Data Requirements - Institutional/Non-Institutional Record Data Elements (A - D)

DATA ELEMENT DEFINITION

ELEMENT NAME: ADJUSTMENT/DENIAL REASON CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-400	Up to 450	Yes[1]
Non-Institutional	2-220	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	Code identifying the reason for non-payment of services or adjustment of the detail line item.
CODE/VALUE SPECIFICATIONS	Turn to Addendum G, Figure 2.G-1 through Figure 2.G-3 for a complete listing of valid codes.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Required if services are not allowed. Leave blank if not applicable.

DATA ELEMENT DEFINITION

ELEMENT NAME: ADJUSTMENT KEY

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-035	1	Yes
Non-Institutional	2-035	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION

1. If record is an initial TED record or adjustment to an initial TED record, used to identify the TED financial type of record, or
2. If record is an adjustment to a non-TED initial/adjustment record, contractor MUST submit the entire HCSR Indicator for the adjusted Non-TED record.

CODE/VALUE SPECIFICATIONS

1. TED financial type codes are:

0	Batch
5	Voucher

2. This value must be the same value as the HCSR suffix present on the original submission.

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	TED RECORD INDICATOR

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: AMINISTRATIVE CLIN

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-283	3	Yes[1]
Non-Institutional	2-108	3	Yes[1]

PRIMARY PICTURE (FORMAT)	Three (3) occurrences of six (6) alphanumeric characters.
DEFINITION	Request for government administrative fee. Shall be provided by contractor.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] To be reported on contracts awarded prior to 08/2007. Must be blank filled for all others. Can report from 1 to 3 CLINs, left justify and blank fill. Do not duplicate. Each occurrence consists of six characters.

Note: Identifies the Contract Line Item Number (CLIN) on the contract for which the contractor is requesting an administrative fee payment.

Note: Administrative CLIN cannot change on an adjustment if the Admin Rate has been paid.

DATA ELEMENT DEFINITION

ELEMENT NAME: ADMISSION DATE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-265	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.	
DEFINITION	Date the patient was first admitted to the institution for this episode of care.	
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:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: ADMISSION DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-295	1	Yes

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.
DEFINITION	ICD-9-CM Code to identify the diagnosis under which patient was admitted to institution.
CODE/VALUE SPECIFICATIONS	Refer to Internal Classification of Diseases, Ninth Edition, Clinical Modification, (ICD-9-CM), Volume 1 for valid ICD-9-CM codes. Must code the most detailed subcategory or subclassification. Left justify including leading zeroes and blank fill. Do not fill with zeroes. Do not code the decimal point.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
The primary diagnosis may be coded as the admission diagnosis if the admission diagnosis is not available.

DATA ELEMENT DEFINITION

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-065	1	Yes
Non-Institutional	2-056	1	Yes

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character

DEFINITION The code that represents the source of the legal authority for Active Guard and Reserve service. Download field from DEERS.

CODE/VALUE SPECIFICATIONS		
	A	AGR under 10 USC 10301 (reference (b))
	B	AGR under 10 USC 10211 (reference (b))
	C	AGR under 10 USC 12301 (d) (reference (b))
	D	AGR under 10 USC 12310 (reference (b))
	E	AGR under 10 USC 12501 (reference (b))
	F	AGR under 10 USC 3015/3019/8019 (reference (b))
	G	AGR under 10 USC 3033/8033 (reference (b))
	H	AGR under 10 USC 3496/8496 (reference (b))
	I	AGR: 14 USC 276
	J	AGR under 32 USC 502(f) (reference (m))
	K	AGR under 32 USC 503 (reference (m))
	L	AGR under 32 USC 708 (reference (m))
	X	AGR: Other
	Z	Unknown/Not Applicable

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report 'Z' in this field.
If the person is not on DEERS but claim is payable (i.e., government liability), report 'Z' in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: AMBULATORY PAYMENT CLASSIFICATION (APC) CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-330	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	Grouping that categorizes outpatient visits according to the clinical characteristics, the typical resource use, and the costs associated with the diagnoses and the procedures performed when paid under the Outpatient Prospective Payment System (OPPS).
CODE/VALUE SPECIFICATIONS	Refer to TMA's OPPS web site at http://www.tricare.mil/opps. Must be left justified and blank filled.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required on all TED records reimbursed under the OPPS.

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT ALLOWED (TOTAL)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-125	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	Total amount allowed for all authorized services on the TED record. For reporting data relating to External Resource Sharing Encounters, refer to Section 1.1, paragraph 8.0.
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: AMOUNT ALLOWED BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-185	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	Total amount allowed for this (these) service(s)/supply(ies).
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] If the procedure is denied this amount must be zero.

Note: For Mail Order Pharmacy (MOP) records the AMOUNT ALLOWED BY PROCEDURE CODE the acquisition cost of the drug or supply.

