VA Responsibilities (by Agreement):

(1) Accepts any SCI, head injury, blind rehabilitation, or other DOD and VA agreed diagnoses patient at any time evacuation or transfer can be effected, following coordination by the originating service MTF and acceptance by the destination VAMC.

(2) Arranges and is responsible for providing local ground transportation of active duty members from local airfields to VAMCs when the patient is being transferred directly from an overseas service MTF or when specifically requested by a uniformed services medical authority.

(3) Provides ASMRO with a current list, updated as necessary, of VA spinal cord injury centers, and those VAMCs with the capability of treating head injury, and blind rehabilitation patients.

(4) Conducts and processes medical boards when requested by the military authority having cognizance over the member.

01 01 061300Z DEC 88 PP PP UUUU
CDRWRAMC WASH DC//HSHL–PAD–PA//
ASMRO SCOTT AFB IL

INFO (IF REQUIRED BY SERVICE REGULATION)

UNCLAS

SUBJ: REQ FOR VA BED DESIGNATION

NAME: ROBERTS, FRANK M/000–00–0000

DOB: 01/05/66

SVC: USA

POR: SANDIEGOCA

DG: ICD–9 8970. TRAUMATIC AMPUTATION OF LEG, COMPLETE, UNILATERAL, BELOW KNEE, WITHOUT MENTION OF COMPLICATION. NO PREVIOUS REQ SUBMITTED. SERVICE ENTRY DATE: 01 SEP 85. SNM TO RECEIVE HONORABLE DISCHARGE. MODE OF TRANSPORTATION: AIR EVAC. PNT AT WRAMC. PEB COMPLETED. WRAMC POC IS: MARY JONES, AV 555 1234.

Figure 4-1. Sample Message Request for VAMC Bed Designation

Chapter 5
CONTINGENCY REGULATING PROCEDURES

5–1. Purpose of This Chapter.
This chapter establishes procedures for contingency regulating. In general, patients are regulated and evacuated by standard procedures whenever it is feasible. The provisions of this chapter are invoked only when conditions exist that preclude using standard procedures.

5–2. Purpose of Contingency Regulating:
a. Optimal Medical Care. The primary purpose of contingency regulating is to relieve the overseas theater of personnel requiring hospitalization in CONUS, regardless of quantity, in a manner that will ensure that all patients will receive optimal medical care.

b. Patient Information Flow. The procedures outlined in this chapter reduce the amount of patient data required to be transmitted and establish an alternative means of regulating patients when standard regulating procedures or communications are not available or feasible.

5–3. Procedures:
a. Request to Establish Contingency Regulating Procedures. Contingency regulating procedures are normally implemented by ASMRO on the recommendation of a JMRO. Conditions may exist, however, that would require the initiation of these procedures by ASMRO.

b. Coordination Requirements. Once contingency procedures are implemented by ASMRO, the Assistant Secretary of Defense (Health Affairs), Joint Chiefs of Staff (J–4), the Surgeons General, JMROs, transportation agencies, and off–shore and CONUS MTFs are informed of this decision.

c. Implementing Instructions. ASMRO requests that the uniformed services submit daily bed status reports and that the JMROs request CONUS beds in the eight medical specialty codes. (See paragraph 5–5.)

5–4. Patient Identification and Classification Data.

Contingency regulating procedures eliminate the requirement for patient classification by the medical specialty classifications using the third and fourth characters normally used and personal data such as name, rank or beneficiary status, service, SSAN, ICD code, and place of residence. Patients are reported in gross numbers, in the eight contingency regulating categories.

5–5. Contingency Medical Regulating Categories:

a. Contingency bed availability reporting and requests for CONUS bed designations reduce the number of medical specialties normally used to eight contingency categories. These categories and related codes are: Medical (MM), Psychiatry (MP), Surgery (SS), Orthopedic (SO), Spinal Cord Injury (SC), Burns (SB), OB/GYN (SG), and Pediatrics (MC).

b. All medical and surgical specialty categories used under normal conditions can be reduced to the eight contingency categories by using the first two alpha characters of each specialty code (see attachment 2).

5–6. Bed Status (Bed Availability) Report:

a. Upon notification, CONUS MTFs report the total beds available in each of the eight contingency specialty categories, as of 2400 local time using DMRIS or immediate precedence message with appropriate classification. If sent by message, the report is to be sent not later than 0200 each day. Messages are directed to ASMRO with the alternate ASMRO as INFO addressee. Detailed procedures for reporting via DMRIS are contained in the DMRIS Contingency User's Manual. (Request for copies of the manual should be made to the Director, ASMRO, Scott AFB, IL 62225–5000.) The initial report will include both operating and available beds. Operating beds are defined as those set up, equipped, and staffed for immediate patient care. Figure 5–1 shows the initial report including operating and available beds. Subsequent reports include only available beds unless there has been a change in the number of operating beds.

b. Military MTFs which are linked to VAMCs through the DOD/VA plan developed under Public Law 97–174, and MTFs and VAMCs designated as federal coordinating centers (FCC) for the National Disaster Medical System (NDMS), report military, VA, and civilian beds available, as appropriate, when the DOD/VA Contingency plan or NDMS is activated. Figure 5–2 shows the report format used when reporting NDMS and VA bed availability.

c. Operating and available beds must be reported by the eight contingency regulating categories. All eight categories must be included in the report. If no operating or available beds exist within a category, this is indicated by a "0" in the appropriate column.

5–7. Request for CONUS Bed Designation:

a. Regulating requirements from overseas MTF are normally consolidated by a theater JMRO or area JMRO (AJMRO) and forwarded by immediate message or by DMRIS to ASMRO (see figure 5–3).

b. Requests for CONUS bed designations include the number of litter and ambulatory patients, by contingency regulating category, by originating hospital requiring evacuation to CONUS. All eight contingency regulating categories are included. If no requirement exists within a particular category, "0" is entered in the appropriate column.

c. Specific categories of patients subject to special regulating guidance should be separately identified on the report. These include RPWs, POWs, and foreign nationals.

5–8. Response to Request for CONUS Bed Designation:

a. Upon receipt of a request for CONUS bed designation, ASMRO correlates requirements with CONUS bed status availability reports and regulates accordingly.

b. The major considerations in the regulatory process are the medical needs of the patient and the availability of transportation. Factors such as POR, duty station, and closest MTF with capability are not routinely used during the employment of contingency regulating procedures.

c. The ASMRO reply to the JMRO, AJMRO, or selected overseas, or off–shore hospital indicates the number of patients in each regulating category, the requesting hospital, and the CONUS hospitals designated to receive the patients. When regulating to an NDMS area, the CONUS hospital functioning as the FCC for the area is listed as the CONUS receiving hospital. Assignment of patients to individual NDMS area hospitals is a responsibility of the FCC after regulating by ASMRO. CONUS destination hospitals and originating MTFs are listed as INFO addressees on the message. Figure 5–4 is an ASMRO response to a JMRO request for CONUS bed designation.

5–9. Communications:

a. When available and feasible, bed availability reports, requests for CONUS beds, and CONUS bed designations are transmitted via DMRIS or, if not available, by military message using appropriate classification.

b. In the event that communications are not available for transmitting requests and bed designations to and from a theater of operations, patients are regulated en route to CONUS, or in coordination between the MTF at the debarkation port and ASMRO after patient debarkation. The Aeromedical Evacuation Control Center (AECC) also notifies ASMRO of aircraft with unregulated patients arriving in CONUS.

c. Bed availability reports are normally unclassified in CONUS; however, the Joint Chiefs of Staff may change the classification of reporting at any time.

01 01 260600Z JUL 88 PP PP UUUU
USAFMEDCEN SCOTT AFB IL/SGR//
ASMRO SCOTT AFB IL

INFO (ALTERNATE ASMRO)
(ADDITIONAL ADDRESSES AS DIRECTED BY SERVICE)

(CLASSIFICATION TO BE DETERMINED BY NATURE OF REQUIREMENT)

SUBJ: BED STATUS REPORT AS OF 2400, 25 JUL 88

	MM	MP	SS	SO	SC	SB	SG	MC	TOTAL
OPERATING	100	50	40	15	5	5	20	20	255
AVAILABLE	50	40	25	10	4	3	0	0	132

Figure 5-1. Sample Message for MTF Bed Status Report

01 01 260600Z JUL 88 PP PP UUUU
USAFMEDCEN SCOTT AFB IL/SGR//
ASMRO SCOTT AFB IL

INFO (ALTERNATE ASMRO)
(ADDITIONAL ADDRESSES AS DIRECTED BY SERVICE)

(CLASSIFICATION TO BE DETERMINED BY NATURE OF REQUIREMENT)

SUBJ: BED STATUS REPORT AS OF 2400, 25 JUL 88

	MM	MP	SS	SO	SC	SB	SG	MC	TOTAL
MIL OPER	100	50	75	25	10	10	30	35	335
MIL AVAIL	50	20	45	15	5	7	0	0	142
VA AVAIL	30	30	20	10	7	0	0	0	97
NDMS AVAIL	455	135	375	140	15	15	95	150	1380
TOTAL AVAIL	535	185	440	165	27	22	95	150	1619

Figure 5-2. Sample Message for Federal Coordinating Center Bed Status Report

01 01 140100Z NOV 88 PP PP UUUU
USCINCPAC HONOLULU HI//J76//
ASMRO SCOTT AFB IL

INFO (ALTERNATE ASMRO)

(ADDITIONAL ADDRESSES AS DIRECTED BY SERVICE OR COMMAND)

(CLASSIFICATION TO BE DETERMINED BY NATURE OF REQUIREMENT)

SUBJ: REQUEST FOR CONUS BED DESIGNATIONS

	MM	MP	SS	SO	SC	SB	SG	MC	TOTAL
FM CLARK	25	30	50	15	1	1	2	0	124
AMBUL	10	27	3	0	0	0	1	0	41
LITTER	15	3	47	15	1	1	1	0	83
FM 121 EVAC	50	30	60	20	2	3	4	0	169
AMBUL	33	28	7	1	0	0	1	0	70
LITTER	17	2	53	19	2	3	3	0	99
GRAND TOTAL	75	60	110	35	3	4	6	0	293

Figure 5-3. Sample Message Request for CONUS Bed Designation

01 01 140200Z NOV 88 PP PP UUUU
ASMRO SCOTT AFB IL
USCINCPAC HONOLULU HI//J76//

INFO (ALTERNATE ASMRO)
(OTHER INFO ADDRESSEES INCLUDE: RECEIVING AND ORIGINATING MTFS; TRANSPORTATION AGENCIES; SURGEONS GENERAL OFFICES; SUBORDINATE COMMAND (MAJCOMS, HLTHCARE SUPPOS, ETC); AND OTHER ACTIVITIES/AGENCIES AS MAY BE REQUIRED.)

(CLASSIFICATION TO BE DETERMINED BY NATURE OF REQUIREMENT)

SUBJ: CONUS BED DESIGNATIONS

REF: USCINPAC MSG, DTG 140100Z NOV 88

FOR CLARK

MTF	MM	MP	SS	SO	SC	SB	SG	MC	TOTAL
DAVID GRANT	5	15	27	5	0	1	1	0	54
LETTERMAN	10	5	10	0	0	0	0	0	25
VAMC PORTLAND	10	10	13	10	1	0	1	0	45
TOTAL	25	30	50	15	1	1	2	0	124
FOR 121 EVAC									
SAN DIEGO	20	15	30	10	1	0	4	0	80
LONG BEACH	30	15	30	10	1	3	0	0	89
TOTAL	50	30	60	20	2	3	4	0	169

Figure 5-4. Sample Message of CONUS Bed Designation

Appendix 1
Abbreviations

See **Glossary** section.

