CHAPTER 2
SECTION 2.7

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (P)

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT IDENTIFIER (DOD)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-095	1	Yes
Non-Institutional	2-080	1	Yes

PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.
DEFINITION	The identifier associated with a particular patient. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If person not on DEERS but claim is payable (i.e., government liability), report all nines in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT STATUS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-270	1	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.	
DEFINITION	Code indicating patient status as of the end date of care on the TED Record.	
CODE/VALUE SPECIFICATIONS	01	Discharged
	02	Transferred
	03	Discharged/transferred to skilled nursing facility (SNF)
	04	Discharged/transferred to intermediate care facility (ICF)
	05	Discharged/transferred to another type of institution (including distinct parts)
	06	Discharged/transferred to home under care of organized home health service organization
	07	Left against medical advice or discontinued care
	08	Discharged/transferred to home under care of a home IV provider (not valid for discharges on or after October 1, 2005)
	20	Expired (or did not recover - Christian Science Patient)
	30	Still patient (remaining)
	40	Died at Home
	41	Died in a medical facility, such as a hospital, SNF, or free standing hospice
	42	Place of death unknown
	43	Discharged/transferred to a federal hospital
	50	Discharged to Hospice - Home
	51	Discharged to Hospice - Medical Facility

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT STATUS (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed
	62	Discharged/transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital
	63	Discharged/transferred to a long term care hospital
	64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part of a hospital
	66	Discharged/transferred to a critical access hospital
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT ZIP CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-105	1	Yes
Non-Institutional	2-090	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	U.S. Postal Zip Code or foreign country code for patient's legal residence at the time service was rendered and must not be the zip code of a P.O. Box.
CODE/VALUE SPECIFICATIONS	Must be a valid 5 or 9 digit zip code. If only 5 digit, left justify and blank fill to right. If foreign country, must be 3 character foreign country code, left justify and blank fill. Refer to Chapter 2, Addendum A.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PAY GRADE CODE (SPONSOR)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-056	1	Yes[1]
Non-Institutional	2-291	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.	
DEFINITION	The code that represents the level of pay. (The combination of pay plan code and pay grade code represents the sponsor's pay category.) Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	00	Unknown
	00 - ZZ (not WW)	Used when pay plan is civil service
	01	Used when pay plan is cadet
	01 - 05	Used when pay plan is warrant office
	01 - 09	Used when pay plan is enlisted
	01 - 11	Used when pay plan is officer
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **If the DEERS response does not return a PAY GRADE CODE (SPONSOR), report '00' in this field.**

If person not on DEERS but claim is payable (i.e., government liability), report '00' in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: PAY PLAN CODE (SPONSOR)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-057	1	Yes[1]
Non-Institutional	2-292	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	The code that represents the type of pay category. (The combination of pay plan code and pay grade code represents the sponsor's pay category.) Download field from DEERS.
CODE/VALUE SPECIFICATIONS	For valid values refer to Chapter 2, Addendum K.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **If the DEERS response does not return a PAY PLAN CODE (SPONSOR), report 'ZZ' in this field, left justify.**

If person not on DEERS but claim is payable (i.e., government liability), report 'ZZ' in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: PCM LOCATION DMIS-ID (ENROLLMENT) CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-115	1	No
Non-Institutional	2-110	1	No

PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.
DEFINITION	This code identifies and distinguishes MTF/Clinic enrollments from network enrollments. The code designations vary based on type of Prime enrollment and begin work dates of new programs. The codes also vary based on the individual requirements of enrolling platforms used by the Managed Care Support regions. Download field from DEERS using Primary Care Manager Enrolling Division DMIS Identifier.
CODE/VALUE SPECIFICATIONS	Refer to Chapter 3, Addendum E for further instructions on how and when to use these codes.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If not applicable blank fill.