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT APPLIED TOWARD DEDUCTIBLE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-institutional	2-195	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Five (5) signed numeric digits including two (2) decimal places.
DEFINITION	Portion of Amount Allowed which is applied toward the person or family deductible for the fiscal year for the services reported on the occurrence/line item.
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: AMOUNT BILLED (T0TAL)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-120	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	Total amount billed for all services reported on the TED record. For reporting data relating to External Resource Sharing Encounters, refer to Section 1.1, paragraph 8.0.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	Must be sum total charge per revenue code (institutional record) fields.

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT BILLED BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-180	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimals.
DEFINITION	Amount billed by the provider for this (these) service(s)/supply(ies).
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
For MOP records the AMOUNT BILLED BY PROCEDURE CODE on the first occurrence/line item must be the acquisition cost of the drug or supply. It must be $0.00 on the second occurrence/line item.

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT INTEREST PAYMENT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-145	1	No
Non-Institutional	2-112	1	No

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	The interest field is used by the contractor to report/record any dollar amounts associated with the delivery of health care that could not otherwise be reported in existing TED records fields. This amount shall be reported on both financially underwritten and non-financially underwritten payments (batch/voucher). (Refer to the financial provisions of the contract.)
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
This amount is not part of the AMOUNT PAID BY GOVERNMENT CONTRACTOR field on the TED record. However, it is to be included in the TOTAL AMOUNT PAID field in the header record. Interest shall not be reported or paid on MOP claims (Type of Service, second position = M)

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT NETWORK PROVIDER DISCOUNT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-377	1	Yes[1]
Non-Institutional	2-335	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimals.
DEFINITION	**Institutional**: Amount of network provider discount for all services reported on the TED record. The amount will be the difference between the network provider's negotiated or discounted rate and the DRG amount, the mental health perdiem, or any other TRICARE payment determined through a TMA-approved reimbursement methodology. **Non-Institutional**: Amount of network provider discount for service(s) on this occurrence/line item. The amount will be the difference between the network provider's negotiated or discounted rate and the CMAC, prevailing charge, billed charges or any other TRICARE payment determined through a TMA-approved reimbursement methodology.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] A[pplicable to the North, South, and West Region contracts only. Excludes claims when TRICARE is secondary payer and the OHI has made payment(s).

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-140	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	The total amount paid by government contractor for all services reported on the TED record.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."

Note: This amount does not include interest payments. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record.

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

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

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	The amount paid by the government contractor for the services reported on this occurrence/line item.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."

Note: This amount does not include interest payments. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record.

Note: For MOP records, the AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE must be the acquisition cost of the drug or supply minus the AMOUNT PATIENT COST-SHARE. It must be only the acquisition cost of the drug or supply on the second occurrence/line item.

DATA ELEMENT DEFINITION

ELEMENT NAME: AMOUNT PAID BY OTHER HEALTH INSURANCE (OHI)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-130	1	Yes
Non-Institutional	2-190	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	**Institutional:** Amount paid by OHI, including TPL, for services reported on this occurrence/line item. **Non-Institutional:** Amount paid by OHI, including TPL, for service(s) on this occurrence/line item.
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: AMOUNT PATIENT COST-SHARE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-135	1	Yes
Non-Institutional	2-200	Up to 99	Yes

PRIMARY PICTURE (FORMAT) Nine (9) signed numeric digits including two (2) decimal place.

DEFINITION **Institutional**: The total amount of money the beneficiary is responsible for paying in connection with covered services, other than any disallowed amounts.

Non-Institutional: The total amount of money the beneficiary is responsible for paying in connection with covered services, other than the annual fiscal year deductible and any disallowed amounts for services reported on this occurrence/ line item.

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: BEGIN DATE OF CARE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-275	1	Yes
Non-Institutional	2-150	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.	
DEFINITION	**Institutional**: Earliest date of care reported on this TED record. **Non-Institutional:** The earliest date of care for this procedure.	
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:
Institutional Record - if the record has a FREQUENCY CODE of '3' Interim, or '4' Final, the BEGIN DATE OF CARE must match the ENDING DATE OF CARE on the previous TED record submitted.

DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS EXCEPTION REASON

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-180	1	Yes[1]
Non-Institutional	2-320	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters[2].	
DEFINITION	Code that describes the reason for bypassing the requirement of a CA/NAS.	
CODE/VALUE SPECIFICATIONS	1	Enrollment in an insurance plan that provides primary coverage
	2	Emergency medical treatment
	3	Inpatient care in a college infirmary
	5	Residential Treatment Center (RTC)
	6	Resource Sharing
	7	Specialized Treatment Facility (STF), e.g., Alcohol Treatment Facility
	9	TRICARE Demonstration Projects that allow exception to CA/NAS requirements.
	B	Former spouse with pre-existing condition, not on DEERS.
	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	K	Continued Health Care Benefit Program (CHCBP)
	M	Abused Family Member
	Q	Active Duty Claims
	S	Home Health Agency (HHA PPS)

ORDER[3]	CA/NAS EXCEPTION REASON	DESCRIPTION
1st	9	TRICARE Demonstration Projects
2nd	2	Emergency medical treatment
3rd	1	Enrollment in an insurance plan that provides primary coverage
4th	3	Inpatient care in college infirmary
5th	5	Residential Treatment Center care
6th	6	Resource Sharing
7th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required if applicable to TED record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

[2] When using single digit codes, left justify and blank fill.

