Data Requirements - Institutional/Non-Institutional Record Data Elements (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME: REASON FOR INTEREST PAYMENT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-150	1	No
Non-Institutional	2-113	1	No

PRIMARY PICTURE (FORMAT) Two (2) alphanumeric[1] characters.

DEFINITION This field will be used to determine the fiscal responsibility for the interest payment based on the following hierarchy.

A	Claims pended at government direction that the government has specifically directed the contractor to hold for an extended period of time. These will primarily be claims pending a Program Integrity investigation (the government is fiscally responsible for any interest).
B	Claims requiring government intervention (the government is fiscally responsible for any interest).
C	Claims requiring development for potential third-party liability (The government is fiscally responsible for any interest).
D	Claims requiring an action/interface with another prime contractor (the contractor is fiscally responsible for any interest).
E	Claims retained by the contractor that do not fall into one of the above categories (the contractor is fiscally responsible for any interest).

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Left justify and blank fill, if not applicable.

DATA ELEMENT DEFINITION

ELEMENT NAME: RECORD TYPE INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-001	1	Yes[1]
Non-Institutional	2-001	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	Code to indicate the type of record.	
CODE/VALUE SPECIFICATIONS	1	Institutional
	2	Non-Institutional
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Refer to the Section 1.1, paragraph 1.0 for further instructions.

DATA ELEMENT DEFINITION

ELEMENT NAME: REGION INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-112	1	Yes
Non-Institutional	2-303	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric character.	
DEFINITION	Region Indicator is the region of the MCSC responsible for the care provided.	
CODE/VALUE SPECIFICATIONS	~~b~~	Blank
	NC	North Contract
	OC	Overseas Contract
	SC	South Contract
	WC	West Contract
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
Report blanks for Mail Order Pharmacy (MOP), Retail Pharmacy, TDEFIC and adjustments to non-TED records.

DATA ELEMENT DEFINITION

ELEMENT NAME: REVENUE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-385	Up to 450	Yes

PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.
DEFINITION	Code which identifies revenue categories associated with the type of service rendered. Like revenue codes must be combined to one occurrence for reporting on the TED record. Like denied revenue codes with the same Adjustment/Denial Reason Code must be combined to one occurrence for reporting on the TED record. Denied and non-denied revenue codes cannot be reported on the same occurrence. Room and board revenue codes must be combined if the code and rate are the same.
CODE/VALUE SPECIFICATIONS	Use UB-04/UB-92 revenue codes (see Addendum H).
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: SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODES

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-350 --1-373	11	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	Secondary OP/NSP Codes. Codes identifying the procedures, other than the principal procedure, performed during the period reported on the TED record. The secondary OP/NSP code(s) shall not duplicate the primary OP/NSP code. Do not duplicate secondary OP/NSP codes.
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 available.

DATA ELEMENT DEFINITION

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-305 -- 1-342	11	Yes[1]
Non-Institutional	2-120 -- 2-137	7	Yes[1]

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.
DEFINITION	Code corresponding to additional conditions that co-exist at the time of admission or during the treatment encounter. The secondary treatment diagnosis code(s) shall not duplicate the primary treatment diagnosis code. Do not duplicate secondary treatment diagnosis codes.
CODE/VALUE SPECIFICATIONS	Use the most current diagnoses edition (ICD-9-CM) as directed by TMA. Must code the most detailed procedure. Code must be left justified and blank filled. Do not code decimal point.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Required if available.

DATA ELEMENT DEFINITION

ELEMENT NAME: SEQUENCE NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-025	1	Yes
Non-Institutional	2-025	1	Yes

PRIMARY PICTURE (FORMAT)	Seven (7) alphanumeric characters[1].
DEFINITION	A sequential number assigned by the contractor to identify the individual claim. Once assigned, the sequence number cannot be re-used with the same Filing Date and Filing State/Country.
CODE/VALUE SPECIFICATIONS	The sequential identifying number assigned by the contractor.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	INTERNAL CONTROL NUMBER

NOTES AND SPECIAL INSTRUCTIONS:

[1] This field will be limited to the first five characters for the duration of adjustment to HCSRs, the last two characters must be blank filled.

DATA ELEMENT DEFINITION

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-060	1	Yes[2]
Non-Institutional	2-055	1	Yes[2]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.	
DEFINITION	The code that represents the branch classification of service with which the sponsor is affiliated. Download field from DEERS.	
CODE/VALUE SPECIFICATIONS	A	Army
	C	Coast Guard
	D	Office of the Secretary of Defense
	F	Air Force
	H	Public Health Service
	M	Marine Corps
	N	Navy
	O	NOAA
	X	Not applicable[1]
	Z	Not provided from DEERS
	1	Foreign Army
	2	Foreign Navy
	3	Foreign Marine Corps
	4	Foreign Air Force
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] Use 'X' for CHAMPVA Claims.

[2] Required if available on DEERS, if not available from DEERS report from the claim or report 'Z' in this field.

DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-260	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	Code indicating the source of the referral for this admission.

CODE/VALUE SPECIFICATIONS	SOURCE OF ADMISSION CODE		
	1	Physician Referral	The patient was admitted to this facility upon the recommendation of his or her personal physician.
	2	Clinic Referral	The patient was admitted to this facility upon recommendation of this facility's clinic physician.
	3	HMO Referral	The patient was admitted to this facility upon the recommendation of a HMO physician.
	4	Transfer from a Hospital (Different Facility)	The patient was admitted to this facility as a hospital transfer from a different acute care facility where he or she was an inpatient.
	5	Transfer from a SNF	The patient was admitted to this facility as a transfer from a SNF where he or she was a resident.
	6	Transfer from another Health Care Facility	The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a SNF.
	7	Emergency	The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.
	8	Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
	9	Information Not Available	The means by which the patient was admitted to this hospital is not known.
	A	Transfer from a CAH	The patient was admitted to this facility as a transfer from a CAH where he or she was an inpatient.
	B	Transfer from Another HHA	The patient was admitted to this HHA as a transfer from another HHA.
	C	Readmission to the Same HHA	The patient was readmitted to this HHA within the existing 60 day payment.
	D	Transfer from Hospital Inpatient in the same facility resulting in a separate claim to the payer	The patient was admitted to this facility as a transfer from Hospital Inpatient within this facility resulting in a separate claim.