Appendix 2
Medicine Specialty Codes

Table of Medicine Specialty Codes
MEDICINE

Code	Classification	Definition
MMFA	Acquired Immune Deficiency Syndrome (AIDS)	See MEDICINE/Infectious Disease
MMFB	Acquired Immune Deficiency Syndrome (AIDS) (Evaluation)	See MEDICINE/Infectious Disease
MMA	Allergy	Patients having, or suspected of having, allergic problems or whose underlying disease is complicated by an allergic state.
MMC	Cardiology	Patients having, or suspected of having, cardiovascular disorders.
APC	Cardiac Catheterization	See EVALUATIONS.
APF	Thalium Stress Test	See EVALUATIONS.
APH	Electrophysiologic Study (Heart)	See EVALUATIONS.
MCC	Pediatric Cardiology	See PEDIATRICS.
SSCA	Percutaneous Coronary Balloon Angioplasty	Dialation of an obstructed coronary artery utilizing an inflatable balloon tipped catheter.
APUC	Ultrasound—Cardiac	See EVALUATIONS.
MMD	Dermatology	Patients having, or suspected of having, dermatological disorders requiring specialized treatment. Included are patients with chronic skin disease who must appear before a medical board.
MME	Endocrinology	Patients having, or suspected of having, disorders of metabolism or the endocrine system.
MCE	Pediatric Endocrinology	See PEDIATRICS.
MMG	Gastroenterology	Patients having, or suspected of having, conditions caused or complicated by gastroenterologic disorders. Included are patients requiring colonoscopy and upper panendoscopy.
APA	Endoscopic Retrograde Cholangiopancreatography (ERPC)	See EVALUATIONS.
APL	Esophageal Motility	See EVALUATIONS.
MCG	Pediatric Gastroenterology	See PEDIATRICS.
MMH	Hematology	Patients having, or suspected of having, disorders of the system concerned with blood cell function, formulation, and destruction; medical disorders of the lymphatic system; coagulation hemostasis; and immunologic disorders mediated through blood.
APCB	Blood Component Phoresis	See EVALUATIONS.
SSBA	Bone Marrow Transplant (Analogous)	Capability for allogenic bone marrow transplantation (one person to another).
SSBB	Bone Marrow Transplant (Autologous)	Capability for syngenic bone marrow transplantation. (Donor and recipient are the same person.)
MMO	Oncology (Medical)	Patients having, or suspected of having, neoplastic and malignant diseases requiring medical, as opposed to surgical, intervention.
MCH	Pediatric Hematology/ Oncology	See PEDIATRICS.
MMM	Immunology	Patients having, or suspected of having, disorders of the immune system requiring sophisticated clinical and laboratory evaluation.
MMF	Infectious Disease	Patients having, or suspected of having, disorders caused or complicated by infection.

Table of Medicine Specialty Codes
MEDICINE—Continued

Code	Classification	Definition
MMFA	Acquired Immune Deficiency Syndrome	Patients being reported as Western Blot Positive for AIDS who are exhibiting symptomatic accompanying symptoms.
MMFB	Acquired Immune Deficiency Syndrome (Evaluation)	Patients who are reported as Western Blot Positive for AIDS who do not otherwise have accompanying symptoms but are being reported for further evaluation and disease staging.
MMFP	Pediatric Infectious Disease	See PEDIATRICS.
MMI	Internal Medicine	Patients having, or suspected of having, medical illnesses or disorders not coming within the purview of a more specific internal medicine specialty.
MMP	Nephrology	Patients having, or suspected of having, kidney disease including those requiring subspecialty evaluation and closed kidney biopsy.
ASH	Hemodialysis	Patients having renal disease requiring hemodialysis to sustain life.
MCPP	Pediatric Nephrology	See PEDIATRICS.
MMN	Neurology	Patients having, or suspected of having, neurological conditions which are of a medical, as opposed to surgical, nature and which pertain to the muscles, neuromuscular junctions, peripheral nerves, spinal cord, and brain.
APY	Electroencephalography	See EVALUATIONS.
APM	Electromyography	See EVALUATIONS.
APB	Evoked Potential	See EVALUATIONS.
SSON	Neuro—Ophthalmology	See SURGERY/Ophthalmology.
MCN	Pediatric Neurology	See PEDIATRICS.
APS	Sleep Apnea	See EVALUATIONS.
MMU	Pulmonary Disease	Patients requiring specialized evaluation or treatment of disease of the lower respiratory system (includes TB patients).
MMR	Rheumatology	Patients having, or suspected of having, disorders of the connective tissue, to include arthritis, rheumatic disease, and collagen vascular disease.

Table of Medicine Specialty Codes
MENTAL HEALTH

Code	Classification	Definition
MPSA	Alcohol Rehabilitation	Patients whose improper use of alcohol requires a program of rehabilitation. Accompanying medical, surgical, or other conditions requiring specialized care should be given appropriate additional coding.
MPSD	Drug Rehabilitation	Patients whose improper use of drugs requires a program of rehabilitation. Accompanying medical, surgical, or other conditions requiring specialized care should be given appropriate additional coding.
MPPA	Psychiatry (Adolescent)	Nonactive duty patients. Between the ages of 12 and 18, requiring specialized psychiatric care.
MCPC	Psychiatry (Child)	See PEDIATRICS.
MPPG	Psychiatry (General Care)	All active duty patients, and nonactive duty patients 18 years of age and older requiring generalized psychiatric care.
MPPI	Psychiatry (Intensive Care)	All active duty patients, and nonactive duty patients 18 years of age and older requiring specialized psychiatric care and intensive ward care with special precautions. This includes the capability to isolate the patient if necessary.

Table of Medicine Specialty Codes
PEDIATRICS

Code	Classification	Definition
MCP	Pediatrics	Patients in the pediatric age group who require general medical care or treatment for childhood diseases, or have developmental problems.
MCIA	Neonatal Intensive Care – Level II	Routine care of premature infants and certain categories of sick infants.
MCIB	Neonatal Intensive Care - Level III	Newborn infants who require special therapeutic procedures to sustain life, including severe congenital anomalies and intensive medical management requiring the presence of a neonatologist.
MCC	Pediatric Cardiology	Patients in the pediatric age group who have, or are suspected of having, congenital or acquired disorders of the heart and vascular system who pose special problems in diagnosis and treatment.
MCE	Pediatric Endocrinology	Patients in the pediatric age group who have, or are suspected of having, disorders of the endocrine glands and pose special problems in diagnosis and treatment.
MCG	Pediatric Gastroenterology	Patients in the pediatric age group having, or suspected of having, diseases caused by gastroenterological disorders.
MCH	Pediatric Hematology/ Oncology	Patients in the pediatric age group having, or suspected of having, diseases of the blood system of coagulation or malignancies requiring medical therapy.
MMFP	Pediatric Infectious Disease	Patients in the pediatric age group having, or suspected of having, diseases caused by or complicated by infection.
MCPP	Pediatric Nephrology	Patients in the pediatric age group who have, or are suspected of having, disorders complicated by kidney disease, including those with medical renal disease requiring subspecialty evaluation and closed kidney biopsy.
MCN	Pediatric Neurology	Patients in the pediatric age group who have, or are suspected of having, disease of the nervous system, including neurological complications of medical surgical conditions of muscles, neuro–muscular junctions, peripheral nerves, spinal cord, and brain.
SSCP	Pediatric Cardiovascular Surgery	Patients in the pediatric age group having, or expected to require, cardiovascular surgery.
SSPP	Pediatric Ophthalmology	Patients in the pediatric age group having, or suspected of having, diseases of the eye which require special attention.
SOOP	Pediatric Orthopedic Surgery	Patients in the pediatric age group requiring specialized orthopedic surgery including hip, spine, leg, and foot.
SSP	Pediatric Surgery	Patients in the pediatric age group requiring specialized surgery, excluding heart and thoracic surgery.
DDP	Pedodontics	See DENTAL.
MCPC	Psychiatry (Child)	Patients in the pediatric age group requiring specialized psychiatric care.

Table of Medicine Specialty Codes
SURGERY

Code	Classification	Definition
SSCO	Cardiovascular Surgery (Open Heart)	Patients who require heart surgery with corporeal bypass pump (heart lung pump).
SSCN	Cardiovascular Surgery (Not Open Heart)	Patients requiring cardiovascular surgery other than open heart.
SSCT	Thoracic Surgery	Patients having, or suspected of having, diseases or injuries of the chest, mediastinum, lungs, esophagus, or diaphragm and their sequelae requiring specialized thoracic surgery.
SSCP	Pediatric Cardiovascular Surgery	See PEDIATRIC.
SSE	General Surgery	Patients having, or suspected of having, diseases or injuries normally treated by surgery and not included in any of the other surgical specialties or subspecialties.
SSBA	Bone Marrow Transplant (Analogous)	See MEDICINE/Hematology.
SSBB	Bone Marrow Transplant (Autologous)	See MEDICINE/Hematology.
SBN	Burns	Patients requiring treatment at a specialized burn unit. Brooke Army Medical Center, Ft Sam Houston TX, is the only MTF currently with this capability.
SSH	Colon and Rectal Surgery	Patients having or suspected of having, diseases or requiring surgery by a surgeon specializing in colon and rectal surgery.
ASO	Hyperbaric Oxygen Therapy	See EVALUATIONS.
SSTX	Kidney Transplants	See SURGERY/Urology.
SSF	Morbid Obesity Surgery	Patients requiring surgery for morbid obesity.
SSTO	Organ Transplants	Patients requiring organ transplants other than kidney.
SSP	Pediatric Surgery	See PEDIATRICS.
SSCV	Peripheral Vascular Disease or Surgery	Patients having, or suspected of having, injuries of the peripheral vascular system, excluding the thoracic blood vessels (which should be classified under SSCN—"Cardiovascular Surgery (Not Open Heart")). It also excludes conditions due to the effects of cold or wet upon extremities (classified under SSE—"General Surgery").
SSN	Neurosurgery	Patients having, or suspected of having, diseases or injuries to the brain, spinal cord, or peripheral nerves.
APD	Chemonucleolysis	Injection of enzyme into a disc space to dissolve diseased intervertebral discs.
SOOC	Intervertebral Disc Surgery (Cervical)	See SURGERY/Orthopedic Surgery.
SOOL	Intervertebral Disc Surgery (Lumbar)	See SURGERY/Orthopedic Surgery.
SSRN	Neuro–Otolaryngology	See SURGERY/Otorhinolaryngology
SCI	Spinal Cord Injury	Patients who have suffered apparent injury to the spine resulting in bone injury and/or loss of neurological function requiring treatment by a neurosurgeon and/or orthopedic surgeon.
SSO	Ophthalmology	Patients having, or suspected of having, diseases or injuries of the eye requiring specialized treatment. This includes intraocular foreign bodies, neoplasm cataract surgery, and intraocular lens implantation.
SSOT	Corneal Transplant	Patients requiring corneal transplant.
APT	Electroretinography	See EVALUATIONS.
SSOL	Laser Ocular Trauma	Evaluation and treatment of patients suspected of having laser induced eye injuries.
SSON	Neuro–Ophthalmology	Patients having, or suspected of having, diseases involving the nervous structures of the eye involved in visual function.
SSLO	Ocular Plastic Surgery	See SURGERY/Plastic Surgery.
SSOP	Ocular Prosthesis	Patients who require an ocular prosthesis.
SSOY	Ophthalmology (YAG Laser)	Patients requiring laser treatment for ophthalmological problems, including retinal detachment, glaucoma, and macular diseases.
SSOA	Ophthalmology (ARGON Laser)	Capability for routine laser procedures of the eye.
SSOC	Ophthalmology (CRYPTON Laser)	Capability for laser treatment of macular diseases.
SSPP	Pediatric Ophthalmology	See PEDIATRICS.

Table of Medicine Specialty Codes
SURGERY—Continued

Code	Classification	Definition
SSOR	Retinal Surgery	Patients requiring specialized surgical procedures for retinal diseases, including retinal detachment.
APUE	Ultrasound—Ophthalmology	See EVALUATIONS.
SSOV	Vitreous Surgery	Patients requiring surgery within the globe of the eye, including vitrectomies.
SSR	Otorhinolaryngology	Patients having, or suspected of having, defects, injuries, and diseases requiring specialized treatment of the ear, nose, throat, and related structures of the head and neck. Patients having simple otolaryngological conditions will be classified as SSE—General Surgery. Patients having oral or maxillofacial conditions will be classified under SSD—Oral Surgery or SSM—Maxillofacial Surgery. Patients having defective hearing or impairment of hearing will be classified under ASA—Aural Rehabilitation or AHE— Hearing Aid Evaluation.
ASA	Aural Rehabilitation	Patients having, or suspected of having, defective hearing or impairment of hearing to the degree which will require the use of a hearing aid and aural rehabilitation.
AHE	Hearing Aid Evaluation	See EVALUATIONS.
SSM	Maxillofacial Surgery	Patients having, or suspected of having, diseases or injuries requiring surgery of the facial structures or jaw.
SSRN	Neuro–Otolaryngology	Patients requiring specialized evaluation or surgery for neurosurgical conditions of the middle or inner ear.
SSY	Oncology (Head and Neck)	Patients having, or suspected of having, cancer of the head and neck.
SOO	Orthopedic Surgery	Patients having, or suspected of having diseases or injuries of the musculoskeletal system, or residuals thereof, for which surgical treatment is indicated. Also included are conditions which require reconstruction of deformed extremities and diseases or injuries of the bones and joints, including the spine and foot. This specialty excludes those patients requiring evaluation by arthroscopy. Arthroscopic surgery patients should be classified as SOOA—Arthroscopic Surgery.
SOOA	Arthroscopic Surgery	Patients requiring surgical procedures within the interior of a joint using an arthroscope.
SOOB	Artificial Limbs	Amputee patients requiring artificial limb construction, repair, and rehabilitation.
APD	Chemonucleolysis	See SURGERY/Neurosurgery.
SOOH	Hand Surgery	Patients having, or suspected of having, disease or injuries requiring specialized reconstructive surgery to the hand.
SOOC	Intervertebral Disk Surgery (Cervical)	Patients requiring diagnosis and treatment of suspected herniated nucleus pulposus (slipped disc) in the cervical disk) in the cervical region.
SOOL	Intervertebral Disk Surgery (Lumbar)	Patient requiring diagnosis and treatment of suspected herniated nucleus pulposus (slipped disc) in the lumbar region.
SOOM	Musculoskeletal Tumors	Patients having, or suspected of having, tumors or growths of the musculoskeletal system for which surgical and other specialty evaluation and treatment, including radiation and chemotherapy, are indicated.
SOOI	Orthopedic Internal Prosthesis	Patients who require an orthopedic internal prosthesis, including total joint replacements.
SOOO	Orthoses	Capability for medical external orthoses (braces, orthoplasts, corsets, footgear).
SOOS	Orthopedic Microsurgery	Patients requiring replantation or reconstruction of amputated or severely injured limbs by microsurgery techniques.
SOOP	Pediatric Orthopedic Surgery	See PEDIATRICS.
SSOJ	Physical Medicine	Disabled, convalescent, and handicapped patients requiring specialized personnel and equipment for a supervised rehabilitation program. Includes physiatry.
SOP	Podiatry	Patients having, or suspected of having, diseases of the foot. Included are those diseases specifically related to conditions requiring shoe modification, orthoses, and minor surgical conditions of the forefoot.
SCI	Spinal Cord Injury	See SURGERY/Neurosurgery.
SSL	Plastic Surgery	Patients having, or suspected of having, disease or malformation and disfiguration injuries requiring reconstructive surgery. It excludes oral and maxillofacial conditions classified under SSD—Oral Surgery or SSM-Maxillofacial Surgery. Patients requiring plastic surgery to the eyelids and orbits will be classified under SSLO—Ocular Plastic Surgery. Patients requiring plastic surgery to the hands will be classified under SOOH—Hand Surgery.
SBN	Burns	See SURGERY/General Surgery.
SOOH	Hand Surgery	See SURGERY/Orthopedic Surgery.