[3] Reporting sequence to be used if more than one EXCEPTION REASON applies.

DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS EXCEPTION REASON (Continued)

	ORDER[3]	CA/NAS EXCEPTION REASON	DESCRIPTION
CODE/VALUE SPECIFICATIONS (CONTINUED)	8th	B	Former spouse with pre-existing condition, not on DEERS and CA/NAS required
	9th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	10th	S	HHA PPS
	11th	Q	Active Duty Claims
	12th	K	CHCBP
	13th	M	Abused Family Member
ALGORITHM	N/A		

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required if applicable to TED record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

[2] When using single digit codes, left justify and blank fill.

[3] Reporting sequence to be used if more than one EXCEPTION REASON applies.

DATA ELEMENT DEFINITION

ELEMENT NAME: CA/NAS REASON FOR ISSUANCE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-175	1	Yes[1]
Non-Institutional	2-315	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	The CA/NAS Reason For Issuance indicates why the care was not or cannot be provided by a MTF.
CODE/VALUE SPECIFICATIONS	Download from DEERS.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:
[1] If not applicable report blanks.

DATA ELEMENT DEFINITION

ELEMENT NAME: CAS/NAS NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-170	1	Yes[1]
Non-Institutional	2-310	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Fifteen (15) alphanumeric characters.
DEFINITION	Unique number assigned by the MTF when issuing the CA/NAS. Care authorization is also issued by the MTF.
CODE/VALUE SPECIFICATIONS	Download from DEERS.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

[1] Must be blank if the record contains treatment data exempt from CA/NAS requirement or services are denied for lack of CA/NAS.

DATA ELEMENT DEFINITION

ELEMENT NAME: CLAIM FORM TYPE/EMC INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-240	1	Yes
Non-Institutional	2-105	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	Code associated with the primary claim form submitted.	
CODE/VALUE SPECIFICATIONS	B	DD Form 2642
	C	HCFA/CMS 1500
	F	UB-04/UB-92
	G	Electronic Institutional Claim Submission
	H	Electronic Non-Institutional Claim Submission
	I	Electronic Drug Claim Submission
	J	Other
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
This data element must be 'I' for MOP Prescriptions.
This data element must be 'J' for MOP and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

DATA ELEMENT DEFINITION

ELEMENT NAME: COVERED DAYS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-285	1	Yes

PRIMARY PICTURE (FORMAT)	Three (3) signed numeric digits
DEFINITION	Number of hospital days authorized by the contractor.
CODE/VALUE SPECIFICATIONS	For admit through discharge statements, enter the number of hospital days where there was any allowance by the contractor. For initial, interim, or final statements, enter the number of allowed days in the period covered by the TED record.
ALGORITHM	The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day.

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-045	1	Yes[1]
Non-Institutional	2-045	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.	
DEFINITION	Date the contractor determined an adjustment or cancellation TED record was required.	
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] Zero fill if TED record is an initial submission record.

DATA ELEMENT DEFINITION

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-040	1	Yes
Non-Institutional	2-040	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.	
DEFINITION	Date the contractor processed the claim/treatment encounter data to completion. This is when all services and supplies on the claim have been adjudicated, payment has been determined, deductible has been applied, and payment/deductible/ denial has been posted to history and the TED record(s). This date does not change for resubmissions (corrections to TED records with edit errors) unless previously coded in error.	
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:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS DEPENDENT SUFFIX

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-075	1	No

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.	
DEFINITION	Code maintained on DEERS database that uniquely identifies the patient within the family. Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	09	Blank (not reported)
	01-19	Eligible Dependent Children
	20	Sponsor
	30-39	Spouse of Sponsor
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other Eligible Family Members (including former spouse)
	70-74	Unknown by DEERS
	75	Pseudo DDS - Unknown by Contractor
	98	Service Secretary Designee
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
This data element CAN ONLY be used for TYPE OF SERVICE (SECOND POSITION) = 'M' (MOP Drugs, Supplies, Prescription Authorizations, and Reviews) and for TYPE OF SUBMISSION 'B' (ADJUSTMENT OF NON-TED RECORD (HCSR) DATA) AND 'E' (COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA).

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS IDENTIFIER (PATIENT)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-097	1	Yes
Non-Institutional	2-082	1	Yes

PRIMARY PICTURE (FORMAT)	Eleven (11) alphanumeric characters.
DEFINITION	A DEERS identifier created from the combination of the DEERS assigned nine digit DEERS family identifier and two digit DEERS Beneficiary Identifier. Download from DEERS.
CODE/VALUE SPECIFICATIONS	Positions 1 through 9 = DEERS Family Identifier
ALGORITHM	Positions 10 and 11 = DEERS Beneficiary Identifier (Valid Values are 00 through 99).

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: DRG NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-290	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Three (3) alphanumeric characters.
DEFINITION	Number identifying the Diagnosis Related Group (DRG) determined for this care.
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 if TED record is processed under TRICARE DRG reimbursement methodology. See TRICARE Reimbursement Manual (TRM), Chapter 6 for DRG information.

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