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON BIRTH CALENDAR DATE (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-085	1	Yes[1]
Non-Institutional	2-070	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.	
DEFINITION	The date when a human being was born. Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar year
	MM	2 digit calendar month
	DD	2 digit calendar day
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if available on DEERS, if not available from DEERS report from the claim or report 19111111.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON CADENCY NAME (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-079	1	Yes[1]
Non-Institutional	2-064	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.
DEFINITION	The cadency name (i.e., Sr., Jr., III, etc.) of the patient. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PERSON NAME (PATIENT)

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if available on DEERS, if not available from DEERS report from the claim or blank fill.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON FIRST NAME (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-077	1	Yes[1]
Non-Institutional	2-062	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Twenty-Five (25) alphanumeric characters.
DEFINITION	First name of patient. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PERSON NAME (PATIENT)

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if available on DEERS; if not available from DEERS report from the claim or blank fill.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON IDENTIFIER (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-080	1	Yes
Non-Institutional	2-065	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	The identifier that represents a human being. This attribute will usually contain the person's Social Security Number. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If person not on DEERS but claim is payable (i.e., government liability), report from the claim or report all nines in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-050	1	Yes
Non-Institutional	2-050	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	The identifier that represents a person who is a sponsor. This attribute will usually contain the sponsor's Social Security Number. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-081	1	Yes
Non-Institutional	2-066	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alpha numeric character.	
DEFINITION	The code that represents a specific kind of person identifier. Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	D	Special 9-digit code created for individuals (i.e., babies) who do not have or have not provided an SSN when the record is added to DEERS (dependents only).
	F	Special 9-digit code created for foreign military and nationals.
	P	Special 9-digit code created for U.S. military personnel from Service Numbers before the switch to Social Security Numbers.
	R	Special 9-digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS. The associated PN_ID will begin with 99.
	S	Social Security Number
	Z	Not applicable
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If person not on DEERS but claim is payable (i.e., government liability), report from the claim or report 'Z' in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON IDENTIFIER TYPE CODE (SPONSOR)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-051	1	Yes
Non-Institutional	2-051	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	The code that represents a specific kind of person identifier. Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	D	Special 9-digit code created for individuals (i.e., babies) who do not have or have not provided an SSN when the record is added to DEERS (dependents only).
	F	Special 9-digit code created for foreign military and nationals.
	P	Special 9-digit code created for U.S. military personnel from Service Numbers before the switch to Social Security Numbers.
	R	Special 9-digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS. The associated PN_ID will begin with 99.
	S	Social Security Number
	Z	Not applicable
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

If person not on DEERS but claim is payable (i.e., government liability), report from the claim or report 'Z' in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON LAST NAME (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-076	1	Yes
Non-Institutional	2-061	1	Yes

PRIMARY PICTURE (FORMAT)	Thirty-five (35) alphanumeric characters.
DEFINITION	Last name of patient. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PERSON NAME (PATIENT)

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON MIDDLE NAME (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-078	1	Yes[1]
Non-Institutional	2-063	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Twenty-five (25) alphanumeric characters.
DEFINITION	Middle name of patient. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PERSON NAME (PATIENT)

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if available on DEERS, if not available from DEERS report from the claim or blank fill.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON NAME (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-075	1	Yes
Non-Institutional	2-060	1	Yes

PRIMARY PICTURE (FORMAT)	Group
DEFINITION	Name of patient. Download field from DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
PERSON LAST NAME PERSON FIRST NAME PERSON MIDDLE NAME PERSON CADENCY NAME	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PERSON SEX (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-100	1	Yes
Non-Institutional	2-085	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	Code defining sex of patient. Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	F	Female
	M	Male
	Z	Unknown
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

Use DEERS response if DEERS returns a value of 'F' or 'M'. If DEERS response is not 'F' or 'M', the person sex should be reported based on claim information or patient history.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PHYSICIAN REFERRAL NUMBER		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-270	1	Yes[1]
PRIMARY PICTURE (FORMAT)	Thirteen (13) alphanumeric characters.		
DEFINITION	The identifying number of the referring physician. This field will be made up of the NPI or PROVIDER TAXPAYER NUMBER and PROVIDER SUB-IDENTIFIER if applicable.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required for all referred care (MTF and Civilian PCM). If not applicable blank fill.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-275	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.	
DEFINITION	Code to indicate the location of provided health care.	
CODE/VALUE SPECIFICATIONS	03	School
	04	Homeless Shelter
	05	Indian Health Service Freestanding Facility
	06	Indian Health Service Provider-based Facility
	07	Tribal 638 Freestanding Facility
	08	Tribal 638 Provider-based Facility
	11	Office
	12	Home
	13	Assisted Living Facility
	14	Group Home
	15	Mobile Unit
	19	Pharmacy
	20	Urgent Care Facility
	21	Inpatient Hospital
	22	Outpatient Hospital
	23	Emergency Room - Hospital
	24	Ambulatory Surgical Center
	25	Birthing Center
	26	Military Treatment Facility
	31	Skilled Nursing Facility
	32	Nursing Facility
	33	Custodial Care Facility
	34	Hospice
	41	Ambulance - Land
	42	Ambulance - Air or Water
	49	Independent Clinic
	50	Federally Qualified Health Center