Table of Medicine Specialty Codes
SURGERY—Continued

Code	Classification	Definition
SSLO	Ocular Plastic Surgery	Patients who have diseases or malformation and disfiguration injuries requiring reconstruction of the eyelids and periorbital tissues. This excludes ophthalmology conditions classified as SSO—Ophthalmology.
SSLR	Plastic Reconstructive Microsurgery	Patients requiring transfer of free tissue by microsurgical technique.
SSU	Urology	Patients having, or suspected of having, diseases or injuries of the genitourinary system and requiring the specialized service of a urologist.
SSTX	Kidney Transplant	Patients requiring kidney transplants.
APW	Extracorporeal Shock Lithotripsy	Disintegration of kidney and upper ureteral stones by way of shock wave therapy.

Table of Medicine Specialty Codes
OBSTETRICS AND GYNECOLOGY

Code	Classification	Definition
APCA	Amniocentesis	See EVALUATIONS.
SSG	Gynecology	Female patients having, or suspected of having, diseases, injuries, or conditions related to the genital system.
SGGE	Gynecology Endocrinology/Infertility	Female patients suspected of having, or proven to have, gynecological hormonal, reproductive, or infertility problems.
SGO	Obstetrics	Patients who are pregnant or have, or are suspected of having, any medical, surgical, or obstetric complication of pregnancy.
SGGO	Oncology (Gynecology)	Female patients suspected of having, or proven to have, gynecological malignant tumors of the genital system, excluding breasts.
SGOP	Perinatology	Pregnant women who require specialized diagnosis or treatment of the maternal, fetal unit.
SGGA	Therapeutic Abortions	Patients who require interruption of pregnancy. Patients in this category must meet the guidelines of all applicable service instructions.
APUO	Ultrasound—Obstetrical	See EVALUATIONS.

Table of Medicine Specialty Codes
DENTAL

Code	Classification	Definition
DDE	Endodontics	Patients having diseases or injuries that affect the tooth pulp or periapical tissues.
SSM	Maxillofacial Surgery	See SURGERY/Otorhinolaryngology.
DDL	Oral Pathology	Patients with disorders of, or functional changes in, structures of the mouth caused by local or systematic disease.
SSD	Oral Surgery	Patients with diseases or injuries of the mouth, jaws, or associated structures that require surgical intervention, including mandibular fractures. However, mid–face fractures are excluded and should be included under SSM—Maxillofacial Surgery.
DDO	Orthodontics	Patients having irregularities in tooth position, occlusion, or jaw relationship.
DDP	Pedodontics	Diagnosis and treatment of dental conditions in children.
DDF	Peridontics	Patients with diseases of the tissue supporting and investing the teeth (alveolar bone and gingival).
DDA	Prosthodontics	Patients with single or multiple missing teeth and/or function of their oral structures who require artificial replacement to restore form and/or function.

Table of Medicine Specialty Codes
EVALUATIONS, ANCILLARY SERVICES, AND SPECIAL PROCEDURES

Code	Classification	Definition
MMFB	Acquired Immune Deficiency Syndrome (AIDS)(Evaluation)	See MEDICINE/Infectious Disease.
APCA	Amniocentesis	Analysis of the amniotic fluid.
ASA	Aural Rehabilitation	See SURGERY/Otorhinolaryngology.
APCB	Blood Component Phoresis	Capability of continuous flow, separation, or removal of blood components including plasma, WBC, RBC, and platelets (including white cell transfusion).
SSBA	Bone Marrow Transplant (Analogous)	See MEDICINE/Hematology.
SSBB	Bone Marrow Transplant (Autologous)	See MEDICINE/Hematology.
APC	Cardiac Catheterization	Heart Catheterization.
APD	Chemonucleolysis	See SURGERY/Neurosurgery
ARDC	Computerized Axial Tomography	CAT Scans.
APG	Cytogenetics	Patients having, or suspected of having, genetic abnormalities, or chromosomal study is indicated.
APY	Electroencephalography	Capability to record and interpret electrical activity of the brain.
APR	Electromagnetic Resonance	EMR Scans.
APM	Electromyography	Analysis of muscle electrical activity.
APH	Electrophysiologic Study (Heart)	Studies of electrical abnormalities of the heart during cardiac Catheterization.
APT	Electroretinography	Analysis of the electrical activity of the eye.
APA	Endoscopic Retrograde Cholangiopancreatography (ERPC)	Endoscopic procedure to radiographically outline the biliary system and pancreatic ducts.
APL	Esophageal Motility	Analysis of esophageal movement, including ability to perform video— and/or cine— esophagrams.
APB	Evoked Potential	Analysis of nerve function via evoked potential.
APW	Extracorporeal Shock Lithotripsy	See SURGERY/Urology.
AHE	Hearing Aid Evaluation	Analysis of the need for and ability to fit hearing aids.
ASH	Hemodialysis	See MEDICINE/Nephrology.
ASO	Hyperbaric Oxygen Therapy	Patients who require treatment with oxygen greater than atmospheric pressure.
SSOL	Laser Ocular Trauma	See SURGERY/Ophthalmology.
ARDM	Myelogram	Capability to perform myelograms
ARDN	Neuro–Radiology	Capability to perform and interpret special neurologic contrast studies.
AND	Nuclear Medicine (Diagnostic)	Analysis of disease or injury by diagnostic procedure in which radio–isotopes are used.
ANT	Nuclear Medicine (Therapy)	Patients for whom treatment with nonsealed radioisotopes in therapeutic doses is contemplated.
ARTR	Radiotherapy	Patients requiring treatment with cobalt or high voltage X–ray for malignancies.
ARTI	Radiotherapy Implants	Patients who require the use of intracavitary and/or interstitial isotopes.
ARTS	Radiotherapy Supervoltage	Patients requiring linear accelerator treatment for malignancies.
APS	Sleep Apnea	Capability to evaluate and treat sleep related apneas.
AHS	Speech Therapy	Patients who require rehabilitative treatment for speech, language, or voice disorders of either physical or physchological origin. Patients requiring speech therapy might include aphasics, laryngectomies, stutterers, and individuals displaying articulation, voice, or language defects.
APF	Thalium Stress Test	A test used for detecting myocardial ischemia in patients with coronary artery disease.
APUC	Ultrasound—Cardiac	Use of soundwaves to see the heart.
APUO	Ultrasound—Obstetrical	Use of soundwaves to see female pelvic organs.

Table of Medicine Specialty Codes
EVALUATIONS, ANCILLARY SERVICES, AND SPECIAL PROCEDURES—Continued

Code	Classification	Definition
APUE	Ultrasound—Ophthalmology	Use of soundwaves to assist in visualizing, defining structures, and determining optical measurements within the eye.
APUZ	Ultrasound—Other	Use of soundwaves to see body structures other than the heart, eyes, and female pelvic organs.

Appendix 3
Veterans Affairs Spinal Cord Injury Centers

CALIFORNIA

Long Beach CA—197 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
5901 East Seventh Street
Long Beach CA 90822–5299
Telephone: (213) 494–5964, Ext. 2457

Palo Alto CA—30 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
3801 Miranda Avenue
Palo Alto CA 94304–1290
Telephone: (415) 493–5000

FLORIDA

Miami FL—35 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
1201 Northwest 16th Street
Miami FL 33125–1693
Telephone: (305) 324–4455

Tampa FL—42 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
13000 North 30th Street
Tampa FL 33612–4798
Telephone: (813) 972–2000

GEORGIA

Augusta GA—60 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
Augusta GA 30910–3799
Telephone: (404) 724–5116

ILLINOIS

Hines IL—135 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
Hines IL 60141–5000
Telephone: (312) 261–6700

MASSACHUSETTS

West Roxbury MA—74 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
1400 Veterans of Wars Pkwy
West Roxbury MA 02132–4999
Telephone: (617) 323–7000, Ext. 5606 or 5600

MISSOURI

St Louis MO—40 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
1 Jefferson Barracks Drive
St Louis MO 63125–4199
Telephone: (314) 487–0400, Ext. 293,334, or 277

NEW JERSEY

East Orange NJ—35 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
385 Tremont Avenue
East Orange NJ 07019–1097
Telephone: (201) 676–1000

NEW YORK

Bronx NY—80 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
130 West Kingsbridge Road
Bronx NY 10468–3996
Telephone: (212) 584–9000

Castle Point NY—60 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
CastlePoint NY 12511–9999
Telephone: (914) 831–2000

OHIO

Cleveland OH—80 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
10701 East Boulevard
Cleveland OH 44106–1794
Telephone: (216) 791–3800

TENNESSEE

Memphis TN—160 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
1030 Jefferson Avenue
Memphis TN 38104–2193
Telephone: (901) 523–8990, Ext. 5241

TEXAS

Houston TX—26 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
2002 Holcombe Boulevard
Houston TX 77030–4298
Telephone: (713) 795–7414

VIRGINIA

Hampton VA—64 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
Hampton VA 23667–0001
Telephone: (804) 722–9961

Richmond VA—120 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
1201 Broad Rock Road
Richmond VA 23249–0001
Telephone: (804) 230–0001, Ext. 1328

WASHINGTON

Seattle WA–38 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
1660 South Columbian Way
Seattle WA 98108–1597
Telephone: (206) 762–1010

WISCONSIN

Wood WI—56 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
5000 West National Avenue
Wood WI 53193–9999
Telephone: (414) 384–2000

OVERSEAS

San Juan Puerto Rico—20 Beds
Chief, Spinal Cord Injury Service
VA Medical Center
San Juan PR 00927–5800
Telephone: (809) 753–4621

Appendix 4
Uniformed Services Capabilities Report Instructions

1. For each specialty reported, indicate your capability to receive medically regulated patients from ASMRO by placing a (+) within the block in the column beneath the appropriate MTF unless a restriction code, footnote, or quota limitation is used. In these instances, the use of the restriction code, footnote, or quota limitation, itself, indicates the existence of the capability; albeit with a restriction on the types or numbers of patients which ASMRO can regulate into that medical specialty. The reporting format will be determined by the service headquarters.

2. If the existing capability does not meet the guidelines for the specialty (as provided in attachment 2), or the MTF does not possess the capability to provide the specialty, the space for information on that specialty will be left blank.

3. If necessary, restrictions or quotas on the numbers of patients per week which ASMRO may regulate to the MTF in a reported specialty will be reported by indicating the number of patients which may be regulated followed by a "W"; i.e., (3W) = 3 patients per week. (0/W) is not an acceptable entry.

4. MTFs reporting capability within a given specialty may restrict or otherwise limit ASMRO input by use of a "restriction code" or "footnote." Authorized "restriction codes and footnotes" as approved by the three Surgeons General are as follows:

Restriction Code	Definition
A	Active duty only
B	Active duty and dependents of active duty only
F	Female only
M	Male only
N	Excludes neonatal patients (newborns less than 28 days). (This code is to be used to indicate a nonpediatric or pediatric that specialty does not possess the capability to provide treatment of neonatal patients.)
P	Excludes patients under the age of 16 (to be used to indicate a nonpediatric specialty that does not possess the capability to treat patients in this age group.)

