

## NAS FIELDS AND CODES ON EWRAS

FIELD	LENGTH	COMMENTS
Other Insurance Indicator	1	C Yes, other insurance N No, other insurance S TRICARE Supplemental only
NAS Number	11	The first four (4) digits are the DMIS facility identifier. The next four digits are the last digit of the calendar year plus the Julian Day e.g., January 1, 2003 would be 3001.  NOTE: Since the EWRAS will not carry any NAS data older than seven years, the last digit of the year will reflect the most recent year for that digit, e.g., 1001 means January 1, 2001, not 1991. The final three digits are the facility sequence number: 000-699 may be assigned in accordance with the implementing instruction of the host service. 700-799 are assigned to chronic care retroactive NAS issuances. 800-899 are assigned to NASs issued for chronic care. 900-999 are assigned to NASs issued retroactively.
Date of Admission/ Retroactive Date	8	YYYYMMDD. Date care commenced. This element is provided for retroactive NAS issuances and will otherwise be zeroes. The retroactive date will be either the hospital admission date or the first prenatal care visit in maternity cases. For ONASs the retroactive date will ONAS effective date.
<b>FOR INASS ISSUED PRIOR TO OCTOBER 1, 1991:</b>		
Hospital Specialty Code	2	Internal Medicine 01 Adverse Reactions 02 Allergy 03 Cardiology (Vascular Disease) 04 Dermatology 05 Endocrinology 06 Gastroenterology 07 Hematology

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FIELD	LENGTH	COMMENTS
Hospital Specialty Code (Continued)	08	Infectious Disease
	09	Nephrology
	10	Neurology
	11	Nutritional
	12	Pulmonary/Respiratory
	13	Rheumatology
	14	Internal Medicine (Other)
	15	Dental
	16	Obstetrics
	17	Gynecology
	18	Ophthalmology
	19	Psychiatry (GP I)
	20	Psychiatry (GP II)
	21	Special Pediatrics (Congenital Anomalies, Neonatology)
		Surgery
	22	Ear, Nose, Throat
	23	General Surgery
	24	Neurosurgery
	25	Orthopedics
	26	Thoracic Surgery
	27	Urology

**FOR INASs ISSUED ON OR AFTER OCTOBER 1, 1991:**

Major Diagnostic Category	2	01	Diseases and Disorders of the Nervous System
		02	Diseases and Disorders of the Eye
		03	Diseases and Disorders of the Ear, Nose, and Throat
		04	Diseases and Disorders of the Respiratory System
		05	Diseases and Disorders of the Circulatory System
		06	Diseases and Disorders of the Digestive System
		07	Diseases and Disorders of the Hepatobiliary System and Pancreas

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FIELD	LENGTH	COMMENTS
Major Diagnostic Category (Continued)	08	Diseases of the Musculoskeletal System and Connective Tissue
	09	Diseases of the Skin, Subcutaneous Tissue and Breast
	10	Endocrine, Nutritional and Metabolic Diseases
	11	Diseases and Disorders of the Kidney and Urinary Tract
	12	Diseases and Disorders of the Male Reproductive System
	13	Diseases and Disorders of the Female Reproductive System
	14	Pregnancy, Childbirth and the Puerperium
	15	Normal Newborns and Other Neonates with Certain Conditions Originating in the Perinatal Period
	16	Diseases and Disorders of the Blood and Blood-Forming Organs and Immunological Disorders
	17	Myeloproliferative Disorders and Poorly Differentiated Neoplasms
	18	Infectious and Parasitic Diseases (Systemic or Unspecified Sites)
	19	Mental Diseases and Disorders
	20	Alcohol/Drug Use and Alcohol/Drug Induced Organic Disorders
	21	Injuries, Poisonings, and Toxic Effect of Drugs
	22	Burns
	23	Factors Influencing Health Status and Other Contacts with Health Services
	24	Multiple Significant Trauma (DRGs 484-487)
	25	Human Immunodeficiency Virus Infection (DRGs 488-490)
	60	Pediatrics