NOTES AND SPECIAL INSTRUCTIONS:
This data element must be '19' for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME: PLACE OF SERVICE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	51	Inpatient Psychiatric Facility
	52	Psychiatric Facility Partial Hospitalization
	53	Community Mental Health Center
	54	Intermediate Care Facility/ Mentally Retarded
	55	Residential Substance Abuse Treatment Facility
	56	Psychiatric Residential Treatment Center
	57	Non-Residential Substance Abuse Treatment Facility
	60	Mass Immunization Center
	61	Comprehensive Inpatient Rehabilitation Facility
	62	Comprehensive Outpatient Rehabilitation Facility
	65	End Stage Renal Disease Treatment Facility
	71	Public Health Clinic
	72	Rural Health Clinic
	81	Independent Laboratory
	99	Other Unlisted Facility
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
This data element must be '19' for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-190	1	Yes
Non-Institutional	2-325	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.
DEFINITION	The code indicating the contractor's pricing methodology used in determining the amount allowed for the service(s)/supplies.

CODE/VALUE SPECIFICATIONS	INSTITUTIONAL CODES	
	~~b~~	No special rate
	D	Discount rate agreement
	H	TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER
	I	TRICARE DRG reimbursement with COST OUTLIER
	J	TRICARE DRG reimbursement with NO OUTLIER
	K	Hospital-Specific psychiatric Per Diem Rate
	L	Region-Specific psychiatric Per Diem Rate
	P	Per diem rate
	U	Supplemental Health Care Program Claim or Active Duty Member TPR claim Paid Outside Normal Limits
	V	Medicare Reimbursement Rate

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).**

Left justify and blank fill.
This data element must be '0' for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	NON-INSTITUTIONAL CODES	
	0	Pricing not applicable (denied service/supplies and allowed drugs)
	1	Priced Manually
	2	Prevailing charge (state)
	3	Conversion Amount (state)
	4	Paid as billed
	5	Paid on negotiated rate
	A	National prevailing charge
	B	National conversion factor
	C	Ambulatory surgery-facility payment rate
	D	Discounted ambulatory surgery-facility payment rate
	E	Ambulatory surgery-paid as billed
	F	Claim Auditing Software-added procedure, priced manually
	G	Claim Auditing Software-added procedure, prevailing charge (State)
	H	Claim Auditing Software-added procedure, conversion factor (Contractor)
	I	Claim Auditing Software-added procedure, paid as billed
	J	Claim Auditing Software-added procedure, paid on negotiated rate
	N	Claim Auditing Software-added procedure, national prevailing charge

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).**

Left justify and blank fill.
This data element must be '0' for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	O	Claim Auditing Software-added procedure, national conversion factor
	P	Claim Auditing Software-added procedure, ambulatory surgery-facility payment rate
	Q	Claim Auditing Software-added procedure, discounted ambulatory surgery-facility payment rate
	R	Claim Auditing Software-added procedure, ambulatory surgery-paid as billed
	T	Claim Auditing Software-added procedure, allowed as billed but paid less than billed
	U	SHCP or Active Duty Member TPR claim paid outside normal limits
	V	Medicare Reimbursement Rate
	W	Priced over CMAC (Effective 09/27/2001)
	GG	Global Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
	GP	Per Diem Rate Agreement (used with corporate service providers only) (Effective 08/01/2003)
	LC	TRICARE Claim-added procedure, CMAC priced laboratory code
	P1	Outpatient Prospective Payment System (OPPS)

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).**

Left justify and blank fill.
This data element must be '0' for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME: PRICING RATE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	P2	Outpatient Prospective Payment System with Cost Outlier
	P3	Outpatient Prospective Payment System with Discount
	P5	Hospital Based Partial Hospitalization - paid as OPPS
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Code '0' for all allowed drug charges. Use Pricing Rate Code '1' (Priced Manually) for consultation procedures (procedure code* 906XX) for which the allowable charge is limited to that for a Limited Initial Visit, New Patient (procedure code* 90010).**

Left justify and blank fill.
This data element must be '0' for Mail Order Pharmacy.