5. Multiple restriction codes may be used. If more than one restriction is applicable, a slash (/) should be used to separate the alpha codes. For example, placing a B/P in the reporting block for SSCO (Cardiovascular Surgery—Open Heart) would indicate that the MTF would accept active duty patients and their dependents over the age of 16 years only. Retirees, dependents of retirees, and other beneficiaries would be excluded. Additionally, the service would not accept any patient under the age of 16. If the service would accept patients under the age of 16, except for neonatal, then the appropriate entry would be B/N.

Footnote*	Definition
1	Capability in this specialty applies only to patients homeported or stationed in this area, having next–of–kin in this area, or originating from outside contiguous 48 United States.

*Only one footnote is authorized for use.

Appendix 5
Preparation of Requests for Transfers

1. General.

This attachment prescribes the manner in which information is furnished to regulating agencies when requesting patient transfers.

2. One–Step Patient Reporting.

CONUS MTFs desiring transportation of routine patients via the Air Force Aeromedical Evacuation System are to submit information for movement at the time the regulating request is made to ASMRO.

3. Patient.

"Patient" is used in a very broad sense. In the ASMRO system, a person who is not a patient in a medical sense (e.g., a medical or nonmedical attendant) may be reported to ASMRO to initiate a requirement for transportation, and a record must be created in the ASMRO data base to track the request under a unique name, Social Security Account Number, and authority number. Therefore, the name of the "patient" could well be the name of a person being transported to perform an attendant function (see discussion and NOTE for field 16 in this attachment). In this case, certain data fields that are relevant for a medical patient would not have to be completed (e.g., vital signs, history, accepting and attending physicians, etc.). The "fields " shown correspond to the fields shown on the DMRIS 01 Screen (Patient Reporting/Regulating).

4. Reporting Format.

The following format may be followed in collecting data required to report patients to a regulating agency. Other information may be necessary in specific cases to ensure proper regulating or movement. Instructions for completing each entry are:

Field 1	NAME – Enter the complete name of the patient in following format: last name, first name, and middle initial; with each name and initial separated by a blank space. Example: Name: Bryan, Mindy K
Field 2	SSAN (Social Security Account Number) – Enter the SSAN of the patient's sponsor (or that of the patient if the patient is the sponsor). Example: SSAN: 234567891
Field 3	PRECEDENCE – Enter the priority code for regulating the patient. Valid entries are: R = Routine P = Priority U = Urgent Example: Precedence: R
Field 4	STAT (Status) – Enter the status code of the patient. Valid status codes are listed in attachment 6. Example: STAT: N31
Field 5	GRADE – Enter the pay grade code of the patient. All patients including dependents and civilian employees require a grade code. Valid grade codes are listed in attachment 7. Example: GRADE: W03 GRADE: N00
Field 6	AGE – Enter the age of the patient in years, or months, or days. Examples: (1) AGE: 47Y (2) AGE: 08M (3) AGE: 23D

Field 7	SEX – Enter the sex of the patient. Valid entries are: M = Male F = Female Z = Unknown
Field 8	WT (Weight) – Enter the weight of the patient in pounds. This field must be completed for all patients (or attendants being reported for transportation scheduling). Examples: (1) WT: 197 (2) WT: 083
Field 9	READY DATE – Enter the day of the year that the patient will be ready for travel in Julian format. Valid entries are 001 to 366, inclusive. Examples: (1) READY DATE: 103 (2) READY DATE: 060
Field 10	ISO (Isolation) – Leave blank.
Field 11	POR (Place of Residence) – For all patient categories, enter the patient's place of residence (including city, state, and zip code). For an active duty patient being regulated to his or her duty station (or closest to), enter the name of the base, post, homeport, etc., to which assigned instead of place of residence. Examples: (1) POR: MINNEAPOLIS/MN/ 55440 (2) POR: SALT LAKE CITY/UT/84110 (3) POR: FT SPLENDID/TX/ 70021
Field 12	SPEC CAT (Special Category) –Leave blank.
Field 13	MODE – enter the mode of transportation requested for the patient. Valid entries are: A = Aircraft (Air Force Aeromedical Evacuation Aircraft) G = Ground O = Other H = Helicopter Example: MODE: A
Field 14	REAS REG (Reason Regulated) –Leave blank.
Field 15	DATE LAST VISIT – If the reason the patient is to be regulated is a continuity of treatment consultation for a previous inpatient illness or injury, enter the year and day, in Julian format, of the patient's last consultation or treatment, if known. If the exact day is not known, enter a best estimate of the day. Examples: (1) DATELASTVISIT:5006 (2) DATELASTVISIT:3244
Field 16	CLASS (Classification) – Enter the classification code that best describes the projected medical condition of the patient while in a travel status. A list of these codes and their translations are in attachment 8. Examples: (1) CLASS: 3B (2) CLASS: 5A
Field 17	ACCEPT PHYS (Accepting Physician) – Enter the last name only of the accepting physician, if required. Examples: (1) ACCEPT PHYS: LARDY (2) ACCEPT PHYS: VOJ–TASKO
Field 18	AUTHORITY # (Authority Number) – Leave blank.
Field 19	APPT/SURG DATE (Appointment/ Surgery Date) – If the patient has been assigned a specific day for an appointment or for surgery (or for any reason that requires the patient's presence at an MTF on a specific day), enter the day of the year, in Julian format, in this field. This field is required for all patients being regulated for surgery or as an outpatient. Example: (1) APPT/SURG DATE: 355

Field 20	APPROV AUTH (Approval Authority) – Enter the approval number issued by the appropriate approval authority, if exceptions authorization is required. Example: (1) APPROV AUTH: M16511TB
Field 21	CANC/INC (Cancel/Incomplete) —Leave blank.
Field 22	VALID (Validated By) – Leave blank.
Field23	MTF ORIG (Originating Medical Treatment Facility) – Enter the five character ASMRO code of the MTF initiating the regulating request. Then enter the corresponding MTF name in second area (or, if a DMRIS user, computer will automatically enter name of MTF). Valid ASMRO MTF codes and names are listed in attachment 9. If MTF code C0010 is entered, then the name of the hospital, city, state, and zip code must also be entered. Examples: (1) MTF ORIG: F0056 USAFMC SCOTT AFB IL (2) MTF ORIG: A0158 KENNER ACH FT LEE VA (3) MTF ORIG: C0010 NORTHERN VA DOCTORS HOSP 22203
Field 24	ICAO ORIG (Originating MTF Airfield Code) – Leave blank.
Field 25	MTF DEST (Destination Medical Treatment Facility) – No entries should be made in this field when ASMRO regulates the patient. For all others, enter the five character ASMRO code of the MTF at which appropriate pre–arrangements have been made to receive the patient (i.e., accepting physician has been identified, approval authority obtained, etc.). Then enter the corresponding MTF name in second area (or, if a DMRIS user, computer will automatically enter name of MTF). Valid ASMRO MTF codes and names are listed in attachment 9. If MTF code C0010 is entered, then the name of the hospital, city, state, and zip code must also be entered. Example: (1) MTF DEST: N0019 NAVHOSP BETHESDA MD
Field 26	ICAO DEST (Destination MTF Airfield Code) – Leave blank.
Field27	MED SPEC 1 (Medical Specialty Requirement #1) – Enter the ASMRO medical specialty code that most accurately describes the category of medical care that patient being regulated requires. If the patient requires more than one specialty, then enter in this field the specialty of highest priority (but see exception in NOTE below). Valid ASMRO medical specialty codes and translations are listed in attachment 2. Examples: (1) MED SPEC 1: MMC (2) MED SPEC 1: SSN
Field 28	DIAG 1 (Diagnosis 1) – Enter the code from the International Classification of Diseases, 9th Revision, Clinical Modifications (ICD–9–CM), that matches the diagnosis of the patient's most serious injury or illness (it should be closely related to the medical specialty entered in field 27). Also provide the narrative description of the ICD–9–CM code or, if a DMRIS user, the computer will automatically enter the narrative description. Examples: (1) DIAG 1: 8530 INTRA–CEREBERAL HEMORRHAGE (2) DIAG 2: 2959 SCHIZOPHRENIC DISORDER
Field 29	MED SPEC 2 (Medical Specialty Requirement #2) —: See the description for field 27. Enter the medical specialty with the second highest priority, if required.
Field 30	DIAG 2 (Diagnosis #2)–See the description for field 28. The same discussion applies to this field except that diagnosis must be related to the injury or illness with the second highest priority (i.e., the medical specialty entered in field 29).
Field 31	MED SPEC 3 (Medical Specialty Requirement #3) – See the description for fields 27 and 29. The same discussion applies to this field except that the medical specialty with the third highest priority, if required, is entered.
Field 32	DIAG 3 (Diagnosis #3) – See the description for fields 28 and 30. The same discussion applies to this field except that the diagnosis must relate to the injury or illness with the third highest priority (i.e., the medical specialty entered in field 31).
Field 32A	PROCEDURE – An entry is required only if the reason for care is a medical procedure. Enter appropriate code from volume 3 (ICD–9–CM) and then the narrative description or, if a DMRIS user, the computer will automatically enter the narrative description.

Field 33	SPEC DIET (Special Diets) – If a special diet is required, enter Y (for yes), and then describe the type of diet. If more than one diet is appropriate, list the diets in sequence. If a special diet is not required, enter N (for no). Examples: (1) SPEC DIET: Y 2GM NA (2) SPEC DIET: Y NAS; 1600 CAL ADA (3) SPEC DIET: N
Field 34	IV (Intravenous Type) – If an intravenous additive or feeding is required, enter Y (for yes), and then describe the IV type. If more than one IV is required, list the IVs in sequence. If an IV is not required, enter N (for no). Examples: (1) IV:YD5W (2) IV: Y D51/2NS 1000CC (3) IV: N
Field 35	02/LPM (Oxygen/Liters Per Minute) – Valid entries are Y and N (do not leave blank). If the patient will require oxygen during travel, enter Y and the amount of oxygen required, in liters per minute. If the patient will not require oxygen, enter N. Examples: (1) 02/LMP: Y/10 (2) 02/LMP: Y/04 (3) 02/LMP: N
Field 36	SUCT (Suction) – Enter Y if the patient will require suction equipment during travel; otherwise, enter N.
Field 37	NG TUBE (Nasogastric Tube) – Enter Y if the patient will require anasogastric tube during travel; otherwise, enter N.
Field 38	RESP (Respirator) – Enter Y if the patient will require a respirator during travel; otherwise, enter N.
Field 39	FOLEY (Foley Catheter) – Enter Y if the patient will require a Foley catheter during travel; otherwise, enter N.
Field 40	STRYKER (Stryker Frame) – Enter Y if the patient will require a Stryker frame during travel; otherwise, enter N.
Field 41	INCUB (Incubator) – Enter Y. if the patient will require an incubator during travel; otherwise, enter N.
Field 42	TRACT (Traction Equipment) – Enter Y if the patient will require traction equipment during travel; otherwise, enter N.
Field 43	IMED (Intravenous Regulator Pump) – Enter Y if medications are added to the IV fluid, if the IV rate is over 150cc per hour, or if the patient is less than 2 years of age and requires an IV; otherwise, enter N.
Field 44	CAST/LOC (Cast Type and Location) – If the patient has a cast, enter Y and then describe its location using one of the prescribed three, four, or five character cast codes listed below. If the patient is not wearing a cast, enter N. In either case, Y or N is required. Cast/Loc Codes: RA = RightArm LSL = Left Short Leg LA = LeftArm LLL = Leet Long Leg RSL = Right Short Leg SPICA = Spica Cast RLL = Right Long Leg BODY = Body Cast Examples: (1) CAST/LOC: Y/LSL (2) CAST/LOC: Y/BODY (3) CAST/LOC: N
Field 45	TRACH (Tracheotomy Apparatus) – Enter Y if the patient is fitted with a tracheotomy apparatus; otherwise, enter N.
Field 46	MON (Heart Monitor) – Enter Y if the patient will require a heart monitor during travel; otherwise, enter N.