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FIELD	LENGTH	COMMENTS
<b>FOR OUTPATIENT NON-AVAILABILITY STATEMENTS:</b>		
Selected Outpatient Procedures	2	<p>61 GYN Laparoscopy (procedure codes<sup>1</sup> 56300-56399) (66.20-66.29, 68.12, 68.15, 68.16)            Excludes procedure codes<sup>1</sup> 56355, 56340, 56341, 56342, 58998</p> <p>62 Cataract Removal (procedure codes<sup>1</sup> 66830-66984, 66998), 13.1 - 13.5x, 13.69)            Procedure codes<sup>1</sup> prior to 01/01/1993: 66985 (13.64, 13.65, 13.66), 66998</p> <p>63 GI Endoscopy (procedure codes<sup>1</sup> 43200-43272, 43299, 45300-45385) (42.22 - 42.24, 44.11 - 44.14, 45.21 - 45.25)            Excludes removal of foreign bodies (procedure codes<sup>1</sup> 43215, 45307) and decompression of volvulus (procedure code<sup>1</sup> 45321).            Procedure codes prior to 01/01/1993: (29.1, 42.21, 42.25, 42.29, 44.15, 44.19, 45.26-45.29)</p> <p>64 Myringotomy or tympanostomy (procedure codes<sup>1</sup> 69420-69436, 69438) (20.01, 20.09, 20.23).            Procedure codes prior to 01/01/1993: (20.21, 20.22)</p> <p>65 Arthroscopy (shoulder, elbow, wrist, knee, ligament, ankle) (procedure codes<sup>1</sup> 29815-29898, 29900) (80.2)</p> <p>66 Dilation and curettage (D&amp;C) for diagnostic or therapeutic reasons (procedure codes<sup>1</sup> 58120, 58125) (69.0-69.09)</p> <p>67 Tonsillectomy or adenoidectomy (procedure codes<sup>1</sup> 42820-42836, 42839) (28.2, 28.3, 28.6)</p> <p>68 Cystoscopy (procedure codes<sup>1</sup> 52000-52340) (56.0, 56.33, 57.0, 57.31, 57.33)            Procedure codes prior to 01/01/1993: (57.33-57.39)</p> <p>69 Hernia Repair (procedure codes<sup>1</sup> 49495-49590, 49595) (53.00 -53.9).            Excludes procedure codes<sup>1</sup> 49496, 49501, 49507, 49521, 49553, 49557, 49561, 49566, 49572, 49582, 49587.</p>

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FIELD	LENGTH	COMMENTS
Selected Outpatient Procedures (Continued)	70	Nose Repair (rhinoplasty and septoplasty) (procedure codes <sup>1</sup> 30400-30520, 30525) (21.5, 21.8x)
	71	Ligation or transection of fallopian tube(s) (procedure codes <sup>1</sup> 58600-58615, 58620, 58625) (66.3x). Prior to 01/01/1993 ICD-9 code 66.2 was included. It is now listed under procedure 61 GYN Laparoscopy.
	72	Strabismus Repair (eye muscle surgery) (procedure codes <sup>1</sup> 67311-67340) (15.0x-15.9 excluding 15.01, biopsy of extraocular muscle or tendon). Procedure codes <sup>1</sup> prior to 01/01/1993: (67343) (15.01)
	73	Breast Mass or Tumor Excision (procedure codes <sup>1</sup> 19120-19126, 19135) (85.2x)
	74	Neuroplasty (decompression or freeing of nerve from scar tissue) (procedure codes <sup>1</sup> 64702-64727, 64730) (04.4x) (04.7x)
NAS Status	1	U Unconditional
		X Cancelled
Reason for Issuance	1	1 Facilities unavailable
		2 Professional capability unavailable
		3 Medically inappropriate
		4 Proper facilities are temporarily not available in a safe or timely manner
		5 Professional capability is not available in a safe or timely manner
		6 Proper facilities or professional capability are permanently not available at this site.
		7 Enrollee Network Care Authorization
		8 Enrollee Non-Network Care Authorization
		9 Non-enrolled, authorized Network care only
Access Counter	3	This is the number of times a particular NAS was selected by the contractor to satisfy the claims processing

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