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DATA ELEMENT DEFINITION

ELEMENT NAME:	PRINCIPAL OPERATION/NON-SURGICAL PROCEDURE CODE		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-345	1	Yes[1]
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.		
DEFINITION	The code that identifies the principal procedure performed during the period covered by this TED Record as coded on the UB-92.		
CODE/VALUE SPECIFICATIONS	Use the most current procedure code edition (ICD-9-CM) as directed by TMA. Must provide the most detailed code. Must be left justified and blank filled. Do not code the decimal point.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required if one of the following Revenue Codes are present 036X or 072X.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PRINCIPAL TREATMENT DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-300	1	Yes
Non-Institutional	2-115	1	Yes

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.
DEFINITION	The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.
CODE/VALUE SPECIFICATIONS	Use the most current diagnosis code edition (ICD-9-CM), as directed by TMA. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
For Mail Order Pharmacy and Retail Pharmacy, if a more specific diagnosis code is not available, use 799.89.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROCEDURE CODE		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-160	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.		
DEFINITION	Code indicating the procedure which describes the care received.		
CODE/VALUE SPECIFICATIONS	Refer to Physician's Current Procedure Terminology[1] (CPT-4), or HCPCS National Level II Medicare Codes or TMA approved codes (Figure 2-E-5). For Dental Services use HCPC or ADA Dental procedure codes.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:

For Mail Order Pharmacy: Procedure code[1] 98800 is to be used for all drug claims and Procedure code 99070 is to be used for all supplies. For Mail Order Pharmacy Records, the first line item must contain the information on the prescription being filled, the second line item will be used to report corresponding supplies that are issued such as alcohol pads, lancets, etc. The procedure code[1] on the 2nd occurrence/line item on Mail Order Pharmacy records must be 99070.

This data element must be 000PA or 000MN for Mail Order and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

For the list of the No Government Pay Procedure Codes that are excluded from TRICARE coverage and are not payable under TRICARE, refer to the No Government Pay Procedure Code list on TMA's web site at http://tricare.mil/nogovernmentpay.

[1] **CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PROCEDURE CODE MODIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-165	4/Up to 99	No

PRIMARY PICTURE (FORMAT)	Four occurrences of two (2) alphanumeric characters per line item for non-institutional.
DEFINITION	Two digit code which provides the means by which the health care professional can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. (Refer to Physician's Current Procedure Terminology[1] (CPT-4), or HCPCS National Level II Medicare Codes)
CODE/VALUE SPECIFICATIONS	Must be 21-27, 32, 47, 50-59, 62, 63, 66, 73-82, 90, 91, 99, 0A-0P, 0Z, 1A-1J, 1Z, 2A-2O, 2Q-2T, 2Z, 3A-3I, 3K, 3Z, 4A-4O, 4Z, 5A-5O, 5Z, 6A-6F, 6Z, 7A-7F, 7Z, 8A, 8B, 8Z, 9A-9D, 9L-9Q, 9Z, A1-A9, AA, AD-AH, AJ, AK, AM, AP-AX, BA, BL, BO-BR, BU, CA-CG, CR, DE, DG, DI, DJ, DN, DR, DS, DX, E1-E4, ED, EG-EJ, EM, EN, EP, ER-ET, EX, EY, F1-F9, FA, FB, FP, G1-G9, GA-GT, GV-GZ, H9, HA-HZ, ID, IE, IG, IH, IJ, IN, IR, IS, IX, J1-J3, JD, JE, JG-JI, JN, JR, JS, JW, JX, K0-K4, KA-KD, KF, KH-KJ, KM-KS, KX, KZ, LC, LD, LL, LR-LT, MS, MR, ND, NE, NG-NJ, NN, NP, NR-NU, P1-P6, PL, PN, Q2-Q9, QA-QH, QJ-QZ, RC-RE, RG-RJ, RN, RP-RT, RX, SA-SN, SQ-SY, T1-T9, TA, TC-TK, TL-TN, TP-TW, U1-U9, UA-UH, UJ-UK, UN, UP-US, VP, XD, XE, XG-XJ, XN, XR, XS, or blank.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **CPT codes, descriptions and other data only are copyright 2005 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.**