Field 47	SUPP INFO (Supplemental Information)– This field is designed to allow additional information that is not permitted or will not fit in a structured field to be transmitted to ASMRO and PAC. This field may be left blank. Examples: (1) SUPP INFO: DATE IN FIELD 19 IS APPT DATE; SURGERY MAY BE SCHEDULED FOLLOWING CONSULTATION. (2) SUPP INFO: PT HAS RSL AND RA CASTS IN ADDITION TO CAST SHOWN IN FIELD 44.
Field 48	MAX ENRTE STOPS (Maximum En Route Stops) – If the patient can tolerate en route stops while traveling, enter Y and 9, indicating that a limit does not apply. If the attending physician determines that the patient must be limited in the number of en route stops he or she can make, enter Y and a number (1 through 8), indicating the number of stops that can be tolerated by the patient. If the attending physician determines that the patient cannot tolerate any en route stops, enter N. Examples: (1) MAX ENTRE STOPS: Y/3 (2) MAX ENTRE STOPS: N
Field 49	MAX # RONS (Maximum Number of Overnights) – If the patient can tolerate overnight stops while traveling, enter Y and 9, indicating that a limit does not apply. If the attending physician determines that the patient must be limited in the number of overnight stops, enter Y and the number (1 through 8) of overnight stops that the patient can tolerate. If the attending physician determines that the patient cannot tolerate any overnight stops, enter N. Examples: (1) MAX#RONS:Y/1 (2) MAX # RONS: N
Field 50	ALT REST/MAX HT (Altitude Restriction/Maximum Height) – If the patient is limited as to how high above sea level he or she is permitted to fly, enter Y. and then enter the maximum altitude (in feet of aircraft cabin pressure above sea level) permitted. If the patient is not limited to a specific altitude, enter N. Examples: (1) ALT REST/MAX HT: Y/5500 (2) ALT REST/MAX HT: Y/0875 (3) ALT REST/MAX HT: N
Field 51	MSN # (Mission Numbers) – Leave blank.
Field 52	RON LOC (Overnight Location) – Leave blank.
Field 53	INPATIENT – Enter Y if the patient is being regulated as an inpatient; otherwise, enter N.
Field 54	SPEC PROG (Special Program) – Must fill.
Field 55	VA CODE (Veterans Affairs MTF Code) – See attachment 9 for appropriate code.
Field 56	ADMIN/OVERSEAS (Administrative/Overseas) – Leave blank.
Field 57	VALIDATED BY/REAS FOR HIGHER PRECEDENCE – Leave blank.
Field 58	VITAL SIGNS TEMP (Temperature) – Enter the patient's body temperature to the nearest tenth of a degree (Fahrenheit). Examples: (1) TEMP: 098.6 (2) TEMP: 102.7 PULSE– Enter the patient's resting pulse rate. Examples: (1) PULSE: 074 (2) PULSE: 108 RESPR (Respiration Rate) – Enter the patient's resting breath rate. Examples: (1) RESP: 20 (2) RESP: 09 BLOOD PRESS (Blood Pressure) – Enter the patient's systolic and stolic blood pressure reading. Examples: (1) BLOODPRESS:138/084 (2) BLOOD PRESS: 160/120

Field 59	HGB (Hemoglobin) – Enter the patient's latest hemoglobin reading to the nearest tenth of a gram (per 100 milliliters). Examples: (1) HGB: 12.0 (2) HGB: 09.3
Field 60	HCT (Hematocrit) – Enter the patient's latest hematocrit reading in percent of total blood volume. Example: HCT: 36%
Field 61	ABG (Arterial Blood Gases) (1) Describe the amount of oxygen being administered to the patient when the reading was taken (in number of liters of oxygen; e.g., 001L, 010L, etc.). Enter RMAR if the reading was taken under room air conditions. (2) Enter the PH reading of the patient's blood. The valid range is 6.90 to 7.65. (3) Enter the partial pressure of oxygen (PO2) reading of the patient's blood (measured in hundreds of millimeters). The valid range is 25 to 400. (4) Enter the partial pressure of carbon dioxide (PCO2) reading of the patient's blood (measured in millimeters). The valid range is 15 to 80. (5) Enter the day of the year, in Julian format, that the readings were taken. Examples: (l)ABG: 006L/7.42/074/42/DATE TAKEN 321 (2)ABG: RMR/6.95/071/38/DATE TAKEN 009
Field 62	WBC (White Blood Cells) – Enter the patient's white blood cell count (measured in thousands of cells per cubic millimeter of peripheral blood). Examples: (1) WBC: 000875 (2) WBC: 121000
Field 63	SI/VSI (Seriously Ill/Very Seriously Ill) – Enter S if the patient is considered to be seriously ill, or V if considered to be very seriously ill; otherwise, leave blank. Examples: (1) SVVSI:S (2) SI/VSI: V
Field 64	MEDICATIONS – Enter the names of the medications that are currently being administered to the patient. If none so state. Examples: (1) MEDICATIONS: TYLENOL #3 ELIXIR (2) MEDICATIONS: TAGAMET, SEFADIL, GARIMYCIN, DECARDRON
Field 65	HISTORY – Enter the most relevant parts of the patient's history. Include any information that might be helpful to the flight crew in administering to the patient during travel. Examples: (1) HISTORY: MVA–20 JUL. ORIF–21 JUL. WOUND INFECTED. IRRIGATED RID WITH BURROW'S SOLUTION. ON WOUND ISOLATION. AFERBRILE X 48 HOURS. KEEP LT LEG IN ABDUCTED POSITION. MINIMAL PAIN. NO LOC. SUSTAINED NO OTHER INJURIES. DEVELOPED PULMONARY EMBOLUS POSTOP. MILD SOB WHEN AMBULATING TO BR ON CRUTCHES. ON 02 CONTINUOUSLY. PT/PTT–THERAPEUTIC RANGE. GUAIC NEG STOOLS. AE FOR FURTHER ORTHO CARE. (2) HISTORY: 1400/094. IS DISORIENTED WITH SHORT ATTENTION SPAN. DISPLAYS SOME AGGRESSIVE BEHAVIOR AND IS RESTLESS MOST OF THE TIME. NOT HOMICIDAL OR SUICIDAL. WILL BE SEDATED AND RESTRAINED FOR FLIGHT.
Field 66	ATT PHYS (Attending Physician) –Enter the last name of the patient's attending physician. Example: ATTN PHYS: HOLLOWAY
Field 67	PH # (Telephone Number) – This field is used to record the attending physician's telephone number. Enter the area code (do prefix, and the basic number. Example: PH #: 912 467 5839

Field 68	WARD #/PH # (Ward Number/telephone Number) – This field is used to record the patient's ward number and the telephone number of the ward. This field is required to be completed for all inpatients. The telephone number can be entered as commercial or AUTOVON. Examples: (1) WARD #/PH #: A24/618 289 3382 (2) WARD #/PH #: 5L/703 343 5443 (3) WARD # PH #: 2/815 465 9810 (4) WARD # PH #: 2A/AV 638 2754
Field 69	REPORTED BY – Enter title and last name of the person reporting the patient. Examples: (1) REPORTED BY: MROTTO (2) REPORTED BY: MS SALMONS (3) REPORTED BY: MSGT BIGGERS
Field 70	PH # (telephone Number) – This field is used to record the AUTOVON telephone number of the person reporting the patient. Example: PH #: 7819438
Field 71	PT BAG TYPE (Patient Bag Type) –Enter the bag type code that most closely describes the major piece of baggage that will accompany the patient during travel. Valid bag type codes are listed below: SC = Suitcase DB = Duffel Bag FL = Foot Locker HB = Hanging Bag OR = Other NB = No Bag Examples: (1) PTBAGTYPE:FL (2) PTBAGTYPE:SC
Field 72	PT BAG TAG # (Patient Bag Number) – Enter the identifying tag number attached to each piece of the patient's baggage (up to three pieces). If NB is entered in field 71, leave this field blank. Examples: (1) PTBAGTAG:005006 (2) PT BAG TAG: 401408 536 (3) PTBAGTAG:100
Field 73	PT BAG WT (Patient Bag Weight) –Enter the combined weight of the patient's baggage to the closest pound. Valid entries are 001 to 100 inclusive. If NB is entered in field 71, leave this field blank. Examples: (1) PT BAGWT: 008 (2) PT BAG WT: 073
Field 74	ATTENDANT NAME #1 (First Attendant's Name) – If the patient will be accompanied by one or more attendants during travel, enter in this field the name of the first (or only) attendant in this sequence: last name, first name, middle initial. Examples: ATTENDANT NAME #1: WARREN WILLIAM J ATTENDANT NAME #2: TRUDEAU PATRICIA A
Field 75	STATUS – Enter the status code of the first attendant. See field 4 for an example.
Field 76	GRADE – Enter the pay grade of the first attendant. All attendants including dependents and civilian employees require a grade code. See field 5 for an example.
Field 77	AGE – Enter the age of the first attendant in years, or months, or days. See field 6 for an example and applicable note.
Field 78	SEX – Enter the sex of the first attendant. M = Male F = Female Z = Unknown

Field 79	RELATIONSHIP TO PATIENT –Enter the relationship of the first attendant to the patient. D = Doctor N = Nurse T = Technician or Hospital Corpsman or Paramedic F = Family Member
Field 80	BAG TYPE (Attendant #1 Bag Type) – Enter the bag type code that most closely describes the major piece of luggage that will accompany the first attendant during travel. See field 71 for examples.
Field 81	BAG TAG # (Attendant #1 Bag Tag Number) – Enter the identifying tag number attached to each piece of the first attendant's baggage (up to three pieces). If NB is entered in field 80, leave blank. See field 72 for examples.
Field 82	BAG WT (Attendant #1 Bag Weight) – Enter the combined weight of the first attendant's baggage to the closest pound. Valid entries are 001 to 100, inclusive. The examples and note for field 73 are applicable.
Fields 83–91	Fields 83 through 91 are completed only if there is a second attendant accompanying the patient. To complete, refer to the discussions of corresponding fields 74 through 82, substituting "Attendant #2" for "Attendant #1" and "second attendant" for "first attendant " wherever they appear.
Field 92	TRANS ORIG PHONE # (Originating Transportation Telephone Number) This field is used to record the telephone number of the transportation agency (motor pool, etc.) that will handle patient ground transportation from the originating MTF to the airport designated for patient pick up. An entry is required only if the originating MTF is a civilian facility or VA hospital. Enter the area code, the exchange prefix, and then the basic number. See field 67 for an example. An entry is also needed in field 97 to provide name of ambulance service, etc.
Field 93	TRANS DEST PHONE # (Destination Transportation Telephone Number)The discussion for field 92 also pertains to this field, except that the telephone number recorded in this field is that of the transportation agency that will handle patient ground transportation from the airport designated for patient off–load to the designation MTF. Any entry is required only if the destination MTF is a civilian or VA hospital. See field 92 for a discussion of data entry and field 67 for an example. An entry is also needed in field 97 to provide name of ambulance service, etc.
Field 94	ETA ORIG MTF (DATE/TIME) (Estimated Time Arrival At Originating Medical Treatment Facility)– Leave blank.
Field 95	AIRCRAFT ITINERARY – Leave blank.
Field 96	AIRCRAFT ITINERARY – Leave blank.
Field 97	OTHER COMMENTS – Enter any that will handle patient ground transportation from the originating MTF to the airport designated for amplifying or explanatory comments and identify the field to which they apply if it is not obvious.

Notes:

Priority and Urgent precedence patients should continue to be reported directly to PAC by telephone (AUTOVON 576–4936 or (618) 256–4936).

Twelve months should be entered as 01Y instead of 12M. However, 31 days can be entered as 31D or 01M.

If either of the classification codes 6B (nonmedical attendant) or 6A (medical attendant) is entered in this field, the only valid entries for field 27 are NMA or MEA, respectively.

If either of the classification codes 6A or 6B is entered in field 16, the medical specialty code MEA or NMA, respectively, must appear in this field.

If N is entered, a regular diet will be assumed.

Wedge Stryker frames cannot be accommodated aboard Air Force aircraft and should not be requested or fitted to the patient for travel in this transportation mode.

Incubators should not be requested for infants who weigh 8 pounds or more (i.e., if an incubator is requested, field 8 must be less than 008).

If the patient requires a monitor, at least one attendant who is a doctor must accompany the patient.

An inpatient returning from a treating facility is to be reported as an inpatient. A patient who is being transferred to an MTF for admission should first be admitted at the transferring facility and then reported as an inpatient.

Vital signs are required for all inpatients.

Fields 59 and 60 are required to be completed if any of the following medical specialties are entered in fields 27, 29, or 31: MMH, MMO, ASH, SSTO, MMP, SSCO, MCH, ARTS, SBN, or SGGO.

Medical history must be provided on all patients. Evacuation clerks should refer to the Air–Evac Clerk Quick Reference Guide for guiding questions in providing history on the various categories of illnesses and injuries.

Patients (and attendants) are permitted a maximum of 66 pounds of baggage. Up to 100 pounds of baggage may be authorized in exceptional cases by the MTF to accompany the first attendant during travel. See field 71 for examples.