NOTES AND SPECIAL INSTRUCTIONS:
[1] Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).

DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION (Continued)			
	CODE STRUCTURE FOR NEWBORN[1]		
	1	Normal Delivery	A baby delivered without complications.
	2	Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status.
	3	Sick Baby	A baby delivered with medical complications, other than those relating to premature status.
	4	Extramural Birth	A newborn born in a non-sterile environment.
ALGORITHM	N/A		

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

NOTES AND SPECIAL INSTRUCTIONS:
[1] Use this coding structure when the TYPE OF ADMISSION = '4' (newborn).

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-185	4	Yes[1]
Non-Institutional	2-305	4/Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Four occurrences of two (2) alphanumeric characters per occurrence/line item for non-institutional.	
DEFINITION	Code indicating care that requires special processing.	
CODE/VALUE SPECIFICATIONS	0	Hospice non-affiliated provider
	1	Medicaid
	3	Allogeneic bone marrow recipient (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)
	4	Allogeneic bone marrow donor (Wilford Hall referred only prior to 10/01/1997 and PCM/HCF referred after 12/31/2002)
	5	Liver transplant (effective for care before 03/01/1997, or between 02/20/1998 and 08/31/1999 and after 05/31/2003)
	6	Home Health Care (non-institutional only)
	7	Heart Transplant
	10	Active duty cost-share ambulatory surgery taken from professional claim
	11	Hospice
	12	Capitated Arrangements
	14	Bone marrow transplants - TMA approved
	16	Ambulatory Surgery Facility charge
	17	VA medical provider claim (care rendered by a VA provider)
	A	Partnership Program (internal providers with signed agreements)
	E	HHC/CM Demonstration (After 03/15/1999, grandfathered into the Individual Case Management Program)[2]
	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement First Payor - not a Medicare Benefit (Effective 10/01/2001)
	S	Resource Sharing - External
	T	Medicare/TRICARE Dual Entitlement (formally normal COB processing (Effective 10/01/2001 process as Second Payor))

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.

[1] Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	U	BRAC Medicare Pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	Financially underwritten payment by contractor
	W	Non-financially underwritten payment by financially underwritten contractor
	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
	Y	Heart-lung transplant
	Z	Kidney transplant
	AB	Abused dependent of discharged or dismissed member (Effective 07/28/1999)
	AD	Foreign active duty claims (Effective 06/30/1996)
	AN	SHCP - Non-MTF-Referral Care (Effective 10/01/1999 through 05/31/2004)
	AR	SHCP - Referred Care (Effective 10/01/1999 through 05/31/2004)
	BD	Bosnia Deductible (Effective 12/08/1995)
	CA	Civil Action Payment (Effective 07/01/1999)
	CE	SHCP - Comprehensive Clinical Evaluation Program (Effective 10/01/1999)
	CL	Clinical Trials (Effective 03/17/2003)
	CM	ICMP claims (Effective 03/15/1999)
	CT	CCTP (Effective 12/28/2001)
	EU	Emergency services rendered by an unauthorized provider (Effective 06/01/1999)
	FF	TFL (First Payor - Not A Medicare Benefit) (Effective 10/01/2001)
	FG	TFL (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	FS	TFL (Second Payor) (Effective 10/01/2001)
	GF	TPR for eligible ADFM residing with a TPR Eligible ADSM (Effective 10/30/2000 through 08/31/2002)
	GU	ADSM enrolled in TRICARE Prime Remote (Effective 10/01/1999)
	KO	Allied Forces - Kosovo (Effective 06/01/1999)
	MH	Mental Health Active Duty Cost- Share

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.

[1] Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL PROCESSING CODE (Continued)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	MN	TSP (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	MS	TSP (Network) (Effective 01/01/1998 through 12/31/2001)
	NE	Operation Noble Eagle/Operation Enduring Freedom (Reservist called to Active Duty under Executive Order 13223) (Effective 09/14/2001 through 10/31/2007)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PF	ECHO (formerly PFPWD)
	PO	TRICARE Prime - Point of Service
	RI	Resource Sharing - Internal
	RS	Medicare/TRICARE Dual Entitlement (First Payor - No TRICARE Provider Certification, i.e., Medicare benefits have been exhausted) (Effective 10/01/2001)
	SC	SHCP - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	SHCP - TRICARE Eligible (Effective 10/01/1999)
	SM	SHCP - Emergency (Effective 10/01/1999)
	SN	TSS (Non-Network) (Effective 04/01/2000 through 12/31/2002)
	SP	Special/Emergent Care (Effective 06/01/1999)
	SS	TSS (Network) (Effective 04/01/2000 through 12/31/2002)
	ST	Specialized Treatment (Effective 03/01/1997 through 05/31/2003)
	WR	Mental Health Wraparound Demonstration (Effective 01/01/1998 through 06/30/2001)
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	**GROUP**
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required if TED record processing is applicable to special processing conditions. Can report from 0 to 4 codes, left justify and blank fill. Do not duplicate. Each occurrence consists of two characters.

[1] Whenever SPECIAL PROCESSING CODE = 'E' (grandfathered HHC claims) is coded, SPECIAL PROCESSING CODE 'CM' must be present.

- END -