NOTE: Can report from 0 to 4 codes. Left justify and blank fill. Do not duplicate. Each occurrence consists of two (2) characters left justify and blank fill to right.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROCESSING INFORMATION		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-155	1	Yes[1]
PRIMARY PICTURE (FORMAT)	Group		
DEFINITION	Field containing multiple elements that describe processing related to the TED Record.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
OVERRIDE CODE TYPE OF SUBMISSION CA/NAS NUMBER CA/NAS REASON FOR ISSUANCE CA/NAS EXCEPTION REASON SPECIAL PROCESSING CODE PRICING RATE CODE		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required if applicable to TED Record conditions.**

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER GROUP NPI NUMBER (RESERVED)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-215	1	Yes
Non-Institutional	2-230	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.
DEFINITION	Reserved for future use.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROVIDER INDIVIDUAL NPI NUMBER (RESERVED)		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-210	1	Yes
Non-Institutional	2-225	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.		
DEFINITION	Reserved for future use.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS: **N/A**			

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROVIDER NETWORK STATUS INDICATOR		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-230	1	Yes
Non-Institutional	2-265	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.		
DEFINITION	Code indicating whether the provider is a network or non-network provider.		
CODE/VALUE SPECIFICATIONS	1	Network Provider	
	2	Non-Network Provider	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
This data element must be '1' for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROVIDER PARTICIPATION INDICATOR		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-225	1	Yes
Non-Institutional	2-260	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.		
DEFINITION	Code indicating whether or not the provider accepted assignment of benefits for services rendered.		
CODE/VALUE SPECIFICATIONS	N	No	
	Y	Yes	
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
This data element must be 'Y' for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROVIDER SPECIALTY		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-255	Up to 99	Yes
PRIMARY PICTURE (FORMAT)	Ten (10) alphanumeric characters.		
DEFINITION	Code describing the provider's specialty.		
CODE/VALUE SPECIFICATIONS	Refer to Chapter 2, Addendum C, Figure 2-C-1 for Provider Specialty Codes. Refer to Chapter 2, Addendum C, Figure 2-C-2 as a reference when assigning Provider Major Specialty Codes to Outpatient Hospital Non-Institutional TED records.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		GROUP	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
This data element must be '183500000X' for Mail Order Pharmacy and '333600000X' for Retail Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME:	PROVIDER STATE OR COUNTRY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-195	1	Yes
Non-Institutional	2-235	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.
DEFINITION	Code assigned to identify the state or foreign country in which the care was **received**. State Code must be left justified and blank fill to right.
CODE/VALUE SPECIFICATIONS	Chapter 2, Addendum A and Addendum B.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER SUB-IDENTIFIER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-205	1	Yes
Non-Institutional	2-245	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.
DEFINITION	Identification number that uniquely identifies multiple providers using the same Taxpayer Identification Number (TIN). Refer to provider filing instructions.
CODE/VALUE SPECIFICATIONS	Assigned as per TRICARE instructions. Must be zero-filled if there are no multiple providers within the TIN.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER TAXPAYER NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-200	1	Yes
Non-Institutional	2-240	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	The IRS Taxpayer Identification Number (TIN) assigned to the institution/provider supplying the care.
CODE/VALUE SPECIFICATIONS	For institutions must be 9-digit Employer Identification Number (EIN). For individual providers should be the 9-digit EIN or SSN, if available. If not available, report the contractor-assigned number. (Refer to Provider File Data Element PROVIDER TAXPAYER NUMBER 3-005 in the provider record for instructions). Report all nines for transportation services.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: PROVIDER ZIP CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-220	1	Yes
Non-Institutional	2-250	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	Location of provider's business office where care is usually provided.
CODE/VALUE SPECIFICATIONS	Must be a valid 5 or 9 digit zip code. If only 5 digits, left justify and blank fill to right. If a foreign country, must be 3 character foreign country code, left justify and blank fill to right, refer to Chapter 2, Addendum A.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A