Appendix 6
Status Codes

Table of Status Codes

A11	Army Active Duty
A12	Army Active Duty for Training
A13	Army Cadet
A21	Army Inactive Duty
A31	Army Retired for Length of Service
A32	Army Retired Permanent Disability
A33	Army Retired Temporary Disability
A41	Army Dependent of Active Duty
A42	Army Dependent of Retired
A43	Army Dependent of Deceased
A44	Army Dependent of Deceased Retired
A81	Army ROTC Cadet
A91	Secretary of Army Designee
N11	Navy Active Duty
N12	Navy Active Duty for Training
N13	Navy Midshipman
N21	Navy Inactive Duty
N31	Navy Retired for Length of Service
N32	Navy Retired Permanent Disability
N33	Navy Retired Temporary Disability
N41	Navy Dependent of Active Duty
N42	Navy Dependent of Retired
N43	Navy Dependent of Deceased
N43	Navy Dependent of Deceased Retired
N81	Navy ROTC Midshipman
N91	Secretary of Navy Designee
F11	Air Force Active Duty
F12	Air Force Active Duty for Training P12
F13	Air Force Cadet
F21	Air Force Inactive Duty
F31	Air Force Retired for Length of Service
F32	Air Force Retired Permanent Disability
F33	Air Force Retired Temporary Disability
F41	Air Force Dependent of Active Duty
F42	Air Force Dependent of Retired
F43	Air Force Dependent of Deceased
F44	Air Force Dependent of Deceased Retired
F81	Air Force ROTC Cadet
M11	Marine Corps Active Duty
M12	Marine Corps Active Duty for Training
M13	Marine Corps Cadet
M21	Marine Corps Inactive Duty
M31	Marine Corps Retired for Length of Service
M32	Marine Corps Retired Permanent Disability
M33	Marine Corps Retired Temporary Disability
M41	Marine Corps Dependent of Active Duty
M42	Marine Corps Dependent of Retired
M43	Marine Corps Dependent of Deceased
C11	Coast Guard Active Duty
C12	Coast Guard Active Duty for Training
C13	Coast Guard Cadet
C21	Coast Guard Inactive Duty for Training
C31	Coast Guard Retired for Length of Service
C32	Coast Guard Retired Permanent Disability
C33	Coast Guard Retired Temporary Disability
C41	Coast Guard Dependent of Active Duty
C42	Coast Guard Dependent of Retired
C44	Coast Guard Dependent of Deceased Retired
P11	Public Health Service Active Duty
P12	Public Health Service Active Duty for Training
P21	Public Health Service Inactive Duty for Training

Table of Status Codes —Continued

P31	Public Health Service Retired for Length of Service
P32	Public Health Service Retired Temporary Disability
P33	Public Health Service Retired Permanent Disability
P41	Public Health Service Dependent of Active Duty
P42	Public Health Service Dependent of Retired
P43	Public Health Service Dependent of Deceased
P44	Public Health Service Dependent of Deceased Retired
011	NOAA Active Duty
012	NOAA Active Duty for Training
013	NOAA Cadet or Midshipman
021	NOAA Inactive Duty for Training
031	NOAA Retired for Length of Service
032	NOAA Retired Permanent Disability
033	NOAA Retired Temporary Disability
041	NOAA Dependent of Active Duty
042	NOAA Dependent of Retired
043	NOAA Dependent of Deceased
044	NOAA Dependent of Deceased Retired
A51	NATO Active Duty Army
A52	NATO Dependent of Active Duty Army
N51	NATO Active Duty Navy
N52	NATO Dependent of Active Duty Navy
F51	NATO Active Duty Air Force
F52	NATO Dependent of Active Duty Air Force
M51	NATO Active Duty Marine Corps
M52	NATO Dependent of Active Duty Marine Corps
D91	Secretary of Defense Designee
H72	Department of State Employees
H73	Dependent of Department of State Employee
H74	Employee Other Federal Agencies
H75	Dependents, Employee other Federal Agencies
Q99	Prisoners of War
X52	Former Spouse
X53	Non–Nato Active Duty
X54	Dependents of Non–NATO Active Duty
X57	Foreign National in US for Medical Care
X58	Foreign National US Employee
X59	Foreign National – Other
X61	Former Svc Member for Maternity Care
X62	US Citizen—Dependent of Civilian Employee Stationed Overseas
X63	US Citizen State Department (Incl Peace Corps)
X64	US Citizen—Civilian Employee of DOD Stationed Overseas
X69	US Citizen—CONUS—Civil Service Employee Sick or Injured While TDY
X71	VA Beneficiary – Reimbursable
X76	American Indian and Trust Territory of Pacific Islands
X77	American Merchant Marine
X92	US Citizen—Civilian Emergency
X99	All Other Patient Categories

Appendix 7
Grade Codes

Table of Grade Codes

E01	Enlisted Grade E1
E02	Enlisted Grade E2
E03	Enlisted Grade E3
E04	Enlisted Grade E4
E05	Enlisted Grade E5
E06	Enlisted Grade E6
E07	Enlisted Grade E7
E08	Enlisted Grade E8
E09	Enlisted Grade E9
O01	Officer Grade 01
O02	Officer Grade 02
O03	Officer Grade 03
O04	Officer Grade 04
O05	Officer Grade 05
O06	Officer Grade 06
O07	Officer Grade 07
O08	Officer Grade 08
O09	Officer Grade 09
O10	Officer Grade 010
A00	Special Agent/OSI
COO	Cadet/Midshipman
N00	Contract Surgeon, Dependent, Other, DOD Civilian Employee
W01	Warrant Officer Grade W1
W02	Warrant Officer Grade W2
W03	Warrant Officer Grade W3
W04	Warrant Officer Grade W4

Appendix 8
Classification Codes

Table of Classification Codes

1A	Severe Psychiatric Patient
1B	Psychiatric Patient of Intermediate Severity
1C	Ambulatory Psychiatric Patient
2A	Immobile Litter Patient
2B	Mobile Litter Patient
3A	Ambulatory Patient
3B	Recovered Patient
3C	Ambulatory Drug Abuse Patient
4A	Infants Under 3 Years of Age
4B	Recovered Infant Under 3 Years of Age
4C	Infant Requiring an Ohio Incubator
4D	Infant Under 3 Years of Age Occupying a Litter
4E	Outpatient Under 3 Years of Age
5A	Ambulatory Patient– Outpatient
5B	Ambulatory Drug Abuse Patient – Outpatient
5C	Ambulatory Psychiatric Patient – Outpatient
5D	Outpatient on Litter for Comfort
5E	Returning Outpatient on Litter for Comfort
5F	Returning Outpatients
6A	Medical Attendant
6B	Nonmedical Attendant

Appendix 9
ASMRO MTF Codes

Table of ASMRO MTF Codes
ARMY

MTF Codes	Names
A0015	Brooke AMC, Ft Sam Houston TX
A0027	Dwight David Eisenhower AMC, Ft Gordon GA
A0033	Fitzsimons AMC, Aurora CO
A0042	Letterman AMC, San Francisco CA
A0051	Madigan AMC, Tacoma WA
A0069	Walter Reed AMC, Washington DC
A0074	William Beaumont AMC, El Paso TX
A0089	Cutler ACH, Ft. Devens MA
A0095	Darnall ACH, Ft. Hood TX
A0109	Dewitt ACH, Ft. Belvoir VA
A0116	General Leonard Wood ACH, Ft Leonard Wood MO
A0126	Hawley ACH, Ft. Benjamin Harrison IN
A0136	Ireland ACH, Ft. Knox KY
A0143	Irwin ACH, Ft. Riley KS
A0158	Kenner ACH, Ft. Lee VA
A0169	Kimbrough ACH, Ft. Meade MD
A0179	Kirk USA Health Clinic Aberdeen, Proving Ground MD
A0187	Lyster ACH, Ft. Rucker AL
A0197	Martin ACH, Ft. Benning GA
A0208	McDonald ACH, Ft. Eustis VA
A0218	Moncrief ACH, Ft. Jackson SC
A0223	Munson ACH, Ft. Leavenworth KS
A0237	Noble ACH, Ft. McClellan AL
A0249	Patterson ACH, Ft. Monmouth NJ
A0254	Raymond W Bliss ACH, Ft Huachuca AZ
A0265	Reynolds ACH, Ft. Sill OK
A0272	Silas B. Hays ACH, Ft. Ord CA
A0289	Walson ACH, Ft. Dix NJ
A0298	Womack ACH, Ft. Bragg NC
A0306	Blanchfield ACH, Ft. Campbell KY
A0313	Evans ACH, Ft. Carson CO
A0327	USA Health Clinic, Ft McPherson GA
A0335	Bayne–Jones ACH, Ft. Polk LA
A0347	Winn ACH, Ft. Stewart GA
A0357	Fox ACH, Redstone Arsenal AL
A0369	William L Keller ACH, West Point NY
A0379	Dunham Army Health Clinic, Carlisle Barracks PA
A0388	USA Health Clinic, Ft. A P. Hill VA
A0399	USA Health Clinic, Ft. Drum NY
A0406	USA Health Clinic, Ft. McCoy WI
A0416	USA Health Clinic, Ft. Sheridan IL
A0429	USA Health Clinic, Indiantown Gap Military Res PA
A0432	USA Health Clinic, Sierra Army Depot CA
A0444	USA Health Clinic, White Sands Missile Range NM
A0454	USA Health Clinic, Yuma Proving Grounds AZ
A0465	USA Troop Medical Clinic, Ft. Chaffee AR
A0472	Weed ACH National Training Center, Ft. Irwin CA
A5010	196th Sta Hosp, Shape Belgium
A5030	Frankfurt Army Regional Med. Ctr, Frankfurt GE
A5040	2nd Gen Hosp, Landstuhl GE
A5050	USA Hospital, Augsburg GE
A5060	5th Gen Hosp, Bad Cannstatt GE
A5070	USA Hospital, Berlin GE
A5080	USA MEDDAC, Bremerhaven GE
A5090	130th Sta Hosp, Heidelberg GE
A5100	Nuernberg ACH, Nuernberg GE
A5110	USA Hospital, Wuerzburg GE
A5120	45th Fld Hosp, Livorno Italy
A5130	USA MEDDAC Vicenza, Camp Ederle, Vicenza Italy
A5150	USA Dispensary, Dhahran Saudi Arabia
A6010	Tripler AMC, Honolulu HI
A6020	Cdr. 18TH MEDCOM, Seoul Korea
A6030	USA MEDDAC Japan, Camp Zama JA
A7010	Gorgas ACH, Aacon Panama
A8010	USA Health Clinic, Puerto Rico

Table of ASMRO MTF Codes
ARMY—Continued

MTF Codes	Names
A9010	Bassett ACH, Ft. Wainwright AK
A9020	USA Health Clinic, Ft. Greeley AK
A9030	USA Health Clinic, Ft Richardson AK

Table of ASMRO MTF Codes
CIVILIAN AND PUBLIC HEALTH SERVICE

C0010	Civilian Hospitals (Excl PHS Hospital and USTF)
C0109	USTF (Wayman Park), Baltimore MD
C0125	USPHS HOSP, Carville LA (For Hansens Disease only)
C0135	USTF (St John), Nassau Bay TX
C0145	USTF (St Mary), Galveston TX
C0155	USTF (St Mary), Port Arthur TX
C0165	USTF (St Joseph), Houston TX
C0169	USTF (Brighton Marine), Boston MA
C0171	USTF (Pacific Medical Center), Seattle WA
C0189	USTF (Bayley–Seton), Staten Island NY
C0199	National Institutes of Health, Bethesda MD

Table of ASMRO MTF Codes
COAST GUARD

G0002	CG MLCPAC, Alameda CA
G0009	CG MLCLANT, New York NY
G0019	CG Academy Clinic, New London CT
G0029	CG TRACEN Clinic, Cape May NJ
G0037	CG AVTRACEN Clinic, Mobile AL
G0042	CG TRACEN Clinic, Petaluma CA
G0059	CG Yard Clinic, Curtis Bay MD
G0069	CG HQ Clinic, Washington DC
G0078	CG RESTRACEN Clinic, Yorktown VA
G0209	CG SUPRTCEN Clinic, Boston MA
G0219	CG SUPRTCEN Clinic, New York NY
G0228	CG SUPRTCEN Clinic, Portsmouth VA
G0238	CG SUPRTCEN Clinic, Elizabeth City NC
G0242	CG SUPRTCEN, Alameda CA
G0251	CG SUPRTCEN Clinic, Seattle WA
G0309	CG AIRSTA Clinic, Otis AFB MA
G0317	CG AIRSTA Clinic, Opa Locka FL
G0327	CG AIRSTA Clinic, Clearwater FL
G0336	CG AIRSTA Clinic, Traverse City MI
G0341	CG AIRSTA Clinic, Pt. Angeles WA
G0351	CG AIRSTA Clinic, Warrenton OR
G0361	CG AIRSTA Clinic, North Bend OR
G0407	CG Base Clinic, Miami FL
G0415	CG Base Clinic, New Orleans LA
G0909	CGD One, Boston MA
G0916	CGD Two, St Louis MO
G0938	CGD Five, Portsmouth VA
G0947	CGD Seven, Miami FL
G0955	CGD Eight, New Orleans LA
G0966	CGD Nine, Cleveland OH
G0972	CGD Eleven, Long Beach CA
G0991	CGD Thirteen, Seattle WA
G5010	CG ACTEUR, London UK
G6080	CG Base Clinic, Honolulu HI
G6090	CGD Fourteen, Honolulu HI
G8010	CGAIRSTA Clinic, Borinquen PR
G9000	CG SUPRTCEN Clinic, Kodiak AK
G9010	CG Base Clinic, Ketchikan AK
G9020	CG AIRSTA Clinic, Sitka AK
G9030	CGD Seventeen, Juneau AK

F0012	David Grant USAFMC, Travis AFB CA
F0029	Malcolrn Grow USAFMC, Andrews AFB MD
F0035	Wilford Hall USAFMC, Lackland AFB TX
F0047	USAFMC, Keesler AFB MS
F0056	USAFMC, Scott AFB IL
F0066	USAFMC, Wright–Patterson AFB OH
F0073	E Bergquist USAFRH, Offutt AFB NE
F0085	USAFRH, Carswell AFB TX
F0097	USAFRH, Eglin AFB FL
F0101	USAFH, Fairchild AFB WA
F0117	USAFRH, MacDill AFB FL
F0122	USAFRH, March AFB CA
F0137	USAFRH, Maxwell AFB AL
F0143	USAFRH, Minot AFB ND
F0158	USAFH, Shaw AFB SC
F0165	USAFRH, Sheppard AFB TX
F0173	USAF Academy Hosp, USAF Academy CO
F0185	USAFH, Altus AFB OK
F0195	USAFH, Barksdale AFB LA
F0202	USAFH, Beale AFB CA
F0215	USAFH, Bergstrom AFB TX
F0225	USAFH, Blytheville AFB AR
F0234	USAFH, Cannon AFB NM
F0242	USAFH, Castle AFB CA
F0256	USAFH, Chanute AFB IL
F0267	USAFH, Columbus AFB MS
F0274	USAFH, Davis–Monthan AFB AZ
F0289	USAFH, Dover AFB DE
F0295	USAFH, Dyess AFB TX
F0302	USAFH, Edwards AFB CA
F0313	USAFH, Ellsworth AFB SD
F0325	USAFH, England AFB LA
F0333	USAFH, F. E Warren AFB WY
F0342	USAFH, George AFB CA
F0353	USAFH, Grand Forks AFB ND
F0369	USAFH, Griffiss AFB NY
F0376	USAFH, Grissom AFB IN
F0383	USAFH, Hill AFB UT
F0394	USAFH, Holloman AFB NM
F0407	USAFH, Homestead AFB FL
F0424	USAFH, Kirtland AFB NM
F0436	USFAH, K I Sawyer AFB MI
F0448	USAFH, Langley AFB VA
F0455	USAFH, Laughlin AFB TX
F0465	USAFH, Little Rock AFB AR
F0479	USAFH, Loring AFB ME
F0484	USAFH, Luke AFB AZ
F0491	USAFH, Malmstrom AFB MT
F0502	USAFH, Mather AFB CA
F0513	USAFH, McConnell AFB KS
F0527	USAFH, Moody AFB GA
F0531	USAFH, Mountain Home AFB ID
F0548	USAFH, Myrtle Beach AFB SC
F0552	USAFH, Nellis AFB NV
F0567	USAFH, Patrick AFB FL
F0579	USAFH, Pease AFB NH
F0589	USAFH, Plattsburgh AFB NY
F0595	USAFH, Reese AFB TX
F0617	USAFH, Robins AFB GA
F0628	USAFH, Seymour Johnson AFB NC
F0635	USAFH, Tinker AFB OK
F0647	USAFH, Tyndall AFB FL
F0652	USAFH, Vandenberg AFB CA
F0676	USAFH, Whiteman AFB MO
F0684	USAFH, Williams AFB AZ
F0696	USAFH, Wurtsmith AFB MI
F0715	USAFC, Brooks AFB TX
F0728	USAFC, Charleston AFB SC
F0765	USAFC, Goodfellow AFB TX

Table of ASMRO MTF Codes
AIR FORCE—Continued

F0785	USAFC, Kelly AFB TX
F0812	USAFC, Los Angeles AFS CA
F0823	USAFC, Lowry AFB CO
F0831	USAFC, McChord AFB WA
F0842	USAFC, McClellan AFB CA
F0859	USAFC, McGuire AFB NJ
F0862	USAFC, Norton AFB CA
F0873	USAFC, Peterson AFB CO
F0888	USAFC, Pope AFB NC
F0895	USAFC, Randolph AFB TX
F0915	USAFC, Vance AFB OK
F2016	lASF, Scott AFB IL
F2029	10ASF, Andrews AFB MD
F2032	2ASF, Travis AFB CA
F2047	6ASF, Keesler AFB MS
F2055	4ASF, Lackland AFB TX
F5010	USAFC, Fairford England
F5020	USAFH, Iraklion AS Greece
F5030	USAFH, Lakenheath England
F5040	USAFH, Upper Heyford England
F5050	USAFH, Bitburg AB Germany
F5060	USAFH, Hahn AB Germany
F5070	USAFRMC, Wiesbaden Germany
F5080	USAFH, Hellenikon AB Greece
F5090	USAFC, Geilenkirchen AB Germany
F5100	USAFC, Aviano AB Italy
F5110	USAFC, San Vito Dei Normanni AS Italy
F5120	USAFH, Torrejon AB Spain
F5130	USAFC, Zaragoza AB Spain
F5140	USAFH, Incirlik AB Turkey
F5150	USAFC, Izmir AB Turkey
F5160	USAFC, Greenham Common England
F5170	USAFC, Alconbury England
F5180	USAFC, Bentwaters England
F5190	USAFC, Chicksands England
F5200	USAFC, Ramstein AB Germany
F5210	USAFC, Rhein–Main AB Germany
F5220	USAFC, Sembach AB Germany
F5230	USAFC, Spangdahlem AB Germany
F5240	USAFC, Zweibrucken AB Germany
F5250	USAFC, Comiso Italy
F5270	USAFC, Camp New Amsterdam AB Netherlands
F5280	USAFC, Ankara AB Turkey
F5290	USAFC, Florennes Belgium
F6010	USAFH, Misawa AB Japan
F6020	USAFH, Yokota AB Japan
F6030	USAFH, Kunsan AB Korea
F6040	USAFH, Osan AB Korea
F6050	USAFRMC, Clark AB Phillippines
F6060	19TH ASF, Clark AB Philippines
F6090	USAFC, Andersen AFB Guam
F6100	USAFC, Hickam AFB Hawaii
F6110	USAFC, Kadena AB Okinawa
F7010	USAFC, Howard AFB Panama
F8010	USAFH, Lajes AB Azores
F8020	USAFH, Thule AB Greenland
F8030	USAFC, Sondrestrom AB Greenland
F9030	USAFH, Elmendorf AFB Alaska
F9040	USAFC, Eielson AFB Alaska

Table of ASMRO MTF Codes
JOINT MEDICAL REGULATING OFFICES

J5010	EUCOM Area JMRO, Rhein Main GE
J5020	EUCOM Area JMRO #1
J5030	EUCOM Area JMRO #2
J5040	CENTCOM JMRO
J6010	PACOM JMRO, Camp Smith Hawaii
J6020	PACOM Area JMRO #1
J6030	PACOM Area JMRO #2
J7010	SOUTHCOM JMRO
J8010	LANTCOM JMRO
J9010	JTF Alaska JMRO

Table of ASMRO MTF Codes
NAVY

N0027	NAVHOSP, Pensacola FL
N0039	NAVHOSP, Groton CT
N0041	NAVHOSP, Bremerton WA
N0058	NAVHOSP, Camo Lejeune NC
N0062	NAVHOSP, Camp Pendleton CA
N0078	NAVHOSP, Charleston SC
N0085	NAVHOSP, Corpus Christi TX
N0096	NAVHOSP, Great Lakes IL
N0107	NAVHOSP, Jacksonville FL
N0112	NAVHOSP, Long Beach CA
N0127	NAVHOSP, Millington TN
N0139	NAVHOSP, Newport RI
N0142	NAVHOSP, Oakland CA
N0157	NAVHOSP, Orlando FL
N0169	NAVHOSP, Philadelphia PA
N0178	NAVHOSP, Portsmouth VA
NO 182	NAVHOSP, San Diego CA
N0198	NAVHOSP, Beaufort SC
N0208	NAVHOSP, Cherry Point NC
N0212	NAVHOSP, Lemoore CA
N0229	NAVHOSP, Patuxent River MD
N0231	NAVHOSP, Oak Harbor WA
N0247	BRHOSP, Naval Home Gulfport MS
N0252	NAVHOSP, 29 Palms CA
N0269	NAVMEDCL, Annapolis MD
N0277	NAVMEDCL, Key West FL
N0285	NAVMEDCL, New Orleans LA
N0292	NAVMEDCL, Port Hueneme CA
N0309	NAVMEDCL, Portsmouth NH
N0319	NAVMEDCL, Quantico VA
N0397	BRCL MCLSB, Albany GA
N0405	BRCL NAS, Dallas TX
N0417	BRCL NAS, Atlanta GA
N0422	BRCL NAS, Fallon NV
N0432	BRCL NWC, China Lake CA
NO449	NAVMEDCL, Dahlgren VA
N0458	BRCL MCAS New River, Jacksonville NC
N0462	BRCL MCLSB, Barstow CA
N0478	BRCL MCRD, Parris Island SC
N0485	BRCL NAS, Chase Field, Beeville TX
N0495	BRCL NAS, Kingsville TX
N0496	BRCL NTC, Great Lakes IL
N0507	BRCL NAS, Cecil Field FL
N0517	BRCL NAVSTA, Mayport FL
N0527	BRCL NSCS, Athens GA
N0537	BRCL NAS, Memphis TN
N0547	BRCL NTC, Orlando FL
N0557	BRCL NAS, Whiting Field Milton FL
N0567	BRCL MCBC, Gulfport MS
N0577	BRCL NCSC, Panama City FL
N0589	BRCL NAVAIREGCEN, Lakehurst NJ

Table of ASMRO MTF Codes
NAVY—Continued

N0599	BRCL NPFC, Philadelphia PA
N0609	BRCL NWS, Earle NJ
N0614	BRCL MCAS, Yuma AZ
N0712	ARC, San Diego CA
N0728	ARC, Norfolk VA
N0737	ARC, Jacksonville FL
N0742	ARS, Long Beach CA
N0752	NDRC, Miramar CA
N0856	MED DEN AFFAIRS, Great Lakes IL
N5010	BRCL USNAVCOMSTA NEA, Makri Greece
N5030	USNAVHOSP, Naples Italy
N5040	BRHOSP, Sigonella Italy
N5070	USNAVHOSP, Rota Spain
N5080	BRCL Edzell, (Holy Lock) Scotland
N6010	BRCL, Diego Garcia
N6020	USNAVHOSP, Guam
N6030	MI USNAVHOSP, Yokosuka Japan
N6040	BRCL NAVMAG, Oahu HI
N6050	NAVMEDADMINU TAMC, Oahu HI
N6060	USNAVHOSP Subic Bay Luzon, Republic of the Phillippines
N6070	BRCL Exmouth, (Harold E Hold) Australia
N6080	BRCL, Iwakuni Japan
N6110	USNAVHOSP, Okinawa Japan
N6130	BRCL COMFLACT, Sasebo Japan
N6140	NAVMEDCL, Pearl Harbor HI
N6160	BRCL USNCS, San Miguel Republic of the Philippines
N6230	BRCL USNAF, Atsugi Japan
N6240	BRCL NAVSTA, Pearl Harbor HI
N6250	BRCL NAS, Barbers Point HI
N6260	MCAS, Kanehoe Bay HI
N8010	USNAVHOSP, Keflavik Iceland
N8020	BRCL NAS, Bermuda
N8030	USNAVHOSP, Guantanamo Bay Cuba
N8040	USNAVHOSP, Roosevelt Roads Puerto Rico
N8050	BRCL USNAVFAC, Argentia Newfoundland
N9020	BRHOSP, NAVSTA Adak Alaska

Table of ASMRO MTF Codes
VETERANS AFFAIRS

V0019	VAMC, Albany NY
V0024	VAMC, Albuquerque NM
V0035	VAMC, Alexandria LA
V0046	VAMC, Allen Park MI
V0059	VAMC, Altoona PA
V0065	VAMC, Amarillo TX
V0071	VAMC, American Lake WA
V0086	VAMC, Ann Arbor MI
V0098	VAMC, Asheville NC
V0127	VAMC, Atlanta GA
V0137	VAMC, Augusta GA
V0149	VAMC, Baltimore MD
V0159	VAMC, Batavia NY
V0169	VAMC, Bath NY
V0176	VAMC, Battle Creek MI
V0187	VAMC, Bay Pines FL
V0196	VAMC, Beckley WV
V0209	VAMC, Bedford MA
V0215	VAMC, Big Springs TX
V0227	VAMC, Biloxi MS
V0237	VAMC, Birmingham AL
V0241	VAMC, Boise ID
V0255	VAMC, Bonham TX
V0269	VAMC, Boston MA
V0276	VAMC, Brecksville OH
V0289	VAMC, Brockton MA
V0299	VAMC, Bronx NY
V0309	VAMC, Brooklyn NY

V0319	VAMC, Buffalo NY
V0329	VAMC, Butler PA
V0339	VAMC, Cananadaigua NY
V0349	VAMC, Castle Point NY
V0358	VAMC, Charleston SC
V0363	VAMC, Cheyenne WY
V0376	VAMC, Chicago IL (West Side)
V0386	VAMC, Chicago IL (Lakeside)
V0396	VAMC, Chillicothe OH
V0406	VAMC, Cincinnati OH
V0416	VAMC, Clarksburg WV
V0426	VAMC, Cleveland OH
V0439	VAMC, Coatesville PA
V0446	VAMC, Columbia MO
V0458	VAMC, Columbia SC
V0465	VAMC, Dallas TX
V0476	VAMC, Danville IL
V0486	VAMC, Dayton OH
V0493	VAMC, Denver CO
V0506	VAMC, Des Moines IA
V0517	VAMC, Dublin GA
V0528	VAMC, Durham NC
V0539	VAMC, East Orange NJ
V0549	VAMC, Erie PA
V0553	VAMC, Fargo ND
V0565	VAMC, Fayetteville AR
V0578	VAMC, Fayetteville NC
V0581	VAMC, Ft. Harrison MT
V0599	VAMC, Ft. Howard MD
V0603	VAMC, Ft. Lyon CO
V0613	VAMC, Ft. Meade SD
V0626	VAMC, Ft. Wayne IN
V0632	VAMC, Fresno CA
V0647	VAMC, Gainesville FL
V0653	VAMC, Grand Island NE
V0663	VAMC, Grand Junction CO
V0688	VAMC, Hampton VA
V0696	VAMC, Hines IL
V0703	VAMC, Hot Springs SD
V0715	VAMC, Houston TX
V0726	VAMC, Huntington WV
V0736	VAMC, Indianapolis IN
V0746	VAMC, Iowa City IA
V0756	VAMC, Iron Mountain MI
V0767	VAMC, Jackson MS
V0786	VAMC, Kansas City MO
V0795	VAMC, Kerrville TX
V0806	VAMC, Knoxville IA
V0817	VAMC, Lake City FL
V0823	VAMC, Leavenworth KS
V0839	VAMC, Lebanon PA
V0846	VAMC, Lincoln NE
V0865	VAMC, Little Rock AR
V0872	VAMC, Livermore CA
V0882	VAMC, Long Beach CA
V0892	VAMC, Loma Linda CA
V0912	VAMC, Los Angeles CA (Brentwood)
V0922	VAMC, Los Angeles CA (Wadsworth)
V0936	VAMC, Louisville KY
V0949	VAMC, Lyons NY
V0956	VAMC, Madison WI
V0969	VAMC, Manchester NH
V0976	VAMC, Marion IL
V0986	VAMC, Marion IN
V0995	VAMC, Marlin TX
V1002	VAMC, Martinez CA
V1016	VAMC, Martinsburg WV
V1027	VAMC, Memphis TN
V1037	VAMC, Miami FL
V1041	VAMC, Miles City MT
V1056	VAMC, Minneapolis MN
V1067	VAMC, Montgomery AL

Table of ASMRO MTF Codes
VETERANS AFFAIRS—Continued

V1079	VAMC, Montrose NY
V1087	VAMC, Mountain Home TN
V1097	VAMC, Murfreesboro TN
V1105	VAMC, Muskogee OK
V1117	VAMC, Nashville TN
V1129	VAMC, Newington CT
V1135	VAMC, New Orleans LA
V1149	VAMC, New York NY
V1159	VAMC, Northampton MA
V1166	VAMC, North Chicago IL
V1189	VAMC, Northport NY
V1195	VAMC, Oklahoma City OK
V1203	VAMC, Omaha NE
V1212	VAMC, Palo Alto CA
V1229	VAMC, Perry Point MD
V1239	VAMC, Philadelphia PA
V1244	VAMC, Phoenix AZ
V1259	VAMC, Pittsburgh PA (University Drive)
V1269	VAMC, Pittsburgh PA (Highland Drive)
V1276	VAMC, Poplar Bluff MO
V1281	VAMC, Portland OR
V1294	VAMC, Prescott AZ
V1309	VAMC, Providence RI
V1312	VAMC, Reno NV
V1328	VAMC, Richmond VA
V1331	VAMC, Roseburg OR
V1346	VAMC, Saginaw MI
V1358	VAMC, Saginaw MI
V1368	VAMC, Salisbury NC
V1373	VAMC, Salt Lake City UT
V1385	VAMC, San Antonio TX
V1392	VAMC, San Diego CA
V1402	VAMC, San Francisco CA
V1421	VAMC, Seattle WA
V1432	VAMC, Sepulveda CA
V1443	VAMC, Sheridan WY
V1455	VAMC, Shreveport LA
V1463	VAMC, Sious Falls SD
V1471	VAMC, Spokane WA
V1486	VAMC, St Cloud MN
V1496	VAMC, St Louis MO
V1509	VAMC, Syracuse NY
V1517	VAMC, Tampa FL
V1525	VAMC, Temple TX
V1539	VAMC, Togus ME
V1546	VAMC, Tomah WI
V1553	VAMC, Topeka KS
V1564	VAMC, Tucson AZ
V1577	VAMC, Tuscaloosa AL
V1587	VAMC, Tuskegee AL
V1591	VAMC, Vancouver WA
V1605	VAMC, Waco TX
V1611	VAMC, Walla Walla WA
V1629	VAMC, Washington DC
V1639	VAMC, West Haven CT
V1649	VAMC, West Roxbury MA
V1659	VAMC, White River Junction VT
V1663	VAMC, Wichita KS
V1679	VAMC, Wilkes Barre PA
V1689	VAMC, Wilmington DE
V1696	VAMC, Wood WI
V6010	VAMC, Honolulu HI
V6020	VAMC, Manila Philippines
V8010	VAMC, San Juan Puerto Rico
V9010	VAMC, Juneau Alaska

Glossary

Section I
Abbreviations

02/LPM
Oxygen/Liters Per Minute

ABG
Arterial Blood Gases

ACCEPT PHYS
Accepting Physician

ACH
Army Community Hospital

AECC
Aeromedical Evacuation Control Center

AJMRO
Area Joint Medical Regulating Office

ALT REST/MAX HT
Altitude Restriction/Maximum Height

AMC
Army Medical Center

APPROV AUTH
Approval Authority

APPT/SURG DATE
Appointment or Surgery Date

ARC
Alcohol Rehabilitation Center

ARS
Alcohol Rehabilitation Service

ASF
Aeromedical Staging Facility

ASMRO
Armed Services Medical Regulating Office

ATT PHYS
Attending Physician

BLOOD PRESS
Blood Pressure

BRHOSP
Branch Hospital

CANC/INC
Cancel/Incomplete

CAST/LOC
Cast Type and Location

CDR
Commander

CENTCOM
Central Command

CG
Coast Guard

CG ACTEUR
Coast Guard Activities Europe

CG AIRSTA
Coast Guard Air Station

CG AVTRACEN
Coast Guard Aviation Training Center

CG MLCLANT
Coast Guard Maintenance and Logistics Command, Atlantic

CG MLCPAC
Coast Guard Maintenance and Logistics Command, Pacific

CG RESTRACEN
Coast Guard Reserve Training Center

CG SUPRTCEN
Coast Guard Support Center

CG TRACEN
Coast Guard Training Center

CGD
Coast Guard District

CLASS
Classification

COMFLACT
Commander Fleet Activities

CONUS
Continental United States

DIAG
Diagnosis

DMRIS
Defense Medical Regulating Information System

DOD
Department of Defense

DOT
Department of Transportation

ETA ORIG MTF
Estimated Time of Arrival at Originating Medical Treatment Facility

EUCOM
European Command

FAMC
Fitzsimons Army Medical Center

FCC
Federal Coordinating Center

FLD HOSP
Field Hospital

FN
Foreign National

FOLEY
Foley Catheter

GEN HOSP
General Hospital

HCT
Hematocrit

HGB
Hemoglobin

HOR
Home of Record

HSC
United States Army Health Services Command

ICAO DEST
Destination MTF Airfield Code

ICAO ORIG
Originating MTF Airfield Code

ICD–9
International Classification of Diseases, 9th Revision

IMED
Intravenous Regulator Pump

INCUB
Incubator

ISO
Isolation

IV
Intravenous

JMRO
Joint Medical Regulating Office

JTF
Joint Task Force

LANTCOM
Atlantic Command

MAC
Military Airlift Command

MAS
Medical Administration Services

MAX # RONS
Maximum Number of Overnights

MAX ENRTE STOPS
Maximum En Route Stops

MCAS
Marine Corps Air Station

MCLSB
Marine Corps Logistical Support Base

MCRD
Marine Corps Recruit Depot

MEB
Medical Evaluation Board

MED SPEC
Medical Specialty

MEDCOM
Medical Command

MIDLANTREG
Mid Atlantic Region

MON
Heart Monitor

MSC
Military Sealift Command

MSN #
Mission Number

MTF
Medical Treatment Facility

MTF DEST
Destination Medical Treatment Facility

MTF ORIG
Originating Medical Treatment Facility

MTMC
Military Traffic Management Command

NAS
Naval Air Station

NATO
North Atlantic Treaty Organization

NAVAIRENGCEN
Naval Air Engineer Center

NAVHOSP
Naval Hospital

NAVMAG
Naval Magazine

NAVMEDADMINU
Naval Medical Administration Unit

NAVMEDCL
Naval Medical Clinic

NAVMEDCOM
Naval Medical Command

NAVSTA
Naval Station

NCTC
Naval Construction Training Center

NDMS
National Disaster Medical System

NDRC
Naval Drug Rehabilitation Center

NEREG
Northeast Region

NG TUBE
Nasogastric Tube

NMA
Nonmedical Attendant

NOAA
National Oceanic and Atmospheric Administration

NSCS
Naval Supply Corps School

NTC
Naval Training Center

NWC
Naval Weapons Center

NWREG
Northwest Region

NWS
Naval Weapons Station

OASD(HA)
Office of the Assistant Secretary of Defense (Health Affairs)

OJCS
Office of the Joint Chiefs of Staff

OMA
Office of Medical Affairs

PAC
Patient Airlift Center

PACOM
Pacific Command

PEB
Physical Evaluation Board

PH #
Phone Number

POR
Place of Residence

POW
Prisoner of War

PT
Patient

REAS REG
Reason Regulated

RESP
Respirator

RESPR
Respiration Rate

RON LOC
Overnight Location

RPW
Repatriated Prisoner of War

SCI
Spinal Cord Injury

SEREG
Southeast Region

SI/VSI
Seriously Ill/Very Seriously Ill

SOUTHCOM
Southern Command

SPEC CAT
Special Category

SPEC DIET
Special Diet

SPEC PROG
Special Program

SSAN
Social Security Account Number

STA HOSP
Station Hospital

STAT
Status

STRYKER
Stryker Frame

SUCT
Suction

SUPP INFO
Supplemental Information

SWREG
Southwest Region

TEMP
Temperature

TRACH
Tracheotomy Apparatus

TRACT
Traction Equipment

TRANS DEST
Destination Transportation

TRANS ORIG
Originating Transportation

UCMJ
Uniform Code of Military Justice

USA
United States Army

USA MEDDAC
United States Army Medical Department Activity

USAF
United States Air Force

USAFC
United States Air Force Clinic

USAFH
United States Air Force Hospital

USAFMC
United States Air Force Medical Center

USAFRH
United States Air Force Regional Hospital

USAFRMC
United States Air Force Regional Medical Center

USAISR
United States Army Institute of Surgical Research

USN
United States Navy

USNAF
United States Naval Air Facility

USNAVCOMSTA
United States Naval Communications Station

USNAVFAC
United States Naval Facility

USNCS
United States Naval Construction Station

USPHS
United States Public Health Service

USTF
Uniformed Services Treatment Facility

VA
Department of Veterans Affairs

VACO
Department of Veterans Affairs Central Office

VAMC
Department of Veterans Affairs Medical Center

WBC
White Blood Cells

WT
Weight

Section II
Terms

This section contains no entries.

Section III
Special Abbreviations and Terms

This section contains no entries.

USAPA

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